

The new Global Fund cycle and opportunities for childhood TB

30th of October 2019

Annual Meeting of the Child and Adolescent TB working group

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Outline

Global Fund Investments in TB

Impact and results

Allocations to countries and additional funding for GF TB activities and TB initiatives beyond allocations

Support to innovations scale-up

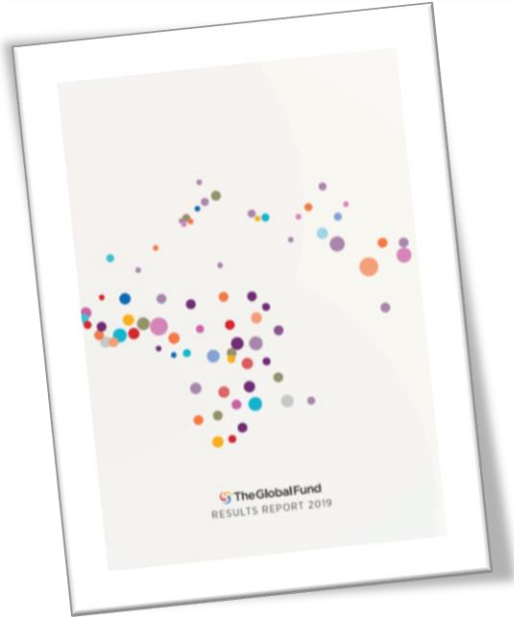
Upcoming opportunities through the new funding cycle

Replenishment and new cycle 2020-2022

Funding Opportunities in the countries allocations and beyond

Update on the new TB modular framework and the key elements related to pediatric TB in the application material

Global Fund investments: Impact and Results (2018)



32million
lives saved

 **18.9**
million

People on antiretroviral therapy for HIV*

 **5.3**
million

People with TB treated*

 **131**
million

Mosquito nets distributed*

- ❑ 5.3 million people with TB treated
- ❑ 114,000 people with DR-TB on treatment
- ❑ 332,000 HIV-positive patients on ART during TB treatment
- ❑ **142,740 children in contact with TB patients received preventive therapy**
- ❑ 6,771 people with XDR-TB treated

** Results are in countries where the Global Fund invests*

Global Fund's Financial Investment in TB



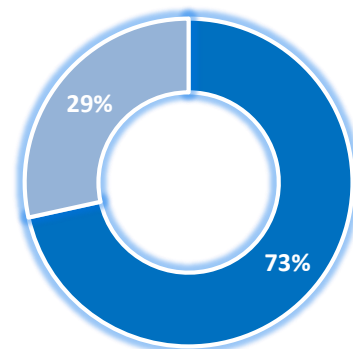
➤ 2017-2019 funding cycle TB allocation:

- ❑ Total GF allocation – over **US\$ 12 billion**
- ❑ Allocation for TB – **US\$ 1.85 billion**

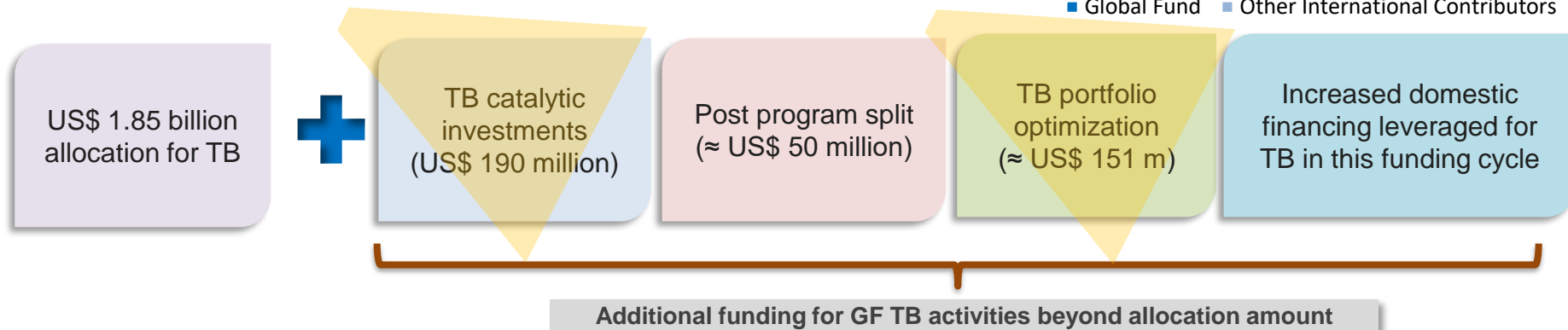
➤ Total amount disbursed (TB-related): 2002 to date

- ❑ TB-only grants: **US\$ 6.8 billion**
- ❑ HIV-TB combined grants: **US\$ 2.4 billion**

GF SHARE OF INTERNATIONAL FINANCING FOR TB (%)



■ Global Fund ■ Other International Contributors



Catalytic Fund for TB (2017-2019) - Finding missing people with TB

US \$ 115 million:

- Matching fund for 12 countries

US \$ 10 million (SI):

Stop TB & WHO, support the 13 countries in catalyzing their efforts to find missing people with TB, TB/HIV and DR-TB – including through PPM

