The new Global Fund cycle and opportunities for childhood TB

30th of October 2019
Annual Meeting of the Child and Adolescent TB working group

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Outline

Global Fund Investments in TB

Impact and results
Allocations to countries and additional funding for GF TB activities and TB initiatives beyond allocations
Support to innovations scale-up

Upcoming opportunities through the new funding cycle

Replenishment and new cycle 2020-2022
Funding Opportunities in the countries allocations and beyond
Update on the new TB modular framework and the key elements related to pediatric TB in the application material
Global Fund investments: Impact and Results (2018)

- 5.3 million people with TB treated
- 114,000 people with DR-TB on treatment
- 332,000 HIV-positive patients on ART during TB treatment
- 142,740 children in contact with TB patients received preventive therapy
- 6,771 people with XDR-TB treated

*Results are in countries where the Global Fund invests*
Global Fund’s Financial Investment in TB

- **2017-2019 funding cycle TB allocation:**
  - Total GF allocation – over **US$ 12 billion**
  - Allocation for TB – **US$ 1.85 billion**

- **Total amount disbursed (TB-related): 2002 to date**
  - TB-only grants: **US$ 6.8 billion**
  - HIV-TB combined grants: **US$ 2.4 billion**

**GF SHARE OF INTERNATIONAL FINANCING FOR TB (%)**

- 73%** Global Fund**
- 29%** Other International Contributors

**US$ 1.85 billion allocation for TB**

**TB catalytic investments** (US$ 190 million)

**Post program split** (≈ US$ 50 million)

**TB portfolio optimization** (≈ US$ 151 m)

**Increased domestic financing leveraged for TB in this funding cycle**

**Additional funding for GF TB activities beyond allocation amount**

*NB: Disbursement data is as of October 2019*

*GF share of international financing for TB is based on the 2019 Global TB report*
Catalytic Fund for TB (2017-2019) - Finding missing people with TB

**US $ 115 million:**
- Matching fund for 12 countries

**US $ 10 million (SI):**
Stop TB & WHO, support the 13 countries in catalyzing their efforts to find missing people with TB, TB/HIV and DR-TB – including through PPM

**US $ 65 million:**
Multi-country grants for cross-cutting issues

**Expected outcome:**
- to find 1.5 million additional people with TB by the end of 2019 (including children)

**Targets:**
- 13 countries that account for 75% of missing people with TB and 55% DR-TB globally

**Summary:**
- Finding missing people with TB is a critical challenge in the fight against tuberculosis. The Catalytic Fund for TB (2017-2019) is a significant initiative aimed at addressing this issue. By the end of 2019, the fund aims to find 1.5 million additional people with TB, including children.

The fund targets 13 countries that account for 75% of missing people with TB and 55% DR-TB globally. The fund is structured into three components:
- **US $ 115 million**: Matching fund for 12 countries.
- **US $ 10 million (SI)**: Stop TB & WHO support for 13 countries in catalyzing their efforts to find missing people with TB, TB/HIV, and DR-TB, including through PPM.
- **US $ 65 million**: Multi-country grants for cross-cutting issues.

These components are designed to ensure a comprehensive approach to finding missing people with TB, focusing on high-impact countries and leveraging partnerships to maximize impact.
The rise in TB case notification globally over the last 10 years (2008 – 2017) has been very slow with only about 700,000 additional cases notified at the end of that period: i.e. 70,000 additional cases yearly compared to an increase of about 600,000 between 2017 and 2018. (WHO Global TB Report 2019)

The 1.5 million additional TB cases target between 2015 – 2019 agreed upon in the 13 TB SI countries is definitely ambitious and reflects the drive by Global Fund, WHO, Stop TB and other partners to identify more people with TB who are missed by the systems in these countries and put them on treatment.

Data source: WHO Global TB database Jan. 2018
Equivalent to: 1.2 million additional TB cases projected to be notified by the end of 2019 (80% of target)

• 2018 results are based on new and relapse cases as stated in the 2019 WHO Global TB Report
• Semester 1 2019 results are based on preliminary data reported by countries to GF
• South Africa: S1 2019 result is not available. 2019 S1 result projection is based on the 2018 result
• Mopping exercise still ongoing in Indonesia – S1 2019 results expected to increase once this is completed

About 0.82 million additional TB cases notified in 2018 based on WHO Global TB report
Additional funding for TB through Portfolio Optimization

- **Portfolio optimization**: Additional $151 million awarded through TB portfolio optimization (PO) to countries since July 2018. This includes $ 40 m loan buy-down in India and $ 45 million for transition to the newer MDR-TB treatment regimens.
- Through PO, GF was able to exhibit its flexibility and responsiveness in adapting to changes in global guidelines

**Prioritized areas for TB PO**

1. MDR/RR-TB treatment regimens transition
2. TB case finding and treatment (including key populations, community, PPM etc.)
3. TB prevention (including uptake of new WHO guidelines/regimens)
Other initiatives: West and Central Africa TB regional support 2018

- Provision of support to **19 countries in the West and Central Africa region** through a collaborative initiative (with several partners) aimed at identifying barriers to TB case finding and good treatment outcomes, sharing of lessons learned and best practices within the region and providing possible solutions to challenges identified.

