

Funding TB/HIV activities:



a PEPFAR Perspective

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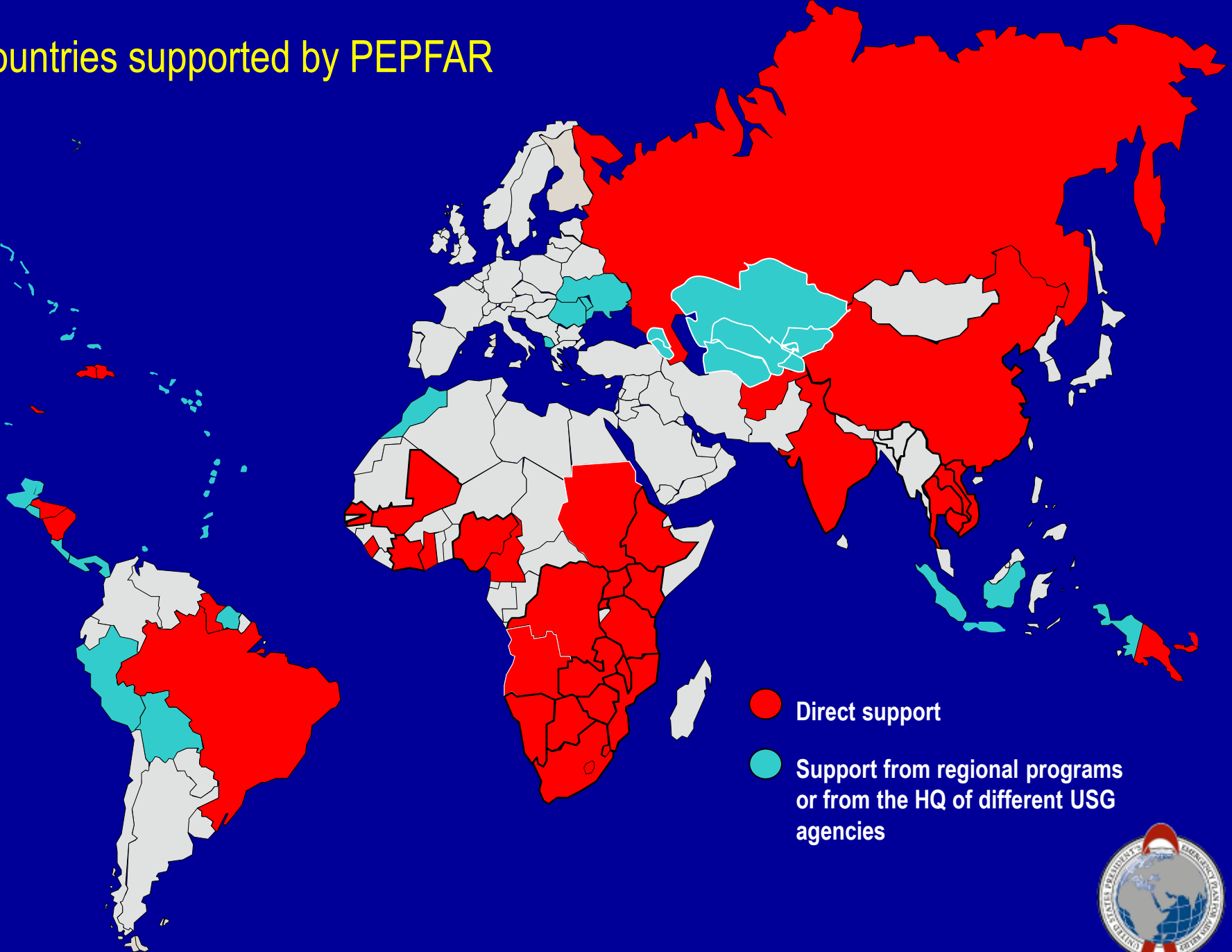
PEPFAR

(US President's Emergency Plan for AIDS Relief)

