Stop TB Partnership 32th Board meeting

Global Fund Session

Mark Edington-Head, Grant Management Division
Eliud Wandwalo-Senior TB Coordinator

Jakarta, 11th December, 2019
Overview

• Introduction
• Preparation for the next cycle
• Catalytic Funding
• Progress in Africa
• Portfolio Optimisation
Replenishment and Allocations

Key numbers:

- Successful replenishment: $14bn
- Country allocations (after Catalytic Investments and Secretariat costs): $12.7bn (previously $10.3bn)

Approximate allocations by region (rounded):

- Asia    $1,160m
- Africa   $830m
- Rest     $300m

Increase of 20% overall for 20 top TB burden countries and 30 top MDRTB burden countries
Missing People with TB

Overall:

- Target: find and treat additional 1.5 million people with TB by 2019
- Progress: 800,000 in 2018, anticipate 1.2 million in 2019, on track to get to 1.5 million by 2020

Indonesia:

- 2015: 330,000
- 2018: 560,000
- 2019: 600,000

Particular focus going forward:

- Continue finding missing people with TB
- Private sector engagement
- Transition to new MDRTB regimen
- Africa: South Africa, Nigeria, WCA
Funding Request Process

Key dates:

• Mid-December: allocation letters go out to countries
• 70% of allocation by $ value goes thru in 2020
• TRP (Technical Review Panel) meeting dates: March 23, May 25, August 31, 2020
• Grant-making, GAC, Board approval, grants signed before December 31, 2020

Remember:

• Also last year of implementation of current grants
• Critical to keep countries focused on delivering impact, and getting ready to scale up ahead of increased grants in 2021
• Portfolio optimization ($151m approved, approximately $60m to come)
• PAAR (Portfolio Above Allocation Request) is basis for Portfolio Optimization

Thanks in advance for making the Global Fund partnership effective in the fight against TB
How to prepare - *Planning submission window*

**2020-2022 TB submissions**
- More than 90 TB and TB/HIV FR
- Windows 1&2-49 FR
- Full review 34, Joint TB/HIV 30

<table>
<thead>
<tr>
<th>Year</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
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<tbody>
<tr>
<td>2020</td>
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- **TRP** Grant-Making
- **GAC/Board** Grant Signed

- More than 90 TB and TB/HIV FR
- Windows 1&2-49 FR
- Full review 34, Joint TB/HIV 30
Key Priorities for GF in the next cycle - TB

- Finding the “missing” millions with TB and DR-TB
- Strengthen health system including lab. services (using more sensitive screening [x-rays] and diagnostic/DST tools [rapid molecular tests])
- Accelerate *Transition to all-oral regimens* for treatment of DR-TB (including Pre- and XDR-TB) inline with international recommendations
- Enhance engagement of private providers and communities in TB care and scale up innovative approaches
- Address co-morbidities including TB/HIV, Diabetes mellitus,
- Address TB among high risk and vulnerable populations including children, migrant/mobile population, miners, slum dwellers,
- Scale up of TB prevention (TPT for high risk groups - PLHIV, children)
Packaging of TB services

- Intensified and targeted case finding, innovative private-provider and community engagement
- New screening and diagnostic tools
- Artificial Intelligence (x-ray readings), connectivity solutions

Case finding
- Patient-centered, decentralized, patient support
- All-oral regimen for DR-TB, XDR-TB

TPT is a continuation of TB screening activities hence it is an integral part of the finding the missing people approach.

Contact investigation shorter combination drugs for TPT, infection control

Innovation, data use, quality improvement and efficiency
## Secretariat-Recommended Catalytic Investments for 2020-2022

