Overview

» The Global Fund investments for TB Control
» Rationale for the Joint Approach
» The Joint Work Programme 2010-11
» Update on the Work Programme
Global Fund is main source of international financing to HIV, TB and Malaria Programmes
- Accounts for 1/4th of AIDS; 2/3rd of TB and 3/4th of Malaria financing

Since its creation in 2002,
- Approved funding of US$ 19.3 billion
- Across 572 programmes in 144 countries

Global Fund Principles
- Operate as a financial instrument, not an implementing entity.
- Make available and leverage additional financial resources.
- Support programs that evolve from national plans and priorities.
- Operate in a balanced manner in terms of different regions, diseases and interventions.
- Pursue an integrated and balanced approach to prevention and treatment.
- Evaluate proposals through independent review processes.
- Operate with transparency and accountability.

Country owned, demand driven performance based funding model
Global Fund investments for scaling up Tuberculosis control

» By September 2009 (2002-2009)

  » Supports nearly 190 grants across 110 countries

  » Approved funding for TB and TB/HIV grants ~ $2.5 Bn
    - ~15% of total Global Fund approved funding
    - ~ 54% of global TB funding

  » Disbursed a total of ~ $1.4 Bn
Expansion of Global Fund grant portfolio, by countries, approved grants and approved amounts

Cumulative number of grants, new countries and approved amounts, TB and TB/HIV portfolio

- Cumulative total # grants per round
- Cumulative # new countries
- Cumulative approved amount (US$ millions)
Allocation of TB portfolio by regions: funding vs. burden of TB

<table>
<thead>
<tr>
<th>Region</th>
<th>Estimated incidence all forms, 2008</th>
<th>Cumulative approved funding (2002-2009)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-Saharan Africa</td>
<td>31%</td>
<td>32%</td>
</tr>
<tr>
<td>Europe and Central</td>
<td>5%</td>
<td>14%</td>
</tr>
<tr>
<td>East Asia and Pacific</td>
<td>29%</td>
<td>26%</td>
</tr>
<tr>
<td>Latin America and</td>
<td>2%</td>
<td>8%</td>
</tr>
<tr>
<td>Middle East and North</td>
<td>4%</td>
<td>6%</td>
</tr>
<tr>
<td>South Asia</td>
<td>29%</td>
<td>14%</td>
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</tbody>
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Note: The graph shows the estimated incidence of all forms of TB and the cumulative approved funding from 2002 to 2009 for different regions. The regions are listed as follows: Sub-Saharan Africa, Europe and Central, East Asia and Pacific, Latin America and, Middle East and North, South Asia.
What we fund?

- Curative care (44%)
- Diagnostics (17%)
- M&E (8%)
- Training (9%)
- Prevention / ACSM (12%)

Ancillary services to medical care
US$412 mln; 17%

Prevention and public health services
US$288 mln; 12%

M&E
US$195 mln; 8%

Administration
US$220 mln; 9%

Education and training of health personnel
US$215 mln; 9%

Research and development in TB
US$28 mln; 1%

Other
US$6 mln; 0%

Services of curative care
US$1 128 mln; 44%
Issues and challenges in monitoring performance and making funding decisions

» Grant focus - How is the grant performing in the context of national strategy/programme?
  » Under new architecture – shift of focus to entire portfolio

» Is the data being provided by countries reliable?
  » Emphasis on M&E systems assessment and strengthening
  » Rolled out Data Quality Assessment systems

» Emphasis on outcomes and impacts – what difference are we making?
  » Need to demonstrate results for the investments made

» Challenge – limited information on TB burden and trends
  » Outcome and impact indicators are based on estimates
  » Limited number of countries with information on prevalence/ mortality
Rationale for common approach

» Global Fund 5YE
  » Finding: Insufficient information to assess the impact of scale-up of DOTS and progress of countries towards TB related MDG's

  » Recommendations: Address data gaps on TB prevalence, mortality and diagnostic effort to supplement the strong clinical case-finding and treatment reporting system.

» WHO and Global Fund share a interest in and commitment to
  » improving surveillance systems, leading to a certification process
  » assessing the quality and coverage of surveillance data and
  » measuring the impact of TB control efforts on TB incidence, prevalence and mortality.
Opportunities

» Strengthening assessment of surveillance data
  » WHO has developed a framework and tools for assessment of surveillance data
  » Global Fund with support of partners have developed tools for assessment of data quality and M&E systems
  » Tools observed to be complimentary and can be harmonized

» Supporting TB prevalence surveys
  » Global Fund major funder in several of the priority countries where TB prevalence is recommended
  » Global Fund is supported TB prevalence surveys in several countries

» Strengthen Performance Based Funding
  » As stated, emphasis on directly measurable outcomes and impact information
  » Technical guidance and support from WHO to review and recommend appropriate indicators for PBF decisions
Measures initiated:

» A joint work programme developed for 2010-11
  » Joint TB M&E team established – weekly meetings
  » Common approach document developed

» Supporting TB Prevalence Surveys
  » Sensitization meeting with Fund Portfolio Managers (FPM) on TB Prevalence Surveys
  » Participation in Meeting on prevalence surveys in African countries, WHO HQ, Geneva, 15-16 October 2009 to discuss progress and address bottlenecks in the conduct of surveys
  » On-going support to countries and FPMs at the Global Fund to address funding bottlenecks

» Review of indicators used in Global Fund grants
  » TB cure rates identify as best available indicator to assess quality of programmatic performance
  » Suggestion to de-emphasize CDR as the main outcome indicators – as it is based on estimates
  » Proposed alternative – combination of notification rates with diagnostic intensity/effort (TB suspects screened through microscopy/culture)
Harmonizing tools for assessment of quality of surveillance data

» Joint meeting organized on Feb 10, 2010 to share tools

» Key outcomes:
  » Harmonization of tools
  » Adapt existing data quality assessment tools and develop common set of methods and related tools.
  » Test out the harmonized package of tools in 3-5 countries, with a view to further roll-out if successful
  » Implement the common approach
    - through periodic regional workshop,
    - on-going in-country data quality assessment

» Analysis and assessment (situational analysis) forms the basis of future M&E plans (planning), its implementation and assessment of progress on recommendations
Way forward: priorities

» Roll out harmonized approach
  » WPRO regional workshop in June 2010
  » Regional workshop in Africa in Sept 2010

» On-going work to identify indicators for measuring grant performance

» Support impact measurement
  » Prevalence surveys
  » Strengthening systems to measure TB Mortality

» Establishment of a small “Steering Committee” to conceptualize and guide and keep the momentum of the “certification” process
Points for discussion:

» How to achieve early and effective buy in, involvement and ownership of NTP managers for the certification process?