EU R&I and Health Policy to Tackle Global Challenges

A changing and vulnerable global TB response

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SUMMARY

TB continues to be one of the leading causes of death from infectious disease worldwide. The current disease burden remains substantial, with 1.25 million deaths recorded in 2023, including 161 000 people living with HIV. Progress toward the End TB Strategy has been limited: an 8.3 % reduction in incidence since 2015 compared to the 50 % target for 2025. Despite this burden, the global TB response faces significant funding shortfalls. In 2023, USD 5.7 billion was available for global TB efforts against a USD 22 billion annual target needed by 2027.

The US, historically providing nearly half of global TB funding through bilateral assistance and the Global Fund, proposed a 55 % cut for FY2026, reducing TB programme funding by USD 228 million. This comes on the back of the USAID funding freeze earlier in 2025, which had immediate operational impacts due to the termination of 79 % of TB-focused awards. If funding is not restored, estimates suggest 10.7 million additional TB cases and 2.2 million excess deaths in 26 high-burden countries by 2030.

Increased domestic funding by some high-burden countries offers some hope. Still, the current trajectory presents challenges to achieving the 2030 End TB Strategy targets. Sustained investment and coordinated action across domestic and international partners will be essential to maintain progress achieved and prevent a reversal of hard-won gains.

The Mind the Gap series was conceived as a platform to assess and reflect on the rapidly evolving global health landscape. It not only examines shifts in financing but also explores the impact on historically high investment areas such as HIV, malaria, tuberculosis, and sexual and reproductive health. As global stakeholders engage in conversations about how to reshape the global health ecosystem to meet current and future needs, it's critical to take stock of where we stand. Mind the Gap provides a timely snapshot of these shifts, combining data and anecdotal insights to highlight the real-world impact of a rapidly evolving funding landscape and provide solutions to build a more resilient, equitable and flexible architecture to tackle global health challenges.

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POLICY CONTEXT

Tuberculosis (TB) is a preventable and curable airborne disease caused by bacteria that primarily affects the lungs, with disproportionate impacts on people with weakened immune systems. TB continues to be one of the leading causes of death from infectious disease worldwide, with Covid-19 briefly overtaking it between 2020 and 2022. In 2023, an estimated 10.8 million people developed TB, and approximately 1.25 million affected individuals died, including 161 000 people living with HIV. TB ranks among the top 10 global causes of mortality and is the primary cause of death for individuals living with HIV.

Due to the global burden, the WHO launched the End TB Strategy in 2014, aiming to reduce TB incidence by 80 % and TB-associated deaths by 90 % by 2030. The strategy emphasises universal access to people-centred prevention and care, multisectoral action, and innovation. In 2023, the UN High-Level Meeting on TB reaffirmed global commitments to accelerate efforts to end TB, stressing the need for rapid implementation of WHO guidance, strengthened national strategies, and full funding. Between 2015 and 2023, the global TB incidence rate decreased by a mere 8.3 %, falling significantly short of the End TB Strategy target of a 50 % reduction by 2025. Global TB-related deaths saw a 23 % reduction during the same period compared to the 75 % reduction goal by 2025.

The incidence of TB has risen in recent years, climbing from 10.1 million in 2020, 10.4 million in 2021, and 10.7 million in 2022. This increase can be attributed to disruptions in diagnosis, treatment, and care due to the Covid-19 pandemic, while also reflecting population growth. Nevertheless, given the availability of effective diagnostic tools and treatment regimens, the rise of multidrug-resistant (MDR) TB due to inappropriate or incomplete treatment, combined with insufficient progress on the WHO's End TB Strategy, underscores that the growing burden of TB morbidity and mortality is a pressing global priority. The disruptions to TB services during Covid-19 highlight the fragility of gains, resulting in an estimated 700 000 excess deaths from TB between 2020 and 2023.

