

World TB Day 2026

YES, WE CAN END TB!

A feminist call to action for World TB Day 2026

On this World TB Day, Women4GlobalFund (W4GF), TB Women and GCTA urgently call on governments, technical and international partners to act decisively against the growing threat posed by escalating funding cuts and political retreat to the global TB response. At a time when armed conflicts, environmental crises, and fragile health systems are placing millions at greater risk, the world cannot afford to lose the hard-won progress made in the fight to end TB. The Global Fund still remains the largest international investor in TB programmes, and today more than ever, supporting pledge conversions of the 8th Replenishment by ensuring that this Grant Cycle 8 addresses the most pressing needs of communities and leaving no one behind, is now critical.

Tuberculosis remains the world's leading infectious disease killer, continuing to devastate millions of lives particularly those living in poverty, communities in overcrowded or conflict-affected settings and people living with HIV. According to the [WHO Global TB Report 2025](#), an estimated **10.7 million people developed TB in 2024**. Women accounted for **35% of new cases**, highlighting the persistent gender dimensions of the epidemic. TB also claimed **1.23 million lives**, with **women, children, and young adolescents representing nearly half of these deaths**.

The burden of TB is not evenly distributed. The **African and South-East Asia regions account for 71% of TB deaths among people living with and without HIV**, while **India alone represents 25% of these deaths**, highlighting deep and persistent, structural, regional inequalities in access to prevention, diagnosis, and treatment.

While global trends show some stabilization in TB cases and deaths, alarming increases are being reported in highly vulnerable settings, particularly in prisons. In Ecuador, a Global Fund Transition country, **TB incidence and mortality in prison settings are 123 times higher than in the general population, owing to overcrowding, militarisation, lack of social services, and fragile health systems (Observatorio TB Ecuador)**. This stark disparity underscores the urgent need to strengthen TB prevention, early detection, and treatment among populations facing structural vulnerability, including people deprived of liberty and people who use drugs, particularly in settings where rising security expenditures and tighter fiscal space are limiting growth in health and social spending.

TB is not gender-neutral. Women and girls frequently carry the burden of **unpaid care work within households**, including caring for family members affected by TB. These responsibilities often expose them to risk of TB transmission while placing their **health, autonomy, and economic security at risk**.

These vulnerabilities intensify during crises. Climate-related disasters and the devastating effects of war and conflict globally disrupt health systems and livelihoods, further limit access to TB prevention, diagnosis, and treatment. In these contexts, **women and girls are often among the most affected**, bearing the heaviest costs with the least access to support.

At the same time, we are deeply concerned about **drastic cuts to gender-transformative and community-led initiatives**, which are essential pillars of equitable and sustainable health responses. Despite global commitments to end TB by 2030, these funding reductions risk reversing critical progress. Community-led and gender-transformative programs play a vital role in supporting **treatment adherence, nutritional assistance, mental health services, stigma reduction, and community accountability**. Yet these interventions are increasingly under threat: **42% of surveyed organizations report having had to halt TB-affected people-led activities due to funding shortages** (TB Community Coordinator Hub, 2025).

International cooperation and development assistance must be put back on track to protect the hard-won gains made in the fight against TB. The rollback of international cooperation and development assistance is placing decades of hard-won TB gains at immediate risk. Governments must urgently mobilize ambitious and sustainable domestic financing, while international institutions and donors must support bold initiatives that protect fiscal space for countries to invest in TB responses.

Investing in gender-transformative TB programmes is not only a health measure; it is a **strategic political and economic decision**. The evidence is clear: **every dollar invested in TB generates up to USD 43 in economic and health returns (WHO, 2025)**. With sustained political will and committed financing, countries can strengthen health systems, protect communities, and accelerate progress toward ending TB. Ending TB is a sound economic investment. Based on projections¹, an estimated 31.8 million TB deaths will occur between 2020 and 2050, corresponding to an economic loss of US\$17.5 trillion. We can save up to 23.8 million lives and avert \$13.1 trillion in economic losses if governments meet the WHO End TB targets by 2030. Ending TB also means building **stronger, integrated, and more resilient health systems**, a critical investment in both national wellbeing and global health security. We call on this World TB Day for:

- **People-centered, gender-transformative TB responses** that address the needs of women, and girls in all of their diversity to be prioritised and funded during Global Fund Grant Cycle 8, addressing gendered barriers to TB diagnosis, treatment adherence and comprehensive healthcare, such as biological barriers, financial and economic barriers, caregiving responsibilities, and stigma

¹ Silva, S., Arinaminpathy, N., Atun, R., Goosby, E., Reid, M. (2021). Economic impact of tuberculosis mortality in 120 countries and the cost of not achieving the Sustainable Development Goals tuberculosis targets: a full-income analysis. *The Lancet Global Health*, 9(10), e1372-e1379.

- **Targeted action in high-vulnerability settings**, including prisons, conflict-affected areas, and communities facing poverty, criminalisation, stigma, and social exclusion. Maintain and expand active case finding focused on women - including clinically diagnosed pulmonary TB and extra-pulmonary forms of TB, including maternal TB screening during antenatal care and postpartum.
- **Sustained financing for community-led and gender-transformative responses**, which are essential for prevention, early diagnosis, treatment adherence, and stigma reduction. Continued support for tools like CLM, TB OneImpact, human rights documentation, gender assessments, and the Stigma Index efforts that allow communities to monitor rights violations and demand accountability
- **Increased investment in innovation, diagnostics, and treatment technologies** to accelerate progress toward ending TB, guaranteeing annual investments of at least \$1.25 billion to deliver a fully funded and resourced TB vaccine pipeline. Vaccines offer the best chance to contain the spread of drug-resistant TB, which is a leading cause of death due to antimicrobial resistance (AMR).
- **Protection of hard-won gains in the global TB response**, ensuring that funding is directed toward people-centred and gender-transformative TB comprehensive responses to treat drug-resistant TB, multidrug-resistant [MDR] and extensively drug-resistant [XDR] TB.

w o m e n 4 g f . o r g

 @w4_gf    @women4globalfund

JOIN US

Global Coordinator: Ángela León Cáceres / Email address: angela@women4gf.org

Inquiries: info@women4gf.org / To subscribe to ou4r newsletter and updates:

communications@women4gf.org