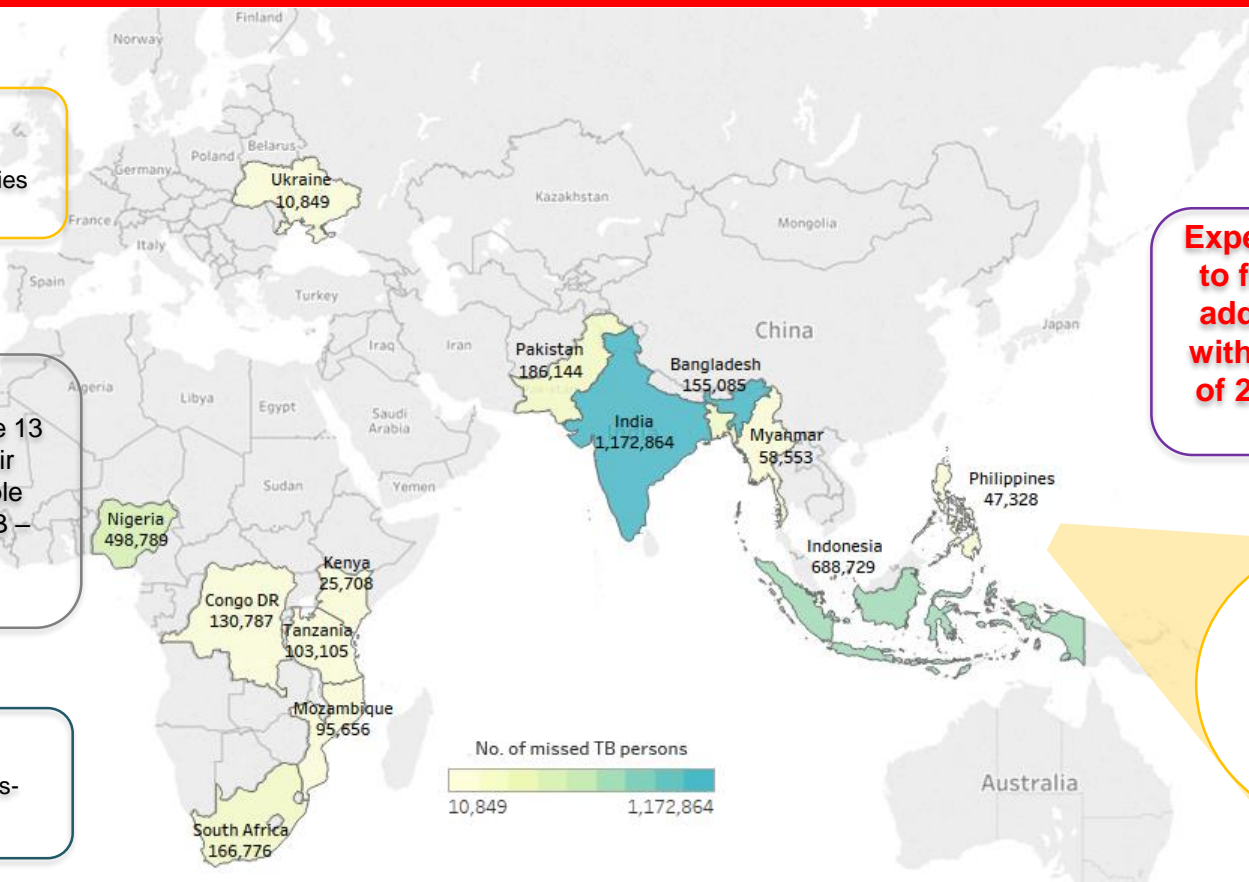
US \$ 65 million:

Multi-country grants for cross-cutting issues



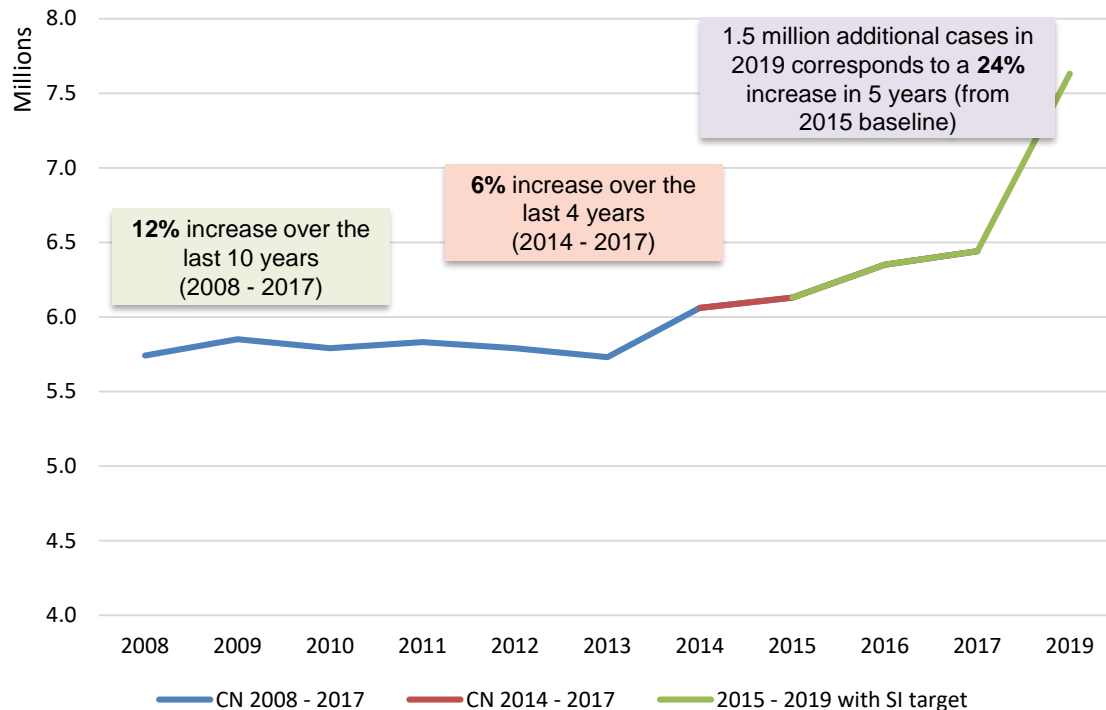
**Expected outcome:
to find 1.5 million
additional people
with TB by the end
of 2019 (including
children)**

