



Tuberculosis in Grant Cycle 7

Information Session – 6 March 2023

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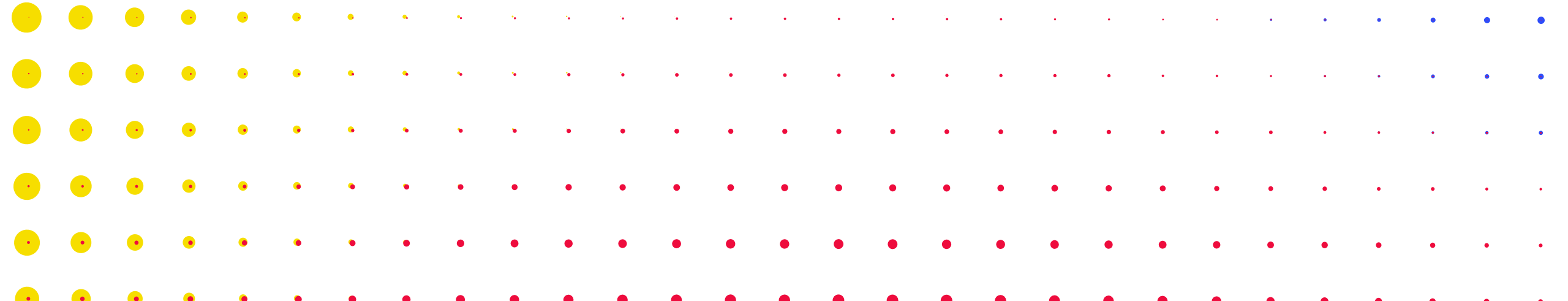
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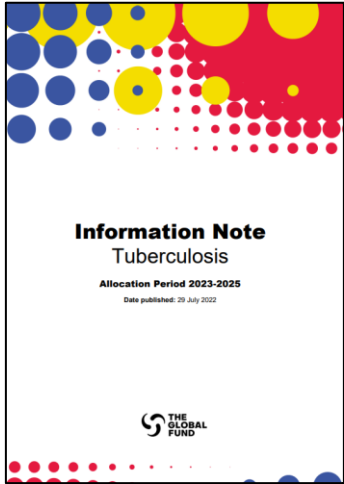
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Overview of TB Resources



Key TB Resources for Funding Requests

Updates for the 2023-2025 Allocation Period



TB Information Note

The RSSH, HIV and Malaria Information Notes are also available [here](#).

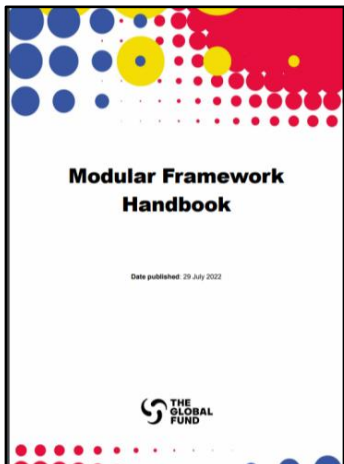
Additional Resources

1. Technical Briefs

Additional Technical Briefs to support applicants will be included in the [Global Fund website](#).

2. Global Guidelines

All key technical guidance documents are in footnotes of the TB Information Note – **including TB and co-morbidities**.

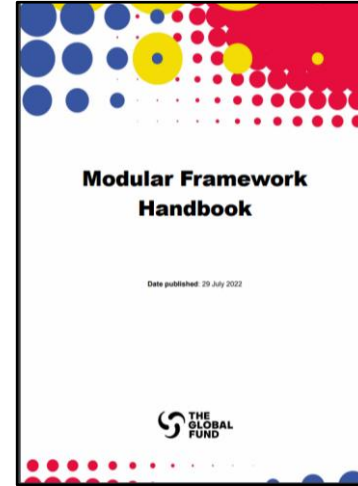
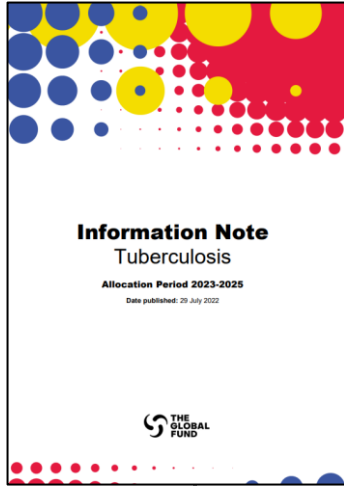


Modular Framework

This resources includes details on Global Fund-supported **interventions and indicators**.

Key Changes to TB-related Materials

Updates for the 2023-2025 Allocation Period



Essential Data Tables



- Alignment with new Global Fund Strategy, along with other global strategies and updated global guidelines.
- Includes information on Program Essentials, priority interventions and country examples.
- [TB Information Note](#).

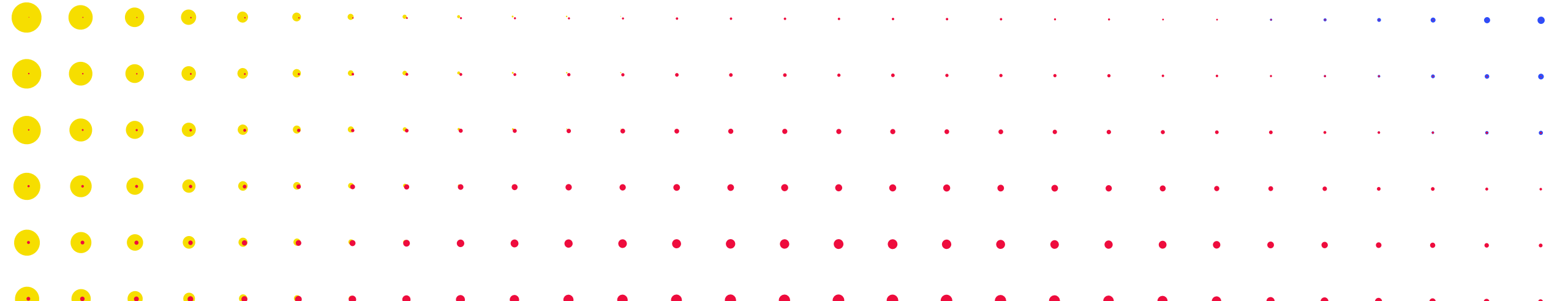
- Streamlining of TB modules and interventions.
- New TB modules on key and vulnerable populations, collaboration with other providers and sectors.
- Updated indicators aligned with Global Fund Strategy and WHO recommendations.
- [Modular Framework](#).

- Additional baseline data (and disaggregates) which is pre-filled by Global Fund, where available.
- Program Essentials table is to be completed by applicant.



