Joint TB-HIV Programming in the Funding Model
Results from an analysis of single TB-HIV Concept Notes

Dr. Annette Reinisch, Senior Disease Advisor HIV and HIV/TB

Global consultation to draw lessons from development of single TB and HIV concept notes and defining the way forward for joint TB and HIV programming
18 to 20 November 2015, Addis Ababa, Ethiopia
Content Overview

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3. The single concept note in the funding model
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Background

- Slow and conservative uptake of evidence-based global TB and HIV policies
- Insufficient planning and resources to quickly roll out national policies and evidence based practices
- Logistical and administrative challenges to program scale-up
- Mismatch between TB and HIV prevention, treatment and care services

GF Board’s decision for TB-HIV high-burden countries to submit joint CN

Source: GF Joint TB-HIV Programming Information Note
The single concept note in the funding model

May 2014- November 2015: 8 windows for submission of concept notes

November 2015 - 41 TB/HIV concept notes: from 38 high burden countries + 3 “volunteers”
15 countries with joint TB-HIV proposals:
Burkina Faso, DRC, Ethiopia, Ghana, India, Kenya, Mozambique, Swaziland, Tanzania, Thailand, Togo, Uganda, Ukraine, Vietnam, Zambia

50 grants through GAC 2:
- Type of grants/alignment
- Indicator targets
- Budgets

Data from GAC 2 stage (cut-off July 2015)
## Analysis- Methodology (2)
### Countries Covered

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>South Africa</td>
<td>330,000</td>
<td>Indonesia</td>
<td>7,500</td>
</tr>
<tr>
<td>India</td>
<td>130,000</td>
<td>China</td>
<td>7,300</td>
</tr>
<tr>
<td>Mozambique</td>
<td>83,000</td>
<td>Namibia</td>
<td>7,300</td>
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<tr>
<td>Zimbabwe</td>
<td>55,000</td>
<td>Angola</td>
<td>5,500</td>
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<tr>
<td>Nigeria</td>
<td>46,000</td>
<td>Central African Republic</td>
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<tr>
<td>Kenya</td>
<td>45,000</td>
<td>Botswana</td>
<td>5,100</td>
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<td>Uganda</td>
<td>35,000</td>
<td>Ukraine</td>
<td>4,800</td>
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<td>Zambia</td>
<td>35,000</td>
<td>Haiti</td>
<td>4,300</td>
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<tr>
<td>United Republic of Tanzania</td>
<td>32,000</td>
<td>Sudan</td>
<td>4,300</td>
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<tr>
<td>Ethiopia</td>
<td>23,000</td>
<td>Chad</td>
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<td>Cameroon</td>
<td>19,000</td>
<td>Sierra Leone</td>
<td>3,900</td>
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<td>Myanmar</td>
<td>19,000</td>
<td>Congo</td>
<td>3,600</td>
</tr>
<tr>
<td>Brazil</td>
<td>16,000</td>
<td>Rwanda</td>
<td>2,900</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>16,000</td>
<td>Ghana</td>
<td>2,800</td>
</tr>
<tr>
<td>Malawi hashi</td>
<td>16,000</td>
<td>Cambodia</td>
<td>2,700</td>
</tr>
<tr>
<td>Swaziland</td>
<td>13,000</td>
<td>Burundi</td>
<td>2,500</td>
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<tr>
<td>Thailand</td>
<td>12,000</td>
<td>Burkina Faso</td>
<td>1,600</td>
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<td>Lesotho</td>
<td>9,900</td>
<td>Mali</td>
<td>1,200</td>
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<td>Russian Federation</td>
<td>9,300</td>
<td>Togo</td>
<td>1,200</td>
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<td>Viet Nam</td>
<td>9,300</td>
<td>Djibouti</td>
<td>540</td>
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<tr>
<td>Côte d'Ivoire</td>
<td>8,000</td>
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</table>
Results
Type of grants

- 15 Concept Notes
- 50 Grants

23 HIV Grants
US$1.961bn

16 TB Grants
US$0.610bn

11 TB-HIV Grants
US$0.389bn

Total: US$2.96bn

Source: GAC 2 budgets
€ values from Burkina Faso and Togo converted using grant specific exchange rate

