

Letter to GF on Disease Split

To the Global Fund Board Chair and
Vice-Chair, Board Constituencies

- 08 november 2021 -

We, representatives of civil society organizations involved in TB and HIV responses on the global, regional and national levels, call upon the Global Fund to significantly and meaningfully increase attention and resources to the global TB response.

Tuberculosis has long been the world's deadliest infectious disease and continues to kill 1.5 million and sickens 10 million new people every year. It was only last year that COVID-19 overtook TB as the number one killer in infectious diseases, globally. However, in low- and middle-income countries, TB killed more people than COVID-19 in 2020.

The global TB response has been lagging for a long time. 56% of children with TB & 62% of people with MDR-TB have no access to services. There is a significant TB prevention gap – only 4% of UN HLM targets for TB preventive treatment in contacts were achieved. TB is the leading cause of death among people living with HIV.

The COVID-19 pandemic has greatly interrupted health systems and health service delivery for TB in low- and middle-income countries in 2020. As the Global Fund Executive Director Peter Sands mentioned, "much of the progress we've made to close the gap on finding "missing" people with TB has been reversed."¹ Modeling by the Stop TB Partnership² suggests that TB mortality will keep increasing as a result of disruptions caused by COVID-19.

It is imperative to rapidly scale-up access to more effective early TB and DR-TB diagnosis, better and shorter treatment regimens, active case finding, TB preventive treatment, community mobilization, and work on human rights and gender issues.

We warn that TB responses are at very high risk of further deteriorating unless the needed resources are urgently made available. The Global Fund rates the current risks to TB program quality as very high.

¹ Global Fund Report, April 2021

² Stop TB Partnership: Global Impact of COVID on TB Treatment and Care

1. Coalición TB Europa (TBEC)
2. Fundación KNCV contra la Tuberculosis (KNCV)
3. RESULTADOS, EE.UU.
4. ECOM - Coalición Euroasiática sobre Salud, Derechos, Género y Diversidad Sexual (ECOM)
5. Organización benéfica "100% Life Cherkassy", Ucrania
6. Asociación ucraniana de personas que se recuperan de la tuberculosis "Más fuerte que la tuberculosis", Ucrania
7. Asociación "Health Mission", Serbia
8. Sociedad de la Media Luna Roja de Azerbaiyán, Azerbaiyán
9. Centro Mujeres y Mundo Moderno, Azerbaiyán
10. Asociación pública "Community Pulse", República de Moldavia
11. Asociación Checa de Ayuda contra el Sida, Chequia
12. ONG "Doverie plus", Kazajistán
13. Asociación Euroasiática de Reducción de Daños (EHRA)
14. Grupo Europeo de Tratamiento del Sida
15. Comité Central Alemán contra la Tuberculosis (DZK)
16. Consorcio de Responsabilidad Sanitaria, Sierra Leona
17. Fondo Internacional de la Mujer, Azerbaiyán
18. Unión pública "Inkishaf ve Rifah Namina", Azerbaiyán
19. "Network TBpeople", Georgia
20. ONG "ISHONCH VA HAYOT", Uzbekistán.
21. Asociación Antituberculosa de Estambul, Turquía
22. Fundación de la tuberculosis de Estambul, Turquía
23. Consorcio de ONGs contra el SIDA de Kenia (KANCO)
24. LHL Fundación Internacional contra la Tuberculosis, Noruega
25. Metzineres, España
26. Plataforma nacional contra la tuberculosis, Kirguistán
27. ONG AFI, República de Moldavia
28. ONG RIEC "INTILSH", Uzbekistán
29. Plus91 Technologies Pvt Ltd, India
30. Fundación pública KNCV-KG, Kirguistán



As the Global Fund Board is considering a very complex, yet critical decision on Disease split and allocation methodology, it is crucial to consider:

- the critical role Global Fund plays as the main funder for the TB response and for driving scale-up of newly available more effective TB treatment and TB diagnosis;;
- the disproportionate impact of COVID-19 on TB programs;
- the TB death burden across the Global Fund eligible countries;
- the current context of constrained domestic budgets, external funding for TB needs.

The 18% allocation for TB in the current Global Fund disease split is completely inadequate in the context of TB having the highest mortality among the three diseases. We are convinced that it is possible to increase the Global Fund allocation for TB without jeopardizing the progress in the other two diseases, and that addressing the current underfunding of TB programs and resulting program quality risks will actually strengthen the Global Fund investment case for the upcoming replenishment.

We acknowledge that the disease split alone will not fix the financial gap and request the Global Fund to use all possible internal mechanisms, including catalytic funding and portfolio optimization, to substantially increase the resources allocated by Global Fund to TB. We also note that the burden of responding to the massive need for TB programs should not be left only to the Global Fund. We will continue working with all international and national stakeholders towards ensuring a comprehensive and fully funded TB response.

However, as the main funder for the TB response globally, the Global Fund should set an example and send a clear signal for a meaningful shift.

We urge the Global Fund Board to make the decision guided by the evidence, to increase the resource allocation to the TB response, and ask the Global Fund Secretariat for further analysis as needed for finalizing investment allocations across the three diseases.

31. Movimiento público "Los ucranianos contra la tuberculosis" Fundación CO, Ucrania
32. Grupo Regional de Expertos en Migración y Salud (REG) para Europa del Este y Asia Central
33. RESULTADOS, Canadá
34. RESULTS UK, Reino Unido
35. Centro de Políticas y Estudios Sanitarios (Centro PAS), Moldavia
36. RESULTADOS, Australia
37. ONG "Sanat alemi", Kazajistán
38. SAF-TESO
39. Unión Pública Saglamliga Khidmat, Azerbaiyán
40. "Apoyo social a las personas con problemas de habla y audición" PU, Azerbaiyán
41. Stefan Radut, superviviente de tuberculosis MDR, Rumanía
42. Stop TB Canadá
43. "Coalición ucraniana de organizaciones públicas "Stop TB Together
44. "Apoyo a las personas que viven con el VIH" ONG "Kuat", Kazajistán
45. "Apoyo a los discapacitados en la protección e integración" PU, Azerbaiyán
46. "Apoyo a las iniciativas de información" Unión Pública, Azerbaiyán
47. "Apoyo a las iniciativas de las mujeres para el desarrollo" PU, Azerbaiyán
48. Fundación TAC Care, Rusia
49. Alerta de tuberculosis, Reino Unido
50. Organización comunitaria de pacientes de tuberculosis, Azerbaiyán
51. Personas con tuberculosis, Kirguistán
52. "TBpeopleUkraine" CO, Ucrania
53. La Asociación de Apoyo a los Pacientes de TB MDR (ASPTMR), Rumanía
54. La Asociación de Apoyo a los Pacientes de TB MDR (ASPTMR), sucursal de Constanza, Rumanía
55. Unión pública "Veremsiz Geleceye Dogru", Azerbaiyán
56. Red de Agua, Saneamiento e Higiene (WASH-Net), Sierra Leona
57. Young Women's Knowledge and Leadership Institute (YOWLI), Sierra Leona
58. Asociación de Jóvenes para la Paz y el Desarrollo (YPPD), Sierra Leona