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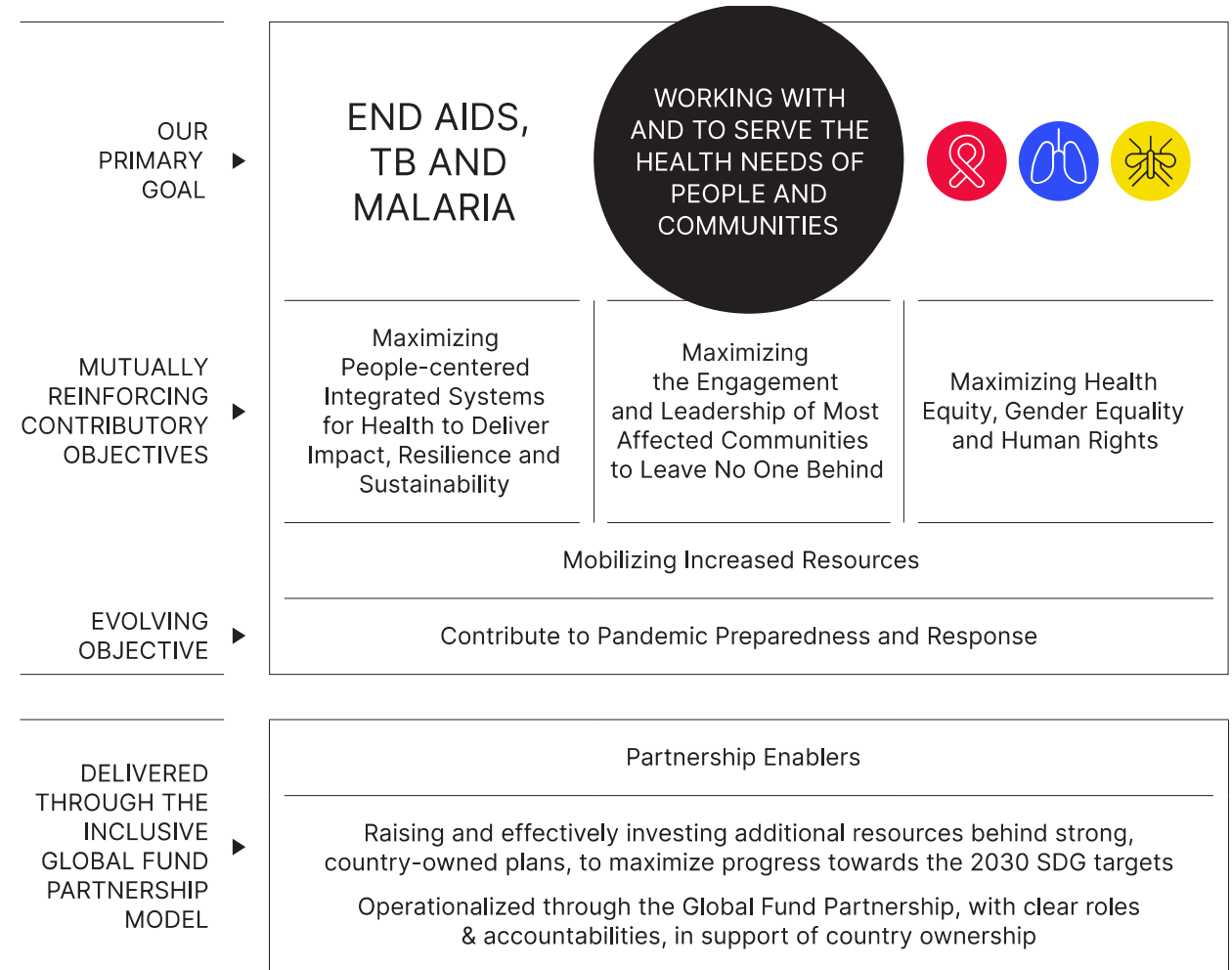
TB Information Note



TB Information Note

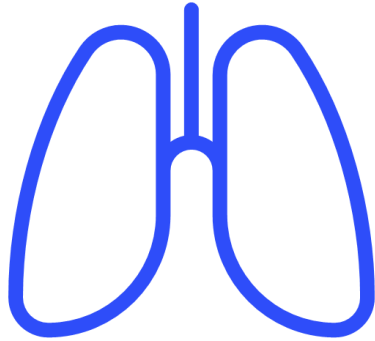
Introduction

- This information note provides **guidance** to applicants preparing a funding request to the Global Fund.
- It makes **recommendations** on Program Essentials and priority interventions for TB that will achieve the highest impact in an efficient, equitable and sustainable manner.
- It is aligned with the ambitious Global Fund **new strategy for 2023-2028** to get back on track against HIV, TB and malaria and contribute to achieving universal health coverage (UHC).



[Global Fund Strategy Framework \(2023-2028\)](#)

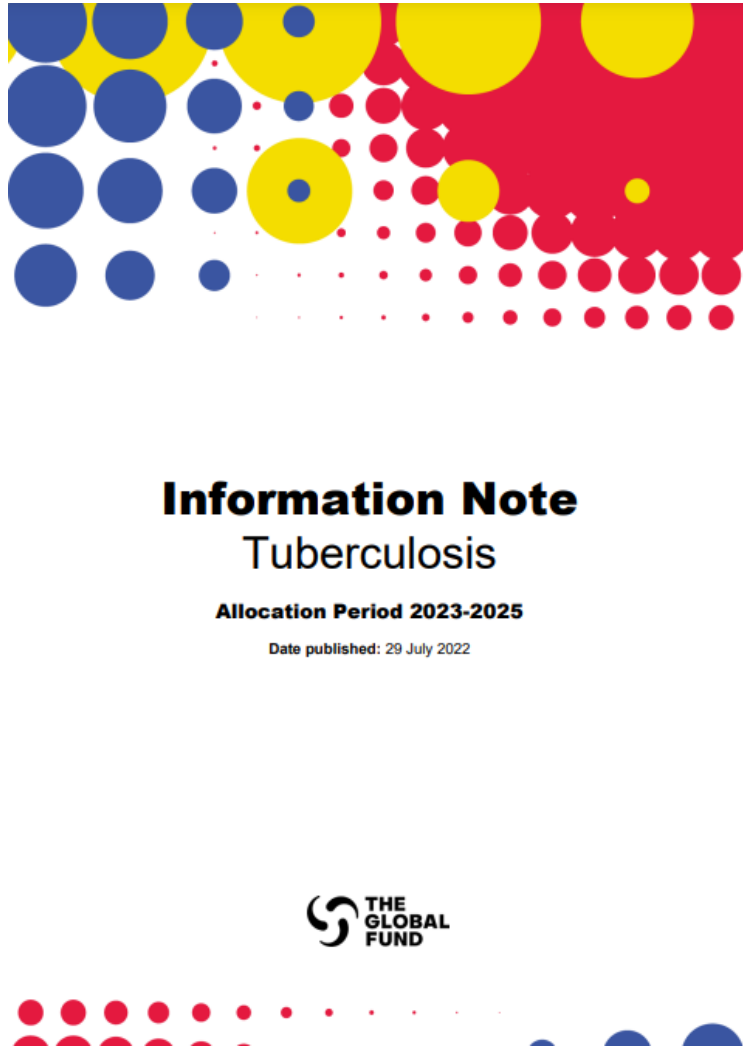
Global Fund's New Strategy: TB Sub-Objectives



The Global Fund Strategy (2023-2028) is an enabler to achieve global goals. Country ownership is still at the core of the Global Fund partnership and in-country partners are encouraged to adapt their responses according to context.