100

No. of Grants
Budget
22.0%

32.0%

46.0%

66.2%

TB-HIV
TB
HIV

7 HIV Grants and 7 TB Grants managed by same PR
## Results

### TB/HIV collaborative indicators

<table>
<thead>
<tr>
<th>TB/HIV indicator</th>
<th>Included in PF</th>
<th>Includes a baseline</th>
<th>Coverage target &gt;90% by 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of TB patients who had an HIV test result recorded in the TB register</td>
<td>15/15</td>
<td>14/15</td>
<td>12/15</td>
</tr>
<tr>
<td>Percentage of HIV-positive registered TB patients given ART during TB treatment</td>
<td>15/15</td>
<td>15/15</td>
<td>11/15</td>
</tr>
<tr>
<td>Percentage of HIV-positive patients who were screened for TB in HIV care or treatment settings</td>
<td>13/15</td>
<td>10/13</td>
<td>5/13</td>
</tr>
<tr>
<td>Percentage of new HIV-positive patients starting IPT during the reporting period</td>
<td>9/15</td>
<td>5/9</td>
<td>0/9</td>
</tr>
</tbody>
</table>

Source: Performance Framework GAC 2. Note: Several indicators are only reported as subnational.
Results

Budgets

Budgets at CN and grant stage in US$ million by key modules

Source: Salesforce, GAC 2 budgets
€ values from Burkina Faso and Togo converted using grant specific exchange rate
Results

Budgets

Budgets of 50 grants in US$ million

...after including data from detailed budgets

Source: Salesforce, GAC 2 budgets
€ values from Burkina Faso and Togo converted using grant specific exchange rate

US$ 134 million
Results

Type of TB-HIV joint activities to be funded from 50 grants

- Material costs
- Joint Policy
- PSM
- Joint Supervision
- M&E
- Commodities*
- IEC
- Coordination
- IPT (including commodities)
- Joint Program Review
- IC
- Joint HCW training & CSO capacity building
- Joint service delivery
- GeneXpert

Proportion of total TB-HIV budget (US$ 134 m)

Source: GAC 2 budgets
€ values from Burkina Faso and Togo converted using grant specific exchange rate
*Mostly ARVs budgeted for co-infected patients in Ghana grant
Results

Budgets

US$ 77 million budgeted for GeneXpert: where does it come from?

By grants

- TB grants: 85%
- TB/HIV grants: 15%

By modules

- MDR-TB: 62%
- TB Care and Prevention: 17%
- TB/HIV: 21%

Source: GAC 2 budgets
€ values from Burkina Faso and Togo converted using grant specific exchange rate
Results

Budgets

Target populations of TB-HIV joint activities

Main areas (Communities)
- Joint Service Delivery
- Joint Program Review
- Joint HCW training & CSO capacity building
- IEC

Main areas (Key Populations)
- GeneXpert
- Joint Service delivery
- Joint HCW training & CSO capacity building
- IEC

Source: GAC 2 budgets
€ values from Burkina Faso and Togo converted using grant specific exchange rate
Limitations

- Key countries (SA, Nigeria) not yet included in analysis
- TB-HIV budget underestimated; e.g.:
  - Budget for ART for people with dual TB/HIV infection (TB/HIV collaborative indicator 2) not included
  - Detailed budgets do not always allow disaggregation of TB-HIV activities from disease specific activities (e.g., activities for KPs)
- No conclusions about synergies and efficiencies through joint programming possible without feedback from countries
Next Steps

- Expand analysis to include additional countries which proceeded to grant making (e.g., Nigeria)

- Learn from countries participating in workshop regarding:
  - Opportunities for synergies in health systems (PSM, M&E, HR, etc)
  - Best practices in joint programming
  - Major bottlenecks in programs and grants and steps to address them

- Link analysis to potential update of Information Note on joint programming for TB and HIV
Annex
Funding Model – Key Terms

1. Concept note submission
   - Above allocation funding request
   - Allocation funding request

2. Concept note review
   - Technically unsound
   - Incentive funding
   - Allocation funding

3. Unfunded Quality Demand Register
   - Signed into grant (serviced from existing resources)
   - Carried forward

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