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Opportunity for Scale-Up in Next Implementation Period of Nepal TB Grant

The Grants Renewal Panel says that overall performance of a single-stream-of-funding TB grant in Nepal has been high and that there is an opportunity for scale-up in the next implementation period.

The Global Fund Board has approved funding for the next period in the amount of $15.1 million. The principal recipient (PR) for this grant is the Ministry of Health and Population (MOHP). In approving the funding, the Board was acting on recommendations from the panel.

The panel said that TB remains one of the most prevalent infectious diseases and significant public health problems in Nepal. With a current population of 30 million, Nepal has a TB incidence of 163 per 100,000; a TB prevalence rate of 243 per 100,000; and an MDR-TB prevalence rate of 2.6% for new cases and 17.6% for previously treated cases.

During the first implementation period, the TB grant supported 85% of national TB control activities in Nepal. This is expected to decline to 56% in the next period.

The panel said that in 2011, the TB programme had notified 35,954 patients with all forms of TB, corresponding to a case detection rate of 71%. During the period 1990–2011, tuberculosis mortality in Nepal declined by 43%, prevalence declined by 30%, and the treatment success rate was between 88% and 90%. Programme accomplishments in the first implementation period of the grant included training health care workers in TB/HIV coordination and in the management of multiple-drug-resistant TB (MDR-TB); and implementing TB health education for high-risk groups (prisoners, slum dwellers and factory workers).

Despite these gains, the panel said, the National TB Control Programme misses close to 30% of estimated cases, and there have been higher-than-expected rates of smear-negative TB. In May 2012, a team from the Green Light Committee reported that there were approximately 1,400 MDR-TB cases in Nepal. However, only 251 confirmed MDR-TB cases were started on treatment in 2012. In addition, the panel said, although a TB/HIV strategy was developed, the national programme had not implemented TB/HIV collaborative activities. Further, a TB Programme evaluation carried out for the Global Fund in March 2012 revealed that TB incidence in prisons was about four times the national average.

The panel said that the next implementation period will provide an opportunity to scale up case detection and to expand MDR-TB activities. In addition, according to the National TB Control Programme, because about half of the people infected with TB in urban areas seek treatment from the private sector, there are opportunities for partnerships between municipalities and private providers of TB care.

In terms of interventions, the next implementation period will focus on high-risk groups, increasing community engagement and expanding the “public-private mix.” In addition, a prevalence survey and a mid-term programme review will be conducted to generate data that can be used to further focus investments on high-transmission geographic areas and at-risk populations, and to maximise impact.

The Global Fund said that to mitigate financial risk, responsibility for the procurement of drugs and health products, which represents 59% of the total budget, will be transferred from the MOHP to the Global Drug Facility and the Global Fund’s Voluntary Pooled Procurement mechanism. Despite this, the Global Fund Secretariat said that the next implementation period will include activities to build a strong logistic management division in the MOHP which will enable Nepal to eventually assume responsibility for all procurement.

Information for this article was taken from Board Decision B28-EDP-17 and from B28-ER-13, the Report of Secretariat Funding Recommendations for March 2013. These documents are not available on the Global Fund website.

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