

ENDING TUBERCULOSIS IN THE ASIA-PACIFIC REGION

- TB is the world's deadliest infectious disease, causing ~1.25 million deaths every year.
- Over 10.8 million people develop TB annually worldwide, despite TB being preventable and curable.
- Drug-resistant TB is one of the global threats to ending TB, with only ~40% of affected people with DR TB receiving adequate treatment.
- TB is severely underfunded: only \$5.9 billion/year is available, while \$22 billion/year is needed to meet global targets.
- TB receives far less funding than HIV or malaria, yet kills more people highlighting a major global funding imbalance.
- Emerging TB Affected Community Responses and Systems are under threat.

High Impact Asia- SEA, WPR, Afghanistan, Pakistan



7,126,090

-3.05% ↓

Relative to 2023

Estimated people who developed TB (777,075 were children) in 2024



1,389,759

-3.07% ↓

Relative to 2023

Missing DS-TB cases (326,823 were children)

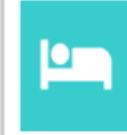


127,936

20.89% ↑

Relative to 2023

Estimated people who developed TB and were coinfecting with HIV in 2024



79,755

1.11% ↑

Relative to 2023

People were diagnosed with both, HIV infection and TB disease



693,440

7.52% ↑

Relative to 2023

People died because of TB in 2024



163,981

-5.68% ↓

Relative to 2023

Missing people with DR-TB



260,935

4.16% ↑

Relative to 2023

Estimated people who developed Drug Resistant TB (DR-TB) - a form of TB more difficult to diagnose, treat and cure in 2024



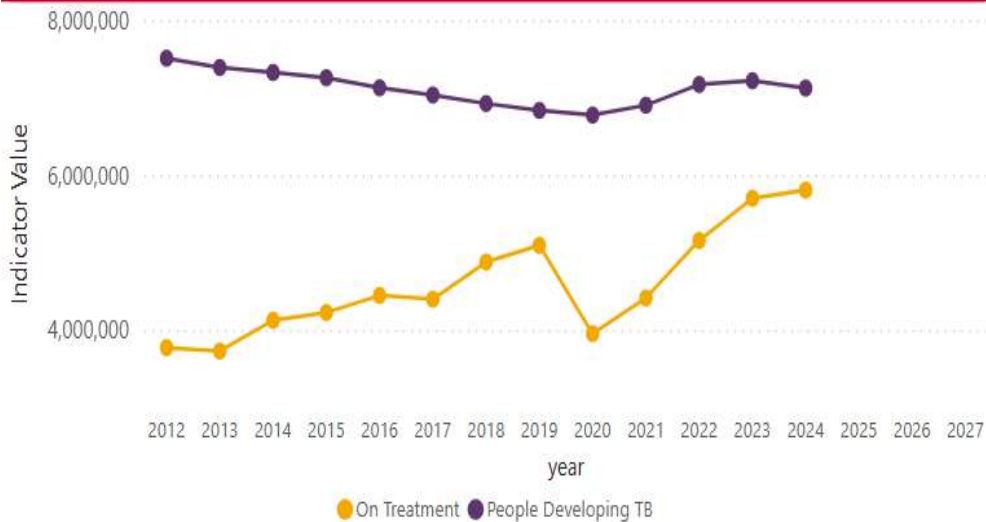
48,181

10.69% ↑

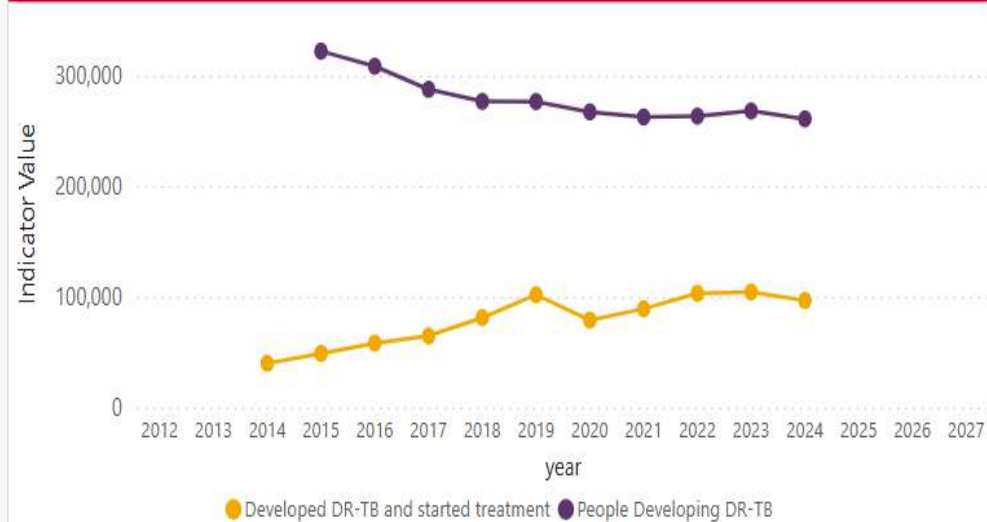
Relative to 2023

Missing people with TB who are HIV positive

TB, 2012-2024



Drug Resistant TB, 2012-2024



- 67% of Global TB Burden
- 58% of Global missing people with TB
- 60% of Global TB Death
- 38% missing people with TB/HIV
- 67% of Global MDR TB
- 72% of missing MDR TB

