



REPORT SUMMARY

The Impact of LIFT-TB Project on fast-tracking the broad adoption and scale-up of improved drug-resistant TB treatment regimens

April 2026

Assessment: This summary presents finding from an independent impact assessment conducted by IQVIA, an international health information and analytics organization

LIFT-TB operates with support from:
Korean International Cooperation Agency (KOICA),
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Ministry of Foreign Affairs Republic of Korea,
TB Alliance



The Impact of LIFT-TB Project on fast-tracking the broad adoption and scale-up of improved drug-resistant TB treatment regimens – Summary of Findings

Project Overview

Tuberculosis (TB) remains the world's leading cause of death from a single infectious agent with about 1.23 million people losing their lives to TB globally in 2024, according to a WHO report. Multidrug-resistant tuberculosis (MDR-TB) has historically been the most difficult to treat form of TB characterized by an arduous regimen of 5-7 often toxic drugs taken over an 18–20-month period with success rates of 50-60%.

This paradigm shifted with the groundbreaking innovation of the all-oral BPaL regimen (bedaquiline, pretomanid, and linezolid) that reduced MDR-TB treatment duration in six months using 3-4 drugs. Developed by TB Alliance (TBA), a non-profit research organization, the regimen was approved by the US Food and Drug Administration in 2019 and subsequently endorsed by the World Health Organization, first for use under operational research (OR) conditions and later, in 2022, for programmatic use with or without a fourth drug, moxifloxacin (the BPaL/M regimen). This innovation increased treatment success rates to around 90% (from below 50%), while substantially reducing toxicity and costs by up to 80% compared with previous regimens.

Despite such breakthroughs, access to new global health innovations has typically lagged approval by 7–9 years in low- and middle-income countries. To address this gap, TB Alliance launched the LIFT-TB (Leveraging Innovation for Faster Treatment of Tuberculosis) project to accelerate adoption and access to BPaL/M. Co-funded by GDEF-KOICA and TB Alliance, LIFT-TB helped reduce the time to widespread access to approximately three years, contributing to saving lives saved and protecting livelihoods.

Launched in late 2020, within just five months after the initial WHO recommendation for BPaL, the project commenced with OR in seven high-burden countries – the Philippines, Myanmar, Indonesia, Viet Nam, Uzbekistan, Kyrgyzstan, and Ukraine, followed by support for programmatic implementation. The project combined generation of local clinical evidence, coordinated technical assistance to National TB Programs (NTPs), strengthening of laboratory and clinical capacity, support for sustainable financing and procurement, and engagement of civil society, collectively expanding access to safer, shorter, and more effective DR-TB treatment in line with national and global TB strategies.

Impact Assessment Objectives



Systematically evaluate the performance, outcomes and impact created by the LIFT-TB project against key evaluation criteria, including relevance, effectiveness, efficiency, impact, sustainability, coherence, connectedness, and equity

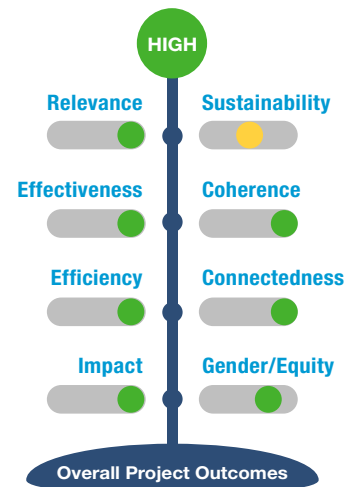
Examine the impact created by LIFT-TB in the project countries and globally through improving completion rates and outcomes of drug-resistant TB treatment while strengthening health-system capacity

Methodology









A mixed-methods approach was employed for the impact assessment, combining quantitative analysis of project data such as patient enrollment, treatment outcomes, diagnostic improvements and meeting project's target indicators with qualitative insights gathered from key stakeholders. Data sources included LIFT-TB operational research findings, national TB programme records, and interviews with national and global informants, including NTP managers and principal investigators across all seven countries. Through triangulation of these data, the assessment captured both measurable results and the contextual factors influencing implementation, providing a robust and comprehensive analysis of LIFT-TB's achievements and lessons to inform future TB initiatives.

Key Assessment Findings

The evaluation found LIFT-TB highly successful in meeting its core objectives. By initiating key interventions early and in alignment with NTPs, and with coordinated global leadership by TB Alliance, LIFT-TB played an important role in shortening the time to broad access to BPAL-based regimens to approximately three years. LIFT-TB demonstrated through operations research that R&D output was translatable into the real-world and showed new treatments could be rapidly implemented and scaled in varied geographical settings. This created a playbook for other countries to follow. Beyond its original scope, LIFT-TB ensured deliberate experience-sharing and knowledge dissemination catalyzing wider uptake outside the seven focus countries. Thus, LIFT-TB translated the financial contribution of the Korean government and TBA into high impact, sustainable change in global DR-TB care.



