Investing in our future
The Global Fund
To Fight AIDS, Tuberculosis and Malaria

Funding TB/HIV Collaborative Activities in the European Union

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Outline

- Global Fund Board decision on accelerating the TB response
- Funding for TB/HIV collaborative services, overall and in Eastern Europe & Central Asia
- Prospects for funding through Round 10
  - Prioritization criteria for Round 10
  - Dedicated MARPs reserve

Global Fund Decision Point

(November 2008: Decision Point GF/B18/DP12)

- Recognizes that slow progress in implementing core TB-HIV collaborative services is a risk to achieving successful outcomes under current and future Global Fund tuberculosis and HIV grants.
- All applicants should include and implement:
  - Significant, robust tuberculosis interventions in their HIV/AIDS proposals
  - HIV/AIDS interventions in their tuberculosis proposals.
- Guidelines for phase 2 requests: for continued funding for tuberculosis or HIV grants, CCMs should:
  - Explain plans for scaling up universal TB-HIV collaborative services
  - Explicitly articulate what TB-HIV activities, funding, and indicators will be included in each proposal.

Lancet editorial, May 2010

Tuberculosis and HIV: time for an intensified response

Tuberculosis is a leading cause of death in people with HIV infection, accounting for more than a quarter of the 2 million AIDS deaths in 2008.[1] HIV has exacerbated the tuberculosis epidemic globally and especially in Africa—in some sub-Saharan African countries, up to 70% of people with tuberculosis are also HIV positive.[2] People with HIV infection also now face the worsening problem of multi-drug-resistant and extensively drug-resistant tuberculosis.

Despite remarkable progress in the individual fields of tuberculosis and HIV programming, the gravity and provide routine tuberculosis screening, treatment, and prevention to people living with HIV; and to offer HIV counselling and testing to all patients with signs and symptoms of tuberculosis. Health-system restructuring is also needed to provide HIV prevention, treatment, and care services for HIV-positive patients with tuberculosis. The links between tuberculosis and HIV provide a unique opportunity to demonstrate how innovative approaches that foster programmatic collaboration among all stakeholders can significantly strengthen the

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See Comment pages 1755 and 1760

*Tedros Adhanom Ghebreyesus, Michel Kazatchkine, Michel Sidibé, Hiroki Nakatani

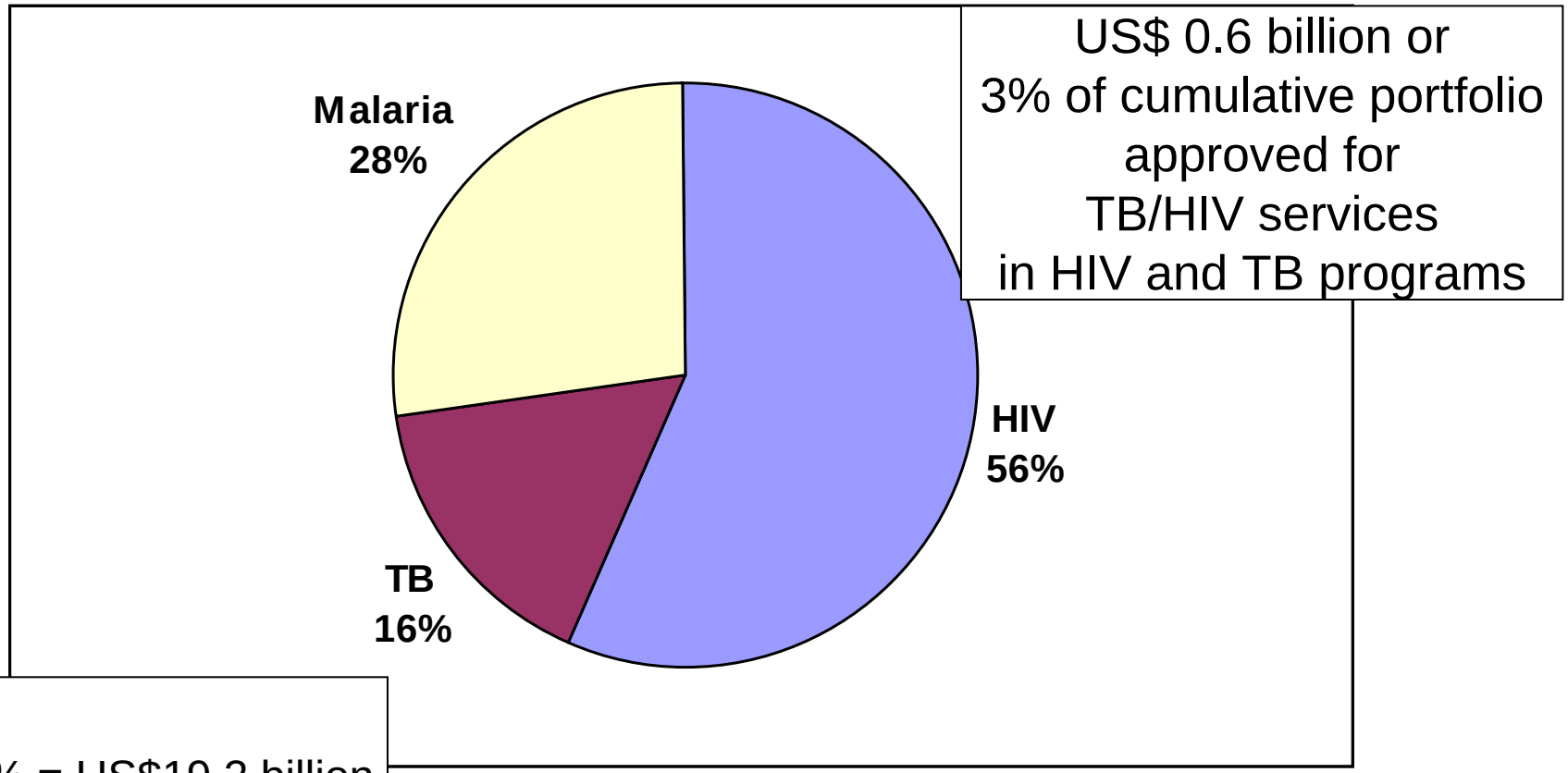
Global Fund approved funding, 2002 - 2009