International funding has played a key role in reducing the burden of TB morbidity and mortality, with approximately 79 million lives saved through global efforts since 2000. The US government has contributed to substantial improvements in TB health outcomes. Thanks to US support, it is claimed that TB-related mortality has declined by 47 % and TB incidence by 29 % since 2000.

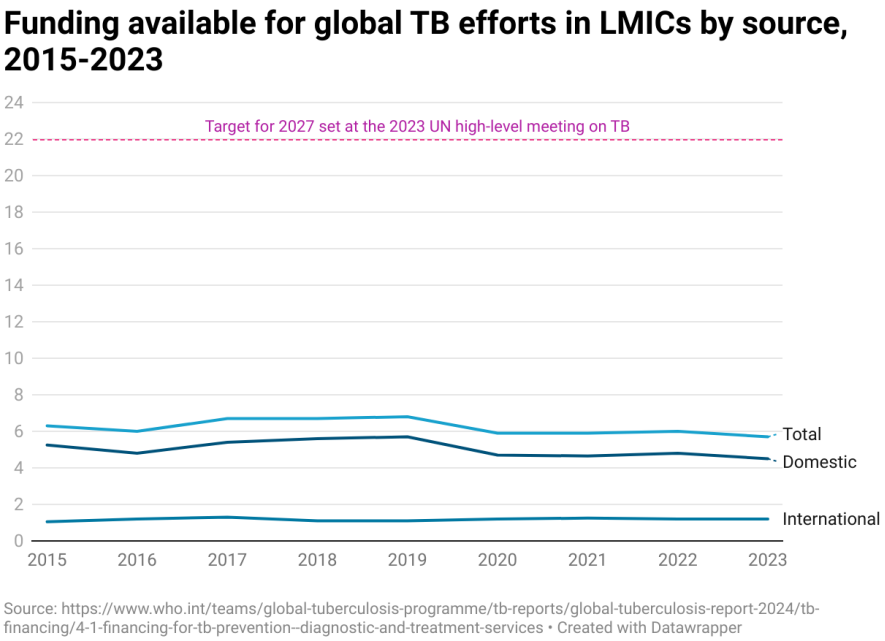
The dramatic cuts to overseas development aid in 2025, particularly by the US, historically the largest donor of global health programmes, pose serious risks to millions of lives but also represent a critical inflection point. This brief examines the impact of donor funding changes on the global TB response. While taking stock of the impact of funding cuts to

date illustrates a grim reality, this moment also presents a unique opportunity to reimagine the global health architecture at a systems level, shifting from donor dependency toward a model centred on country ownership, resilience, and long-term sustainability. The shifts in donor funding across the global health landscape have also had significant negative impacts on the global HIV response and SRHR programmes, as discussed in accompanying briefs.

Tracking Funding Changes in the TB Response

The TB response has been, and continues to be, significantly underfunded. Reaching the global targets for TB prevention, diagnosis, treatment, and care, as agreed upon at the 2023 UN high-level meeting, requires an annual investment of USD 22 billion by 2027. In 2023, the available USD 5.7 billion in low- and middle-income countries (LMICs) constituted only 26 % of the required global resources. This represents a decrease from USD 6 billion in each of the three previous years (2020–2022) and down from USD 6.8 billion in 2019. This is particularly concerning for low-income countries, where international funding accounted for 62 % of the available TB financing in 2023.

Figure 1. Funding available for global TB efforts.



Note: (Domestic funding refers to resources generated within a country itself directed to TB efforts; international funding refers to external donor resources, including the Global Fund and bilateral government support).

