

**World TB Day 2025**

# **The Cost of Inaction and the Return on Investment in Financing the Health of Women and Girls in All Their Diversity**

## **A Global TB Perspective**

On this World TB Day, Women4GlobalFund (W4GF) urgently calls upon international bodies and leading governments in global health to respond to the alarming threat posed by recent funding cuts to the global TB response. As the world's leading infectious disease killer, TB continues to devastate millions; particularly people living with HIV, those living in poverty, and communities in overcrowded or conflict-affected areas. In 2023 alone, 10.8 million were affected by TB, and 1.25 million died—15% of whom were children and young adolescents ([WHO 2024 Global TB Report](#)).<sup>1</sup>

**It is vital to recognize the gendered dimension of TB:** In 2020, adult women made up 33% of all TB cases, followed by children (11%). In 2019, an estimated 150,000 new TB cases were recorded among pregnant women globally, with 67,500 cases reported in the South-East Asia region alone. In recent years, TB has led to 1.2 million deaths and severe disabilities, with at least 3.5 million women and children contracting the disease—figures that underscore the deadly toll of inaction.<sup>2</sup>

We are particularly concerned about the drastic cuts to gender-transformative and community-led initiatives, which are critical pillars in achieving sustainable, equitable health outcomes. Despite longstanding commitments to end TB by 2030, these promises are now at risk. A recent report by the Stop TB Partnership highlights widespread disruptions across high-burden countries, exacerbating already fragile health systems and disproportionately impacting women and girls in all their diversity. Abrupt funding cessation threatens to reverse decades of progress. Community-led and gender-transformative services, treatment adherence, nutritional support, mental health care, and stigma reduction, are among the most severely impacted: 42% of surveyed organizations had to halt TB-affected people-led activities (TB Community Coordinator Hub, 2025).<sup>3</sup>

Without these interventions, TB transmission and mortality will rise; especially among those most marginalized and at more risk. Governments must urgently mobilise alternative domestic financing and international institutions must support bold initiatives to leave domestic fiscal space secure for TB responses.

**Shrinking Fiscal Space, Sovereign Debt, and the Return on Investment in Gender-Transformative Health Responses**

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<sup>1</sup> **World Health Organization.** (2024). *Global tuberculosis report 2024*. World Health Organization. [https://www.google.co.ma/books/edition/Global\\_tuberculosis\\_report\\_2024/cPwuEQAAQBAJ](https://www.google.co.ma/books/edition/Global_tuberculosis_report_2024/cPwuEQAAQBAJ)

<sup>2</sup> <https://www.sciencedirect.com/science/article/abs/pii/S0019570723001130>

<sup>3</sup> TB Community Coordinator Hub. 2025. TB Specific Impact Survey Initial Summary Report

Alongside external funding cuts, many high TB-burden countries are grappling with shrinking fiscal space. Mounting sovereign debt has severely limited their ability to allocate domestic resources to health. In the aftermath of COVID-19, 54 Global South countries now spend over 10% of their annual revenues servicing debt—funds that could otherwise support the strengthening of public health systems (GFAN, 2025).<sup>4</sup>

This debt crisis is not just financially burdensome; it is actively displacing investment from life-saving health services. In many low- and middle-income countries, debt now consumes 40% of government revenue, while just 10% is allocated to all health services combined. Alarming, 43% of high-TB burden countries are either in, or at risk of, debt distress—directly threatening their capacity to deliver and sustain essential TB responses (TAG, 2025)<sup>5</sup>.

Beyond the immediate consequences for service provision, this fiscal squeeze jeopardizes future innovation. As new tools for TB are being developed—including a potential new vaccine—countries need the fiscal flexibility to invest in research, development, and rapid rollout. Repeated calls for coordinated debt relief, ranging from technical proposals by UN agencies to high-level political declarations under the South African G20 presidency and appeals within the World Bank, highlight the urgency of addressing this issue through systemic reform. Without structural change, countries remain trapped in a cycle where debt repayment overshadows the ability to finance health and human development.

The case for investing in health, particularly in gender-transformative responses, is not only moral but also economically sound. The Global Fund's 8th Replenishment Investment Case illustrates this powerfully: these investments do more than combat TB. They improve overall community health, reduce inequality, and increase life expectancy—closing the gap by five to ten years in many settings.

Women and girls are central to the TB response. **Gender-transformative approaches** not only ensure inclusive access to care, but also contribute to the creation of more **resilient and responsive health systems**. These approaches recognize and elevate the critical roles that women play—as peer educators, community health workers, researchers, and advocates—particularly in times of crisis, when they consistently rise to support and sustain their communities. **Investing in these responses is not a cost**, but rather a **catalyst for long-term progress**, equity, and sustainability in the fight against TB.

According to the Global Fund, a total investment of \$18 billion could save 23 million more lives and prevent 400 million new infections, adding to the 65 million lives already saved. The economic return is clear: for every \$1 invested, there is a \$19 return in economic and societal benefits. Strengthening health and community systems is not only the path to sustainability; it is a prerequisite for equity, resilience, and long-term success.

On this World TB Day, W4GF calls on governments, donors, and global health leaders to take urgent, coordinated action to protect the future of the TB response and ensure that no one, especially women and girls in all their diversity, is left behind.

We urge:

**To Global Fund key donors:**

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<sup>4</sup> GFAN. 2025. DEBT TO HEALTH

<sup>5</sup> Treatment Action Group. (2024, October 29). *Statement from TAG's TB Project on Today's WHO Global TB Report Release*. Treatment Action Group.

- To fully commit to and sustain their contributions to the **8th Replenishment**, recognizing the catalytic impact of every dollar invested—saving lives, reducing infections, and driving long-term health and economic returns.

**To Governments:**

- To guarantee universal, comprehensive, and gender-transformative access to TB prevention, diagnosis, treatment, and care—eliminating financial and structural gender barriers.
- **Immediate investment in rapid, accurate, and accessible diagnostics** to ensure early detection, and the fast-tracking of a new TB vaccine rollout rooted in equity and people-centered principles—prioritizing high-burden regions and at-risk populations.
- **We also ask for comprehensive support for people affected by TB**, including financial protection, nutrition, job security, and the enforcement of anti-discrimination and anti-stigma laws.

**To the Global Fund:**

- **Sustained and direct funding for women- and community-led TB responses**, which are critical for delivering inclusive, effective, and resilient health systems.

Finally, to **International bodies like the World Bank, IMF, and UN for debt relief and fiscal justice measures** to free up national resources for gender-transformative health interventions and protect services from disruption.

The cost of inaction is clear and devastating. But the return on investment in women's health and community-led action is even clearer. The time to act is now.

## Join us and help stop tuberculosis

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