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Note to editors: Background documents and photos from the launch event are available [here](#).

STOP TB Partnership Launches: Updated Global Plan to End TB, 2.5 Million USD Call for Proposals from Grassroots Organizations and New, Child-Friendly Drug-Resistant TB Treatments

Ending the TB Epidemic Requires Serious Investment of Dollars, Resources and Political Will—Millions of Lives Can be Saved or Lost Every Year

GENEVA/JAKARTA (10 December 2019)—The Stop TB Partnership today launched the Global Plan to End TB 2018-2022, which calls for 2.6 billion USD per year for vital research and development of new tuberculosis (TB) diagnostic tools, new drug regimens and a new vaccine, and 13 billion USD per year for TB care and prevention. With the new Global Plan, the Stop TB Partnership is also launching the largest ever call for proposals, 2.5 million USD, to fund grassroot organizations as part of the TB response as well as new, child-friendly drug-resistant TB treatments.

In September 2018, Heads of State and Government assembled at the United Nations committed to a series of bold targets in the fight against TB. Unlike previous five-yearly plans, the updated Global Plan for 2018-2022 is deliberately aligned to the time frame of the UN High-Level Meeting (UNHLM) on TB targets and provides an estimate of the resources needed to achieve these targets.

If the Global Plan is fully funded and implemented, countries will reach UNHLM on TB treatment targets set for 2022, including putting 40 million people on treatment for TB, including 3.5 million children and 1.5 million people with drug-resistant TB. This will lead to 1.5 million fewer deaths due to TB, and the return on investment will be 44 USD for 1 USD spent. On the other hand, a five-year delay in increasing funding for TB research and development would lead to approximately 2 million more people dying and an additional 13.9 million people developing TB.

Funding levels do not match political commitments

Funding is critical. To achieve these goals, 13 billion USD every year is needed globally for TB care and prevention—approximately twice the current level invested. And 2.6 billion USD is needed every year for research and development of new diagnostics, new drugs and a new vaccine—approximately three times the current level invested.

Many countries will have difficulties reaching these funding levels. While high-income countries, BRICS (Brazil, Russia, India, China, and South Africa) and upper-middle-income countries can tap domestic budgets to reach the necessary funding levels, low-income and lower-middle-income countries will need increased external funding. The Global Fund to Fight AIDS, Tuberculosis and Malaria provides nearly 80% of external funding for TB programs but the envelope provided is very small versus the actual needs, with a total of 840 million USD/year.

The announcement was made in Indonesia, one of the top three highest TB burden countries in the world, with nearly one million people developing the disease each year. In its 2016 National Strategic Plan, the Indonesian Ministry of Health pledged to end TB in the country by 2030.

Pediatric- DR TB

At the event, Stop TB's Global Drug Facility (GDF) officially launched the Pediatric Drug-Resistant TB (DR-TB) Initiative. Of the estimated 1.1 million children under the age of 15 who became sick with TB around the world in 2018, an estimated 32,000 had DR-TB. Of those, fewer than 5% are diagnosed and receive treatment. Even fewer of those under the age of five received treatment.

Until recently, only 500 young children globally with DR-TB received treatment, and those who were treated were put on medicines intended for use in adults. Yet, children require different formulations for treatment than adults—ones that are more aligned with the smaller size of children and that can be taken more easily, for example dispersed in water rather than crushed and mixed. With so few children with DR-TB being diagnosed and treated globally, getting these new formulations developed, produced and distributed is difficult.

The Pediatric Drug-Resistant TB Initiative aims to ensure access to the best possible treatments for children suffering from one of the deadliest diseases in the world. GDF together with the Sentinel Project on Pediatric DR-Tuberculosis worked to identify early adopter countries that could implement the new pediatric formulations quickly and pooled their demand, leading to the introduction of these life-saving medicines in countries in less than 12 months.

Already procured by 56 countries and introduced in Haiti and Nigeria, among others, the oral medicines come in a dissolvable, flavored form—replacing the adult doses in tablet form that had to be crushed or split so that the proper therapeutic levels could be met and removing the injectables with their terrible and permanent side effects. GDF was also able to negotiate substantial price reductions, ranging from 30% to 85%, depending on the medicines used.

In 2019 alone, Stop TB's GDF provided over 1,100 treatments for children with drug-resistant TB around the world, more than double the number of children under five years of age historically treated each year for DR-TB.

However, the world is far away from the 2018 UNHLM on TB and Global Plan to end TB target of treating 115,000 children with DR-TB by the year 2022, including 47,000 young children in need of these new, child-friendly formulations.

Critical grassroots outreach receives funding infusion

The Stop TB Partnership also launched the largest-ever call for proposals for TB-affected community and civil society grassroots organizations.

An estimated 30% of the 10 million people who developed TB disease in 2018 did not access or receive proper care. This call for proposals recognizes the fact that we cannot reach these key and vulnerable



populations unless we work with TB-affected communities and the organizations that support them. Only through collaboration with these organizations can we end TB.

