World Health Organization
REGIONAL OFFICE FOR South-East Asia

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TB Modelling and Analysis Consortium

CASE STUDY

Resource requirements in Southeast Asia

WHY DID WE DO IT?

The Southeast Asia Region (SEAR) of WHO, bearing the highest proportion of global tuberculosis burden, demonstrated strong political commitment in recent years to achieve the end TB targets. While TB resource needs estimation to meet End TB strategy targets has been undertaken at a global level, there has not been an assessment of country-level resource requirements in the SEAR based on newer intervention strategies. Continued funding shortfalls will result in preventable deaths and continued TB incidence, resulting in even larger long-term resource requirements to meet global TB reduction targets.

WHO

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WHERE

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WHEN

2017-2019

WHAT

Ending TB in Southeast Asia: current resources are not enough. *BMJ Global Health* (2020)

HOW DID WE DO IT?

We began by forecasting the burden of disease under current intensities of TB control and treatment, for packages of each of the seven interventions identified By the WHO TB programme. We calculated unit costs for key TB interventions based on country-specific data, calculating country-level incremental cost for each intervention and forecasting occasions of service to reach end TB targets by 2030. We did a comparative analysis of intervention based on results aggregated by low-burden and high-burden countries, and validated country estimates through country-specific workshops and peer reviews.

SO WHAT?

Our results are being used for advocacy in ongoing WHO engagements with Member States in the Region and partners to highlight the gaps and help mobilise resources for TB programmes.

WHAT DID WE LEARN?

The work has been a collective effort of various partners. There is no one-size-fits-all approach when it comes to country cost calculations, and modelling needs to be sensitive to the setting. The Region has varied levels of disease burden, socio-economic structure and investments as a proportion of GDP, Hence the investments required for ending TB vary with no uniform unit costs.

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