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GLOBAL FUND BOARD PROVIDES ADVICE ON TB STRATEGIES

In GFO Issue #99, Aidspan reported that at its November 2008 Board meeting, the Global Fund encouraged applicants for, and implementers of, TB grants to take specified actions that could lead to their grants being more effective. In this article, we provide more details on what the Board recommended.

The Board noted that the Stop TB Partnership aims to cut in half current TB prevalence and death rates by 2015, and that almost 90 percent of the estimated 9.2 million new TB infections annually are not detected. Consequently, the Board said that it encourages applicants to the Global Fund and implementers of TB programs to develop innovative actions to accelerate case detection and effective treatment of these cases.

The Board said that this will require investment to: (a) use new tools to increase the speed and precision of TB diagnosis; (b) strengthen in-country M&E and TB surveillance systems; and (c) increase community-based responses. The Board specifically urged the use of dual-track financing and other mechanisms “to expand funded, well-trained community-based services for case detection and Directly Observed Treatment Short-Course (DOTS) provision.”

Given what it called “the large gap in tuberculosis screening in HIV settings and vice versa,” the Board said that all applicants should include and implement “significant, robust” TB interventions in their HIV/AIDS proposals, and HIV/AIDS interventions in their TB proposals.

The Board asked the Global Fund Secretariat to review the guidelines for Phase 2 requests for HIV and TB proposals to require that CCMs explain their plans to scale up universal TB-HIV collaborative services, and “explicitly articulate what TB-HIV activities, funding, and indicators will be included in each proposal.”

The Board recommended that substantive proposals be submitted to support multiple drug-resistant-

(MDR-) and extremely drug-resistant- (XDR-) TB plans. The Board said:

- that the first line in reducing the risk of MDR- and XDR-TB is through effective DOTS treatment programmes with high cure rates;
- that quality DOTS programmes should be expanded;
- that there should be a major scale-up of drug susceptibility testing for all people suspected of having drug-resistant TB; and
- that there should be effective treatment of these cases by expanding community-based DOTS-Plus programmes.

The Board also recommended that applicants scale up laboratory capacity, and community-based management of MDR- and XDR-TB cases.

In addition, the Board urged countries to undertake a comprehensive situational gap analysis and to submit ambitious proposals whose “requests for funding are particularly aimed at achieving major and rapid expansion of case detection with high cure rates, universal coverage of TB-HIV collaborative services, ... scaling up laboratory and care capacities to expand DOTS and to address MDR- and XDR-TB, and ... strengthening M&E and surveillance systems.”

Finally, the Board urged CCMs and PRs to take advantage of the flexibility offered in Global Fund financing and, if appropriate, to consider revising budgets for existing and new grants and for Phase 2 requests.

For more information, see Decision Point #12 from the Board's 18th Meeting, available at

www.theglobalfund.org/en/board/meetings/eighteenth/.

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