Supported by USAID and the Global Fund to Fight AIDS, Tuberculosis, and Malaria, each grant will be between 25,000 and 150,000 USD to cover 12 months of activities.

The Challenge Facility for Civil Society grant mechanism will fund proposals that address barriers in screening and treatment services; promote community outreach, education and advocacy; organize legal responses to systemic discrimination; and facilitate monitoring of the TB response, holding governments accountable to the commitments made in the United Nations declaration on TB.

The call for proposals covers 14 high TB-burden countries: Bangladesh, Cambodia, DR Congo, India, Indonesia, Kenya, Mozambique, Myanmar, Nigeria, Pakistan, Philippines, South Africa, Tanzania, and Ukraine. It also covers the following regions: Anglophone Africa, Francophone Africa, Asia, Latin America and the Caribbean and Europe.

In 2018, ten million people fell ill from TB and 1.5 million people died from the disease, taking a huge toll on human and economic health in countries worldwide. Roughly 30% of the new infections went undetected and unmonitored, however, and the TB epidemic will never be fully controlled until all infections are tracked and treated.

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"It is not just about launching the Global Plan, it is also about launching concrete tools and funding to implement it. We have the largest ever call for proposal from grassroots organizations as we must ensure that civil society and communities remain our full partners in ending TB. And we share with the world the pediatric formulations for children with drug resistant TB. I feel we are finally starting to get what we need to end TB. There is a long way to go, but we see light at the end of the tunnel."

Dr. Lucica Ditiu, the Executive Director of the Stop TB Partnership

"The coming three years—up to 2022—will be very important for the TB Community at large. This is when we make it or brake it. The good news is that we have what is needed to make it—including country targets as shares of the UNHLM TB targets. As incoming chairperson of the Stop TB Board, I will do my best to have this plan implemented, used and funded."

Dr. Luiz Henrique Mandetta, Health Minister, Brazil; incoming STBP Board Chair

"As a pediatrician, I probably see the worst end of the spectrum of tuberculosis: it can cause such damage to little bodies. Drug resistant-TB treatments that use injections and adult tablets for babies are horrible, the equivalent of chemotherapy. We should not have to inflict such terrible pain to our smallest patients to save them. We need to do better. When you save a child, you can add 80 years to her or his life—and these new child friendly TB medications make that possible. No more injections, no more terrible side effects."

Dr. Vanessa Rouzier, Chief of Pediatrics, Gheskio – Haitian Global Health Alliance.

“What you often don’t see when looking at the crushing problems posed by TB—either at home or around the world—is how the disease affects children. The statistics are so small, they are literally hiding behind the adult statistics. Nigeria was one of the first countries to introduce new child-friendly, all-oral medicines for the treatment of pediatric drug-resistant TB (DR-TB), thanks to grants provided by Stop TB’s Global Drug Facility with funding from the government of Japan and USAID. No child should have to suffer from DR-TB and we are committed to reaching these young children and treating them with these new medicines.”

Dr. Osagie Emmanuel Ehanire, Health Minister, Nigeria and Stop TB Partnership Board Member

“To date, the TB response has been very biomedical, and social aspects have been neglected. This has increased the number of people affected by TB who are being missed by health systems—either not being diagnosed or discontinuing treatment due to stigma as well as gender and human rights barriers. The new Challenge Facility for Civil Society Round 9—the largest ever call for proposals for civil society and community organizations—demonstrates how USAID and the Stop TB Partnership are committed to addressing the challenges facing communities. In most countries, networks of TB survivors are not being supported—yet as we say in Africa, the one that wears the shoe is the one that feels the pinch most. For the TB response to be sustainable, we call upon other development partners to invest in TB survivor networks in order to ensure that human rights are prioritized and that our approach is gender sensitive.”

Olive Mumba, Executive Director of the Eastern Africa National Networks of AIDS and Health Service Organizations (EANNASO)

“The Global Plan is a landmark document for accelerating the response to TB worldwide. It calls on governments to embrace accountability in order to fulfil the commitments made in 2018 to end TB, and to implement the Global Plan with the urgency TB demands. This Global Plan provides nine investment packages and includes priority actions governments can adopt based on their specific epidemiologic situation. Investing in TB is not just a sound public health policy, but also a sound economic investment. The plan shows that if you invest 1 USD, you get a 44 USD return—it’s a win-win for governments, for TB affected communities, and for the world.”

Dr. Paula I. Fujiwara, Chair of the Stop TB Partnership Task Force for the development of the Global Plan; Scientific Director, The International Union against Tuberculosis and Lung Diseases

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Notes to editors

Background documents and photos from the launch event are available [here](#).

About the Stop TB Partnership

The Stop TB Partnership is a unique United Nations hosted entity based in Geneva, Switzerland, committed to revolutionizing tuberculosis (TB) space to end the disease by 2030. The organization aligns more than 2,000 partners worldwide to promote cross-sectoral collaboration. The Stop TB Partnership’s various teams and initiatives take bold and smart risks to identify, fund and support innovative approaches, ideas, and solutions to ensure the TB community has a voice at the highest political levels and that all TB affected people have access to affordable, quality, and people-centered care.