Targets: 13
countries that
account for
75% of missing
people with TB
and 55% DR-
TB globally



TB Catalytic investments and Strategic Initiative 2017-2019

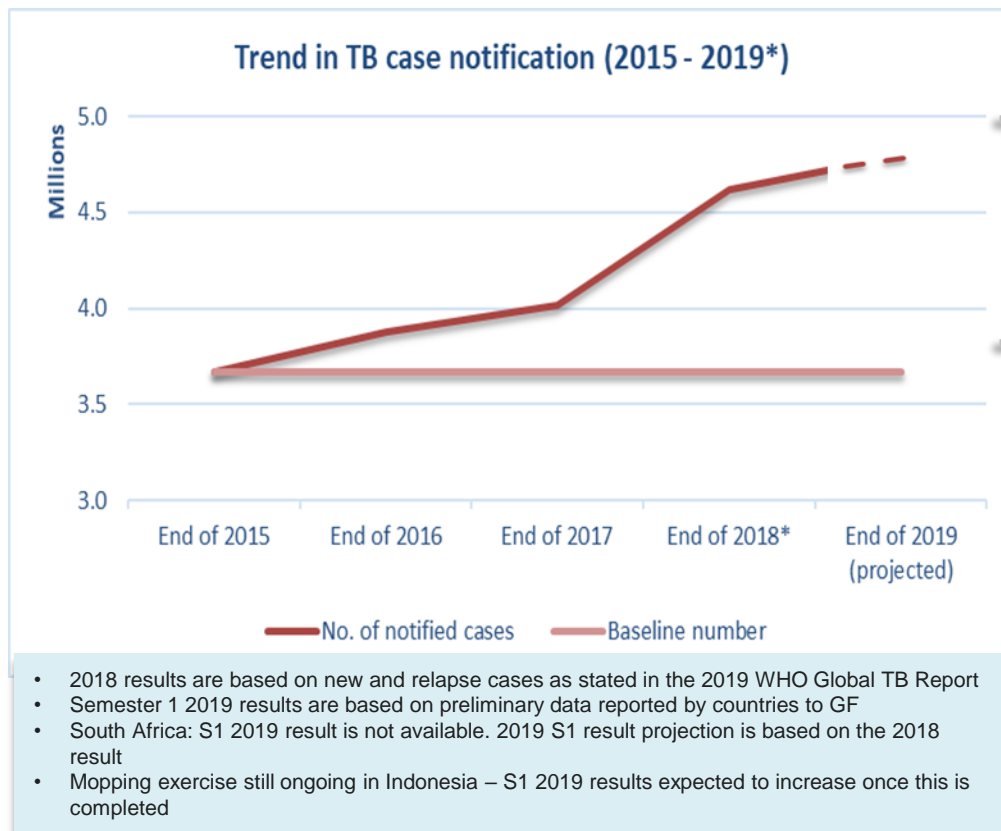
SI target compared to historical trend in TB case not. globally



Data source: WHO Global TB database Jan. 2018

- The rise in TB case notification globally over the last 10 years (2008 – 2017) has been very slow with only about **700,000** additional cases notified at the end of that period: i.e. 70,000 additional cases yearly compared to an **increase of about 600,000 between 2017 and 2018**.(WHO Global TB Report 2019)
- The **1.5 million** additional TB cases target between 2015 – 2019 agreed upon in the 13 TB SI countries is definitely ambitious and reflects the drive by Global Fund, WHO, Stop TB and other partners to identify more people with TB who are missed by the systems in these countries and put them on treatment

TB catalytic investments results: trend in case notification



About **0.82 million** additional TB cases notified in 2018 based on WHO Global TB report

Almost **1.2 million** additional TB cases projected to be notified by the end of 2019 (80% of target)

