



# Implementation and Challenges of TB Grants in High Impact Africa

SMARTER USE OF GLOBAL FUND RESOURCES FOR IMPACT

27 October 2017  
Liverpool, UK

 The Global Fund

## Content Overview

- Differentiation for Impact – High Impact Portfolios
- Coverage GAP
- Financial Performance
- Key Bottlenecks for Grant Performance: Perspective from HIA2 countries
- Country Led Innovative solutions

## Differentiation for Impact: TB Burden across High Impact Portfolios

	n	Popul ation	Estimated TB Incidence		Estimated TB Mortality		Estimated TB/HIV incidence		Estimated TB/HIV Mortality	Estimated Incidence RR
			Rate	(%)	Rate	(%)	Rate	(%)		
HI Asia	7	31%	247	53%	38	48%	11	21%	20%	42%
HI Africa1	6	6%	341	14%	105	25%	103	37%	41%	11%
HI Africa 2	7	4%	267	8%	64	11%	93	24%	24%	4%
Core	30	6%	172	7%	36	8%	34	12%	11%	9%
Rest of the World	164	54%	48	18%	4	8%	2	6%	3%	35%



## End TB strategy Targets

<b>VISION</b>	<b>A WORLD FREE OF TB</b> — zero deaths, disease and suffering due to TB			
<b>GOAL</b>	<b>END THE GLOBAL TB EPIDEMIC</b>			
<b>INDICATORS</b>	<b>MILESTONES</b>		<b>TARGETS</b>	
	2020	2025	SDG 2030 <sup>a</sup>	END TB 2035
<b>Percentage reduction in the absolute number of TB deaths</b> <i>(compared with 2015 baseline)</i>	35%	75%	90%	95%
<b>Percentage reduction in the TB incidence rate</b> <i>(compared with 2015 baseline)</i>	20%	50%	80%	90% (approximately 10 per 100 000 population)
<b>Percentage of TB-affected households experiencing catastrophic costs due to TB</b> <i>(level in 2015 unknown)</i>	0%	0%	0%	0%

## Percentage Decline in TB Incidence (I) & TB Mortality (M) (2000-2014)

<b>HI Asia</b>	<b>I</b>	<b>M</b>		<b>HIA1</b>	<b>I</b>	<b>M</b>		<b>HIA2</b>	<b>I</b>	<b>M</b>
Bangladesh	-1%	30%		DRC	1%	3%		Ethiopia	51%	67%
India	23%	55%		Cote d'Ivoire	55%	73%		Kenya	14%	-37%
Indonesia	11%	24%		Ghana	23%	36%		Mozambique	-7%	37%
Myanmar	10%	61%		Nigeria	1%	0%		Tanzania	35%	23%
Pakistan	2%	62%		S Africa	-42%	35%		Uganda	62%	74%
Philippines	22%	75%		Sudan	27%	24%		Zambia	46%	28%
Thailand	29%	54%						Zimbabwe	54%	9%
Vietnam	29%	47%								

	<b>Increased</b>		<b>&lt;25% Decline</b>		<b>25-50% Decline</b>		<b>&gt;50% decline</b>
--	------------------	--	------------------------	--	-----------------------	--	------------------------



## 90-(90)-90 targets

Achieve as early as possible but not later than 2025

Reach at least

**90%**  
**OF ALL PEOPLE  
WITH TB**

and place all of them on appropriate therapy—first-line, second-line and preventive therapy as required

