Funding estimates required for a full response to the global TB epidemic (2016 - 2020)

Southern Africa Tuberculosis and Health Systems Support (SATBHSS) Project

**Funding GAP**

- **US$ 2 billion (37%)**

**US$ 52 billion**

**LMICs**

- 2016
- 2020

**US$ 9 billion**

- 2016
- 2020

**US$ 52 billion is required in LMICs to End TB between 2016 and 2020.**

**US$ 9.5 billion**

- 2016
- 2020

- **Double for (MDR-TB)**

**Cost of TB prevention, diagnostic and treatment will rise from US$ 9.5 billion in 2016 to US$ 14 billion in 2020.**

**Total of US$ 9 billion is required for TB research and development from 2016 - 2020.**

**DS-TB** received US$ 7.4 billion in 2016, compared to US$ 1.8 billion for MDR-TB. Funding for MDR-TB will double by 2020.

**Treatment for MDR-TB is longer, requires more expensive drugs, and has higher levels of toxicity and side effects.**

**African TB effort is under-funded by 37%. There is a funding gap of US$ 2 billion.**

**International funding accounts for 75% in 25 high TB burden countries outside the BRICS**

**Source** - World Health Organization (WHO) 2016 Global Tuberculosis Report

**LMICs** - Low and Middle Income Countries

**BRICS** - Brazil, Russia, India, China and South Africa
In 2014, international funding for TB = US$ 0.7 billion, far short of funding for HIV/AIDS = US$ 5.4 billion and Malaria = US$ 1.7 billion.

TB remains the leading cause of death amongst people living with HIV in Africa.

TB/HIV coinfection rates range from 52-54% in Mozambique and Malawi, 61% in Zambia and 72% in Lesotho.