# Stop TB Partnership 32th Board meeting

# Global Fund Session

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# **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:

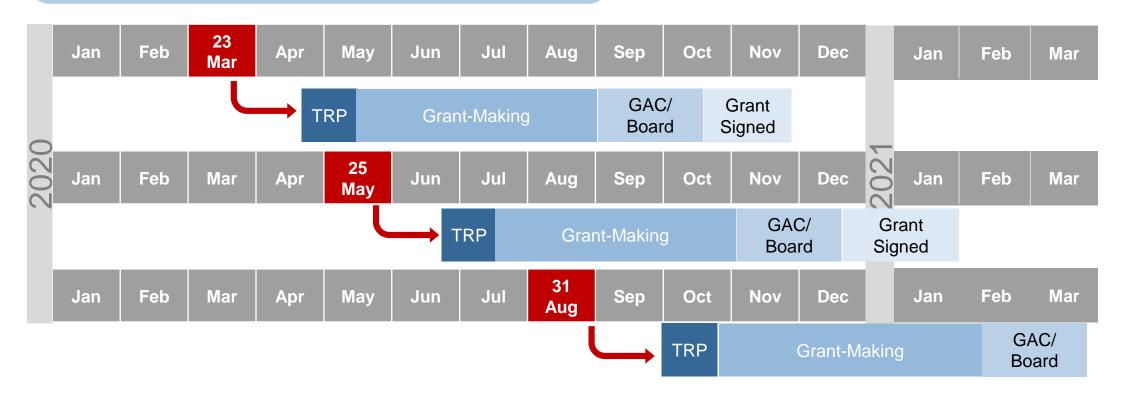
- Also last year of implementation of current grants
- Critical to keep countries focused on delivering impact, and getting ready to scale up ahead of increased grants in 2021
- Portfolio optimization (\$151m approved, approximately \$60m to come)
- PAAR (Portfolio Above Allocation Request) is basis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

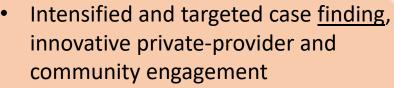
- More than 90 TB and TB/HIV FR
- Windows 1&2-49 FR
- Full review 34, Joint TB/HIV 30



# 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 [xrays] and diagnostic/DST tools [rapid molecular tests]) ☐ Accelerate *Transition* to all-oral regimens for treatment of DR-TB (including Preand 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**