<table>
<thead>
<tr>
<th>Catalytic Investment (Amounts in USD millions)</th>
<th>Modality</th>
<th>890</th>
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</thead>
<tbody>
<tr>
<td>HIV</td>
<td></td>
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<tr>
<td>AGYW</td>
<td>MF</td>
<td>56</td>
</tr>
<tr>
<td>Scaling-up Community-Led Key Population Programs</td>
<td>MF</td>
<td>50</td>
</tr>
<tr>
<td>Key Populations and Sustainability</td>
<td>MC</td>
<td>50</td>
</tr>
<tr>
<td>Differentiated HIV Service Delivery</td>
<td>SI</td>
<td>15</td>
</tr>
<tr>
<td>TB Preventive Treatment for PLHIV</td>
<td>SI</td>
<td>15</td>
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<tr>
<td>Condom Programming</td>
<td>SI</td>
<td>15</td>
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<tr>
<td>TB</td>
<td></td>
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<tr>
<td>Finding Missing People with TB, including drug-resistant TB and preventive therapy</td>
<td>MF</td>
<td>150</td>
</tr>
<tr>
<td>Targeted TA for innovative approaches for finding missing people with TB</td>
<td>SI</td>
<td>14</td>
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<tr>
<td>TB Multi-Country Approaches</td>
<td>MC</td>
<td>40</td>
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<tr>
<td>Malaria</td>
<td></td>
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<tr>
<td>Addressing Drug Resistance in the Greater Mekong Sub-Region</td>
<td>MC</td>
<td>120</td>
</tr>
<tr>
<td>Accelerated Introduction of New Nets</td>
<td>SI</td>
<td>50</td>
</tr>
<tr>
<td>Malaria Elimination in Southern Africa</td>
<td>MC</td>
<td>20</td>
</tr>
<tr>
<td>Regional Coordination and Targeted TA for Implementation and Elimination</td>
<td>SI</td>
<td>10</td>
</tr>
<tr>
<td>Malaria Elimination 2025 Initiative</td>
<td>SI</td>
<td>8</td>
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<tr>
<td>RTS,S Vaccine</td>
<td>SI</td>
<td>8</td>
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<tr>
<td>RSSH and Cross-Cutting</td>
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<td></td>
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<tr>
<td>Data</td>
<td>SI</td>
<td>35</td>
</tr>
<tr>
<td>Community, Rights and Gender</td>
<td>SI</td>
<td>16</td>
</tr>
<tr>
<td>Human Rights</td>
<td>MF + SI</td>
<td>46</td>
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<tr>
<td>Emergency Fund</td>
<td>SI</td>
<td>20</td>
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<tr>
<td>TERG Independent Evaluation</td>
<td>SI</td>
<td>22</td>
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<tr>
<td>Sustainability, Transition, and Efficiency</td>
<td>SI</td>
<td>18</td>
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<tr>
<td>PSM Transformation</td>
<td>SI</td>
<td>20</td>
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<tr>
<td>Service Delivery Innovations</td>
<td>SI</td>
<td>47</td>
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<tr>
<td>Accelerated Introduction of Innovations</td>
<td>SI</td>
<td>10</td>
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<tr>
<td>CCM Evolution</td>
<td>SI</td>
<td>15</td>
</tr>
<tr>
<td>Innovative Finance</td>
<td>SI</td>
<td>20</td>
</tr>
</tbody>
</table>
These 20 countries account for 82% of the missing people with TB globally.

**US $ 150 million:** Matching Fund for 20 countries to find missing people with **all forms** TB (*including WCA strategic engagement*)

**US $ 14 million:** Strategic Initiative

### 13 countries
1. India
2. Indonesia
3. Bangladesh
4. DR Congo
5. Kenya
6. Mozambique
7. Myanmar
8. Nigeria
9. Pakistan
10. Philippines
11. South Africa
12. Tanzania
13. Ukraine

### 7 New countries:
14. Cambodia
15. Cameroon
16. Ethiopia
17. Ghana
18. Uganda
19. Viet Nam
20. Zambia
### Progress in Africa

<table>
<thead>
<tr>
<th>Country</th>
<th>2015 (baseline)</th>
<th>2017</th>
<th>2018*</th>
<th>% change 2017 vs 2018*</th>
<th>% change 2015 vs 2018*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>206,915</td>
<td>242,639</td>
<td>268,193</td>
<td>11%</td>
<td>30%</td>
</tr>
<tr>
<td>Congo DR</td>
<td>119,213</td>
<td>150,085</td>
<td>165,652</td>
<td>10%</td>
<td>39%</td>
</tr>
<tr>
<td>India</td>
<td>1,667,136</td>
<td>1,786,681</td>
<td>2,155,637</td>
<td>21%</td>
<td>29%</td>
</tr>
<tr>
<td>Indonesia</td>
<td>328,895</td>
<td>442,172</td>
<td>558,283</td>
<td>26%</td>
<td>70%</td>
</tr>
<tr>
<td>Kenya</td>
<td>81,292</td>
<td>83,599</td>
<td>96,995</td>
<td>16%</td>
<td>19%</td>
</tr>
<tr>
<td>Mozambique</td>
<td>58,344</td>
<td>85,376</td>
<td>93,839</td>
<td>10%</td>
<td>61%</td>
</tr>
<tr>
<td>Myanmar</td>
<td>138,447</td>
<td>130,418</td>
<td>133,909</td>
<td>3%</td>
<td>-3%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>87,211</td>
<td>102,387</td>
<td>106,533</td>
<td>4%</td>
<td>22%</td>
</tr>
<tr>
<td>Pakistan</td>
<td>323,856</td>
<td>359,224</td>
<td>360,019</td>
<td>0%</td>
<td>11%</td>
</tr>
<tr>
<td>Philippines</td>
<td>276,672</td>
<td>317,266</td>
<td>346,457</td>
<td>9%</td>
<td>25%</td>
</tr>
<tr>
<td>South Africa</td>
<td>287,224</td>
<td>220,163</td>
<td>235,652</td>
<td>7%</td>
<td>-18%</td>
</tr>
<tr>
<td>Tanzania</td>
<td>60,895</td>
<td>68,273</td>
<td>74,686</td>
<td>9%</td>
<td>23%</td>
</tr>
<tr>
<td>Ukraine</td>
<td>30,151</td>
<td>27,229</td>
<td>26,560</td>
<td>-2%</td>
<td>-12%</td>
</tr>
<tr>
<td><strong>SUB-TOTAL</strong></td>
<td><strong>3,666,251</strong></td>
<td><strong>4,015,512</strong></td>
<td><strong>4,622,415</strong></td>
<td><strong>15%</strong></td>
<td><strong>26%</strong></td>
</tr>
</tbody>
</table>

