Implementation and Challenges of TB Grants in High Impact Africa

SMARTER USE OF GLOBAL FUND RESOURCES FOR IMPACT

27 October 2017
Liverpool, UK
Content Overview

- Differentiation for Impact – High Impact Portfolios
- Coverage GAP
- Financial Performance
- Key Bottlenecks for Grant Performance: Perspective from HIA2 countries
- Country Led Innovative solutions
### Differentiation for Impact: TB Burden across High Impact Portfolios

<table>
<thead>
<tr>
<th>Population</th>
<th>n</th>
<th>Estimated TB Incidence Rate (%)</th>
<th>Estimated TB Mortality Rate (%)</th>
<th>Estimated TB/HIV incidence Rate (%)</th>
<th>Estimated TB/HIV Mortality Rate (%)</th>
<th>Estimated Incidence RR</th>
</tr>
</thead>
<tbody>
<tr>
<td>HI Asia</td>
<td>7</td>
<td>247 53%</td>
<td>38 48%</td>
<td>11 21%</td>
<td>20% 42%</td>
<td></td>
</tr>
<tr>
<td>HI Africa 1</td>
<td>6</td>
<td>341 14%</td>
<td>105 25%</td>
<td>103 37%</td>
<td>41% 11%</td>
<td></td>
</tr>
<tr>
<td>HI Africa 2</td>
<td>7</td>
<td>267 8%</td>
<td>64 11%</td>
<td>93 24%</td>
<td>24% 4%</td>
<td></td>
</tr>
<tr>
<td>Core</td>
<td>30</td>
<td>172 7%</td>
<td>36 8%</td>
<td>34 12%</td>
<td>11% 9%</td>
<td></td>
</tr>
<tr>
<td>Rest of the World</td>
<td>164</td>
<td>48 18%</td>
<td>4 8%</td>
<td>2 6%</td>
<td>3% 35%</td>
<td></td>
</tr>
</tbody>
</table>
# End TB strategy Targets

**VISION**

- A WORLD FREE OF TB
  — zero deaths, disease and suffering due to TB

**GOAL**

- END THE GLOBAL TB EPIDEMIC

<table>
<thead>
<tr>
<th>INDICATORS</th>
<th>MILESTONES</th>
<th>TARGETS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2020</td>
<td>2025</td>
</tr>
<tr>
<td>Percentage reduction in the absolute number of TB deaths <em>(compared with 2015 baseline)</em></td>
<td>35%</td>
<td>75%</td>
</tr>
<tr>
<td>Percentage reduction in the TB incidence rate <em>(compared with 2015 baseline)</em></td>
<td>20%</td>
<td>50%</td>
</tr>
<tr>
<td>Percentage of TB-affected households experiencing catastrophic costs due to TB <em>(level in 2015 unknown)</em></td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>HI Asia</td>
<td>I</td>
<td>M</td>
</tr>
<tr>
<td>--------</td>
<td>---</td>
<td>----</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>-1%</td>
<td>30%</td>
</tr>
<tr>
<td>India</td>
<td>23%</td>
<td>55%</td>
</tr>
<tr>
<td>Indonesia</td>
<td>11%</td>
<td>24%</td>
</tr>
<tr>
<td>Myanmar</td>
<td>10%</td>
<td>61%</td>
</tr>
<tr>
<td>Pakistan</td>
<td>2%</td>
<td>62%</td>
</tr>
<tr>
<td>Philippines</td>
<td>22%</td>
<td>75%</td>
</tr>
<tr>
<td>Thailand</td>
<td>29%</td>
<td>54%</td>
</tr>
<tr>
<td>Vietnam</td>
<td>29%</td>
<td>47%</td>
</tr>
</tbody>
</table>

- Increased
- <25% Decline
- 25-50% Decline
- >50% Decline
90-(90)-90 targets

Achieve as early as possible but not later than 2025

- **90% of all people with TB**: Reach at least 90% of all people with TB and place all of them on appropriate therapy—first-line, second-line and preventive therapy as required.

- **(90)% of the key populations**: As a part of this approach, reach at least (90)% of the most vulnerable, underserved, at-risk populations.

