Esteemed colleagues, distinguished participants,

As a member of the Civil Society Task Force on TB, I am honored to speak on behalf of our group, and more broadly, on behalf of civil society and TB-affected communities. I would like to thank the WHO for its continued commitment to supporting civil society in the global TB response. We value WHO's leadership, especially during this time of global uncertainty, and reaffirm our solidarity as partners working together to end TB.

As DR Tedros mentioned we are now 18 months past the UN HLM on TB, where world leaders committed to mobilizing at least $22 billion annually by 2027 to close the TB funding gap. But current levels of investment fall dangerously short. This shortfall is not just an abstract budget concern—it has a human face. It translates into missed diagnoses, interrupted treatments, and reversed progress.

The impact of the funding crisis is already visible, as highlighted in the recent report prepared by the Stop TB Partnership. In Cambodia, due to the sudden withdrawal of US support, TB screening activities were halted across half the country. The result: one hundred thousand people were not screened, three hundred people with drug-resistant TB and ten thousand drug-sensitive TB were missed, and ten thousand people who should have started preventive therapy never did. Additionally, 2 and half thousand contact screenings were canceled.

In Tanzania, procurement of more than 167 thousands GeneXpert cartridges, worth $1.3 million, was stopped. Without an alternative funding source, this risks creating severe diagnostic shortages.

In Ukraine, the future of TB medicine procurement is uncertain for 2026. The country relied heavily on US AID to fill domestic gaps. The same is true for the Democratic Republic of Congo and many other countries globally. These examples highlight the fragility of our progress and the urgency of securing sustainable funding.

If we fail to act, millions more will be left behind. The cost of inaction will be counted in lives lost, communities devastated, and decades of progress undone.

So what must be done?

First, governments must lead. Many countries still rely on external aid for 70 to 80% of their TB budgets. This is neither sustainable nor resilient in times of crisis. National governments must step up by increasing domestic allocations for TB and embedding TB services into universal health coverage, national benefit packages, and broader social protection systems. This is essential not only for closing the funding gap, but also for supporting sustainable, cost-effective solutions and ensuring TB services are fully integrated into health and social systems.

In TB high-burden countries community-based services and prevention programs are being scaled back due to financial uncertainty. Civil society organizations and community networks, which have been instrumental in early detection, patient support, and advocacy, are at risk of disappearing.

We call on national governments to embed social contracting for TB community-support services, recognize CSO as part of National TB response measures, and include CSOs in budget planning. Countries that have invested in CSO support services delivery models have increased service reach and better outcomes among vulnerable populations.

Second, international organizations—including WHO—must continue promoting sustainable and inclusive financing models. This includes promoting structured support for CSO engagement. When WHO raises its voice at different levels for inclusive partnerships, it opens the door for communities to contribute meaningfully. We see WHO not just as a technical leader, but as a trusted ally in raising the profile of community voices, ensuring our participation in WHO NTP reviews, policy planning, and implementation processes. TB elimination cannot be achieved by ministries alone—it requires a whole-of-society approach.

In this context, the Joint Statement issued by the WHO Director-General and the Civil Society Task Force is a response to the unfolding financial crisis and a collective call for action, as the current funding landscape does not match the urgency of the crisis. Securing TB financing is not just about meeting financial targets - it is about ensuring that people with TB receive the care they need when they need it.

Third, donors must protect and expand their commitments. We acknowledge the critical role of the Global Fund, Unitaid, bilateral donors, and others. But with shifting global priorities, TB risks becoming sidelined. This cannot happen. TB is still the world's deadliest infectious disease. Donors must recommit—not reduce—their support for TB.

Fourth, the private sector must take responsibility. Pharmaceutical companies and diagnostic manufacturers must lower prices and remove patent barriers that hinder access. Reduced costs allow governments to reallocate savings toward broader TB care—especially community-led support, which is cost-effective and person-centered. Corporate social responsibility must move from branding to meaningful partnership.

Fifth, civil society must remain central—not peripheral—to the TB response. CSOs are not simply implementers; we are drivers of innovation, accountability, and equity. But to play this role, we need consistent, institutional support. Not just project-based funding, but long-term partnerships that recognize the value of grassroots engagement.

Our message to all actors is clear: "Nothing for us without us."

We cannot afford to continue making promises without plans to deliver them.

Let me be clear: the global health security can't also wait. Every $1 billion missing from TB funding results in:

- Millions of people going undiagnosed and untreated
- Tens of thousands of preventable TB deaths
- A setback that will take years—if not decades—to reverse

We urge governments to deliver on their financial commitments. We urge donors to step up, not step back. We urge global partners to champion inclusive and innovative funding mechanisms. We urge the private sector to lower access barriers. And we, as civil society, pledge to continue advocating, innovating, and delivering.

Let us ensure that 2025 is not another year of broken promises—but a turning point.

Together, we can end TB.

Thank you.