PARTNERING TO INVEST IN TB
SUPPORTING SUSTAINABLE DOMESTIC INVESTMENT IN THE FIGHT AGAINST TUBERCULOSIS

STOP TB PRIVATE SECTOR CONSTITUENCY
ADVOCACY & COMMUNICATIONS WORKSTREAM
In 2018, the UN High-Level Meeting on TB unveiled a series of global targets and commitments for ending tuberculosis by 2030 (see box to right). The broad scope of these targets, and the ambitious proposed timeline for their implementation, have created an unprecedented challenge for the global health community. Yet, in spite of these considerations, TB stakeholders are already off to a strong start, reaching 7 million people with diagnosis and treatment in 2018, an increase of 600,000 people over 2017.[i]

Although this early progress is undoubtedly encouraging, much more work remains to be done. Ultimately, achieving the goal of diagnosing and treating 40 million people with TB by 2022, in addition to the 1.5 million people with drug-resistant TB (including 115,000 children with DR-TB), will be dependent upon the successful mobilization of hundreds of millions in additional resources.[ii] In 2017, there was $6.9 billion available for TB program implementation and $770 million available for TB research and innovation.[iii] With this spending as a baseline, the global TB community needs to double annual contributions to TB financing to meet the commitments outlined within the 2018 Declaration.[iv]

**TARGETS**

Set by the 2018 Political Declaration of the High-Level Meeting of the General Assembly on the Fight Against Tuberculosis for 2018-2022

01 Provide appropriate diagnosis and treatment to 40 million people with TB, including 3.5 million children and 1.5 million people with drug-resistant TB

02 Reach at least 30 million people with preventive treatment, including 4 million children under the age of 5, 6 million people living with HIV, and 20 million other household contacts of people affected by TB

03 Mobilize US $13 billion annually needed by 2022 for program implementation

04 Mobilize US $2 billion annually for TB research and innovation

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Failure to meet these objectives would be devastating, as the cost of inaction remains high. A person with untreated TB can infect 10-15 people in a single year by coughing near them.[v] Moreover, TB mostly affects adults in their most productive years (15-59 years old), causing serious disruptions in the home and in the workplace.[vi] [vii] One study found that in the absence of radical actions to curb the disease, future TB-related mortality may lead to a further loss of US$ 984 billion globally between 2015 and 2030.[iix] Complicating matters, these global financing targets are based on the assumption that domestic resource mobilization will increase significantly in the coming years. For example, the Global Fund's 2019 Replenishment Investment Case assumed that low- and middle-income countries would up their domestic resource contributions for HIV, TB, and malaria from $31 billion during the period of 2017-2019 to $45.8 billion for 2020-2022, or an annual rate of increase of 16%.[ix]

“The coming three years, up to 2022, will be important for the TB community at large. This is when we will make it or break it.”

DR. LUIZ MANDETTA,
CHAIRPERSON OF
THE STOP TB PARTNERSHIP BOARD

[iii] KPMG. "Global Economic Impact of Tuberculosis." October 2017. [link]
While it is true that the Global Fund has reported an increase in domestic support for previously-approved grants in recent years[x], and while serious efforts to increase levels of domestic financing are being undertaken in some countries,[xi] many governments simply are not in a position to mobilize the additional funds needed to meet UNHLM targets. Even with continued Global Fund support, high burden countries have a relatively fixed budget dedicated to infectious diseases such as TB, which, in addition to slowing down policy implementation and patient access to innovation, constrains their ability to secure add-on funds.[xii] [xiii] For this reason, the Global Plan to UNHLM projects a $153 billion funding gap for the 110 Global Fund eligible countries (low- and middle-income countries).

