Funding TB/HIV Collaborative Activities in the European Union

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Strategy, Performance & Evaluation Cluster
Outline

• Global Fund Board decision on accelerating the TB response
• Funding for TB/HIV collaborative services, overall and in Eastern Europe & Central Asia
• Prospects for funding through Round 10
  – Prioritization criteria for Round 10
  – Dedicated MARPs reserve
Global Fund Decision Point
(November 2008: Decision Point GF/B18/DP12)

• Recognizes that slow progress in implementing core TB-HIV collaborative services is a risk to achieving successful outcomes under current and future Global Fund tuberculosis and HIV grants.

• All applicants should include and implement:
  – Significant, robust tuberculosis interventions in their HIV/AIDS proposals
  – HIV/AIDS interventions in their tuberculosis proposals.

• Guidelines for phase 2 requests: for continued funding for tuberculosis or HIV grants, CCMs should:
  – Explain plans for scaling up universal TB-HIV collaborative services
  – Explicitly articulate what TB-HIV activities, funding, and indicators will be included in each proposal.
Tuberculosis and HIV: time for an intensified response

Tuberculosis is a leading cause of death in people with HIV infection, accounting for more than a quarter of the 2 million AIDS deaths in 2008.1 HIV has exacerbated the tuberculosis epidemic globally and especially in Africa—in some sub-Saharan African countries, up to 70% of people with tuberculosis are also HIV positive.2 People with HIV infection also now face the worsening problem of multidrug-resistant and extensively drug-resistant tuberculosis.

Despite remarkable progress in the individual fields of tuberculosis and HIV programming, the gravity and provide routine tuberculosis screening, treatment, and prevention to people living with HIV; and to offer HIV counselling and testing to all patients with signs and symptoms of tuberculosis. Health-system restructuring is also needed to provide HIV prevention, treatment, and care services for HIV-positive patients with tuberculosis. The links between tuberculosis and HIV provide a unique opportunity to demonstrate how innovative approaches that foster programmatic collaboration among all stakeholders can significantly strengthen the

*Tedros Adhanom Ghebreyesus, Michel Kazatchkine, Michel Sidibé, Hiroki Nakatani
## Global Fund approved funding, 2002 - 2009

<table>
<thead>
<tr>
<th>Funds (in USD)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>19.2 bln</td>
<td>Total cumulative Global Fund portfolio, 2002 - 2009</td>
</tr>
<tr>
<td>10.8 bln</td>
<td>Cumulative approved funding for HIV programs, 2002 - 2009</td>
</tr>
<tr>
<td>5.2 bln</td>
<td>Cumulative approved funding for TB programs, 2002 - 2009</td>
</tr>
<tr>
<td>548 mln</td>
<td>Cumulative approved funding for TB/HIV collaborative activities, 2002 - 2009</td>
</tr>
</tbody>
</table>
# Cumulative Global Fund disbursements by region and disease (2002-2009)

<table>
<thead>
<tr>
<th>Disbursement to date (end 2009)</th>
<th>HIV (in US$ millions)</th>
<th>TB (in US$ millions)</th>
<th>Malaria (in US$ millions)</th>
<th>Total disbursement by region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-Saharan Africa</td>
<td>3,104</td>
<td>375</td>
<td>1,976</td>
<td>5,455</td>
</tr>
<tr>
<td>Asia</td>
<td>1,093</td>
<td>582</td>
<td>491</td>
<td>2,166</td>
</tr>
<tr>
<td>Latin America &amp; Caribbean</td>
<td>603</td>
<td>129</td>
<td>90</td>
<td>822</td>
</tr>
<tr>
<td>Middle East &amp; North Africa</td>
<td>258</td>
<td>120</td>
<td>214</td>
<td>592</td>
</tr>
<tr>
<td><strong>Eastern Europe &amp; Central Asia</strong></td>
<td><strong>669</strong></td>
<td><strong>245</strong></td>
<td><strong>20</strong></td>
<td><strong>934</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5,727</strong></td>
<td><strong>1,451</strong></td>
<td><strong>2,791</strong></td>
<td><strong>9,969</strong></td>
</tr>
</tbody>
</table>
Total Global Fund portfolio, 2002-2009

- HIV: 56%
- Malaria: 28%
- TB: 16%

100% = US$19.2 billion

US$ 0.6 billion or 3% of cumulative portfolio approved for TB/HIV services in HIV and TB programs
Allocation for TB/HIV in HBCs and MDR TB countries

Countries with high burden of MDR TB
- High burden: 55%
- Non high burden: 45%

Countries with high burden of TB
- High burden: 72%
- Non high burden: 28%
Allocations for TB/HIV programs by region

