

Stop TB Partnership's work with Global Fund An update

37th BOARD MEETING

STOP TB PARTNERSHIP

BRASILIA, BRAZIL

6-8 FEBRUARY 2024

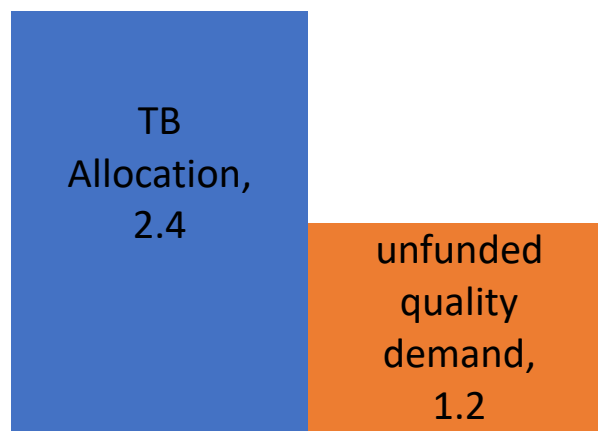


Stop TB work with Global Fund since last Board meeting (March 2023)

- Country support
 - Grant Cycle 7 (GC7) funding request (20 countries)
 - NSP development (6 countries)
 - Program reviews (11 countries)
 - CRG support
 - Support for other specific thematic areas
- TB Situation Room
- Grant Approval Committee (several country grants for TB and C19RM, 16 meetings of GAC)
- GC6 Strategic Initiative concluding work
- Global Fund Board

Global Fund Grant Cycle 7 (GC7)

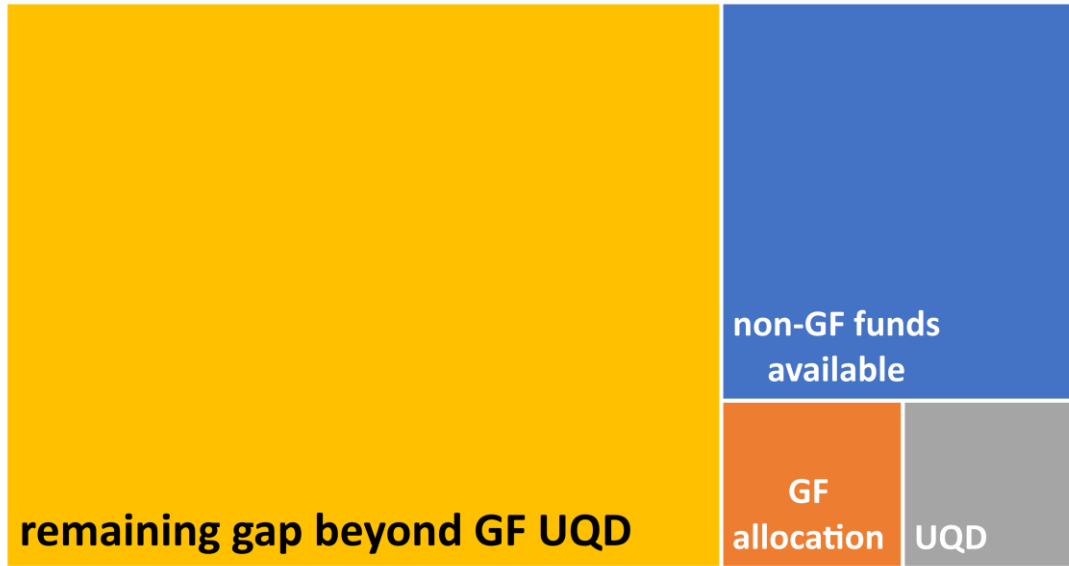
Global Fund Grant Cycle 7
Figures in US\$ billions