- **Find and treat all people** with drug-susceptible TB (DS-TB) and DR-TB through equitable, people-centered approaches.
- **Scale-up TB prevention** with emphasis on TB preventive treatment and airborne infection prevention and control.
- **Improve the quality of TB services across** the TB care cascade including management of co-morbidities.
- **Adapt TB programming** to respond to the evolving situation, including through rapid deployment of new tools and innovations.
- **Promote enabling environments**, in collaboration with partners and affected communities, to **reduce TB-related stigma, discrimination, human rights and gender-related barriers** to care; and advance approaches to address catastrophic cost due to TB.

TB Information Note: Outline



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Accessible at: https://www.theglobalfund.org/media/4762/core_tuberculosis_infonote_en.pdf

TB Prioritized Interventions for Global Fund Investments

Screening and Diagnosis

- **Testing non-sputum-based samples of children**, improving bacteriological confirmation of pulmonary TB, and universal rapid drug-susceptibility testing (DST) are also priorities.
 - **Diagnostic network strengthening** to address the gaps that limit access to and utilization of diagnostic services.
 - **Integrated testing for TB** with other diseases such as dual (bidirectional) testing for TB and SARS-CoV-2 should be considered in populations at risk for both diseases.
- ✓ Plans to scale up and improve the quality of systematic screening by using more sensitive **digital chest X-rays** and **computer-aided detection (CAD)** software.
 - ✓ The use of **molecular WHO-recommended rapid diagnostics, as the initial diagnostic test** to replace sputum microscopy.
 - ✓ Expanding **testing for TB infection**.
 - ✓ **Decentralizing** services across the care cascade.

TB Prioritized Interventions for Global Fund Investments

Treatment and Care

- Strategies to **improve treatment adherence** include: (1) monitoring and management of adverse drug reactions; (2) management of existing conditions and co-morbidities; and (3) psychosocial and nutritional support for key and vulnerable populations, including through linkages to broader social protection services.
 - **Scaling up digital tools for treatment adherence.**
 - [This technical brief](#) developed by the Global DAT Task Force includes:
 - Overview of the technologies.
 - Guidance to applicants on planning, budgeting, and implementation considerations.
- ✓ **Shorter and more patient-friendly treatment regimens** for drug-susceptible TB (DS-TB).
 - ✓ **Pediatric fixed-dose combination** formulations for children with TB.
 - ✓ Shorter, safer, **injection-free and all-oral treatment regimens** for drug-resistant TB (DR-TB) from the start of treatment.
 - ✓ Shift to decentralized, ambulatory, **community and home-based services.**

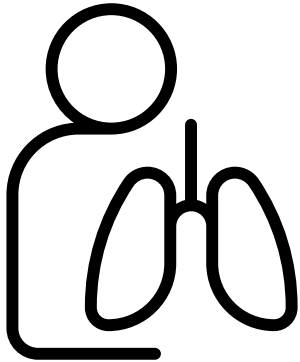
TB Prioritized Interventions for Global Fund Investments

TB Prevention

- Activities to promote TB preventive treatment (TPT) should be **integrated with ongoing activities as a continuum of care**, such as in finding people eligible for TPT as a part of active TB case finding and contact investigations.
 - To generate demand and improve acceptability of TPT, countries are encouraged to address **provider and recipient hesitancy**, provide **shorter regimens for TPT** and support for **treatment completion**.
- ✓ Rapid scale-up of **screening and evaluation** of all household contacts, people living with HIV and other key and vulnerable populations with **high-risk for TB infection**.
 - ✓ Improving access to **TB infection testing**.
 - ✓ Increasing the **coverage and adherence** to TB preventive treatment.
 - ✓ Strengthening completeness and accuracy of **TPT data**, and monitoring performance.

TB Prioritized Interventions for Global Fund Investments

Drug-resistant TB



- ✓ Early detection of drug-resistance, including using **rapid molecular diagnostics and drug susceptibility testing (DST)** such as GeneXpert, TrueNat, line probe assay (LPA) for first and second-line drugs.
- ✓ **Decentralize testing and treatment services**, with preference for ambulatory care from treatment initiation instead of hospitalization.
- ✓ Scale up the use of WHO recommended **shorter, safer, all-oral treatment regimens for DR-TB** (including pre-XDR* and XDR-TB*) at the start of treatment and rapidly phase out the use of injection-based regimens.
- ✓ Consider transitioning to the **shorter, novel 6-month all-oral regimens** (BPaLM* or BPaL*) and the **9-month all-oral bedaquiline-containing regimens** following WHO recommendations.

***XDR**: Extensively Drug-resistant TB; **BPaL**: Bedaquiline, Pretomanid and Linezolid;

BPaLM: Bedaquiline, Pretomanid, Linezolid and Moxifloxacin

TB Prioritized Interventions for Global Fund Investments

Key and Vulnerable Populations



Stop TB Partnership

- ✓ Understand the **size, location and special needs** of key and vulnerable populations in the country.
- ✓ Remove **barriers to TB services** for key and vulnerable populations.
- ✓ Consider **cross-border policies**, legal framework and interventions to facilitate continuum of TB care services in countries with high cross-border movement of people.
- ✓ **Train health care workers** on infection prevention and control and provide them with access to a **safe working environment**, which includes adequate supplies of personal protective equipment, regular screening for TB, and support for treatment completion.

TB Prioritized Interventions for Global Fund Investments

Key and Vulnerable Populations

People who have increased exposure to TB due to where they live or work.	Prisoners, miners, hospital visitors, health care workers and community health workers. People who: <ul style="list-style-type: none">• Live in urban slums.• Live in poorly ventilated or dusty conditions.• Are in contact with TB patients, especially children.• Work in overcrowded environments.• Work in hospitals or health care settings.
People who have limited access to quality TB services.	Migrant workers, women in settings with gender disparity, children, migrants, refugees or internally displaced people, and illegal miners. People who: <ul style="list-style-type: none">• Are from tribal populations or indigenous groups.• Are homeless.• Live in hard-to-reach areas.• Live in homes for the elderly.• Have mental or physical disabilities.• Face legal barriers to access care.
People at increased risk of TB because of biological or behavioral factors that compromise immune function.	People who: <ul style="list-style-type: none">• Live with HIV.• Have diabetes or silicosis.• Undergo immunosuppressive therapy.• Are undernourished.• Use tobacco.• Suffer from alcohol-use disorder.• Inject drugs.