LMICs are disproportionately affected by TB, representing 99 % of annual new TB diagnoses. Even with this burden, the already insufficient available funding in LMICs continues to decline. Between 2019 and 2023, domestic funding for TB efforts in LMICs

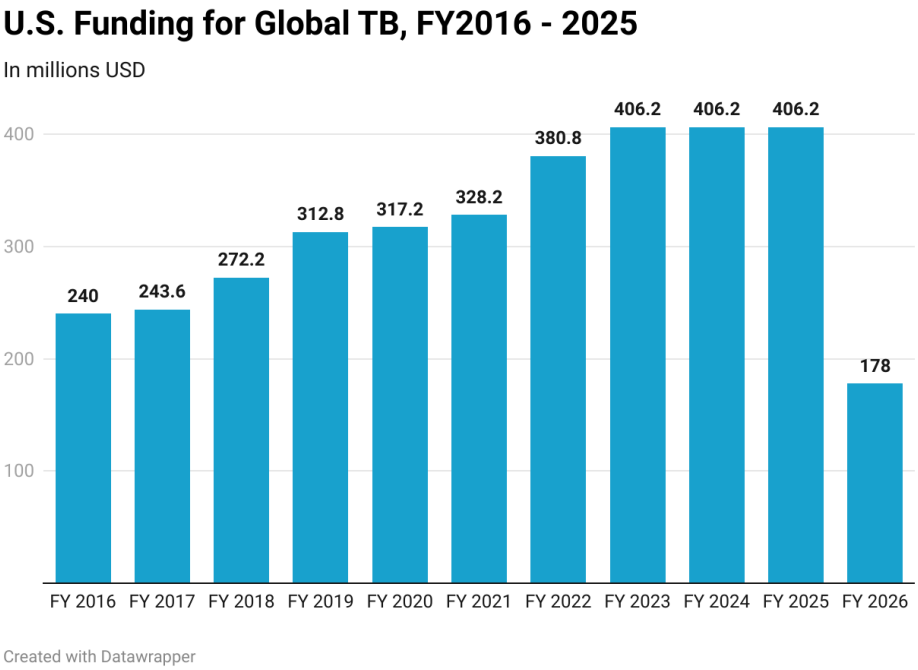
declined by USD 1.2 billion, largely driven by the trends in Brazil, the Russian Federation, India, and South Africa (BRICS), while funding from international donors modestly increased by USD 0.1 billion. The proportion of funding originating from domestic sources within LMICs remains substantially shaped by the contributions of BRICS nations; in 2023, their allocation of USD 2.8 billion to TB efforts constituted 63 % of LMIC domestic funding. These nations are positioned to play an increasingly influential role in the global health ecosystem, as seen in the growing financial commitments to multilateral health agencies (WHO, Global Fund), fostering of partnerships outside of the traditional donor-recipient relationships (Global South cooperation), and expanding access.

Reductions in funding are impacting efforts to combat TB, endangering millions of lives and pushing more people into poverty. Catastrophic costs faced by TB-affected households vary widely, from 13 % in El Salvador to 92 % in the Solomon Islands. Data from 31 nations indicate that 82 % of individuals with drug-resistant TB incurred catastrophic total costs, based on national surveys completed between 2015–2023. The 2024 WHO TB Report highlights that 51 % of individuals living with TB face catastrophic health expenditures, revealing persisting gaps in universal health coverage.

Historically, the US has been the largest bilateral donor contributing to the TB response. It has provided an estimated USD 200–250 million per year in bilateral assistance for national TB control programmes, accounting for close to 25 % of all international bilateral funding. The US has also been the most significant financial contributor to the Global Fund, which has approved in excess of USD 11 billion for TB initiatives globally.

In FY 2024, the US allocated USD 406 million to global TB efforts, a 69 % increase from the USD 240 million in FY 2016 (Figure 2). The US Congress committed USD 1.65 billion for FY 2024 and FY 2025 to the Global Fund, whereas there is no explicit allocation for the Global Fund in the initial 2026 budget. The proposed budget for FY 2026 by the US administration includes substantial cuts to global health initiatives, amounting to a USD 228 million (55 %) decrease in funding allocated for TB programmes. Additionally, the US administration proposed an initial rescission package to Congress, seeking to reclaim over USD 1 billion in FY 2025 global health funding. However, Congress subsequently amended this package, reducing the rescission amount to USD 500 million and excluding certain programme areas, such as TB, from these proposed cuts.