Funds (in USD)	Description
19.2 bln	Total cumulative Global Fund portfolio, 2002 - 2009
10.8 bln	Cumulative approved funding for HIV programs, 2002 - 2009
5.2 bln	Cumulative approved funding for TB programs, 2002 - 2009
548 mln	Cumulative approved funding for TB/HIV collaborative activities, 2002 - 2009

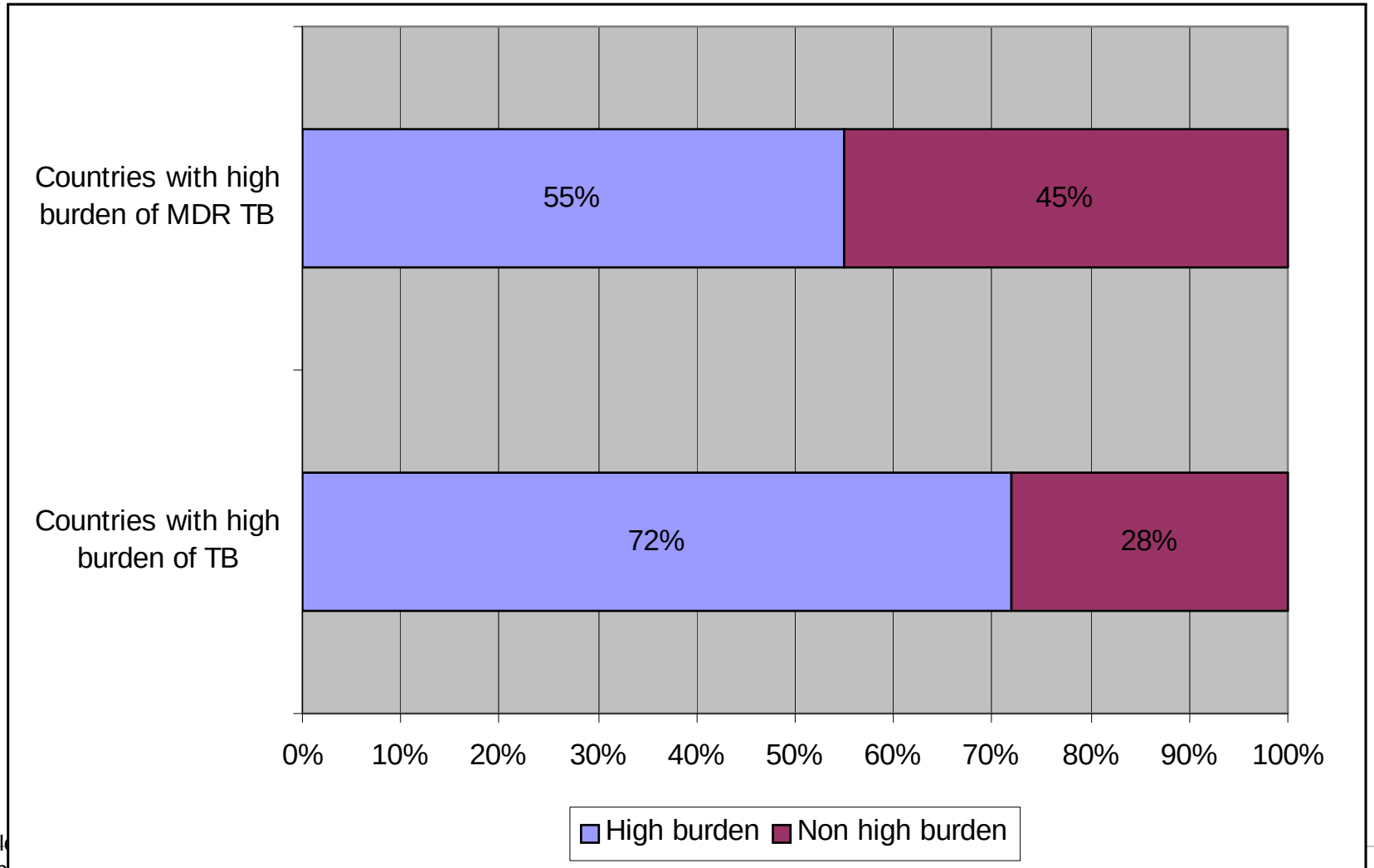
Cumulative Global Fund disbursements by region and disease (2002-2009)