Key Project Outcomes and Achievements

 <p>Driving Global TB Impact Through Policy Alignment, System Strengthening, and Patient-Centered Access</p>	<ul style="list-style-type: none"> Advanced WHO End TB, UN-HLM, SDG 3.3 commitments Real-world data informed WHO guidelines and drove rapid national policy updates System strengthening-built laboratory, clinical & safety monitoring capacities Equitable access through global partnership and advocacy Patient-centered care replacing long, toxic injectable regimens with shorter, oral options 	 <p>Embedded National Ownership and Durable Systems, Amidst Ongoing Financial Challenges</p>	<ul style="list-style-type: none"> Government ownership - national guidelines created a mandate & budgetary obligation Community engagement through survivor networks & civil society promote accountability Durable system gains ensuring long-term capacity for regimen delivery Integration of BPAL/M into procurement plans & health budgets <p>Challenges - Country dependence on donor funding & external technical support</p>
 <p>Delivering High Performance Through Exceptional Outcomes, Rapid Uptake, and System Enablers</p>	<ul style="list-style-type: none"> Over-achievement of capacity building targets 9540 trainers for clinical management 87 on-site trainings for clinical management 266 trainers for TB lab staff 17 on-site trainings for lab staff Exceptional clinical success rates: ~91% OR enabled guideline updates & rapid policy uptake Strong enablers- cross-learning, local evidence, lab strengthening 	 <p>Strong Coherence Enabled by Unified Leadership, Inclusive Alignment, and Resilient Implementation</p>	<ul style="list-style-type: none"> Unified strategy & coordination with TB Alliance as the backbone Resilient & synergistic execution, despite external pressures and varied contexts WHO ensured adherence to global norms Technical agencies harmonized clinical and lab procedures under a common framework
 <p>High Efficiency Driven by Agility, Smart Resource Use, and Cost-Effective Delivery</p>	<ul style="list-style-type: none"> Agile operational response to external shocks Smart resource utilization by leveraging national systems Standardization of protocols & centralized TOTs for speedy implementation Strong outcomes relative to its budget, demonstrating cost-effectiveness 	 <p>Connectedness Across Countries, Communities, and Care Pathways</p>	<ul style="list-style-type: none"> Strong multi-country coordination Cross-country collaboration & learning Community integration through linking NTPs with TB survivor network improved adherence, reduced stigma, and ensured patient-centered care Seamless integrated transition strategies from OR to scale-up
 <p>Meaningful Impact Through Better Outcomes, Policy Adoption, and Inclusive Access</p>	<ul style="list-style-type: none"> High clinical impact with reduced mortality & better patient experience Rapid integration of BPAL/M into national guidelines in seven countries Creation of system readiness - lab capacity (DST for new drugs), aDSM platforms, training curricula, electronic registries, and supply chain process for scale up Survivor engagement for inclusive access 	 <p>Equity Embedded in Design and Reinforced at Scale Through Community-Centered Delivery</p>	<p>Operational Research: Equitable access by design - OR participants chosen by clinical eligibility and no other criteria used</p> <p>Post-OR: Emphasis on decentralization, survivor engagement, and outreach planning for hard-to-reach groups</p>

Recommended Next Steps

The following recommended next steps are intended as a practical guide to maximize the returns on investment and progress achieved through LIFT-TB, while also informing future products and access initiatives led by TB Alliance, donors, and the broader TB community to drive rapid, sustainable, and equitable impact across TB programs globally.

Recommendations for TBA

- **Institutionalize implementation support:** Establish a structured implementation playbook and expand locally led technical assistance and mentorship to enable faster, context-specific rollout of future TB innovations.
- **Deepen decentralization and equity:** Continue shifting BPAL/M delivery to district and primary-care levels, with targeted strategies to reach underserved populations, including people in remote areas and custodial settings.
- **Strengthen supply chain and diagnostic readiness:** Facilitate uninterrupted access through multi-channel procurement, rolling forecasts, and buffer stocks, while scaling DST and laboratory capacity in parallel with treatment expansion.
- **Accelerate policy, regulatory, and financing pathways:** Streamline future guideline updates, EDL inclusion, and procurement approvals, and promote multi-year domestic financing using health-economic and forecasting tools to support sustainability.
- **Sustain quality and safety systems:** Maintain robust aDSM and workforce capacity through standardized safety monitoring, regular training updates, and periodic evaluations to support safe scale-up and continuous improvement.
- **Community role:** Continue and scale community engagement to reinforce treatment success in future projects.

Key Learnings for other Global Treatment Innovation Projects

- Embed innovations into national systems from the outset, rather than as stand-alone pilots, to ensure early ownership, faster policy adoption, and sustainable scale-up.
- Bundle regimens with diagnostics, aDSM, and supply-chain readiness to avoid rollout delays caused by partial system preparedness.
- Ensure country ownership by co-designing OR and implementation plans with NTPs, communities, and labs.
- De-risk supply chains early by building multi-supplier markets, pooled forecasts, and buffer stock frameworks.
- Generate evidence for scale and policy by conduct independent mid-term and endline evaluations to inform global policy decisions and future investments.

