

## **TB FINANCING DIALOGUE**

Friday, September 27, 2019, 9:00 AM-2:45 PM  
Riverside Church, 9<sup>th</sup> Floor Lounge, New York City

### **MEETING SUMMARY**

#### **Background**

At the Stop TB Partnership's 31<sup>st</sup> Board Meeting, the Board requested the Stop TB Partnership Secretariat ("Secretariat") to form a "TB Financing Taskforce" to:

- Identify traditional and innovative opportunities to increase funding for tuberculosis (TB), particularly in the context of Universal Health Coverage (UHC) and
- Provide strategic guidance to the Board and Secretariat for resource mobilization for the global TB response.

During the International Monetary Fund's Spring Meetings 2019, Columbia University's Center for Sustainable Development and Dr. Jeffrey Sachs convened a TB Financing Workshop to discuss the need to create a sustainable, multilateral effort to fund TB medicines, diagnostics, and service delivery to end TB by 2030 and develop a briefing paper to be used as an advocacy tool to approach traditional and non-traditional donor countries, Ministries of Finance, philanthropists, and private sector companies.

The report from that meeting is available in the Appendices section.

As a next step to the TB Financing Workshop, the Secretariat proposes to form a dedicated "TB Finance Task Team" that meets regularly to identify traditional and innovative opportunities and provide strategic guidance to the Board and Secretariat related to the following areas already identified by the Board:

- Countries, donors, development banks, investment partners, and other relevant partners to prioritize investments in TB;
- High TB burden countries increase domestic funding for TB;
- Strategically important high TB burden middle-income countries to double/triple domestic funding for TB;
- Full replenishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria ("Global Fund") and use of all available tools to maximize funds for TB from the Global Fund;
- World Bank and other development banks leverage financial instruments such as loans, debt swaps, loan buy downs, blended financing and other similar financial instruments in high TB burden countries to increase domestic funding for TB;
- Public and private sector mobilize new and additional funding by tapping the full potential of social insurance schemes, innovative funding, results-based financing, development impact bonds and impact investing; and
- Donors and high TB burden countries commit to allocating a percentage of their overall research and development (R&D) funding for TB R&D.

## **Overarching themes**

### **1. Develop country investment cases for TB**

- a. Country-specific investment cases for TB are needed to translate “lives saved” metrics into monetized benefits, compare return on investment from TB and also in the context of Universal Health Coverage (UHC) with that from other health and social sector investments, and make the political case for economic growth and averted costs for health systems.
- b. Country-specific investment cases for TB could be used for planning purposes, demonstrating specific areas of investment (i.e., distribution of medicines, TB delivery side, R&D, etc.) and outlining different options for reducing the disease burden. Implementers should be involved in and consulted for the development of investment cases. Investment cases would also delineate different funding sources – especially sources other than the Global Fund – and potential donor convergence.
- c. Country-specific investment cases for TB would demonstrate the certainty of demand for products and services, helping governments negotiate prices with private sector companies.

### **2. Move towards increased ownership by high TB burden countries**

- a. In order to increase domestic financing for TB, it is critical that heads of states, policymakers, donors, and the public see TB as an urgent issue. Competing priorities at the local level impacts the domestic funding discussion.
- b. There is also a general belief that the Global Fund is financing the TB programmes, therefore why do countries need to increase their domestic funding for TB.
- c. New strategies and messaging are required to increase domestic funding for TB. For example, directly link investment leads to economic growth and/or averted costs for health systems, which connects to the previous section.
- d. It is important to discuss and agree upon how much countries should increase their domestic funding for TB. The increase would depend on burden of disease, World Bank income group and national GDP to form categories.
- e. Efficiencies in terms of leveraging the commonalities of different diseases should be considered as part of the domestic funding discussion.
- f. Several ideas in terms of how to increase domestic funding for TB included:
  - i. Concessional loans;
  - ii. Loan buy-downs; and
  - iii. Tax measures.

### **3. Raise the profile of TB**

- a. Lack of awareness is a major issue in many countries, and there is a need for raising the profile of TB within the government and among the public as competing priorities shape the discussion around allocation of resources at the country level.
- b. Various mechanisms can be considered to create demand for TB prevention and control, including but not limited to, public relations, media, civil society activists, local and national level religious leaders or civil society leaders and champions (i.e., the wife of the president of Nigeria is a maternal, newborn and child health champion).

- c. Raising the profile of TB at high-level meetings in global health is also important as key political targets are set in these meetings. Target funding (% of health budget) should ideally be set based on the country income, disease burden, and other characteristics.
- d. Among philanthropists, TB is not as appealing as other diseases due to the characteristics of populations affected and inclusion of the five major emerging national economies (Brazil, Russia, India, China, and South Africa).
- e. Several ideas about reframing of TB agenda were suggested during the meeting including:
  - i. TB framed within the global health security agenda
  - ii. TB and UHC (i.e., Japan's UHC story is closely tied to TB)
  - iii. TB comorbidities and risk factors (i.e., HIV, diabetes, nutrition, tobacco use, etc.)
  - iv. TB and AMR
  - v. This reframing is relevant not only to advocacy and resource mobilization but also to reducing the verticalization of disparate programs and helping countries to take coordinated approaches to health system strengthening.
- f. Engaging global and local celebrities can help raise the profile of TB, and their continued support will help the cause.