Disbursement to date (end 2009)	HIV (in US$ millions)	TB (in US$ millions)	Malaria (in US$ millions)	Total disbursement by region
Sub-Saharan Africa	3,104	375	1,976	5,455
Asia	1,093	582	491	2,166
Latin America & Caribbean	603	129	90	822
Middle East & North Africa	258	120	214	592
Eastern Europe & Central Asia	669	245	20	934
Total	**5,727**	**1,451**	**2,791**	**9,969**

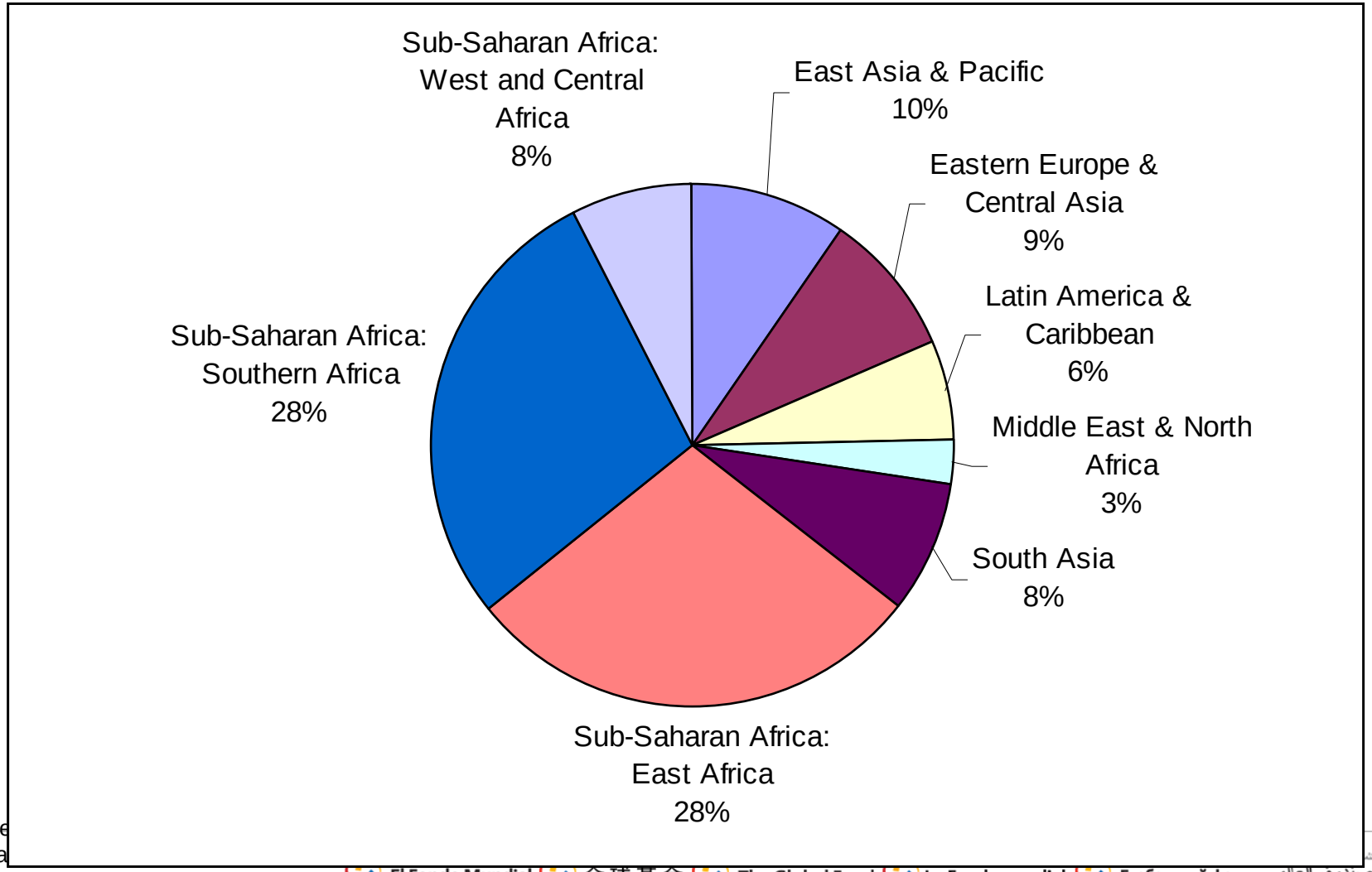
Total Global Fund portfolio, 2002-2009



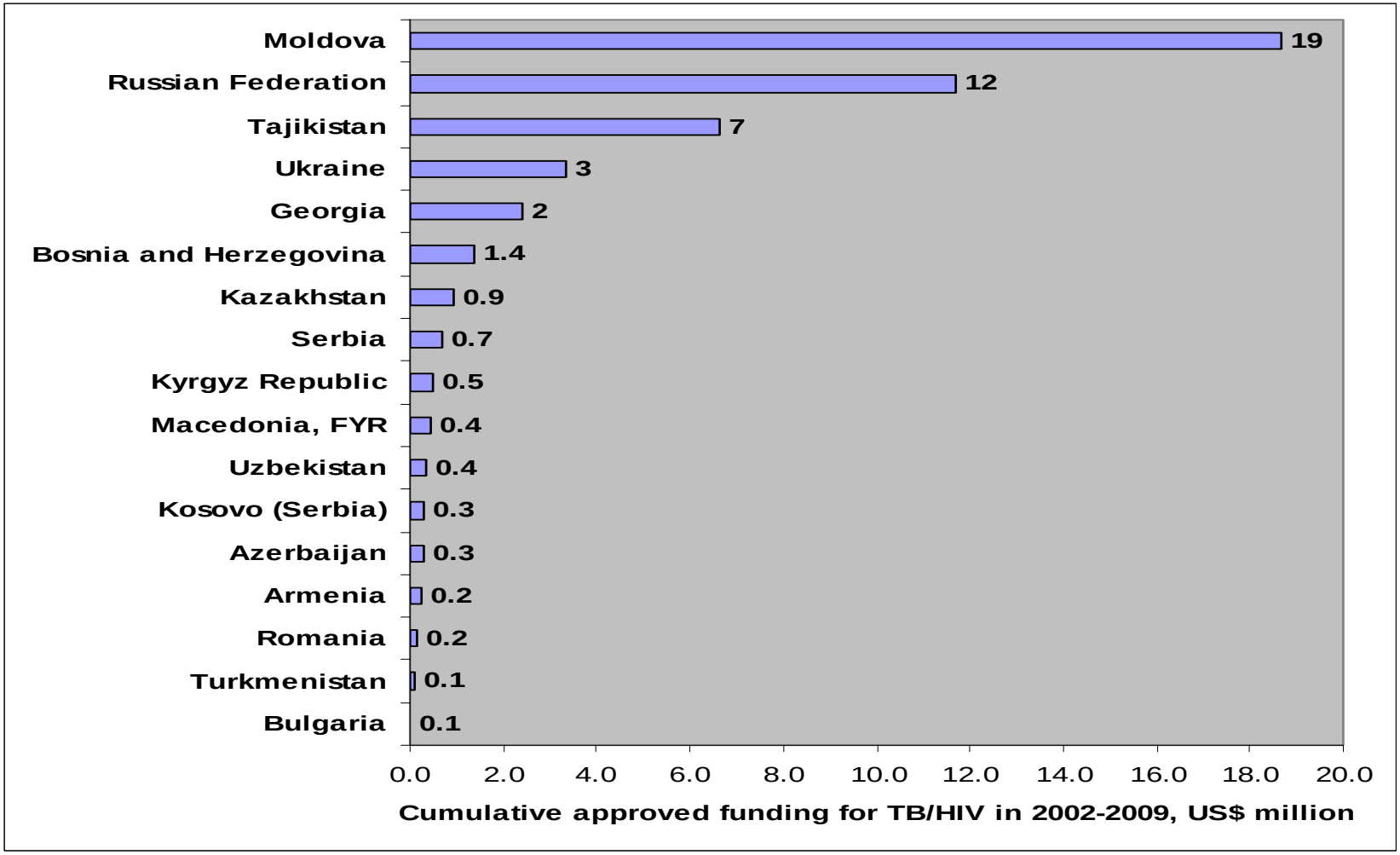
Allocation for TB/HIV in HBCs and MDR TB countries