Additional funding for TB through **Portfolio Optimization**

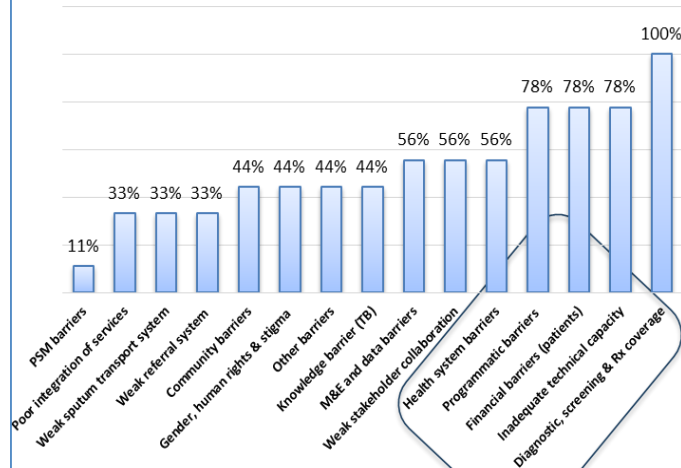
- **Portfolio optimization:** Additional \$151 million awarded through TB portfolio optimization (PO) to countries since July 2018. This includes \$ 40 m loan buy-down in India and \$ 45 million for transition to the newer MDR-TB treatment regimens.
- Through PO, GF was able to exhibit its flexibility and responsiveness in adapting to changes in global guidelines

Prioritized areas for TB PO

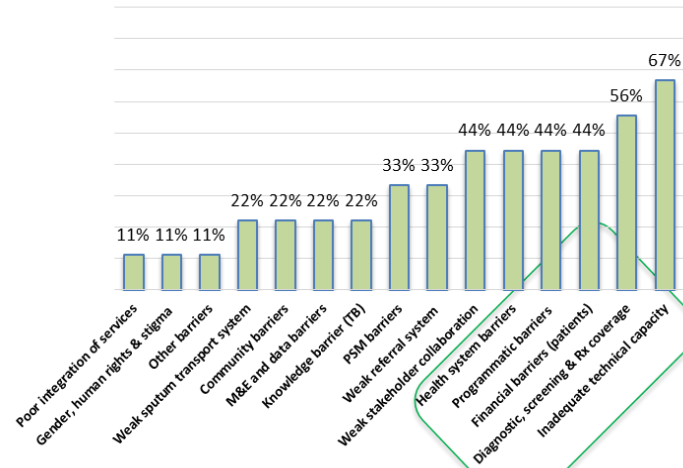
- 1) **MDR/RR-TB treatment regimens transition**
- 2) **TB case finding and treatment** (including key populations, community, PPM etc.)
- 3) **TB prevention** (including uptake of new WHO guidelines/regimens)

Other initiatives: West and Central Africa TB regional support 2018

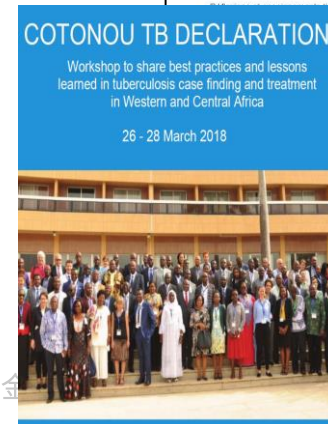
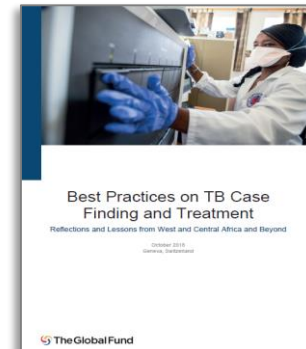
Barriers identified within the region by countries (%): WAF



Barriers identified within the region by countries (%): CAF

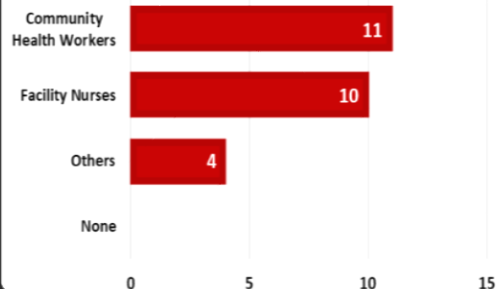


- Provision of support to **19 countries in the West and Central Africa region through a collaborative initiative** (with several partners) aimed at identifying barriers to TB case finding and good treatment outcomes, sharing of lessons learned and best practices within the region and providing possible solutions to challenges identified.
- A major outcome of the workshop was the resolution made by participating countries called the **Cotonou TB declaration**.

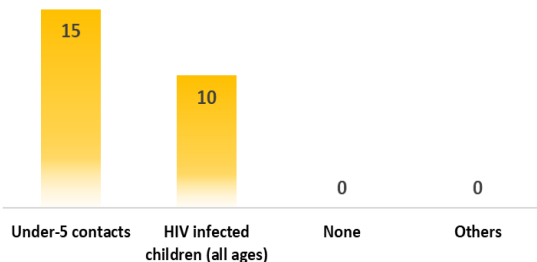


Other initiatives: West and Central Africa TB regional support 2019

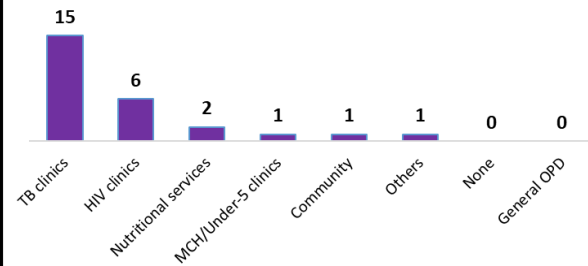
WHO PERFORMS TB CONTACT TRACING AND INVESTIGATIONS IN YOUR COUNTRY?