Figure 2. US funding for global TB, 2016–2025.

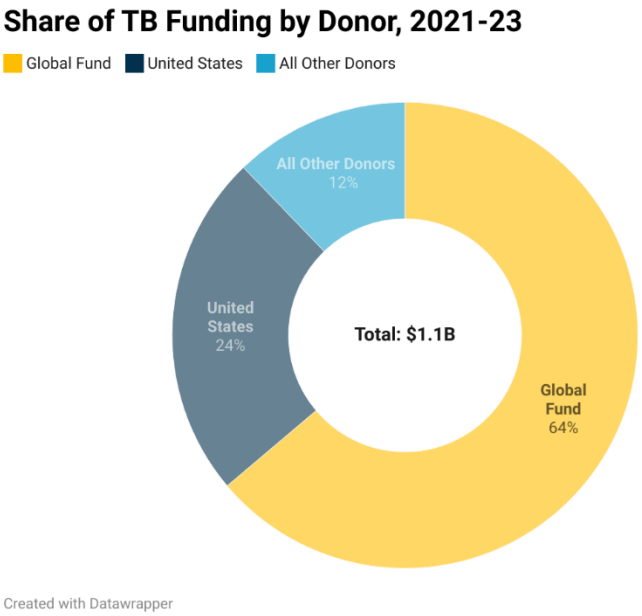


Source: KFF.

The US President's Emergency Plan for AIDS Relief (PEPFAR), a global initiative launched in 2003, also plays a role in the detection of TB, which is the primary cause of mortality among individuals living with HIV. This effort faces significant risks due to substantial reductions in USAID-funded TB programmes. By July 2025, reports indicated that the US administration had rescinded 86 % of all USAID awards. Out of 770 identified global health awards, 162 contained TB activities and 79 % of these were terminated.

Between 2021 and 2023, the Global Fund was the predominant financial contributor to TB efforts, allocating 64 % of the total TB funding available (USD 707 million/year). The US ranked as the second largest donor at 24 % or USD 266 million, with the EU (4 %) and Australia (2 %) following, while all other donors contributed 1 % or less (Figure 3). In 2024, USAID committed USD 406 million to TB programmes worldwide, while the Global Fund designated USD 800 million for its initiatives, with the US Government providing approximately one-third (~USD 267 million) of this sum. This signifies that US contributions constitute more than 55 % of the overall external funding, underscoring their significant impact on the worldwide fight against TB.

Figure 3. Share of global TB funding by donor, 2021–2023.



Source: KFF.

In July 2025, the Global Fund cut USD 1.43 billion in funding designated for its current funding cycle, representing about 11 % of funding committed for the 2024 – 2026 period. This was motivated by concrete reductions in development aid by some countries, as well as persistent uncertainties around commitments by the US, which had pledged up to USD 6 billion during the current funding cycle. Certain LMICs are more vulnerable to these cuts, as the Global Fund accounts for up to 80 % of the national TB budget in countries such as the Central African Republic, Mozambique, and Pakistan in 2024. Yet some donors are stepping up. During the 2023–2025 cycle, the EU pledged a record €715 million, up 30 % from the previous cycle of €550 million, marking the largest contribution ever by the European Commission. Commitments by the European Commission have steadily increased over the last two decades, climbing between €30-110 million per cycle from €190 million during the first replenishment. Still, amidst a rapidly shifting aid landscape, the risk of the EU sunsetting its contributions to the Global Fund remains a looming issue.