- PEPFAR I: 2004-2008, \$18.8 billion public health initiative to address the global HIV/AIDS epidemic (2-7-10 goals)
- PEPFAR II: 2009-2013, US Congressional reauthorization of \$48 billion to address the global HIV, TB, and malaria epidemics (3-12-12 goals)
 - Part of \$63 billion Global Health Initiative announced by President Obama in May, 2009
 - At least \$5 billion allocated for TB
 - Post « focus country » era
 - Partnership Frameworks central to PEPFAR II; shift from emergency response to focus on sustainability and progressive transition to local partners
- The largest international public health initiative in history
- Based on the elaboration of precise objectives and results measured against indicators with targets set by individual country teams as outlined in their annual country operational plans (COPs)
- Partnering and collaborating with all sectors of society
 - National governments, international and local NGOs, civil society, the private sector, UN organizations (UNAIDS, WHO, UNICEF, etc)



Countries supported by PEPFAR



- Direct support
- Support from regional programs or from the HQ of different USG agencies

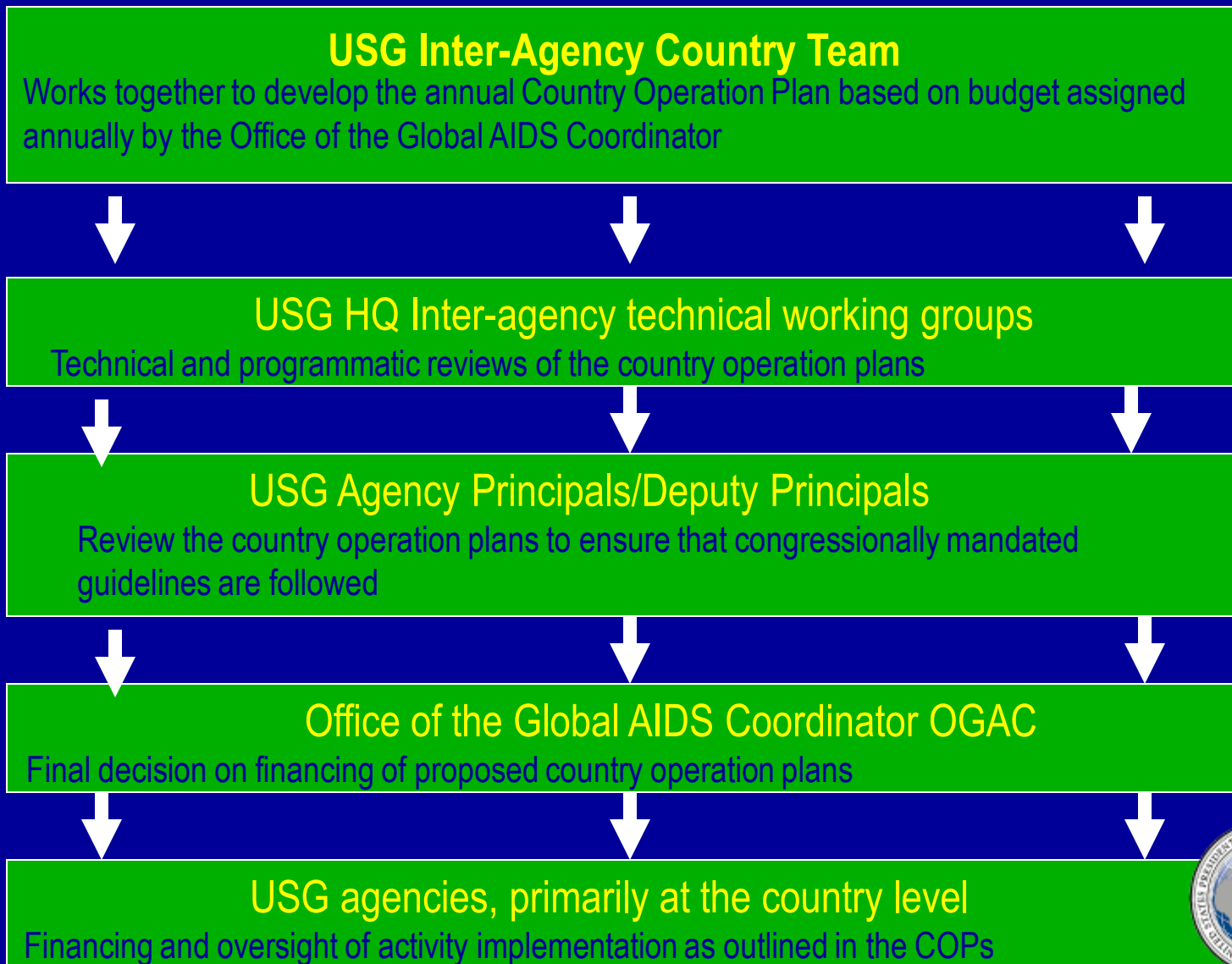


USG Interagency collaboration to implement PEPFAR

- **Department of State**
 - **Office of the Global AIDS Coordinator (OGAC)**
 - **USAID**
 - **Embassies**
- **Department of Health and Human Services**
 - **CDC**
 - **NIH**
 - **HRSA**
 - **SAMHSA**
 - **FDA**
- **Departments of Defense, Labor, and Commerce**
- **Peace Corps**

