

Yeumbeul, Senegal (June 18, 2020) - Dr. Malick Diop talks to Aliou Diof about his TB treatment at the center where they continue to treat residents with tuberculosis during the COVID-19 pandemic.

The Global Fund/Ricci Shryock

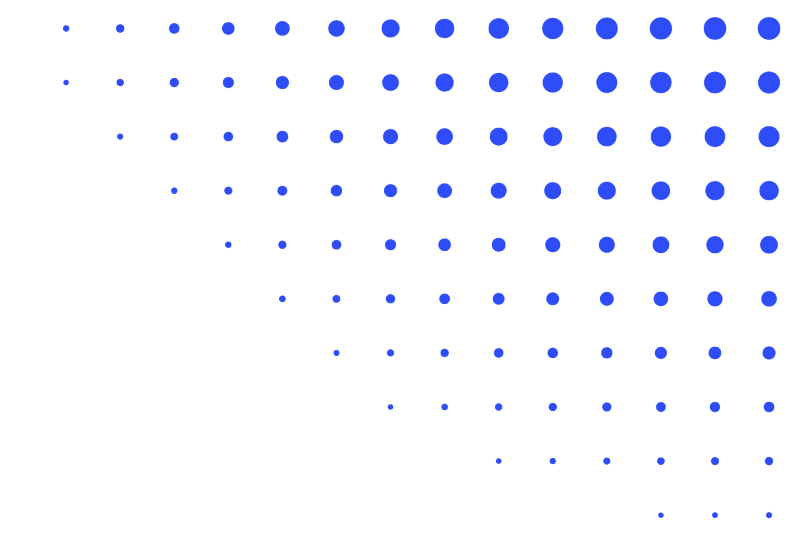
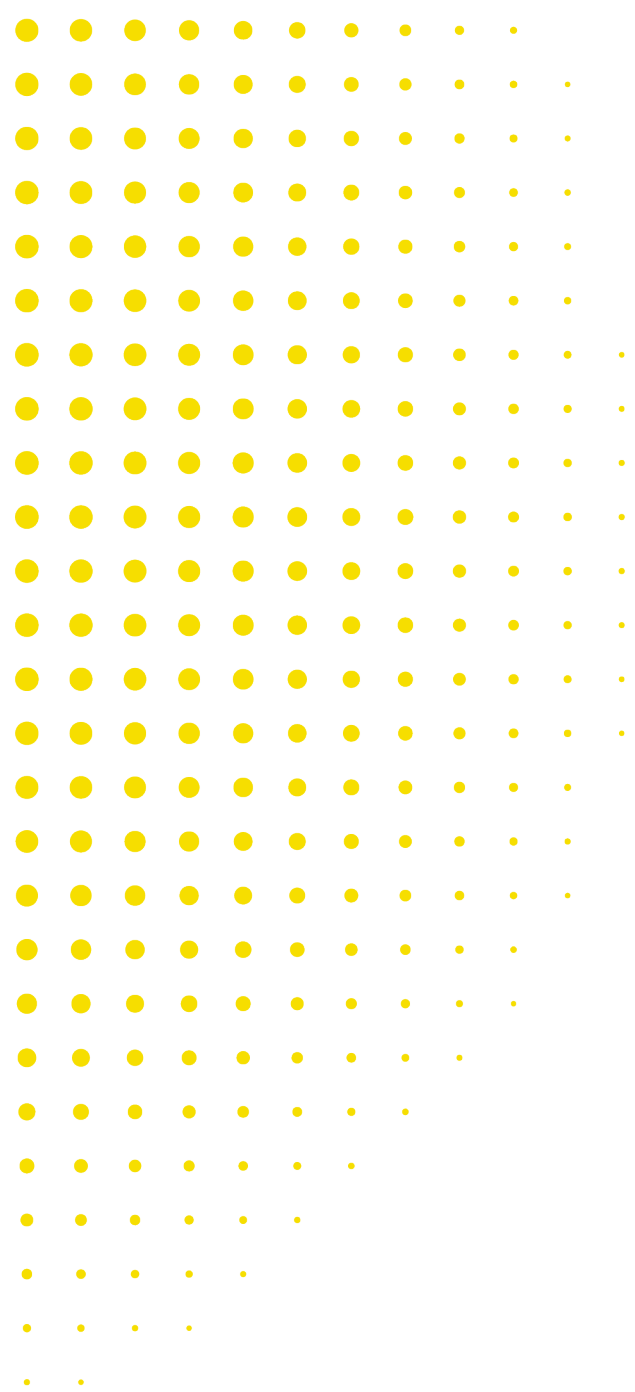


# The TB Quarterly Update

**Innovative Approaches to Finding and Treating Missing People with TB**

NOVEMBER/DECEMBER 2023

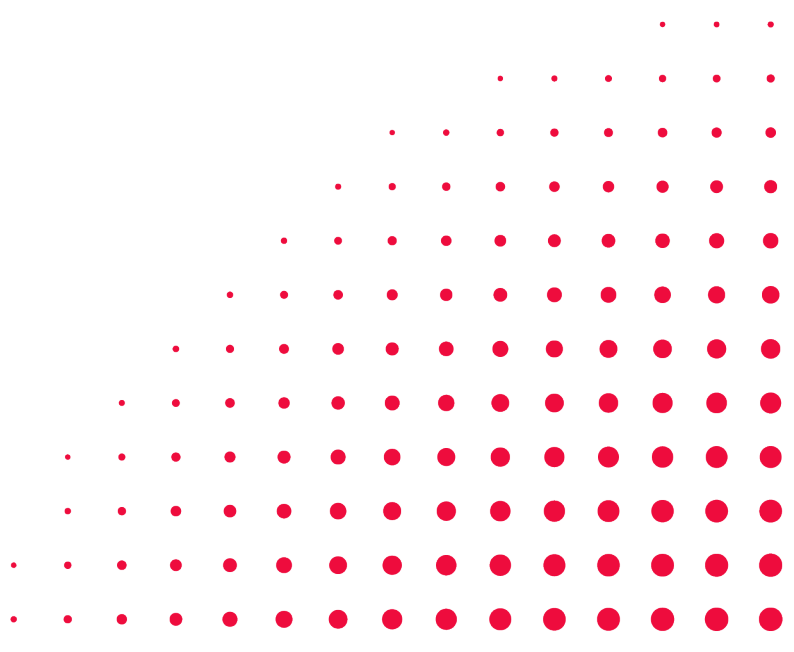




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# 1. What's New

## 2023 United Nations High-level Meeting on the Fight against Tuberculosis

On 22 September 2023, the Global Fund joined heads of state, policymakers, affected communities, civil society organizations, and other stakeholders in New York for the United Nations High-level Meeting (UNHLM) on the fight against TB. The aim of the meeting was to review the global targets established during the first UNHLM on TB in 2018 and to accelerate progress toward ending TB. Speaking at the event, Global Fund Executive Director Peter Sands noted the remarkable progress TB programs have made in the aftermath of COVID-19, emphasizing how fighting TB is a proven pathway towards both delivering Universal Health Coverage (UHC) and reinforcing pandemic preparedness. Dr. Eliud Wandwalo, Head of TB at the Global Fund also spoke in a panel discussion on the importance of people-centered and inclusive health systems in advancing Sustainable Development Goals (SDG) milestones.



In a critical step of collective commitment, the United Nations General Assembly formally endorsed the political declaration on TB. Member States agreed to the most ambitious global targets to date, including providing life-saving treatment and TB preventive treatment (TPT) to 90% of people with TB between 2023-2027, and mobilizing sufficient and sustainable financing through international financing mechanisms, such as the Global Fund, with the aim of increasing annual global TB funding levels to at least \$22 billion by 2027. Next steps include translating UNHLM targets into country plans. Translated versions of the declaration are available [here](#).