Key Learnings for the Donors/Funders of Future Projects

- Fund access and system readiness by linking investments to diagnostics, safety monitoring, and equitable delivery, in addition to commodities or clinical research.
- Supporting more local technical assistance markets, which provide cost-effective and context-specific support.
- Continue to support decentralized service provision through appropriate sub-national level training and support which holds immense promise.
- Funding cross-country learning platforms, open tool repositories, and digital training hubs are crucial for replication and accelerated adaptation.

The LIFT-TB Effect: A New Access Ecosystem

Beyond generating the evidence needed to accelerate BPaL access, LIFT-TB helped build a suite of initiatives that sped the introduction of new TB technologies. Together, they form a repeatable model for rapid uptake of TB innovations that is already being adapted for impact beyond pretomanid and BPaL/M. This access model will be essential to even further reducing the time from regimen approval to widespread global access to future treatments, including SPaL, TB Alliance's next improved TB regimen now entering late-stage clinical trials, and ultra-short, 1-month, PAN-TB regimens or 1-day treatments for latent TB that will follow subsequently and include new technologies, like long-acting injectables

TYPICAL PRODUCT
7-9 YEARS



PRETOMANID
3 YEARS

Market Shaping

Projections, market monitoring & shaping



Evidence for policy and decision making

Patient outcome data,
health economics

SL/ASH^{TB}

**OPERATIONS
RESEARCH**

Community Engagement

Community-led support,
monitoring, demand
creation, advocacy



LIFTTB

Leveraging Innovation for Faster
Treatment of Tuberculosis

Implementation

Technical assistance,
training, capacity building,
national policy development

PeerLInC
Knowledge Hub

Upskill TB

**SUB-NATIONAL
CAPACITY BUILDING**

GTEC

**IMPLEMENTATION
PLANNING**

SLASH^{TB}

**Data-driven assessment.
Informed decisions.
Smarter investment.**

SLASH-TB helps government agencies, including National TB Programs and Ministries of Health, swiftly take informed, objective decisions about implementing new TB treatments. SLASH-TB uses data provided by NTPs to calculate cost-effectiveness, budget impact, and health impact of implementing a new treatment in a few weeks at no or minimal cost, an exercise that previously used to come at a substantial cost and take several months. Several countries have used SLASH-TB to support their decision-making for implementing BPaL/M. The tool can be adapted to support adopting future regimens, including long-acting injectables and SPaL.

75,000 community members reached
1,000 health workers trained
3,000 people receiving DR-TB treatment supported



**Community power.
Faster uptake.
Peer support.**

Fast Track the Cure (FTTC) advances community-led advocacy, demand creation, and monitoring to speed uptake of better TB treatment. Following support by LIFT-TB in 3 countries, FTTC now operates projects in 9 countries, with partner reach extending even further to 30 countries. FTTC provides a highly cost-effective, replicable platform for accountability, TB literacy, and treatment support that can be activated to empower communities to accelerate the uptake of future innovations.



Upskill TB

Digital learning. Practical training. Better TB care.

Upskill-TB is a digital, AI-assisted, multi-lingual, free, self-learning platform for new DR-TB treatments. By combining video modules with practical, case-based learning, and the ability to evaluate one's progress, it helps providers implement new treatments such as BPaL/M with greater confidence. User discussion forums and an AI companion enable interactive learning. The platform is built for scale, and downloadable videos and materials make it easy to use in remote areas, as refresher training, or by new providers who may not have access to routine classroom training.





**Future planning. Sustainable supply.
Healthy Markets.**

TREND-TB projects future demand for DR-TB treatments in collaboration with multiple countries, helping support better global and national planning. It informs procurement planning, financing strategies, and coordinated stakeholder efforts to ensure sustainable access to evolving DR-TB treatment regimens and helps strengthen market readiness. This tool is updated on a regular basis to accommodate new products and guidelines.



**Supportive TB Alliance
Access-Enabling
Initiatives**



**Peer learning. Technical support.
Faster implementation.**

PeerLINC provides countries with rapid, cost-efficient training and technical support for implementing new TB treatments. In PeerLINC trainings, experts from countries that have already implemented new TB treatments share practical, case-based knowledge and best practices with peers in countries looking to implement. These peer-to-peer trainings are tailored to individual country needs and conducted in the recipient country's language. Launched just two years ago, PeerLINC has already trained more than 1,000 people across 48 countries, helping rapidly scale up BPAL/M globally. PeerLINC offers a scalable, cost-efficient model for translating evidence into implementation and is already expanding to address a growing range of TB topics and technologies.



**Global expertise. Rapid responses.
Better DR-TB care.**

G-TEC is a real-time digital health tool that connects TB programs and clinicians with 40 global DR-TB experts across 18 countries for rapid guidance on complex clinical cases, typically within 24–48 hours. It provides a highly responsive model for strengthening clinical decision-making and supporting implementation of improved DR-TB regimens.

