



37th Stop TB Partnership Board Meeting

Global Fund Session

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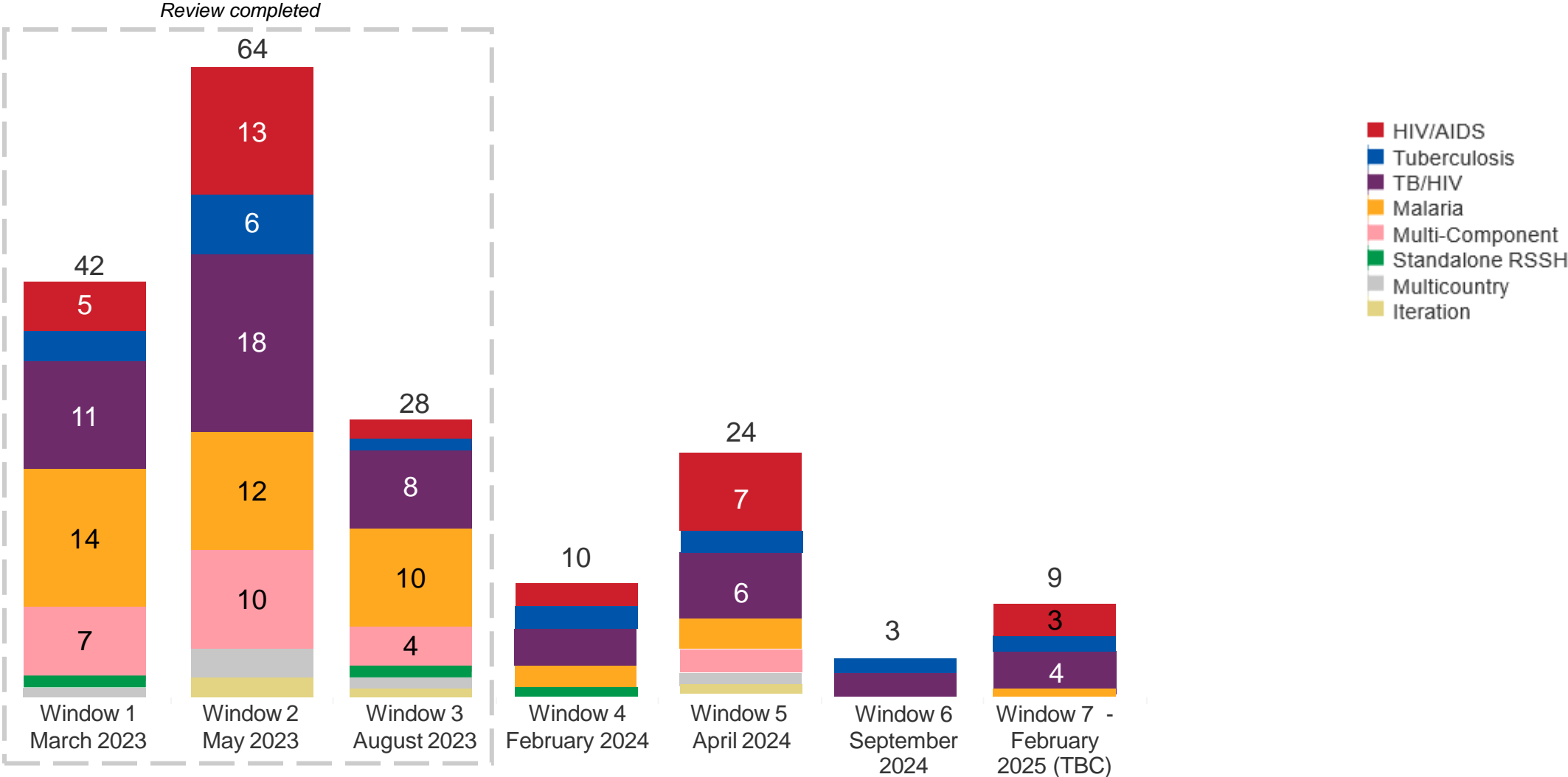
Agenda

- 1 Overview and Global Fund priorities in 2024
- 2 Reflections on GC 07 and support for implementation
- 3 Opportunities for continued collaboration



