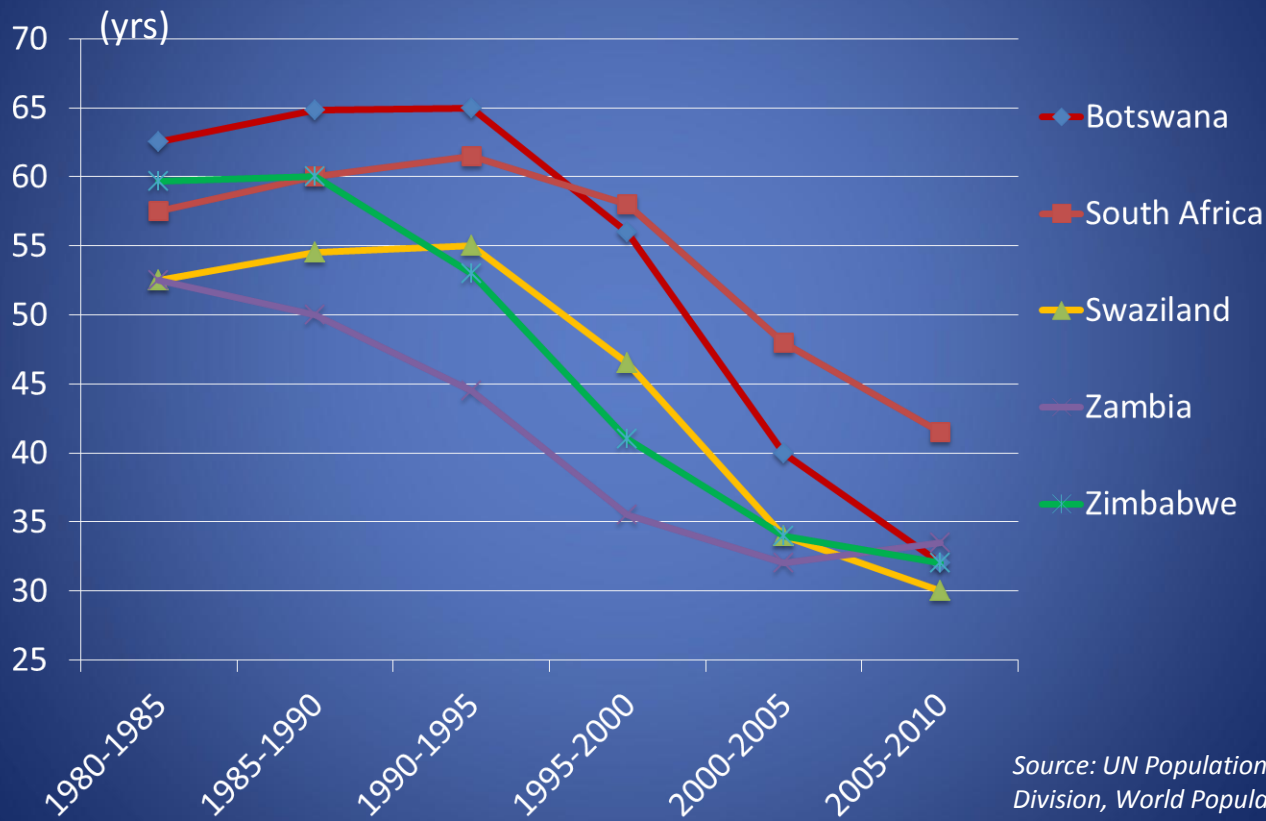


# **GF Role and Political Commitment to end TB by 2030**

**Prof. Osamu Kunii, MD, MPH, PhD**

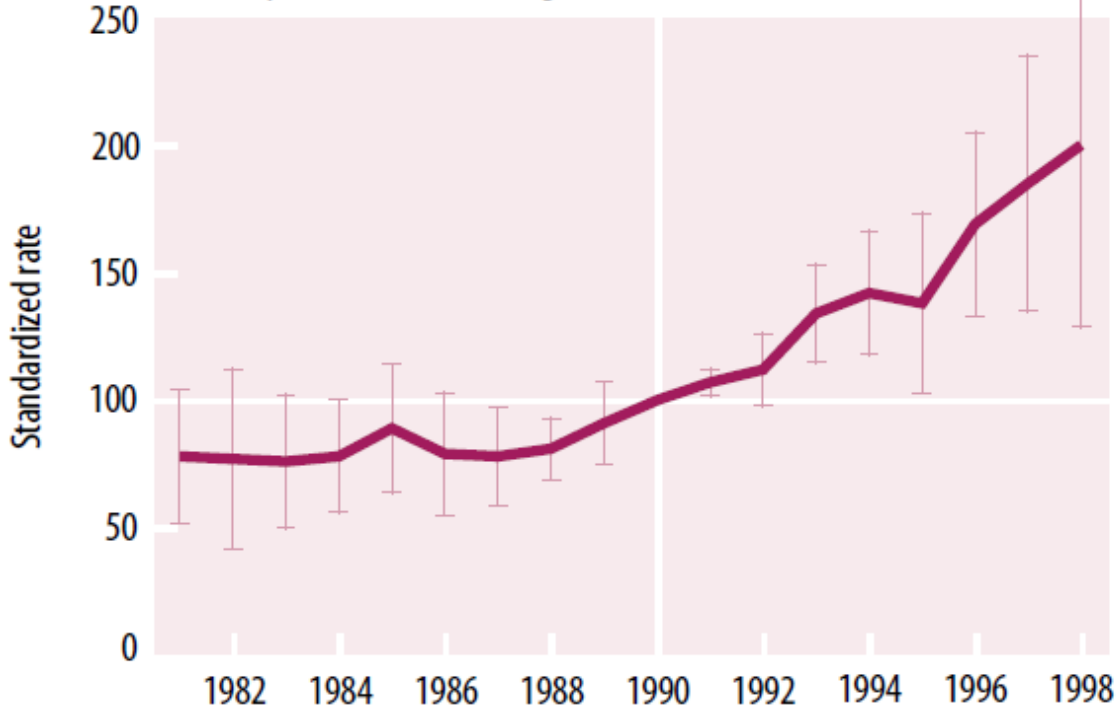
# Decline in life expectancy due to HIV



Source: UN Population  
Division, World Population  
Prospects, 2002 Revision

# TB Case notification in Sub-Saharan Africa

Angola, Botswana, Côte d'Ivoire, Gabon, Guinea-Bissau, Kenya, Lesotho, Malawi, Mozambique, Namibia, Tanzania, Uganda, Zambia and Zimbabwe

