

Global Plan to End TB 2018-2022

The Global Plan to End TB 2018–2022 is a costed plan and roadmap for a concerted response to tuberculosis (TB), aligned with the targets and commitments set at the UN High-Level Meeting (UNHLM) on TB in September 2018. It provides an estimate of the resources needed to achieve the UNHLM on TB targets.



WHAT IS UNIQUE ABOUT THE GLOBAL PLAN TO END TB: 2018-2022?

- Unlike previous five-yearly plans, the updated Global Plan for 2018–2022 is deliberately aligned to the time frame of the UNHLM targets, making it a tool for advocacy, resource mobilization, civil society, and community empowerment and accountability on the UNHLM targets and commitments.
- It is centered on strong political leadership to achieve the UNHLM targets and commitments.
- It breaks down the global targets of UNHLM into country shares in order to ensure that countries deliver on their commitments and collectively, the world reaches the agreed targets.
- It provides an estimate of the resources needed to achieve the UNHLM TB targets and commitments for:
 - Scale up of TB care and prevention with investment packages tailored to regional and sub-regional context
 - Research into new diagnostics, drugs and vaccine needed to end the TB epidemic
- It highlights the need for a rights-based, people-centered approach with gender-responsive TB services including engagement with the private sector and achieving Universal Health Coverage.

WHAT WILL THE GLOBAL PLAN ACHIEVE IF FULLY FUNDED AND IMPLEMENTED

- Countries will reach the UNHLM on TB treatment targets set for 2022.
- The world will be on track to achieve the Sustainable Development Goals (SDG) target of ending TB by 2030.
- 40 million people will be treated for TB, including 3.5 million children and 1.5 million people with drug-resistant TB, and over 30 million people will receive TB preventive therapy. This will lead to 1.5 million fewer deaths due to TB and 48 million DALYs averted. The return on investment will be 44 USD for 1 USD spent.
- New tools from research and development will be on the horizon for the fight to end TB by 2030. A five-year delay in increasing funding for TB research and development—the cost of inaction—would lead approximately to an additional 2 million people dying and an additional 13.9 million people developing TB.

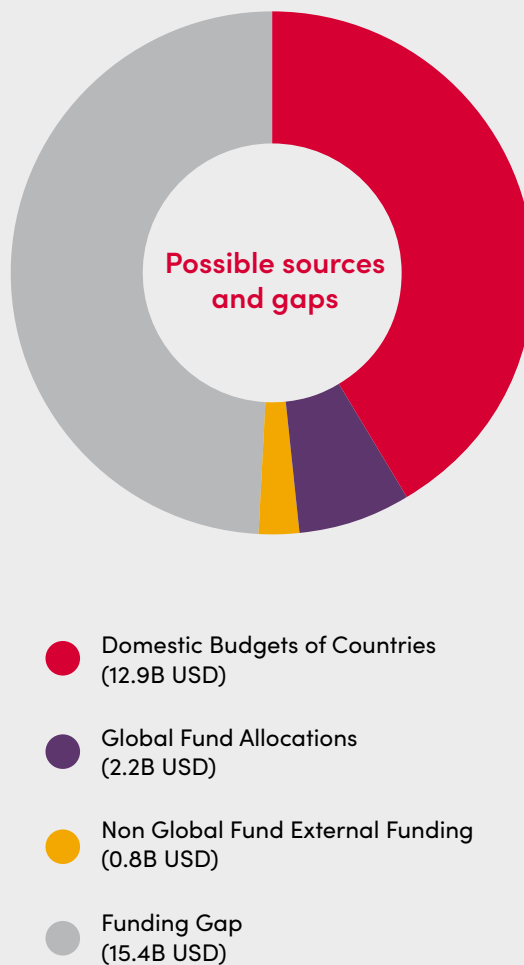
HOW MUCH WILL IT COST?

- Available funding for TB prevention and care needs to be doubled from less than 7 billion USD per annum to 13 billion USD per annum.
- Available funding for research and development of new tools needs to be nearly tripled from 0.9 billion USD per annum to over 2.6 billion USD per annum.

WHERE WILL THE MONEY COME FROM?

- Funding is expected from domestic budgets, external multilateral and bilateral donors, loans from development banks, social health insurance, impact funding, and innovative financing mechanisms.
 - For high-income countries, BRICS (Brazil, Russia, India, China, and South Africa) and upper-middle-income countries, domestic budgets will be the main source of increased funding.
 - Low-income and lower-middle-income countries will need increased external funding.
- From the recent replenishment of the Global Fund of 14.2 billion USD for a three year period, 840 million USD per year, will be made available for TB in Global Fund eligible countries. The fully replenished Global Fund will increase the external funding for TB, but only marginally. Under an optimistic scenario of increased domestic funding, along with continued external funding at current levels an additional funding requirement of 15.4 billion USD (5.1 billion USD per annum) still needs to be mobilized.
- A total of 65 billion USD is needed for providing TB prevention and care.
- A total of 12.8 billion USD is needed for research on the development of new tools and on basic science research, which consists of:
 - At least 10.8 billion USD needed for research and development for new TB diagnostics, medicines, and at least one vaccine, at an average of 2.16 billion USD per annum.
 - A total of 2 billion USD needed for research in basic science related to TB, at an average of 400 million USD per year.

31.3 billion USD needed in Global Fund eligible countries during 2020-2022



77.8 billion USD needed to reach the United Nations TB Targets