Source: Stop TB Partnership

TB Prioritized Interventions for Global Fund Investments

Collaboration with other Providers and Sectors

- 1** **Identify all people** who have TB and ensure they receive quality and comprehensive care. National TB programs (NTP) should work in collaboration with partners.
- 2** **Engage with private and non-NTP public health care providers.** This is especially important in countries where they serve as the first point of care for a large proportion of people with TB.
- 3** **Develop and implement innovative private sector engagement models,** including contracting, result-based payments and use of intermediary agencies.
- 4** Strengthen collaboration with health programs for effective **integrated service delivery and/or referral linkages to address coinfection and comorbidities.** This includes Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH), mental health and non-communicable diseases (NCD) programs.
- 5** Support approaches to **address catastrophic costs due to TB,** in line with national policies. **Collaborate** with relevant ministries, departments and agencies to include TB services and support as part of universal health coverage packages and social protection schemes.



TB/HIV collaborative activities

- HIV-positive people should be offered **antiretroviral treatment and cotrimoxazole prophylaxis**. Similarly, people living with HIV should be offered **screening for TB** at each contact with health care providers.
- Those with active TB disease should be started on **TB treatment**, while those without the disease who are eligible for TPT should be offered and initiated on **TPT**.
- Screening algorithms should be **aligned to WHO recommendations** and consider the use chest X-rays (with or without CAD), C-reactive Protein, LF-LAM test, and mWRD.



Community systems responses

- Strengthen the **institutional capacity and leadership** of TB community-based and -led organizations and networks of TB survivors to facilitate their participation in national TB governance and decision-making processes.
- Scale up effective and quality **community-led and community-based service delivery** to improve access to quality TB services, while improving the **sustainability** of these interventions via public financing (social contracting).
- Support community-based and -led interventions and outreach services for TB screening, diagnosis, treatment and care, TB prevention, and rehabilitation.
- [Community Systems Strengthening Technical Brief](#).



Equity, human rights and gender-related barriers

- Eliminate TB related **stigma and discrimination**.
- Ensure **people-centered and rights-based TB services** at health facilities and law enforcement practices.
- Promote **legal literacy** (“Know your rights”).
- Increase **access to justice**.
- Monitor and reform **policies, regulations and laws**.
- Reduce TB-related **gender discrimination, harmful gender norms and violence**.
- Refer to [TB and Human Rights Technical Brief](#), upcoming implementer’s guide on human rights, gender and equity and analysis of 20 national TB community, rights and gender [\(CRG\) assessments](#).



Strategic Information

Strengthen TB surveillance systems, innovations in TB care

- Deploy **real-time, digital case-based TB disease surveillance systems** that inform decision-making and actions at all levels of services is an urgent priority.
- **Use disaggregated data at least by age, sex, place of residence along with socio-economic status and key and vulnerable populations groups where possible**, to allow for better understanding of the disease burden and gaps in service delivery to inform differentiated response.
- **Strengthen private sector, community health services and community-led monitoring data reporting** and quality assurance, integrated in the national TB program and health management information system (HMIS).

New Products and Innovations

Potential new products in TB care during the 2023-2025 allocation period

	Screening	Diagnosis	Treatment	Prevention
Objective	Systematic screening of high-risk groups.	Early diagnosis of all people with any form of TB (DS-TB and DR-TB).	Prompt initiation of, and adherence to appropriate treatment for all people with DS-TB and DR-TB.	Prevention and treatment of TB Infection.
Innovations and tools for inclusion in funding request.	<ul style="list-style-type: none"> Digital chest X-ray with or without CAD TB antigen-based skin tests. 	<ul style="list-style-type: none"> mWRD. LF-LAM for people living with HIV. LPA for first and second-line TB drugs. 	<ul style="list-style-type: none"> All-oral DR-TB regimens, including 6-month regimens 4-month DS-TB regimen for children with non-severe TB. Pediatric FDCs and formulations for all forms of TB treatment. Digital adherence technologies. 	<ul style="list-style-type: none"> New shorter, combination therapies (3HP, 1HP and 3HR).
Potential new products within the grant period.		<ul style="list-style-type: none"> New LF-LAM technologies. Next generation mWRD. New sampling techniques (e.g., tongue swabs). 		<ul style="list-style-type: none"> Pediatric formulations and FDCs of health product regimens.

Abbreviations used in the table: CAD: computer-aided detection; mWRD: molecular WHO-recommended rapid diagnostic tests; LF-LAM: lateral flow urine lipoarabinomannan assay; LPA: line probe assay; HP: Isoniazid and Rifapentine; HR: Isoniazid and Rifampicin.

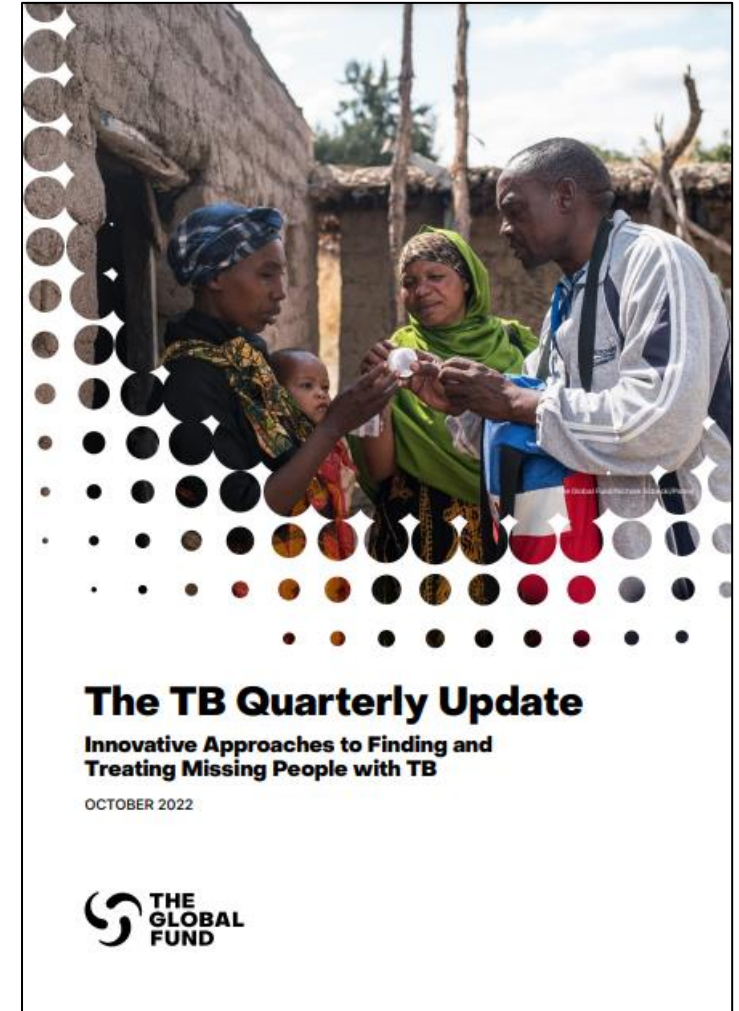
Country Examples and Technical Review Panel Observations

Country examples and success stories:

- Countries have adopted innovative practices to address existing challenges while also adapting TB programs to respond to the disruptions caused by COVID-19.
- Some best practices have been highlighted in the Global Fund TB quarterly updates published on the [Global Fund website](#).