TO WHAT PEDIATRIC PATIENTS IS TB PREVENTIVE THERAPY PROVIDED?



Where is TB preventive therapy provided to children?



In strong collaboration with partners, support to 15 WCA countries to:

- Explore challenges and share **tools and opportunities to improve TB response in children and adolescents**, including at community level
- Discuss how to foster **better collaboration** between traditional and non-traditional actors, addressing also the need for **community, rights and gender approach** in the planning and implementation of TB programs
- Plan the implementation of **best practices and innovative approaches** related to **community engagement and responses** and to **childhood and adolescents TB prevention and care**



Investments on innovation scale up in TB



The Science of Scale-up



- **Strategic initiative** to find missing people with TB – **including children**
- Scale up of **evidence-based approaches** – e.g. PPM
- Support data & evidence generation by countries - **TB prevalence surveys, DRS, OR** and other surveys
- Scale up **Community-based TB** interventions
- Technical support for PMDT through the **rGLC**

Diagnostics



- Scale-up of **GeneXpert** and other molecular tests (e.g **LPA**)
- **Capacity building** on DST
- **Sputum transportation** – different approaches
- Scale up of **connectivity** etc.
- **Digital X-rays**
- Supranational **laboratory networks**

Drugs/treatment



- Support the **adoption of new and repurposed drugs**
- Switching **from Longer to Shorter MDR-TB** regimens
- Support **transitioning to the new regimens for DR-TB (including OR)** – preparatory work in several countries
- Promote **patient-centred approaches**
- **Promote the use of preventive therapy** – including 3HP and 3HR

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Sixth Replenishment Conference pledged US\$14.02 billion for the next three years

Global Fund Donors Pledge US\$14 Billion in Fight to End Epidemics

The largest amount ever raised for a multilateral health organization, and the largest amount by the Global Fund.

The funds will help **save 16 million lives** and end the epidemics of AIDS, tuberculosis and malaria by 2030.

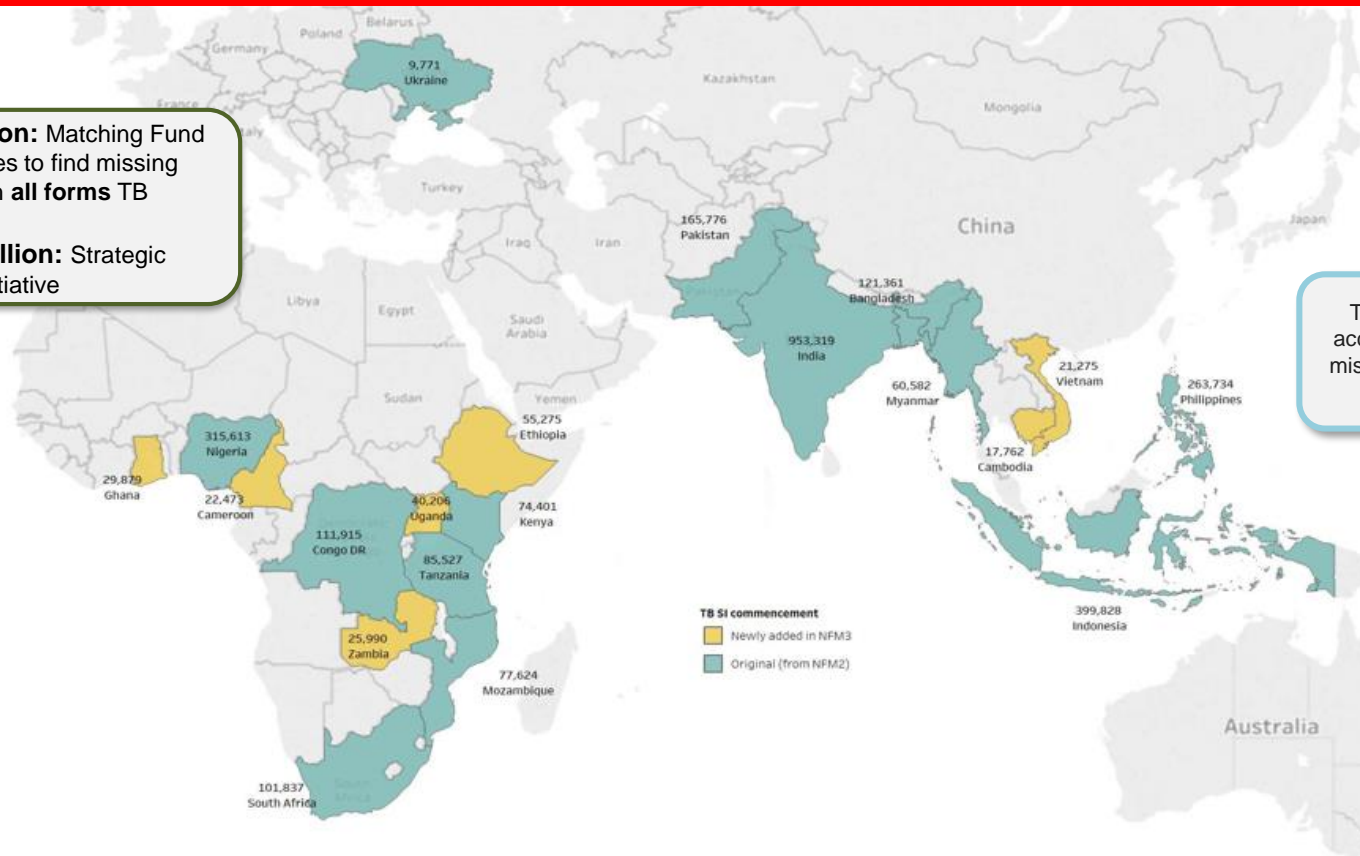


TB Strategic Initiative (2020-2022): 13 current + 7 additional countries

US \$ 150 million: Matching Fund
for 20 countries to find missing
people with **all forms TB**