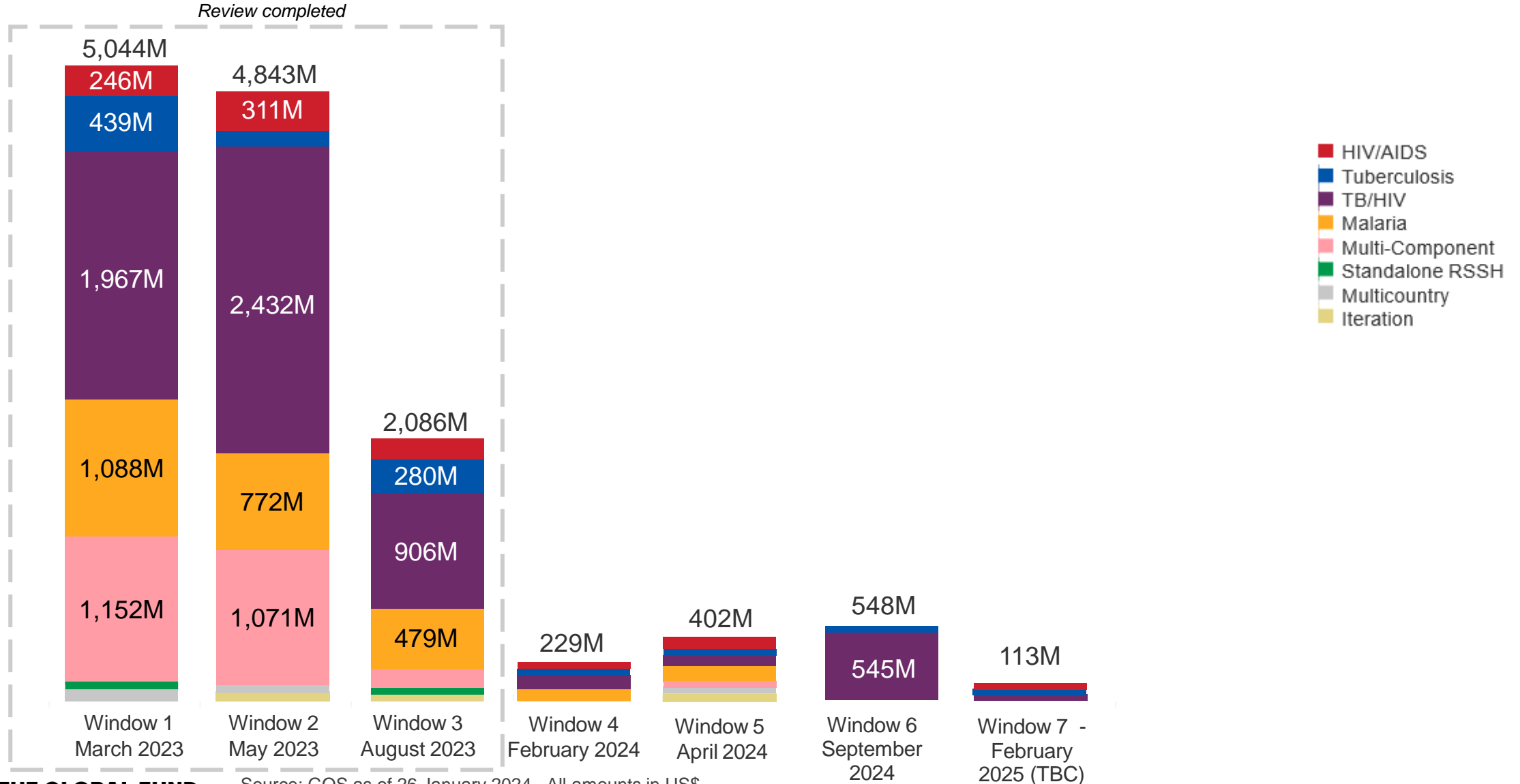
Funding Request Registrations by TRP Window

Approximately 180 Funding Requests are expected to be reviewed in GC7. 129 out of 134 Funding Requests reviewed in Window 1, 2 and 3 have been recommended for grant making representing a 4% iteration rate

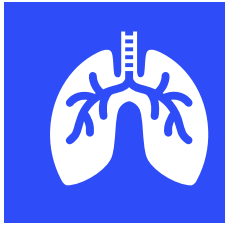


Allocation Amount by TRP Window

In Window 1, 2 and 3, US\$11.8 billion (90% of the total GC7 allocation) was recommended for grant making.



