The devastating effect of the COVID–19 pandemic on the TB response -
A minimum of 5 years of progress lost and 6 million additional people ill with TB

- **Tuberculosis (TB)** kills 1.5 million people each year, more than any other infectious disease. Incidence and deaths due to TB has been declining steadily over the last several years as a result of intensified activities by high burden countries for finding people with TB early and providing appropriate treatment.

- **Summary results from a new modeling study**, conducted by the Stop TB Partnership in collaboration with the Imperial College, Avenir Health, Johns Hopkins University and USAID, shows:
  - While stringent COVID-19 responses may only last months, they would have a lasting impact on TB in high-burden settings, through their effect mainly on TB diagnosis and treatment.
  - Globally, a 3-month lockdown and a protracted 10-month restoration could lead to an additional **6.3 million cases of TB between 2020 and 2025**, and an additional **1.4 million TB deaths** during this time.
  - As such, global TB incidence and deaths in 2021 would increase to levels last seen in between 2013 and 2016 respectively – **implying a setback of at least 5 to 8 years in the fight against TB**, due to the COVID-19 pandemic.
  - Long-term outcomes can be strongly influenced by the pace of short-term recovery.
  - Each month taken to return to normal TB services would incur, in India, an additional 40,685 deaths between 2020 and 2025; in Kenya, an additional 1,157 deaths; and in Ukraine, an additional 137 deaths over this period.
  - To recover the gains made over last years through increased efforts and investments in TB, it is important to have supplementary measures and resources to reduce the accumulated pool of undetected people with TB. Such measures may include ramped-up active case-finding, alongside intensive community engagement and contact tracing to maintain awareness of the importance of recognizing and responding to symptoms suggestive of TB, using digital technology and other tools. Securing access to an uninterrupted supply of quality assured treatment and care for every single person with TB will be essential. Notifications will provide a helpful approach for monitoring the progress of such supplementary efforts.

- This study is the first one presenting the impact on the TB response each additional month of lockdowns and recovery will have.
The modeling was driven by assumptions drawn from a rapid assessment done by the Stop TB Partnership on COVID-19 related disruptions in TB services in high TB burden countries, the real-time publicly available TB notification data from India and expert opinion. India is the only country where TB notification data is live in the public domain, which allows for quick and objective assessment of changes in TB diagnosis and treatment, and data-driven corrective actions.

In the 2018 UN General Assembly (UNGA), Heads of States and governments committed during the UN High Level Meeting to dramatically scale up TB response, in order to accelerate the decline and achieve the SDG target of ending the disease by 2030. The COVID-19 pandemic is a major setback to achieve these UNGA targets as TB case detection has dramatically fallen, treatment is delayed and the risk of interruption of treatment and potential increase of people with drug-resistant TB has increased.

To minimize the impact of COVID-19 pandemic on TB and get back on track to achieve the UNGA targets, high burden countries need to:
- take immediate measures for continuity of TB diagnostic, treatment and prevention services during the lockdown period
- undertake massive catch-up efforts to actively diagnose, trace, treat and prevent TB after recovery from lockdowns

Details about the modeling work are available here.

During this COVID-19 pandemic, Stop TB Partnership calls upon the leadership of all high TB burden countries to pay special attention and secure the human and financial resources to ensure continuity of TB services and address barriers faced by people for accessing services for diagnosis, treatment and prevention of TB.

All three countries included in this modeling study, as well as several other high TB burden countries, are taking actions to limit the impact of COVID-19 pandemic on their TB Programmes.

Recognizing that this is an unprecedented situation and unchartered territory, the Stop TB Partnership is continuing the support to national TB Programmes and partners through Global Drug Facility, TB REACH, Community Rights and Gender and a4i platforms. Also, to ensure access to TB and COVID-19 resources, the Stop TB Partnership is sharing actions, experiences and recommendations from countries and partners through a dedicated TB and COVID-19 webpage. The Stop TB Partnership recently published interactive maps with the TB and COVID-19 situations in countries.