US \$ 14 million: Strategic
Initiative

These 20 countries
account for 82% of the
missing people with TB
globally



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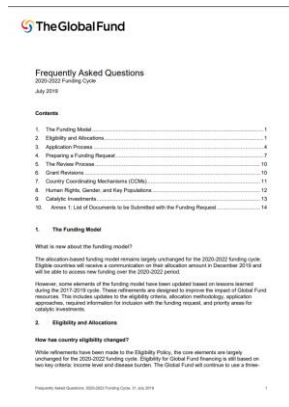
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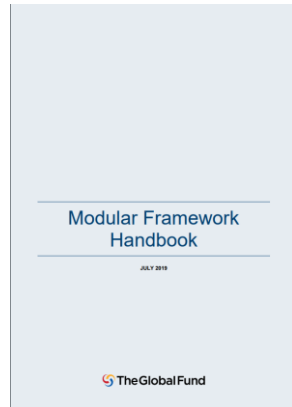
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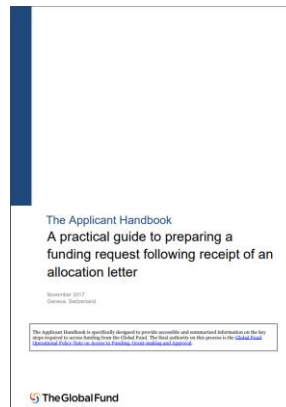
Application Resources for the new funding cycle



Frequently Asked Questions for the 2020-2022 Funding Cycle



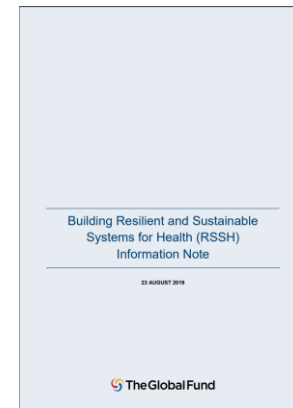
Modular Framework Handbook



The Applicant Handbook



Funding Cycle Brochure



Information Notes And Technical Briefs
(e.g. TB info note, TB, Gender and Human Rights Technical Brief, Assessment and Best Practices of Joint TB and HIV Applications)

TB Information Note

Objective: To provide guidance on priority setting for GF funding request for TB

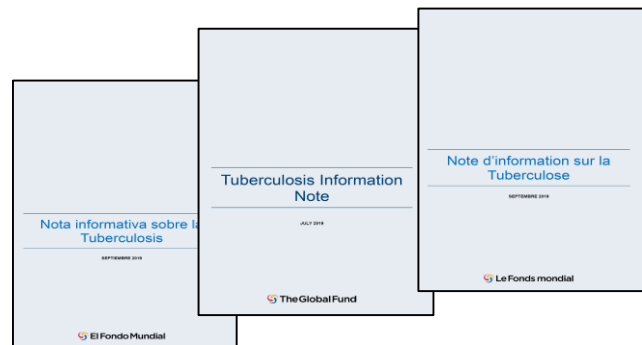
What is new?

- Based on extensive **consultations** with technical partners
- Aligned with the **latest guidance/recommendations**
- Informed by **good practices and successful projects** (GF and others)
- **Promotes innovations and scale-up of new tools**, regimens for diagnosis, treatment and prevention.
- Includes key **cross-cutting information** and guidance/policies
- Includes **key references** - Global Fund-specific and other references

TB Information Note and other Technical Briefs

TB information note, available in English, French and Spanish

- TB diagnosis, prevention and care in children (including maternal-child health and services integration) addressed in various parts
- Links to Paediatric Roadmap and several technical guidelines and documents