Observations from TRP reviews:

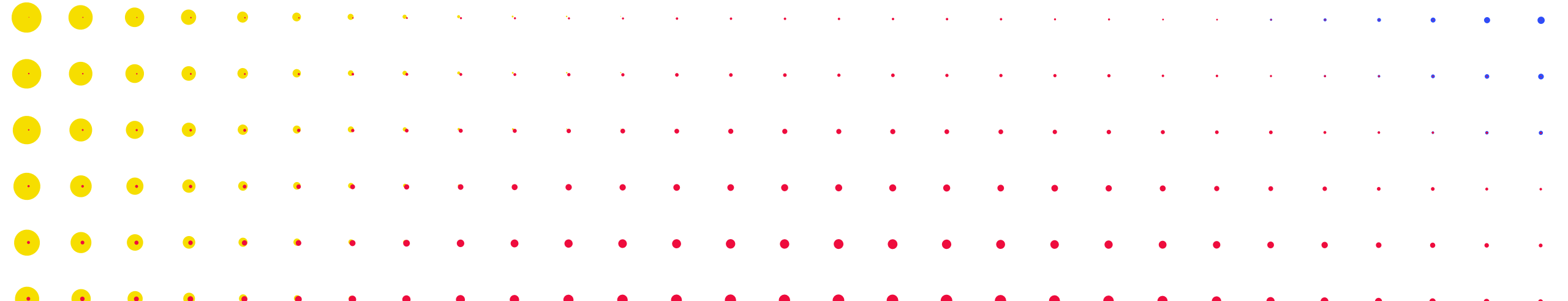
- Technical Review Panel (TRP) observations related to TB funding requests from the 2020-2022 allocation period are noted below with the [2020-2022 TRP Observations Report](#). Applicants are encouraged to go through the report and observations related to strategic focus, technical soundness and potential for impact, for guidance in preparing future funding requests.





3

TB Program Essentials



TB Program Essentials: Improving quality and innovations

(1) TB Screening & Diagnosis



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

(2) TB Treatment & Care



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

(3) TB Prevention



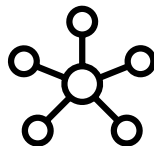
- TPT available for all eligible people: PLHIV, children, eligible household contacts of people with B+ TB
- Shorter TB Preventative Therapy regimens

(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 and home-based people centered services
- Human rights and gender-responsive programming

How will Program Essentials be used in the 2023-2025 allocation period?

Overall objective

To achieve global goals for HIV, TB and malaria using the Global Fund strategy and its **Program Essentials as enablers**, whether through Global Fund grants or other means.



How will Program Essentials be used to meet this objective in the new funding period?

- 1 Countries will be asked to **outline their “level of advancement”** toward achieving the Program Essentials and identify any gaps.
- 2 Countries will **determine which interventions to address**. Any **unmet Program Essentials** should be included in their funding request, guided by country and disease context.
- 3 Where countries have **prioritized the introduction and acceleration of Program Essentials in funding requests**, the Global Fund – subject to TRP/GAC review – will support countries in achieving and sustaining them.
- 4 The Global Fund **will track and review progress against the Program Essentials** through established indicators and monitoring processes.

Example: Completed Essential Data Table

Color coding reflects implementation status.

More information is available in the [Toolkit for Tuberculosis Program Essentials](#).

TB program essentials key area	Are all policies and guidelines in place to fully operationalize the program essential?	Implementation Status
TB screening and diagnosis		
Systematic TB screening is provided for those at highest risk (key and vulnerable populations), including using Chest X-rays with or without computer-aided detection (currently recommended for people aged 15 years and older).	Yes	Implemented in some sites (<50%)
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.	Yes	Implemented in some sites (<50%)
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.	Yes	Implemented in many sites (50%-95%)
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	Yes	Implemented in some sites (<50%)
TB treatment and care		
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.	Yes	Implemented countrywide (>95%)
People with DR-TB receive shorter, all-oral regimens or individualized longer treatment regimens as recommended by WHO and people-centered support to complete their treatment.	Yes	Implemented countrywide (>95%)
TB prevention		
TB preventive treatment (including shorter regimens) is available for all eligible people living with HIV (adults and children) and for all eligible household contacts of people with bacteriologically confirmed pulmonary TB.	Yes	Implemented in some sites (<50%)
TB/HIV collaborative activities		
All people living with HIV with active TB are started on ARV treatment early as per recommendations.	Yes	Implemented countrywide (>95%)
Cross-cutting areas		
Establish, progressively scale-up and maintain a comprehensive, real-time, digital case-based TB surveillance systems and ensure analysis and use of TB data for decision-making at all levels of TB services.	Yes	Implemented in some sites (<50%)
Prioritized interventions are informed by cascade analysis throughout the pathway of TB care, including for TB preventive treatment	Yes	Implemented in many sites (50%-95%)
Engagement of private health care providers is on a scale commensurate with their role in the provision of TB services.	Yes	Implemented in some sites (<50%)
Decentralized, ambulatory, community- and home-based, people-centered services are provided across the continuum of TB care.	Yes	Implemented in many sites (50%-95%)
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.	Yes	Implemented in many sites (50%-95%)

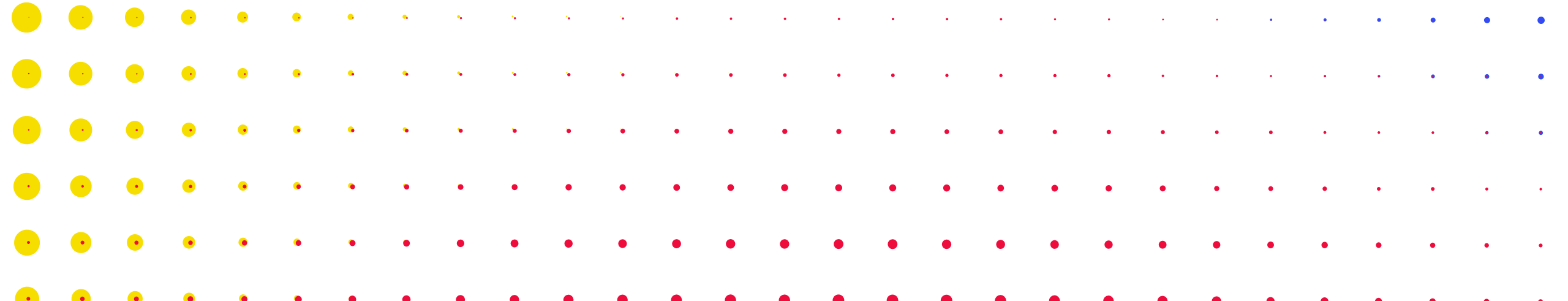
Example: How Program Essentials can be used to set targets and prioritize activities for GC7 funding requests

