

Agenda

March 21 - Morning

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|-------|---------------------------------------|
| 09.00 | Administrative Session |
| 09.15 | The Year Ahead |
| 09.45 | Rio Forum Briefing |
| 10.15 | Coffee Break |
| 10.45 | M/XDR-TB Beijing Ministerial Meeting |
| 12.00 | Achieving Universal Coverage (TB-HIV) |
| 12.30 | Lunch |

March 21 - Afternoon

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|-------|---|
| 14.00 | Beyond Beijing: Pacific Health Summit |
| 14.30 | Research Movement |
| 15.00 | Coffee Break |
| 15.30 | Union Conference |
| 16.00 | Stop TB Partnership & McKinsey & Co.: Potential Joint Venture |
| 16.45 | Financial Crisis: Implications for TB & the Partnership |
| 17.15 | Retooling Task Force |
| 17.45 | Closing Session |
| 18.00 | Adjourn |

16th Stop TB Coordinating Board Meeting

The Year Ahead – Prospects for Keeping TB High on the Agenda

M. Espinal

Rio de Janeiro, 21 March 2009



Context – The Year Ahead

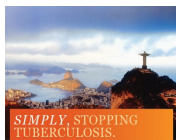
2009 will feature many high level meetings focusing on TB

The Partnership, with guidance from the Board, must ensure best use is made to:

Maintain the focus of the Partnership

Keep the profile of TB high, especially in times of economic uncertainty

Rio Partners Forum



Beijing Ministerial Meeting



G20 Summit



WHA/ECOSOC



Pacific Health Summit



G8 Summit



40th Union Conference



Segmentation – Is it useful for targeting?

Though 22 high burden countries (HBCs) are one group, great diversity exists between them

HBCs contain 1 G8 country (Russia) and 6 G20 countries (Brazil, China, India, Indonesia, Russia and South Africa).

Distinguishing HBCs by NTP funding results in 3 segments:

Largely funded by national contributions (incl. loans)

Largely funded by external grants (incl. Global Fund)

Largely unfunded

Primary Source of NTP Funding (2009)

G20 & Other Strong National Contributions

South Africa (99.5%)*
Thailand (92.51%)
Russia (81.19%)
Brazil (79.58%)
China (77.17%)
India (46.09%)
Indonesia (42.50%)

Largely Grant Driven NTP Budgets

Afghanistan (94.79%)
Viet Nam (62.95%)
Bangladesh (61.66%)
Cambodia (53.57%)
Mozambique (48.94%)
Myanmar (48.24%)
Philippines (44.88%)
Tanzania (40.61%)