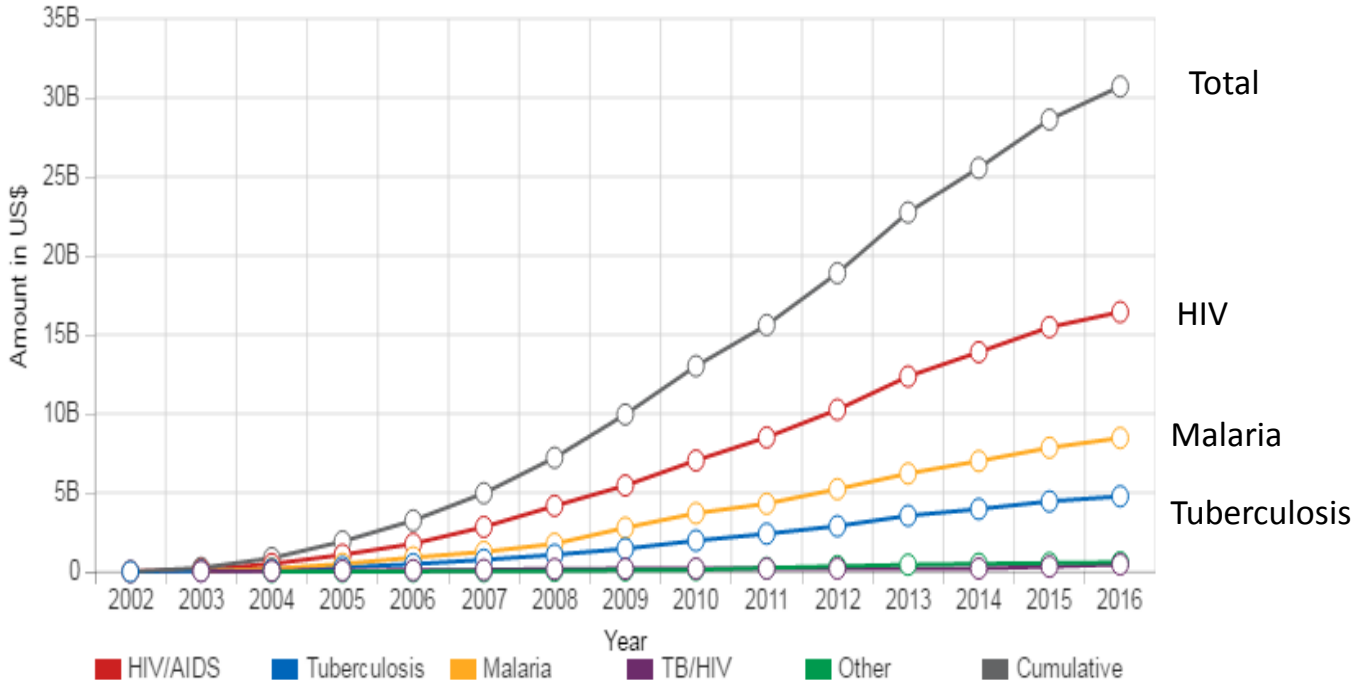




# GF Disbursements by Disease

22 million lives saved

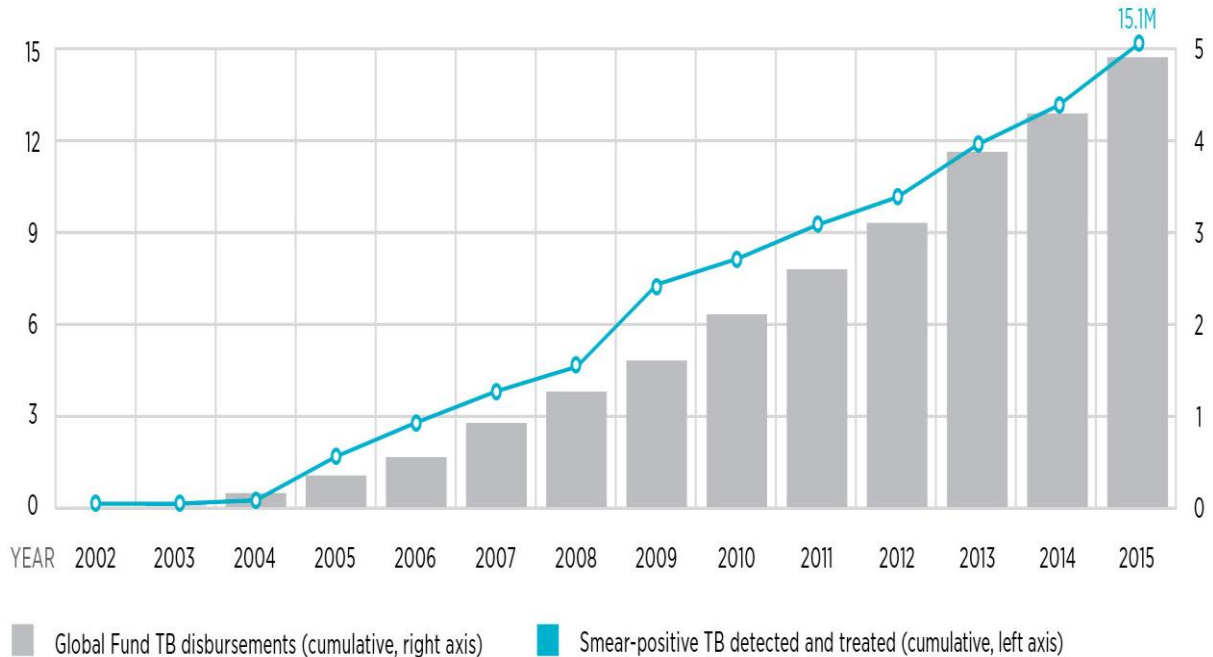
\$ 31 billion