TB Program Essentials	Indicators	2022	2024	2025	2026	Priorities for Funding Request
TB screening & diagnosis						
1. Systematic TB screening is provided for those at highest risk (key and vulnerable populations), including using Chest X-rays with or without computer-aided detection (currently recommended for people aged 15 years and older).	% of health facility attendees screened for TB (OPD) N: # of OPD attendees screened for TB D: Total OPD attendance	2.2% 1777/80593	6%	8%	10%	<ol style="list-style-type: none"> 1. Revise the screening and diagnostic algorithm -CXR screening followed by mWRD test 2. Active case finding among KVPs 3. Intensified case finding in HF 4. Buy digital CXR, CAD, True Nat 5. Use stool samples for diagnosis of TB in children.
	% of TB cases notified through active case finding (ACF) N: # TB cases notified through ACF D: Total TB cases notified by NTP	11% 232/2083	15%	20%	25%	
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.	% of total new and relapse TB cases tested with rapid diagnostics at the time of diagnosis	48%	85%	87%	>90%	<ol style="list-style-type: none"> 1. Expansion of mWRD sites - GXP & True Nat (39), 2. Expand specimen transportation 3. Additional lab technicians, trainings, minor renovations
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.	% of bacteriologically confirmed TB cases tested for rifampicin resistance	83.5%	>90%	>90%	>90%	<ol style="list-style-type: none"> 1. Procure and expand 10 color GXPert and XDR/TB cartridge 2. Test for resistance to new anti TB drugs (supply reagents, consumables, and equipment of MIC and MGIT) 3. Next Generation Sequencing
	% of RR TB cases further tested to rule out resistance to Fluoroquinolones	78%	83%	85%	>90%	
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	Utilization rate of GXpert machines	NA	50%	60%	70%	<ol style="list-style-type: none"> 1. GXpert connectivity 2. Service and maintenance contract for equipment 3. Reflect maintenance cost in domestic health budget 4. HR capacity building 5. IPC equipment (BSC, UVGI etc)
	% of laboratories showing adequate performance in external quality assurance (smear microscopy and GXP)	>90%	>90%	>90%	>90%	
	% laboratories participating in external quality assurance during the reporting period	>95%	>95%	>95%	>95%	



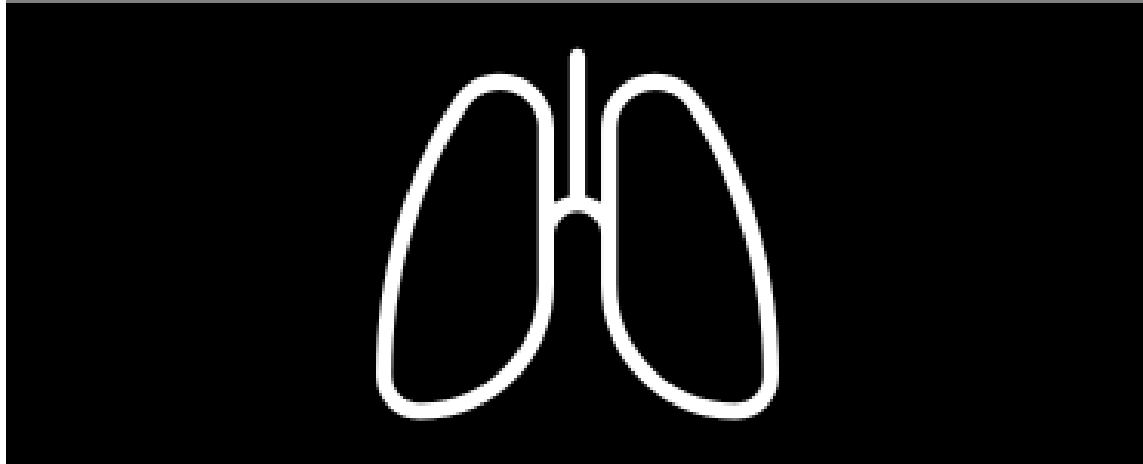
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Modular Framework: TB



Key Messages

Rationale for updating the TB Modular Framework.



Revision of activity descriptions and language to align with latest guidance and recommendation.

Streamline the current Modular Framework, avoiding repetitions and overlapping among interventions.

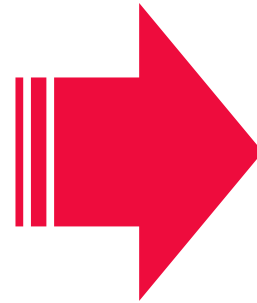
Ensure key interventions and key populations are prioritized through new modules and interventions.

TB Modules

Allocation Periods 2020-2022 and 2023-2025

2020-2022 TB Modules

- TB Care and Prevention.
- TB/HIV.
- Multidrug-resistant (MDR) TB.
- Removing human rights and gender related barriers to TB services.



2023-2025 TB Modules

- TB diagnosis, treatment and care.
- Drug-resistant (DR-TB) diagnosis, treatment and care.
- TB/HIV.
- TB/DR-TB Prevention.
- Key and vulnerable populations.
- Collaboration with other providers and sectors.
- Removing human and gender related barriers to TB services.

TB Modules and Interventions

Allocation Period 2023-2025

Revised modules/interventions

Module	Intervention
TB diagnosis, treatment and care	TB Screening and Diagnosis TB Treatment, Care and support
DR-TB diagnosis, treatment and care	DR-TB Diagnosis/ drug susceptibility testing (DST) DR-TB Treatment, Care and support
TB/HIV Care	TB/HIV Screening/testing TB/HIV Treatment, Care and support TB Prevention for people living with HIV (PLHIV) Community TB/HIV care delivery TB/HIV for Key and Vulnerable Populations (KVP) TB/HIV collaborative interventions
Removing human rights and gender related barriers to TB services	9 interventions (4 new)

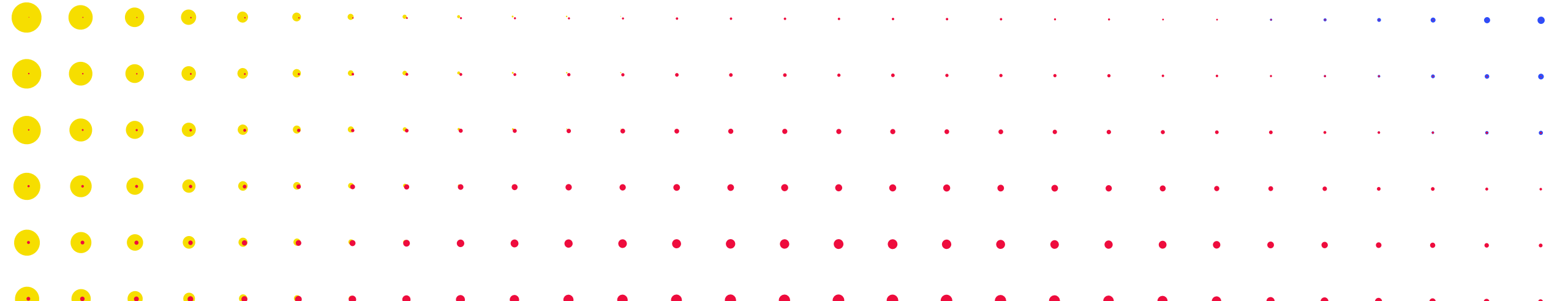
New modules (new/recategorized interventions)