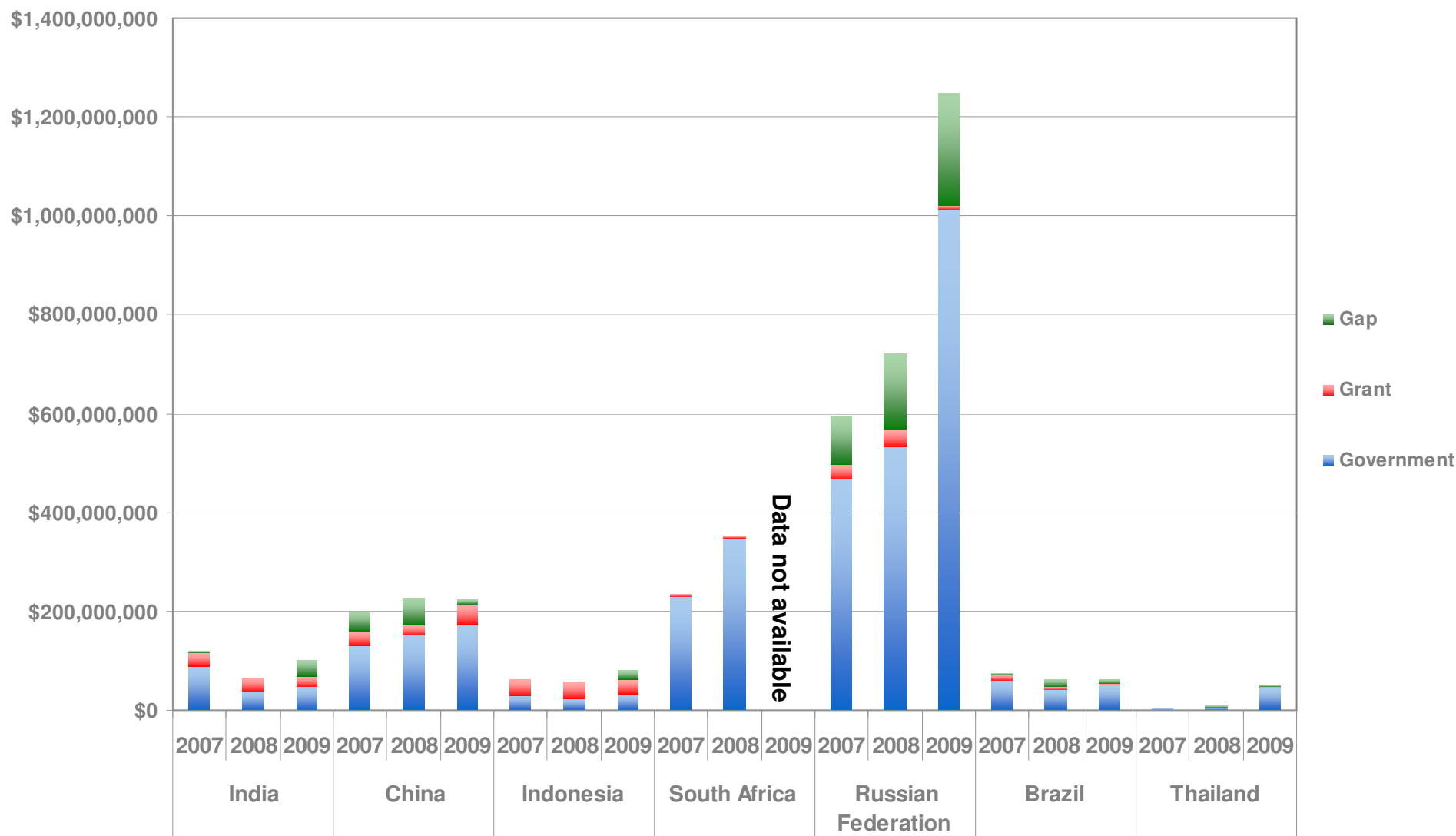
Largely Unfunded NTP Budgets

DRC (70.55%)
Ethiopia (69.99%)
Uganda (62.99%)
Zimbabwe (55.23%)
Pakistan (46.93%)
Nigeria (42.85%)
Kenya (39.89%)

*South Africa Figures are from 2008

All figures derived from the WHO TB Control Report, 2009. National contributions include loans. Grant driven NTP budgets include Global Fund grants. These figures do not include the cost of utilization of general health care services, but only reflect planned NTP budgets and their expected sources of funding. The percentages therefore do not represent expenditures, but planned budgets

Segment 1 – Strong National Contributions (i)



Segment 1 – Strong National Contributions (ii)