## Global Fund TB Strategic Initiative Annual Meeting

The Global Fund TB Strategic Initiative (2021-2023) held its annual meeting with 25 countries on 15-16 November 2023 in Paris around the events of the Union World Conference on Lung Health 2023. It was organized by the World Health Organization (WHO) in collaboration with the Global Fund and the Stop TB Partnership (Stop TB). The meeting provided countries with an opportunity to show progress with TB case finding, including lessons learned and innovations in response to the COVID-19 pandemic. Presentations from 20 priority countries and five West and Central Africa (WCA) focus countries facilitated peer-to-peer learning and included key updates on technical assistance provided through the Global Fund and its implementing partners, WHO and Stop TB. Sessions highlighted a range of country perspectives and innovations, including on TB notifications during and post-COVID; pediatric TB; private sector engagement; improving the TB cascade; maximizing community inclusion and addressing stigma, human rights, gender, and legal barriers; and implementing WHO guidance. With the meeting marking the end of the TB Strategic Initiative's final cycle, participants also identified next steps, including the resources and tools required to fully operationalize interventions to find missing people with TB.

Photo Credit: The Union and the Global Fund



## **New WHO Policy Brief on Tuberculosis-associated Disability**

People affected by impairments and disabilities associated with TB are more likely to be marginalized and to have their human rights unprotected. The challenges faced by people with TB include the consequences of impairment and disability associated with the disease, its treatment as well as with stigma and discrimination. There is now compelling evidence that the disease and its treatment affect quality of life and life expectancy even after successful treatment. The WHO Global Tuberculosis Programme has produced the first policy brief on TB-associated disability. The *Policy brief on tuberculosis-associated disability* was launched during a webinar held on 25 September 2023. The brief presents the current perspectives on TB-associated disability and approaches to address the needs of people with TB during and beyond completion of TB treatment, and aims to increase awareness and mobilize support for protecting their human rights and improving their health-related quality of life and well-being.

## **New WHO Guidelines on Community Engagement**

On 13 October 2023, WHO launched the *Guidance on engagement of communities and civil society to end tuberculosis*. More than 400 participants joined the virtual launch event, which was opened by WHO Director-General Dr. Tedros Adhanom Ghebreyesus and included remarks by senior WHO leadership, representatives of the WHO Civil Society Task Force on TB, communities affected by TB, ministries of health, national TB programs and key partners. The guidance emphasizes the complementarity of health and community systems and the key roles that people with TB should play in the planning, decision-making, implementation and monitoring of TB responses. It also underlines the importance of a conducive policy environment, and fair and sustainable financing for community and civil society engagement and community networks (or coordination bodies) at national and local levels. Developed in collaboration with civil society and other partners, this guidance is intended for use by community representatives and health program managers at all levels, as well as other stakeholders in the health system working to strengthen people-centered TB care.



An accompanying set of case studies is expected to be published soon. The case studies will highlight good practices in the operationalization of the guidance principles and actions in different contexts. French, Spanish and Russian translations will follow.

## **New Price Reductions in Key TB Commodities**

Equitable access to lifesaving health products is critical in the fight against TB. Recent price reductions in three key TB commodities provide countries with an opportunity to detect and treat more people.

- **GeneXpert:** On 19 September 2023, the Global Fund, Stop TB and USAID announced that Cepheid will provide its GeneXpert® MTB/RIF Ultra diagnostic test cartridges for TB at US\$7.97—a 20% reduction from the current price of US\$9.98. The lower price, enabled by Danaher, the parent company of Cepheid, is available for the MTB/RIF Ultra cartridges and all Global Fund eligible countries. The new pricing is valid for orders placed from 18 September 2023 and for the duration of the contract (i.e., two years). In addition, the Xpert XDR cartridge has dropped in price from US\$19.80 to US\$14.90 as a result of recent negotiations between the Global Fund and partners. The agreement includes updates to the service and maintenance modalities and a simplified pricing structure, with Cepheid committed to offering its comprehensive service and maintenance options (AccessCare and Warranty plus) to all Global Fund-supported countries with a small number of exceptions, including embargoed countries. Read more about price reductions on the [Global Fund's website](#).
- **3HP:** On 22 September 2023, USAID and the U.S. Department of State, through the President's

Emergency Plan for AIDS Relief (PEPFAR), and in collaboration with Stop TB's Global Drug Facility, announced a 30% price reduction for 3HP, a shortened TB prevention regimen. The reduction, from US\$14.25 to US\$9.98, applies to the fixed dose combination of the drug and is available to all Global Fund countries. The new price is valid for orders placed from September 2023.

- **Bedaquiline:** A price reduction in Bedaquiline was announced at the end of August. The new prices for the lifesaving drug are US\$130 per six-month treatment course for the Johnson & Johnson product and US\$194 per six-month course for the Lupin product. The price of the six-month all oral regimen BPaL/BPaLM is now US\$430/\$458.

These announcements come at the end of a Global Fund funding period when many countries are undertaking or completing their next funding request and grant making processes. These new prices should be used when planning future procurement in Grant Cycle 7 (GC7), with the savings ideally reinvested in TB commodities, particularly those that are in the prioritized above allocation request (PAAR) or for commodity gaps in year three of grants. The Global Fund, Stop TB, WHO, USAID and the Bill and Melinda Gates Foundation held webinars on 13 October 2023 to provide more detailed information on the reduced prices. Recordings of these webinars can be found here (passcode: .#=eWdx3) and here (passcode: q!r5LT%).

## Country-level Technical Assistance

### 1. PAKISTAN

**Conducting an evaluation of costs borne by TB-affected households**



Pakistan, ranked fifth among high-burden countries worldwide, has an estimated 611,000 new TB cases every year. People with TB often incur large costs related to illness and healthcare. In line with WHO recommendations and the End TB Strategy, and to inform policies and mechanisms to better protect TB patients, Pakistan is receiving technical assistance to conduct a patient cost survey. The survey will provide an estimate of the proportion of TB patients experiencing catastrophic costs and an analysis of the cost drivers associated with seeking TB diagnosis and treatment.

### 2. SOUTH AFRICA

**Operationalizing and implementing a rights and gender-based TB social behavioral change communication strategy**



Data from South Africa's first national TB prevalence survey in 2018 showed that an estimated 67% of people with TB symptoms in communities did not seek care. These findings point to structural, legal and social barriers that may prevent universal access to TB prevention, diagnosis, treatment, care and support. Within this context, the TB Strategic Initiative provided support to South Africa to conduct a TB community, rights and gender (CRG) and stigma assessment and to develop a rights- and gender-based social behavioral change communication strategy (SBCC) for TB. The SBCC strategy provides a framework for the design and implementation of rights- and gender-based TB social behavioral change communication interventions in South Africa for 2023-2028. Technical support is being provided to operationalize the SBCC strategy, including the development of a prioritized, costed action plan and communication toolkit.

## 2. Knowledge Sharing and Learning Resources

### CASE STUDY: Improving Women's Access to TB Services in Niger

#### Background

More than 40% of expected people with TB go undetected in Niger. There is considerable variability between regions of the country, but also between population groups, indicating that some groups are more likely to be detected than others. Obstacles to accessing health services persist for TB patients, who are often victims of stigmatization. This is particularly true for women who face economic, as well as socio-cultural barriers. A gender-transformative pilot project to improve women's access to TB care services was implemented to address these issues. The pilot aimed to engage husband schools in the reduction of unfavorable norms and barriers to women's and children's healthcare. The pilot was launched in October 2022 in collaboration with the National TB Programme (NTP) and the local NGO SongES in 40 villages in the Zinder region, covering ten TB centers. Zinder is one of the four high burden regions in Niger and is home to 34% of the missing people with TB.