- **90% treatment success**: Achieve at least 90% treatment success for all people diagnosed with TB through affordable treatment services, adherence to complete and correct treatment, and social support.
Program Performance: Gaps in Coverage

Coverage Gap - Case Notification

- HIAsia: 43%
- HI2: 44%
- HI1: 61%

Coverage Gap - MDR Treatment

- HIAsia: 83%
- HI2: 90%
- HI1: 78%

Coverage Gap - TB/HIV

- HIAsia: 21%
- HI2: 43%
- HI1: 40%

Grant Performance Rating

- HIAsia: A rated 64%, B1 rated 36%
- HI2: A rated 33%, B1 rated 67%
- HI1: A rated 14%, B1 rated 71%
Grant Implementation: Financial Performance

<table>
<thead>
<tr>
<th></th>
<th>Signed Amount*</th>
<th>Committed Amount</th>
<th>Disbursed Amount**</th>
<th>Undisbursed Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>US$</td>
<td>US$</td>
<td>% of signed</td>
<td>US$</td>
</tr>
<tr>
<td>HI Africa 1</td>
<td>252 M</td>
<td>155 M</td>
<td>62%</td>
<td>71 M</td>
</tr>
<tr>
<td>HI Africa 2</td>
<td>244 M</td>
<td>139 M</td>
<td>57%</td>
<td>87 M</td>
</tr>
<tr>
<td>HI Asia</td>
<td>762 M</td>
<td>609 M</td>
<td>80%</td>
<td>331 M</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,258</strong></td>
<td><strong>902</strong></td>
<td><strong>72%</strong></td>
<td><strong>489</strong></td>
</tr>
</tbody>
</table>

*Excluded joint TB/HIV grants; **excludes PPM related disbursements in pipeline
TB Grant Budget Breakdown

- Pharmaceuticals: 24%
- Health products: 8%
- Health Equipments: 6%
- Non-health Equipment: 3%
- PSM: 6%
- Infrastructure: 2%
- Human Resources: 19%
- Travel Related Costs: 17%
- Living Support: 4%
- Communication Overheads: 2%
- Others: 1%
- Ext. Prof. Services: 3%

Procurement related cost categories account for 49% of TB grant budget.

In comparison, for HIV and malaria – it is over 80-85%.
Critical Challenges contributing to lower grant budget utilization:

- Case notifications are plateauing
- Scale-up of MDR falling behind program targets
  - GeneXpert scale-up sub-optimal;
  - utilization rates of existing equipment low
  - sample referral/ transportation systems failing to deliver at scale
- TB/HIV intervention scale-up in positive direction, but can be more ambitious
  - Low uptake of PLHIVs screened using GeneXpert
  - Limited ownership by HIV programs
- Implementation rates for planned non-procurement related activities are often low
  - While there is greater flexibility on innovative programming, budgets tied to sever recurring cost elements (Travel Related Costs)
Unstated Delays: Political and Administrative

- Delays in approval of new policies and guidelines
- Delays related to procurements and contracting
- Bureaucratic barriers to innovation or engagement of private sector or civil society partners
Opportunities:

- GeneXpert utilization
  - Changes in diagnostic algorithm to improve access, utilization – Ex. Kenya, Ethiopia
  - Concept of “Super User” – Kenya for lab network strengthening

- Lab network and sample transportation
  - Integrating with HIV programs – EID, Viral Load etc
  - Local Innovations – Uganda – Bodo-Bodo drivers

- Community based TB care models found effective (ex. Ethiopia), but gaps in implementing them to scale
  - Need for greater engagement of CSOs – de-medicalize TB care
  - Ex. Kenya pilot – HIV implementers being encouraged to do joint TB/HIV programming

- PPM initiatives in Africa relatively small – but need to rapidly evolve
Kenya: Experience with Xpert roll-out

**GeneXpert expansion plan**
The country plans to use a phased approach in GeneXpert placement to meet targets set as shown in the table below:

<table>
<thead>
<tr>
<th>Year</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Targets</td>
<td>18 115 120 170 200 250</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Actual</td>
<td>3 11 24 71 126</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**USP:**
- Algorithm – all TB suspects at a site with Xpert – will get Xpert for TB diagnosis – improved utilization and outcomes
- Concept of “Super-User” at subnational level – training needs, preventive maintenance, calibration, replacement of parts, reporting, regional coordination
- GXLMIS – Logistics management system to track utilization, and results
- System utilization rate of 43%, and increasing

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Uganda: Lab networking and Sample Transportation

USP
Hub-Spoke Arrangement: transporter visits 20-30 health facilities within 20-40km radius around the hub
94% of samples received within 3 days

Importance of Xpert
- Increased & rapid detection of MDR TB
- Increased bacteriologically confirmed TB

- Improved diagnosis of TB in children: From 2% to 7% in 2014 of expected 15% of total
- Markedly reduced Hospitalization: up to 60% on the Pulmonary ward in Mulago
Conclusion:

- Low utilization of grant resources in the first 12-18 months of NFM grants
  - Plateauing case notification, and sub-optimal performance on MDR scale-up

- Opportunity for SMARTER use of Global Fund TB Investments for improved results and impact
  - Shift from recurrent program costs to targeted investments to improve results and outcomes, and building resilient health system
  - Maximize on comparative advantage of public and non-public actors for delivery of TB services

- Address barriers to improve access to TB lab network
  - Integrated systems for HIV and TB sample transportation

- Be Ambitious and Implement to Scale
  - Community based TB care models
  - Opportunity for cross learning across countries