- A major outcome of the workshop was the resolution made by participating countries called the **Cotonou TB declaration**.
In strong collaboration with partners, support to 15 WCA countries to:

- Explore challenges and share **tools and opportunities to improve TB response in children and adolescents**, including at community level

- Discuss how to foster **better collaboration** between traditional and non-traditional actors, addressing also the need for **community, rights and gender approach** in the planning and implementation of TB programs

- Plan the implementation of **best practices and innovative approaches** related to community engagement and responses and to childhood and adolescents TB prevention and care

**Other initiatives: West and Central Africa TB regional support 2019**
Investments on innovation scale up in TB

**The Science of Scale-up**

- **Strategic initiative** to find missing people with TB – **including children**
- Scale up of evidence-based approaches – e.g. PPM
- Support data & evidence generation by countries - **TB prevalence surveys**, DRS, OR and other surveys
- Scale up Community-based TB interventions
- Technical support for PMDT through the rGLC

**Diagnostics**

- Scale-up of GeneXpert and other molecular tests (e.g. LPA)
- **Capacity building** on DST
- Sputum transportation – different approaches
- Scale up of **connectivity** etc.
- **Digital X-rays**
- Supranational laboratory networks

**Drugs/treatment**

- Support the adoption of new and repurposed drugs
- Switching from Longer to Shorter MDR-TB regimens
- Support transitioning to the new regimens for DR-TB (including OR) – preparatory work in several countries
- Promote patient-centred approaches
- Promote the use of **preventive therapy** – including 3HP and 3HR
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Sixth Replenishment Conference pledged US$14.02 billion for the next three years

Global Fund Donors Pledge US$14 Billion in Fight to End Epidemics

The largest amount ever raised for a multilateral health organization, and the largest amount by the Global Fund.

The funds will help save 16 million lives and end the epidemics of AIDS, tuberculosis and malaria by 2030.
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

US $ 14 million: Strategic Initiative

TB Strategic Initiative (2020-2022): 13 current + 7 additional countries
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Application Resources for the new funding cycle

- Frequently Asked Questions for the 2020-2022 Funding Cycle
- Modular Framework Handbook
- The Applicant Handbook
- Funding Cycle Brochure
- Information Notes And Technical Briefs (e.g. TB info note, TB, Gender and Human Rights Technical Brief, Assessment and Best Practices of Joint TB and HIV Applications)
Objective: To provide guidance on priority setting for GF funding request for TB

What is new?
- Based on extensive consultations with technical partners
- Aligned with the latest guidance/recommendations
- Informed by good practices and successful projects (GF and others)
- Promotes innovations and scale-up of new tools, regimens for diagnosis, treatment and prevention.
- Includes key cross-cutting information and guidance/policies
- Includes key references - Global Fund-specific and other references
TB Information Note and other Technical Briefs

TB information note, available in English, French and Spanish

• TB diagnosis, prevention and care in children (including maternal-child health and services integration) addressed in various parts

• Links to Paediatric Roadmap and several technical guidelines and documents
The Modular framework handbook includes the **modular frameworks for the 3 diseases & RSSH**, developed to manage programmatic and financial data across the grants.

- Comprises of a list of **standard modules, interventions and indicators**

- Modular framework is not a template to fill but **serves as reference data for drop-down lists in Performance Frameworks, budgets and progress updates**

Key changes to TB Modular Framework

- Purpose of the revision was to ensure that it was **up to date and aligned with the latest technical guidance and partners recommendations.**
- Focus on **cross-cutting systems approach** including provision of integrated and people-centered services at community and PHC levels
- Added a new module “**Removing human rights and gender related barriers to TB services**”
- New Interventions under TB/HIV for Screening & Diagnosis, Treatment and Prevention
- **New interventions under the three core modules (TB Care and Prevention, TB/HIV, MDR-TB) for key populations** – Children, Miners & mining communities and Mobile populations (refugees, migrants and internally displaced people)
- **Revised indicators related to TB preventive therapy** and new indicators for human rights and gender related barriers to TB services, aligned with latest technical guidance
- **Additional indicator disaggregation (by age, gender and HIV status)**
Childhood TB ("key populations - children") = New intervention under TB care & prevention, TB/HIV and MDR-TB modules

This includes the three modules
- **TB**
- **DR-TB case finding**: diagnosis, treatment and prevention interventions specifically targeted at children.
- **TB/HIV collaborative activities**: HIV testing, TB screening and case finding, treatment and prevention interventions specifically targeted at children with HIV.

