



Meeting Report

SECURING THE FINANCES TO SAVE LIVES IN AFRICA FROM **TUBERCULOSIS**

TICAD8 Official Side Event
Friday 26 August 2022 12:00-13:30 PM CEST

Stop TB Partnership



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THE STOP TB PARTNERSHIP

Global Health Campus, Chemin du Pommier 40

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<https://www.stoptb.org/>

You can watch the recording of this webinar at:

[TICAD 8 Official Side Event | Stop TB Partnership](#)

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Executive summary

The Stop TB Partnership, in collaboration with the Health, Nutrition and Population Global Practice of the World Bank, convened a side event on *Securing the finances to save lives in Africa from Tuberculosis* during the Tokyo International Conference on African Development (TICAD). The online event was held on 26 August 2022, with about 100 participants in attendance. The panel-led discussion examined key issues relating to financing of TB response in Africa from different perspectives and how to mobilize domestic financing to implement the [Global Plan to End TB 2023-2030](#). The multidisciplinary team of discussants represented the ministries of health, the World Bank Group, the Government of Japan, World Health Organization, the African Union Commission, nongovernment organizations, and Stop TB Partnership.

Discussants in the side event made the following key recommendations:

- African governments should substantially increase domestic financing for TB response. In many countries the highest contributions to the TB response currently come from the Global Fund and it is insufficient.
- Country TB responses need to be ambitious with the full expression of financial resources needed to end TB. The Global Plan to end TB 2023-2030 has identified priority actions and resources needed to end TB, including in Africa. The Global Plan as well as the work done by the Copenhagen Consensus Group shows that investing on TB gives one of the highest returns on investments.
- There is an urgent need for extensive awareness, clear and convincing messaging, and advocacy to the finance ministries, finance ministers, the private sector, philanthropies that investing in TB is one of the most cost-effective ways to save human lives and obtain the best economic, social, and environmental impacts. It is important to let these key stakeholders know that in African countries TB is more deadly than HIV and COVID-19. Awareness and advocacy efforts should seek to give TB prominence and priority attention as for other diseases like HIV and malaria. Supporting countries to develop their messages using available evidence and engaging the media at country level will go a long way in increasing awareness and visibility, including political visibility, of the TB issues and mobilize finances.
- There are many guidance documents and tools on TB such as the WHO prevention, diagnosis, and treatment guidelines; the African Union scorecard; the common African position on TB; the outcomes of the United Nations High-level Meeting; and the catalytic framework to end AIDS, TB, and malaria. However, many of the stakeholders are not aware of the existence of these documents and tools. It is important to create awareness about the documents and tools among the health ministers, permanent secretaries, TB community, service providers, and program managers and build their capacity to adopt, engage and use them for response, advocacy, and other purposes.
- Meaningful involvement of the people affected by TB is very important so they can push the response agenda. Engaging and empowering the TB community and civil society in a coordinated manner is very critical in creating demand for services as well as mobilizing them to champion advocacy around domestic financing and monitoring progress.

- Foster communication and cooperation between the ministries of health and the ministries of finance, as well as with other stakeholders outside the TB community such as philanthropists and the private sector on TB issues.
- Make TB part of larger initiatives such as Universal Health Coverage (UHC) and Pandemic Preparedness and Response.
- Explore other funding opportunities and possibilities with the World Bank, other development banks, philanthropists and philanthropic organizations, and the private sector. Example is the innovative financing (loan buy-down) of the World Bank in collaboration with the Global Fund currently being implemented in India and some other countries.
- Support countries in estimating their TB response needs. For example, Uganda highlighted their inability to adequately cost their response needs. When countries have a good costed plans, it would be easier for them to estimate their financing needs and advocate for funding.

Speakers and Panelists



Dr Lucica Ditiu
Executive Director
Stop TB Partnership



Dr Amit Dar
Regional Director for Africa
Human Development Practice
Group, World Bank Group



Dr Sahu Suvanand
Deputy Executive Director
Stop TB Partnership



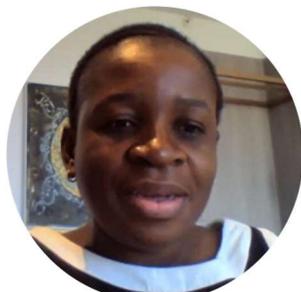
Dr Paula Fujiwara
Chair, Task Force of the Global
Plan to end TB 2023–2030



Dr Chukwuma Anyaie
Director and National Coordinator, NTBLCP
Federal Ministry of Health, Nigeria



Dr Hajime Inoue
Advisor, Health, Nutrition and
Population, The World Bank



Dr Sheila Shawa-Musonda
Senior Technical Specialist, Humanitarian
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Bjørn Lomborg
President
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Dr Eiji Hinoshita
Assistant Minister for Global Health
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Dr Frank Lule
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Dr Ikuo Takizawa
Senior Deputy Director-General and
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Dr Stavia Turyahabwe
Assistant Commissioner, TB/Leprosy
Control Division, Ministry of Health,
Uganda



Dr Obiefuna Austin Arinze
Vice-Chair, STBP Board &
Executive Director, Afro
Global Alliance, Ghana

Background

Although tuberculosis (TB) is preventable and treatable, 2.5 million people get ill and 550 000 die (22.5% mortality) of TB in Africa every year. Inadequate funding is one of the biggest challenges to the prevention, diagnosis, and treatment of TB in the continent. The Stop TB Partnership, with its over 2000 partners from across the globe, has been supporting actions at various levels to eliminate TB as a public health problem by 2030. The Stop TB Partnership, in its [Global Plan to End TB 2023-2030](#) launched in July 2022, plans to help countries mobilize nearly US\$210 billion in TB care and prevention globally, including nearly US\$58 billion in Africa, between 2023 and 2030.