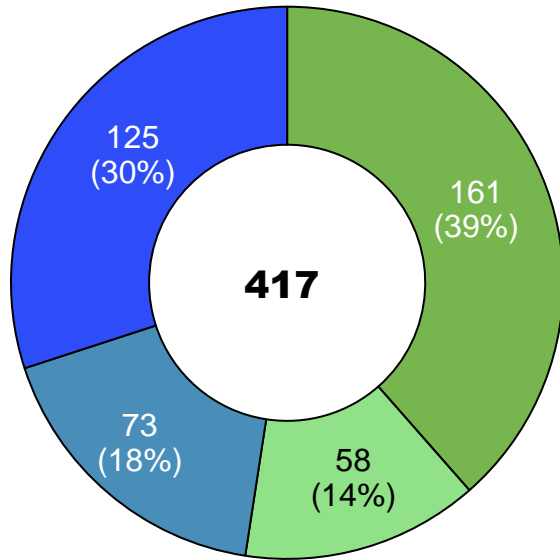
Opportunities for collaboration: C19RM was critical for TB recovery and should continue.



A total of **US\$417 million** has been awarded to **TB Mitigation and Integrated testing**. Requests for integrated screening and testing are generally submitted and awarded under the TB mitigation category, while contributing to strengthening multi-disease lab systems and diagnostics networks.

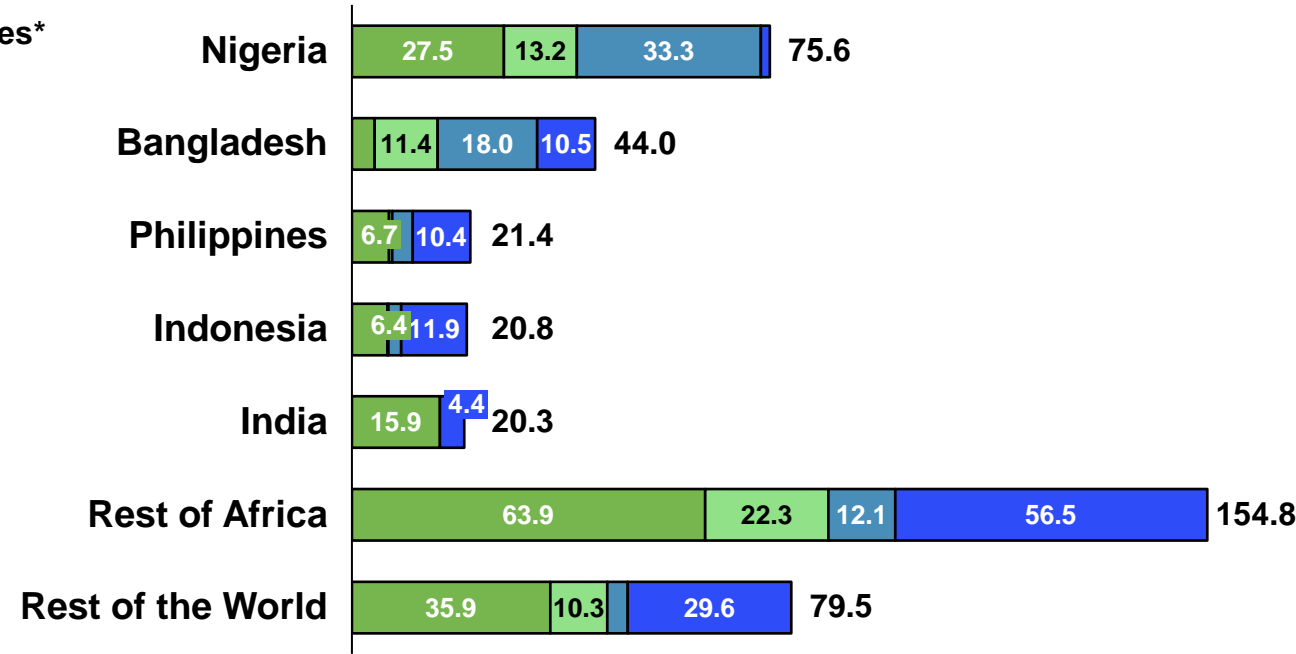
C19RM Awards in TB Mitigation (US\$ million)

■ Integrated screening (Digital X-rays/AI) ■ TB testing consumables
■ Integrated testing equipment (e.g. GeneXpert) ■ Other TB mitigation activities*



