# Invest for Impact: Global Fund Session

29<sup>th</sup> Stop TB Partnership Coordinating Board Meeting Berlin 17<sup>th</sup> May



#### Agenda

1 TRP Review Window 1

Absorption of TB grants

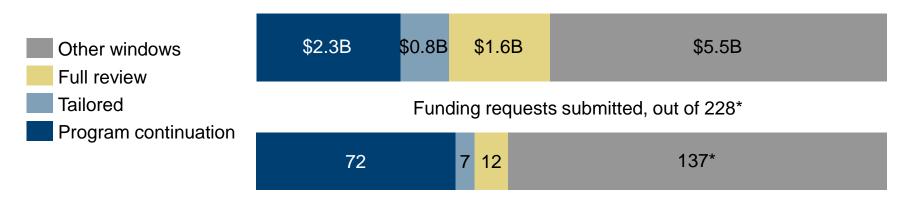
3 Catalytic Funding

### Largest review window in Global Fund history

- The 91 funding requests represented almost US\$4.8 billion, US\$920 million PAAR, and \$60.1 million in Matching Funds
- This is nearly 47% of the total allocation for the current period

Funding request submission and allocation by application approach (window 1)

Amount of allocation, out of \$10.3 billion



<sup>\*</sup>based on current projections

# Summary of TRP recommendations

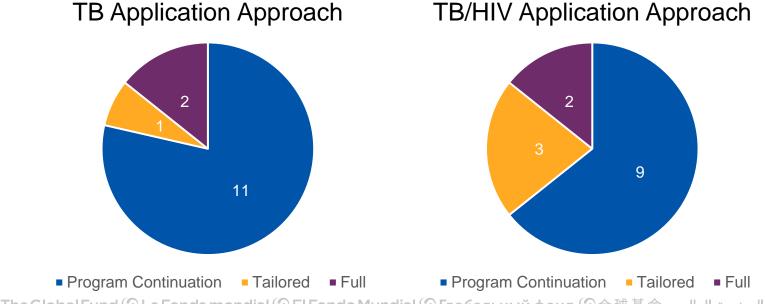
- 91 applications reviewed
- 95% of applications recommended for grant-making



The TRP notes that many Program Continuation requests were approved for grant-making with the expectation of an upcoming program review. This may lead to reprogramming during implementation.

### TB and TB/HIV funding request submissions for window 1

- 14 TB applications (\$.28 billion)
- 14 TB/HIV applications (\$1.75 billion)
- 2 TB/HIV/malaria applications both program continuation (\$.13 billion)



#### General lessons learned

#### Window 1

- 1 Good quality of proposals in this funding window
- 2 Differentiated application process positively received
- More boldness needed with matching funds applications
- 4 Sustainability not yet sufficiently addressed
- 5 Malaria resurgence concern in some countries in Central and Eastern Africa

#### Lessons learned

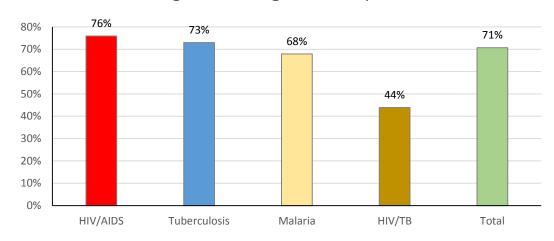
#### TB

- Expansion of Xpert continuing quickly but optimization of use still needed
- **Digital radiography**: Efforts to expand access to the CXR, however operationalization issues and expected outcomes related to digital x-rays missing.
- Countries moving slowly on MDR-TB diagnosis (case finding targets not achieved). Most countries
  are moving to shortened regimen however a few holding back for lack of SLD-DST. TRP encourages
  prioritizing short-course regimen as capacity for SLD-DST is built for treatment optimization and better
  patient outcomes.
- TB prevalence surveys have confirmed **large proportion of missing TB cases** in many settings. Funding requests appropriately mention interventions to find these cases, but lack sufficient analysis of who is missing, where and why. Missing bold steps and significant innovation.
- Countries with big TB/HIV disease burdens making **tremendous progress** in bi-directional testing and ART coverage. Slow progress if at all in low TB/HIV burden countries. IPT: % of PLHIV on IPT is low overall.
- Human rights/gender issues broadly are not well addressed in TB applications.