#### Implementation

A joint mission to identify and set up husband schools was organized by Plan International, Zinder health authorities and SongES. In each village, the mission met with customary and religious authorities, women leaders and husbands in the presence of health providers and community health workers involved in the fight against TB as part of the NFM3 - Strengthen HIV and TB grant. At the end of this mission, 40 villages were selected. Capacity-building for TB health staff and leaders on gender equality, inclusion, human rights and their link with TB was carried out by the region's health authorities, followed by training of 480 husband school members. To ensure the commitment of men in facilitating the use of TB screening and treatment services for women and children, the 480 trained husband school members regularly conduct awareness-raising and information sessions on the role of husbands in

the fight against TB, women's rights and the referral of presumptive persons to health services. A monitoring, supervision and data collection system was set up and is run by local health workers.



A member of the Dan Borto STC husband school accompanies a suspected case.

#### Results

Over five months of implementation, 184 people presumed with TB were referred by members of the husband schools, including 106 men and 78 women. Of the 127 patients who presented in the health services with presumptive TB, 29 (19 men and 10 women) were TB positive and started on TB treatment. Through the contributions of husband school members, the number of TB cases detected by the ten TB centers increased from 99 (91 men and 8 women) to 116 (99 men and 17 women). This approach contributed to a 17% increase in the TB notification rate in the intervention centers, while the male/female ratio dropped from 11.3 to 5.8.

#### Lessons learned

The involvement of husband schools in TB control in the Zinder region of Niger has demonstrated that it is possible to reduce gender-related barriers and, consequently, to reduce obstacles to accessing healthcare services for women. Based on these results, the NTP should seek funding to scale up similar interventions in other regions.



Members of the A Mari, Dogo, and Dan Borto STC husband schools at an awareness session.

**CASE STUDY:  
Eastern Europe and Central Asia  
Response to COVID-19**

**Background**

Countries in the Global Fund’s Eastern Europe and Central Asia (EECA) region were hit particularly hard by the COVID-19 pandemic. To date, the region has reported over 42 million cases and 680,000 deaths from COVID-19. It also has one of the highest excess mortality rates in the world. The Global Fund supports national TB and/or HIV programs across 17 countries in the region. The funding aims to provide HIV and TB prevention, care and treatment services particularly to the most vulnerable communities. Some of the beneficiaries of this investment include people who inject drugs (PWIDs), men who have sex with men (MSM), sex workers (SWs), transgender people, prisoners, people living with HIV,

and people with TB. A review conducted by the Global Fund EECA regional team showed a 30-40% decrease in service provision in the first semester of 2020 compared to the first semester of 2019.

**Implementation**

As in other regions, the Global Fund response in the EECA region was swift and decisive. The region adopted a bottom-up, flexible approach so that countries could themselves respond to emerging needs with Global Fund support. The interventions funded included: virtual consultations, multi-month dispensing of TB and HIV treatment including opioid substitution therapy, differentiated service delivery (home, drop-off boxes, vending machines, video observed treatment), task-shifting to communities and NGO providers, psychosocial support and community engagement, bi-directional screening for TB and COVID-19, laboratory diagnostic



capacity (GeneXpert), genomic sequencing, digital chest X-Ray, health products and commodities, capacity for disease surveillance and epidemic response, personal protective equipment (PPEs) and training of health care workers on infection, prevention and control, oxygen supplies and intensive care unit capacity.

The total COVID-19 investment in the EECA region amounts to US\$169 million,<sup>1</sup> most of it coming from C19RM 2021. Disbursements were rapid and the countries demonstrate very high budget utilization.<sup>2</sup> As of 30 September 2023, cumulative budget utilization in the region was 87% (see Table 1).

**Table 1:** Cumulative C19RM 2021 budget utilisation among countries in EECA as of 30 September 2023

Source: The Global Fund

Eastern Europe and Central Asia	Cumulative budget	Cumulative disbursement	Budget utilization
Country 1	6.2	8.6	139%
Country 2	1.0	1.3	132%
Country 3	4.9	5.7	116%
Country 4	12.9	13.4	103%
Country 5	3.7	3.7	101%
Country 6	1.6	1.6	100%
Country 7	6.6	6.5	100%
Country 8	0.3	0.3	99%
Country 9	7.7	7.6	99%
Country 10	0.8	0.8	99%
Country 11	11.9	11.7	98%
Country 12	6.2	6.1	98%
Country 13	0.7	0.7	95%
Country 14	5.5	5.3	95%
Country 15	2.7	2.6	95%
Country 16	1.6	1.5	94%
Country 17	5.3	4.9	92%
Country 18	1.1	0.9	83%
Country 19	44.0	25.3	58%
<b>Regional performance</b>	<b>124.8</b>	<b>108.6</b>	<b>87%</b>

**Georgia** is one of the countries in the EECA region supported by the Global Fund. Between the first COVID-19 case at the end of February 2020 and the one-hundredth case at the end of March 2020, the Global Fund approved the guidelines on flexibilities and the country made three requests for crucial time-sensitive reallocations, which were reviewed and approved within 0.5 and 2 days. The rapid deployment

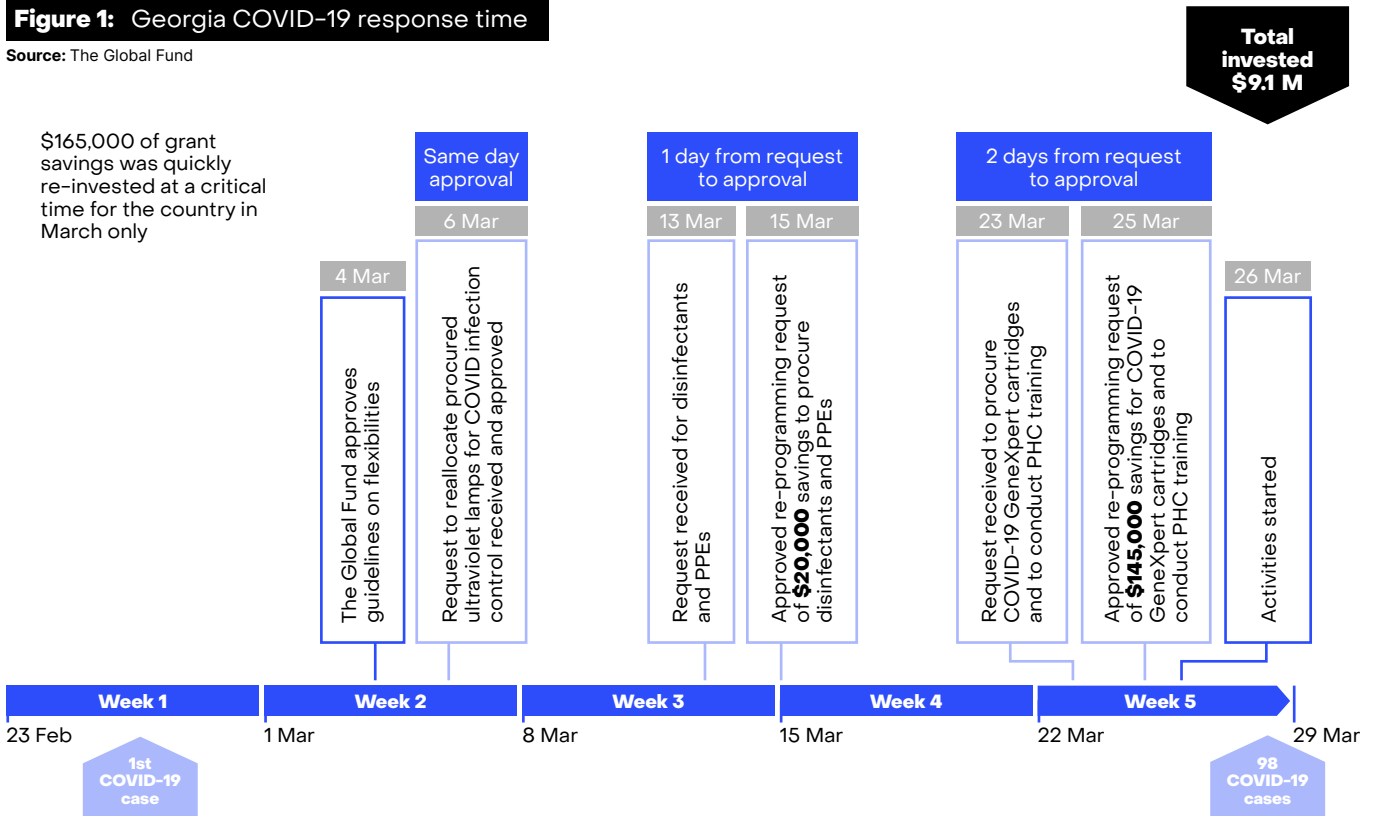
of GeneXpert COVID-19 tests and PPEs, the use of infection control equipment and the swift development and dissemination of primary health care guidelines allowed the country to prepare for the first surge of COVID-19 cases. In the early weeks of the pandemic, Global Fund actions in EECA were preceding the guidance from the technical agencies and accelerated the response.

