Global Fund’s perspectives on TB/HIV scale-up: Next 10 Years

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Outline

1. The Global Fund TB Portfolio
2. What we see today - TB/HIV
3. Opportunities for transforming TB/HIV
4. How do we make it happen?
The Global Fund accounts for 82% of the total international TB financing in 2012.

Global Fund Approved Proposals
By Disease Component (End 2011)

- Malaria: 28% US$6.4 billion
- Tuberculosis: 17% US$3.8 billion
- HIV/AIDS: 55% US$12.4 billion

Source: Global Fund Grant Data
Global Fund Approved Funding by Disease and Region (cumulative, end 2011)

<table>
<thead>
<tr>
<th>GF Region</th>
<th>HIV (US$)</th>
<th>TB  (US$)</th>
<th>Malaria (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asia: East Asia &amp; Pacific</td>
<td>1,410,685,416</td>
<td>1,077,841,975</td>
<td>880,131,305</td>
</tr>
<tr>
<td>Asia: South &amp; West Asia</td>
<td>1,198,446,835</td>
<td>605,308,960</td>
<td>35,202,470</td>
</tr>
<tr>
<td>Eastern Europe &amp; Central Asia</td>
<td>1,091,573,813</td>
<td>235,932,379</td>
<td>218,124,482</td>
</tr>
<tr>
<td>Latin America &amp; Caribbean</td>
<td>598,772,055</td>
<td>316,137,631</td>
<td>566,932,838</td>
</tr>
<tr>
<td>Middle East &amp; North Africa</td>
<td>1,017,222,859</td>
<td>570,822,158</td>
<td>349,816,175</td>
</tr>
<tr>
<td>Sub-Saharan Africa: East Africa</td>
<td>3,029,310,922</td>
<td>397,215,658</td>
<td>2,129,921,385</td>
</tr>
<tr>
<td>Sub-Saharan Africa: Southern Africa</td>
<td>2,572,657,998</td>
<td><strong>238,150,413</strong></td>
<td>713,503,838</td>
</tr>
<tr>
<td>Sub-Saharan Africa: West &amp; Central Africa</td>
<td>1,653,223,368</td>
<td>345,711,518</td>
<td>1,561,460,712</td>
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<tr>
<td>Total</td>
<td>12,571,893,267</td>
<td>3,787,120,692</td>
<td>6,455,093,204</td>
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</table>

Source: Global Fund Grant Data

<table>
<thead>
<tr>
<th>Targets (2016)</th>
<th>Global plan</th>
<th>Global Fund leading targets for 2016</th>
<th>Indicators for other selected services</th>
</tr>
</thead>
</table>
• HIV testing and counseling  
• Prevention services for MARPs  
• Male circumcision |
| **TB** | Global Plan to Stop TB 2011-2015 | 4.6 million DOTS treatments (annual)  
21 million DOTS treatments over 2012-2016 | • HIV co-infected TB patients enrolled on ARTs  
• MDR-TB treatments |
| **Malaria** | RBM Global Malaria Action Plan 2008 and May 2011 updated goals and targets | 90 million LLINs distributed (annual)  
390 million LLINs distributed over 2012-2016 | • Houses sprayed with IRS  
• Diagnoses with RDTs  
• Courses of ACT administered to confirmed malaria cases |
Funding requested for TB/HIV activities in high TB/HIV co-epidemic countries

- Analysis of 41 successful proposals from 18 countries
- HIV proposals requested more funds for TB/HIV activities than TB proposals
- Funding request for TB/HIV in R10 was the lowest for HIV and highest for TB proposals

Source: WHO Report, 2011
Funding requested for TB/HIV activities in high TB/HIV co-epidemic countries

- 60% to 90% of funding requests for TB/HIV activities were to reduce burden of HIV in TB patients
- Funding requests to reduce TB among PLHIV have improved in Round 10
- HIV programs are lagging behind in reducing the burden of TB in PLHIV

Source: WHO Report, 2011
Cumulative Budget and Expenditure for TB/HIV (2002-2011)

Cumulative expenditures for TB/HIV were 4% ($60 million) for TB and 1% ($76 million) for HIV grants.
Opportunities – 2012 Grant Renewals Pipeline Waves 6-12

155 grants (wave 6-12) to be reviewed and approved for a Total Original Phase 2 (adjusted to include Board mandated reductions) of $3.85 billion

- 58% expected for HIV/AIDS, 22% for Malaria, 18% for TB and 2% for HSS

- *Of the $690 million for TB grants, $41 million would be available for TB/HIV

- *Of the $2.25 billion for HIV grants, $135 million would be available for TB/HIV

*Potential available if Stop TB plan indicative proportion of 6% for TB/HIV were to be applied.
Opportunities
2013 Grant Renewals Forecast

119 grants to be reviewed and approved for a Total Original Phase 2 (adjusted to include Board mandated reductions) of $2.6 billion

- 50% expected for HIV/AIDS, 24% for Malaria, 18% for TB and 8% for HSS

- *Of the $466 million for TB grants, $28 million would be available for TB/HIV

- *Of the $1.3 billion for HIV grants, $78 million would be available for TB/HIV

*Potential available if Stop TB plan indicative proportion of 6% for TB/HIV were to be applied.
Lessons Learned at Grant Renewals: High TB/HIV Co-epidemic Country Example

- The November 2011 Grant Renewals Panel requested the Country Team to work with the CCM to resubmit request addressing critical gaps, including TB/HIV, and refocus investments to high impact interventions.

- The Country Team met with in-country technical partners, donors, high-level government officials and national program staff for HIV and TB to discuss CCM allocation of funding to high impact interventions:

  **Key outcomes**

  - Reduction in funding of mass media, radio programs
  - Improved diagnosis for TB case detection allocated additional $2.2m;
  - Support for TB/HIV collaborative activities, increased from $700,000 to $1.8m;
  - An additional $600,000 was allocated within the HIV grant, to further increase total allocation to TB/HIV collaborative activities to $2.4m.
Opportunities for Engagement: Grant Renewals Timeline

Opportunities for Partners’ engagement and alignment of guidance at Country and Global levels.
How do we make it happen?

- Global Fund Grant Renewals Pipeline 2012-2013: $6.5 billion available, with at least $1.2 billion for TB in the next 18 months.

- At Country Level: work together with countries to use reprogramming opportunities to scale-up TB/HIV collaborative activities.

- Technical partners and civil society:
  - Proactive engagement during renewals and reprogramming
  - The Global Fund Disease Committees

- Articulate ambitious country demand in future Global Fund funding opportunities: for example despite progress, limited inclusion of TB/HIV activities in TFM proposals is of concern

- TB Community should define optimum amount to be allocated: this would be used as guidance by the Global Fund in distribution of investments.
ACKNOWLEDGEMENT

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