As a part of this approach, reach at least

**(90)%**  
**OF THE KEY  
POPULATIONS**

the most vulnerable, underserved, at-risk populations

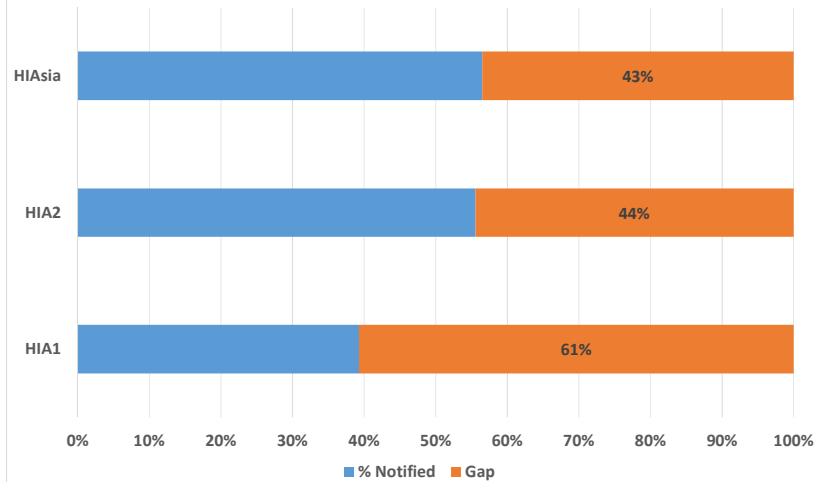
Achieve at least

**90%**  
**TREATMENT  
SUCCESS**

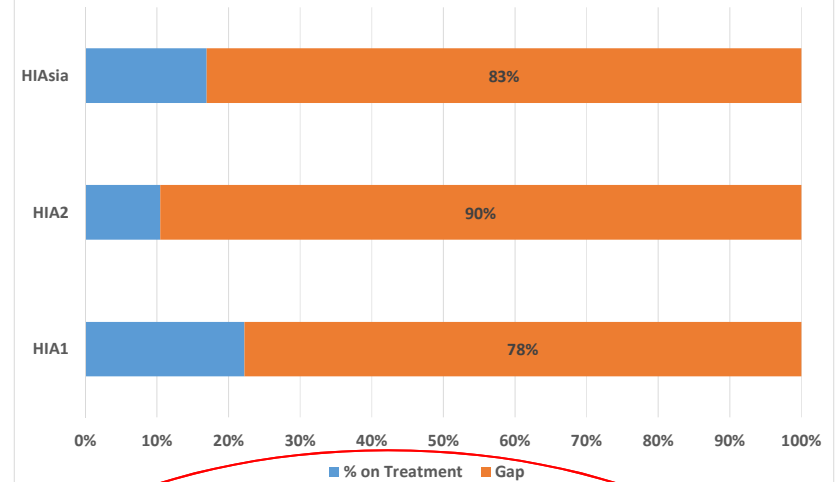
for all people diagnosed with TB through affordable treatment services, adherence to complete and correct treatment, and social support.