Conclusions

In most, national contributions have been increasing

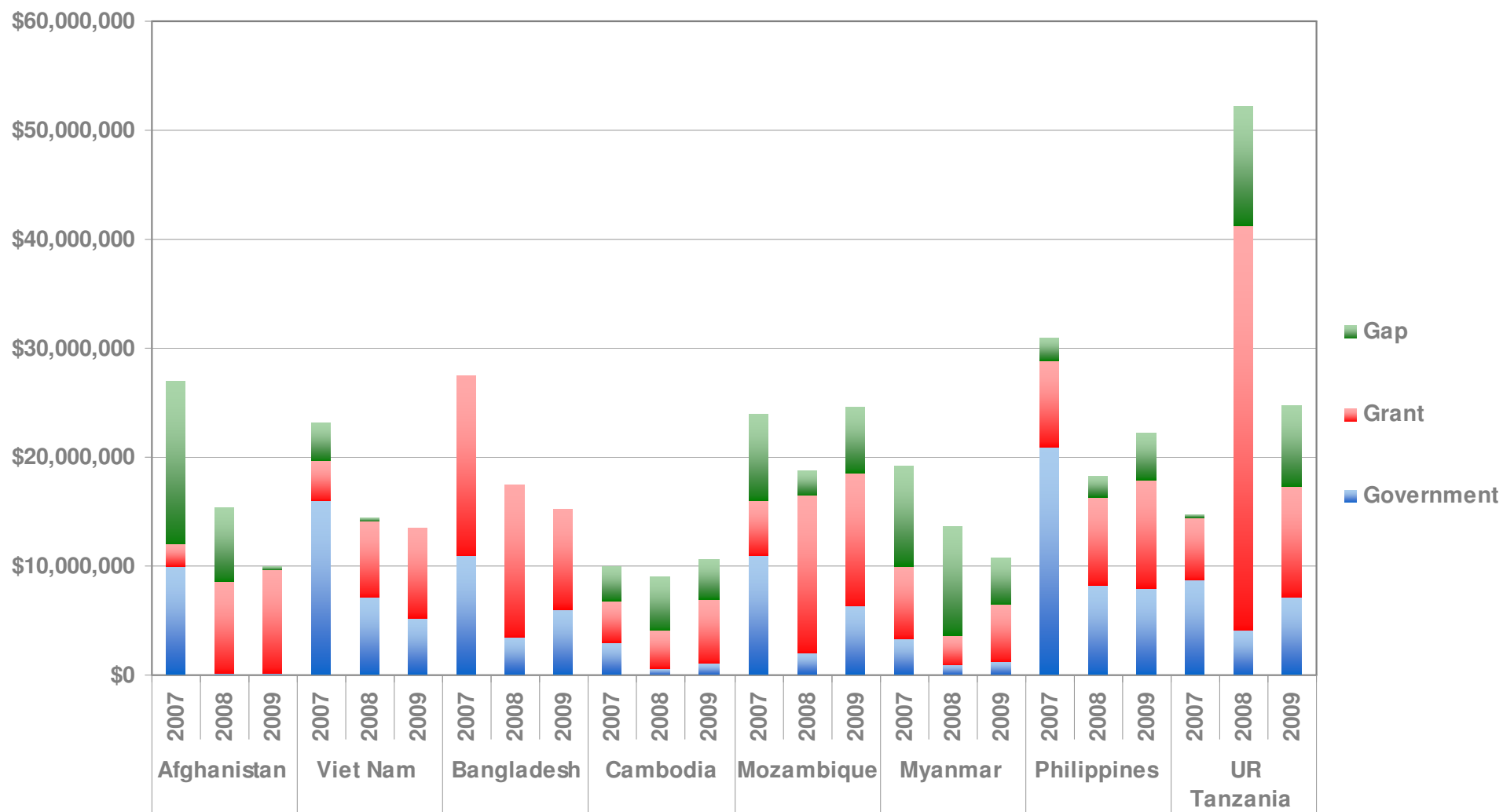
Reliance on external grants is small

Though budget gaps exist, they are proportionally small

At a minimum, these levels must be maintained

Wherever possible, they should be increased

Segment 2 – Grant Driven (i)



Segment 2 – Grant Driven (ii)