Module	Intervention
TB/DR-TB Prevention	Screening/testing for TB Infection Preventive treatment Infection Prevention and Control
Key and vulnerable populations	People in prisons/jails/detention centers Mobile population (migrants/refuges/internally displaced populations (IDPs)) Mining/mining communities Children and adolescent People with Co-morbidities Urban poor/slum dwellers Other KVP
Collaboration with other providers and sectors	Private provider engagement in TB/DR-TB care Community-based TB/DR-TB care Collaboration with other programs/sectors



5

TB Indicators: Changes



Summary of Changes by Module and Allocation Period

Areas	2020-2022	→ 2023-2025						
	Total	Maintain =	Discontinue ×	Update →	New +	Moved ↻	Total	Net change
Impact (all modules)	4	3	0	1	0	0	4	0
Outcome (all modules)	8	3	1	4	0	0	7	-1
TB Diagnosis, Treatment and Care	10	1	1	5	0	3*	6	-4
Prevention	0	1 ^A	0	0	2	0	3	+2
DR-TB Diagnosis, Treatment and Care	8	2	1	5	4	0	11	+3
TB/HIV	4	3	0	1	1	0	5	+1
Collaboration with other providers & sectors	0	0	0	0	1	0	1	+1
Key and Vulnerable Populations (KVP)	0	2 ^A	0	0	0	0	2	+2
Total	34	15	3	16	8	3	39	+4

*3 former TCP indicators (now called TBDT indicators) were moved to other modules. They are TBP-1 (formerly TCP-5.1) – to the TB/DR-TB Prevention module; and KVP 1 & 2 (formerly TCP-6a and 6b) – to the KVP module.

^A = Prevention and KVP modules did not exist previously

Discontinued indicators: MDR-TB 7.1 - % of confirmed RR/MDR-TB cases tested for resistance to second-line drugs, TB O-1a: Case notification rate per 100k, TCP-3 (EQA for smear microscopy)

Change in the terminology from **TB cases** to **TB patients or people with TB** in a sizeable proportion of indicators.

Summary of TB indicator changes (2023 - 2025)

Alignment of the indicator codes with new TB module names	TCP = TB DT; MDR-TB = DR-TB. <u>New codes</u> : TBP (Prevention); TBC (Collaboration); KVP (TB/DR-TB Key and Vulnerable pops).
8 new indicators	Prevention (2), TB/HIV (1), Collaboration with other providers/sectors (1), DR-TB (4).
Indicators revisions with significant implications	DR-TB-9, TB O-4; TB DT-2, TB O-2a; DRTB-3 (formerly MDR TB-3); TB/HIV-7.1 (change from TB/HIV-7).
Minor revisions to the current indicators (> 20 indicators)	Changes to indicator codes, some indicator definition text to align with global technical standards (mainly TB cases replaced by patients or people with TB), and disaggregation categories.
Disaggregation categories	Review of the current TB Modular Framework disaggregation categories to identify gaps linked to certain indicators based on the relevance to the new Global Fund strategy, latest technical partner guidance, feasibility of data collection using existing systems and equity.

Summary of TB Indicator Changes in Grant Cycle 7 (1/4)

- **Alignment of the indicator codes with the new TB module names:**

- TCP = TBDT; MDR-TB = DR-TB.
- New codes: **TBP** (Prevention); **TBC** (Collaboration); **KVP** (TB/DR-TB Key and Vulnerable Populations).

- **Eight new indicators:**

- **Prevention (2)**: TPT completion (%) and Contact investigation coverage (%) i.e., TBP-2 & 3.
- **TB/HIV (1)**: Treatment Success Rate of HIV-positive TB patients i.e., TB/HIV-8.
- **Collaboration with other providers/sectors (1)**: Treatment Success Rate in Private Sector (%) i.e., TBC-1.
- **Drug resistant-TB diagnosis, treatment and care (4)**:
 - a) % of TB patients with DST result for Isoniazid among the total notified TB cases (DRTB-5).
 - b) % of RR/MDR-TB patients with DST results for Fluoroquinolone among the total notified RR/MDR-TB (DRTB-7).
 - c) % of Pre-XDR TB patients with DST results for Group A drugs other than fluoroquinolones among the total number of notified pre-XDR TB cases in the same year (DR TB-11).
 - d) Treatment Success Rate (TSR) for pre-XDR/XDR-TB i.e., DR TB-10.

Summary of TB Indicator Changes in Grant Cycle 7 (2/4)

Indicators revisions with significant implications:

- **DRTB-9, TB O-4:** Revision of the denominators for Treatment Success Rates for RR/MDR-TB indicators from the 'total no. of bacteriologically confirmed patients **enrolled on second-line anti-TB treatment**' to the 'total no. of people with bacteriologically confirmed RR/MDR-TB **notified** during the year of assessment'. This is to align with global guidance and may have implications on target setting and indicator performance.
- **TBDT-2, TB O-2a:** Revision of the denominators for Treatment Success Rates for all forms of TB indicators from the 'total no. of all forms of TB cases **registered** for treatment' to the 'total no. of people with all forms of TB **notified** in the same period'. This is to align with global guidance and may have implications on target setting and indicator performance.
- **DRTB-3** (formerly MDR TB-3): Change from **number (#)** of to 'percentage (%) of people with confirmed RR-TB and/or MDR-TB that began second-line treatment'. This indicator now has a N and D.
 - **Numerator:** No. of people with bact. confirmed RR-TB and/or MDR-TB registered and started on second-line treatment regimen.
 - **Denominator:** Total no. of people with bact. confirmed RR-TB and/or MDR-TB notified during the period of assessment.

Summary of TB Indicator Changes in Grant Cycle 7 (3/4)

TB/HIV-7.1 (change from TB/HIV-7)

Indicator	Indicator description	Numerator	Denominator
TB/HIV-7 (previous)	% of PLHIV on ART who initiated TB preventive therapy among those eligible during the reporting period	PLHIV on ART who initiated TB preventive therapy (TPT) during the reporting period (#)	PLHIV on ART who are eligible for TPT during the same reporting period (#)
TB/HIV-7.1 (new)	% of PLHIV currently enrolled on ART who started TB preventive treatment (TPT) during the reporting period	Total number of PLHIV currently enrolled on antiretroviral therapy who started TPT during the reporting period	Total number of PLHIV currently enrolled on antiretroviral therapy

- The new ‘TPT for PLHIV currently enrolled on ART’ indicator is one of the two TPT for PLHIV indicators to be reported through the UNAIDS GAM system and by WHO (TB).
- To correctly calculate the denominator, the ‘Total no. of PLHIV currently enrolled on ART who started TPT prior to the reporting period’ (proxy for eligibility) should be subtracted from the ‘total no. of PLHIV currently enrolled on ART’. This requires countries to also have historical data available in their data systems on the # of PLHIV who received TPT prior to the reporting period. Currently, not all countries have data systems with information on the Total no. of PLHIV currently enrolled on ART who started TPT prior to the reporting period.
- When reporting to the Global Fund, PRs would need to include a comment in the PUDR to indicate whether the country data system is able to correctly calculate the denominator and if this was used in calculating the denominator or not.
- At the same time, countries are encouraged to continue to strengthen their data systems to be able to correctly report the TB/HIV-7.1 indicator.