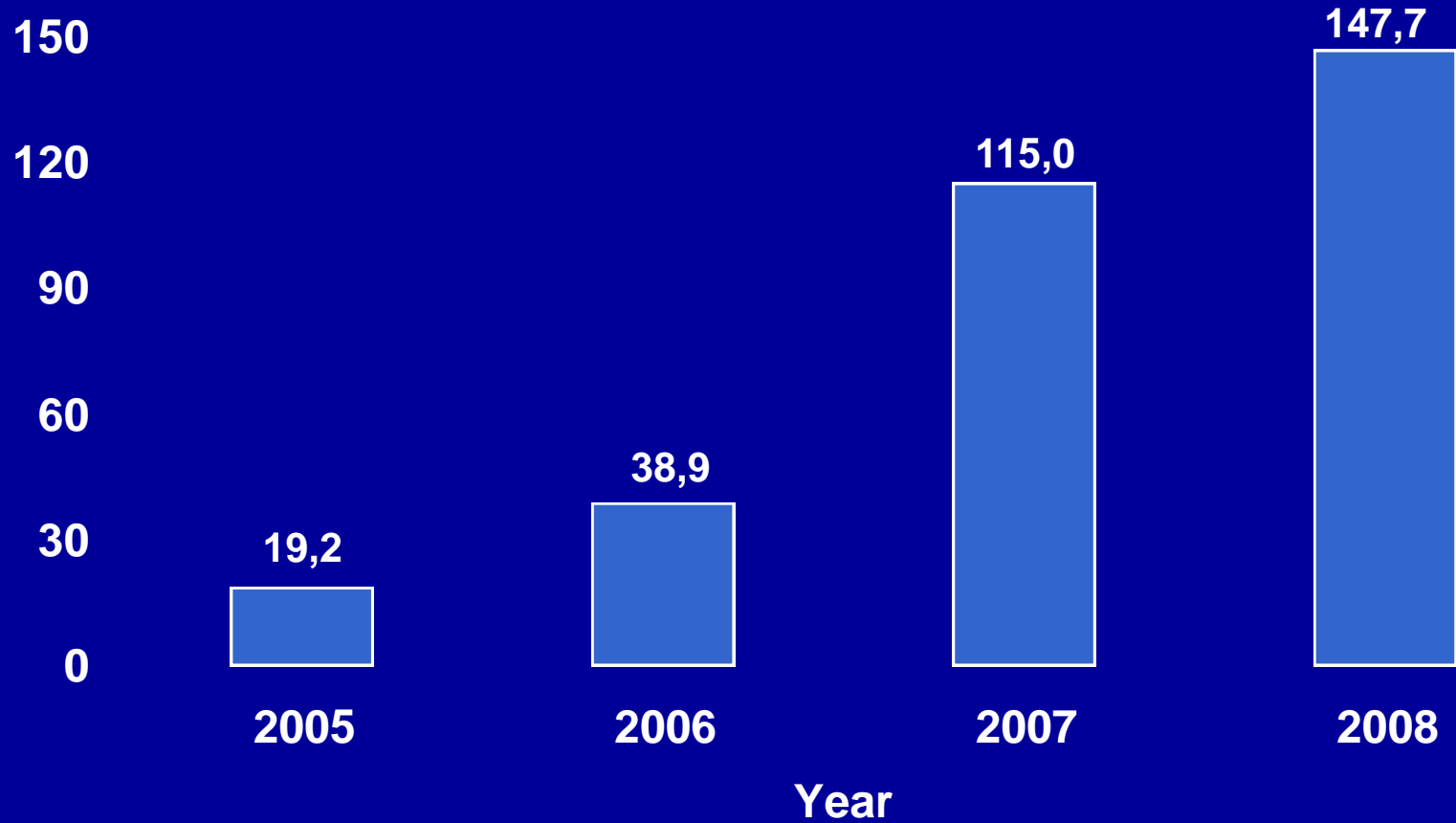


PEPFAR budget decision making process



PEPFAR financing of TB/HIV activities 2005-2008

Million (Dollar US)