<https://dashboards.stoptb.org/country-profile.html>

UN HLM TB - TARGETS V REALITY



Indicator	Reality 2025	Target 2025	% Gap to Target
TB incidence reduction	12% ↓ since 2015	50% ↓	38% short
TB deaths reduction	29% ↓ since 2015	75% ↓	46% short
Catastrophic costs	Highly variable, many countries >50%	0%	50–100% short (most high-burden countries)
Diagnostic & treatment coverage	78% of cases treated	≥90%	12% short
TPT coverage (priority groups)	~5.3M reached (~35% of need)	≥90%	~55% short
Social protection coverage	Median <50% in high-burden countries	100%	50%+ short
Funding (care & prevention)	US\$5.9 B	US\$22 B	~73% short
Funding (research)	US\$1.2 B	US\$5 B	76% short

•Progress is real: incidence and mortality are declining again; diagnostics and TPT are expanding.

•Gap remains large: incidence, mortality, social protection, and financing are all well below targets, meaning the world was **off-track to meet 2025 UN HLM TB goals.**

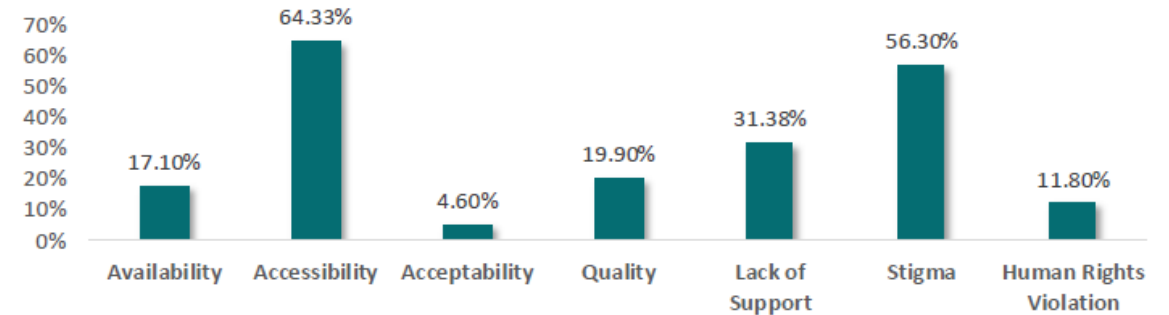
•STIGMA

BARRIERS TO ENDING TB

- **Severe funding challenges:** Global funding for prevention, diagnosis, and treatment remains severely **below target** putting services and progress at risk.
- **Inadequate Access to Diagnosis & Care:** Only **~78%** of people who developed TB were diagnosed and started on treatment in 2024
- **Inadequate Social Protection: Economic barriers** including out-of-pocket costs, remain high.
- **Limited Case Detection & Diagnostic Coverage:** Weak surveillance, low notification rates, gaps in community outreach
- **Stigma and persistent structural and social Determinants:** In 2025 >299,000 people with TB, across 38 countries engaged in ONEIMPACT CLM, among whom 53,983 people reported that access, stigma and a lack of social support impacted access and ability to complete treatment.
- **Systemic Health and Community Service Constraints:** Weak surveillance, health workforce shortages, disrupted supply chains, and limited community engagement weaken TB detection and continuity of treatment, especially in the highest-burden settings.
- **Slow Scale-Up of Preventive Treatment:** Although TPT coverage is growing, it remains far below what's required-
- **Drug-Resistant TB Challenges:** DR TB persists as major obstacles, with modest progress in detection and treatment and high treatment complexity

ONEIMPACT Global CLM data and Analytics

Distribution of Major challenges reported across categories defined by CLM framework (AAAQ + Social barriers). The top 3 challenges reported by 53,983 number of people across 38 countries were 1) Stigma (32.98%) 2) Lack of support services (28.43%) 3) Inaccessible services (20.01%).



Addressing these barriers, through sustained financing, stronger health and community systems, multisectoral action on social determinants, and equitable access to TB services, is essential to close the gaps and accelerate progress.

Risks to TB Affected Communities, Community Responses and Systems in GC8

FUNDING

- **TB receives 18% of Global Fund allocations:** Despite being the world's leading infectious killer, TB historically receives far less funding than HIV and malaria. The **TB 33 campaign** called on the Global Fund and donors to allocate at least 33% of **disease funding to TB**, reflecting its burden and closing the gap between need and investment but to no avail.
 - CCMs can revisit this to make sure that TB gets a greater share, e.g. South Africa
- The majority countries (80%) reported that **TGF does not get funding to affected TB networks / organizations** (TBpeople survey 2026)
- Funding for mechanisms, such as the **Challenge Facility for Civil Society** who prioritize funding for TB Survivor networks / organizations has been dramatically slashed, reducing significantly its capacity to support affected TB networks.