<sup>1</sup> This includes COVID grant flexibilities, C19RM 2020 and C19RM 2021 awards as of 30 August 2023.

<sup>2</sup> Reference to the ratio of cumulative grant disbursements divided by cumulative grant budgets for the relevant period.

**Figure 1: Georgia COVID-19 response time**

Source: The Global Fund



**Results**

The results from the comprehensive response to the COVID-19 pandemic in the EECA region reveal several trends and results. Firstly, early recognition of performance challenges in March 2020 prompted the development of mitigation measures, which contributed to positive outcomes.

HIV prevention and testing among key populations were notably preserved, with the dip in service provision at the onset of the pandemic but rapid recovery as a result of innovations and adaptations in service provision (See Figure 1 for the example of Georgia). The first 95 of the 95-95-95 targets was maintained in the treatment cascade, while the second 95 saw substantial growth, reflecting the Global Fund EECA Regional Team and implementers' focus on linkage between treatment and treatment initiation. Remarkably, the third 95 remained consistently high, and further improved (Figure 2).

Conversely, national TB programs were heavily impacted, with recovery efforts commencing towards

the end of 2020 and continuing through 2021. Multidrug-resistant TB (MDR-TB) trends reverted to pre-COVID-19 levels by the close of 2022 (Figure 3). This stands in contrast to global trends where drug resistant TB (DR-TB) fared worse in recovery efforts than conventional TB. The DR-TB recovery trend in EECA underscores the Global Fund EECA Regional Team and implementers' focus on DR-TB in the region, supported by the allocation of a significant proportion of funding toward the DR-TB component. These trends highlight the effectiveness of targeted mitigation measures and the continued importance of resource allocation for health emergencies.

EECA countries are also leading in offering rapid molecular tests as initial diagnostic tests for TB, with most countries achieving >80% coverage in 2021 compared to 38% coverage globally.<sup>3</sup> These countries were also early adopters of shorter all-oral regimens for DR-TB, and there are ambitious plans to rapidly scale up the new bedaquiline, pretomanid, and linezolid (BPaL/M) regimen during the next Global Fund grant cycle.

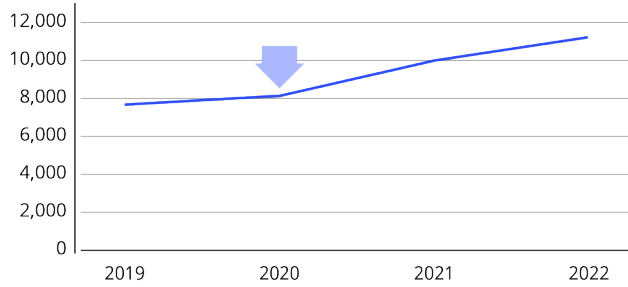
<sup>3</sup> WHO Global Tuberculosis Report 2022.

**Figure 2: HIV prevention and testing safeguarded**

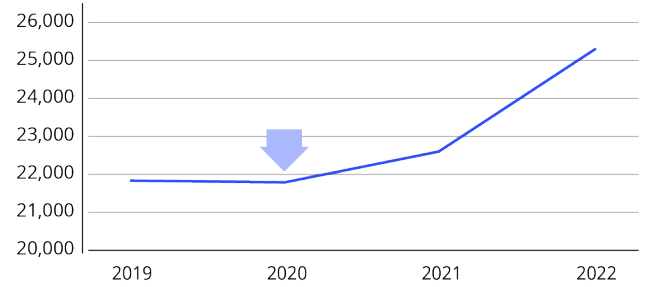
Source: The Global Fund

- Dip in performance in 2020 followed by strong rebound
- Various adaptations to mitigate the COVID-19 impact
- Early implementation of mitigation = rapid adaptations = rebound

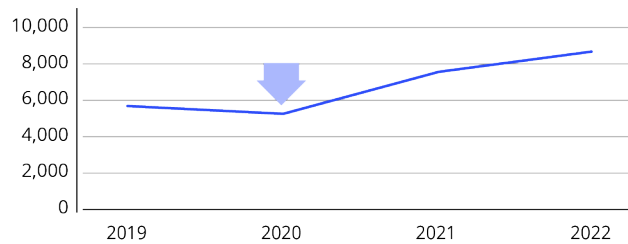
**MSM reached w prevention**



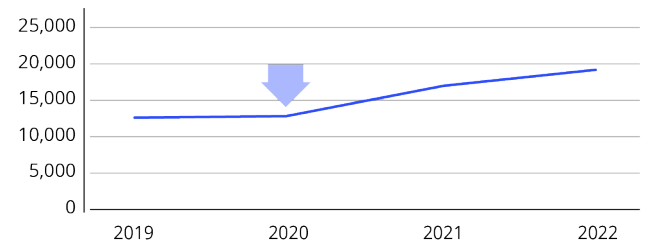
**PWID reached w Prevention**



**MSM tested for HIV**



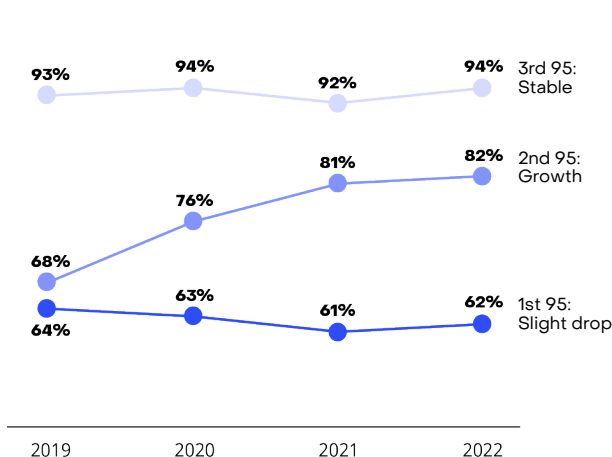
**PWID tested for HIV**



**Figure 3: HIV care and treatment slow, but no rollbacks from C19RM**

Source: The Global Fund

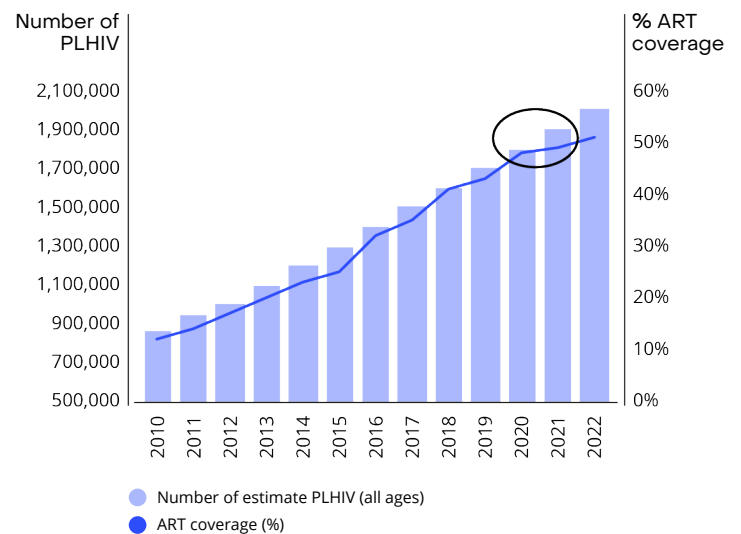
**Progress towards 95-95-95 target in EECA: 2019-2022**