Allocations for TB/HIV programs by region



Cumulative approved funding for TB/HIV in EECA in 2002-2009



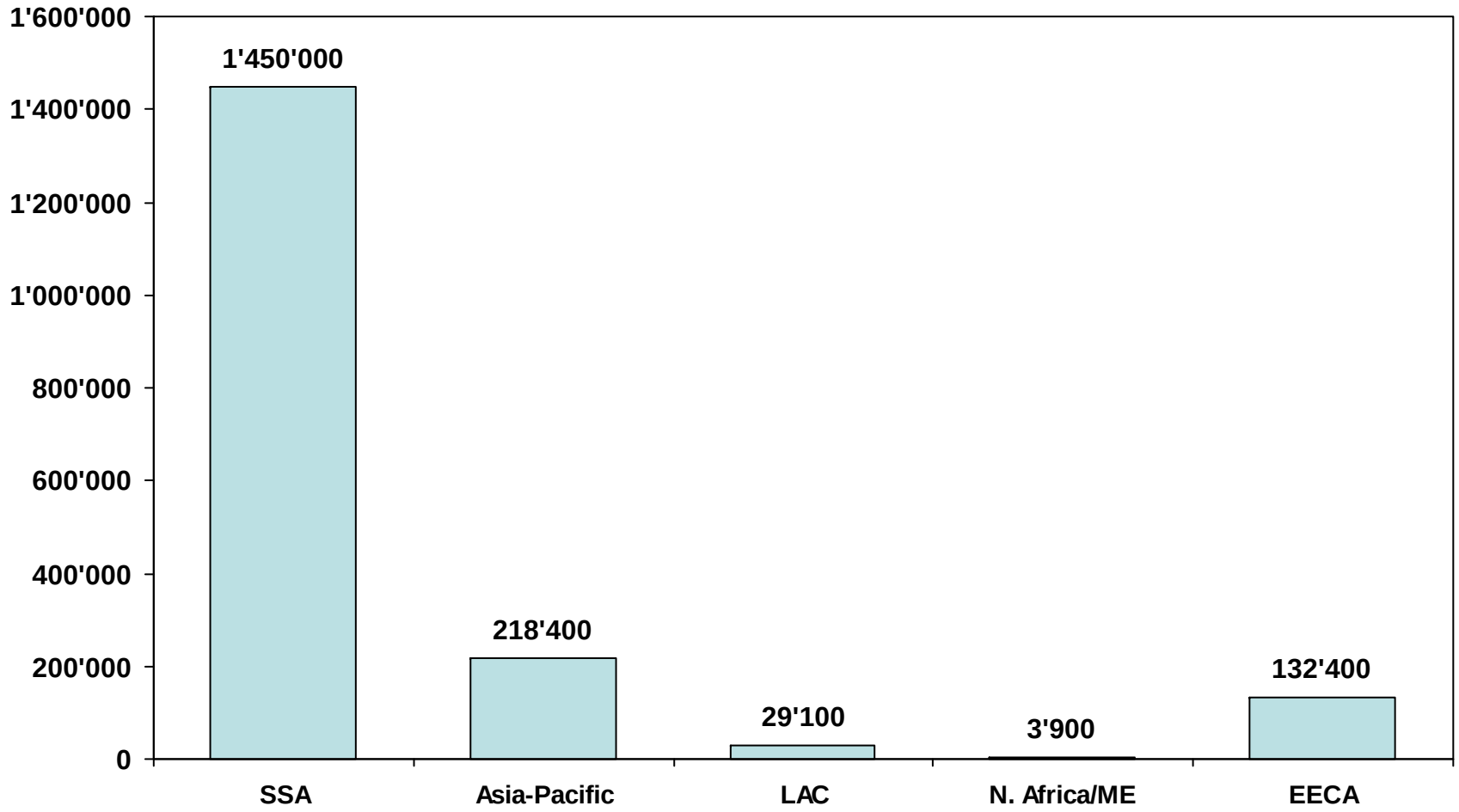
TB/HIV collaborative activities

Service Delivery Areas

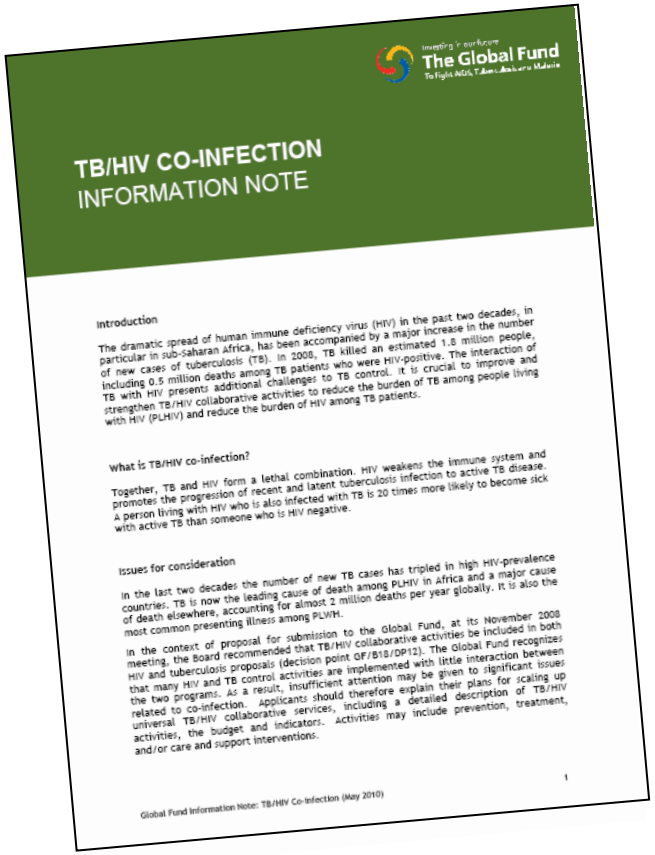
- HIV care and support for HIV-positive TB patients
- Intensified case finding among PLWHA
- Prevention of HIV in TB patients
- Prevention of opportunistic infections in PLWHA with TB
- Prevention of TB disease in PLWHA
- Provision of antiretroviral treatment for TB patients

TB/HIV services provided, by region

(as of end 2009, Results Report 2010)



Round 10



TB/HIV CO-INFECTION
INFORMATION NOTE

Introduction

The dramatic spread of human immune deficiency virus (HIV) in the past two decades, in particular in sub-Saharan Africa, has been accompanied by a major increase in the number of new cases of tuberculosis (TB). In 2008, TB killed an estimated 1.8 million people, including 0.5 million deaths among TB patients who were HIV-positive. The interaction of TB with HIV presents additional challenges to TB control. It is crucial to improve and strengthen TB/HIV collaborative activities to reduce the burden of TB among people living with HIV (PLHIV) and reduce the burden of HIV among TB patients.

