

Executive Committee Call, 06 August 2015
Minutes

Attended:	Apologies:	Secretariat
Joanne Carter (Vice-Chair) & Delia Clayton Cheryl Boon Amy Bloom Katherine Floyd (representing Mario Raviglione) Paula Fujiwara Erika Arthun Austin Obiefuna Aaron Oxley Thokozile Phiri-Nkhoma Victor Ramathesele Cheri Vincent	Mario Raviglione Gloria Wiseman	Lucica Ditiu Suvanand Sahu Darivianca Laloo
Minutes of Discussion		Outcome
<p>Global Fund Country Allocation Formula for TB</p>		
<p>The Executive Committee discussed the TB burden formula for the Global Fund country allocation for TB.</p> <ul style="list-style-type: none"> • A request was made by the Global Fund Secretariat on revising the formula for TB. Discussions took place on different platforms about the best way to provide feedback on the TB disease burden formula. Due to its varied composition and representation, the Executive Committee (EC) is best placed to discuss and decide among the various options. • The TB formula is part of the allocation effort - along with other variables such as ability to pay (GNI), minimum required level (MRL) and other qualitative factors. Each of these factors had a different weight in deciding the final allocation formula – but it looks like MRL had the biggest impact in the final allocation amount. • The existing disease burden formula for the diseases was shared along with proposed revised formula options (annex Slide set) and presented. • In the proposed way forward discussed the MDR-TB coefficient takes into account the cost of treating a multiple drug resistant TB patient over the cost of treating a drug susceptibility TB patient. This is higher sometimes 13 times (rather than earlier calculated at 8 times) hence it has been provisionally changed from 8 times to 		<ul style="list-style-type: none"> • Secretariat to share with EC as soon as it is received the GF documents prepared for SIIC EC agreed that the discussions can continue via email with a final call for the decision. • Updated information on coefficient to be shared and a statement will be drafted on the formula along with a preamble. • Recommend Global Fund to address small grants by a different mechanism. • Further discussion on regional and strategic proposal ideas.

13 times in the present formula.

- This coefficient needs to be revised to be relevant for the Global Fund eligible countries only.
- There is a need to think and discuss about how countries are ranked. There is a possibility that bands will be removed but we need to think about implications of countries with high MDR-TB and how each country will best use the amount allocated to them. In the previous allocation methodology the existence of Band 4 actually led to certain countries included in the group to receive more funding than the formula would provide them with – because the allocation methodology for Band 4 was different.
- The EC is comfortable with Option 3.
- The India allocation should have a similar cap of 10% - as it was in the previous allocation period.
- It is important to keep in mind that, middle income countries with pockets of high burden TB population should not be ignored.
- The EC suggested strongly that for the allocation, an overarching statement is needed that includes:
 - not only the ART/ IPT cost but all TB-HIV coinfection cost in the HIV allocation;
 - the role and transactional costs that GF will have in handling small grants – below 500k or 1000k and the suggestion to cap it for TB;
 - the updated Co-efficient of MDR –TB; and
 - the need to ensure we make an impact on the epidemic.
- In the future we should be mindful that the vast difference between treating TB and MDR-TB will reduce with universal access and progress in diagnosis and treatment.
- For the coefficient, work is ongoing to get the numbers from the Global Plan and from WHO and will be shared as soon as it is received.