

SUMMARY SHEET		
Agenda Nr. 2.05-5.0	Subject	Trends in International Funding
For Information	For Discussion	<u>For Decision</u>
<p>Introduction</p> <p>A donor survey was commissioned in 2004 by the Resource mobilization Task force. This survey complements the information compiled by WHO in its annual TB control reports. 30 institutions comprising bilateral government agencies and multilateral agencies were surveyed. 16 responded with varying degrees of completed information. The respondents were asked to provide information on their commitments to TB activities for the years 1999-2004 (as well as information on funding priorities and trends). To supplement data collected through the survey, existing sources of information were used to compile an overview of international TB Funding.</p>		
<p>Summary:</p> <p><u>Main Findings:</u></p> <p>(1) TB Levels of funding earmarked for TB rose substantially and consistently from 1999 to 2004. GFATM mobilized additional funds for TB although disbursements in countries and actual in-country spending lagged behind.</p> <p>(2) Rising levels of funding became available in high burden countries, though some countries still face a gap in funding their plans to control.</p> <p>(3) The majority of funding was allocated directly from development agencies to countries, with a rising share allocated through global channels (e.g. GFATM).</p> <p>(4) Half the development agencies responding to the survey identified TB as a priority. For others the interest in TB related mainly to its importance in poverty reduction and contributing to the MDGs</p> <p><u>Geographical Spread:</u></p> <p>(1) Spending grew in all areas between 1999 and 2004, with fastest growth in Eastern Europe/Central Asia by a considerable margin.</p> <p>(2) Most regions saw a steady increase - in Eastern Europe/Central Asia and South Asia, however, the funding was more volatile.</p> <p>(3) There was an increase in all regions in 2004, notably Africa and South East Asia.</p> <p>(4) The highest proportion of spending went to South Asia, including India. This was true overall and for each year from 1999 to 2003. In 2004, Africa/Middle East became the largest recipients.</p>		

Stop TB Partnership

Summary continued...

Research and Development:

- (1) 3% of funding reported was earmarked for research and development.
- (2) Foundations tended to fund R&D directly and specifically. Bilateral agencies did not.
- (3) R&D funding was particularly volatile. There appears to have been a gradual decline from 2002-2004, despite a sizeable increase in the level of overall funding for TB.

The future requirements for TB funding are such that the contributions for bilateral donors and the governments themselves will have to be scaled up considerable, at least doubled by the bilateral agencies

Decisions requested from the Stop TB Coordinating Board:

- (1) Tracking/survey of donor funds should be conducted ever three years.
- (2) A generic toolkit be prepared at country level by the Stop TB partnership to ensure that TB funding needs are linked to substantial aid flows - PRSP, budget support or broader health planning and not earmarked for specific diseases.
- (3) The resource mobilization strategy and the Long Range Plan prepared by the Stop TB Partnership in 2004 should be reviewed and modified to reflect the demand projected by the Global plan.

Next steps and time frame

WHAT	WHO	WHEN	FOCAL POINT
<ul style="list-style-type: none"> 1. Tool kit developed 2. Update resource mobilization strategy 	<ul style="list-style-type: none"> Secretariat RM Advisory Group 	<ul style="list-style-type: none"> April 2006 	<ul style="list-style-type: none"> Executive Secretary