#### **4. Increase the pool of the Global Fund and multi-lateral funding**

- a. The TB proportion of the Global Fund – 18% (originally 16%) of the total fund – was a decision made based on political discussions and the historical trend since the original proposals were submitted in 2002. Despite the fact that there is now a greater burden of TB than HIV and malaria combined, it has been very difficult to advocate for an increase in the proportion.
- b. While there is a general acknowledgement of the need for advocacy to increase the proportion (up to 30-33%), some participants recognized that it would be politically more feasible to increase the pool of the overall Global Fund to close the TB financing gap than increase the proportion itself.
- c. Blended finance approach is another option for increasing multilateral funding. Mobilizing multilateral development banks in Asia would be important so that the Global Fund can focus on providing grants in the poorest places. The partnership with Islamic Development Bank for malaria is currently underway despite slow progress. Loan buy-down can increase domestic financing, and the Global Fund helped invest USD 40 million to help India secure USD 400 million loan from the World Bank.

#### **5. Explore strategies for convening private sector stakeholders and attracting philanthropic investment**

- a. Participants discussed several strategies for bringing the private sector stakeholders to the table and have them stay focused on TB. Several platforms could be explored to convene stakeholders including roundtable meetings organized by the Stop TB Partnership, local level industry associations (i.e., Confederation of Indian Industries), World Economic Forum, etc.
- b. At the regional or country level, alternative mechanisms could be considered to mobilize resources such as 2% corporate social responsibility tax in India and customized options for

- c. targeting philanthropic investment. Examining who is investing and who are TB champions in the regions would be important to tailor strategies to the regional and country context.
  - i. One context-specific model is mining workers in Africa. There is an existing example of mobilizing companies to provide HIV testing and counseling for their workers in the past. Workers also have powerful voices that could raise the awareness of TB.
- d. It is important to tap into the network of younger generation of business leaders (i.e., Silicon Valley, World Economic Forum's Young Global Leaders, etc.).
- e. The Giving Pledge, started by Bill and Melinda Gates and Warren Buffet and currently including over 40 wealthiest individuals and couples, will provide opportunities to close the USD 6 billion funding gap per annum. New billionaires such as Mackenzie Bezos could be a potential target.
- f. Global funding models for R&D could take different forms depending on the nature of the problem (i.e., grants, PDP, pooled mechanisms, venture capital funds, etc.)

**Action items**

1. Update data and figures regarding the gap without Brazil, China, and Russia.
2. Convene TB Finance Task Team.
3. Organize next meeting in January/February (African Union) and/or in April (World Bank Spring Meeting).

## APPENDIX 1

### TB FINANCING DIALOGUE

Friday, September 27, 2019, 9:00 AM-2:45 PM  
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### FINAL AGENDA

<b>9:00 AM</b>	<b>REGISTRATION &amp; CONTINENTAL BREAKFAST</b>
<b>9:30 AM</b>	<b>WELCOME REMARKS</b>  <u>Speaker</u> Dr. Lucica Ditiu, Executive Director, Stop TB Partnership
<b>9:40 AM</b>	<b>INTRODUCTIONS</b>
<b>9:50 AM</b>	<b>SETTING THE SCENE</b> <i>(Remarks from the TB affected communities and summary of the TB financing discussion from the Stop TB Partnership’s 31st Board Meeting in January and the TB Financing Workshop held on the sidelines of the World Bank Group’s Spring Meetings in April.)</i>  <u>Presenters</u> <ul style="list-style-type: none"><li>• Dr. Suvanand Sahu, Deputy Executive Director, Stop TB Partnership</li><li>• Dr. Yanis Ben Amor, Executive Director, Center for Sustainable Development, Columbia University</li></ul>
<b>10:15 AM</b>	<b>ROUNDTABLE DISCUSSION (PART 1 OF 2)</b> <i>(Discussion re: domestic financing.)</i>  <u>Remarks</u> Hon. Dr. Osagie Emmanuel Ehanire, Federal Minister of Health, Nigeria  <u>Discussion</u> All
<b>12:30 PM</b>	<b>WORKING LUNCH</b>

**12:30 PM**

**ROUNDTABLE DISCUSSION (PART 2 OF 2)**

*(Discussion re: multi-lateral funding and private sector & philanthropic investment)*

Remarks

- Dr. Jeffrey Sachs, University Professor & Director, Center for Sustainable Development, Columbia University
- Mr. Peter Sands, Executive Director, Global Fund to Fight AIDS, Tuberculosis, and Malaria

Discussion

All

**2:30 PM**

**WRAP-UP & NEXT STEPS**

Speaker

- Dr. Suvanand Sahu, Deputy Executive Director, Stop TB Partnership

**APPENDIX 2**

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**FINAL PARTICIPANTS LIST**

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