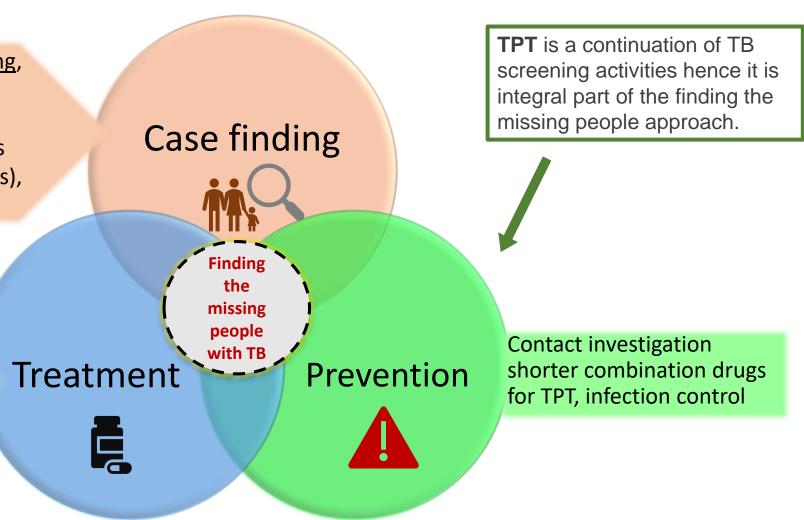


New screening and diagnostic tools

 Artificial Intelligence (x-ray readings), connectivity solutions

 Patient-centered, decentralized, patient support

All-oral regimen for DR-TB, XDR-TB

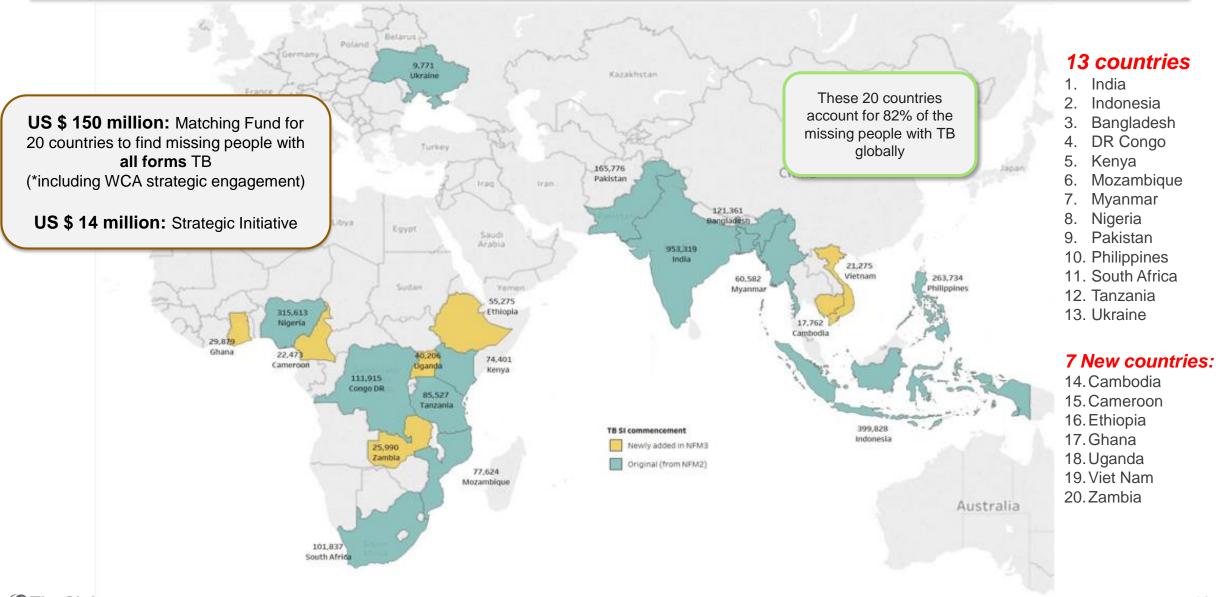


Innovation, data use, quality improvement and efficiency

## Secretariat-Recommended Catalytic Investments for 2020-2022

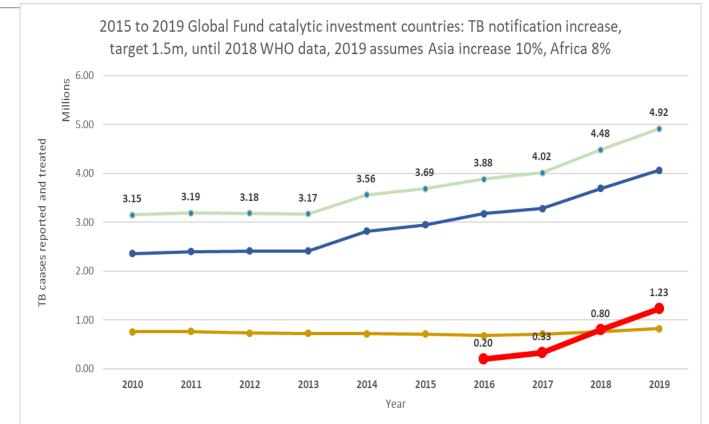
Catalytic Investment (Amounts in USD millions)	Modality	890
HIV		201
AGYW	MF	56
Scaling-up Community-Led Key Population Programs	MF	50
Key Populations and Sustainability	MC	50
Differentiated HIV Service Delivery	SI	15
TB Preventive Treatment for PLHIV	SI	15
Condom Programming	SI	15
TB		204
Finding Missing People with TB, including drug-resistant TB and preventive therapy	MF	150
Targeted TA for innovative approaches for finding missing people with TB	SI	14
TB Multi-Country Approaches	MC	40
Malaria		216
Addressing Drug Resistance in the Greater Mekong Sub-Region	MC	120
Accelerated Introduction of New Nets	SI	50
Malaria Elimination in Southern Africa	MC	20
Regional Coordination and Targeted TA for Implementation and Elimination	SI	10
Malaria Elimination 2025 Initiative	SI	8
RTS,S Vaccine	SI	8
RSSH and Cross-Cutting		269
Data	SI	35
Community, Rights and Gender	SI	16
Human Rights	MF + SI	46
Emergency Fund	SI	20
TERG Independent Evaluation	SI	22
Sustainability, Transition, and Efficiency	SI	18
PSM Transformation	SI	20
Service Delivery Innovations	SI	47
Accelerated Introduction of Innovations	SI	10
CCM Evolution	SI	15
Innovative Finance	SI	20

