Tuberculosis in 2017: Searching for new solutions in the face of new challenges

6th TB Symposium – Ministry of Health of the Republic of Belarus, Republican Scientific and Practical Center for Pulmonology and Tuberculosis, and Médecins Sans Frontières

1-2 March, 2017, MINSK, BELARUS

GFATM Allocation, sustainability and transition and co-financing policy

2017-2019

George Sakvarelidze
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The Global Fund to Fight AIDS, Tuberculosis and Malaria

Overview

The Global Fund to Fight AIDS, Tuberculosis and Malaria was created in 2002 to raise, manage and invest the world’s money to respond to three of the deadliest infectious diseases the world has ever known.

The Global Fund raises and invests nearly US$4 billion a year to support programs run by local experts in countries and communities most in need.

The vision of the Global Fund is to achieve a world free of the burden of HIV, TB and malaria. The strategy is to invest for impact.

The Global Fund partnership supports programs that have saved more than 20 million lives at the end of 2015. Current projections show that more than 2 million lives are being saved each year.
Global Fund Strategy 2017-2022 “Investing to End Epidemics”

The strategy is based on a framework of four clear objectives:

1. Maximize Impact Against HIV, TB and malaria
2. Promote and Protect Human Rights & Gender Equality
3. Build Resilient & Sustainable Systems for Health
4. Mobilize Increased Resources

STRATEGIC ENABLERS: Innovate and differentiate along the development continuum • Support mutually accountable partnerships
Global Fund Eligibility Policy

The Global Fund’s 2017-2022 strategy and allocation-based approach enables strategic investment to accelerate the end of HIV/AIDS, tuberculosis and malaria and build resilient and sustainable systems for health.

Allocations are made once every three years following the outcomes of the Global Fund’s replenishment.

The Global Fund’s Eligibility Policy is designed to ensure that available resources are allocated to countries with the highest disease burden and lowest economic capacity and to key and vulnerable populations disproportionately affected by the three diseases.

Eligibility is determined by a country’s income classification, as measured by Gross National Income (GNI) per capita (World Bank Atlas Method), and official disease burden categorization (WHO, UNAIDS).
Sustainability and Transition – Global Fund understanding

**Sustainability** - the ability of a health program or country to both maintain and scale up service coverage to a level, in line with epidemiological context, that will provide for continuing control of a public health problem and support efforts for elimination of the three diseases, even after the removal of funding by the Global Fund and other major external donors.

**Transition** - the mechanism by which a country, or a country-component, moves towards fully funding and implementing its health programs independent of Global Fund support while continuing to sustain the gains and scaling up as appropriate.
Sustainability Transition and Co-financing policy in the 2017-2022 Global Fund Strategy

The Global Fund Strategy 2017-2022 places a strong emphasis on the need to:

• **support sustainable responses** for epidemic control

• **successful transitions** away from direct grant support

• **use existing resources more efficiently**

• **increase domestic resource mobilization.**
The STC Policy - Sustainability

Sustainability is a key aspect of development and health financing, and all countries, regardless of their economic capacity and disease burden, should be planning for and embedding sustainability considerations within national strategies, program design, grant design, and implementation.

**Key aspects of sustainability planning:**

- Strengthening of National Strategic Plans – planning, costing, financing, priority setting
  - Identifying efficiencies and enhancing optimization of disease responses
  - Development of health financing strategies
- Increased domestic financing of national disease response and interventions financed by the Global Fund (including interventions focused on key populations and human rights and gender)
- Alignment and integration of systems

National ownership and political commitment are imperative drivers of sustainability planning. Sustainability is meaningless if not linked to public health policy objectives.
The STC Policy - Transition Preparedness and Planning

- Transition is a process, which depends on eligibility as well as changes in allocation amounts.
- Countries are encouraged to **plan early** to enhance transition preparedness (n-10yrs), and **work to increase financing of all key interventions** of the national disease response as they move along the development continuum.
- Reductions in the size of the allocation may require a country to progressively assume key parts of the national disease response, even multiple allocation cycles prior to transition.

**Key Aspects of Transition Planning:**

- All sustainability planning, **plus:**
- Development of Transition Readiness Assessments, Transition Strategies, and/or Sustainability Plans;
- Progressive and accelerated government financing of key interventions and tracking health and disease spending;
- Enhanced focus on key populations and structural barriers to health access (including human rights);
- Addressing critical enablers: contracting of non-state actors, strengthening of M&E and procurement systems, reduction of dependence on Global Fund for purchasing commodities, etc.
The STC Policy - Co-Financing

STC Policy includes a co-financing policy aimed at incentivizing increased domestic resources for health, and progressively focused investments along the development continuum as a country prepares for transition.