**WHO Global TB Report, 2019**

- Africa missing people with TB: 1,063,525 (36%)
- Nigeria, DRC, SA, Kenya, Mozambique and Tanzania: 690,000 (65%)
- DRC, Nigeria and SA: 498,332 (46%)
- Nigeria: 325,079 (30%)
Progress in West and Central Africa

Each bubble’s size corresponds to the number of missing people with TB in 2018

Global target for this indicator (90%)
Current Global performance (85%)

Global target for this indicator (90%)
Current Global performance (69%)

Source: Global TB Report 2019
**Proposal:** To use US$10 Million of catalytic funding for 5 priority countries in WCA-Burkina Faso, Mali, Chad, Niger and Congo

<table>
<thead>
<tr>
<th>Strategic focus of investment:</th>
<th>Additional support to WCA countries through SI for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>To incentivize countries to improve quality of TB care by scaling up innovative approaches in the following area(s):</td>
<td>- Creation of a pool of consultants that can provide direct support to the region on planning, implementing, evaluating and sharing innovative and quality approaches</td>
</tr>
<tr>
<td>1. Improve quality of TB diagnosis and treatment (e.g. innovative approaches for intensified TB case finding, lab strengthening, strengthening access to rapid diagnostic tools, including samples transportation, patient centered approaches, including decentralized and integrated care etc.)</td>
<td>- “Ad-hoc” technical support from technical partners</td>
</tr>
<tr>
<td>2. Innovative approaches for community TB responses (including integrated care)</td>
<td>- Generation of local evidence and lessons learned and best practices sharing within the region, and beyond,</td>
</tr>
<tr>
<td>3. Focus on vulnerable groups, including children and PLWHA</td>
<td>- Scale-up of tools and innovative approaches for community responses and for quality TB diagnosis and care</td>
</tr>
<tr>
<td>4. Local technical assistance (mid-long term) to support in country operationalization</td>
<td>- High level engagement (in-country and regional) of relevant stakeholders for TB and across the diseases</td>
</tr>
<tr>
<td>5. Strengthening in-country and regional high level engagement with relevant stakeholders and implementers</td>
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Leveraging additional resources for critical TB gaps through portfolio optimization (PO)

**TB PO awards by modules: wave 1 - 3**

- Malaria: 206M
- Tuberculosis: 151M
  - Vector control
  - Loan buy down
  - MDR-TB (not in UQD)
  - Multidrug-resistant TB
  - TB care and prevention
- HIV/AIDS: 102M
  - Treatment, care and support
- Melanesia: 25M
- RSSH: 19M

- **TB accounts for 30% (USD 151 million)** out of the total wave 1 – 3 PO awards i.e. USD 504 million

- An additional **USD 63.9 million** expected to be awarded in wave 4 PO later this year to 12 countries

- Wave 1-3: 33 countries awarded for TB: India USD42M, Philippines USD30M, Tanzania USD 10.7M

* MDR-TB not in UQD – MDR-TB regimen transition

** All awards stated above are PO ‘award now’ amounts
**TB Portfolio Optimization**

**Strategic areas of prioritization**

**A. Transition to the new MDR-TB Rx regimen**
- MDR/RR-TB is a major public health threat and a global health security risk
- Low treatment coverage – 32%
- Poor Treatment Success Rate – 56%
- The need to support countries in transitioning to the newer, safer and more effective MDR/RR-TB treatment regimen including the all-oral regimens
- A total of **USD 45 million** provided through TB portfolio optimization *(wave 1 - 3)*.
- An additional **USD 10 million** to be approved in *wave 4*

**B. TB Case Finding and Treatment**
- Huge gap in TB case notification still exists globally
- 3 million people with TB (including DR-TB and TB/HIV) are missed by our health system yearly
- Innovative approaches in TB case finding, especially those aimed at addressing key (children) and hard-to-reach populations prioritized
- Need to accelerate efforts to attain the ambitious UN HLM targets of diagnosis and successfully treating **40 million by 2022**.

**C. Scale-up of TB prevention**
- Scale-up of TB preventive treatment in line with WHO latest guidance on Latent TB infection.
- The UN HLM declaration sets a commitment to ensure at least **30 million people** receive **preventive treatment** by 2022.
- Slow uptake from countries so far
- Shows Global Fund’s is able to timely support countries to follow normative guidance

**Additional area of focus: Catalytic financing to unlock further resources**
- Innovating financing through which Global Fund leveraged additional investments to facilitate access to other funding mechanisms for TB such as from the World Bank and Asian Development Bank (ADB)
WE CAN PREVENT HIV, TB & MALARIA. US$14 BILLION WILL HELP:

- SAVE 16 MILLION LIVES
- AVERT 234 MILLION CASES
- IMPROVE GLOBAL HEALTH SECURITY

STEP UP THE FIGHT