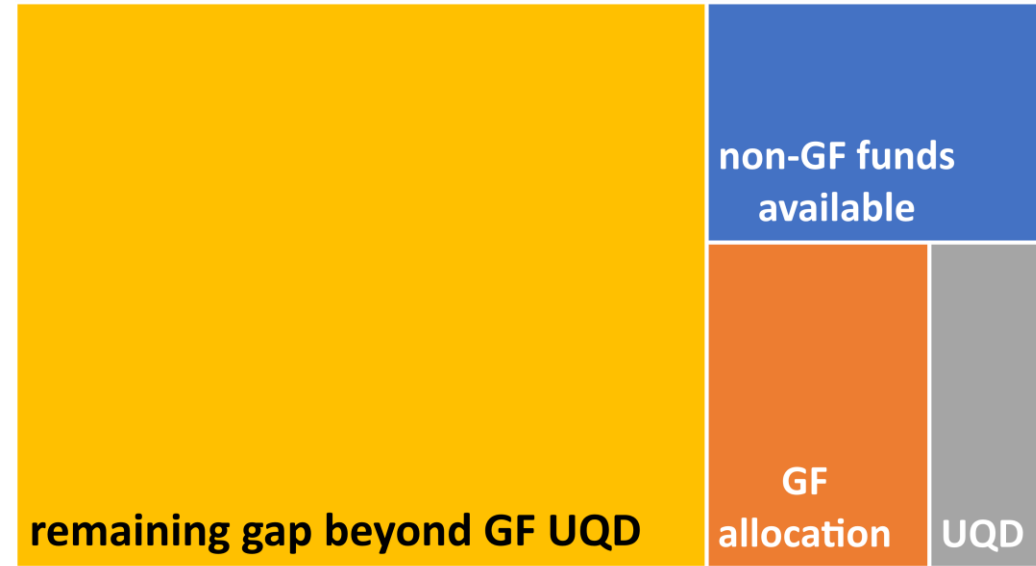
- More ambitious country funding requests than ever before
- Large unfunded quality demand (UQD)
 - US\$1.2 billion
- Opportunities
 - C19RM
 - Savings / portfolio optimization
 - Increased domestic budgets
 - Innovative financing

Gap in country national TB responses is bigger than UQD

An Asian High Burden Country



An African High Burden Country



At least UQD can be prioritized for funding, but funding gap is much bigger

Loan Buy Downs

Successful World Bank Loan Buy Downs by Global Fund for TB

- India 400 million World Bank loan
 - 2019 to 2024
- Indonesia 300 million World Bank Loan
 - 2023 to 2027

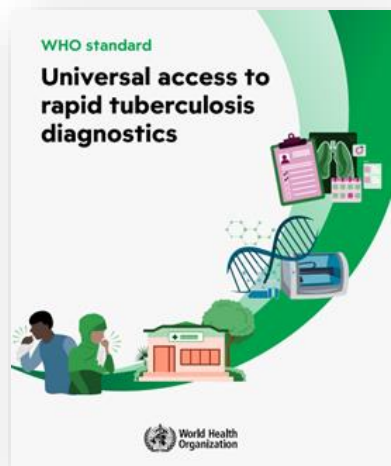
Can be done in more countries



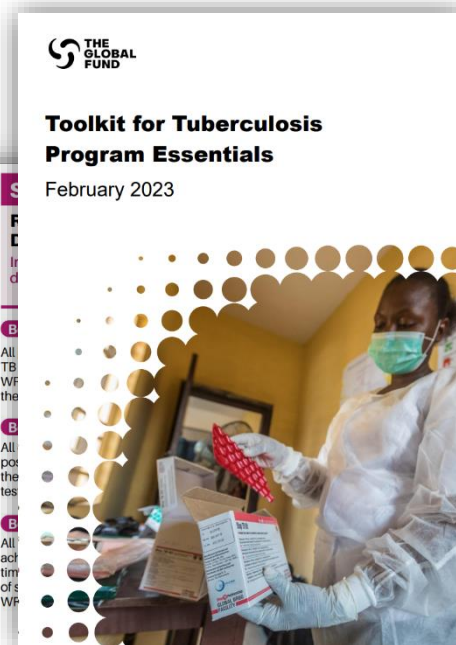
Universal access to Rapid Molecular Tests