Domestic funding should progressively absorb costs of key program components, including but not limited to:

• human resources
• procurement of essential drugs and commodities
• programs that address human rights and gender related barriers and programs for key and vulnerable populations.
Sustainability and Transition linkages

**Sustainability Planning**
- Support National Strategic Plans to ensure the sustainability of HIV, TB, and malaria programs
- Support development of Health Financing Strategies in countries with high burden of disease and/or low revenue capture

**Progressive Transition of GF financed elements**
- Transition Readiness Assessments/ Gap Analysis (Government; CCM; Partners)
- National Transition Work Plan (Government; CCM; Partners)
- Priority activities from Transition Work Plan basis for GF funding request (funding comes from country allocation)

Goal: Working towards sustaining programs and eventual transition

All countries subject to Co-Financing Requirements

LIC/LMIC

LMIC/U-LMIC (Low, Moderate Disease burden)

All U-LMIC/UMI

LIC/LMIC

LMIC/U-LMIC (Low, Moderate Disease burden)

All U-LMIC/UMI
Sustainability: Focus of Applications and Co-financing

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Disease Burden</th>
<th>Focus of application</th>
<th>Co-Financing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Income Countries</td>
<td>No restriction</td>
<td>No restriction</td>
<td>No restriction</td>
</tr>
<tr>
<td>Lower-LMI Countries</td>
<td>No restriction</td>
<td>50% focus on key and vulnerable populations/interventions</td>
<td>Minimum 50% in disease programs</td>
</tr>
<tr>
<td>Upper-LMI Countries</td>
<td>No restriction</td>
<td>100% focus on interventions that maintain or scale-up evidence-based interventions for key and vulnerable populations</td>
<td>Minimum 75% in disease programs**</td>
</tr>
<tr>
<td>Upper-Middle Income Countries</td>
<td>Extreme, Severe or High*</td>
<td>100% focus on interventions that maintain or scale-up evidence-based interventions for key and vulnerable populations</td>
<td>Focused on disease program and systems to address roadblocks to transition; minimum 50% in key and vulnerable populations</td>
</tr>
</tbody>
</table>

UMICs with low/moderate DB, G-20 UMIIs with less than extreme DB, and High Income Countries are ineligible

* Small Island Economies are eligible if they have a low or moderate disease burden.
** 'Low' or 'moderate' burden country components are encouraged to show a greater share of domestic contributions that will address systemic bottlenecks for transition and sustainability.
EECA- TB and HIV and income profile

The WHO EURO region is home to 25% of the global MDR-TB burden and to the highest rates of drug resistance among new TB cases (up to 45% in some countries) Drug resistant TB is responsible for 27% of all microbial resistance deaths.

Of the 30 high MDR-TB burden countries are in European region. European region has lowest treatment success rate.

In 2014, there were 80% more new HIV cases than in 2003. HIV epidemics remain concentrated in Key affected vulnerable population such as PWIDs, MSM and SW.

WHO EURO region’s Eastern part has the fastest growing HIV epidemic and lowest HIV treatment access in the world.

Majority of EECA countries are middle-income countries and the absolute TB and HIV burden remains low in comparison with other region with low income and high burden.

Limited domestic and external resources
Domestic Spending and Commitments is Increasing in the region

HIV Spending and Commitments

TB Spending and Commitments
**EECA Region: Funding Gap for HIV and TB in Global Fund Eligible Countries (2015-17)**

**HIV Funding Gap**
- Gap: 20% ($197 M)
- Government: 50%
- Global Fund: 20%
- Other Donors: 10%

**TB Funding Gap**
- Gap: 19% ($614 M)
- Government: 68%
- Global Fund: 9%
- Other Donors: 4%
But resources for key affected population is funded by GF and others external donors

- **Government**: 19%
- **Global Fund**: 70%
- **Other Donors**: 11%

81% of HIV funding for key population interventions (IDU, MSM, FSW and vulnerable populations) is funded by external resources.