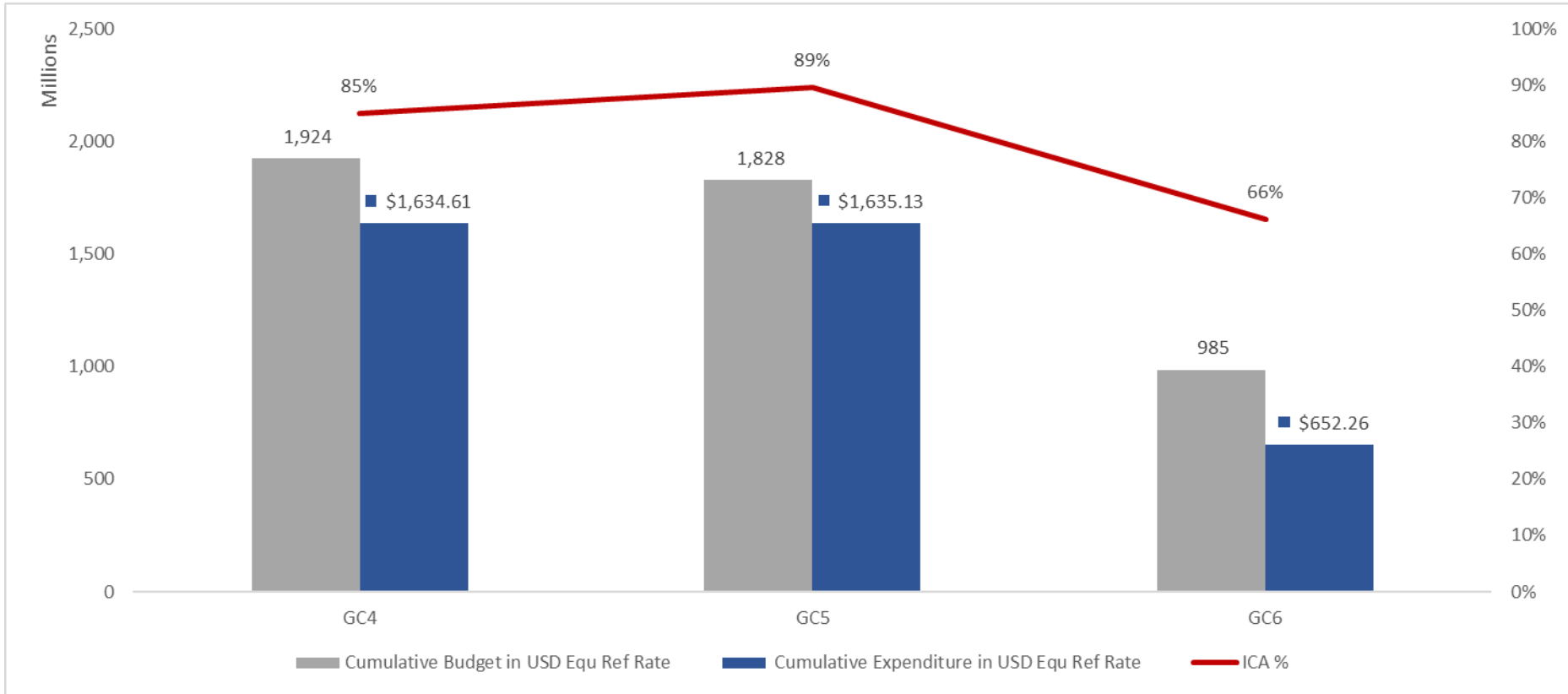
*Other TB mitigation activities include **Mobile Testing Vans**, additional operational & campaign costs, community health workers (outreach).

C19RM Top 5 in TB Mitigation (US\$ million)



