

Investing in Tuberculosis Control in Africa



Overview

In 2022, 1.3 million children became ill with tuberculosis (TB) and 250,000 children died of the illness globally. Africa is disproportionately burdened by TB, with 17 of the 30 highest TB burden countries located on the continent. The region reported 2.5 million new TB cases and 424,000 deaths from the illness. An estimated 322,000 children and young adolescents (under 15 years) in Africa fell ill with TB, representing a third of all childhood TB cases worldwide.

Addressing TB in Africa, particularly childhood and adolescent TB, requires significant investment in TB prevention, diagnosis, and treatment. As of 2022, the African region required at least \$1.3 billion (USD) for TB prevention and treatment. African countries contributed 22% of the needed budget while external funding accounted for 34%, but the 44% gap hinders efforts to prevent and treat TB.⁴ Limited resources restrict access to child-friendly diagnostics and treatments, leading to missed diagnoses, delayed treatment, and increased mortality.

TB remains a significant and ongoing public health challenge in Africa.



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In 2022, global TB investment decreased from \$772 million to \$702 million.



According to the WHO, every dollar spent on TB control yields up to \$39 in health and economic benefits.

The funding gaps exacerbate existing social and economic inequalities. Poverty, malnutrition, and poor living conditions make children more susceptible to TB. Further, TB disrupts education by forcing children to miss school, hindering their future social and economic outcomes.

Global funding for TB research reached \$915 million in 2020 but fell short of the annual goal set by member states at the United Nations High-Level Meeting in 2018, which aimed for \$2 billion annually. In 2022, global investments specifically for TB decreased to \$702 million, down from \$772 million in 2021, with TB drug research funding dipping by nearly 12%. The urgent need for new TB vaccines remains critical, as funding for TB vaccines has never exceeded \$120 million per year.

The Sustainable Development Goal (SDG) 3 targets ending the TB epidemic by 2030. Achieving this requires adequate financing, reflected in SDG 17 which promotes partnerships for TB control, including mobilizing resources from domestic and international sources. Increased investment in TB control presents a range of benefits including treating the disease, reducing transmission rates, and creating healthier communities. A study by the World Health Organization in Brazil, Georgia, Kenya, and South Africa, released in 2024, shows that there is a significant economic return on investment, with every dollar spent on TB control yielding up to \$39 in health and economic benefits, promoting overall economic growth and stability.8 Further, strengthening TB infrastructure supports healthcare systems, making them better equipped to handle all other health challenges.

Policy Commitments on TB Financing

There are several international and regional commitments to end TB outlining the need for increased investment, through domestic financing and continued international support, alongside recognizing the crucial role of research and development efforts.

These include:

- The End TB Strategy (2015):⁹ Emphasizes increased domestic financing from countries and continued international support alongside innovative financing mechanisms and research & development (R&D) investments.
- The Global Plan to End TB 2023–2030:10
 Outlines a \$250 billion global investment need, with \$57.6 billion specifically for the WHO Africa Region (excluding R&D).
- The Catalytic Framework to End AIDS, TB, and Eliminate Malaria in Africa by 2030:¹¹ Pushes for increased domestic health financing in Africa, targeting high-burden areas and achieving universal access to TB diagnosis and treatment. Building on this, the Call to Action by the WHO African Region Ministers of Health during the side event on Paediatric TB and Nutrition on the margins of the 72nd WHO AFRO Regional Committee, Lomé, Togo (2022)¹² emphasizes increased investment in childhood TB, urging member states to allocate more resources for diagnostics, medicines, and service integration.
- The Political Declaration of the High-Level Meeting of the General Assembly on the Fight Against Tuberculosis:¹³ Identifies funding shortfalls and calls for mobilizing \$22 billion annually by 2027 (\$35 billion by 2030) for global TB control, with an additional \$5 billion for research.
- The Roadmap Towards Ending TB in Children and Adolescents 2023:14 Emphasizes boosting annual global investments and national program funding for TB prevention and care, including targeted support for high-risk groups like children and adolescents. It advocates for dedicated budgetary allocations from both domestic and international sources.



Solutions for Funding

- Increased funding is needed to effectively combat TB in Africa. The Global Plan to End TB estimates a need of \$15–32 billion annually in low- and middle-income countries, including funding for future vaccines. The Global Plan to End TB estimates a need of \$15-32 billion annually in lowand middle-income, including funding for future vaccines. This necessitates a significant increase in both domestic and international resources.
 - Domestic investment is crucial—Currently, domestic funding accounts for 80% of all available funding for TB. In 2022, domestic funding was \$4.7 billion, while international funding was \$1.1 billion.¹⁵ When combined, the total falls far short of the \$22 billion needed annually by 2027 for TB prevention, diagnosis, treatment, and care. This highlights the urgent need for increased domestic funding to meet global TB targets. (Clause 62 Political Declaration on the High-Level Meeting on the Fight Against Tuberculosis)
 - International support is essential—Increased funding from organizations like the Global Fund and additional resources for research (to \$5 billion annually by 2027) are vital to achieve global targets and develop new tools. (Clause 68 Political Declaration on the High-Level Meeting on the Fight Against Tuberculosis)

- Curbing inefficiencies and integrating children's
 TB services can maximize the impact of available
 resources. This combined approach improves
 resource utilization and effectiveness, allowing us to
 streamline processes, coordinate care, and achieve
 better outcomes for children affected by tuberculosis.
- 3. To close the gaps in childhood and adolescent TB management, national strategic plans should incorporate detailed and realistic budgets for relevant activities. This can be achieved by leveraging the WHO One Health TB module companion book, which provides guidance on budgeting for key interventions needed to reach the established targets.

Endnotes

- ¹ <u>Tuberculosis (TB) | WHO | Regional Office for Africa</u>
- ² High TB burden country Profiles (who.int)
- https://www.afro.who.int/sites/default/files/2023-09/Tuberculosis%20in%20the%20African%20 Region_2023%20report.pdf
- ⁴ Low funding, COVID-19 curtail tuberculosis fight in Africa | WHO | Regional Office for Africa
- 5 2021 Report on TB Research Funding Trends Treatment Action Group
- 6 <u>https://www.tballiance.org/news/funding-tb-and-neglected-diseases-backslides</u>
- ⁷ https://www.stoptb.org/file/17692/download
- 8 WHO study shows \$39 return for each dollar invested in fight against TB | UN News
- ⁹ The end TB strategy (who.int)
- https://www.stoptb.org/global-plan-to-end-tb/global-plan-to-end-tb-2023-2030
- 11 https://au.int/sites/default/files/newsevents/workingdocuments/27513-wd-
- https://www.stoptb.org/file/11026/download
- https://www.un.org/pga/77/wp-content/uploads/sites/105/2023/09/TB-Final-Text.pdf
- 14 <u>https://iris.who.int/bitstream/handle/10665/373949/9789240084254-eng.pdf?sequence=1</u>
- 4. Financing for TB prevention, diagnostic and treatment services (who.int)