- East Asia & Pacific: 10%
- Eastern Europe & Central Asia: 9%
- Latin America & Caribbean: 6%
- Middle East & North Africa: 3%
- South Asia: 8%
- Sub-Saharan Africa: 28%
  - East Africa: 28%
  - Southern Africa: 28%
  - West and Central Africa: 8%
- Other regions: 10%
Cumulative approved funding for TB/HIV in EECA in 2002-2009

- Moldova: 19 million
- Russian Federation: 12 million
- Tajikistan: 7 million
- Ukraine: 3 million
- Georgia: 2 million
- Bosnia and Herzegovina: 1.4 million
- Kazakhstan: 0.9 million
- Serbia: 0.7 million
- Kyrgyz Republic: 0.5 million
- Macedonia, FYR: 0.4 million
- Uzbekistan: 0.4 million
- Kosovo (Serbia): 0.3 million
- Azerbaijan: 0.3 million
- Armenia: 0.2 million
- Romania: 0.2 million
- Turkmenistan: 0.1 million
- Bulgaria: 0.1 million

Accelerating the Implementation of collaborative TB/HIV activities
Vienna, 16 July 2010
TB/HIV collaborative activities

Service Delivery Areas

• HIV care and support for HIV-positive TB patients
• Intensified case finding among PLWHA
• Prevention of HIV in TB patients
• Prevention of opportunistic infections in PLWHA with TB
• Prevention of TB disease in PLWHA
• Provision of antiretroviral treatment for TB patients
TB/HIV services provided, by region
(as of end 2009, Results Report 2010)
4.4.4 Enhancing TB/HIV collaborative activities

Describe:
(a) how the proposal will contribute to strengthening TB/HIV collaborative activities; and
(b) the collaboration between the National TB program and the HIV services of your country.
### Prioritization for Round 10

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Indicator</th>
<th>Value</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRP Recommendation</td>
<td>TRP Recommendation Category</td>
<td>Category 1</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Category 2</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Category 2B</td>
<td>3</td>
</tr>
<tr>
<td>Disease Burden</td>
<td>Specific disease burden criteria (see below)</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Poverty</td>
<td>World Bank Income Classification⁴</td>
<td>Low Income</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lower-Middle Income</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Upper-Middle Income</td>
<td>0</td>
</tr>
</tbody>
</table>
HIV burden criteria for R10 prioritization

HIV/AIDS (Source of data: UNAIDS and WHO)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
<th>Score</th>
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<tr>
<td>HIV prevalence in the general population and/or in vulnerable populations</td>
<td>HIV national prevalence ≥ 2%</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>HIV national prevalence ≥ 1% and &lt;2% OR MARP prevalence ≥10%</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>HIV national prevalence ≥ 0.5% and &lt;1% OR MARP prevalence ≥5% and &lt;10%</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>HIV national prevalence &lt; 0.5% and MARPS &lt;5% or no data</td>
<td>1</td>
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## TB burden criteria for R10 prioritization

**Tuberculosis (Source of data: WHO)**

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| Combination of tuberculosis notification rate per 100,000 population (all forms including relapses); and WHO list of high burden countries (TB, TB/HIV or MDR-TB) | TB Notification rate per 100,000 population $\geq 146$  
OR  
TB Notification rate per 100,000 population $\geq 83$ and $<146$ and high TB burden, high TB/HIV burden, or high MDR-TB burden country | 4     |
|                                                                          | TB Notification rate per 100,000 population $\geq 83$ and $<146$  
OR  
TB Notification rate per 100,000 population $\geq 38$ and $<83$ and high TB burden, high TB/HIV burden, or high MDR-TB burden country | 3     |
|                                                                          | TB Notification rate per 100,000 population $\geq 38$ and $<83$  
OR  
TB Notification rate per 100,000 population $<38$ and high TB burden, high TB/HIV burden, or high MDR-TB burden country | 2     |
|                                                                          | TB Notification rate per 100,000 population $<38$                                                      | 1     |
Round 10 Dedicated MARPs Reserve

- Maximum of USD 75 M over 2 years (200 M over 5 years)
- Applications with focus only on most-at-risk populations for HIV
- Individual applications: up to USD 5 M for 2 years (up to 12.5 over the proposal lifetime)
- MARPs: populations at high risk of HIV infection which demonstrate a higher HIV prevalence than the general population, with particular emphasis on:
  - MSM, transgender people and their sexual partners
  - Female, male and transgender sex workers and their sexual partners
  - People who inject drugs and their sexual partners
### Round 10 Dedicated MARPs Reserve

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<td>HIV prevalence in vulnerable populations</td>
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</tr>
<tr>
<td></td>
<td>MARP prevalence ≥5% and &lt;10%</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>MARP prevalence &lt;5% OR NO DATA</td>
<td>1</td>
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Many thanks to:

• Olga Avdeeva, M&E Unit, Global Fund
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• The Global Fund Knowledge Hub