

STOP TB PARTNERSHIP BOARD PRESENTATION

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1. In only five years, the Global Fund has become the largest international funder of TB control programs, providing almost 70% of all international funding for TB. As of March 2007, the Global Fund has approved 133 TB grants in 102 countries for a total of US\$ 1.9 billion over the five year period.
2. The results achieved with Global Fund funding in TB are impressive. More than two million people have been treated with Global Fund support, and more than 1.1 million of them would have died without it. By 2006, Global Fund grants supported 34% of TB patients being treated globally.
3. In Round 6, 62% of all submitted grant applications for TB were approved. This is well above the overall percentage of grants approved and means that 40% of all successful grants in Round 6 were for TB. However since the grants were generally small in size, TB grants made up only 22% of the total dollar amount approved in Round 6. This is still an upward trend, which is positive. However one lesson from this is that TB grants are high quality and applications can be more ambitious in scope.
4. What are the reasons for this success rate? Analysis of our grant Rounds 1 – 6 suggest that :

-TB did better because the TB community has developed a consistent and comprehensive strategy for TB control, based on DOTS, which has been universally accepted and adopted, this making proposal writing but also review by the TRP easier;

-TB did better because past performance of grants became an important element in the TRP review, so success has built on success;

-it did better because Stop TB (through the TB TEAM) has strengthened its technical assistance in support of the proposal writing so their quality has progressively improved.

And why is this – well it is significantly related to the TB community having developed a well established and functioning international structure to support countries through ongoing strong collaboration between major partners like Stop TB, WHO and the International Union against TB and Lung Disease.

5. TB grants are also performing better than malaria and HIV at Phase 2 review, with only 16% being classified as B2/C. This is once again due to a combination of strong national TB programs and well established international coordination and collaboration mechanisms. Support doesn't stop with the proposal writing.
6. The excellent collaboration established between the Global Partnership to Stop TB and the Global Fund to fight AIDS, TB and Malaria, formalized in the Memorandum of Understanding signed in 2003, is certainly bearing fruit. A number of TB high burden countries, including China, have increased TB detection levels and are beginning to show declines in TB prevalence and incidence. We are approaching the ambitious targets sets by the World Health Assembly for DOTS expansion and by the MDGs.
7. But we cannot be complacent. We need to do more and better together. To achieve our common goals, we need to address some major challenges that hamper and slow down our progress. Let me mention a few of them which are of particular concern to the Global Fund.
8. First, TB in Africa remains a crisis, largely due to HIV. An estimated one-third of the 40 million people living with HIV/AIDS worldwide are co-infected with TB. Clearly, we cannot stop the TB epidemic in Africa without addressing at the same time the HIV epidemic. The Global Fund is committed to continue supporting programs that address both diseases, as well as welcoming proposals that address the dual HIV/TB epidemic.
9. Next, all the progress by the worldwide effort to fight TB is threatened by MDR-TB and XDR-TB. From its inception the Global Fund committed to effectively containing and treating emerging strains of drug resistant TB. As early as its third board meeting in October of 2002 the Global Fund resolved to contain second line TB drug resistance by ensuring that all MDR-TB medications be procured through the international Green Light Committee (GLC). More than 50% of active TB grants have a MDR-TB treatment component for a total lifetime budget of around US\$ 750 million (excluding Round 6). We will continue to work with the Stop TB Partnership, the Global Drug Facility (GDF) and GLC, and now with UNITAID, to support financially sound proposals aimed at providing treatment to people with MDR-TB while containing the further emergence and spread of drug resistance.
10. Weak health systems, lack of human resources, poor infrastructures are major bottlenecks in the DOTS expansion program and common reasons for poor performance of Global Fund grants. Health System Strengthening (HSS) within the context of the three diseases is an increasingly important element of the work of the Global Fund and is a major issue for discussion at our next Board meeting. We need to address systemic weaknesses that cause bottlenecks in the implementation of TB control activities, and we need to do it in a way that will provide a larger benefit to the broad health system. The Global Fund welcomes proposals that include HSS activities, aimed in particular at addressing the crisis in human resources for health or strengthening TB and MDR/XDR-TB diagnostic capacities in high burden countries.

11. Support to HSS will also contribute to addressing another major challenge: long-term sustainability of financial support to TB programs. However I do need to stress that the Global Fund was never intended to provide support indefinitely and there is indeed the expectation that recipient countries will work on ensuring future sustainability of activities. Improving health systems and reducing disease burden will by themselves contribute to decreasing the financial burden and facilitate sustainability.
12. As the Global Fund moves towards the Rolling Continuation Channel (RCC) later this year, facilitating access to additional resources for the extension of well-performing grants for an additional six years, addressing sustainability will be a major element of discussion with countries. As most TB grants are performing well, they are well positioned to be main beneficiaries of the RCC. This will call for an early discussion regarding sustainability with the active involvement of all national and international partners.
13. Finally, we need to explore ways to further improve the already excellent collaboration between the Global Fund, the Stop TB Partnership Secretariat, the WHO Stop TB department and all other partners involved. We will do this through our active involvement in the activities of the Stop TB Partnership Coordinating Board, by making best use of the GDF, GLC, the technical working groups and any other mechanisms or bodies established by the Partnership, by collaborating with the TB TEAM to improve technical assistance to countries, by participating in joint advocacy efforts for policy decision and resource mobilization. We would also be open to explore a revision of the current MOU, based on the experience accumulated during the past four years of intense and productive collaboration.

Thank You