- Percentage of PLHIV who know their status
- Percentage of PLHIV who know their status on ART
- Percentage of people on ART who achieve viral suppression

- The percentage of PLHIV who are aware of their status dropped slightly from 64% in 2019 to 61% in 2021
- The proportion of PLHIV on ART who are virally achieved viral suppression has been very good throughout

**Number estimate PLHIV and ART coverage in EECA: 2010-2022**



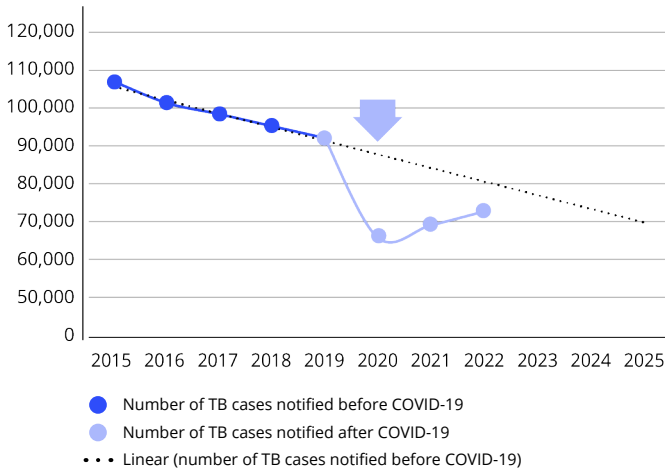
- The number of PLHIV has steadily increased since 2010. As of 2022 there were an estimated 2 million PLHIV in EECA
- ART coverage plateaued between 2020 and 2021 around 48% but has since improved to 51% in 2021

**Figure 4: Results of TB program (13 EECA countries)**

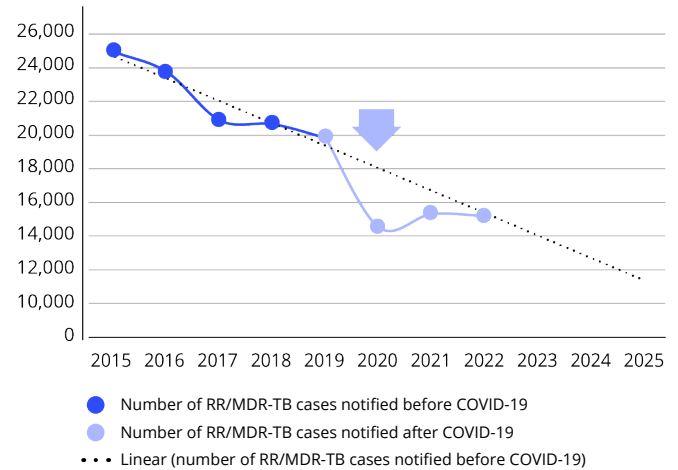
Source: The Global Fund

Unlike other Global Fund supported regions, EECA saw a full recovery for DR-TB notifications in 2022

**TB cases (all forms) notified before and after COVID-19**



**RR/MDR-TB cases notified before and after COVID-19**



- TB (all forms) notifications getting back on track by end 2023
- Estimated TB incidence has been steadily declining, 2015-2020 period annual average decline was 5%, in 2021 it has increased by 2%
- Treatment success 2019 and 2020 stable: 85% and 84% respectively

- DR-TB notifications recovered to the trend prior to COVID-19
- Treatment success 2019 and 2020 stable: 68% and 69% respectively

**Note:** In 20 TB priority countries, DR-TB notifications are yet to recover to pre-COVID-19 levels while DS-TB notifications have fully recovered. The reverse is seen for EECA region where Global Fund strategic investments are in DR-TB treatment and care.

**Lessons learned**

The Global Fund's efforts in the EECA region were both insightful and multifaceted. Existing and allocated COVID-19 funding for the region was utilized effectively. The Global Fund's strength is its agility and rapidity in funding allocation and its operational efficiency. A cornerstone of this effectiveness is the principle of country ownership, which facilitates the rapid development of technically sound interventions tailored to the unique needs of each country.

Prior investments in tackling TB and HIV in EECA had profound system-strengthening effects. For example, the extensive deployment of Xpert technology for TB diagnosis seamlessly translated into high coverage of Xpert-based COVID-19 testing. The robust infrastructure of community-based work, initially established for HIV, such as mobile clinics, enabled the region to sustain resilient HIV programs during the pandemic while also facilitating enhanced responses to COVID-19.

The COVID-19 mitigation measures implemented in the region are expected to yield lasting impact. These measures, including task shifting to primary healthcare, shifting to ambulatory care from a hospital-centric approach, increased technology adoption and enhanced surveillance and data utilization, will continue to yield favorable outcomes for TB and HIV management. Furthermore, Grant Cycle 7 (GC7) successfully incorporates innovations in response to COVID-19, while the resilience of health systems forged during the pandemic was stress-tested by regional conflicts.

Over the decades, health reforms in EECA primarily targeted reducing health system overcapacity and excessive costs. However, COVID-19 underscored the need for rapid scalability and the maintenance of reserve capacity within healthcare systems to effectively respond to unforeseen challenges and crises. These lessons collectively inform the region's future preparedness and resilience in the face of health-related shocks and disruptions.

# 3. Other Updates

## The Green Light Committee (GLC) Mechanism: A Performance-based Technical Assistance for Drug-resistant TB

### Background

The Green Light Committee (GLC) was established by WHO and partners in 2000. It was designed to address the lack of access to quality-assured second line anti-tuberculosis drugs (SLDs), partly due to high pricing, and one of the main obstacles to implementing multidrug-resistant TB (MDR-TB) management. WHO and the Global Fund signed the first GLC memorandum of understanding (MOU) in 2009, following the Global Fund Board decision. The GLC mechanism was decentralized and six regional GLC secretariats were created and hosted by WHO regional offices. The MOU was also revised based on lessons learned and

