Global Fund TB Investments: Accelerating Progress Towards Impact

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The Global Fund
Content Overview

• TB investments

• Current implementation and lessons

• Future: Next implementation period
Global Fund Disbursements by Disease Component

<table>
<thead>
<tr>
<th>Component</th>
<th>Disbursements</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV</td>
<td>$16,558,711,312</td>
</tr>
<tr>
<td>Malaria</td>
<td>$8,770,344,260</td>
</tr>
<tr>
<td>TB</td>
<td>$4,923,850,080</td>
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<tr>
<td>TB-HIV</td>
<td>$480,972,856</td>
</tr>
<tr>
<td>Other</td>
<td>$591,129,247</td>
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<tr>
<td>Total</td>
<td>$31,325,007,755</td>
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</tbody>
</table>

The diagram illustrates the trend of disbursements from 2002 to 2016 for various disease components.
NUMBER OF LIVES SAVED THROUGH GLOBAL FUND-SUPPORTED PROGRAMS
People tested and treated for TB

**NUMBER OF PEOPLE (SMEAR-POSITIVE) TREATED FOR TUBERCULOSIS (2002-2015)**

- **People (Million)**
  - Year: 2002 to 2015
  - Values: 0 to 15
- **US$ (Billion)**
  - Year: 2002 to 2015
  - Values: 0 to 5

Legend:
- **Gray bars**: Global Fund TB disbursements (cumulative, right axis)
- **Teal line**: Smear-positive TB detected and treated (cumulative, left axis)
Where are we investing? (1)

Top TB countries
- India
- Nigeria
- Philippines
- Myanmar
- Indonesia
- Bangladesh
- Ethiopia
- Kenya
- Pakistan
- Congo (Democratic Republic)
- All Others
The Global Fund is a major source of international funding for TB activities, including those for MDR-TB.

Proportion of Global Fund cumulative expenditure for MDR-TB among all TB expenditures - has reached 30%
NFM: Where are we investing?-Modules (2)

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NFM: Where are we investing?-intervention (3)

DS-TB
- Treatment: 30%
- Case detection and diagnosis: 38%
- Community TB care delivery: 10%
- Other TB care and prevention interventions: 8%
- Key affected populations: 6%
- Engaging all care providers: 6%
- Prevention: 2%

MDR-TB
- Treatment: 63%
- Case detection and diagnosis: 29%
- Community TB care delivery: 3%
- Other MDR-TB interventions: 2%
- Prevention: 2%
- Key affected populations: 1%
Childhood TB: low investment (0.8%)
TB/MDR-TB Interventions relay heavily on strong functional health systems.

Investments contributing to resilient and sustainable systems for health:

- Pre-NFM:
  - Cross-cutting HSS investments: 6%
  - Cost groupings of disease investments with effects on systems for health: 32%

- NFM:
  - Cross-cutting HSS investments: 12.50%
  - RSSH investments: 40.26% of the total portfolio

- 0.07% HEALTHCARE FINANCING
- 0.77% FINANCIAL MANAGEMENT
- 0.97% POLICY & GOVERNANCE
- 3.48% SERVICE DELIVERY
- 5.40% HCW
- 8.94% PSCM
- 20.63% HMIS

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Current implementation and lessons
Speed-up implementation and absorption of the current grant
Implementation Through Partnership: Where are bottlenecks?

- **Health systems / Community systems**: 7%
- **Advocacy and oversight**: 12%
- **Project management**: 13%
- **M&E**: 14%
- **PSM**: 19%
- **Malaria**: 9%
- **TB**: 11%
- **HIV/TB**: 1%
- **HIV**: 12%

Cross-cutting (67%)

Disease-specific (23%)
Each boxplot represents one priority country and shows distribution of % grant target met in each reporting period over 2012-2015.

TB: Level of ambition: Good grant performance are we making progress?

But global case detection is stagnating

modest targets?
Joint TB/HIV CN lead to joint implementation?

<table>
<thead>
<tr>
<th>Concept</th>
<th>Notes</th>
<th>Grants</th>
<th>TB Grants</th>
<th>HIV Grants</th>
<th>TB-HIV Grants</th>
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<tbody>
<tr>
<td></td>
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<td>US$ 0.78 bn</td>
<td>US$ 2.3 bn</td>
<td>US$ 0.80 bn</td>
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</tbody>
</table>

8 HIV Grants and 8 TB Grants managed by same PR

Total: US$3.88bn

Source: GAC 2 budgets.
€ values from Burkina Faso and Togo converted using grant specific exchange rate.
Little progress in some TB/HIV indicators
HIV community lagging behind: Budgets for GeneXpert where does it come from?

Source: GAC 2 budgets
€ values from Burkina Faso and Togo converted using grant specific exchange rate
Preparation for next cycle
Global Fund Strategy 2017-2022 “Investing to End Epidemics”

- Maximize Impact Against HIV, TB and malaria
- Build Resilient & Sustainable Systems for Health
- Promote and Protect Human Rights & Gender Equality
- Mobilize Increased Resources

**Strategic Enablers**

- Innovate and Differentiate along the Development Continuum
- Support Mutually Accountable Partnerships
• Differentiated access to funding-support and process for pre-application stage?

• No major changes on TB specific tools and materials (eg modules etc)

• Major focus on finding missing cases both DS and MDR-TB (ie.Catalytic funding)

• Emphasis on program quality and efficiency

• Finalizing TB strategic investment information (ie. role of X-ray etc)
Key messages

• Scale up implementation and absorption of funds in 2016 and 2017

• While preparing for the next cycle 2017-2019 use lessons from the current implementation period

• Focus on implementation and maximizing impact;
  • Differentiation-in accessing funding and implementation
  • Improving program quality and efficiency
Thanks