The Stop TB Partnership's Global Plan to End TB by 2030, a financial roadmap to eradicate TB as a public health threat by the 2030 UN SDG deadline, emphasised that funding for TB control represents a strategic investment which enhances both human well-being and economic productivity. Implementation of the Stop TB Partnership's priority actions is estimated to deliver a return of USD 40 for every dollar invested. A 2022 report warned that without additional funding, maintaining the financial status quo could result in 43 million new TB cases, 6.6 million additional deaths, and a global economic cost of USD 1 trillion by 2030 – a grim projection exacerbated by subsequent funding declines and the likelihood that these figures may underestimate the true impact if current funding gaps

persist. The underestimation may be due to diagnosis delays or service disruptions not being fully captured, or if captured, certain models assuming optimistic recovery in terms of timing and funding.

Implications of Funding Changes on the Global TB Response and Subsequent Outcomes

The evidence demonstrates the critical role of sustained funding in TB control. Over the last two decades, according to WHO, TB prevention, diagnostic, and treatment services have averted over 79 million deaths, with approximately 3.65 million lives saved in 2024. Between 2010 and 2022, the WHO estimates that TB treatment and the provision of antiretrovirals for individuals with TB who are also living with HIV prevented approximately 44 million deaths. Specifically, the combined TB/Antiretroviral Therapy (ART) treatment is credited with averting 9.2 million of these deaths, with 36 million deaths averted from TB treatment alone.

However, recent funding cuts in 2025 have severely impacted TB programmes, especially in LMICs heavily reliant on international financial assistance. Impacts are particularly stark in the 18 high-burden countries, which relied on 89 % of the anticipated US funding for their TB initiatives. US foreign aid historically constituted about half of the global TB financial support infrastructure, contributing to an estimated 305 997 lives saved annually at a calculated intervention cost of USD 2 150 per person treated.

Reports to the WHO from the 30 countries most affected by TB emphasised that funding withdrawals are disintegrating critical services, jeopardising global efforts to combat TB and engendering further development of MDR-TB. Significant workforce crises within the health and community sectors are severely weakening national TB programmes.

According to an internal USAID memorandum, discontinuing USAID's TB control initiatives is projected to result in a 28-32 % rise in global TB incidence, alongside a comparable increase in new cases of MDR-TB. The growing threat of MDR-TB is particularly concerning given the limited options of effective antibiotics and the continuous underinvestment in TB R&D, leaving health systems increasingly ill-equipped to manage strains of TB that are more difficult and expensive to treat. If US foreign aid is not reinstated by the end of 2025, it is projected that TB will cause at least 62 000 additional deaths.

Between January and September 2025 alone, it is estimated that there have been 46 903 additional TB-related deaths and 59 555 new TB infections associated with USAID funding discontinuation. Modelling estimates illustrated in Table 1 suggest that US TB programme cuts could lead to an estimated 10.7 million new TB cases and 2.2 million excess TB-related fatalities across 26 high-burden countries by 2030. Other modelling studies

indicate that complete cessation of US funding for TB could lead to an estimated 69 million additional cases and 2.2 million additional deaths from TB by 2040.

Table 1. *Modelling estimates of US funding changes to TB*.

	TB impact counter	HIV modelling consortium	Lancet	Mandal et al.
Modelling period	2025-2030	2025-2040	2025-2035	2025-2030
Countries included	26 high-burden TB countries (>37 % dependency on U.S. funding)	79 countries (representing 91 % of global TB incidence & 90 % of global TB mortality in 2023)	79 countries (representing 91 % of global TB incidence & 90 % of global TB mortality in 2023)	26 high-burden TB countries
Additional TB-related deaths	2,243,717	2.2 million	1) 537 700 excess deaths 2) further funding cut impacts by country: 1mil USA, 90.5k France, ~72k UK, ~44k Germany	1) Minimal impact: 99,800 2) Moderate impact: 268,600 3) Worst case scenario: 2,243,700
Additional new TB cases	10,676,456	68.7 million	1) 1.4 million excess TB cases 2) further funding cut impacts by country: 2.8mil USA, ~258k France, 206k UK, ~125k Germany	1) Minimal impact: 0.63 million 2) Moderate impact: 1.66 million 3) Worst case scenario: 10.67 million
Assumptions	If funding is not restored	Reduction of treatment initiation rates proportional to US budget reductions	Scenarios: 1) USAID funding is terminated from 2025; 2) additional reductions in funding through Global Fund (alongside USAID funding cuts)	Proportional reduction in US funding contributions directly corresponds to a similar reduction in essential TB services

Projections reveal concerning trajectory patterns, indicating how short-term funding disruptions create long-term epidemiological momentum persisting beyond the initial shock period.

