

## **US funding cuts drives mass layoffs of healthcare workers and TB Care services leading to heightening risk of transmission and development of drug resistance**

### ***Abrupt funding cuts threaten to reverse and derail years of progress in the fight against Tuberculosis - the world's deadliest infectious disease***

5 March 2025 – The abrupt and seismic halt of critical USAID\* funding and initial Stop Work orders for global tuberculosis (TB) prevention and care have already led to mass layoffs of tens of thousands of community healthcare workers and technical staffs in many high to moderate burden countries, severely disrupting essential services - including those for TB screening, testing, treatment adherence support, procurement, counselling and prevention - threatening to reverse years of progress and endangering countless lives, according to a survey undertaken by the TB Community Coordination Hub\*\*. Of the 180 survey respondents - representing 31 countries\*\*\* and including leaders, technical staff, TB champions, and community healthcare workers from local, national, and regional civil society organizations and community networks\*\*\*\* - over 50% indicated that their ability to deliver TB services has been “severely” impacted by the U.S. Stop Work orders with nearly 25% having to close down their offices and projects entirely.

The TB Community Coordination Hub strongly condemns this callous, abrupt and totally one-sided act that is unprecedented, and calls upon the US Administration to take immediate measures to restore funding and support projects globally that are crucial to contain and prevent a resurgence of this deadly disease. The Hub also calls on all countries, global TB leadership and donor organisations to take urgent measures to gear up alternate funding to enable uninterrupted TB treatment and care to those in need, while upholding commitments to End TB as a global health security priority and a crucial indicator of Sustainable Development Goal # 3.

Key findings from the survey underscore the catastrophic consequences of the funding cuts:

- **78% reported staff layoffs and furloughs**, with community-based workers—those on the frontlines ensuring timely diagnosis and treatment for people with TB and drug-resistant TB—being the hardest hit; nearly 50% of organizations reported laying off their entire community staff (as reported by 180 respondents\*\*\*\*\*).
- **46% indicated that they had stopped and 37% have substantially scaled down TB screening and outreach activities** (of 164 respondents). Community-based TB screening and outreach programs—critical for early detection—have been slashed, which would result in an increase of undiagnosed and untreated people with TB.
- **29% have stopped and 24% have reduced treatment initiation for people with TB** (of 143 respondents). 27% have stopped while 26% have reduced **continuation of treatment** for people with TB (of 150 respondents). As a result, countless people having TB including its resistant forms face the imminent threat of losing access to essential medications further risking an increase in transmission and drug resistance development of mammoth proportions.

## **TB Community responds to impact of US fund cuts**

### **Dr. Robyn Waite, Independent Consultant in the fight to end TB and Secretariat Lead of the TB Community Coordination Hub**

*“Our survey reveals the devastating impact of the US funding cuts on civil society, technical organisations and TB community networks at local and national levels. Now, with termination notices out our findings are but a glimmer of the escalating crisis. As TB activists and advocates, we are shocked and struggling to deal with the fallout. But let’s be clear - we will not walk away from our shared mission to end TB.”*

### **Bruce Tushabe, Regional Training and Capacity Strengthening Lead, AIDS and Rights Alliance for Southern Africa**

*“Testing and treatment exists, but the community workers who have ensured the delivery of these services until now are home. In Southern African countries, we’re hearing devastating stories: people avoiding TB centers out of stigma attached to lining up in queues, a woman forced to share her half of her medication with the husband to ensure continuation, a young person skipping doses to stretch limited supplies, and a patient receiving near-expired drugs. In the absence of community healthcare workers and other technical staff, we will continue to hear these gruesome stories of stigma, treatment disruptions, and a rise in multi drug resistant tuberculosis (MDR-TB).”*

### **Abona Oyong Sidoine Marlyse, TB survivor and member of TBpeople and Youth TB Network, Cameroon**

*“Due to the disruption of activities, people affected with tuberculosis that we are monitoring are being abandoned, the support we provide to people in need is no longer there and we fear that they will be left to fend for themselves. They are also abandoned in treatment which could promote resistant TB and an increase in tuberculosis cases.”*

### **Atul Shengde, National Youth Coordinator - Global Coalition of TB Advocates, India**

*"With these funding cuts, we can no longer reach the most vulnerable— children, women, sex workers, injecting drug users, transgender people, and migrant workers —who already faced immense stigma in accessing TB testing, prevention and treatment services. Previously, when patients struggled with the harsh side effects of TB medication, we were there to support them and keep them on treatment. Now, that critical support system is gone. The voices that once guided people through TB care have been silenced, and without them, I fear we will see TB spread even faster."*

### **Timur Abdullaev, Lawyer and Board Member of TBpeople Global**

*“The suspension (and now termination) of USAID grants caught the global TB community off guard - not only because we could not see this coming, but also because, as it turned out, in a number of countries some essential elements of national TB programs appeared to be run fully by USAID. Unfortunately, we see exactly the same overly confident reliance on the Global Fund as well. Protecting the lives of a country’s citizens is the responsibility of the country, not that of external donors or technical partners. Not being prepared for the loss of an external donor - even as large as USAID - and the failure to respond quickly to the resulting crisis is simply criminal.”*

**Editor's note:**

Read [TB Specific Impact Survey Summary Report](#) and [quantitative data visualisations](#) captured through this survey.

\*USAID is the largest bilateral donor in the fight to end TB, having invested more than USD \$4.7 billion to combat the airborne disease since 2000, investments which have saved more than 79 million lives. In 2024 alone, the U.S. provided US\$406 million in funding to the 24 USAID Priority countries and 31 additional high-burden countries. This funding withdrawal will have massive human and economic costs for countries and national TB programs globally that have just started to recover from the setbacks of COVID-19 pandemic.

\*\*TB Community Coordination Hub - a volunteer initiative launched this TB-specific impact survey from February 11 - 24, 2025 in response to the crisis and comprising TB professionals, affected communities, activists and advocates from around the world. This time-period reflects stop work orders and not final terminations of contracts yet, with USAID grantees awaiting waivers. The survey, modelled on a PEPFAR Impact Survey, received 180 responses from 31 countries. The data from this survey represent only a fraction of the overall impact on the lives of communities and people living with TB. - the exact numbers are not (yet) known and further data-collection and modelling is needed for global End TB response planning.

\*\*\*Azerbaijan, **Bangladesh**, Benin, Burkina Faso, **Cambodia**, Cameroon, Côte d'Ivoire, **Democratic Republic of Congo**, Eswatini, **Ethiopia**, Georgia, Ghana, Guinea, **India**, **Indonesia**, Iraq, **Kazakhstan**, **Kenya**, **Kyrgyz Republic**, **Malawi**, Moldova, **Mozambique**, **Myanmar (Burma)**, **Nigeria**, **Pakistan**, Peru, Poland, Romania, Sierra Leone, **South Africa**, Sudan, **Tajikistan**, **Tanzania**, **Uganda**, **Ukraine**, **Uzbekistan**, **Vietnam**, **Zambia**, and **Zimbabwe**. (USAID Priority TB Countries in **bold**)

\*\*\*\*US funding cuts are particularly severely impacting Stop TB Partnership's program - Challenge Facility - that supports the life saving work of 114 TB survivor networks and local civil society organisations in 38 countries.

\*\*\*\*\*The survey has 180 respondents overall, allowing respondents to skip questions (if information not available, or answers not known). Specific questions therefore have a different denominator.

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