

zeer geachte Redactie,

Graag onderstaande reactie plaatsen....

===== 94 woorden =====

Onlangs berekende de Lancet – het meest gelezen en gezaghebbende internationale medische blad – de gevolgen van de wereldwijde uitgavenkorting voor alleen de TB-ziekte. Volgens de onderzoekers zullen er meer dan 2,8 miljoen mensen extra de TB-ziekte oplopen. Als gevolg van die bezuinigingen door westerse landen zullen 744.400 extra patiënten aan deze longziekte overlijden. Het korten op de Nederlandse ontwikkelingssamenwerking met 29% voor de TB-ziektebestrijding zal van de 7.900 zieke patiënten een voortijdig dood vergen. Het onbarmhartige, extreem rechtse kortingsbeleid van de huidige demissionaire regering gaat dus letterlijk over lijken! Drs. Lucas van der Hoeven (Dongen).

===== ACHTERGROND INFORMATIE =====

The potential impact of reductions in international donor funding on tuberculosis in low-income and middle-income countries: a modelling study Rebecca A Clark, C Finn McQuaid, Alexandra S Richards, Roel Bakker, Tom Sumner, Tomos O Prÿs-Jones, Rein M G J Houben, Richard G White, Katherine C Horton

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ZIE: table 1 – Nederlandse daling -/- 29 % en 7.900 doden als gevolg.

Summary Background Tuberculosis programmes in many settings rely heavily on international donor funding. In 2025, the United States Agency for International Development (USAID) was dismantled, and other countries announced cuts to overseas development assistance. We quantified the potential epidemiological impacts on the tuberculosis burden attributable to these reductions in funding. Methods We calibrated a deterministic tuberculosis model of Mycobacterium tuberculosis transmission, progression, and care to epidemiological indicators in selected low-income and middle-income countries. Calibration was done with the history matching with emulation method, implemented with the hmer package in R and the Approximate Bayesian computation Markov Chain Monte Carlo method. We projected three future scenarios with the following assumptions: that levels of funding in 2024 would continue, that USAID funding would be terminated from 2025, and that additional reductions in funding through The Global Fund to Fight AIDS, Tuberculosis and Malaria would occur (alongside termination of funding from USAID) in line with current donor announcements from 2025. We assumed a reduction in tuberculosis treatment initiation rates proportional to budget reductions for each scenario, estimating cumulative excess episodes of symptomatic tuberculosis and tuberculosis deaths for each scenario.

Findings We modelled 79 countries, representing 91% of global tuberculosis incidence and 90% of global tuberculosis mortality in 2023. Our modelling suggested that termination of USAID funding might lead to 1.4 million (95% uncertainty interval 1.1–1.7) excess tuberculosis episodes and 537 700 (451900–662300) excess deaths by 2035. Further reductions in funding in line with current announcements by the USA, France, the UK, and Germany could lead to 2.8 million (2.1–3.7), 257 600 (192 500–332 900), 206000 (153 900–266100), and 124700 (93 200–161000), additional episodes, respectively, of symptomatic tuberculosis and 1.0 million (0.8–1.3), 90 500 (72 400–112800), 72 400 (57 900–90100), and 43800 (35000–54500) additional tuberculosis deaths, respectively, in the same period, relative to the scenario of termination of USAID funding.

Interpretation We estimate substantial potential impacts on tuberculosis morbidity and mortality due to reductions in international donor funding. Expanded support from domestic and international donors is essential to address immediate gaps in services for prevention, diagnosis, and treatment.