

Funding Cuts Impact Access to TB Services Endangering Millions of Lives

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In the past two decades, tuberculosis (TB) prevention, testing and treatment services have saved more than 79 million lives – averting approximately 3.65 million deaths last year alone from the world’s deadliest infectious disease.

This progress has been driven by critical foreign aid especially in low- and middle-income countries (LMICs), particularly from USAID. However, abrupt funding cuts now threaten to undo these hard-won gains, putting millions – especially the most vulnerable – at grave risk.

Based on data reported by national TB programs to WHO and reporting by the United States of America government to the creditor reporting system of the Organisation for Economic Co-operation and Development (OECD), the United States government has provided approximately US\$200-250 million annually in bilateral funding for the TB response at country level. This funding was approximately one quarter of the total amount of international donor funding for TB.

The 2025 funding cuts will have a devastating impact on TB programmes, particularly in LMICs that rely heavily on international aid, given the United States has been the largest bilateral donor. These cuts put 18 of the highest burden countries at risk, as they depended on 89% of the expected United States funding for TB care. The WHO African Region is hardest hit by the funding disruptions, followed by the WHO South-East Asian and Western Pacific Regions.

“Any disruption to TB services – whether financial, political or operational – can have devastating and often fatal consequences for millions worldwide,” said Dr Tereza Kasaeva, Director of WHO’s Global Programme on TB and Lung Health. “The COVID-19 pandemic proved this, as service interruptions led to over 700 000 excess deaths from TB between 2020 and 2023, exacerbated by inadequate social protection measures. Without immediate action, hard-won progress in the fight against TB is at risk. Our collective response must be swift, strategic and fully resourced to protect the most vulnerable and maintain momentum toward ending TB.”

TB response in peril: essential service disruptions escalate

Mandated by heads of state, WHO plays a crucial leadership role in guiding countries toward the End TB targets for 2027 and 2030. Early reports to WHO from the 30 highest TB-burden countries confirm that funding withdrawals are already dismantling essential services, threatening the global fight against TB. This includes health and community workforce crises with thousands of health workers in high-burden countries facing layoffs, while technical assistance roles have been suspended, crippling national TB programs.

Drug supply chains are breaking down due to staff suspensions, lack of funds and data failures, jeopardizing access to TB treatment and prevention services. Laboratory services are severely disrupted, with sample transportation, procurement delays and shortages of essential consumables halting diagnostic efforts.

Data and surveillance systems are collapsing, undermining routine reporting and drug resistance monitoring. Community engagement efforts – including active case finding, screening and contact tracing – are deteriorating, reducing early TB detection and increasing transmission risks.

Without immediate intervention, these systemic failures will cripple TB prevention and treatment efforts, reverse decades of progress and endanger millions of lives.

In addition, USAID, the world's third-largest TB research funder, has halted all its funded trials, severely disrupting progress in TB research and innovation.

WHO commitment

In these challenging times, WHO remains steadfast in its commitment to supporting national governments, civil society and global partners in securing sustained funding and integrated solutions to safeguard the health and well-being of those most vulnerable to TB.

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