On 26 August 2022, the Stop TB Partnership convened a side event themed *Securing the finances to save lives in Africa from Tuberculosis* during the Tokyo International Conference on African Development (TICAD), in partnership with the Health, Nutrition and Population Global Practice of the World Bank. TICAD is an open and inclusive forum that brings together African countries and development partners, including international and regional organizations, donors, Asian countries, the private sector, and civil society organizations involved in Africa's development. Speakers and panelists during the side event discussed and offered recommendations on how to close the funding gap in TB response in Africa through engagement of the different partners to mobilise additional resources needed for greater impact.

Opening

Speakers

Dr Lucica Ditiu, Executive Director, Stop TB Partnership

Dr Amit Dar, Regional Director for Africa, Human Development Practice Group, World Bank Group

Moderator

Dr Sahu Suvanand, Deputy Executive Director, Stop TB Partnership

Dr Sahu Suvanand

Dr Suvanand welcomed the participants and said the side event was co-organized by Stop TB Partnership and the World Bank Group to identify solutions to the funding challenge to TB prevention, diagnosis, and treatment in Africa.



Dr Lucica Ditiu

Dr Ditiu thanked the World Bank Group, co-host of the side event, the panelists, and all participants. She said the TICAD meeting has been a reference point for engagement between Africa and the Government of Japan. She noted that many African governments seem to be oblivious of tuberculosis or are not taking it as a serious issue in spite of the fact that in several countries, it kills more people than HIV, or HIV and malaria combined. TB is severely underfunded globally because of the limited attention it gets and this

should be a cause for concern. In most African countries, there is currently very little contribution of domestic resources to TB response. Most African governments provide less than 10% of the money needed to fight and end TB in their countries, and they over-rely on donor contributions, hence the huge funding gap. This has consequences for the sustainability of investments made over the years. This side event was organized to discuss how the funding issue can be genuinely and honestly addressed.



Dr Amit Dar

Our attention over the last three years has been focused on the COVID-19 pandemic, however, there are many other threats to global health and TB is one of them. Although a lot of progress has been made in reducing TB over the last decades, and TB incidence and deaths in many high-burden countries in Africa have decreased, the pandemic threatens to reverse this progress. The WHO estimates that in 2020, only 5.8 million of 10 million TB cases worldwide were diagnosed and notified, an 18% drop from 2019 figures. And for the first

time, the number of TB deaths increased. This is a very big concern, because limited access to care and treatment, including for multidrug resistant TB, will accelerate transmission rates. Many of the problems being experienced are due to limited finances.

The effect of the pandemic on TB incidence and mortality may be exacerbated in the medium- to long-term. Some studies have estimated increases of new latent TB infections of about 23% new active infections and TB related deaths of over 20% over the next five years. The global TB targets are unfortunately not on track partly because of COVID-19, therefore, actions to mitigate and reverse these impacts are needed very urgently. We need to act very fast in Africa.

The World Bank Group continues to play a role in the TB response, working with partners and governments to strengthen prevention, detection, and treatment, especially where the disease is most prevalent. For example, working with partners in recent years, the World Bank has enabled the development of optimal TB, a tool that gives national decision-makers a better understanding of the burden of TB in their countries, and how they can use their resources more effectively to tackle TB. This tool has been helpful not just to health officials but also to the ministries of finance, who are always looking for ways to make spending more efficient, and the Bank will do more to advance the use of this tool. The Bank is working across countries, with governments and other partners, to strengthen health systems, and this has allowed countries to achieve economies of scale and respond to a range of health threats. The World Bank is trying to pursue this agenda through projects in Africa and in countries where TB incidence is high. TB is preventable and curable, but it affects about one-quarter of the world's population. We all need to be equally committed, to see this as a global challenge and a global struggle, and get the TB agenda fully back on track. In Africa, TB could become another major problem if not tackled adequately.

Special session: How much will it cost to end TB in Africa?

Speaker

Dr Paula Fujiwara, Chair, Task Force of the Global Plan to end TB 2023–2030

Moderator

Dr Sahu Suvanand, Deputy Executive Director, Stop TB Partnership



Dr Paula Fujiwara

Dr Fujiwara spoke on how to end TB in Africa using statistics, finances, and some practical interventions based on the global plan.

The [Global Plan to End TB 2023-2030](#), a costed plan, was launched in July 2022. It is an advocacy tool to inform decision-making and linked to the Sustainable Development Goals (SDGs). It will be used for the high-level meeting on TB next year, the Global Fund replenishment meeting next month, and it is an important tool for the G20s. For the first time the plan includes a TB vaccine (Annex 2, Slide 3).

TB interventions offer great returns on investment. Based on the modeling used for the global plan, for every dollar invested until 2050 there will be a US\$40 return. The return will be greater (US\$59 for every dollar) for the low- and lower middle-income countries (Annex 2, Slide 3). About US\$250 billion is needed to implement the global plan in the next eight years, most of which will be for TB prevention and care. About US\$53 billion is needed for TB vaccination, which is expected to begin in 2026, as the vaccine is expected to be available by 2025. Research and development (R&D) for new tools will continue, and if we exclude R&D, Africa will need just over a quarter of this budget (Annex 2, Slide 5).