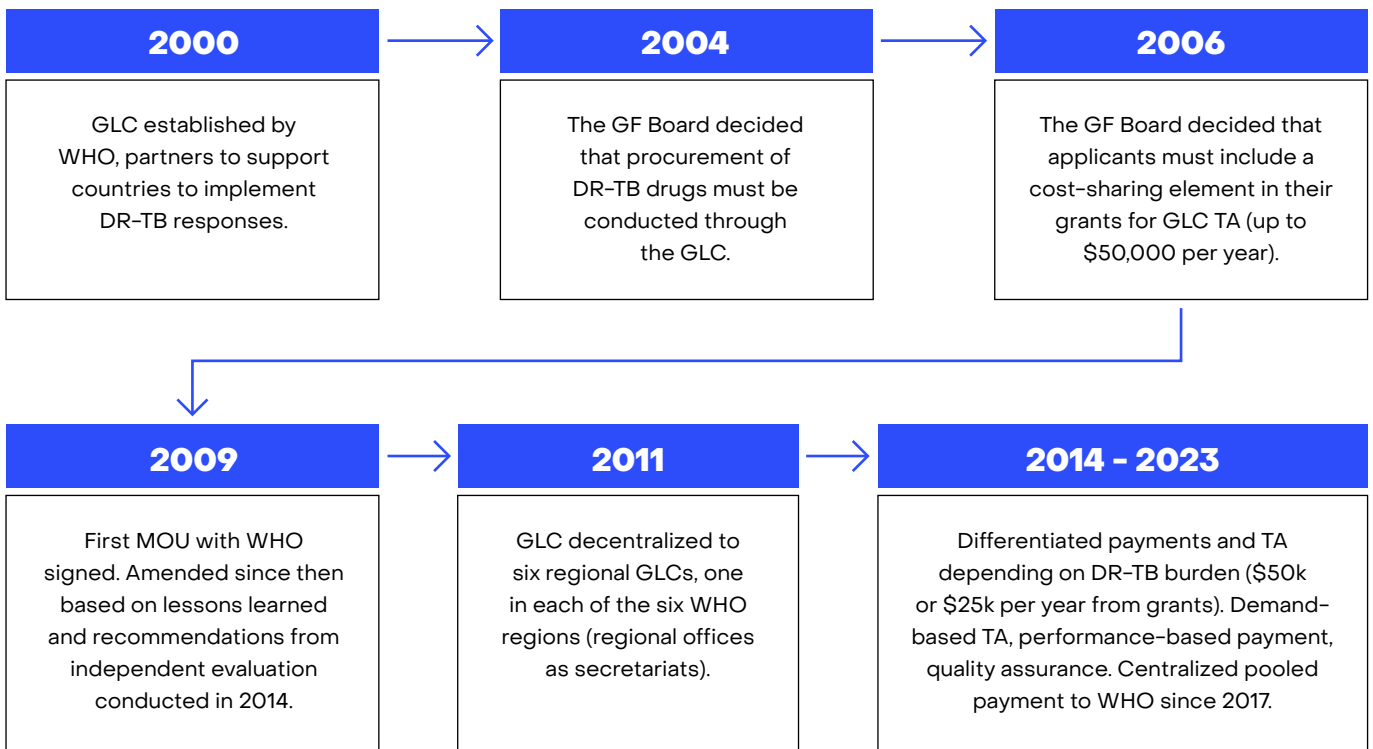
incorporated key features, including performance-based and differentiated payment, demand-based and quality assured technical assistance (TA) provision and capacity building.

### Implementation

The GLC mechanism has been supporting 70 to 90 countries per year through the six regional Green Light Committees (rGLCs). Countries receiving Global Fund funding for TB/DR-TB components are eligible to pay annual fees (US\$25,000 or US\$50,000) and receive differentiated technical support, including capacity building, as indicated in the MOU. The differentiated service packages include the Core Service Package for those countries contributing an annual fee of US\$25,000 and the Enhanced Service Package for DR-TB high-burden countries contributing US\$50,000 per year.

**Figure 5:** Evolution of the Green Light Committee mechanism and MoU between the Global Fund and WHO

Source: The Global Fund



1. The **Core Service Package** is comprised of the following:
  - a. assistance in developing, updating and revising the national programmatic management of drug-resistant TB (PMDT) scale up, in line with the national TB strategic plan and based on an assessment of the country’s capacity to undertake DR-TB activities, including the country’s capacity to diagnose and treat patients and the suitability of the proposed diagnostic algorithms and treatment protocols/regimens for specific groups of patients and the specific country context;
  - b. assistance in developing and updating a detailed work plan and budget, a monitoring and evaluation plan and a procurement and supply management plan (which includes the list and quantifications of the medicines and diagnostics to be procured for the Global Fund-supported PMDT activities, based on minimum requirements for program implementation and accompanied by indication of prioritized financing needs);
  - c. identification of country capacity needs and support for in-country capacity development, including training of local experts to scale up, effectively implement and sustain DR-TB activities in the country;
  - d. monitoring of in-country progress, including specific monitoring of the progress of PMDT activities, coverage of drug susceptibility testing (DST), treatment outcome and improvement of program quality and efficiency and establishing risk mitigation mechanisms;
  - e. preparatory activities for in-country missions and a minimum of one in-country mission per calendar year, resulting in a mission report; and
  - f. support in the planning and introduction of

evidence-based innovative approaches and new diagnostics, including, but not limited to, Xpert and second-line LPA, transitioning to new all-oral regimens for treatment of DR-TB including under operational research as recommended by WHO and scaling-up evidence-based and appropriate digital health technologies to improve PMDT.

2. The **Enhanced Service Package** is comprised of the services listed under the Core Service Package with the following additional services:
  - a. additional targeted and differentiated support for high MDR-TB burden countries to accelerate access to effective PMDT, intensify capacity building to sustain PMDT activities and/or to provide TA on specific areas as identified from rGLC and other country missions or as requested by countries; and
  - b. ongoing provision of support and coordination of partners to address the bottlenecks identified in the overall PMDT and the Global Fund-supported DR-TB activities.

The Global Fund TB and WHO teams have been coordinating operationalization of the GLC mechanism and the MOU. The Global Fund Secretariat teams—coordinated by the TB team and working closely with the finance, IT, country and legal teams—have been leading the internal processes, including through the central pooled payment mechanism to WHO. The GLC mechanism is a great partnership model (internally and with WHO/partners) that has been successful in supporting countries, including during the pandemic, through a flexible arrangement.

Below are examples of the support provided through the GLC mechanism in 2022:

**Table 2: Summary of TA missions (2022)**

Source: The Global Fund

WHO region	No of eligible countries	No. of countries with TA mission
Africa (AFR)	41	36
Americas (AMR)	9	6
Eastern Mediterranean (EMR)	9	9
Europe (EUR)	12	11
South-East Asia (SEAR)	10	9
Western Pacific (WPR)	8	8
<b>Total</b>	<b>89</b>	<b>79 (90%)</b>

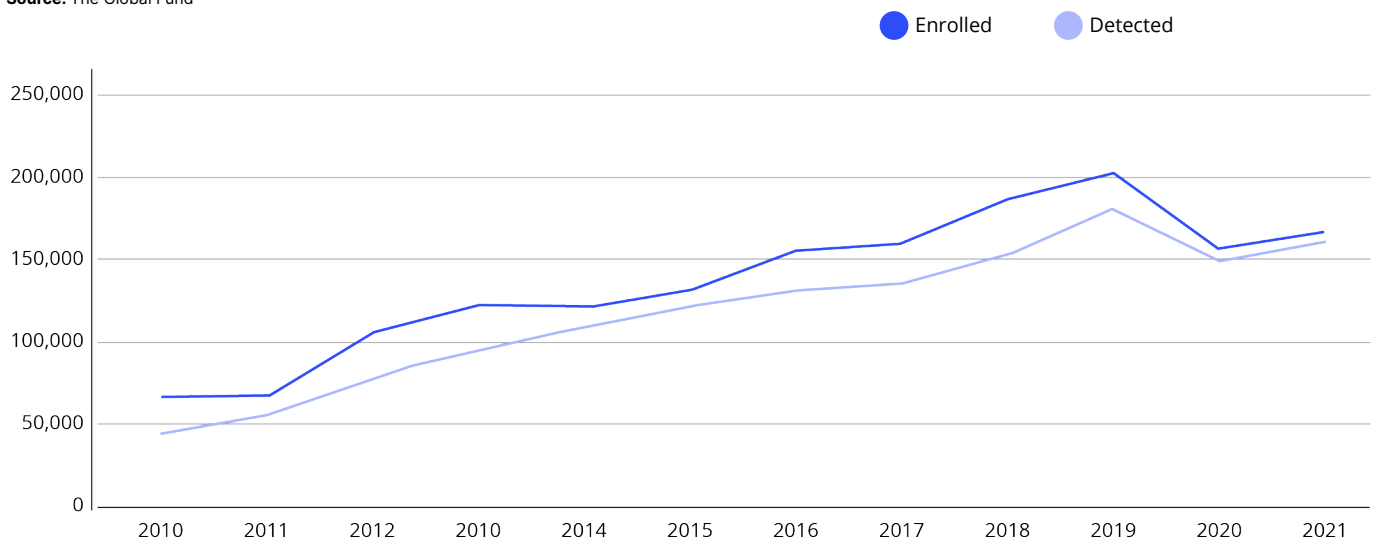
**Results**

Through increased investment and improved capacity of countries, including through technical support provided by rGLCs, the number of people diagnosed with DR-TB and treated increased through time as shown in Figure 6 below. The introduction and scale-up of better diagnostic/drug susceptibility testing, new drugs and shorter regimens—as well as transitioning