## Program Performance: Gaps in Coverage

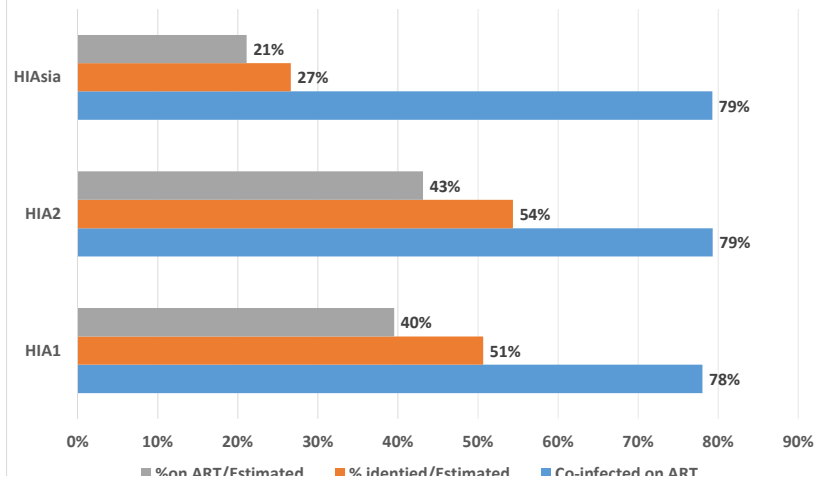
Coverage Gap - Case Notification



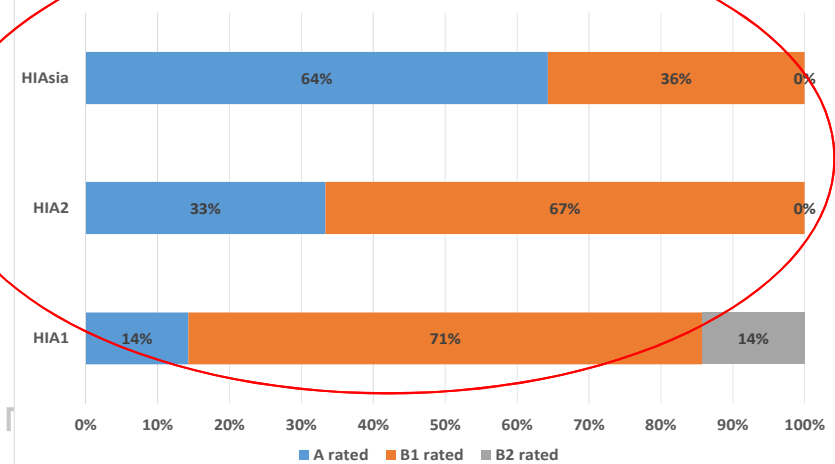
Coverage Gap - MDR Treatment



Coverage Gap - TB/HIV



Grant Performance Rating



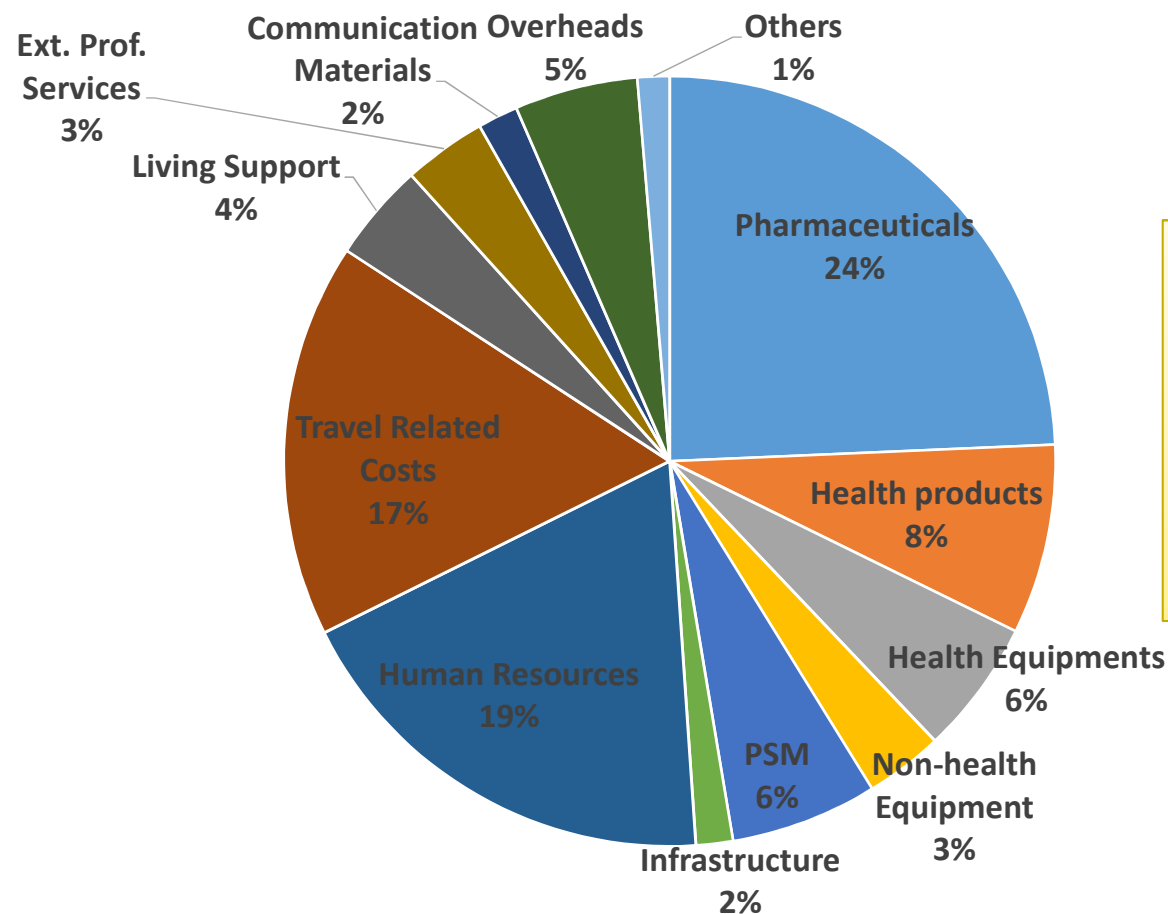
## Grant Implementation: Financial Performance