Basically, everyone with TB will be diagnosed, there will be focus on the high-risk as well as the key and vulnerable populations so that at least 50 million people, including 4.7 million children, can access treatment. At least 35 million people with drug-resistant TB will be able to access TB preventive therapy and there will be at least one TB vaccine for widespread use. Compared to 2015, there will be 80% decrease in the number of people with TB and 80% decrease in deaths (Annex 2, Slide 6).

Globally, we need to increase prevention among adults and children, and especially among people living with HIV/AIDS in Africa (Annex 2, Slide 7). Looking at the National TB budget in Africa, domestic funding for TB was only 22% as of 2021, and over 50% of the TB response will remain unfunded in the current budget if nothing is done. This is a huge concern (Annex 2, Slide 8).

What then can be done? Using Kenya as an example, to end TB, Kenya needs better TB diagnostics, which will form a substantial part of its budget for the next eight years. We need to identify people who have TB already, people with symptoms, and this means we need to do more active case finding and increase the demand for existing services. Kenya is already looking for more people with TB by looking

for subclinical TB, people without symptoms. These people can be identified, for example, by x-ray (Annex 2, Slide 9).

One key issue for Africa is preventive treatment for the key and vulnerable populations, especially the HIV positive, therefore, vaccination will be very useful. However, if we do preventive treatment in Africa, mass vaccination with the new TB vaccine will not have to be full-scale, maybe around 40% of the population will need to be vaccinated. Where will we get this money? Domestic budget has to be increased. The Global Fund is the biggest external source of funding for TB, but their funding is insufficient. TB gets only about 18% of the Global Fund resources. So, we will need the World Bank loan and consider private sector financing, high net worth individuals, social health insurance schemes in countries, other external funding beyond the Global Fund. For example, the Global Fund does not provide money for research, therefore, research funding should come increasingly from governments and all other sources like philanthropy, the private sector, and other innovative forms of financing (Annex 2, Slide 10).

In 2018, at the TB high-level meeting, there was a message for the ministers and heads of state to treat all people with TB well, to use new tools, to make the investment, and keep their promises. We will need this message also for the next eight years as we move towards the end of the SDGs (Annex 2, Slide 11).

Interactive panel discussion

Panelists

1. Dr Stavia Turyahabwe, Assistant Commissioner, TB/Leprosy Control Division, Ministry of Health, Uganda
2. Dr Bjørn Lomborg, President, Copenhagen Consensus Center
3. Dr Chukwuma Anyaike, Director and National Coordinator, National Tuberculosis, Leprosy and Buruli Ulcer Control Programme, Federal Ministry of Health, Nigeria
4. Dr Hajime Inoue, Advisor, Health, Nutrition and Population, The World Bank
5. Dr Frank Lule, Team Lead, HIV, TB and Hepatitis, WHO/AFRO
6. Dr Sheila Shawa-Musonda, Senior Technical Specialist, Humanitarian Affairs and Social Development, African Union Commission
7. Dr Obiefuna Austin Arinze, Vice-Chair, STBP Board & Executive Director, Afro Global Alliance, Ghana

Moderator

Dr Lucica Ditiu, Executive Director, Stop TB Partnership



Dr Stavia Turyahabwe

Uganda is one of the TB and TB/HIV high-burden countries. Substantive resources are required to achieve this in the context of the global plan. Using the One Health tool, we could only cost activities that have been well-know and we estimated that up to US\$275 million would be needed for five years. However, based on the global plan, close to US\$700 million would be needed to address the TB problem in Uganda. Therefore, there is a challenge in Uganda's costing and the funding gap is huge.

One of the challenges Uganda is facing in mobilizing resources is the inability to quantify the actual need, and this makes it difficult to know how much investment is needed in the country to meet the end TB targets. In its costing, the country attempted to highlight interventions that were thought to be highly effective and impactful. Most of the funding for TB relates to case identification, which is good, because once we can identify and treat the infectious cases, we would be on the road to end TB. We however need more guidance on funding estimation.

The other challenge is that there are no specific funds for Uganda to lay hands on at the Global Fund for TB identification. There is no investment in research as a country. When there is a good plan, advocacy becomes easier. We are working on this but we would want more support on our costing so we can develop an investment case that clearly shows what we need.



Bjorn Lomborg

I work with more than 300 of the world's top economists and more than seven Nobel laureates in economics, trying to find where to spend US\$1, or shilling, or a rupee, or whatever currency and deliver optimal results. There are some incredibly effective things that could have a huge impact for the world. What we found in many countries is that, consistently, investment in TB response is one of the best investments. Therefore, if we are looking for where to spend extra money and make improvements on the social, economic, and environmental impact, it is TB response. If we spend money on those simple things, like making sure that people stay on their regimen, that they get diagnosed, and that they get treated, we would be delivering one of the highest returns on the dollar, rupee, shilling, or any currency. Investment in TB response is an incredibly good investment, not just for the world, but for every government. Our experience in India, Ghana, Malawi, Bangladesh, and many other places systematically proves this to be true.

How then should people around the world take up this information? The important part is we often get wrapped up in our own little world, convincing each other within the TB community that TB is a great investment and that it is something the world should be focusing on. However, we must convince everyone else, especially the finance ministries and finance ministers, who dole out money from the public budget. We must recognize that other groups also approach them on their own issues. When you go to the finance ministry or finance minister, you should tell them about the Copenhagen Consensus analysis, letting them know that this is what we found consistently and globally, with some of the world's best economists looking across a vast range of areas, that investing in TB is one of the most cost-effective ways to save human lives and obtain the best economic, social, and environmental impacts. We basically look at these three, but main impact from TB is on the social benefits, making sure people don't die, and that they can continue to be productive. What we found is that every dollar or rupee or shilling works in the same way. Every dollar spent will deliver US\$43 of social benefit. In some countries, for instance, in Rajasthan, in India, we found that every rupee spent can deliver up to 180 rupees back. This kind of messaging can convince the finance ministries, the prime ministers, the presidents, and many people who are not normally in the TB field. And I would love to help anyone who needs to push such conversation.