Source: C19RM Secretariat

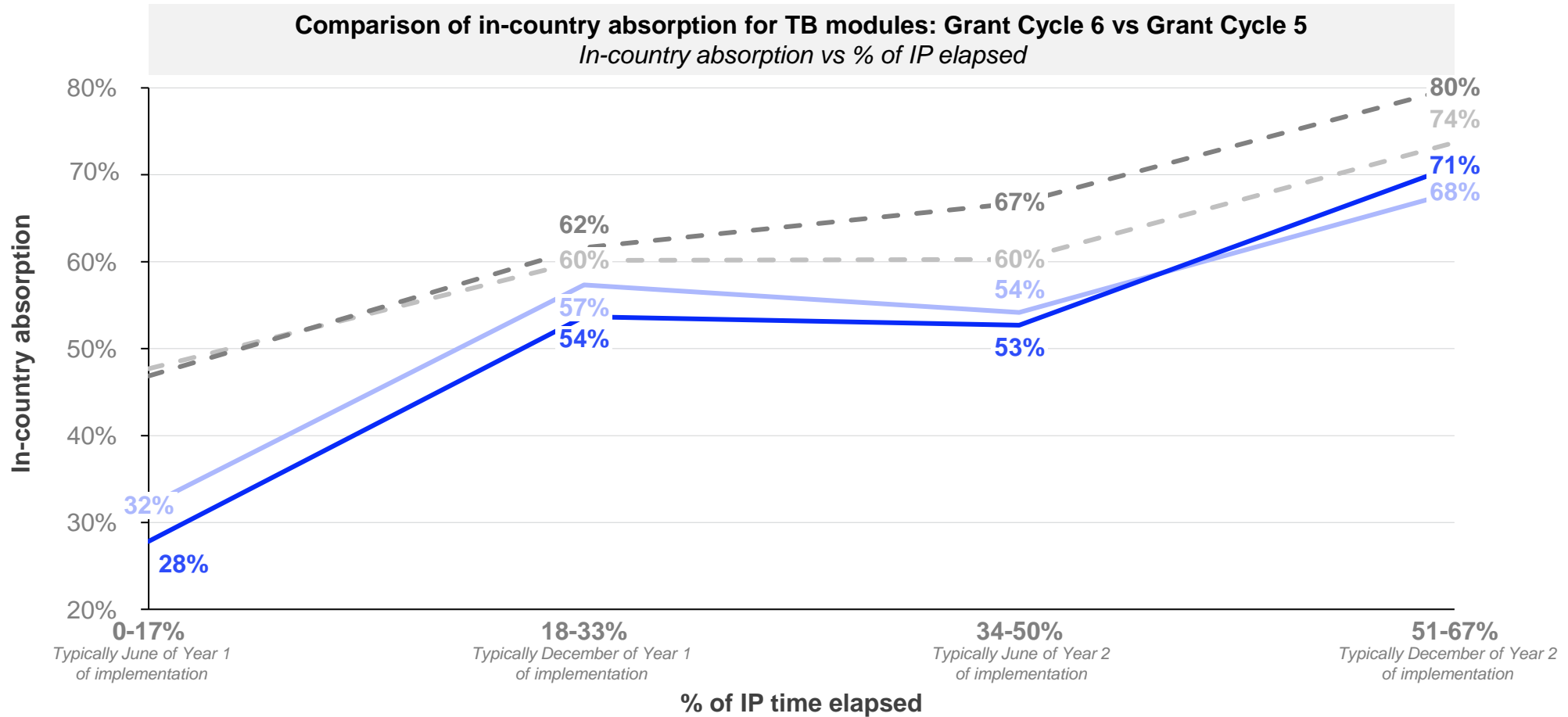
TB Absorption trend from GC4 – GC6*



***GC6 accounts for two years only.**

Financial performance update

Latest in-country absorption for TB modules: TB modules in the Grant Cycle 6 are absorbing funds at a lower rate than the overall portfolio, however they are absorbing more than they were in the Grant Cycle 5