WHO Standard Benchmarks and Global Fund ‘Program Essentials’ have recommended universal access to rapid molecular diagnostics

- Global Fund TB Program Essentials
 - “1.2 Multiyear plan to achieve universal use of rapid molecular assays as the **initial test to diagnose TB for all people with presumptive**”
- WHO standard: Universal access to rapid TB diagnostics. Benchmarks:
 - “3. **In all facilities** in all districts, the TB diagnostic algorithm requires the use of a WRD as the initial diagnostic test for all individuals with presumed TB, ...”
 - “4. **All primary health-care facilities** have access to WRDs (on site or through sample referral).”
 - “5. **All individuals with TB** have access to a WRD as the initial diagnostic test.”
 - “6. WRD testing capacity **meets expected needs, including surge capacity**, according to the latest data.”



STEP 1 IDENTIFYING PRESUMPTIVE TB	STEP 2 ACCESSING TESTING	STEP 3 BEING TESTED
Increase the number of individuals with presumptive TB in care	Increase access to WRDs	Increase WRD and drug resistance testing
Benchmark 1 All identified contacts, all other locally high-risk groups are screened for TB.	Benchmark 3 In all facilities in all districts, the TB diagnostic algorithm requires the use of a WRD as the initial diagnostic test for all individuals with presumed TB, including children and PLHIV (combined with lateral flow lipooarabinomannan [LF-LAM]) and extrapulmonary TB.	Benchmark 7 All functional instruments have an error rate ≤ 5%.
Benchmark 2 All individuals with TB have access to a WRD as the initial diagnostic test.	Benchmark 4 All primary health-care facilities have access to WRDs (on site or through sample referral).	Benchmark 8 All individuals with presumptive TB are tested with a WRD.
	Benchmark 5 All individuals with TB have access to a WRD as the initial diagnostic test.	Benchmark 9 All patients with bacteriologically confirmed TB undergo universal drug susceptibility testing.
	Benchmark 6 WRD testing capacity meets expected needs, including surge capacity, according to the latest data.	



Universal access to Rapid Molecular Tests

Problem:

In 2022 only 47% of people diagnosed with TB received a rapid molecular test

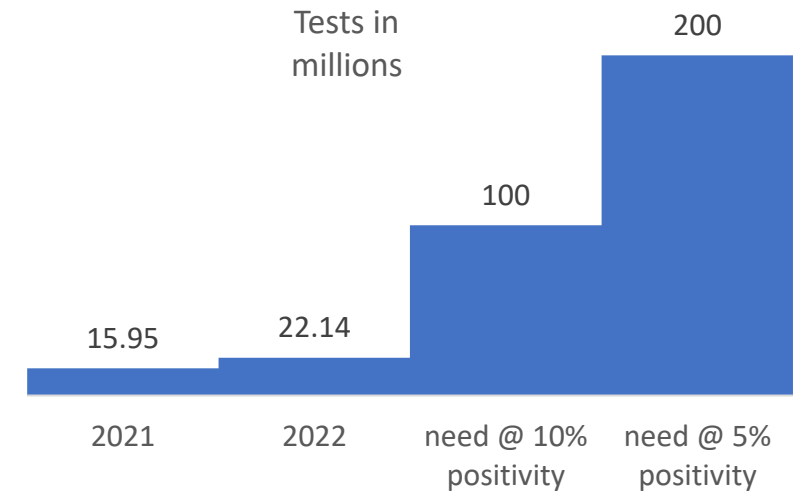
Reason:

- Insufficient TB budget allocations limiting the deployment of molecular diagnostic instruments and forcing programs to adopt restrictive algorithms
- Unfunded demand for GeneXpert products of approximately 111 million USD and 213 million USD in Global Fund Grant Cycles 6 and 7, respectively

Opportunity:

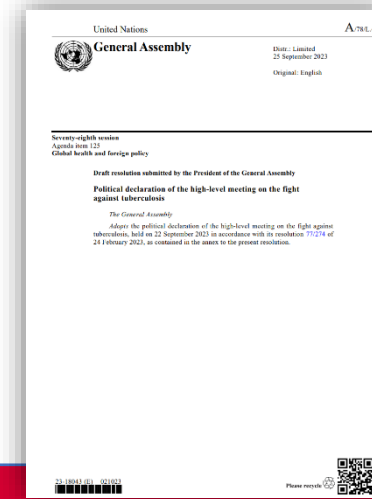
- 20% price drop in Xpert and Truenat test prices
 - Xpert MTB/RIF Ultra from \$9.98 to \$7.97; Truenat from \$9.00 to \$7.90
- Better maintenance agreements as a result of the Global Fund/Stop TB/USAID negotiations in 2023
- More ambitious country plans
- C19RM funding

Number of Rapid Molecular Tests done is too small compared to need

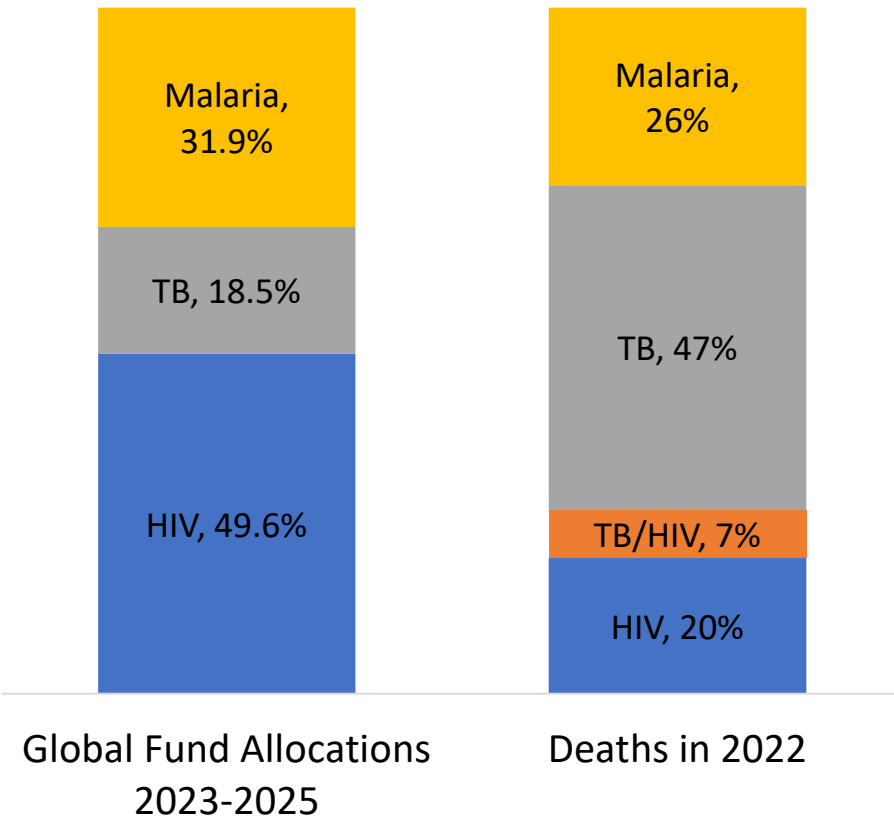


Global Fund Investment Case for 8th Replenishment (allocation period 2026-2028)

- Investment case needs to be aligned with the UNHLM targets and commitments and Global Plan to End TB 2023-2028
- Resource needs for TB will be higher than previous investment case



Global Fund allocations to 3 diseases: methodology is under review



- Global Fund allocation to TB is low (18-19%)
- Equitable and fair allocation needed considering
 - TB kills more people than HIV and Malaria put together
- There is opportunity now
 - Independent assessment of Allocation Methodology and Process underway
 - By Ernest & Young (EY)
 - Change (if any) will apply to next allocation period
- Secretariat requests the support of Stop TB Board constituencies

Thank you