Dr Lucica Ditiu

This gives us a lot of hope, how to tailor our message with evidence, this kind of argument is needed at country level. After an amazing mission we had in Nigeria, we promised to help the Nigerian government and especially the TB program. The program manager and partners have requested support in developing a strong investment case tailored for Nigeria. We will obviously work together to support countries like Nigeria.



Dr Chukwuma Anyaike

With the support of Stop TB Partnership, we will be able to make some advocacy visits to the major stakeholders. To close our funding gap in Nigeria, we brought together all the technology majors. We know that the minister of finance is key in terms of understanding the problems we have on TB. Most finance ministers do not know the TB model and the need to make a special

case for TB. After our mission, we will be able to let them know that we already have a product, and that the country's 70% financial gap has to be filled if we must be on track towards ending TB in the country. After meeting with the minister, we went to the governor's forum where activities of the governors are coordinated. At the moment, funding comes mainly from the federal and state governments. We have approached the coordinator of the governors forum, who promised to allow us speak to the governors whenever they have their meeting. We need to give them accurate data to let them know that there is a problem. From there we went to the Lagos State governor, who has promised to support the fight against TB in the state. Lagos is one of the biggest cities in Nigeria.

We strongly hope that we will be able to change the narrative in terms of domestic funding for Nigeria. We have to speak to the public sector, because we realize that 60% of Nigerians first go to the private health facilities and to the private care homes. The government may not be able to fill all the financial gaps. We have noticed that we are lacking in awareness creation, letting people know that tuberculosis is being left behind of all the killer diseases. The disease is being downplayed. In terms of mortality and morbidity, TB is more deadly than HIV, and even the COVID-19. We have resolved as a nation to tackle these needs strategically, while increasing awareness. We will use data, because data speaks for itself, to let people know that TB is a problem. We will speak to the stakeholders, the media, the public, the private sector, and the minister of finance, that with increased funding for TB, we will be able to make a huge impact in the country.

We have not forgotten the global push towards integration of services. The first thing is to work on strengthening the health systems. To improve on health care financing in the country, we have established the basic health care fund, which will consolidate 1% of funds from the country, and we hope to include TB among the diseases the fund covers.



Dr Hajime Inoue

The World Bank is happy to be a part of the TB work. The World Bank provides financing disbursements in two ways. One is the International Bank for Reconstruction and Development (IBRD) and the International Development Association (IDAB). IBRD provides market waiver loans while IDAB provides grants and low-interest loans to low-income countries. One of the strengths of the bank's TB financing is its multisectoral approach such as the support to TB response in the mining sector in southern Africa. Mine workers in the southern

African region have the highest incidence rates of TB among the working populations globally. The Government of South Africa is committed to supporting a socially inclusive approach that expands opportunities in the mining sector and characterized by equality, partnership, a shared vision, and collaboration. Within this context, the government has pursued a range of innovative partnerships with public and private entities across the region to reduce the vulnerability of mine workers to TB. Each country has a different need in a different context and different possibilities of innovative financing. The World Bank is happy to discuss the different combinations of available tools that can be deployed locally at country level.



Dr Frank Lule

This special side event x-rays the issue of TB, which is a problem in the African region, to which we must find appropriate solutions. Sometimes it seems we do not see that urgency to address the problem. It is at events like this that we need to push and find solutions. There are major barriers we face regarding the WHO guidelines and recommendations, the prevention, diagnosis, and treatment guidelines. The first barrier is lack of awareness, both technical and political awareness. We need to address the political

audience, not only at the highest level, but within our households, in communities, the civil society, the private sector, and other sectors than health. That awareness is what will give us the motion needed to implement the wonderful recommendations that we are making to countries.

Another barrier is delay. We have been having evidence-based guidelines and we know they work very well, but adoption and indeed implementation take a long time. We are working on that with national TB program managers to make sure that there is more rapid adaptation and implementation. There is also limited capacity in countries to implement the WHO guidelines. Financing is another barrier. International financing is the largest source of funding for TB in Africa. We have to work with communities, governments, stakeholders, and partners to improve domestic TB funding. We have wonderful documents, but many times they remain on the shelves. One other barrier we have witnessed in the past two years is the issue of disruptions due to the weak systems. Our health systems are not resilient enough to keep the programs moving, therefore, we have lost the gains of the TB response.

How can TB benefit from the finances available for other larger initiatives led by WHO, for example, the Universal Health Coverage, the recent one on pandemic preparedness and response, and antimicrobial resistance (AMR)?

Dr Frank Lule

The quick answer is to bring TB out of isolation. We need to look at the TB response in a broader sense, we should look at it as a component of the essential package for UHC. If we have our costed national strategic plans as components of the broader health sector plan, we should be able to capture budget funding for TB response. We can take that further in the medium-term expenditure frameworks because that is what will appeal to the ministries of finance. In this way, we should be able to capture TB in the broader initiatives. For example, you cannot support the AMR agenda without addressing multidrug-resistant TB (MDR-TB) and extensively drug-resistant TB (XDR-TB). We have been working with MDR colleagues to make sure that all the AMR plans include TB. The TB community needs to get out of the silo and integrated in a broader sense, using a systems lens, and making sure that UHC includes TB. One good thing is that the major UHC key performance indicators also include TB indicators. We must work together to achieve these targets. However, this can only happen when funding is adequate.