Conclusions

Contributions fluctuate wildly

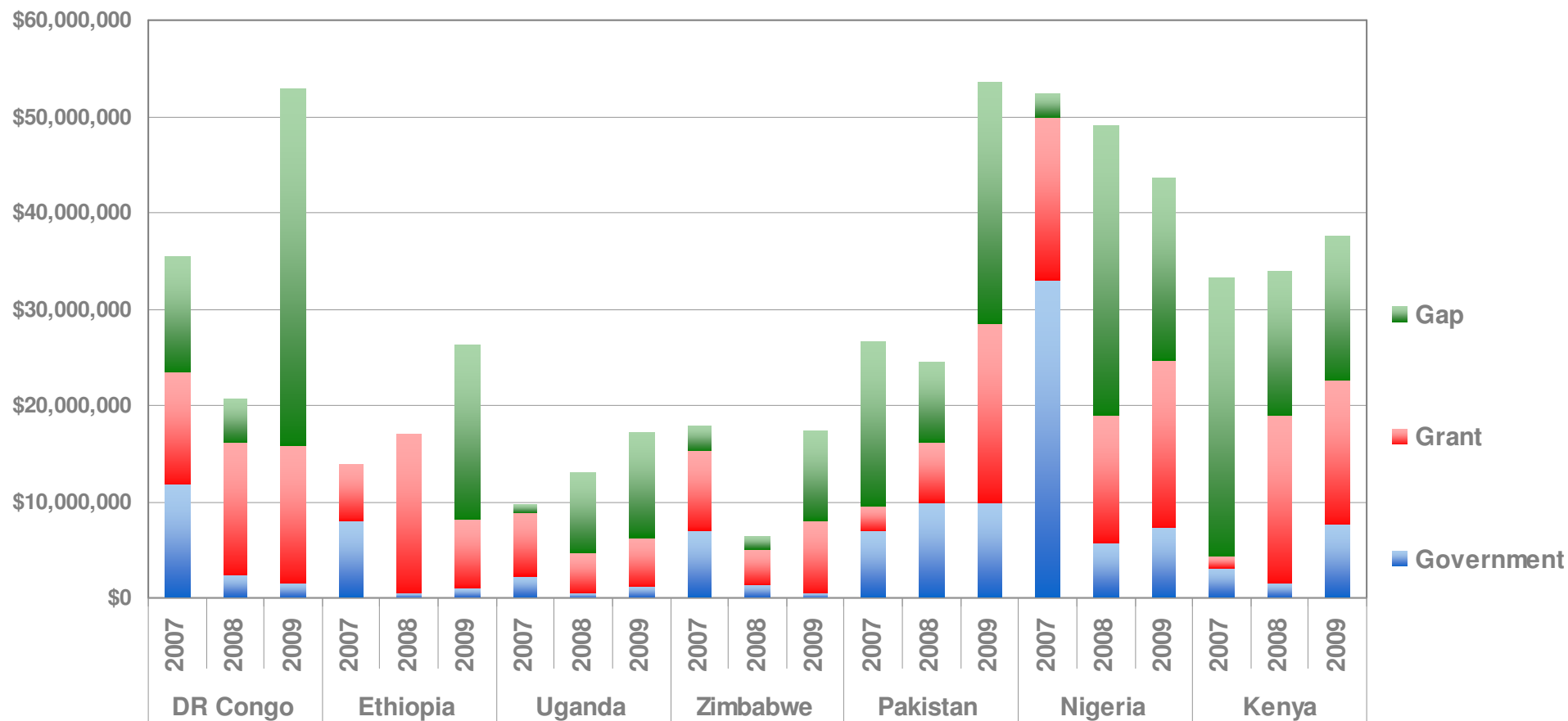
Some see national funding drop as grant funding rises

This is dangerous and not the way forward

Many of these countries can and should be challenged to increase national contributions

For others, external grants remain the most likely source of maintaining / increasing NTP funding

Segment 3 – Largely Unfunded (i)



Segment 3 – Largely Unfunded (ii)

Conclusions

Some gaps are a result of more ambitious budgets. Others are not.

Ambitious budgeting is important for universal coverage, but how will budgets be mobilized?

External grants? Government? Both?

Countries should be encouraged to prepare ambitious R9 proposals, while also incrementally increasing national funding



Ambition?

15 of the 22 HBCs are primarily reliant on grants or unfunded

For many of these countries, expanding NTP budgets means Global Fund support

But are TB proposals ambitious enough?

