Funding TB/HIV activities:

a PEPFAR Perspective

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August 9, 2009
Bali, Indonesia
PEPFAR
(US President’s Emergency Plan for AIDS Relief)

- PEPFAR I: 2004-2008, $18.8 billion public health initiative to address the global HIV/AIDS epidemic (2-7-10 goals)
- PEPFAR II: 2009-2013, US Congressional reauthorization of $48 billion to address the global HIV, TB, and malaria epidemics (3-12-12 goals)
  - Part of $63 billion Global Health Initiative announced by President Obama in May, 2009
  - At least $5 billion allocated for TB
  - Post «focus country» era
    - Partnership Frameworks central to PEPFAR II; shift from emergency response to focus on sustainability and progressive transition to local partners
- The largest international public health initiative in history
- Based on the elaboration of precise objectives and results measured against indicators with targets set by individual country teams as outlined in their annual country operational plans (COPs)
- Partnering and collaborating with all sectors of society
  - National governments, international and local NGOs, civil society, the private sector, UN organizations (UNAIDS, WHO, UNICEF, etc)
Countries supported by PEPFAR

- Direct support
- Support from regional programs or from the HQ of different USG agencies
USG Interagency collaboration to implement PEPFAR

- Department of State
  - Office of the Global AIDS Coordinator (OGAC)
  - USAID
  - Embassies
- Department of Health and Human Services
  - CDC
  - NIH
  - HRSA
  - SAMHSA
  - FDA
- Departments of Defense, Labor, and Commerce
- Peace Corps
PEPFAR budget decision making process

**USG Inter-Agency Country Team**
Works together to develop the annual Country Operation Plan based on budget assigned annually by the Office of the Global AIDS Coordinator

**USG HQ Inter-agency technical working groups**
Technical and programmatic reviews of the country operation plans

**USG Agency Principals/Deputy Principals**
Review the country operation plans to ensure that congressionally mandated guidelines are followed

**Office of the Global AIDS Coordinator OGAC**
Final decision on financing of proposed country operation plans

**USG agencies, primarily at the country level**
Financing and oversight of activity implementation as outlined in the COPs
PEPFAR financing of TB/HIV activities 2005-2008

Million (Dollar US)

2005: 19.2
2006: 38.9
2007: 115.0
2008: 147.7
PEPFAR TB/HIV Technical Working Group

- Composed of HQ and field representatives from PEPFAR implementing agencies (USAID, CDC/GAP, and OGAC)

- Active collaboration with the WHO and Global Fund

- Develops priorities and technical guidelines based on international standards and recommendations

- Direct support to the implementation of high priority national level TB/HIV activities
  - Advocacy for the development of national guidelines
  - Development of national guidelines and tools for their implementation
  - Technical assistance to support the implementation of activities, including monitoring and evaluation and quality assurance
Countries supported by PEPFAR

- Direct support
- Support from regional programs or from the HQ of different USG agencies
PEPFAR support to the Asia Pacific Region

- India
- China
- Cambodia
- Thailand, Laos, Indonesia, Papua New Guinea
- Vietnam

- PEPFAR support for TB in the region is primarily focused on technical assistance; Vietnam is an exception.
- PEPFAR supported TA can leverage additional funding from the GFATM and USAID.
A snapshot of PEPFAR funding for TB/HIV activities in the Asia Pacific Region:

- The case of Vietnam
  - a PEPFAR I “focus” country
Vietnam TB and HIV epidemiology*

- Population: 87 million
- General TB prevalence: 220/100,000
  - 192,000 cases (#12 on WHO list of HBCs)
- General TB incidence: 171/100,000
  - 150,000 new cases/year
  - 66,000 smear +
- General HIV prevalence: 0.3 %
  - 260,000 HIV infections
- HIV prevalence among TB patients: 8.1%
  - In HCMC it is 16%
- TB incidence among HIV+ pts initiating ART in HCMC: 27% (only 40% were smear +)
- Estimated TB/HIV co-infections: 15,500
  - *WHO Tuberculosis Control 2009 (based on 2007 data)
PEPFAR Vietnam Funding: Total
PEPFAR Vietnam Funding: TB Program Area as a % of Total Funding

- 2004
- 2005
- 2006
- 2007
- 2008
- 2009
- 2010
Current focus of PEPFAR funded TB/HIV activities:

- The case of Vietnam
FY 2009:

• Funding slightly decreased to $2,554,011
• Implementing partners: GVN MOH, GVN MOD, HCMC PAC, FHI, KNCV, PATH, MDM, Harvard Medical School AIDS Initiative in Vietnam
• Activities supported included:
  – Focus on improving referral of TB patients diagnosed as HIV+ to HIV care and treatment services
  – Expansion of HIV care and treatment services (cotrim and ART) to additional TB hospitals (to ensure early OI prophylaxis and treatment of HIV)
  – Expansion of IPT from 3 to 4 provinces (12>17 sites)
  – Expansion of TB lab capacity development to 8 provinces
  – Support for TB infection control, including simple renovations and equipment purchases to improve air flow in clinic and lab spaces
  – Continue training HIV clinic staff to screen for TB
  – Concerted effort to support the implementation of WHO recommendations and priorities
  – Continued M&E capacity building
Additional USG funding for TB in the Asia Pacific Region

• In addition to PEPFAR funded TB/HIV activities, USAID Regional Development Mission Asia will be supporting a variety of TB activities with $17.25 million in funding over three years (FY08/FY09/FY10)

• This financial support will be concentrated on the 9 high burden countries in the region: Bangladesh, Burma, Cambodia, China, India, Indonesia, Phillipines, Thailand, and Vietnam.
• Countries in the region with bilateral USAID missions can access TBCAP funds.
  – Country missions: Bangladesh, Cambodia, India, Indonesia, Philippines
  – Regional mission (Bangkok): Thailand, Cambodia, Vietnam, Myanmar, China, India, Indonesia, Philippines

• TBCAP: ~$100m per year
  – Coalition of technical partners (ATS, CDC, FHI, IUATLD, JATA, KNCV, MSH, WHO)
  – Focus on DOTS, PPM, TB/HIV, human capacity development
Acknowledgements:

- Trinh Thanh Thuy, MD and Le Hung Thai, MD
  - CDC-GAP-Vietnam
- Sara Whitehead, MD
  - CDC Thailand (DTBE)
- Kassim SIDIBE, MD
  - CDC-GAP-Atlanta
- William Coggin, PhD
  - OGAC TB Advisor-Washington, DC