We must mobilize political visibility for TB in all our countries and push the investment agenda using the language that finance colleagues and politicians understand. Meaningful involvement of the people affected by TB is very important so they can push the agenda, holding their politicians accountable.

How important is the agenda of ending TB in the African continent? What opportunities do you see within the African Union meetings and activities to highlight TB or increase political commitment? The African Union has a scorecard for heads of state for TB, what has been the experience so far of using the scorecard to mobilize commitment of heads of states in Africa and what is the plan?



Dr Sheila Shawa

TB is one of the commitments that African heads of state have prioritized, and this is the highest level of political commitment that we have. This can be seen in the declarations, decisions, and frameworks that the heads of state endorsed and committed to at the famous Abuja 2021. We have the common African position on TB; the outcomes of the United Nations High-level Meeting; and the catalytic framework to end AIDS, TB and malaria, which now has their budget declarations. They have developed strategic approaches of activities and interventions that countries should implement to have a healthy Africa by 2030, including the Africa health strategy and Agenda 2063. There is commitment on paper, but we need to create awareness and advocate for implementation at country level. These are high-level commitments and country-level managers need to be aware of them.

We need a multisectoral and coordinated approach. The issue should be addressed at the ministerial level, at the program manager level, by other ministries, the ministry of finance, ministry of local governments, and at district, provincial and community levels. An understanding of what the leaders have committed to in terms of ending TB will make it easier for people to collaborate and implement the interventions. The African Union Commission is trying to create awareness about those commitments among Member States, we are working with partners to ensure that the message gets to the relevant stakeholders. After the heads of state have committed to the frameworks, there is a need for integrated approach involving the different sectors.

We want government to play a role, but we know that government cannot do everything, therefore, we are promoting engagement with the private sector, nongovernment organizations, civil society organizations and communities so we can have a common understanding and common interventions to end TB. We have been advocating for investment and domestic resource allocation to health, and particularly TB. We are calling on the development banks because they play a critical role in working with governments in a coordinated way towards addressing health on the continent. We have noticed that TB has been swallowed up by other initiatives like the ones for malaria and HIV. We are developing a concept of an annual meeting that will be to discuss just TB, as we have seen happening for malaria. Currently we have a TB agenda as part of the regional committee meetings and we are trying to ensure that at every meeting about health issues, we have either a side event or an initiative that will focus on TB alone. This will help mobilize the visibility that other diseases have gained.

We have been producing a scorecard every year since 2018 and the beauty of the scorecard is that it creates visibility on how Member States perform in addressing TB at national level. It highlights progress, and countries can compare their performances in addressing TB. This has been effective; it has helped capture the catastrophic costs and it includes an indicator on domestic financing to show country commitments. At the beginning only seven countries reported TB financing, and apart from two countries, financing levels were low, most countries were below 20%. However, from 2018, we have seen more than 50 countries financing the TB program domestically, seven countries are financing

about 70% of the national TB programs and about 10 are doing more than 50%. Over 60% of the countries now allocate some funds for TB. We know this is not sufficient, but at least we can track progress and know what more to do. We need to engage the ministries of finance and other relevant ministries to make a case for domestic financing and we must ensure that country level data is captured.

The World Bank has an arrangement with the Global Fund for innovative financing, blended loan, and grant financing. We have seen the joint World Bank and Global Fund funding arrangement for TB in India, and it is being planned for Indonesia and other Asian countries. What should African countries do to benefit from similar innovative financing from the World Bank?

Dr Hajime Inoue

The World Bank and the Government of India signed a loan agreement of about US\$400 million in 2019 for the elimination of TB through a strategic partnership with the Global Fund, which is providing US\$40.6 million as down-payment for the loan. The Bill and Melinda Gates Foundation is financing independent verification of the results and providing technical support to scale-up private sector engagement. This is the kind of cooperation and innovative financing envisioned in the WHO national priority program strategy. Recently, the Global Fund and World Bank signed multiple innovative financing agreements not only in Thailand and India, but also in other countries, including the Democratic Republic of Congo, Indonesia, and Sri Lanka. The framework agreement is expected to reduce transaction costs and lays the foundation for a deeper partnership that will increase impact. These innovative financing mechanisms complement the funding by Global Fund and the World Bank and amplify domestic health financing. There is opportunity for other African countries to participate in these innovative financing and we are very happy to discuss with each country.

What have been the challenges and successes in the role of civil society and TB affected communities in Africa in demanding for better TB services? What role can board members play in mobilizing additional resources for TB?



Dr Obiefuna Austin

There is a lot of information on what the civil society has been doing, but the most important resource for us to look at is where is the evidence in terms of how to engage the civil society. We have a lot of evidence coming from the community, on gender activities that are being implemented in many countries. In Africa, we talk about the community, rights and gender assessment, the TB assessment, and the community lead monitoring. Some countries are implementing part two of the lead monitoring and it gives real data on what is happening in South African communities so you can make informed decision. The role of the civil society has been very critical in creating demand for services, but we have not reached the desired milestone. To engage people, the people have to be organized, they have to be mobilized and empowered, and given the appropriate resources. TB is marginalized in the civil society, unlike diseases like HIV. We need to have a strong commitment because the challenge has always been how to continue to empower civil society. We must ensure that civil society is well-organized to champion advocacy around domestic financing. Some partnerships are doing well on this, creating strong networks like the Africa Coalition on TB, which does a lot of advocacies around resource mobilization. The Global Fund may not give all the leverage needed in terms of what we need to be able to end TB

because the global plan to end TB is huge and has a lot of resource gap. However, if we can finance the global plan to end TB we should be heading somewhere, and this is why we need strong domestic resource mobilization. The board members are all advocates for a fully funded global plan to end TB, not just for the Stop TB Partnership secretariat, but for the countries.