Round 8 Results (2 year upper ceiling):

TB = 11% (USD 344m)

HIV = 38% (1,164m)... 3.4x greater

Malaria = 51% (1,568m)... 4.5x greater

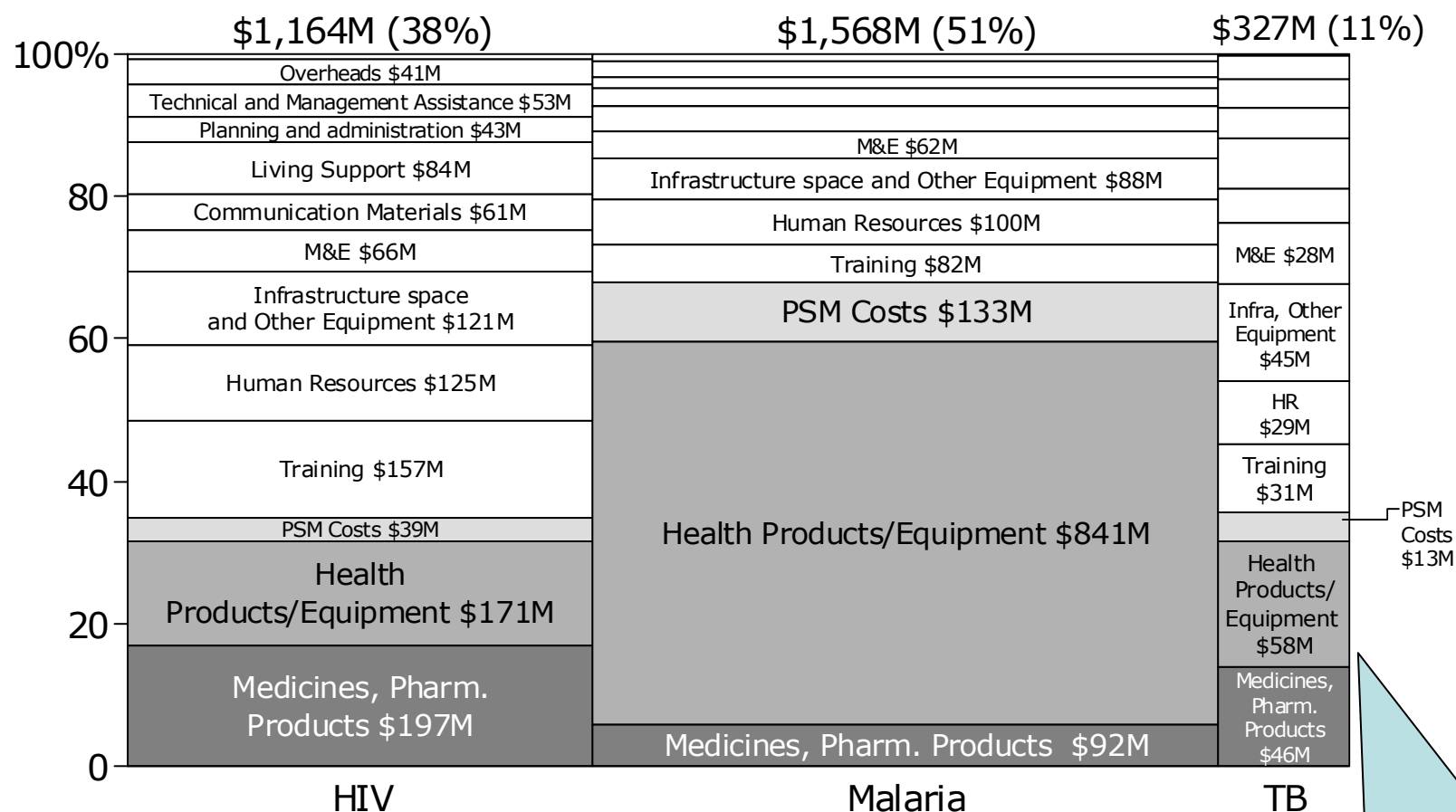
Though all 3 diseases are different, the *scale* of TB applications is significantly smaller than HIV or malaria



Budget cost categorization of Round 8 TRP recommended grants

Phase 1, USD Equivalent

Total =
\$3,059M



Source: TRP Report on recommended proposals. HSS budget allocations (\$283M) were not reported by disease components. The total HSS budget allocations were spread across disease components at rates to match total recommended value for each disease component.

