Civil society statement following the 47th Union World Conference on Lung Health, Liverpool (October 2016)

The Global Fund Must Not Squander Improvements to the TB response

15 NOVEMBER 2016

The Global Fund to Fight AIDS, Tuberculosis, and Malaria has played an indispensable role in supporting countries' TB programmes through a country-driven and multi-stakeholder approach. However, given new allocation, co-financing, and transition policies, we are in danger of losing momentum just at the time when there are a number of new tools and opportunities to substantially improve outcomes for people with TB and its drug-resistant forms.

Such opportunities must be seized, rather than squandered, given the urgent need to accelerate and improve diagnosis and treatment of TB globally. According to the WHO Global TB Report (2016):

- 1.8 million people died of TB in 2015.
- Only 59% of people with TB were diagnosed and reported, leaving a gap of 4.3 million people not diagnosed or not reported in 2015.
- Only 20% of people newly eligible for MDR-TB treatment in 2015 received it.

However, the Global Fund's focus on "highest impact countries," and an allocation of funds increasingly determined by two criteria (country income and disease burden), as well as lower resource mobilisation targets by the Secretariat, have resulted in decreased support to several countries, including many middle-income countries.

The Eastern Europe Central Asia (EECA) region has the fastest-growing HIV epidemic and highest prevalence of MDR-TB with 8 of the 16 MDR-TB high-burden countries. However, EECA experienced the deepest Global Fund cuts with a reduction of 15% in the 2014-2016 allocation period. The region is estimated to lose a further 40-50 % in the next allocation period (2017-2019).

We urge the Global Fund to take measures to ensure countries, especially those in the Eastern Europe Central Asia (EECA) region, are able to maintain and expand TB programmes using quality assured treatment and diagnostics at affordable prices.

In addition to the allocation reductions, countries in the region also face restrictions on how to use the funds. The Global Fund's new Sustainability, Transition and Co-financing (STC) policy will lay out funding requirements applicable to countries depending on their income level. The pre-existing co-financing criteria of the 2014 Investment Guidance for EECA requested lower-middle income countries to cover the costs of 60% of ARVs and 50% of second-line TB drugs by the end of their current grant implementation period.

These GNI-based targets for phasing out Global Fund support raises significant concerns regarding procurement-related risks to purchasing quality and affordable medical commodities, including new drugs and diagnostics. We also believe that the Global Fund stepping back its support for TB in the region will result in weaker TB programmes, including services for key populations, and an upswing in new TB cases and poorer patient outcomes.

We, therefore, call upon the Global Fund to freeze the implementation of these policies until steps are taken to review them in light of their potential impact and mitigate harm to TB programmes.

Specifically, the Global Fund should:

- Freeze the implementation of the Investment Guidance for EECA, as well as the STC policy in order to conduct robust risk assessments and roadmaps on MIC countries' a) upgrade of national

TB policies and practices to reflect WHO guidelines and b) procurement and rollout quality affordable drugs and diagnostics, including the new pediatric fixed-dose combination, rapid molecular testing, and new and re-purposed drugs to treat drug-resistant TB.

- Avoid premature implementation of these policies that would damage services to vulnerable populations, procurement of affordable optimal tools, and scale-up plans where governments are either unwilling or unable to rapidly take over costs previously covered by the Global Fund.

Ultimately, international donors and national governments will need to substantially increase financial support to the fight against TB. However, merely shifting from donor to domestic funds curtails ambition by default, at a time when we urgently need all actors to accelerate and improve their TB response.

Endorsing organisations:

ACTION Global Health Advocacy Partnership
Afro Global Alliance, Ghana
AIDS Free World, Canada
AIDS Healthcare Foundation (AHF), US
Alliance for Public Health, Ukraine
The American Thoracic Society, US
Asia Pacific Council of Aids Service Organizations (APCASO), Malaysia
DR-TB Scale-up Treatment Action Team (STAT)
Eurasian Key Populations Health Network (EKHN)
East Europe and Central Asia Union of People Living with HIV (ECUO)
Gestos-HIV, Comunicação e Gênero, Brazil
The Good Neighbour, Nigeria
Global Coalition of TB Activists (GCTA)
Global TB Community Advisory Board (TB CAB)
Grassroots Development & Empowerment Foundation, Nigeria
Health GAP, US
Hope for Future Generations, Ghana
International Human Rights Clinic, University of Chicago Law School, United States
International Treatment Preparedness Coalition in Eastern Europe and Central Asia (ITPCru)
Khmer HIV/AIDS NGO Alliance (KHANA), Cambodia
Malaysian Association for the Prevention of Tuberculosis (MAPTB), Malaysia
Médecins Sans Frontiéres (MSF)
Patients of Ukraine, Ukraine
RESULTS International, Australia
RESULTS UK
SAGLAMLIGA KHIDMAT Public Union, (Support to Health) (SKPU), Azerbaijan
SECTION27, South Africa
Spotlight, South Africa
TB Europe Coalition
TB Proof, South Africa.
Treatment Action Campaign (TAC), South Africa
Treatment Action Group, US
Union contre la Co-infection VIH/Hépatites/Tuberculose (UNICO HIV/HV/TB), Côte D'Ivoire