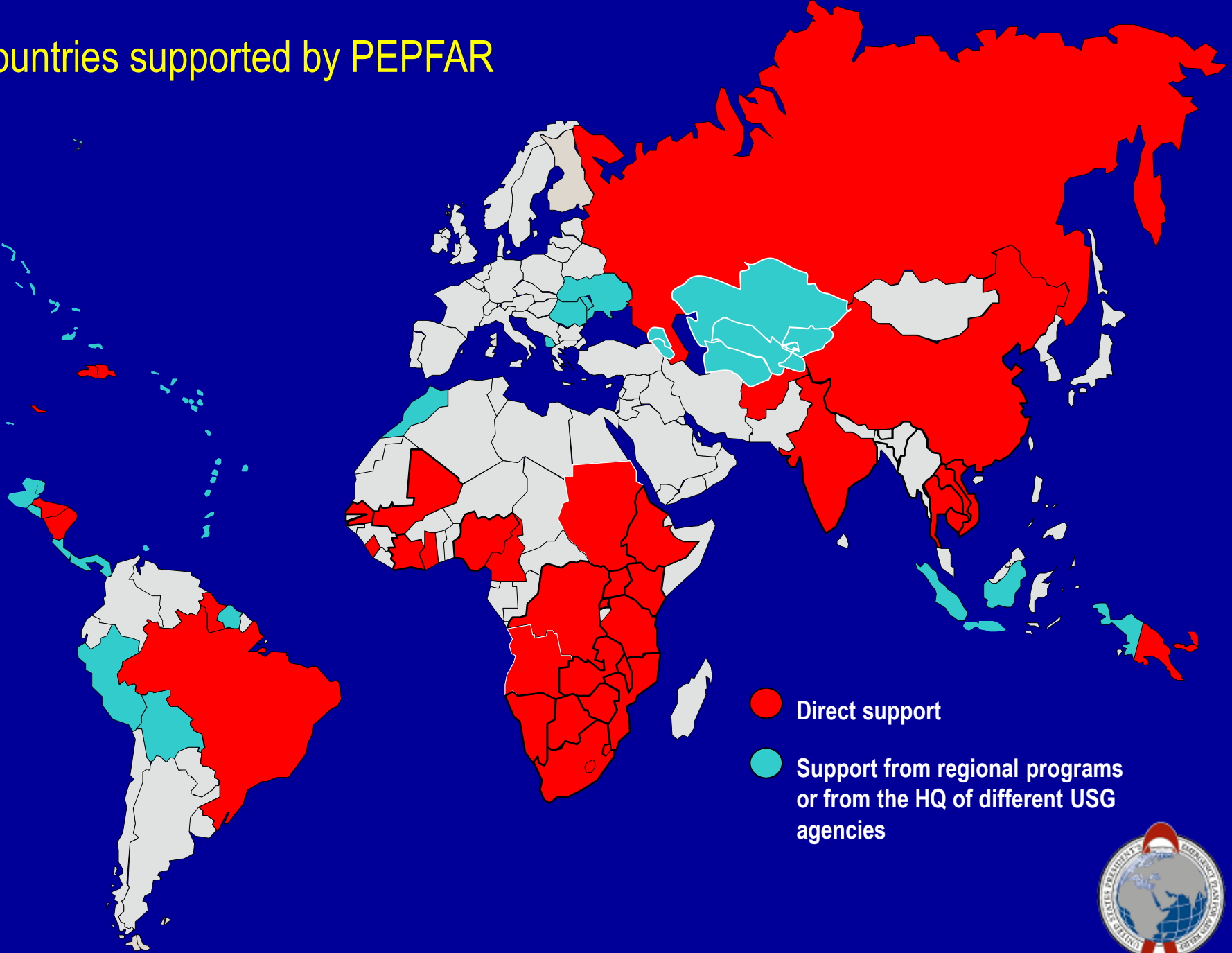


PEPFAR TB/HIV Technical Working Group

- Composed of HQ and field representatives from PEPFAR implementing agencies (USAID, CDC/GAP, and OGAC)
- Active collaboration with the WHO and Global Fund
- Develops priorities and technical guidelines based on international standards and recommendations
- Direct support to the implementation of high priority national level TB/HIV activities
 - Advocacy for the development of national guidelines
 - Development of national guidelines and tools for their implementation
 - Technical assistance to support the implementation of activities, including monitoring and evaluation and quality assurance



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PEPFAR support to the Asia Pacific Region

- India
 - China
 - Cambodia
 - Thailand, Laos, Indonesia, Papua New Guinea
 - Vietnam
-
- PEPFAR support for TB in the region is primarily focused on technical assistance; Vietnam is an exception.
 - PEPFAR supported TA can leverage additional funding from the GFATM and USAID.



A snapshot of PEPFAR funding for TB/HIV activities in the Asia Pacific Region:

- The case of Vietnam
 - a PEPFAR I “focus” country



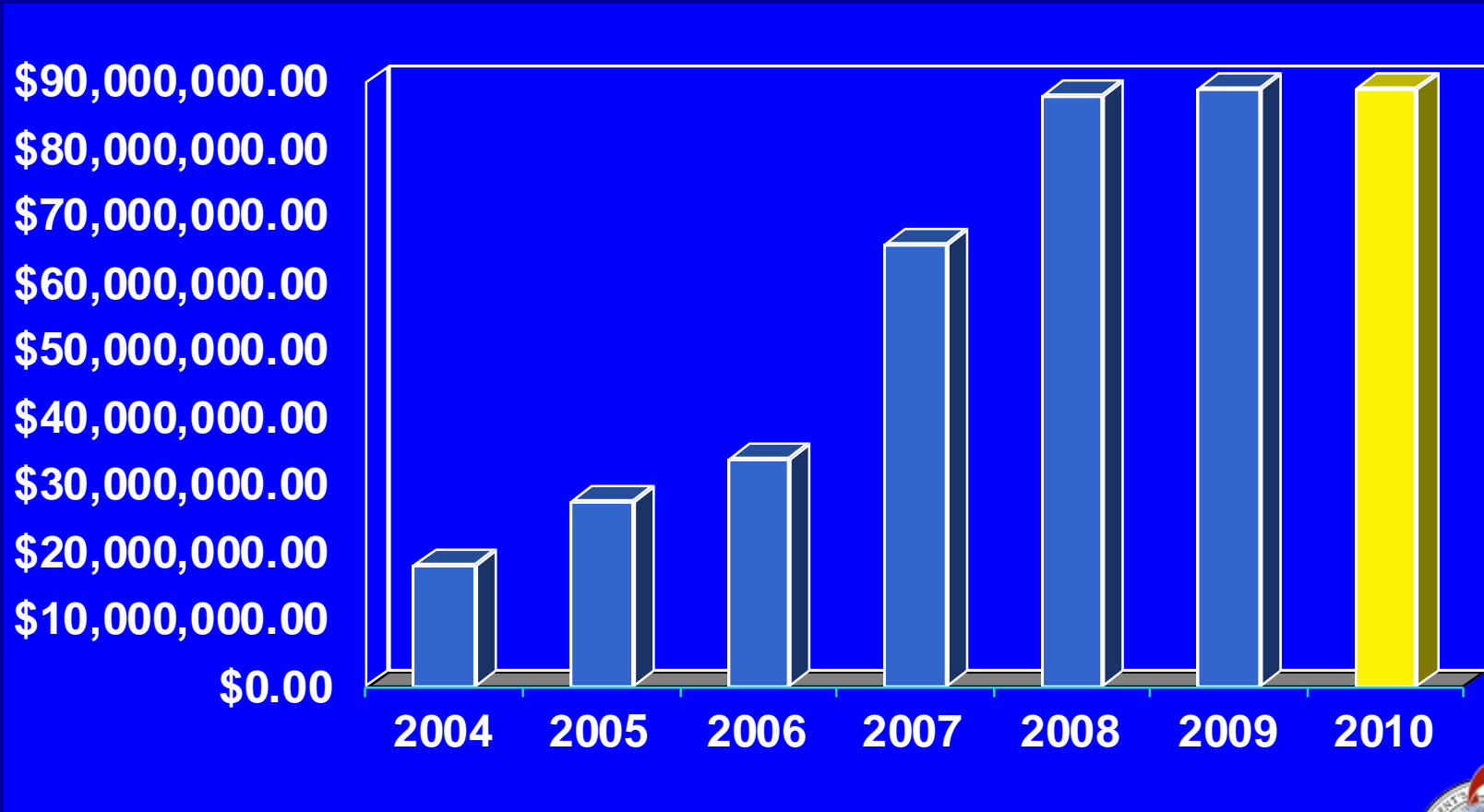
Vietnam TB and HIV epidemiology*

- Population: 87 million
- General TB prevalence: 220/100,000
 - 192,000 cases (#12 on WHO list of HBCs)
- General TB incidence: 171/100,000
 - 150,000 new cases/year
 - 66,000 smear +
- General HIV prevalence: 0.3 %
 - 260,000 HIV infections
- HIV prevalence among TB patients: 8.1%
 - In HCMC it is 16%
- TB incidence among HIV+ pts initiating ART in HCMC: 27% (only 40% were smear +)
- Estimated TB/HIV co-infections: 15,500