On World TB Day (20 March 2025), the WHO urgently called for investments to uphold TB services worldwide, warning that recent funding cuts are disrupting prevention, screening, treatment, surveillance, and community outreach across dozens of high-burden countries and jeopardising decades of progress. High-burden countries are under growing pressure as donor funding declines, compounding the risk of untreatable TB strains. According to WHO Africa, over half of multidrug-resistant TB cases remain undiagnosed, a crisis worsened by ongoing financial shortfalls.

The defunding of the Demographic and Health Surveys (DHS) programme in particular poses significant risks for the global response to TB, as DHS surveys have served as a key source of population-level data in over 90 LMICs, including information on TB-related knowledge, stigma, and care-seeking behaviours. The DHS provides critical insights into public awareness and access to care. These indicators are essential for designing effective TB communication strategies and interventions. In many countries, DHS has been one of the only consistent sources of such data, offering a crucial evidence base for national TB programmes and global efforts led by agencies such as WHO and the Stop TB Partnership. The loss of DHS data collection will not only hinder the ability to monitor trends in TB-related health behaviours but will also obscure the broader impacts of global health funding cuts on TB control and prevention.

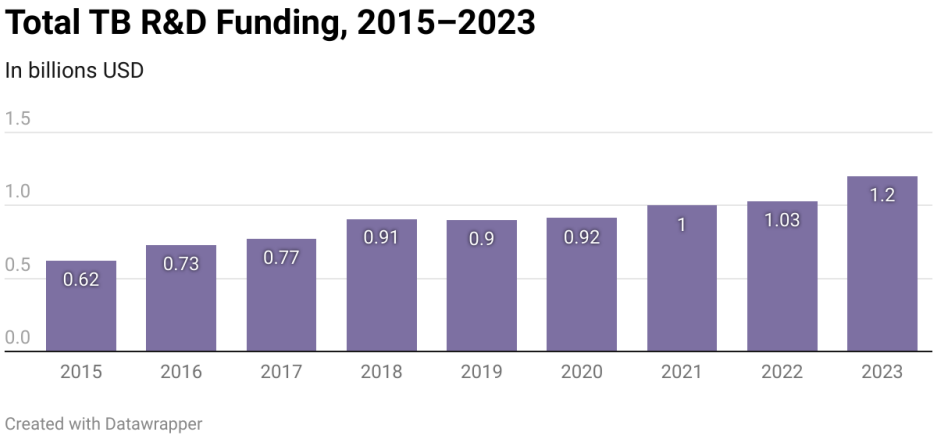
In July 2025, a rapid assessment survey of 108 WHO country offices indicated that approximately 40 % were experiencing moderate or severe disruptions in TB services, including medicines and health products. These disruptions are attributable to the US foreign aid freeze and related supply chain issues. An analysis examining the potential impact of US aid cuts in South Africa suggests that a reduction in TB funding could lead to 580 000 fewer TB tests and 35 000 fewer individuals receiving TB treatment in-country in 2025.

The integrity of drug supply chains is being compromised by staff suspensions, financial deficits, and data management failures, consequently endangering the availability of TB treatment and preventive services. Laboratory operations are experiencing severe disruptions, characterised by delays in sample transportation, procurement issues, and shortages of essential supplies, all of which are hindering diagnostic capabilities. Data and surveillance systems are showing signs of collapse, compromising routine reporting mechanisms and the monitoring of drug resistance. Community engagement activities, such as active case finding, screening, and contact tracing, are also deteriorating, leading to a decrease in early TB detection and an escalation of transmission risks.