	Signed Amount*	Committed Amount		Disbursed Amount**		Undisbursed Funds	
	US\$	US\$	% of signed	US\$	% of committed	US\$	% of signed
HI Africa 1	252 M	155 M	62%	71 M	46%	181 M	72%
HI Africa 2	244 M	139 M	57%	87 M	63%	157 M	64%
HI Asia	762 M	609 M	80%	331 M	54%	431 M	57%
Total	1,258	902	72%	489	54%	769 M	61%

\*Excluded joint TB/HIV grants; \*\*excludes PPM related disbursements in pipeline



## TB Grant Budget Breakdown



Procurement related cost categories account for 49% of TB grant budget

In comparison, for HIV and malaria – it is over 80-85%

## Critical Challenges contributing to lower grant budget utilization:

- Case notifications are plateauing
- Scale-up of MDR falling behind program targets
  - GeneXpert scale-up sub-optimal;
  - utilization rates of existing equipment low
  - sample referral/ transportation systems failing to deliver at scale
- TB/HIV intervention scale-up in positive direction, but can be more ambitious
  - Low uptake of PLHIVs screened using GeneXpert
  - Limited ownership by HIV programs
- Implementation rates for planned non-procurement related activities are often low
  - While there is greater flexibility on innovative programming, budgets tied to sever recurring cost elements (Travel Related Costs)

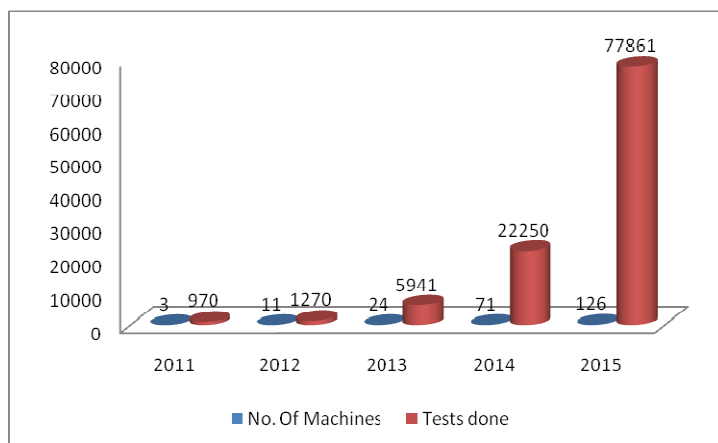
## Unstated Delays: Political and Administrative

- Delays in approval of new policies and guidelines
- Delays related to procurements and contracting
- Bureaucratic barriers to innovation or engagement of private sector or civil society partners

## Opportunities:

- GeneXpert utilization
  - Changes in diagnostic algorithm to improve access, utilization – Ex. Kenya, Ethiopia
  - Concept of “Super User” – Kenya for lab network strengthening
- Lab network and sample transportation
  - Integrating with HIV programs – EID, Viral Load etc
  - Local Innovations – Uganda – Bodo-Bodo drivers
- Community based TB care models found effective (ex. Ethiopia), but gaps in implementing them to scale
  - Need for greater engagement of CSOs – de-medicalize TB care
  - Ex. Kenya pilot – HIV implementers being encouraged to do joint TB/HIV programming
- PPM initiatives in Africa relatively small – but need to rapidly evolve