As domestic financing for tuberculosis programs is unlikely to spike substantially in the near-term, the sustainability and success of the global TB response will be threatened. While countries and individuals impacted by TB have much to lose if investment is not dramatically increased, they have much to gain if it is. Alongside lives saved, a cost-benefit analysis by the Copenhagen Consensus Center showed that of the programs designed to help achieve United Nations Sustainable Development Goals, TB is one of the best investments cross-sector stakeholders can make[xiv]. The study found that successfully treating TB provides a substantial economic boost, with an estimated $43 return for every $1 spent on care in high TB-burden countries.[xv]

With so much at stake, it is critical that structural changes are made to ensure that care for TB patients is optimized in the coming years. First, future investments in TB must be paired with a prioritization of TB programs within national health budgets.[xvi] [xvii] Second, in addition to elevating TB as an issue, we encourage policymakers to strengthen their support for public health broadly, which will be pivotal to ensuring that TB programs globally can be properly implemented—across all sectors and geographies.
Multisectoral partners, and in particular private sector organizations, have a key role to play in providing the expertise, innovation, practical support, and technical guidance needed to sustain TB programs. In January 2020, a multi-sectoral group of partners launched a new initiative called Ending Workplace Tuberculosis (TB) aimed at engaging major businesses in the fight against tuberculosis (TB). [xviii]

Historically, most of the funding available for TB prevention, diagnosis, and treatment has been sourced domestically—in 2019, 87% of TB funding originated from domestic sources.[xix] In the BRICS group of countries in particular (Brazil, Russian Federation, India, China, and South Africa), almost all TB funding is from domestic sources, which is to be commended and supported by multisectoral partners. [xx] Despite the real achievements that have been made possible through use of these funds, and in spite of the potential for these funds be able to continue to strengthen TB interventions in the future, critical domestic funding gaps remain in the majority of low- and middle-income nations.


To help close funding gaps, decisionmakers must continue to focus on developing ways to actively engage private sector stakeholders as part of national level private sector TB coalitions, working with these organizations to identify addressable challenges and to more fully leverage sectoral resources to support ongoing initiatives.

**Technical Guidance**

TB diagnosis and treatment is often delivered in the context of the existing healthcare system, the characteristics of which are likely to influence how and when individuals with TB access and experience TB care. Private sector partners can complement country-level efforts by improving countries’ understanding of how to maximize the use of available resources (cost-effectiveness), and by providing innovative tools to better address the burden of TB within existing healthcare system (increase efficiency). [xxi] Additionally, private sector partners can help countries explore ways to finance the expansion of TB services, including through the implementation of innovative governance structures and cost-savings mechanisms within existing TB budgets. [xxii]

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**DEFINING INNOVATIVE MECHANISMS FOR BOOSTING DOMESTIC FINANCING**


[xxii] These approaches include decentralizing TB care, a practice that has been implemented in South Africa since 2011, for example, and which has led to improved business operations and patient access. Today, more and more countries such as India, the Philippines, and Indonesia, among others, have decentralized TB care.

**SOCIAL IMPACT BONDS:**

Social impact bonds are a public-private partnership mechanism that allows private impact investors to contribute upfront capital for public projects that deliver social outcomes. If the project succeeds, the investors recoup their contributions from either the local or national government, or from another philanthropic funder. Typically, investors would recoup both their capital and interest.

(Source UNDP)
Practical Support

In many impacted countries, policymakers must grapple with the difficult task of allocating limited resources to health programs while balancing competing priorities. The private sector and other multisectoral partners can help these individuals navigate this challenging/complex decision-making environment by providing them with relevant information, tools, and collateral, while also advocating for continued support for TB initiatives. For example, private sector stakeholders can support the development of country investment cases for TB, which can help policy-makers decide which areas of TB programming they should consider investing in. Multisectoral partners can amplify the impact of such resources, by lending their voices and advocating to raise the profile of TB at the national level. Moreover, private sector stakeholders can also make in-kind contribution to offset the cost of TB screening and diagnosis efforts. In recent years, PSC members, for example, have used this method to provide free screenings for employees and community members, and to partner with governments to develop testing facilities that are tailored to local needs.

Micro-Levies:

While there is no universal definition of micro-levies, this mechanism typically involves an obligatory charge or tax on globalized activities in an effort to link the activities of the global economy with global public goods. Perhaps the best-known example of this type of mechanism is the airline ticket solidarity levy, an airline ticket tax enacted in 2006. The program is implemented nationally, with airline customers paying the tax when they purchase their ticket. Today, the tax is collected in nine countries: Cameroon, Chile, Congo, France, Madagascar, Mali, Mauritius, Niger, and the Republic of Korea.

