

This briefing was adapted especially for the Global TB Caucus from the work of Sachin Silva, Harvard TH Chan School of Public Health, Harvard University, Michael Reid, University of California, San Francisco, Institute for Global Health Sciences. and Eric Goosby, University of California, San Francisco, School of Medicine et al.

The economic impact of TB mortality in 120 countries

If we meet the End TB targets in 2030 instead of the current rate of progress, then by 2050, we:

ELIMINATE ALMOST

24 million
TB DEATHS



AVERT

US\$13 trillion

in full-income losses,* as compared to the business-as-usual scenario.

TB is a cost effective investment

The cost saving for preventing one person dying from drug-susceptible TB (DS-TB) is between US\$700–8000 and for drug-resistant TB (DR-TB), US\$ 5000–55 000

TB is preventable, treatable and curable, but the full-income loss per each TB death is on average,

US\$1,307,651



ENDING TB IN 2030 WILL LEAD TO HUGE SAVINGS BETWEEN NOW AND 2050:

- India US\$5.04 trillion
- China US\$1.54 trillion
- Indonesia US\$1.31 trillion
- South Africa US\$761 billion
- Nigeria US\$697 billion
- Bangladesh US\$313 billion
- Russian Federation US\$263 billion
- Philippines US\$224.9 billion
- Pakistan US\$192.4 billion
- Thailand US\$182.6 billion

AT THE CURRENT RATE OF PROGRESS, WE WILL NOT MEET THE SDG END TB TARGET UNTIL BEYOND 2045



Tuberculosis (TB) remains the world's leading infectious killer. In 2019:

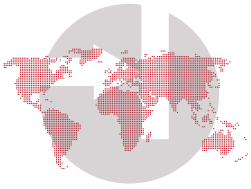
10 million people fell ill with TB
1.4 million people died from the disease



TB is the only major drug-resistant infection transmitted through the air. Last year there were:

465,000 cases of drug-resistant TB (DR-TB)
TB is a major cause of death due to Antimicrobial Resistance (AMR)

* Full-income losses represent the losses in national income growth and the losses in additional life years (based on the value that people place on increased life expectancy). The business-as-usual scenario is a 2% decline in annual TB mortality.



How can we meet the SDG target:

Implementing countries

- COVID-19 has resulted in high levels of economic losses. World leaders should acknowledge health to be a leading determinant of national economic performance and invest in TB and health accordingly, and ensure people can access the social protection systems they need. TB should be reflected as a priority in national budgets and in grants and loans from the relevant financial institutions. Advocate for contingency plans to ensure that the structure developed to respond to COVID-19 can be converted to respond to TB and other diseases.
- Countries should commit to rapidly scaling-up TB care and prevention programmes, with the necessary accompanying funding, to find the 3 million people, including half a million children, who miss out on access to care or are not reported.
- Countries should roll out/implement scale-up of the World Health Organisation's recommended, new quality TB treatment regimens and diagnostics, thus minimising the unnecessary use of toxic medicines, ensuring better treatment success rates, and reducing catastrophic costs.

Donor countries

- Investing in TB has a strong return on investment, with an estimated average of US\$50 return for every dollar invested in TB research and development.
- Commit to the sustained /increased support to the Global Fund to fight AIDS, TB and Malaria, the largest multilateral provider of grants for health and a key player in mitigating the risk of COVID-19 whilst working towards progress on HIV, TB and malaria.
- Agree to increase funding for TB, targeting the delivery of the UN HLM on TB Political Declaration commitment to mobilise sufficient and sustainable financing for universal access to quality prevention, diagnosis, treatment and care of TB, to deliver universal health coverage (UHC) and stronger health systems to address infectious diseases. Such an initiative would greatly enhance the ability of countries to diagnose and treat other infections including COVID-19, and forms of antimicrobial resistance (AMR).



How can MPs take the lead:



Write to your Minister of Health and Finance, informing them of these findings



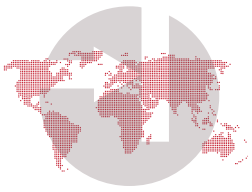
Call on Heads of State and Ministers of Health to establish a high-level review body/mechanism regularly reviewing the TB response at the national level



Ensure Parliamentarians are represented on any high-level review body/mechanism regularly reviewing the TB response and budget at the national level



Setup a parliamentary mechanism, whether a national caucus, regular parliamentary hearings, or parliamentary reporting, to review progress against the UN HLM targets each year



The world is facing three scenarios

01



We meet the SDG End TB Goal in 2030

Meeting the End TB target in 2030

● **ELIMINATES**

23,797,335 million TB deaths

● **AVERTS**

US\$13.15 trillion in full-income losses, as compared to the business-as-usual scenario.

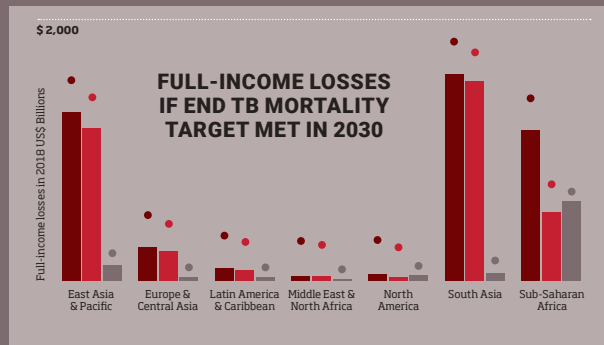
However, if the target is not met, TB is so dangerous that still we can't be complacent, as there will be:

● **DEATHS**

8,002,665 million as a result

● **FULL INCOME LOSSES**

US\$4.34 trillion



02



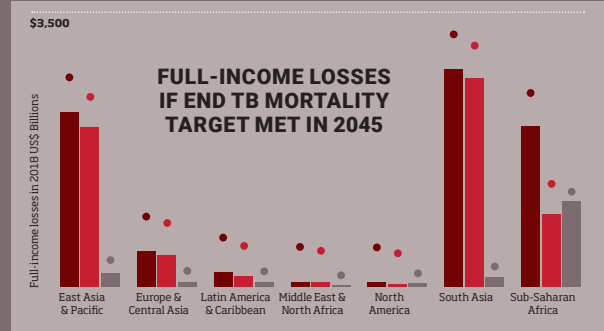
We manage to gain back ground after COVID-19, and invest a little more in TB, to meet the SDG End TB Goal in 2045

● **DEATHS**

13,700,000 million as a result

● **FULL INCOME LOSSES**

US\$7.30 trillion



03



Business as usual, TB continues to decline at an average rate of 2% a year.

● **DEATHS**

31.80 million as a result

● **FULL INCOME LOSSES**

US\$17.50 trillion

Highest losses borne by:

- India US\$6.39 trillion
- China US\$1.95 trillion
- Indonesia US\$1.68 trillion
- South Africa US\$1.13 trillion
- Nigeria US\$923.0 billion