All modules in the Global Fund portfolio

- 5th replenishment
- 6th replenishment

TB modules**

- 5th replenishment
- 6th replenishment

****TB modules in all grants, including HIV/TB and Multi-Component (Z) grants.**

*Excludes C19RM 2021 funds

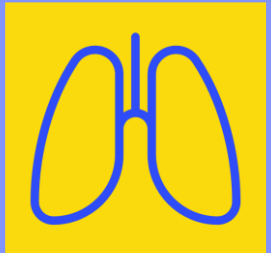
Key Reflections for GC7



Scale-up & prioritization



Diagnostic gaps





TB Program Essentials




Partnership engagement

Significant funding gaps in GC7, particularly for diagnostics

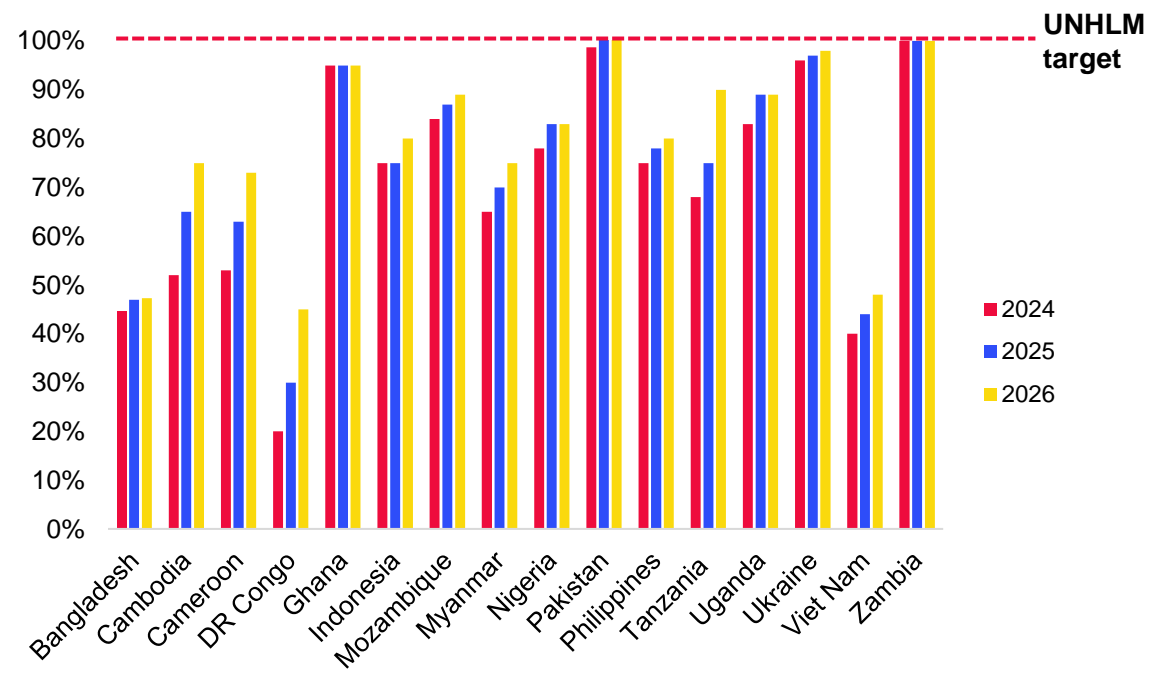
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- Estimated gap for 66 TB Funding Requests submitted in Window 1-3 is **US\$ 1.2 BN**. Further analysis and verification is being conducted but the main gaps (60%) are in ,**TB diagnostic, treatment and care, especially commodities**.
 - Across the Global Fund portfolio, unfunded demand for GeneXpert equipment, mainly TB cartridges, in the Grant Cycle 6 (GC6) implementation period (2021-2023) amounted to about US\$111 million, while actual expenditure on GeneXpert TB cartridges during GC6 was approximately US\$101 million.
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- The reason for the gaps includes adoption and scale-up of WHO recommended diagnostics algorithms (*see next slide for country examples*) and treatments, improved quality of TB programming and scale-up of TB detection in many countries
 - Countries rapidly converted recent 20% reduction in the price of GeneXpert cartridges into increase planned procurement volumes, however, with the level of ambition, funding gaps still remain.
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- C19RM supported with diagnostic platforms in GC6, however, cartridges and associated costs still need to be covered (from GC7 or other sources).
 - The Global Fund will continue working closely with partners to leverage resources to bridge the significant gaps we are seeing in GC7.

Ambitious targets for expansion of molecular diagnostics

Scale up of molecular diagnostics(mWRD)



Selected examples: Expansion of mWRD

Country	Baseline	2024 (Yr 1)	2026 (Yr 3)
Bangladesh	24%	45%	47%
Nigeria	70%	78%	83%
DR Congo	9.4%	20%	45%
Uganda	69%	83%	89%

- Ambitious plans in TB priority countries to expand molecular diagnostics as the initial test. Graph includes 16 out of 20 priority countries with approved grants for GC7.

