



Independent observer
of the Global Fund

THE GLOBAL FUND FORMS PARTNERSHIP TO FIND MISSING CASES OF TB

The Global Fund, the World Health Organization (WHO), the Stop TB Partnership and 13 countries with a high burden of TB have launched a program to find and treat an additional 1.5 million missing cases of TB by the end of 2019.

The countries – Bangladesh, Congo DR, Indonesia, Myanmar, Nigeria, Pakistan, Philippines, South Africa, Tanzania, Ukraine, Kenya, Mozambique and India – account for 55% of all missed cases of TB and multidrug-resistant TB (see table).

In a [news release](#) issued on 9 October from the 48th Union World Conference on Lung Health in Guadalajara, Mexico, the Global Fund said that “the new initiative is critically important to stopping the spread of TB and to reaching the global goal of ending TB as an epidemic by 2030.”

According to the news release, the new effort seeks to support a combination of innovative and targeted programs, promote better use of data and evidence, and expand the most successful approaches to find more missing cases of TB.

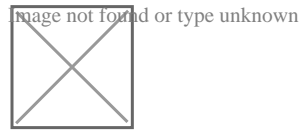
The Global Fund said that it is investing \$190 million in the initiative. The money, which comes from the Fund’s catalytic investments, had been announced previously. The \$190 million includes:

- \$115 million in matching funds designed to support country-led programs;
- a \$10 million strategic initiative to help technical partners develop new tools based on best practices; and
- a \$65 million multi-country investment that will address cross-border programs such as responding

to drug-resistant TB among migrant workers, and providing treatment to refugees and internally displaced people.

GFO previously reported these investments [here](#) and [here](#).

Table: Countries with missing TB cases



Source: Guidance on TB Catalytic Investment Funding (Global Fund)

* Catalytic funding is not allocated to India.

Some of the areas where the investments will be used are as follows:

- to implement systematic and routine screening among children, prisoners, migrants and people living in urban slums;
- to promote better use of diagnostic tools such as X-rays and GeneXpert technology;
- to support a closer engagement between private and public-sector providers to accelerate case finding, treatment and prevention; and
- to support gender and legal assessments to help remove the main barriers to accessing TB services.

The news release did not mention what the other partners and countries are investing. The Global Fund Secretariat told Aidsmap that the WHO and Stop TB will work with other partners to support countries through a joint plan.

In a [guidance document](#) on its TB catalytic investments, the Global Fund said that the main objective of this funding is to find missing cases of both drug susceptible TB and MDR-TB patients using new and innovative interventions, approaches and ideas “that do not continue the business as usual approaches.” In countries where innovative approaches exist, the Fund said, catalytic funding could be positioned to scale-up or expand these interventions.

The Global Fund has recently posted the following additional information on the fight against TB on its website:

[Make a Global Priority of Finding Missing Cases of Tuberculosis](#)

[Focus on Drug-Resistant Tuberculosis](#)

[TB Heroes of the Hinterlands](#)

Partnership agreement with The Union

In a related development, the Global Fund has signed a partnership agreement with the International Union Against Tuberculosis and Lung Disease (The Union). Under the agreement, the two entities will explore the use of innovative financing instruments to galvanize resources among the private sector to reach the global goal of ending the TB epidemic by 2030.

The Union is a global scientific organization with the mission to improve the health of people living in poverty.

According to a [news release](#) issued on 11 October, the joint project will also entail a fundraising campaign

to encourage individuals, corporations, foundations and other private entities to make contributions to support the goal to eliminate TB.

Christoph Benn, Director of External Relations of the Global Fund, said the agreement was an example of the Global Fund's efforts to build innovative platforms for a broad coalition of partners.

"Traditional models of financing are not sufficient for the push needed to fund global health programs," Dr Benn said. "If we create new platforms and space for new players, we can accelerate the progress we have seen in TB in the past two decades."

The Global Fund Secretariat told Aidspan that the fundraising will be undertaken by The Union, that the contributions from the fundraising will support the Global Fund, and that the key benefiting countries will be India, Myanmar and Zimbabwe, which are among the WHO's list of 30 high-TB-burden countries.

The innovative financing instruments could include social impact bonds, philanthropic investment funds, and TB loan buy-downs in India.

Under the agreement, the Secretariat said, The Union will undertake an advocacy campaign to mobilize support for the fight against TB and the mission of the Global Fund.

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