

## NEW AIDSPAN PAPER LOOKS AT COST PER NOTIFIED CASE IN HIGH BURDEN TB COUNTRIES

Since its inception, the Global Fund has played an increasingly significant role in providing funding for TB control programs in Fund- eligible countries. By 2012, this contribution made up 80% of all international spending on TB.

The impetus for the paper entitled <u>Expenditure reported by national TB programs in 22 high-burden countries between 2010-2012</u>: what is the <u>Global Fund's contribution?</u> now available on the Aidspan website was to guide current discussions about the value-for-money in tuberculosis planning and programming and to provide further data for developing strong investment cases.

National TB programs in the 22 high-burden countries spent \$6.37 billion between 2010-2012. For that money 14 million cases were notified by the NTPs to WHO. On average the costs per case notified are relatively modest given the scale of the burden.

For the 17 non-BRICS countries the total cost per notified case ranges from \$30 per case in Myanmar to \$416 in Thailand, with an average of \$86 per case per year. For the BRICS countries, but excluding Russia because it reported more comprehensively on its full expenditure, the average spend per case was \$118 per year. In terms of financial support that can be attributed to the Global Fund, the average is \$31 per case per year.

Again, for the non-BRIC countries, the Global Fund grants money met between 9% and 76% of the total expenditure for these countries programs, with an average of 40%.

The analysis estimated the proportion of support from the Global Fund per notified case in HBC. Then it

went deeper, to calculate whether there were significant cost-per-case differences between countries, and between the BRICS and non-BRICS within the HBCs.

These comparisons are likely to be useful at country level, and this model can be duplicated for regional comparisons. The risk of relying on a single donor is also highlighted.

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