Special comments

Speaker

Dr Ikuo Takizawa, Senior Deputy Director-General and Senior Director, Office of COVID-19 Response, Human Development Department, Japan International Cooperation Agency (JICA)



Traditionally, JICA's contribution to TB control was mainly through technical cooperation for sustainable capacity development, and many African countries benefited from training in Japan, or technical support by Japanese experts, especially in the area of laboratory strengthening in sputum smearing. However, recently, we are increasingly applying concessional loan to health sector assistance. Specifically, we are extending policy loans to support policy reforms towards UHC in African countries, such as Kenya, Senegal, and Cote d'Ivoire. Although the disbursements are linked to specific policy actions to promote UHC, the fund is extended as a general budget support. Therefore, it allows the recipient to have control over how the money is spent. We make sure that there is good communication and cooperation between the ministry of finance, which is the principal recipient of the fund, and the ministry of health, which is mainly responsible for the policy actions. Engaging the Ministry of Finance in national UHC discourse is one of our aims in using policy loan as an instrument to promote UHC. We hope that health, especially TB, is prioritized in the internal budget processes of recipients. Japan's history of UHC development dates back to the 1950s and 60s, the burden of TB was very high, and it was directly financed from tax instead of the universal health insurance scheme, which was new and financially fragile. Similarly, it may make sense to finance TB and other diseases with significant financial contribution from donors while health financing schemes are being developed in African countries, but this has to be a temporary solution. African countries should take the responsibility of financing TB and other essential health programs from their own resources. We hope our technical and financial support towards UHC will help partner countries to build robust and sustainable health financing schemes that also cover TB programs.

Closing

Speaker

Dr Eiji Hinoshita, Assistant Minister for Global Health and Welfare, Ministry of Health, Labour and Welfare, Japan

Moderator

Dr Sahu Suvanand, Deputy Executive Director, Stop TB Partnership



Dr Eiji Hinoshita

Dr Hinoshita thanked the moderators, speakers, and participants for their significant contributions to the discussion. He spoke on Japan's history of addressing TB and Japan's contributions to the global TB response. In the 1930s to 40s, TB infected many Japanese citizens and became the number one cause of death. Japan's TB prevention law was legislated in 1951 and based on the law, the government established a TB screening and treatment program all over the country, followed by the registration and management of TB patients.

These interventions contributed to the remarkable reduction of TB patients by 10% annually, the fastest in the world at that time. The introduction of UHC by the national health insurance system, and allocation of public funds for TB treatment, greatly improved access to medical services and reduced the TB burden. TB expenditure was more than 25% of the overall health expenditure at that time and this was managed solely through domestic financing.

For over 50 years Japan has supported international TB countermeasures in Africa. Japan has continuously supported the Stop TB Partnership, including the provision of innovative diagnostic equipment and drugs to TB endemic countries. Japan particularly targets to reach and treat children with multidrug resistant TB and has supported R&D of medical supplies through several initiatives including the JICA Fund. As the Global Fund currently provides 77% of all international financing for TB, we look forward to the continued coordination between the Stop TB Partnership and the plan to lead the fight against TB at the global, regional, national, and community levels and enhance mitigation efforts to regain the loss of progress caused by COVID-19. We expect further leadership of the Stop TB Partnership, in coordination with the civil society and other partners, towards the UN high-level meeting on TB next year. Japan is continuously committed to taking the leading role in global health, including on TB and health system strengthening.



Dr Sahu Suvanand

This meeting focused on a serious subject, the 550,000 people dying in Africa every year of a disease that is preventable, can be diagnosed, and can be treated up to cure. It is now upon us as partners to ensure that adequate funding is provided to prevent a disaster from happening. We heard the perspectives of the countries, how they do their budgets and how they don't have enough funds. We heard the perspectives of the World Bank about the

available financial instruments, we heard the perspectives of the WHO and the African Union on political engagement. We heard from the Copenhagen Consensus Think Tank Group, how investment in TB response is a smart investment. We have heard the perspectives of the Japanese government. Stop TB Partnership will continue to follow-up on this important issue of financing for TB in Africa.

Annexes

Annex 1: Agenda

TICAD8 official side-event: Securing the finances to save lives in Africa from Tuberculosis