Implementation of GC 07: TB Program Essentials

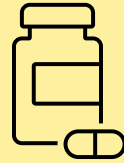
Program Essentials were introduced in GC7 as a strategic lever to support the **equitable access** to highly **impactful interventions**

1. TB Screening & Diagnosis



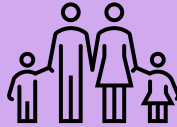
- Systematic screening using CXR +/- CAD
- Rapid molecular assays as first diagnostic test
- Testing for at least rifampicin resistance in bacteriologically confirmed TB
- Efficient TB diagnostic networks

2. TB Treatment & Care



- Child friendly formulations, 4-month regimen for non-severe DS-TB in children
- Shorter all-oral regimens for DR-TB
- People-centered support for treatment completion

3. TB Prevention



- TB Preventive Therapy available for all eligible people: PLHIV, children, eligible household contacts of people with bacteriologically confirmed TB.
- Shorter TB Preventive Therapy regimens

4. TB/HIV Collaborative Activities



- All PLHIV with active TB started on ART early as per recommendations

5. Cross-cutting areas



- Real-time digital case-based TB surveillance
- Private sector engagement
- Decentralized, community & home-based people centered services
- Human rights & gender-responsive programming

Program Essentials Summary table: Baseline reporting (Self-reported)

% of W1-3 countries reporting "yes"

% of W1-3 countries reporting implementation scale over 50%

TB Screening and Diagnosis	1.1 Systematic TB screening is provided for those at highest risk (key and vulnerable population), including through the use of Chest X-rays, with or without computer aided detection (currently recommended for people aged 15 years and older).	84%	45%
	1.2 Multiyear plan to achieve universal use of rapid molecular assays as the initial test to diagnose TB for all people with presumptive TB, with implementation on track.	95%	55%
	1.3 All people with bacteriologically confirmed TB are tested for at least rifampicin resistance and for those with RR-TB further tests are conducted to rule out resistance to other drugs.	89%	70%
	1.4 TB diagnostic network operates efficiently to increase access to testing and includes specimen transportation, maintenance of equipment, connectivity solutions, biosafety, quality assurance and supply system.	94%	63%
TB Treatment and Care	2.1 Child friendly formulations, all oral regimens for DR-TB, and 4-month regimen for non-severe, DS-TB are used for TB treatment in children.	67%	53%
	2.2 People with DR-TB receive shorter, all oral regimens or individualized longer treatment regimens as recommended by WHO.	95%	88%
TB Prevention	3.1 TB preventive treatment (including shorter regimens) is available for all eligible PLHIV (adults and children) and for all eligible household contacts of people with bacteriologically confirmed pulmonary TB.	97%	55%
TB/HIV	4.1 All people living with HIV with active TB are started on ARV treatment early as per recommendations.	97%	94%
Cross-cutting Areas	5.1 Establish, progressively scale-up and maintain a comprehensive, real-time, digital case-based TB surveillance systems.	78%	42%
	5.2 Prioritized interventions are informed by cascade analysis throughout the pathway of TB care, including for TB preventive treatment.	92%	69%
	5.3 Engagement of private healthcare providers is on a scale commensurate with their role in the healthcare system.	61%	27%
	5.4 Decentralized, ambulatory, community-and home-based, people-centered services are provided across the continuum of TB care	89%	69%
	5.5 All TB programming must be human rights-based, gender-responsive and informed by and respond to analysis of inequities; and include stigma and discrimination reduction activities for people with TB and TB-affected populations; legal literacy and access to justice activities; as well as support for community mobilization and advocacy and community-led monitoring for social accountability.	91%	44%

Opportunities for collaboration: Close partner engagement for impact



Support implementation of GC 07 including tracking of Program Essentials which are embedded into grant monitoring process



Establishment of Technical Coordination platform which will support countries to receive quality assured TA even in absence of support from TBSI



Bridging the funding gap for TB including opportunities for Portfolio Optimization, finding efficiency, domestic funding, blended financing and advocacy for more funding for TB



Continue biweekly TB Situation Room with partners include WHO, Stop TB Partnership, USAID and Gates foundation. Additional TB partners are invited, as necessary. This forum will be critical in country support as well as strategic discussions such as on allocation etc.



Implementation of NextGen Strategy for TB-main focus will be to continue with market shaping efforts and introduction of new products especially diagnostics



Preparation for replenishment including supporting investment case and advocacy for more funding for Global Fund

NextGen Market Shaping Strategy

The three NextGen Market Shaping strategy aim to support the GF 2023 – 2028 strategy and catalyze impact across HIV, TB, and malaria programs

Global Fund 2023-2028 Vision and Strategy Implementation

NextGen Market Shaping Strategy

Drive equitable access to quality-assured HIV, TB and malaria products to meet the needs of the people and communities we serve

1 Accelerate Health Product Introductions at scale

Accelerate the introduction and scale-up of new, more effective health products to increase availability, affordability and uptake of the best health products on the market, working with suppliers and country teams