to an ambulatory and patient-centered treatment approach (e.g., using digital adherence support)—have contributed to improved coverage and quality of DR-TB responses. The introduction of the six-month treatment regimen (BPaL/M) for programmatic and routine DR-TB treatment (including for pre-extensively drug-resistant TB) is a game changer and should be scaled up quickly.

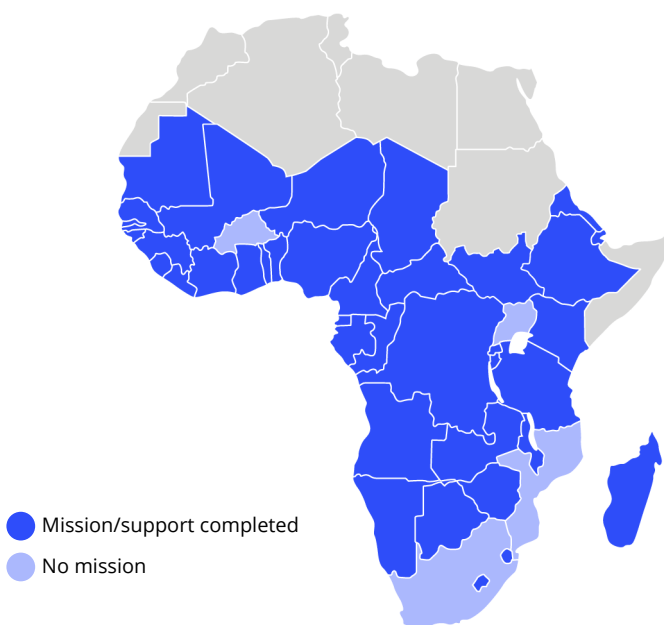
**Figure 6:** Trend in DR-TB notification and enrollment

Source: The Global Fund



**Figure 7:** Coverage of Regional Green Light Committee TA missions (AFRO)

Source: The Global Fund



**Table 3: Country capacity building activities – 2022**

Source: The Global Fund

Region	Country	Purpose	Venue	Dates	Key outcome
Region of the Americas (AMR)	All countries in the region	Update on DR-TB management	Virtual	17-21 October	Participants trained and updated on DR-TB management
Eastern Mediterranean Region (EMR)		Capacity building of national reference laboratories (NRLs) staff	Jordan	27-29 June	The managerial capacities of laboratory staff of the NRLs in EMR countries improved
European Region (EUR)	All countries in the region	Capacity building of NTPs and key stakeholders on the Regional Action Plan for TB 2023 – 2030	Istanbul	21-24 November	Introduction of the Regional TB Action Plan
South-East Asian Region (SEAR)	Six countries in the region	Capacity building on drug susceptibility test for new and repurposed drugs	NITRD, Delhi	09-18 May	Strengthened capacity on DST for Bedaquiline, Linezolid and Delamanid
Western Pacific Region (WPR)	All countries in the region	Capacity building on updated guidelines and new treatment regimens	Virtual	5 – 6 December	Provided updates on PMDT

**Lessons learned**

**The GLC mechanism has played a pivotal role in improving TB and DR-TB management globally.**

By providing differentiated technical support, capacity building and financial assistance, the GLC has contributed to an increase in the diagnosis and treatment of DR-TB cases. The mechanism's support for the introduction of better diagnostic methods, drug susceptibility testing, new drugs and shorter regimens has significantly enhanced the coverage and quality of DR-TB responses, with significant scale up and integration of DR-TB into national TB responses.

**The GLC and the MOU have evolved.** When the GLC was created, there was insufficient country capacity

and financial resources, in addition to an inadequate supply of SLDs to effectively diagnose and treat DR-TB. However, this context has evolved, with countries' capacity to manage DR-TB improving over time and the MOU advancing from procurement of SLDs, reviewing proposals, and monitoring to the provision of targeted and demand-based TA and capacity building. Given this evolution, the annual cost-sharing payment approach does not appear to be fit for purpose. Therefore, the Global Fund has decided not to renew the current GLC MOU when it ends on 31 December 2023. However, the GLC mechanism could continue functioning should WHO secure funding to support the secretariat from other sources.



**Technical assistance for DR-TB support should be mainstreamed.** The cost sharing element for GLC technical support on DR-TB is removed from grant agreements (GC7) and is no longer a requirement. Countries have built sufficient capacity thanks to support from WHO and other partners, along with Global Fund investments. However, the Global Fund encourages countries to allocate funding for TA to scale up new recommendations, new regimens and innovations which are emerging regularly. Ongoing capacity building and high-quality TA are still needed but can be streamlined to support the roll-out of TB (including DR-TB) diagnosis, treatment, prevention and care. Global Fund Principal Recipients (PR), in consultation with country teams and TB advisors, can select their TA providers for integrated TB/DR-TB responses based on their needs. The TB team in the Technical Advice and Partnerships Department (TAP) will be available to facilitate communication with the regional GLC secretariats and other TA providers as needed.

## The Union World Conference on Lung Health 2023

The International Union Against Tuberculosis and Lung Disease (The Union) hosted the Union World Conference on Lung Health from 15-18 November in Paris. The Global Fund participated in several sessions:

- **Public-Private Mix (PPM) Working Group meeting:** Mohammed Yassin, Senior Disease Advisor, TB provided opening remarks, highlighting the Global Fund's investments in private sector engagement in TB and its impact.
- **Two Union sessions on integrating TB screening and diagnosis with other services and managing TB during war:** During these sessions, seven country experiences were presented (including India and Uganda for the first session and Ukraine and Ethiopia for the second session). The sessions were chaired by Mohammed Yassin.
- **WHO Summit on integrated service and primary health care:** Mohammed Yassin participated as a panelist, showcasing Global Fund opportunities that integrate TB and primary health care, in line with the Global Fund's strategy.
- Session on the **launch of the Legal Environment and Human Rights Score Card, the TB Key and**

**Vulnerable Population Size Estimation Tool and CCM Assessment Results**, organized by Stop TB. Mohammed Yassin, Daisy Lekharu, Disease Advisor, TB Strategic Initiative and Nnamdi Nwaneri, Specialist, Impact and Evaluation were included as panelists. The development of the tools was supported by the Global Fund TB and Data Strategic Initiatives.