## **TB Catalytic Investment (2020-2022)**



### **Progress in Africa**

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



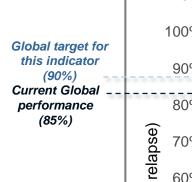
■ Total 13 catalytic

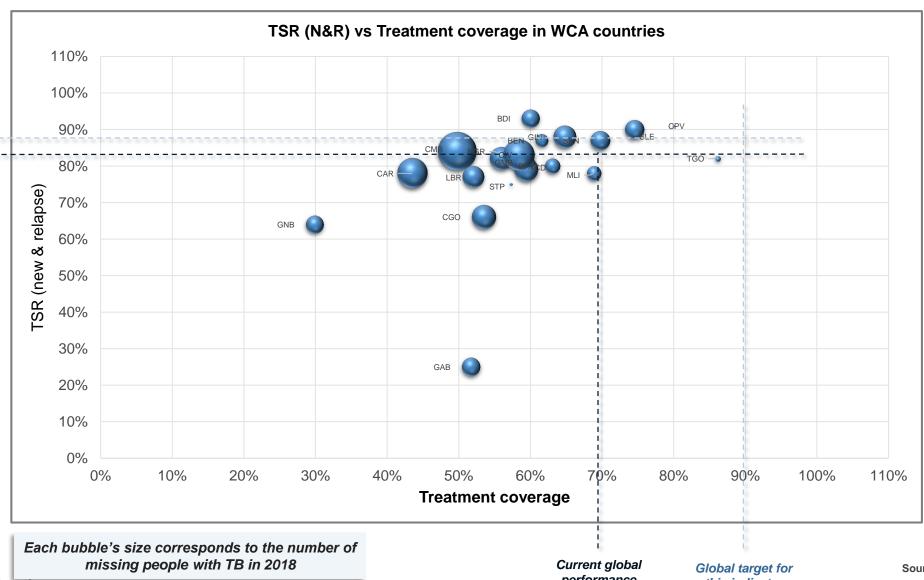
Total Africa-six

#### 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**





performance (69%)

this indicator (90%)

Source: Global TB Report 2019

# GF approach in Africa: WCA TB Strategic Engagement

<u>Proposal</u>: To use US\$10 Million of catalytic funding for 5 priority countries in WCA-Burkina Faso, Mali, Chad, Niger and Congo

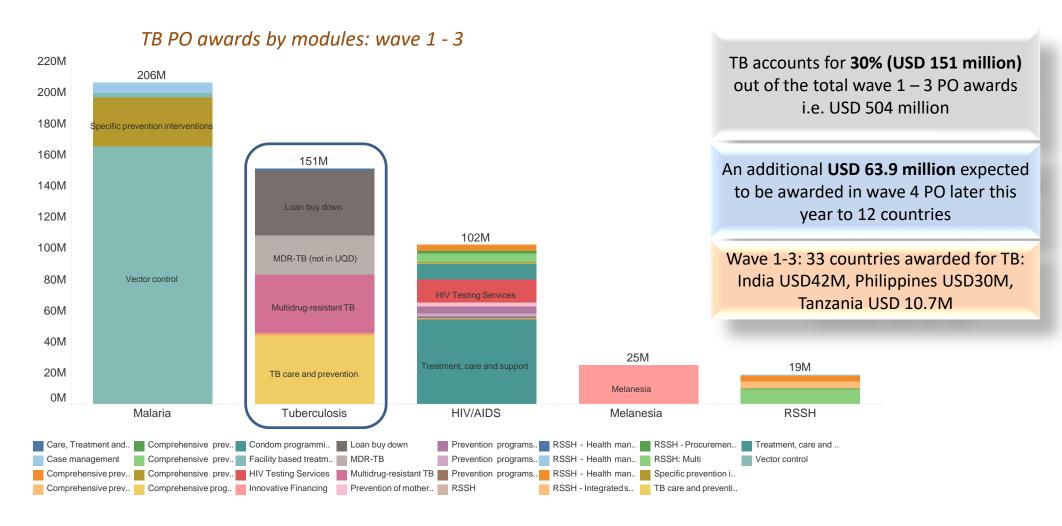
**Strategic focus of investment:** To incentivize countries to improve quality of TB care by scaling up innovative approaches in the following area(s):

- 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.)
- 2. Innovative approaches for community TB responses (including integrated care)
- 3. Focus on vulnerable groups, including children and PLWHA
- 4. Local technical assistance (mid-long term) to support in country operationalization
- 5. Strengthening in-country and regional high level engagement with relevant stakeholders and implementers

#### Additional support to WCA countries through SI for:

- Creation of a **pool of consultants** that can provide direct support to the region on planning, implementing, evaluating and sharing innovative and quality approaches
- "Ad-hoc" technical support from technical partners
- Generation of local evidence and lessons learned and best practices sharing within the region, and beyond,
- Scale-up of tools and innovative approaches for community responses and for quality TB diagnosis and care
- High level engagement (in-country and regional) of relevant stakeholders for TB and across the diseases

# Leveraging additional resources for critical TB gaps through portfolio optimization (PO)



<sup>\*</sup> MDR-TB not in UQD - MDR-TB regimen transition

<sup>\*\*</sup> 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



#### **TB Case Finding and Treatment**



#### **Scale-up of TB prevention**

- 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

- 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-toreach populations prioritized
- Need to accelerate efforts to attain the ambitious UN HLM targets of diagnosis and successfully treating 40 million by 2022.

- 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)

