



Independent observer
of the Global Fund

India Health Fund provides platform for domestic financing and innovation to combat TB and malaria

health fundWith an acute need to increase health budgets, innovative financing, especially mobilized within nations, is increasingly in the spotlight. At the Global Fund to Fight AIDS, Tuberculosis and Malaria's 39th Board Meeting in May last year, the Fund [stated](#) that given the changing financing landscape and existing financial and programmatic gaps, the Fund should leverage opportunities to use innovative finance to increase funding flows for itself and other actors, as well as to increase the efficiency of its investments and national programmes.

The Global Fund's 2017-2022 strategy incorporates [co-financing](#) as a key element to increasing domestic resource mobilization, requiring countries that receive Global Fund resources to make contributions to their own disease programmes and health systems.

The [India Health Fund \(IHF\)](#), launched in 2016, is one example of domestic partners joining hands to leverage innovative financing domestically in order to fund critical gaps that are slowing India's progress in end TB and malaria.

"The India Health Fund is a collaborative initiative, seeded by the Tata Trusts, with strategic support from the Global Fund, to strengthen India's ability to fight and eliminate the public health challenges of TB and malaria," said Manoj Kumar, IHF's Chief Executive Officer. IHF's focus is on innovations, an area for which resource allocation is limited, Kumar says.

India Health Fund envisages creating a platform for the private and public sector, as well as national and global philanthropic foundations and aid agencies, to initiate and scale up innovative solutions, business models, and financing mechanisms that align with, and augment, national efforts to fight these diseases. It

aims to mobilize and invest up to \$150 million over 5 years to scale up high impact innovations in India.

Ten projects launched by IHF

“Supporting the journey of innovation from laboratory to market – and policy – is the mainstay of the India Health Fund,” says Kumar. The IHF has a portfolio of ten projects covering diagnostics, adherence, increasing case notifications, and open source drug development, among others. Its efforts are “towards building a pipeline of innovations” that will sustain progress in the fight against TB and malaria through pooled resources, and through support to expedite innovations, Kumar further explained.

For example, one of the projects funded by the India Health Fund is to better understand how to prevent transmission of TB in the homes of patients. It has been estimated that one person with active untreated TB disease can infect 10-15 people within a very short time, with family members at heightened risk of being infected by the disease. The grant recipient, Foundation for Medical Research in Mumbai, is undertaking this study over a 3-year period.

Another project funded by the India Health Fund is studying how mosquitoes succeed in finding, searching and locating a human host from a distance of at least 400m away, and suck blood within 2 minutes. The grant recipient is the National Institute of Malaria Research (under the umbrella of the Indian Council of Medical Research), which hopes that the study outcomes will lead to identifying crucial genetic factors (how mosquitoes manage host-seeking and blood-feeding behavioural events) that could be valuable in manipulating and designing new molecular tools to disrupt mosquito-human bit exposure.

At the Global Fund’s Pre-Replenishment Meeting held on February 8, 2019, in New Delhi, the India Health Fund launched the nationwide [‘Quest for Innovations towards Eliminating Tuberculosis’ \(TB Quest\)](#) in partnership with the Global Fund, Tata Trusts, Social Alpha, the Stop TB Partnership, C-CAMP (Centre for Cellular And Molecular Platforms, an initiative of Department of Biotechnology, Ministry of Science and Technology, Government of India) and the Revised National TB Control Programme of India. The TB Quest is envisioned as a means to fast-track adoption and scale-up of already-validated product and process innovations. TB Quest’s main areas of focus are: bringing the ‘missing’ TB patients within the purview of care; screening and management for latent TB infection in high-risk populations; airborne infection control; and addressing gaps in the supply chain of anti-TB drugs and consumables in public and private sector.

New interventions for TB control

While the India Health Fund aims to provide scientific evidence for scaling up game-changing innovations, there is another initiative to advance technology and product development by delivering better diagnostics, shorter drug regimens, and effective vaccines along with newer interventions for TB control. Formally called the [India TB Research Consortium \(ITRC\)](#), this initiative is led by the Indian Council of Medical Research (ICMR) of which Tata Trusts (which hosts the India Health Fund) is also a partner.

Dr Soumya Swaminathan, Chief Scientific Officer of the World Health Organization (WHO), sees big potential for the India Health Fund and ITRC joining forces. “Very often we have new discoveries made by academic centres, or by small companies, but they never get scaled up,” Dr Swaminathan says. “There is a big gap here, which ITRC is trying to fill up. So, while the focus of ITRC is on accelerating translational research, the India Health Fund is looking at developing better and innovative operational implementation strategies for controlling TB. There is a lot of scope for both [IHF and ITRC] to work together.”

Global Fund funding as ‘catalytic’ and supplementary

Dr Swaminathan, who is the former Deputy Director General for Programmes at WHO and former Director General of ICMR, said that while at ICMR there was discussion with Tata Trusts as to how the two entities

could become more synergistic and complementary. She also underlined the necessity that low- and middle-income countries step up their investments in health through domestic financing.

“With an increased focus on Universal Health Coverage and knowing that outcomes for all these 3 diseases depend on how good your health system is, domestic investment for health systems’ strengthening and support is eventually going to pay dividends for HIV, TB and malaria as well.”

While wishing that [the Global Fund achieves its replenishment target of \\$14 billion](#) for the next three years (see the [Investment Case summary](#)), Dr Swaminathan hopes that countries would use Global Fund resources to supplement their domestic funds, and as a sort of a catalytic fund to boost the key areas of their health systems that are lagging behind. “All countries should have a [transition plan](#) so that eventually they are able to sustain [programs] on their own.” (The Global Fund’s Sixth Replenishment conference will be held in October 2019, in Lyon, France.)

However, [civil society believes](#) that the \$14 billion should be the ‘floor’ rather than the ceiling target, as this amount of funding will only support maintenance rather than scaled-up responses in countries. “Communities and civil society are calling for donors to [increase their pledges](#) and pledge earlier for the Sixth Replenishment, to ensure a successful replenishment,” said Rachel Ong, Regional Coordinator, Global Fund Advocates Network Asia-Pacific (GFAN AP).

Public spending on health in India is currently at around 1.2% of the country’s GDP, not yet close to the target set by the National Health Policy 2017 of 2.5% by 2025. “India needs to take progressive steps immediately and not wait to increase health expenditures – India must increase state-sector health spending to over 8% of the budget by 2020 to reach the targets set by the [National Health Policy adopted in 2017](#) to end TB by 2025 and to end AIDS and malaria by 2030,” said Dr Sonal Mehta, Chief Executive of the India HIV/AIDS Alliance.

Further reading:

- [Civil society organizations push for a target of \\$18 billion for the Global Fund’s Sixth Replenishment](#) (GFO 350, 13 February 2019)
- [Are African countries ready for the Global Fund’s Sixth Replenishment’s push toward greater domestic financing to end HIV, TB and malaria?](#) (GFO 349, 30 January 2019)
- [Global Fund announces \\$14-billion target for Sixth Replenishment](#) (GFO Issue 348, 16 January 2019)
- [The Global Fund’s Guidance Note: Sustainability, Transition and Co-financing of programs supported by the Global Fund](#) (13 January 2017)
- [National Health Policy 2017 of Government of India](#)

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