Date: Friday 26 August 2022

Time: 12.00 pm CEST (UTC+2)/19.00 JST/06.00 EDT

Time (CEST)	Opening session MC: Suvanand Sahu, Deputy Executive Director, Stop TB Partnership
12.00 pm	Opening remarks <ul style="list-style-type: none"> Lucica Ditiu, Executive Director, Stop TB Partnership Amit Dar, Regional Director, Africa, Human Development Practice Group, the World Bank Group
12.15 pm	How much it costs to end TB? <ul style="list-style-type: none"> Paula Fujiwara, Chair, Task Force of the Global Plan to end TB 2023–2030 “Ending TB in Africa: Statistics, Finances, Interventions” Keynote speech <ul style="list-style-type: none"> H.E. Dr Osagie Emmanuel Ehanire, Federal Minister of Health, Nigeria
12.35 pm	Interactive panel discussion (50 mins) Moderator <ul style="list-style-type: none"> Lucica Ditiu, Executive Director, Stop TB Partnership Panelists <ul style="list-style-type: none"> Bjørn Lomborg, President, Copenhagen Consensus Center Turyahabwe Stavia, Assistant Commissioner-TB/ Leprosy Control Division, Ministry of Health, Uganda Hajime Inoue, Advisor, Health, Nutrition, and Population, WB Frank John Lule, HIV/TB and Hepatitis Team Lead, WHO Africa Region Sheila Shawa-Musonda, Senior Technical Specialist, Humanitarian Affairs and Social Development, AUC Obiefuna Austin Arinze, Vice Chair of STBP Board, Executive Director, Afro Global Alliance, Ghana Special comments <ul style="list-style-type: none"> Ikuo Takizawa, Senior Deputy Director General and Senior Director, Office of COVID-19 Response, Human Development Department, JICA Q&A
01.25 pm	Closing summaries <ul style="list-style-type: none"> Eiji Hinoshita, Assistant Minister for Global Health and Welfare, Ministry of Health, Labour and Welfare, Japan Sahu Suvanand, Deputy Executive Director, Stop TB Partnership

Annex 2: Presentation by Dr Paula Fujiwara – Ending TB in Africa: Statistics, Finances, Interventions

Stop TB Partnership

Ending TB in Africa: Statistics, Finances, Interventions

Paula I. Fujiwara MD, MPH

Chair, Task Force, Global Plan to End TB 2023-2030

TICAD8 Official Side Event

August 26, 2022

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hosted by
UNOPS



Stop TB Partnership

Outline

- Global Plan to End TB, 2023-2030
- TB brings value for money
- TB statistics for Africa
- Case example: Kenya
- Whither TB funding?

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Global Plan to End TB, 2023-2030

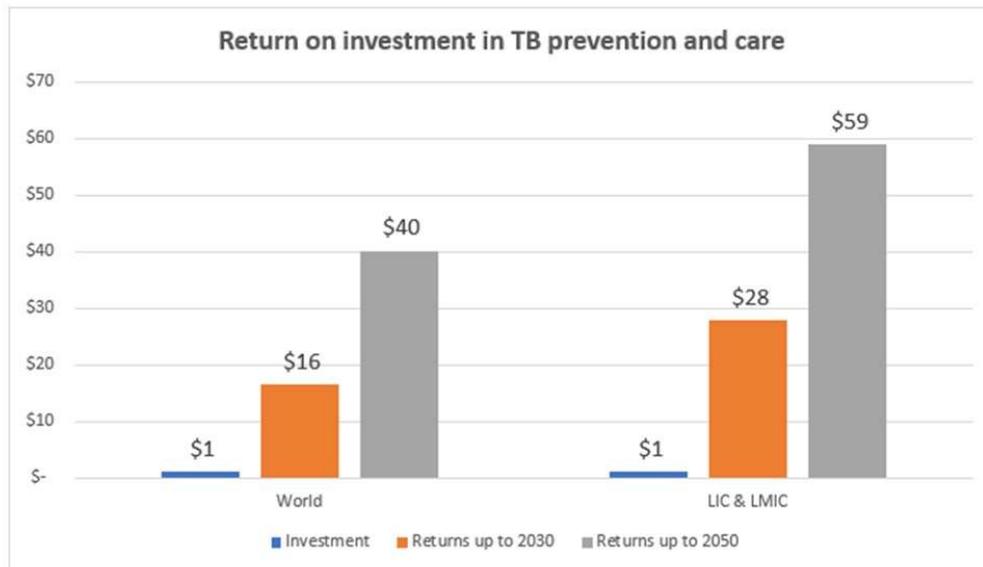
- Costed plan to end TB by 2030
- Linked to SDG
- Advocacy tool
 - UNHLM 2023
 - Global Fund replenishment
 - G20s (Indonesia, India, Brazil, South Africa)
 - Other opportunities
- TB vaccine included for first time



- On-line publication
- <https://omnibook.com/embedview/dc664b3a-14b4-4cc0-8042-ea8f27e902a6/en#panel-z-62ac>

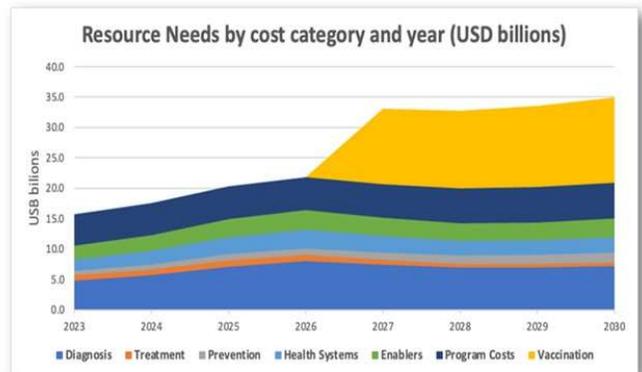
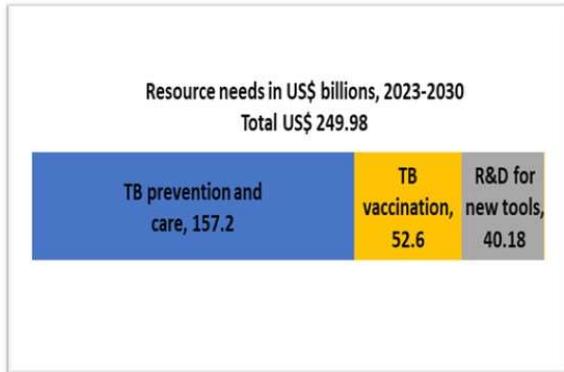
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TB brings a Long-Term Return on Investment