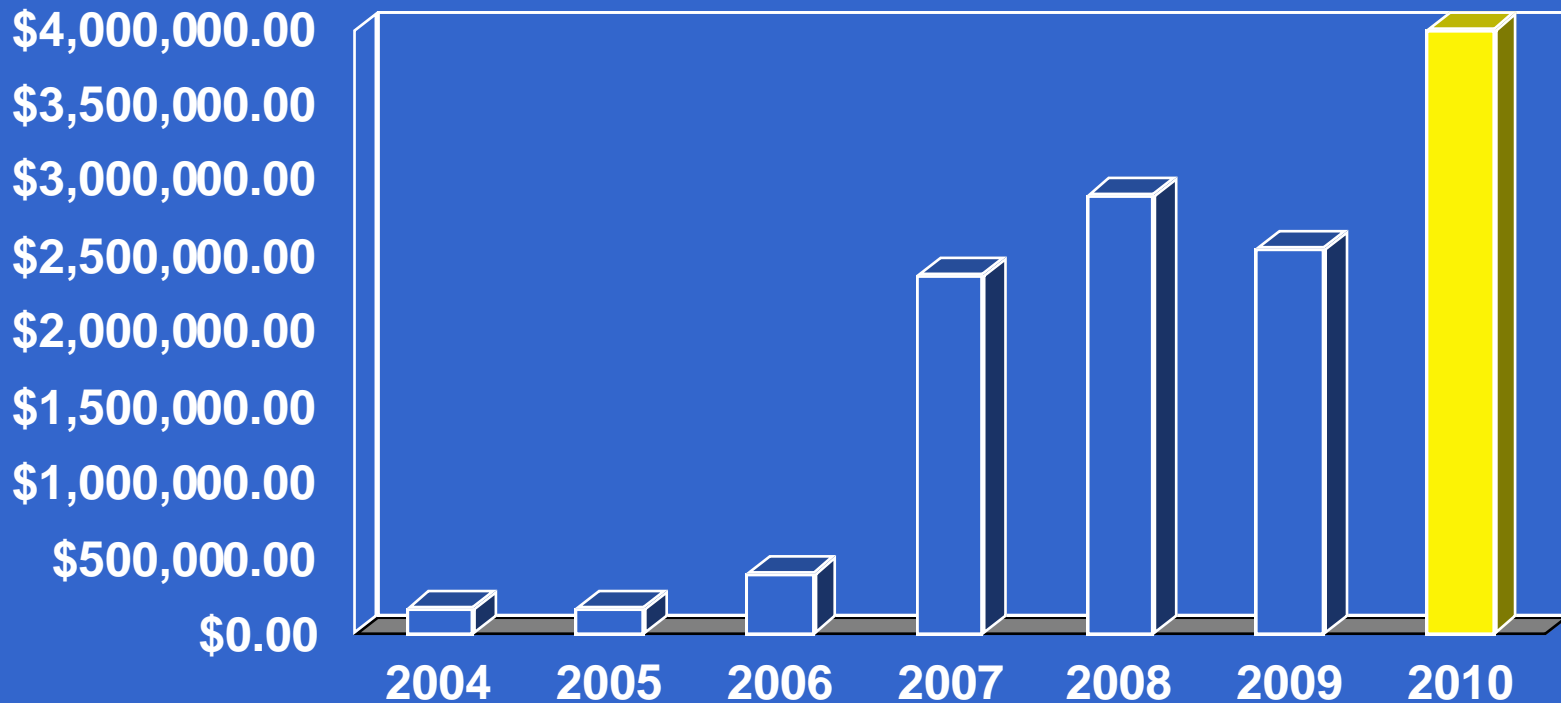
• *WHO Tuberculosis Control 2009 (based on 2007 data)