What is TB/HIV co-infection?

Together, TB and HIV form a lethal combination. HIV weakens the immune system and promotes the progression of recent and latent tuberculosis infection to active TB disease. A person living with HIV who is also infected with TB is 20 times more likely to become sick with active TB than someone who is HIV negative.

Issues for consideration

In the last two decades the number of new TB cases has tripled in high HIV-prevalence countries. TB is now the leading cause of death among PLHIV in Africa and a major cause of death elsewhere, accounting for almost 2 million deaths per year globally. It is also the most common presenting illness among PLWH.

In the context of proposal for submission to the Global Fund, at its November 2008 meeting, the Board recommended that TB/HIV collaborative activities be included in both HIV and tuberculosis proposals (decision point GF/B18/DP12). The Global Fund recognizes that many HIV and TB control activities are implemented with little interaction between the two programs. As a result, insufficient attention may be given to significant issues related to co-infection. Applicants should therefore explain their plans for scaling up universal TB/HIV collaborative services, including a detailed description of TB/HIV activities, the budget and indicators. Activities may include prevention, treatment, and/or care and support interventions.

Global Fund Information Note: TB/HIV Co-Infection (May 2010)

•4.4.4 Enhancing TB/HIV collaborative activities

Describe:

(a)how the proposal will contribute to strengthening TB/HIV collaborative activities; and

(b)the collaboration between the National TB program and the HIV services of your country.

ONE PAGE MAXIMUM

Prioritization for Round 10

Criterion	Indicator	Value	Score
TRP Recommendation	TRP Recommendation Category	Category 1 Category 2 Category 2B	4 4 3
Disease Burden	Specific disease burden criteria (see below)		4 3 2 1
Poverty	World Bank Income Classification[4]	Low Income Lower-Middle Income Upper-Middle Income	4 2 0

HIV burden criteria for R10 prioritization

HIV/AIDS (Source of data: UNAIDS and WHO)

Indicator	Value	Score
HIV prevalence in the general population and/or in vulnerable populations[5]	HIV national prevalence ≥ 2%	4
	HIV national prevalence ≥ 1% and <2% OR MARP[6] prevalence ≥10%	3
	HIV national prevalence ≥ 0.5% and <1% OR MARP prevalence ≥5% and <10%	2
	HIV national prevalence < 0.5% and MARPS <5% OR no data	1

TB burden criteria for R10 prioritization

Tuberculosis (Source of data: WHO)

Indicator	Value	Score
Combination of tuberculosis notification rate per 100,000 population (all forms including relapses); and WHO list of high burden countries (TB, TB/HIV or MDR-TB)	TB Notification rate per 100,000 population ≥ 146) OR TB Notification rate per 100,000 population ≥83 and <146 and high TB burden, high TB/HIV burden, or high MDR-TB burden country	4
	TB Notification rate per 100,000 population ≥83 and <146 OR TB Notification rate per 100,000 population ≥38 and <83 and high TB burden, high TB/HIV burden, or high MDR-TB burden country	3
	TB Notification rate per 100,000 population ≥38 and <83 OR TB Notification rate per 100,000 population < 38 and high TB burden, high TB/HIV burden, or high MDR-TB burden country	2
	TB Notification rate per 100,000 population < 38	1

Round 10 Dedicated MARPs Reserve

- Maximum of USD 75 M over 2 years (200 M over 5 years)
- Applications with focus only on most-at-risk populations for HIV
- Individual applications: up to USD 5 M for 2 years (up to 12.5 over the proposal lifetime)
- MARPs: populations at high risk of HIV infection which demonstrate a higher HIV prevalence than the general population, with particular emphasis on:
  - MSM, transgender people and their sexual partners
  - Female, male and transgender sex workers and their sexual partners
  - People who inject drugs and their sexual partners

Round 10 Dedicated MARPs Reserve

Criterion	Indicator	Value	Score
TRP Recommendation	TRP Recommendation Category	Category 1 Category 2 Category 2B	4 4 3
Disease Burden	Specific disease burden criterion for HIV/AIDS (see below)		4 3 2 1

HIV/AIDS (Source of data: UNAIDS and WHO)

Indicator	Value	Score
HIV prevalence in vulnerable populations	MARP prevalence ≥10%	4
	MARP prevalence ≥5% and <10%	3
	MARP prevalence <5% OR NO DATA	1

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