4

Resources Needed to End TB, 2023-2030



Africa 27.5%

US\$ 57.6/US\$ 209.8 global budget
(R&D budget excluded)

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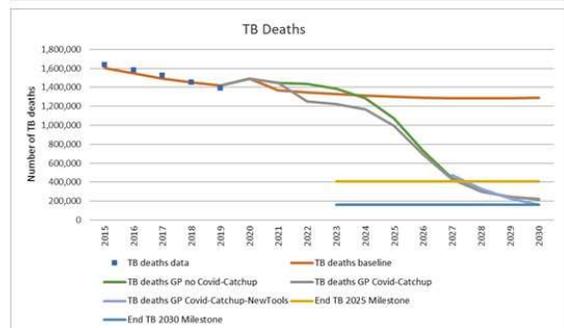
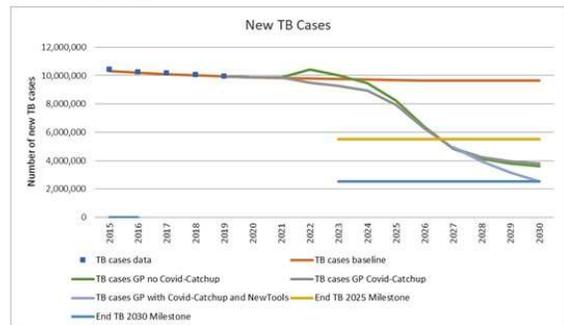
Projected Impact by 2030

- ≥95% diagnosed
- High-risk, key & vulnerable pops periodically screened
- 50M access treatment
 - 4.7M children
 - 2.2M with DR-TB
- 35M access TPT
- ≥1 TB vaccine for widespread use by 2026

Compared to 2015 baseline:

- 80% decline/100 000 pop
- 90% decline in deaths

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Global and African TB Statistics, 2023-2030

(Source: Global Plan, 2023-2030)

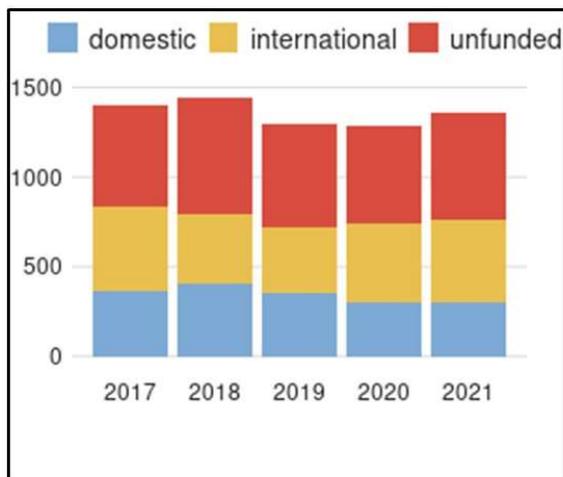
Category (millions)	Global	Africa Region	%
All Notified	50.7	11.2	22%
Children <15y notified	4.68	1.13	24%
MDR/RR (thousands)	2,225.70	290.1	13%
TB prevention, adults	20.8	5.9	28%
TB prevention, children <15y	7.65	3.2	42%
TB prevention, PLHIV	6.27	4.44	71%

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Africa Region Resource Needs for TB, 2017-2021

(Source: WHO Global TB Report, 2021)

National TB Budgets, 2017-2021, US\$ millions



2021

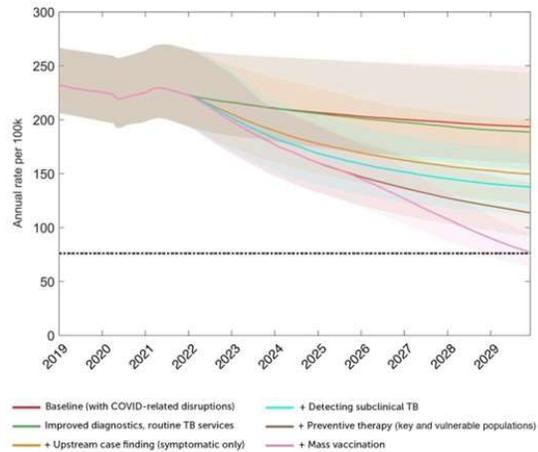
National TB budget, 2021 (US\$ millions)	1 354
- Funding source, domestic	22%
- Funding source, international	34%
- unfunded	44%
<u>595.8 US\$ million</u>	

Low- and middle-income countries only. Excludes funding for inpatient and outpatient care services for TB unless specifically tracked and reported by National TB Programmes.

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Key interventions to end TB in Kenya

- Better TB diagnostics
- Find the people **with** TB
 - ACF and incl. demand for existing services
- (Additional ACF of sub-clinical TB)
- Preventive treatment for key, vulnerable populations (esp HIV)
- Mass vaccination with new TB vaccine (33-40%)



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Potential sources of additional funding to end TB

- Domestic budget increases
- Global Fund important but insufficient; only 18% for TB. Full replenishment will increase %, but not substantially
- Loans, incl. blended loan & grants, loan buy downs, debt swaps and innovative financing
- Private sector financing, high net-worth individuals
- Social health insurance
- New external financing system beyond GF
- Research funding source – governments, philanthropy, private sector, innovative financing

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2018 TB UNHLM

Ministerial and Heads of State Message

Just 16 words:

**Treat All People with TB Well, Use New Tools.
Make the Investment, and Keep Your Promises.**