IMPLICATIONS OF FUNDING CHANGES ON RESEARCH AND INNOVATION

The situation described above extends to TB research, which was already underfunded, receiving only USD 1.0 billion in 2022, one-fifth of the USD 5 billion annual target set for 2027. In 2023, the available funding remained insufficient yet reached its highest level ever at USD 1.2 billion, with France and the EU among the main donors but contributing only 23 % and 30 % of their fair share (Figure 4). Research funding for drugs and diagnostics is lagging by 75 % and 35 % respectively. The persistent funding gap continues to hinder progress in developing new diagnostics, treatments, and vaccines. The Global TB Report 2024 warns that without intensified R&I, achieving the End TB Strategy targets for 2030 is unlikely.

Figure 4. Total global TB R&D funding, 2015–2023.



Source: Treatment Action Group.

Significant technological advancements are needed to accelerate the decline of the global TB incidence. The progress made on reducing TB incidence between 2015 and 2023 is far lower than the 2025 target (8.3 % compared with 50 %). Key areas for R&D include novel vaccines to lower the risk of infection, new vaccines or preventive pharmacological interventions to mitigate the risk of TB disease in individuals already infected, rapid diagnostic tools for precise point-of-care TB detection, and more streamlined, shorter therapeutic regimens to treat TB.

The global strategy for TB R&I established by the WHO, and endorsed by all Member States in 2020, to foster accelerated TB R&I and enhance equitable access to research outcomes, serves as a reminder for the targets set and the funding gap that persists. While advancements in new TB diagnostics, drugs, and vaccines are evident, their progress is hampered by insufficient investment levels.

In 2023, USAID ranked as the third-highest contributor to TB research, allocating USD 41 million. The National Institutes of Health and the Bill & Melinda Gates Foundation were the top two donors. This investment was distributed such that USD 0.36 of each dollar supported drug research, USD 0.20 funded operational and epidemiological studies, USD 0.16 was directed towards research infrastructure, USD 0.15 was allocated to diagnostics research, USD 0.10 covered unspecified research areas, and USD 0.04 was designated for vaccine research. The interruption and cessation of clinical trials for paediatric TB or for patients testing novel, less toxic drug combinations are expected to have deadly consequences.

An analysis by MSF and the Treatment Action Group (TAG) warns that potential US funding cuts threaten 39 HIV and TB clinical research sites in South Africa, putting at risk at least 27 HIV and 20 TB trials. This is the first detailed mapping of trials and sites vulnerable to these cuts. Experts stress that US public funding underpins a broader global research ecosystem, attracting investment from pharmaceutical companies, philanthropies, and other governments. Disruptions could jeopardise scientific progress, collapse critical infrastructure, and interrupt care for trial participants. With future breakthroughs in vaccines and long-acting treatments likely to depend on research in high-burden settings such as South Africa, sustained donor support is essential to ending the HIV and TB epidemics worldwide.

Shifting Financing and Ownership in the TB Response

Amidst a changing funding landscape in the TB response, certain actors are stepping up. In July 2025, the Stop TB Partnership and the Asian Development Bank (ADB) signed an MoU in which the entities agree to cooperate in supporting TB research and innovation in ADB's developing member countries. The BRICS bloc, under Brazil's 2025 presidency of the BRICS TB Research Network, has called for emergency funding, proposing contributions to safeguard the WHO's Global TB Programme amid looming shortfalls following the USAID cuts. On the domestic front, Nigeria's House of Representatives pledged increased legislative support and budget allocations, including raising the health fund portion, to strengthen its national TB response. These initiatives indicate an evolving financing and ownership landscape in the TB response. However, meeting the 2030 End TB Strategy targets will require intensified mobilisation of resources, strengthened partnerships, and sustained political commitment.

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