REPRESENTATION

- **TB communities are underrepresented and under-resourced in CCMs:** Limited leadership roles, weak engagement mechanisms, and underfunded networks reduce TB stakeholders' influence on funding and policy decisions, leaving community priorities under-supported and vulnerable to reallocation (STP CCM Report 2026)

INFORMATION GAPS

- historical information gap around the Global Fund, TB priorities, and particularly GC8

PROGRAMMATIC

- **Blanket integration threatens TB progress:** Combining TB, HIV, and malaria community efforts risks **diluting TB's voice, diverting limited resources, and weakening advocacy**, making it harder to reach missing people, secure funding, and achieve UN HLM targets.

TB Community Priorities for GC8

1. Address Stigma, Social and Structural Barriers (CFCS Pillar 1)

- Invest in stigma reduction.
- Expand social protection and financial support mechanisms to eliminate catastrophic costs.
- Strengthen multisectoral action on housing, nutrition, employment, and social protection.

2. Close Gaps in TB Case Detection, Prevention and Treatment – Demand creation (CFCS Pillar 2)

- Invest in community-led case finding and diagnostic outreach to reach missing people.
- Accelerate TPT scale-up for priority groups, including contacts, PLHIV, and vulnerable populations.
- Increase awareness and demand for latest tools, technologies and drugs.
- Strengthen DR-TB detection, treatment access, and patient-centred care.

3. Scale Up ONEIMPACT (Pillar 3)

- Make ONEIMPACT, protected investment area for TB.
- Scale ONEIMPACT for:
 - Information dissemination
 - Peer support
 - Real-time barrier identification (CLM)
 - Service quality improvement
 - Policy and programme reform
- Ensure **sustainable financing and technical support** for CLM systems.

4. Invest in TB-Affected Communities and Community Systems: Prioritize direct investment in TB-affected networks and organizations to deliver (Pillar 4)

- Community-led case finding
- Reaching and screening, and support of KVPs
- Stigma reduction
- DR-TB treatment support and adherence
- Expand CLM using ONEIMPACT as a core accountability and service delivery platform.
- Social contracting, innovative financing, integration.

Support for TB communities: Challenge Facility for Civil Society

CFCS 2025 Partners

CFCS 2025 partners were selected from donor-priority countries only and include CFCS Round 12 organizations chosen through an open, competitive call for proposals following independent review.

Country	Organisation
Benin	Association of Former Cured Tuberculosis Patients of Benin
	AFRIC'MUTUALITE-ONG
Cambodia	Khmer HIV/AIDS NGO Alliance (KHANA)
Cameroon	For Impacts In Social Health (FIS)
	KENKO Foundation Association
	Joint Acting Process for the Success of Sustainable Objectives (JAPSSO)
	TBpeople Cameroon
Central African Republic	Réseau National des ONG et des Associations de Lutte contre la Tuberculose
Cote d'Ivoire	Alliance Cote d'Ivoire
	Collectif des Organisations de Lutte contre la Tuberculose et les Maladies Respiratoire en Côte d'Ivoire
DR Congo	Club des Amis Damien
	Focus Droits Et Accès
	Health for Prisoners
Ghana	Ghana National TB Voice Network
India	Resource Group for Education and Advocacy for Community Health (REACH)
	TB Alert India
	Survivors Against TB
	Humana People to People India
Indonesia	TB People Indonesia hosted by Rekat Peduli Indonesia Foundation
Moldova	Center for Health Policies and Studies (PAS Center)
Mozambique	Ajuda de Desenvolvimento de Povo para Povo - ADPP
Nigeria	Debriche Health Development Centre (DHDC)
Pakistan	Dopasi Foundation
	Bridge Consultants Foundation
	Active Help Organisation
Ukraine	Charitable Organization "TB People Ukraine"
Vietnam	Centre for Supporting Community Development Initiatives (SCDI)
Region	Organisation
Asia Pacific	ACT AP hosted by APCASO Foundation
Francophone Africa	Dynamique De La Réponse D'Afrique Francophone Sur La TB (DRAF TB)

1. CFCS grants (15 countries) to support participation in GC8
2. 11 grantees in Asia-Pacific
3. Development of support packages for TB community priorities (building on past and current investments) in GC8
4. Webinaires to orient community and NTPs on TB community priorities in GC8

TB COMMUNITY ASKS

- **Information Access:** TB communities (including NTP) are not aware when letters are coming and content – ask – can we get your support in getting this information
- **Engagement in the country processes:** Country dialogues and CCM discussions must include CS and communities including underserved community reps – evidenced by the CCM report. Dedicated consultations, development of written priorities, submission to CCM and Country Team
- **GF** - TA must also focus on TB and TB community priorities and actively engage TB Communities and TB stakeholders
- **CG8 should build on past and current TB community investments** and refrain from inventing the wheel (e.g. ONEIMPACT)
- **STOP TB CFCS partners have built the evidence base (Stigma assessments, CRG assessments, KVP size estimations, CLM) to support targeted resource –** an evidence base that can guide investments.

EVIDENCES

TB Stigma Portal



OneImpact Country Dashboards

