Global Fund TB Grants in Asia and the Pacific

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ICAPP, 2009, Bali
Outline

• GF Financing on TB

• Progress: case detection rate, cure rate

• March towards MDG: Incidence Prevalence Death

• Which factors are triggering progress: Income, health service, Physicians. Health financing, GF grant

• For well performing countries vs poor performing countries

• Where are GF items spent?

• What can be done better?
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TB Financing of GF in Asia & the Pacific

- Board approved grant amount US$ 1.3 B
- Signed amount US$ 0.8 B
- Disbursed amount US$ 0.5 B
- 191 M USD signed in 2009

Source: TGF web page
27July 09
TB Financing of GF in Asia & the Pacific

Rounds 1 – 8, (July 09)

Source: TGF web page
Global Fund Share of International Financing for TB

Source: WHO Stop TB Data, 2008
TB Commitments Relative to Burden of Disease in Asia

Source: TGF web page
27 July 2009
DALYS from WHO, 2008
Global TB Commitments

Rounds 1 – 8, (June 09)

Source: Key Financial Figures – Finance Dept.
22 June 2009
TB Commitments in East Asia and the Pacific

Rounds 1 – 8, (July 09)

Source: Key Financial Figures – Finance Dept.
16 July 2009

2009
191 million USD committed
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Case Detection Rate
Case Detection Rate

[Graph showing case detection rates for various countries and years, with specific years and countries listed in the diagram.]
GF Resources
TB Mortality rate 2000-2007
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Mortality MDG
Prevalence MDG

Cambodia, 2000
Philippines, 2000
Bhutan, 2000
Bangladesh, 2000
Papua New Guinea, 2000
India, 2000
Laos, 2000
Indonesia, 2000
Mongolia, 2000
Myanmar, 2000
China, 2000
Vietnam, 2000
Nepal, 2000
Thailand, 2000
Japan, 2000
Malaysia, 2000
Fiji, 2000
Sri Lanka, 2000
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Role of Health Worker?
Per Capita Expenditure

WHO Per capita total expenditure on health (PPP int)
% GDP spent on health
% External / Total Health Expenditure

WHO External resources for health as a percentage of total expenditure on health


Color: Unique colors
Size: 4 WHO All forms of TB, existing cases per 100,000 - estimated

Select:
- [Japan]
- [Korea, Dem. Rep.]
- [Korea, Rep.]
- [Laos]
- [Malaysia]
- [Maldives]
- [Mongolia]
- [Myanmar]
- [Nepal]
- [Papua New Guinea]
- [Philippines]
- [Sri Lanka]
- [Thailand]
- [Timor-Leste]
- [Vietnam]

Lin

2006

[Select all]
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Results

• 95 % of patients having sputum positive TB could refer to their illness in chest
• 72 % of patients having X ray positive TB could refer to illness to their chest
• >80 % visited some health care services
• <40 % received treatment for TB
Cost Breakdown

- Training: 24%
- Monitoring and Evaluation: 12%
- Human Resources: 11%
- Communication Materials: 10%
- Infrastructure and Other Equipment: 9%
- Planning and Administration: 6%
- Medicines and Pharmaceutical Products: 7%
- Procurement and Supply Management Costs: 1%
- Technical Assistance: 2%
- Overheads: 3%
- Procurement and Supply Management Costs: 1%
- Living Support to Clients/Target Population: 5%
- Health Products and Health Equipment: 7%
- Skilled and Administrative Staff: 6%
- Communication Materials: 10%
- Media and Other Equipment: 9%
- Other: 3%
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- Technical Assistance: 2%
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Source: EFR 27 July 2009
Cost Breakdown

Source: EFR 27 July 2009
In search of ideas for Health System Strengthening... 2015
Role of WHO

Design - Implementation - Evaluation

Global Fund Grant Life Cycle