Market-, disease- & country-facing approach

2 Promote capacity-building for regional manufacturing

Promote health product manufacturing close to where products are consumed, building capacity among manufacturers, regional procurement platforms and regulatory processes to reduce impact from global supply chain disruptions

Regional approach

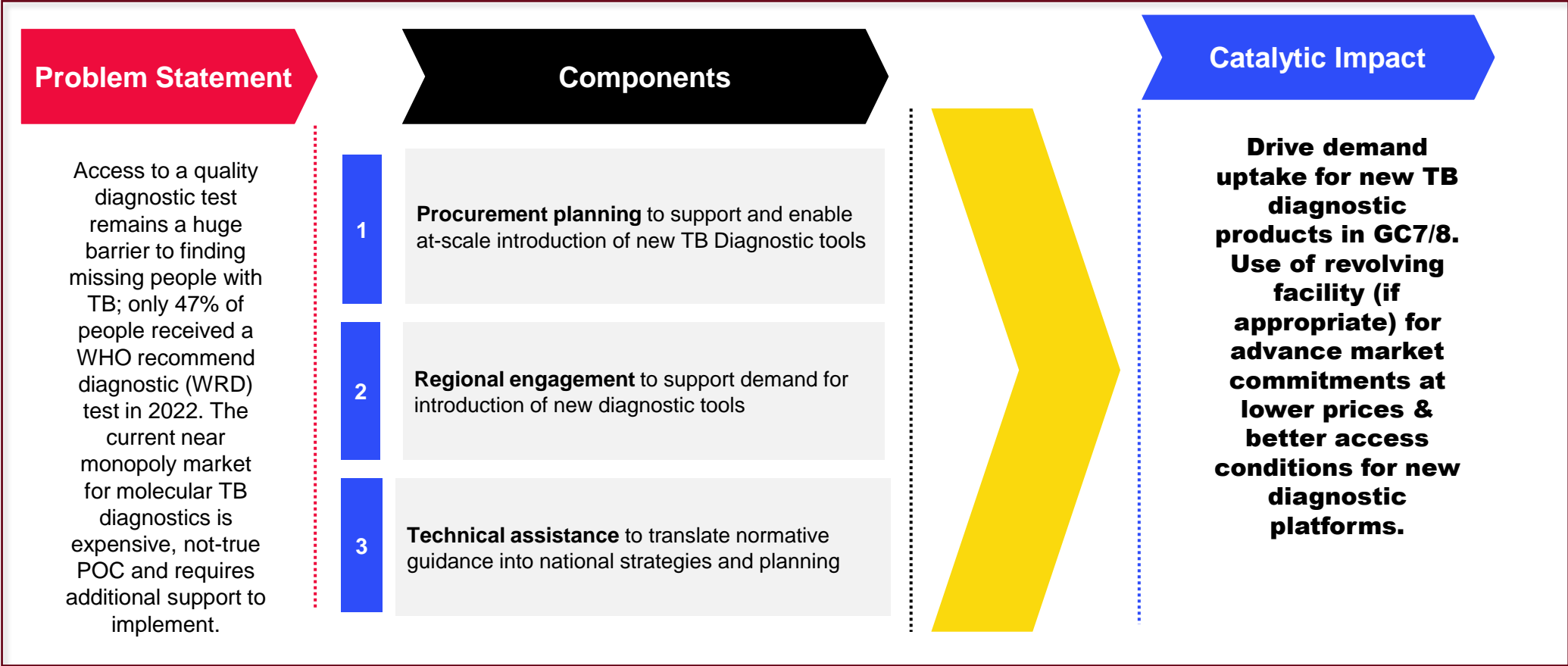
3 Drive in-country supply chain systems strengthening

Strengthen systems and in-country capacity for procurement and supply chain to improve availability of commodities through efficient supply chain design and operations

Country-facing approach

NGMS SI : TB Country readiness workstream

With a promising TB diagnostic pipeline, the focus for TB country readiness work under the NGMS Strategic Initiative will be on Diagnostics. USD\$ 2.8M has been allocated into 3 components to support uptake on new diagnostic tools.



This work will be done in close collaboration with partners such as WHO, Unitaid, USAID, Stop TB Partnership & GDF, FIND, etc. to avoid duplication of efforts and maximize impact for immediate uptake of new diagnostic tools.

Thanks