For example:
- **Active case finding** through collection and testing of pediatric specimens and use of chest radiography
- **Contact investigation** among children for drug-susceptible TB including through community based approach
- Provision of treatment with **child-friendly TB medication formulations**
- Provision of **TB preventive therapy** including the new combination drugs (3HP and 3RH) to eligible children in contact with TB patients
- **Training and capacity building** focused on response to childhood TB including mentorship and supportive supervision of child TB services including clinical diagnosis of childhood TB and specimen collection, contact tracing, prevention.
## TB Indicators – Key Changes

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<thead>
<tr>
<th>Module</th>
<th>Current Indicators</th>
<th>New/modified Indicators</th>
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<tbody>
<tr>
<td><strong>Coverage Indicators</strong></td>
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</table>
| **TB Care and Prevention** | 1. # of notified cases of all forms of TB-(i.e. bacteriologically confirmed + clinically diagnosed), includes new and relapse cases  
2. Treatment success rate- all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases  
3. % of labs showing adequate performance in external quality assurance for smear microscopy among the total number of laboratories that undertake smear microscopy during the reporting period  
4. % of reporting units reporting no stock-outs of anti-TB drugs on the last day of the quarter  
5. # of children <5 in contact with TB patients who began isoniazide preventive therapy  
6. # of TB cases (all forms) notified among prisoners  
7. # of TB cases (all forms) notified among key affected populations/ high risk groups (other than prisoners)  
8. # of notified TB cases (all forms) contributed by non-national TB program providers – private/non-governmental facilities  
9. # of notified TB cases (all forms) contributed by non-national TB program providers – public sector  
10. # of notified TB cases (all forms) contributed by non-national TB program providers – community referrals  
11. % of new and relapse TB patients tested using WHO recommended rapid tests at the time of diagnosis | 1. # of people in contact with TB patients who began preventive therapy (<5; 5-14; >15) |
| **MDR-TB** | 1. % of TB patients with DST result for at least Rifampicin among the total number of notified (new and retreatment) cases in the same year  
2. # of TB cases with RR-TB and/or MDR-TB notified  
3. # of cases with RR-TB and/or MDR-TB that began second-line treatment  
4. % of cases with RR-TB and/or MDR-TB started on treatment for MDR-TB who were lost to follow up during the first six months of treatment  
5. % of DST laboratories showing adequate performance on External Quality Assurance  
6. % of confirmed MDR-TB cases tested for susceptibility to any fluoroquinolone and any second-line injectable drug  
7. # of cases of XDR TB enrolled on treatment | 1. % of confirmed RR/MDR-TB cases tested for resistance to second-line drugs  
2. Treatment success rate of RR TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated |
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<td>TB/HIV</td>
<td>1. % of registered new and relapse TB patients with documented HIV status</td>
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<td>2. % of HIV-positive new and relapse TB patients on ART during TB treatment</td>
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<td>3. % of people living with HIV in care (including PMTCT) who are screened for TB in HIV care or treatment settings</td>
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<td>4. % of people living with HIV newly enrolled in HIV care started on TB preventive therapy</td>
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<tr>
<td>M&amp;E</td>
<td>1. % of HMIS or other routine reporting units submitting timely reports according to national guidelines</td>
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<td>Removing human rights and gender related barriers to TB services <em>(new module)</em></td>
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<td>1. % people diagnosed with TB who experienced self-stigma that inhibited them from seeking and accessing TB services</td>
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<td>2. % of people diagnosed with TB who report stigma in health care settings</td>
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<td>3. % of people diagnosed with TB who report stigma in community settings</td>
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Conclusions

• Finding missing people with TB - case finding for TB treatment and for TB prevention: an opportunity to increase TB detection among children and to offer TPT to children in need

• Coordination at country level is needed to enable integration and leveraging funding opportunities for childhood TB (discussions on national health sector plans and disease strategies, advocacy for the integration of maternal and child health and disease specific policies, Country Coordinating Mechanisms to participate in the country dialogue process and preparation of Global Fund requests etc.)

• Funding requests to include and prioritize evidence-based interventions for childhood TB, maternal and child health and services integration – RSSH Integrated approach to community service delivery e.g. innovative & integrated approaches to TB screening with HIV, Nutritional services, immunization campaigns, SMC campaigns

• Global Fund is and will be working with countries and partners to support rapid adoption of new guidelines- e.g. MDR-TB and LTBI.
• Opportunities exist within the grants and beyond grant allocations ( SI, PO and other initiatives)
Thank you!

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