

THE PRICE OF A PANDEMIC 2017



This report was produced by the Global TB Caucus, an international network of over 2,000 members of parliament from more than 130 countries dedicated to accelerating progress against the global tuberculosis (TB) epidemic. It is an update from the “Price of a Pandemic” report initially published by the All-Party Parliamentary Group on Global TB (APPG TB) in 2015.

The data was produced by KPMG and the World Health Organization’s Global TB Programme, and commissioned with the support of RESULTS UK. It shows the human and economic impact of TB in the period from 2000-2015 (the era of the Millennium Development Goals) and the period 2015-2030 (the era of the Sustainable Development Goals).

We would like to thank Philippe Glaziou, Katherine Floyd, and Mario Raviglione from the World Health Organization’s Global TB Programme who produced the epidemiological estimates that underpin this research.

We would also like to thank Dennis Tartakov and Yael Selfin from KPMG who produced the macroeconomic estimates found in this report. The full data set can be found online at the www.globaltbcaucus.org.

We would like to thank the team at Johnson & Johnson who contributed the funding to commission this research.

Lastly, we would like to thank all our funders and supporters for their continued backing.

FROM 2000-2015:

33 MILLION PEOPLE DIED
BECAUSE OF TB – AT A
GLOBAL ECONOMIC COST
OF \$617BN

FROM 2015-2030,
IF EFFORTS TO TACKLE TB CONTINUE AT THE
SAME RATE OF PROGRESS:

28 MILLION PEOPLE
WILL DIE BECAUSE OF TB –
AT A GLOBAL ECONOMIC
COST OF \$983BN

A ONCE IN A GENERATION OPPORTUNITY

There are many intractable problems in the world. Many conflicts that cannot be resolved and afflictions for which there is no cure. TB kills more people than any other infectious disease but it is not unstoppable.

Simply by diagnosing everyone who has TB and ensuring that they get the best treatment available with existing medicines, remarkable progress could be made against the disease. With new drugs entering regimens, new diagnostics on the horizon, and a renewed investment in vaccine research, the tools necessary to end TB could be only a few years away.



The moral imperative for action is undeniable. TB kills more people every year than any other infectious disease. People who are affected by TB face months, and sometimes years, of often difficult treatment and many suffer long-term physical and psychological consequences from the disease and the drugs used to treat it.

Yet there is also a profound economic aspect to TB. The disease can impose profound costs on families, communities and entire countries, and is both a consequence and a cause of poverty. This report seeks to present the macroeconomic costs of the TB epidemic and show that, with a concerted effort to tackle the disease, political leaders could benefit from a significant economic dividend.

TB is a global disease and demands a global response. 2018 will see world leaders come together for the first United Nations High-Level Meeting on TB at what will be a once in a generation opportunity to transform the fight against TB. The potential rewards are enormous: millions of lives saved, one of humanity's greatest health threats beaten, and a boost of **hundreds of billions of dollars to the world economy.**

ABOUT TB

TB is a disease caused by a bacterial infection. It is transmitted aurally via droplets expelled when a sick person coughs or sneezes. TB is both treatable and curable, yet the disease kills 1.7 million people a year.

Nearly 5,000 people die every day as a result of TB.

FIVE KEY FACTS:

1. **TB is the world's leading infectious killer, claiming 1.7 million lives a year.** It is also the leading cause of death for people living with HIV and the biggest infectious killer in human history.
2. While over half of the world's TB cases occur in G20 countries, **TB is also a leading infectious killer in low-income countries (LICs)**, where it caused over 340,000 deaths in 2016 – more than HIV/AIDS.
3. **TB is the only major drug-resistant infection transmitted through the air.** Last year there were 600,000 cases of drug-resistant TB (DR-TB), and it was responsible for nearly one-third of deaths from anti-microbial resistance (AMR).
4. Nearly 40 per cent of all people affected by TB – **more than 4 million people every year** – are never officially diagnosed whilst many more start but never complete treatment.
5. Given the considerable challenges of diagnosing and treating TB, **the efficacy of the response to TB is considered a key indicator of a country's progress towards Universal Health Coverage (UHC).**

MAP SHOWING DEATHS FROM TB IN BRICS COUNTRIES IN THE PERIOD 2000-2015

DATA FROM WHO GLOBAL TB PROGRAMME



THE MILLENNIUM DEVELOPMENT GOAL 6C:

“HAVE HALTED BY 2015 AND BEGUN TO REVERSE INCIDENCE OF MALARIA AND OTHER MAJOR DISEASES”.