Box 1: Summary of high-impact TB interventions

- **Early diagnosis of all people with any form of TB (DS-TB and DR-TB).** Providing access to people who need TB screening, diagnosis and drug-susceptibility testing (DST). This includes improved access and utilization of quality-assured diagnostics such as Xpert MTB/RIF as the initial TB diagnostic test, X-ray (digital x-rays) for screening, engagement of private providers and implementation of functional diagnostic networks. Within health care settings, active case finding and intensified case finding coupled with a robust specimen transport system are needed to ensure people with presumptive TB access early diagnosis when they initially seek care at any point in both the public and private health care sectors.
- **Systematic screening of high-risk groups including through outreach and community-based approaches and using digital x-rays and rapid and more sensitive diagnostics.** This includes all contacts of people with TB, PLHIV and workers exposed to silica dust, prisoners, migrants and people living in urban slums and remote rural areas. Contact investigation should aim to not only diagnose additional people with TB but also as an entry point for provision of TPT for eligible contacts.
- **Prompt initiation of appropriate treatment for all people with DS and DR-TB, using a people-centered approach and with patient support.** Treatment should be provided to all who need it regardless of age, gender or type of TB disease, bacteriological status, comorbidities or legal status. Ensuring all people with TB have access to free-of-charge life-saving treatment is fundamental to minimizing disease and deaths due to TB and interrupt transmission. This includes all-oral regimens for treatment of DR-TB and child-friendly formulations for children with active TB. All people enrolled on treatment should also receive appropriate support including digital adherence technologies and follow-up care and support to ensure successful treatment outcome.
- **Programs and approaches to address access barriers, including community-based and integrated services delivery.** Scale-up programs to support integrated community and family-based approaches to diagnosis, treatment, prevention and care to remove access barriers, reduce delays in diagnosis and improve management of TB/DR-TB. This includes scale-up of rights-based, gender responsive programming, innovative quality improvement approaches for the delivery of people-centered health services, with consideration of proven in-country experiences (for example, demonstrated through Global Fund, domestic or partners supported projects). Removing stigma and discrimination based on TB status and improving access to TB information including through community involvement, community monitoring and social accountability for early TB diagnosis and improved treatment outcomes.
- **TB/HIV Collaborative activities.** A significant reduction of TB incidence and elimination of HIV-associated TB deaths can be achieved by adopting and scaling up policies that ensure integrated, patient-centered delivery of effective prevention, early diagnosis, and prompt treatment of TB and HIV. This requires intensifying collaboration between TB and HIV programs, integration of TB/HIV services, joint programming, implementation, supervision and monitoring. HIV testing of all people with TB, screening of PLHIV for TB, provision of ART, cotrimoxazole preventive treatment and TB treatment for PLHIV with active TB and provision of TPT for PLHIV (including INH and 3HP/3RH). Multi-disease platforms such as GeneXpert are good opportunities to strengthen collaboration and synergize efforts while contributing to building RDSH. As TPT to eligible PLHIV is implemented through HIV programs, funding should be leveraged from HIV grants as well. Scale-up of the latest WHO-recommended diagnostics such as Xpert MTB/RIF and Lf-LAM within HIV settings will improve diagnosis of HIV-associated TB. Alignment and synergizing with PEPFAR-supported TB/HIV activities are critically important.

2.8 Joint programming and collaborative activities

Joint health programming can help countries better target re services to increase effectiveness, efficiency, quality and su evaluate what packages of services and models of delivery specific contexts, and discuss where, how and by whom they

3.10.2. New treatment regimens for DR-TB and pediatrics formulations for children

World Health Organization issued new recommendations (through Rapid Communication in 2018 and the new Guidelines in March 2019) on the treatment of DR-TB. The guideline i recategorization of the second-line drugs (including new and repurposed drugs), the ren

2.8.3. Reproductive, maternal, newborn and child health

In countries with a high prevalence of TB, women of childbearing a the disease. TB is one of the top killers of women of reproductive a HIV is a risk factor for transmission of TB to infants and is associat birth-weight of neonates, and higher maternal and infant mortality.

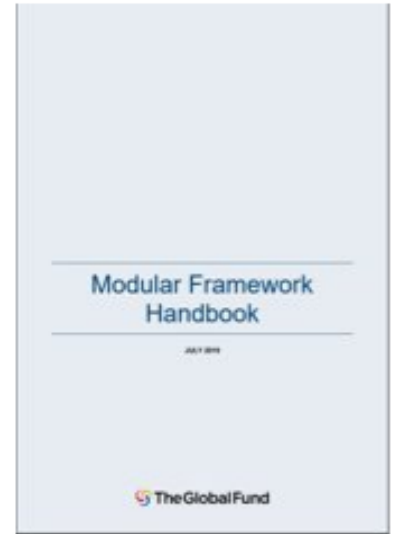
3.10.3. Prevention and treatment of TB Infection

WHO published a new guideline on [programmatic management of LTBI in 20](#) the use of Tuberculin skin test and/or blood test (IGRAs) for diagnosis of TB in absence of such tests should not be a barrier to the initiation of TB preven [guidelines also recommend the provision of TPT including using the new s](#)

Modular Framework Handbook

- The Modular framework handbook includes the **modular frameworks for the 3 diseases & RSSH**, developed to manage programmatic and financial data across the grants.
- Comprises of a list of **standard modules, interventions and indicators**
- Modular framework is not a template to fill but **serves as reference data for drop-down lists in Performance Frameworks, budgets and progress updates**

<https://www.theglobalfund.org/en/monitoring-evaluation/framework/>



Modular Framework
Handbook

Key changes to TB Modular Framework

- Purpose of the revision was to ensure that it was **up to date and aligned with the latest technical guidance and partners recommendations.**
- Focus on **cross-cutting systems approach** including provision of integrated and people-centered services at community and PHC levels
- Added a new module “**Removing human rights and gender related barriers to TB services**”
- New Interventions under TB/HIV for Screening & Diagnosis, Treatment and Prevention
- **New interventions under the three core modules (TB Care and Prevention, TB/HIV, MDR-TB) for key populations – Children, Miners & mining communities and Mobile populations (refugees, migrants and internally displaced people)**
- **Revised indicators related to TB preventive therapy** and new indicators for human rights and gender related barriers to TB services, aligned with latest technical guidance
- **Additional indicator disaggregation (by age, gender and HIV status)**

Childhood TB (“key populations - children”) = New intervention under TB care & prevention, TB/HIV and MDR-TB modules

This includes the three modules

- TB
- DR-TB case finding: diagnosis, treatment and prevention interventions specifically targeted at children.
- TB/HIV collaborative activities: HIV testing, TB screening and case finding, treatment and prevention interventions specifically targeted at children with HIV.

