A sound investment plan:
Funding TB to reach targets by 2005

- Globally, a minimum of US$9.1 billion is needed for 2001-2005 to treat and cure TB cases, and to develop new diagnostic and treatment tools. Over half of these costs are covered, leaving an overall financing gap of US$4.5 billion.
- This extra funding, US$4.5 billion over the next five years, is needed to cure an estimated 22 million new TB cases.
- Two-thirds of the global costs are needed for DOTS expansion.
- For the 22 high TB burden countries, which count for 80% of the TB burden, the costs are about US$5 billion (about US$1 billion per year).

The costs of implementation in countries include:

- TB programme-specific needs; utilisation of general health services; dedicated TB hospitals and clinics; international technical support and contingencies.
- The governments of the high TB burden countries are meeting at least two-thirds of their own financial needs to implement the DOTS expansion plans with their own existing budgets, loans and grants.
- Donors and international organisations are meeting an additional 4%.
- This leaves a large but do-able shortfall of up to US$300 million per year.
- Countries with the highest gaps relative to their total estimated needs (25-100%) are: Afghanistan, Myanmar, Democratic Republic of Congo, China, Indonesia, and Uganda.

Governments who committed resources to implement DOTS have benefited from a real return on investment: a sharp decrease in TB burden each year. A good example is Peru:

“Peru launched a counter-offensive against TB to free the country from being one of the world’s 22 highest burden countries, and succeeded. With 100% DOTS coverage achieved, improved TB detection and HIV testing of all TB patients are a priority. In resource terms this has meant shifts in funding: 20% less funding for defence, 56% more for health and a 2002 TB control budget that amounts to US$23 million.”

Vice-Minister of Health from Peru, 2001.