Similar trends are observed for TB detection care and support among vulnerable groups and TB/HIV programming.
### Strong reliance on Global Fund support

<table>
<thead>
<tr>
<th>Health Product</th>
<th>% of country fully or partially depending of the GF or other sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; line ARV</td>
<td>38%</td>
</tr>
<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt; line ARV</td>
<td>44%</td>
</tr>
<tr>
<td>Viral load</td>
<td>50%</td>
</tr>
<tr>
<td>HIV Lab diagnostics</td>
<td>38%</td>
</tr>
<tr>
<td>CD4</td>
<td>42%</td>
</tr>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; line TB drugs</td>
<td>39%</td>
</tr>
<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt; line TB drugs</td>
<td>66%</td>
</tr>
<tr>
<td>DST</td>
<td>58%</td>
</tr>
<tr>
<td>GeneXpert</td>
<td>94%</td>
</tr>
<tr>
<td>Microscopy</td>
<td>29%</td>
</tr>
</tbody>
</table>
GF funding available for EECA 2014-2017

Sum of Allocations 2014-2017

Sum of Disbursements 2011-2013

The Global Fund
Global Fund Allocations for 2017-2019 Allocation Period

$296.5 M

Transition 2017-2019: Albania and Turkmenistan
Transition 2020-2022: Armenia
Transition 2023-2025: Kazakhstan

Newly eligible 2017-2019:
HIV: Serbia, Montenegro and Kazakshtan
# Technical Efficiencies (how to invest)

<table>
<thead>
<tr>
<th>Some Source of inefficiency</th>
<th>Potential ways to address inefficiency</th>
</tr>
</thead>
</table>
| **Medicines:**              | ART standardisation - Public Health Approach.  
Rational product selection and registration (fixed dose combination).  
Implement new HIV testing guideline.  
Affordable prices (use of generics, price negotiations, GF pooled procurement mechanism, International procurement agent, GDF for TB drugs).  
National procurement laws. |
| - Underuse of generics and higher than necessary prices for medicines  
- Use of substandard and counterfeit medicines  
- Inappropriate and ineffective use | |
| **Health-care services:**  | TB reform financing and delivery services (ambulatory care).  |
| - Inappropriate hospital admissions and length of stay.  
- Inappropriate hospital size | |
| **Health interventions:**  | NSP and policies based on WHO/UN recommendations and guidelines (key populations).  |
| - Inefficient mix/inappropriate level of strategies | |
The reasoning behind people-centred (TB) care (ii)

*The Economist* - Development - The economics of optimism, Jan 24th 2015 - citing the Copenhagen Consensus Centre

Investing in TB prevention and care: Value for money

- No-brainers
  - Benefit per dollar spent for various development targets, $
  - Trade liberalisation
  - Access to contraception
  - Reducing tax evasion
  - Increasing migration
  - Reducing poverty
  - Reducing tuberculosis
  - Greater pre-school access in sub-Saharan Africa
  - Increasing circumcision for those at risk from HIV
  - Reducing coral loss

Source: Copenhagen Consensus Centre
Context (ix) High unit costs: estimated cost per patient treated for MDR-TB in 90 countries (2014)
Similar trends in countries that transitioned from GF and countries in the process of transition (BiH, Macedonia, Bulgaria).

Health Product procurement, treatment and related services are generally absorbed by government funding but with limited scale up.

Gap in funding for prevention esp. for KPs, harm reduction services, TB active case finding treatment adherence and care and support.

For example, loss of HIV support in Romania led to increase of HIV from controlled under 5% prevalence to 24 among people who inject drugs and nearly 20% among gay and other men who have sex with men. Similarly, Montenegro and Serbia observed emerge of HIV epidemic after reduced prevention among key populations during the transition.

While in theory MICs have the ability to pay, in practice that doesn’t mean they are willing or ready to pay.
Some key messages

• Global Fund STC policy calls on all countries to plan for and embed sustainability considerations within national strategies, program design, grant design, and implementation

• Data trends in the region indicate need for continued investment in prevention and harm reduction services. Cost of treatment outweighs cost of prevention.

• Due to their linkage to communities and ability to connect KP to health services, civil society needs to be seen as an integral part of health services. Opportunity to build on emerging social contracting mechanisms in the sub-region

• Transition is a process that extends beyond grant closure, therefore opportunities for available support should be fully harnessed.

• Governments, donors, technical agencies, multilateral agencies and civil society organisations all have a role to play to ensure smooth transition processes as a matter of “shared responsibility”.
Some key messages

• Strengthen health systems, including procurement and supply management (of health products) systems.

• Work with governments around “product selection” to ensure that medicines and other health products are reflected in treatment/diagnostic guidelines, essential medicines’ lists, and procurement formularies.

• Work with governments, regulatory authorities, and manufacturers to encourage health product registration and adoption of recognized quality standards.

• Use GF, GDF/GLC mechanisms.
Thank you.