- **Community Connect session:** The session highlighted innovative approaches and best practices in community engagement to address COVID-19 and TB and was based on work supported by the TB Strategic Initiative, with technical assistance from the Global Coalition of TB Advocates (GCTA) and other stakeholders. The session was chaired by Daisy Lekharu, with representatives from the Indonesia National TB Programme (NTP), GCTA, Kenya and India.
- Session on **TB preventive treatment in people living with HIV:** Celeste Gracia Edwards, Senior Disease Advisor, TB/HIV chaired the session that discussed examples from countries in strengthening national policies and defining programmatic needs.
- **WHO and Unitaaid consultation on affordable, accessible TB solutions for the most vulnerable:** Grania Brigden, Senior Disease Advisor served as panelist and discussed the introduction and scale up of TPT.
- **Annual Childhood and Adolescent Working Group:** Anna Scardigli, Senior Disease Advisor TB/HIV participated in a panel discussion where she highlighted the Global Fund's role in supporting implementation of the new WHO roadmap towards ending TB in children and adolescents.
- **Workshop on TB digital adherence technologies (DAT):** Nnamdi Nwaneri presented on strategic country planning for efficient funding utilization for roll out of DAT interventions. The workshop showcased efforts on planning for person-centered approaches and looked at the ways in which data can be used for country decision making, including from a funding perspective.
- **Two community, rights and gender sessions:** Hyeyoung Lim, Technical Advisor, CRG Regional Investment Support chaired a session that discussed a wide range of community, rights and gender responses, including addressing TB stigma and assessments in Ukraine and Ghana, the human rights accountability framework from UNHLM and delivering

TB responses in challenging operating environments, and a second session on TB stigma from different contexts (Nigeria, Ghana, Bangladesh).

- **Gender transformative TB responses session:** Hyeyoung Lim was a panelist and highlighted the Global Fund’s focus on equity and gender.
- **Community engagement and leadership in the TB national response and pandemics session:** Olive Mumba, Advisor, COVID-19 Community Engagement served as panelist on this session led by the regional TB networks (ACT Africa and ACT Asia Pacific).
- **One Impact – a Community-Led Monitoring Platform for People affected by TB session:** Olive Mumba chaired the session.
- **WHO evidence-based guidelines on TB session:**

The Global Fund’s support for adaptation and implementation of WHO TB recommendations and guidance was presented at the special session, which focused on how to transform practice to accelerate TB eradication.

In addition to the above, the Global Fund participated in the WHO End TB summit, the WHO Global TB symposium and several other sessions and events. Beyond providing an opportunity for the Global Fund to share updates and guidance, the conference enabled Global Fund Secretariat staff to learn more about the most recent developments, innovations and tools in the TB space and strengthen engagement and collaboration with countries, civil society and other partners.



## Investing in Women’s Leadership to End TB through the Community Engagement Strategic Initiative

The Global Fund, through the Community Engagement Strategic Initiative (CE SI), supported TB Women Global to strengthen women’s engagement in the GC7 process, which is essential for promoting gender equality and improving TB health outcomes. The Global Fund acknowledges the crucial need to ensure that women’s voices and perspectives are adequately represented in all its decision-making processes.

In **Zambia**, through the Community Initiative for TB, HIV/AIDS and Malaria (CITAM+), women engaged in country dialogues to shape the grant making process, identified the unique challenges women face in accessing TB services and recommended interventions that would address these challenges.



*“By actively involving women in the GC7 process, we were able to identify the unique challenges and barriers we face in accessing TB services and were able to meaningfully contribute to the development of a more gender responsive GC7 TB application.”*

- Carol Nyirenda, Executive Director, CITAM+, Zambia.

Engaging women in Global Fund processes not only leads to more effective and targeted interventions, but also empowers women to take on leadership roles in shaping country-level strategies. Strengthening women’s engagement in the GC7 process is a critical step towards achieving health equity and advancing women’s rights in the TB response.

In **Indonesia**, the Rekat Peduli Indonesia Foundation engaged women in country dialogue ahead of the country’s GC7 grant making process. The dialogues aimed to increase awareness of the role of gender in TB prevention and control among community stakeholders. Through the process they were able to identify gender gaps in TB services and recommend solutions to overcome these gaps.



*“Investing in women’s leadership in TB response is a vital step towards achieving a more equitable and comprehensive approach to tackling this deadly epidemic.”*

-Ani Herna Sari, Chairperson, Rekat Peduli Indonesia Foundation.

Facilitators of Community Transformation (FACT) **Malawi** carried out a series of community consultations with women’s groups in four districts in the country. Discussions centered on the approved activities in the GC7 TB-HIV grant for Malawi, with particular focus on women and gender issues related to TB.



*“Women play a significant role in the prevention, diagnosis and treatment of TB. However, we often face numerous barriers that limit our participation and influence in TB response efforts. By empowering women to take on leadership roles, we can ensure that our unique perspectives and experiences are integrated into decision-making processes, policy development and program implementation.”*

-Thokozile Phiri, Executive Director FACT, Malawi.

Through the Lean on Me Foundation in **Kenya**, female TB survivors in Siaya and Kisumu counties were involved in prioritizing interventions to address gender barriers in TB response. Similar to the other countries, these priorities were shared with the GC7 writing team.

*“Fostering women leadership is not just crucial for achieving gender equality, it is also a strategic investment in ending TB as an epidemic. By empowering women with leadership roles, we can harness our knowledge, influence and unique insights to drive effective prevention, treatment and advocacy efforts—ultimately bringing us closer to a world free from the burden of TB.”*

-Joyce Indiegu, Advocacy and Communication Officer, Lean on Me Foundation.

Achieving a gender transformative TB response is not a one-day affair. The most important strategy is to have a clear pathway and monitor every milestone, improving from lessons learned and strengthening partnerships. TB People **India**, through their partners, documented

lessons in their efforts to ensure community engagement and rights-based and gender-transformative TB programming.

Ultimately, women play a significant role in the TB response as patients, caregivers and healthcare providers. However, they often face numerous barriers that limit their participation and influence in TB response efforts. Some of the challenges include deep-rooted gender inequality, limited awareness and knowledge about TB, stigma and discrimination, gender-based violence including intimate partner violence, reproductive health considerations and socioeconomic factors such as poverty, lack of education and limited access to healthcare. By supporting women TB survivors, the Global Fund acknowledges that investing in women's leadership is crucial in the fight to end TB.



# 4. Voices

“Indonesia has its highest commitment and bold strategies to achieve TB elimination by 2030. It is me and my team’s task to orchestrate all (technical) efforts in achieving the goal. Being agile and embracing all challenges as opportunities for improvement are some of our ways to keep the orchestra playing.”




**Tiffany Tiara Pakasi,**  
National TB Program Manager,  
Ministry of Health, Indonesia

“TB patient care should not end when patients take the last pills of their treatment. A significant proportion of TB patients continue to experience ill health physically, mentally and socially. They are further burdened by out-of-pocket expenses from repeated visits to the health facilities, private drug shops or traditional healers.”



**Dr. Willy Mbawala,**  
Executive Director,  
Mwitikio wa Kudhibiti Kifua Kikuu na Ukimwi  
Tanzania (MKUTA),  
National TB Patient Organization, Tanzania



A radiologist takes an x-ray image of patient's chest at a TB screening center in Dhaka, Bangladesh.

The Global Fund/Yusuf Tushar

### **About the TB Strategic Initiative**

The **TB Strategic Initiative**, funded by the Global Fund and implemented by the Stop TB Partnership (Stop TB) and the World Health Organization (WHO), has been working with national TB programs and partners since 2018 to stop the spread of TB and reach the global goal adopted by world leaders to end TB by 2030. This ambitious joint effort, initially launched in 13 countries, aims to address specific barriers to finding missing people with TB, especially among key vulnerable populations, through a combination of innovative approaches, knowledge-sharing and best practices. Now in its second phase (2021-2023), the TB Strategic Initiative will catalyze further efforts to find and successfully treat people with TB facing barriers and that are currently missed at different points in the TB care cascade in 20 priority countries.

