

Yes, We Can End TB When Countries and Communities Lead the Way!

On 24 March 2026, the world observes World Tuberculosis (TB) Day with the theme “**Yes! We can End TB! Led by countries. Powered by people**”, an affirmation that with decisive country leadership, renewed investments in health, and strong commitments to innovation, action, and collaboration especially with TB survivors and affected communities – we will achieve TB elimination for good.

We have the tools to cure and prevent TB, yet it remains the world’s deadliest infectious disease. In 2024, 10.7 million people fell ill with active TB and 1.23 million people died of TB¹. TB continues to be a serious public health threat in the Asia Pacific, which bears over two-thirds of the global TB burden and accounts for the top five countries most affected by the TB epidemic². TB is also the leading cause of death among people living with HIV, who are 12 times more vulnerable to serious TB infection than HIV-negative persons. Furthermore, drug-resistant TB (DR-TB) is a growing, urgent, and deadly concern due to challenges in diagnosis and treatment, with Asia Pacific accounting for 67%³ of the 394,000 people who fell ill in 2024.

Since 2000, collective global efforts to end TB have saved over 79 million lives. However, rising rates of conflict, climate change, and other humanitarian crises – coupled with mounting fiscal pressures – now threaten these remarkable health gains and risk unravelling decades of hard-won progress. At this critical juncture, we urge world leaders to uphold and act on strong commitments made in the second UN high-level meeting on TB⁴, and call for renewed leadership, political will, and investments to get back on track to end TB as a global health threat by 2035.

“In 2024, global funding for TB programmes fell short by USD\$16.1 billion of the requisite amount, putting decades of advancements in disease control and millions of families at serious risk. This funding gap is not just a financial shortfall – it is a direct threat to lives and global health security,” said Atul Shendge, Program Officer at the Global Coalition of TB Advocates (GCTA). “History shows us that uncontrolled TB carries not only a heavy human and moral cost, but also represents a major threat to countries’ productive workforces and national security. Strong political leadership is needed more now than ever to renew investments in essential TB prevention, diagnosis and care – which protects our economies, communities, and secures a healthier future for all.”

[The Global Fund to Fight AIDS, Tuberculosis and Malaria](#) (Global Fund) is the largest multilateral financing institution for TB and provides 73% of all international financing for TB, having invested more than US\$10.5 billion in TB programming and an additional US\$8.6 in TB/HIV programmes, as of June 2025⁵. From 2017–

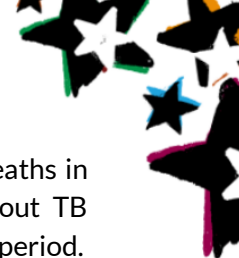
¹ [Tuberculosis fact sheet](#). World Health Organisation. Accessed: 5 March 2026.

² The five countries bearing the majority of the global TB burden are India (25%), Indonesia (10%), the Philippines (6.8%), China (6.5%), and Pakistan (6.3%).

³ DR-TB accounted for 264,621 of TB infections in Asia Pacific in 2024. Source: [TB country, regional and global profiles](#). World Health Organisation. Accessed 5 March 2026.

⁴ [UN declaration on TB](#). World Health Organisation. Accessed: 5 March 2026.

⁵ [Results Report 2025](#). The Global Fund. Accessed: 5 March 2026.



2025, the Global Fund allocated US\$3.5 billion to fight TB in the Asia Pacific⁶. As a result, TB deaths in countries where the Global Fund invests have fallen by 40% between 2002 and 2024. Without TB interventions, TB deaths would have increased by 134% and people with TB by 40% over the same period.

The Global Fund's unique partnership approach is key in uniting and mobilising leadership at all levels – from political decision-makers to private sector and technical partners to key populations including TB survivors and affected communities – to deliver effective, person-centred, and human right-based TB care that reaches the most vulnerable and affected. Every year, an estimated 3–4 million people with active TB are missed by health systems⁷. Global Fund-supported programmes, such as the [Challenge Facility for Civil Society](#), addresses systemic health barriers for marginalised, mobile, stigmatised, and geographically isolated populations by empowering TB survivors, communities, and civil society to meaningfully lead, shape and enhance the effectiveness of national TB responses.

The Global Fund's Eighth Replenishment outcome of US\$12.64 billion, which falls 30% short of the US\$18 billion minimum target, jeopardises the continuity of essential TB and health services and the lives of millions of the world's poorest and most vulnerable.

"TB's devastating footprint closely mirrors the impact of poverty and economic inequality at a country and individual level. Undernutrition, poor sanitation, and cramped living conditions among other factors increase a person's risk of falling ill with TB, which impairs their ability to earn an income while potentially incurring prohibitive out-of-pocket treatment costs – further deepening the cycle of inequality," said Florita Dalida, Founder of TB HEALS. "Yet, in high-burden settings across Asia-Pacific, community-led and innovative approaches such as the evidence-based advocacy using Community-Led Monitoring data have demonstrated that accelerating progress is possible when countries and communities lead together. Yes, we can end TB, but we must act decisively by recommitting and reinvesting in proven, multilateral partnerships such as the Global Fund and with interventions led by countries and communities."

As communities and civil society living with, affected by and/or vulnerable to TB and other diseases of injustices, we call on world leaders, donors, and decision-makers to:

1. **Drastically increase the mobilisation of domestic resources for health** to close the USD\$16.1 billion gap in TB resourcing and scale-up diagnostic, treatment, and prevention services with clear accountability mechanisms to ensure effective use.
2. **Meaningfully engage, fund, and institutionalise youth and young people** – especially those from TB-affected and key populations – as leaders, peer advocates, and innovators within TB responses, recognising their critical role in prevention, early detection, treatment adherence, and in shaping responsive, future-ready health systems.
3. **Ensure that communities are funded, empowered, and institutionalised as core partners in national TB responses** to drive and complement the continuation of effective, inclusive, and person-centred TB responses in the long term.
4. **Increase investments in research and development** for new TB diagnostic, treatment, and prevention technologies to combat the threat of DR-TB and support the development, deployment, and accessibility of shorter, safer drug regimens and effective vaccines.
5. **Increase and convert commitments to the Global Fund's Eighth Replenishment** to sustain the delivery of equitable, human rights-based, and gender-transformative TB, HIV, and malaria health responses, and safeguard progress towards the End TB Strategy targets⁸, Sustainable Development Goal 3, and achieve universal health coverage.

⁶ [The Data Explorer - Access to Funding](#). The Global Fund. Accessed: 5 March 2026.

⁷ [The Missing TB Millions](#). Stop TB Partnership. Accessed: 5 March 2026.

⁸ [The End TB Strategy](#). World Health Organisation.