TB grants

#### Absorption rates of the three diseases in the active grants

TGF global active grants absorption rate

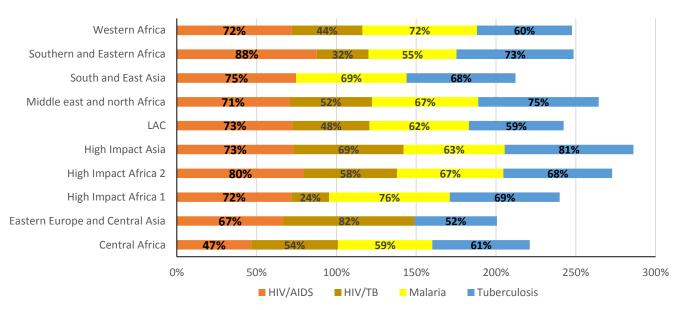


Source: Global Fund data

> Outcome of active grants reviewed till end of Q1 2017

#### TB active grants absorption rates compared to other disease components

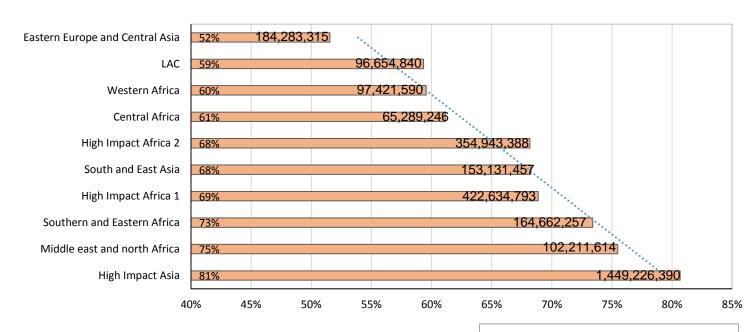
TB absorption rates compared to other disease components in regions



Source: Global Fund data

# Active TB grants absorption rates by regions:



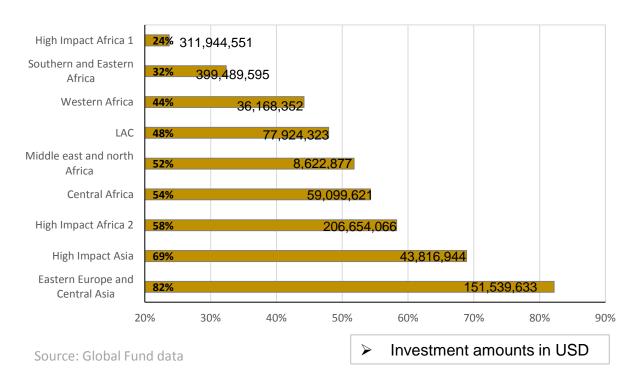


Source: Global Fund Data

Investments amounts in USD

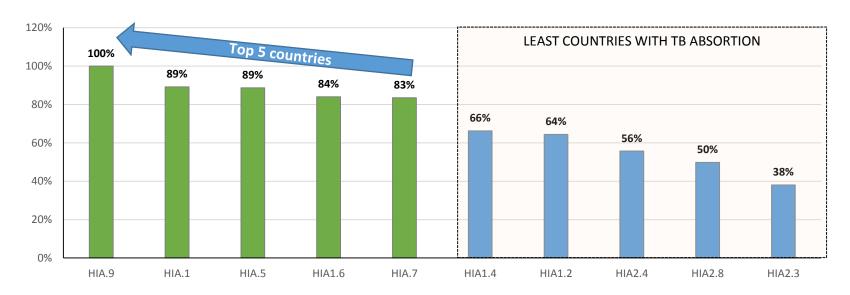
### Active **HIV/TB** grants absorption rates by regions:

Regional HIV/TB absorption rates(%)



## Top 5 and least 5 countries with TB absorption rates (HI) (%)

TB absorption rates (%) in high impact countries

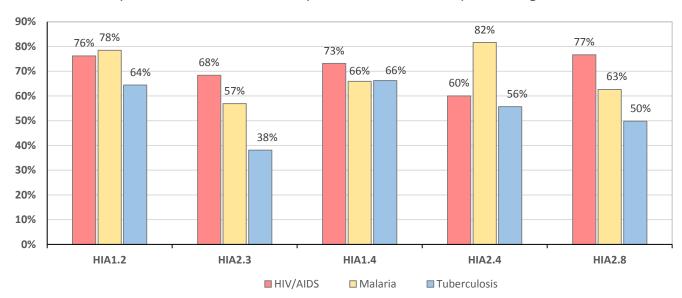


Source: Global Fund Data

#### ¾ of the TB active investments are in the high impact countries

# Comparing TB absorption with other disease components in least performing countries

Absorption rates of disease components in 5 TB least performing countries



Source: Global Fund data

#### Permanent Secretaries and NTP Managers from HIA2; Nairobi, Feb,2017



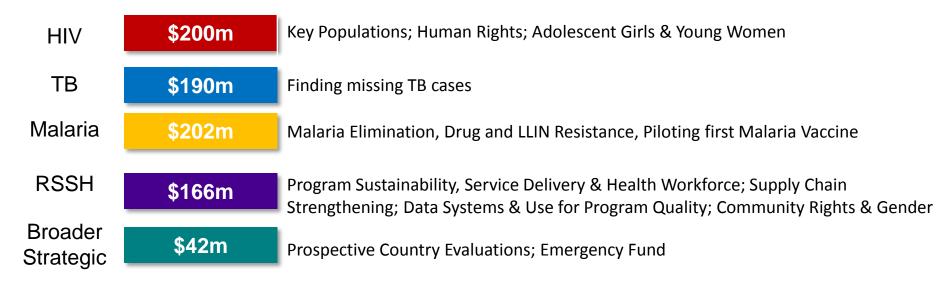
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## Follow-up action tracker on absorption