Summary of TB Indicator Changes in Grant Cycle 7 (4/4)

- **Minor revisions to the current indicators (> 20 indicators):**

Changes to indicator codes, some indicator definition text to align with global technical standards (mainly **TB cases** replaced by **patients or people with TB**), and disaggregation categories.

- **Disaggregation categories:**

Review of the current TB Modular Framework disaggregation categories to identify gaps linked to certain indicators based on the relevance to the new Global Fund strategy, latest technical partner guidance, feasibility of data collection using existing systems and equity (for example, bact. confirmed, type of TPT and DR-TB regimens, HIV status, type of provider, age & gender:

- New disaggregation categories included for seven TB indicators for the 2023-2025 allocation period.
- Disaggregation categories dropped for four indicators.



6

Key Considerations for Funding Request Development

What to consider before funding request submission

The Technical Review Panel (TRP) assesses each application and makes informed recommendations/decisions depending on:

- Country context, epidemiology, capacity, resources, progress so far and challenges.
- Type of application (Program Continuation, Full review, Tailored to NSP, Transition...).
- Clarity and comprehensiveness of information provided including on prioritization of interventions and population, strategic focus and value for money.
- Engagement of relevant stakeholders (including communities/affected people) during the process.
- Alignment with latest recommendations and guidance, evidence-based.
- Whether previous TRP recommendations addressed or not.
- Whether the target is ambitious, aligned with previous trend and level of investment.

Aligning with Global Fund Resources

The following documents should support applicants with funding request development:

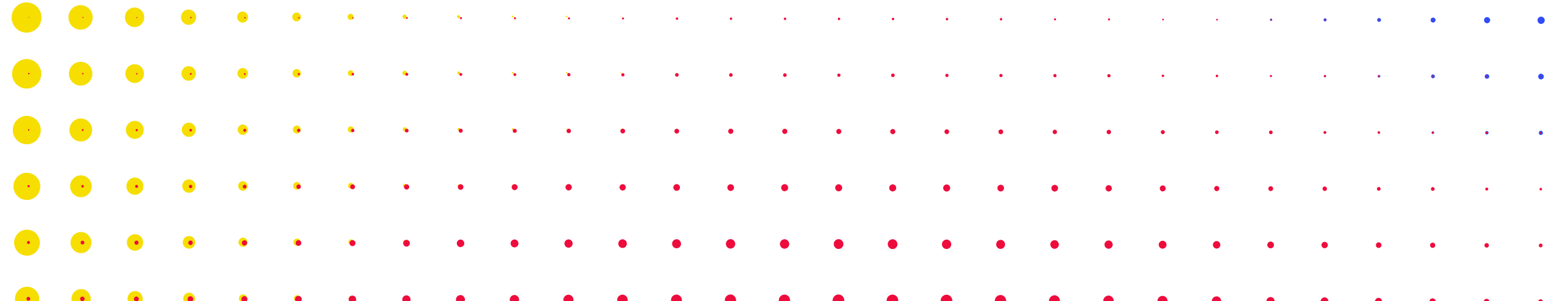
- Global Fund Strategy (2023-2028)
- TB Information Note and other technical briefs.
- Modular Framework (modules/interventions and activities).
- Indicators (names, codes, #s).
- Programmatic gap tables.
- Funding request template/narrative and annexes (read the instructions).

See "Jasmania HIV/TB Full Review Funding Request" as an example on the Global Fund website:
https://www.theglobalfund.org/media/12193/core_full-review-funding-request_example_en.pdf



7

Q&A



Thank you!

Merci !

¡Gracias!

Obrigado!



The Global Fund to Fight
AIDS, Tuberculosis and Malaria

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TB Program Essentials (I/II)

1. TB Screening and Diagnosis	<p>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).</p> <p>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.</p> <p>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.</p> <p>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.</p>
2. TB Treatment and Care	<p>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.</p> <p>2.2 People with DR-TB receive shorter, all oral regimens or individualized longer treatment regimens as recommended by WHO.</p>
3. TB Prevention	<p>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.</p>

TB Program Essentials (II/II)

4. TB/HIV	4.1 All people living with HIV with active TB are started on ARV treatment early as per recommendations.
5. Cross-cutting Areas	<p>5.1 Establish, progressively scale-up and maintain a comprehensive, real-time, digital case-based TB surveillance systems.</p> <p>5.2 Prioritized interventions are informed by cascade analysis throughout the pathway of TB care, including for TB preventive treatment.</p> <p>5.3 Engagement of private healthcare providers is on a scale commensurate with their role in the healthcare system.</p> <p>5.4 Decentralized, ambulatory, community- and home-based, people-centered services are provided across the continuum of TB care</p> <p>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.</p>

Example: countries to complete Program Essentials fields in the HIV and TB Essential Data Tables

TB program essentials key area	Are all policies and guidelines in place to fully operationalize the program essential?	Implementation Status
TB screening and diagnosis		
Systematic TB screening is provided for those at highest risk (key and vulnerable populations), including using Chest X-rays with or without computer-aided detection (currently recommended for people aged 15 years and older).	Yes	Implemented in some sites (<50%)
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.	Yes	Implemented in some sites (<50%)
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.	Yes	Implemented in many sites (50%-95%)
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	Yes	Implemented in some sites (<50%)
TB treatment and care		
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.	Yes	Implemented countrywide (>95%)
People with DR-TB receive shorter, all-oral regimens or individualized longer treatment regimens as recommended by WHO and people-centered support to complete their treatment.	Yes	Implemented countrywide (>95%)
TB prevention		
TB preventive treatment (including shorter regimens) is available for all eligible people living with HIV (adults and children) and for all eligible household contacts of people with bacteriologically confirmed pulmonary TB.	Yes	Implemented in some sites (<50%)
TB/HIV collaborative activities		
All people living with HIV with active TB are started on ARV treatment early as per recommendations.	Yes	Implemented countrywide (>95%)
Cross-cutting areas		
Establish, progressively scale-up and maintain a comprehensive, real-time, digital case-based TB surveillance systems and ensure analysis and use of TB data for decision-making at all levels of TB services.	Yes	Implemented in some sites (<50%)
Prioritized interventions are informed by cascade analysis throughout the pathway of TB care, including for TB preventive treatment	Yes	Implemented in many sites (50%-95%)
Engagement of private health care providers is on a scale commensurate with their role in the provision of TB services.	Yes	Implemented in some sites (<50%)
Decentralized, ambulatory, community- and home-based, people-centered services are provided across the continuum of TB care.	Yes	Implemented in many sites (50%-95%)
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.	Yes	Implemented in many sites (50%-95%)