Proportion of investment in pharmaceuticals, health products and equipment in TB proposals similar to that for HIV

2009 – High Level Meetings

This year holds many challenges for partners

The Global Plan Progress Report shows how far we must go to reach GP targets

The scale of the response should be equal to the magnitude of the challenge

2009 offers opportunities to strengthen the partnership and urge countries to scale the response

Partner coordination/alignment *prior to*, and follow-up *afterward* is just as critical as the meetings themselves



Rio Partners Forum



Key to:

Report on progress (GP Progress Report)

Gain inputs from partners (Rio Recommendations)

Rally & expand the Partnership

Partners will connect and communicate – this should enable consensus, collaboration, coordination

As an emerging economy, securing Brazilian leadership in TB control and R&D is pivotal

Meetings with Ministerial delegations must discuss progress, challenges and what the Partnership and governments can do together to scale the response



M/XDR-TB Ministerial Meeting – Beijing



The need to rapidly scale management of M/XDR-TB is clear and imperative

The meeting aims to:

Strengthen political commitment to act immediately to scale the response

Develop national strategies

Is the Partnership prepared to follow-up with all countries to ensure delivery on commitments?

Is the Partnership ready to meet the demand it may create through these meetings?

G20 – London



Group of 20 will meet in early April in London

G20 Finance Ministers have already met and pledged to make a "sustained effort" to pull the world economy out of recession

This potentially includes increased funding for the IMF

However, given the differing priorities of nations, substantive agreements may be difficult to reach

Action or inaction in London will have global repercussions



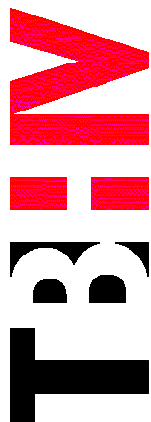
World Health Assembly / ECOSOC - Geneva



WHA (May) will have a session on M/XDR-TB, at the request of the Chinese delegation – another opportunity to follow-up

Global Leaders Forum's A Call for Action (2008) must be followed-up as well

Revised estimates of TB/HIV underscores again the immediate need to scale best practices nationwide



To catalyze action and renew commitments, the partnership proposes a high level debate – but what else is needed?



Pacific Health Summit – Seattle, USA



Focus on M/XDR-TB and the need for rapid scale up and leadership from emerging economies

Key figures from science and industry – the Partnership must engage & coordinate better with this key stakeholder group

**Other events during this week in Seattle:
Hheads of International Research Organizations
Global Health Research Congress
H8**

How should the Partnership leverage this impressive series of meetings for maximum effect?



G8 – Maddalena, Italy – G20



Secure the continued leadership of India, China, Russia, Brazil, S. Africa and Indonesia

Four major themes at the G8:

- (i) balanced approach to MDGs and health system strengthening
- (ii) advance towards universal health coverage through primary health care
- (iii) health in all policies
- (iv) aid effectiveness and innovative financing

TB cross cuts these. Does that mean the TB message will be lost?

How strong is the need to urge the G8 to ensure a successful replenishment of the Global Fund?



Stop TB Partnership

40th Union Conference



December 2009, the 40th Union Conference under the theme:
Poverty & Lung Health

This is relevant given our analysis of the NTP funding and the global economic crisis

We must not only underscore the downside, but the upside from investing (and scaling investment) in TB control

2007 World Bank Research Paper makes the case clear: the benefits of TB investment far outweigh the financial costs

World Bank Policy Research Working Paper 4295, "Economic Benefits of Tuberculosis Control" available at: http://www-wds.worldbank.org/external/default/WDSCContentServer/IW3P/IB/2007/08/01/000158349_20070801103922/Rendered/PDF/wps4295.pdf



Discussion

In light of the questions put forward in this presentation, the Board is requested to discuss and agree upon the linkages between the upcoming series of high level meetings in order to align Partnership action, sustain momentum and provide guidance to the Secretariat