PROGRESS

1. Effective diagnosis and treatment of TB saved an estimated 43 million lives between 2000 and 2014
2. The MDG target to halt and reverse TB incidence was achieved worldwide, in each WHO region, and in 16 of the 22 high-burden countries.

GLOBAL FIGURES

1. 33 million people died in the period 2000-2015 and 171 million people fell ill.
2. Despite the progress made during the MDG period, at the end of it, TB was the world's leading cause of death from an infectious disease.

MAP SHOWING DEATHS FROM TB IN GLOBAL TB CAUCUS REGIONS IN THE PERIOD 2015-2030 IF CURRENT PROGRESS IS MAINTAINED

— DATE FROM WHO GLOBAL TB PROGRAMME



THE SUSTAINABLE DEVELOPMENT GOALS 3.3:

“BY 2030, END THE EPIDEMICS OF AIDS, TUBERCULOSIS, MALARIA AND NEGLECTED TROPICAL DISEASES...”

1. 28 million people will die from TB from 2015-2030 with 161 million falling ill.
2. 11.8 million deaths and 80 million cases will be in G20 countries.

MAP SHOWING COSTS OF TB FROM 2000-2015 IN TOP TEN MOST AFFECTED COUNTRIES

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ALL FIGURES 2016 USD, DATA PRODUCED BY KPMG



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MAP SHOWING COSTS OF TB FROM 2015-2030 IN TOP TEN MOST AFFECTED COUNTRIES

— ALL FIGURES 2016 USD, DATA PRODUCED BY KPMG, COSTS PRESENTED IF CURRENT RATE OF PROGRESS AGAINST TB CONTINUES TO 2030



THE UNITED NATIONS HIGH-LEVEL MEETING ON TB

Poverty and health are inextricably linked – poor health reduces productivity and the ability to participate in the workforce, and health care expenses can drive families into poverty. That is why world leaders agreed Sustainable Development Goal (SDG) 3: “Ensure healthy lives and promote well-being for all at all ages” as an essential step to ending poverty. Yet one of the core components of SDG 3, the target to end TB by 2030, will be missed by 150 years at the current rate of progress.

The High-Level Meeting on TB, then, comes at a critical juncture in the epidemic. If global resolve to deliver the SDGs is strong enough to drive a step-change in the response to TB, we could yet end the disease by 2030. If that resolve falters, however, even the current slow progress against the disease is by no means guaranteed to continue. The continuing development of drug-resistance could absorb increasing proportions of national budgets. Co-infection epidemics with HIV - already widespread – could be exacerbated by joint epidemics of TB and non-communicable diseases like diabetes. Air pollution, overcrowded urban environments, and poor nutrition could increase the susceptibility of millions of people to a disease which has consistently shown itself ready to make the most of any vulnerability.

To beat TB each nation must coordinate a response across a range of government departments addressing social protection, financing, education, health, and science and driven at the highest level. Yet because TB does not respect national boundaries, these national responses must be coordinated if progress in one country is not to be undone by a neighbouring epidemic.

To demonstrate their resolve to deliver the SDGs, in recognition of TB’s status as the world’s leading infectious killer, and to seize on the opportunity to save millions of lives and hundreds of billions of dollars, we call on all Heads of State or Government to commit to attending the High-Level Meeting on TB in 2018 and launch a renewed global effort to end TB.



FIVE STEPS TO END TB

– 1 –

Successfully find and treat at least 10 million people for TB PER year by 2022.

– 2 –

Close the TB funding gap and ensure sufficient and sustainable domestic and donor financing.

– 3 –

Renew global support for TB innovation, including supporting mechanisms to fast-track the development and uptake of new drugs, diagnostics, vaccines and interventions for TB.

– 4 –

Ensure all countries adopt and implement WHO standards and guidelines and adopt people-centred models of care.

– 5 –

Commit to a robust, independent accountability mechanism at the Head of State level to monitor progress towards ending TB.