## Kenya: Experience with Xpert roll-out



### GeneXpert expansion plan

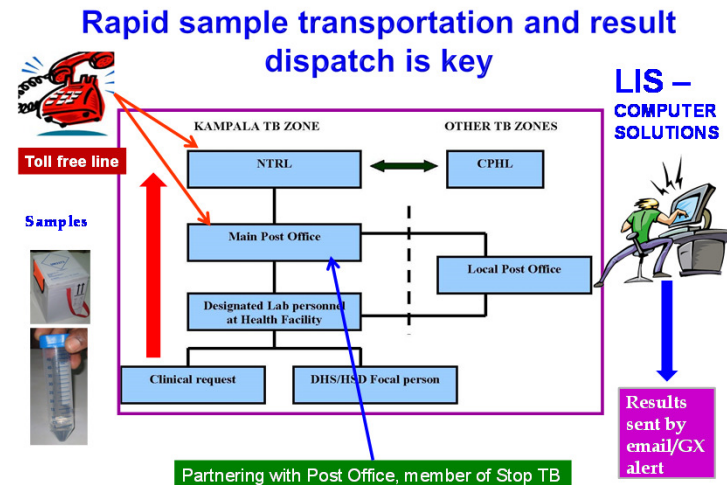
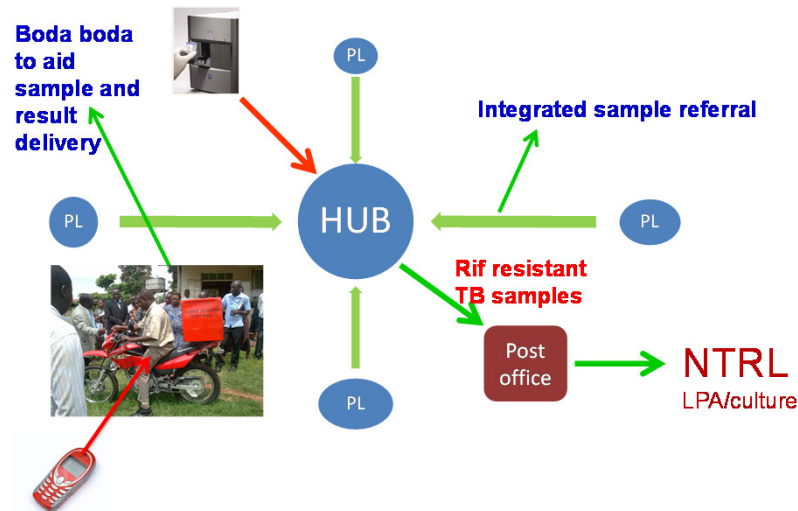
The country plans to use a phased approach in GeneXpert placement to meet targets set as shown in table below:-

Year	2011	2012	2013	2014	2015	2016	2017
Targets		18	115	120	170	200	250
Actual	3	11	24	71	126		

### USP:

- Algorithm – all TB suspects at a site with Xpert – will get xpert for TB diagnosis – improved utilization and outcomes
- Concept of “Super-User” at subnational level – training needs, preventive maintenance, calibration, replacement of parts, reporting, regional coordination
- GXLMIS – Logistics management system to track utilization, and results
- System utilization rate of 43%, and increasing

# Uganda: Lab networking and Sample Transportation

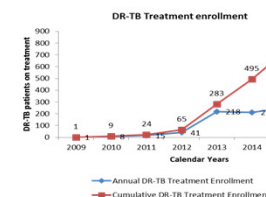


## Importance of Xpert

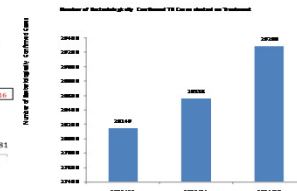
USP

Hub-Spoke Arrangement: transporter visits 20-30 health facilities within 20-40km radius around the hub  
94% of samples received within 3 days

- Increased & rapid detection of MDR TB



- Increased bacteriologically confirmed TB



- Improved diagnosis of TB in children: From 2% to 7% in 2014 of expected 15% of total
- Markedly reduced Hospitalisation: up to 60% on the Pulmonary ward in Mulago

## Conclusion:

- Low utilization of grant resources in the first 12-18 months of NFM grants
  - Plateauing case notification, and sub-optimal performance on MDR scale-up
- Opportunity for SMARTER use of Global Fund TB Investments for improved results and impact
  - Shift from recurrent program costs to targeted investments to improve results and outcomes, and building resilient health system
  - Maximize on comparative advantage of public and non-public actors for delivery of TB services
- Address barriers to improve access to TB lab network
  - Integrated systems for HIV and TB sample transportation
- Be Ambitious and Implement to Scale
  - Community based TB care models
  - Opportunity for cross learning across countries