For example:

- **Active case finding** through collection and testing of pediatric specimens and use of chest radiography
- **Contact investigation** among children for drug-susceptible TB including through community based approach
- Provision of treatment with **child-friendly TB medication formulations**
- Provision of **TB preventive therapy** including the new combination drugs (3HP and 3RH) to eligible children in contact with TB patients
- **Training and capacity building** focused on response to childhood TB including mentorship and supportive supervision of child TB services including clinical diagnosis of childhood TB and specimen collection, contact tracing, prevention.

TB Indicators – Key Changes

Module	Current Indicators	New/modified Indicators
Coverage Indicators		
TB Care and Prevention	<ol style="list-style-type: none"> 1. # of notified cases of all forms of TB-(i.e. bacteriologically confirmed + clinically diagnosed), includes new and relapse cases 2. Treatment success rate- all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases 3. % of labs showing adequate performance in external quality assurance for smear microscopy among the total number of laboratories that undertake smear microscopy during the reporting period 4. % of reporting units reporting no stock-outs of anti-TB drugs on the last day of the quarter 5. # of children <5 in contact with TB patients who began isoniazid preventive therapy 6. # of TB cases (all forms) notified among prisoners 7. # of TB cases (all forms) notified among key affected populations/ high risk groups (other than prisoners) 8. # of notified TB cases (all forms) contributed by non-national TB program providers – private/non-governmental facilities 9. # of notified TB cases (all forms) contributed by non-national TB program providers – public sector 10. # of notified TB cases (all forms) contributed by non-national TB program providers – community referrals 11. % of new and relapse TB patients tested using WHO recommended rapid tests at the time of diagnosis 	<ol style="list-style-type: none"> 1. # of people in contact with TB patients who began preventive therapy (<5; 5-14; >15)
MDR-TB	<ol style="list-style-type: none"> 1. % of TB patients with DST result for at least Rifampicin among the total number of notified (new and retreatment) cases in the same year 2. # of TB cases with RR-TB and/or MDR-TB notified 3. # of cases with RR-TB and/or MDR-TB that began second-line treatment 4. % of cases with RR-TB and/or MDR-TB started on treatment for MDR-TB who were lost to follow up during the first six months of treatment 5. % of DST laboratories showing adequate performance on External Quality Assurance 6. % of confirmed MDR-TB cases tested for susceptibility to any fluoroquinolone and any second-line injectable drug 7. # of cases of XDR TB enrolled on treatment 	<ol style="list-style-type: none"> 1. % of confirmed RR/MDR-TB cases tested for resistance to second-line drugs 2. Treatment success rate of RR TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated

TB Indicators – Key Changes

Module	Current Indicators	Proposed Indicators
Coverage Indicators		
TB/HIV	<ol style="list-style-type: none"> 1. % of registered new and relapse TB patients with documented HIV status 2. % of HIV-positive new and relapse TB patients on ART during TB treatment 3. % of people living with HIV in care (including PMTCT) who are screened for TB in HIV care or treatment settings 4. % of people living with HIV newly enrolled in HIV care started on TB preventive therapy 	
M&E	<ol style="list-style-type: none"> 1. % of HMIS or other routine reporting units submitting timely reports according to national guidelines 	
Removing human rights and gender related barriers to TB services (new module)		<ol style="list-style-type: none"> 1. % people diagnosed with TB who experienced self-stigma that inhibited them from seeking and accessing TB services 2. % of people diagnosed with TB who report stigma in health care settings 3. % of people diagnosed with TB who report stigma in community settings

Conclusions

- Finding missing people with TB - case finding for TB treatment and for TB prevention: an opportunity to increase TB detection among children and to offer TPT to children in need
- Coordination at country level is needed to enable integration and leveraging funding opportunities for childhood TB (discussions on national health sector plans and disease strategies, advocacy for the integration of maternal and child health and disease specific policies, Country Coordinating Mechanisms to participate in the country dialogue process and preparation of Global Fund requests etc.)
- Funding requests to include and prioritize evidence-based interventions for childhood TB, maternal and child health and services integration – RSSH Integrated approach to community service delivery e.g. innovative & integrated approaches to TB screening with HIV, Nutritional services, immunization campaigns, SMC campaigns
- Global Fund is and will be working with countries and partners to support rapid adoption of new guidelines- e.g. MDR-TB and LTBI.
- Opportunities exist within the grants and beyond grant allocations (SI, PO and other initiatives)



Thank you!

WE CAN PREVENT HIV, TB & MALARIA.

US\$14 BILLION WILL HELP:

- **SAVE 16 MILLION LIVES**
- **AVERT 234 MILLION CASES**
- **IMPROVE GLOBAL HEALTH SECURITY**

**STEP UP
THE FIGHT**

A black and white photograph of a woman wearing a white headscarf, looking directly at the camera with a serious expression.