

We need resources...



A sound investment plan:

Funding TB to reach targets by 2005

- ▷ Globally, a minimum of **US\$9.1 billion** is needed for 2001-2005 to treat and cure TB cases, and to develop new diagnostic and treatment tools. Over half of these costs are covered, leaving an overall financing gap of US\$4.5 billion.
- ▷ This extra funding, **US\$4.5 billion** over the next five years, is needed to cure an estimated 22 million new TB cases.
- ▷ Two-thirds of the global costs are needed for DOTS expansion.
- ▷ For the 22 high TB burden countries, which count for 80% of the TB burden, the costs are about US\$5 billion (about US\$1 billion per year).

The costs of implementation in countries include:

- ▷ TB programme-specific needs; utilisation of general health services; dedicated TB hospitals and clinics; international technical support and contingencies.
- ▷ The governments of the high TB burden countries are meeting at least two-thirds of their own financial needs to implement the DOTS expansion plans with their own existing budgets, loans and grants.
- ▷ Donors and international organisations are meeting an additional 4%.
- ▷ This leaves a large but do-able shortfall of up to **US\$ 300 million per year**.
- ▷ Countries with the highest gaps relative to their total estimated needs (25-100%) are: Afghanistan, Myanmar, Democratic Republic of Congo, China, Indonesia, and Uganda.

Governments who committed resources to implement DOTS have benefited from a real return on investment: a sharp decrease in TB burden each year. A good example is Peru:

“ Peru launched a counter-offensive against TB to free the country from being one of the world's 22 highest burden countries, and succeeded. With 100% DOTS coverage achieved, improved TB detection and HIV testing of all TB patients are a priority. In resource terms this has meant shifts in funding: 20% less funding for defence, 56% more for health and a 2002 TB control budget that amounts to US\$23 million. ”

Vice-Minister of Health from Peru, 2001.

World TB Day 24 March 2002 Stop TB, fight poverty