Country	Grant Component	Grant Amount signed	Percentage disbursed to signed amounts (%)			Priority action points	
			Dec. 2016	Sept. 2017 target	June 2017	7	
HIA2.3	ТВ	40.6mill USD	33%	63%		• Planning	
	TB/HIV	63.7mill USD	42%	72%			
HIA2.4	ТВ	21.4mill USD	56%	86%		Issues/Forecasting Issues	
	TB/HIV	40.6mill USD	44%	74%		7	
HIA2.5	ТВ	21.7mill USD	39%	69%		• Coordination/Process	
	TB/HIV	21.4mill USD	42%	72%			
HIA2.6	TB/HIV	21.7mill USD	46%	76%		• Funding Issues	
HIA2.1	ТВ	58.2mill USD	63%	93%		• Infrastructure	
HIA2.2	ТВ	63.7mill USD	45%	75%			
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HIA2.8	ТВ	38.8mill USD	48%	78%		<ul> <li>Partnership Issues</li> </ul>	

Catalytic Funding

## Overview of Board-approved Catalytic Investments 2017-2019



Illustrative Modality	Total Funding (US\$ m)	% of Funding
Matching Funds	356	44.5%
Multi-County Proposals	272	34.0%
Strategic Initiatives	172	21.5%
Total	800	

~ 80% directly to country programs

# Matching Funds - Strategic Priorities

HIV

- Scale-up of evidence-informed HIV programs for key populations
- Removing human rights barriers to access to HIV services
- Addressing HIV amongst adolescent girls and young women

TB

Finding missing TB and drug-resistant TB cases

**RSSH** 

- Integration of service delivery and improvement of health workforce
- Improving data systems, generation and use

Malaria

Catalyzing market entry of new long-lasting insecticidal nets

Allocation letter specifies strategic priority area(s) and matching funds available

# **TB Catalytic Matching Funding**

No.	Country	Matching Funding (US\$ million)	Allocation (US\$ million)	Submission window
	1Bangladesh	12	97.93	W1
	2DRC	10	56.65	W1
	3 Indonesia	15	102.41	W2
	4Myanmar	10	82.94	W2
	5Nigeria	14	107.49	W2
	6Pakistan	13	130.16	W2
	7 Philippines	10	78.54	W1
	8 South Africa	6	35.59	W4
	9Tanzania	6	25.84	W2
	10 Ukraine	7	48.64	W2
	11 Kenya	6	45.50	W2
	12Mozambique	6	45.12	W2
	Total	115	856.81 (47%)	
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# TB Strategic Initiative-US\$10 million

- The main objective of catalytic strategic initiative is to address barriers and apply innovative practical approaches and tools to accelerate progress towards finding the missed TB cases
- The focus is 12 catalytic matching funding countries with additional impact in priority 14 countries and support to a regional initiative in West and Central Africa
- Overall SI will catalyze impact in 26 countries with 83% of missing cases globally and expected XXX additional cases by 2019
- Discussion on-going with WHO and Stop TB Partnership on specific activities, performance framework and measurable impact

# Strategic Initiative: Global Impact Counties

				Allocation (US\$	
	Incidence	Cases	Missing cases	million)	Submission
1 India	2,840,000	1,740,435	1,099,565	279.92	W2
2 Vietnam	128,000	102,676	25,324	47.28	W2
3 Thailand	117,000	66179	50,821	13.00	W2
4 Cambodia	59,000	35,638	23,362	13.81	W2
5 Ethiopia	191,000	137,960	53,040	51.59	W2
6 Uganda	79,000	43,736	35,264	21.10	W1
7 Zambia	63,000	41,588	21,412	10.00	W2
8 Zimbabwe	38,000	28,225	9,775	23.77	W1
9 Cote D'Ivoire	36,000	22,879	13,121	13.60	W1
10 Ghana	44,000	14,999	29,001	16.00	W2
11 Sudan	35,000	20,006	14,994	12.26	W1
12 Madagascar	57,000	29,939	27,061	9.30	W1 (F)
13 Malawi	33,000	17,104	15,896	9.00	W1
14 Cameroon	49,000	26,570	22,430	10.59	W3
			1,441,066	531.22	

#### Thank you!

#### **Questions?**