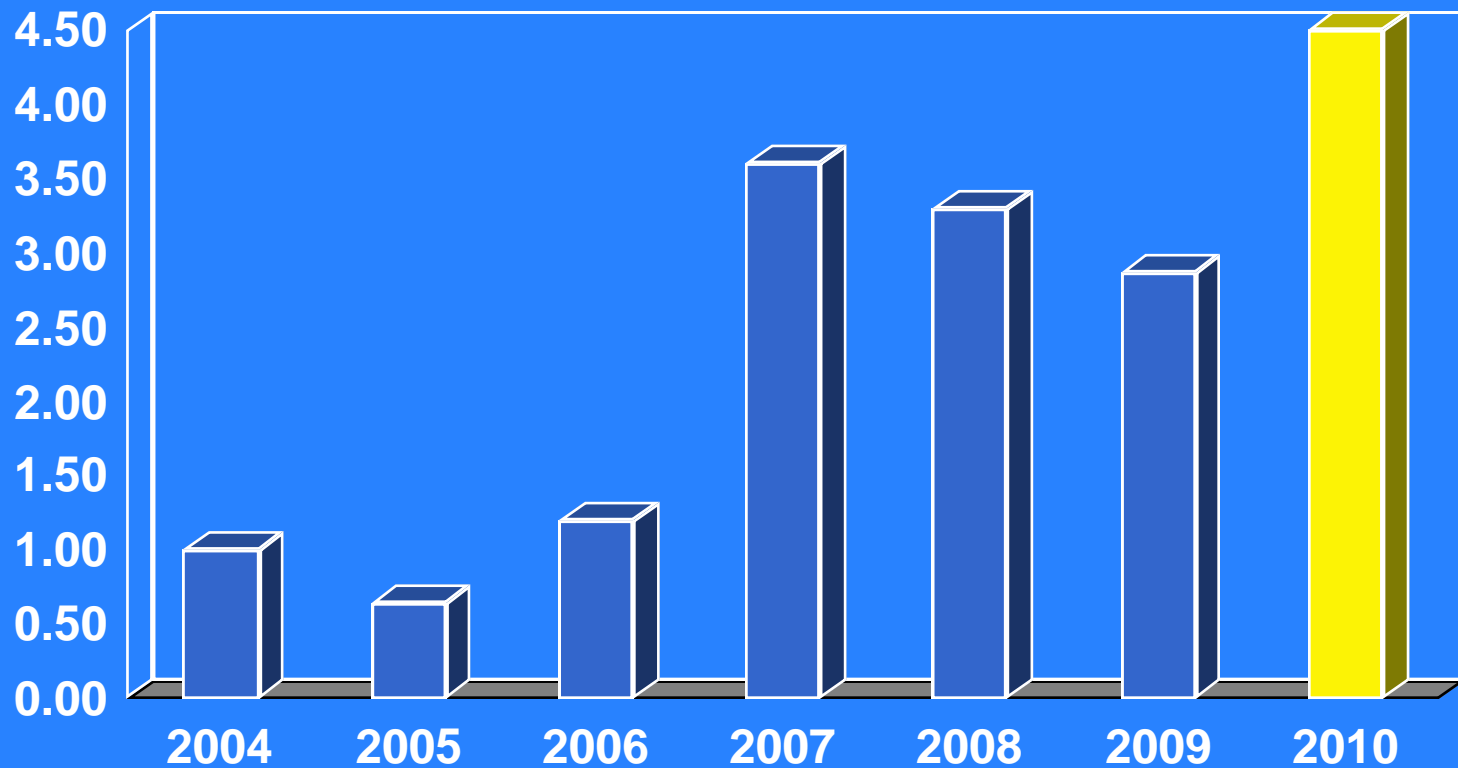
PEPFAR Vietnam Funding: Total



PEPFAR Vietnam Funding: TB Program Area



PEPFAR Vietnam Funding: TB Program Area as a % of Total Funding



Current focus of PEPFAR funded TB/HIV activities:

- The case of Vietnam



FY 2009:

- Funding slightly decreased to \$2,554,011
- Implementing partners: GVN MOH, GVN MOD, HCMC PAC, FHI, KNCV, PATH, MDM, Harvard Medical School AIDS Initiative in Vietnam
- Activities supported included:
 - Focus on improving referral of TB patients diagnosed as HIV+ to HIV care and treatment services
 - Expansion of HIV care and treatment services (cotrim and ART) to additional TB hospitals (to ensure early OI prophylaxis and treatment of HIV)
 - Expansion of IPT from 3 to 4 provinces (12>17 sites)
 - Expansion of TB lab capacity development to 8 provinces
 - Support for TB infection control, including simple renovations and equipment purchases to improve air flow in clinic and lab spaces
 - Continue training HIV clinic staff to screen for TB
 - Concerted effort to support the implementation of WHO recommendations and priorities
 - Continued M&E capacity building



Additional USG funding for TB in the Asia Pacific Region

- In addition to PEPFAR funded TB/HIV activities, USAID Regional Development Mission Asia will be supporting a variety of TB activities with \$17.25 million in funding over three years (FY08/FY09/FY10)
- This financial support will be concentrated on the 9 high burden countries in the region: Bangladesh, Burma, Cambodia, China, India, Indonesia, Phillipines, Thailand, and Vietnam.



- Countries in the region with bilateral USAID missions can access TBCAP funds.
 - Country missions: Bangladesh, Cambodia, India, Indonesia, Philippines
 - Regional mission (Bangkok): Thailand, Cambodia, Vietnam, Myanmar, China, India, Indonesia, Philippines
- TBCAP: ~\$100m per year
 - Coalition of technical partners (ATS, CDC, FHI, IUATLD, JATA, KNCV, MSH, WHO)
 - Focus on DOTS, PPM, TB/HIV, human capacity development



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