Loan Buy-Downs:

A multi-stakeholder arrangement between a government, a lending institution, and a donor, wherein the donor pays all or part of the loans provided for social impact projects. The donor sometimes pays only for the principal amount or the interest the loan incurs.

(Source: GEDRC)
Finally, multisectoral partners can come together to convene private sector stakeholders and attract additional philanthropic investment in the fight against TB. This type of philanthropic commitment can be catalytic, in the sense that it can be leveraged to mobilize additional public sector resources. Through matching programs, for example, private sector partners may agree to contribute USD $2 for every USD $1 in public investment in domestic TB programming. This has been used extensively by companies to help fund the COVID-19 response. [xxiii]

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**Advocacy Support and Budgeting Guidance**

Multisectoral partners can liaise directly with national governments, advocating for policies that maximize domestic investments in TB research and programming. Private sector partners can co-create innovative domestic financing solutions in collaboration with local governments—for example, the federal government could offer tax breaks or other incentives to companies that provide either TB vaccinations or treatments to their employees as part of private health insurance schemes. This kind of mechanism has been used in other disease areas, such as vaccination. For example in Australia, parents lose tax benefits for each child not up to date with their immunizations; other similar examples can be seen in Italy, Romania and Germany, and discussions on this are ongoing in some states in the United States. [xxiv, xxv] Multisectoral partners also have a role to play in emphasizing policy recommendations that underpin the targets within the Stop TB Partnership Global Plan to End TB. [xxvi]

The plan calls on all countries to allocate at least 0.1 percent of their research and development budgets to TB, and for high-burden countries to create a line-item within their national health budgets specifically dedicated to TB programming. This would help to fully disperse country allocations for the disease, while the global community could support them in managing their budgets accordingly.

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LOOKING AHEAD: FINANCING THE GLOBAL FIGHT TO END TB

While domestic financing is a core component of the tuberculosis funding landscape—and one which continues to grow in importance—international support also remains crucial to ensuring program continuity and wide-scale investments into tuberculosis. Projected funding shortfalls, however, threaten to undermine efforts to address human rights and gender-related barriers to accessing tuberculosis care, risking the lives of those most vulnerable to the disease. [xxvii]

The Global Fund to Fight HIV, TB, and Malaria (the Global Fund) currently contributes over 73% of the total external financing available in the fight against tuberculosis, making it a critical funding stream. Indeed, in many high-burden countries, the Global Fund is the single largest source of TB funding. For example, in the Democratic Republic of the Congo, the Global Fund’s contributions represented 88% of total tuberculosis initiative spending for the 2015-2017 period. [xxviii] In recognition of the Global Fund’s centrality to the tuberculosis response, multi-lateral partners can support a sustainable financing landscape for tuberculosis by pushing for a full replenishment of the Global Fund every three years. Further, partners can work with countries to ensure that governments are optimizing Global Fund allocations, contributing to making TB care and prevention integral to universal health coverage and social protection policies, driving investments in research and development for TB diagnostics and treatment, promoting innovations to improve service delivery functions, and increasing transparency and accountability. [xxix] Additionally, integrated oversight done managed at a national level can help reduce redundancies and assess the efficacy of programs, which are key to increase the overall impact of TB investments.
As we look towards the 2030 global targets for ending tuberculosis, it is clear that success will hinge upon a multi-sectoral, global commitment to sufficiently resourcing the fight against this complex and deadly disease. The fact that only three countries (South Africa, New Zealand and the Philippines) have aligned their TB R&D allocations to meet ongoing global needs (considered 0.1% of overall gross domestic expenditures), shows that much more must be done in order to meet the targets. [xxx] At this pivotal moment, multi-lateral partners and the private sector have an opportunity to step-up their support. In particular, these partners have a key role to play in supporting governments in countries affected by tuberculosis to boost domestic investments and safeguard the sustainability of the global tuberculosis response.