# # People (Smear positive) treated for TB (2002-2015)

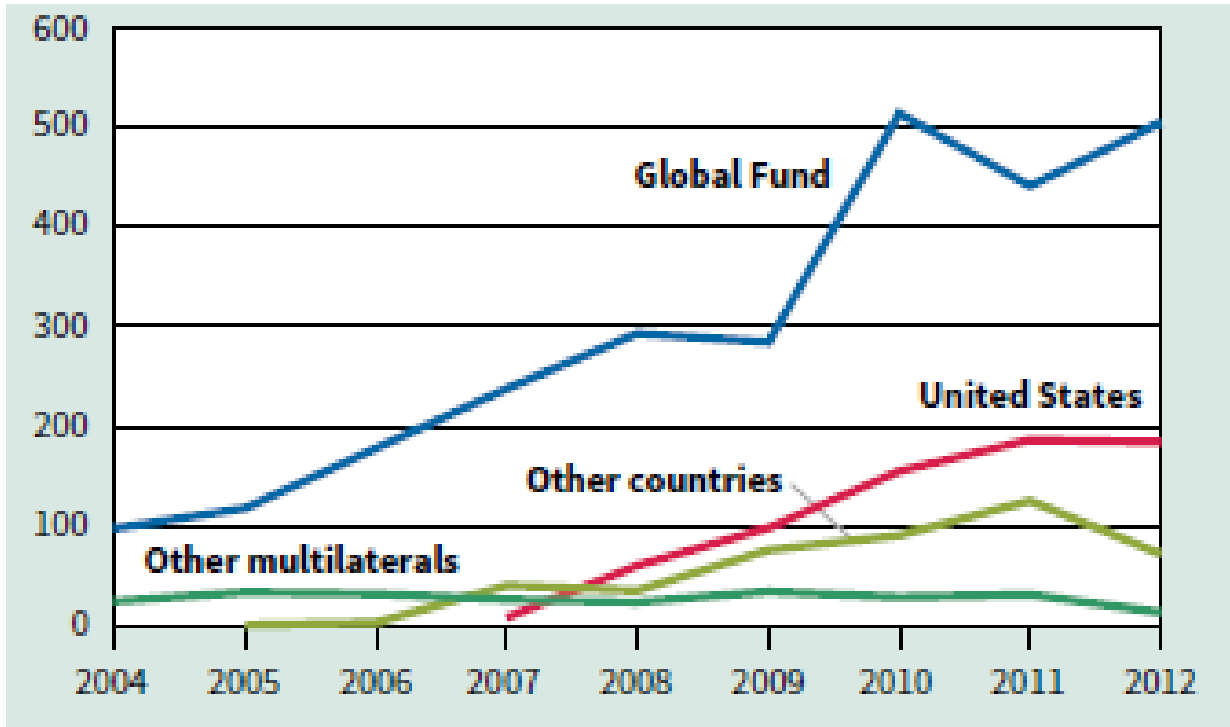
15 million people treated

\$ 5 billion



# Trend in donor funding in TB

US\$ million

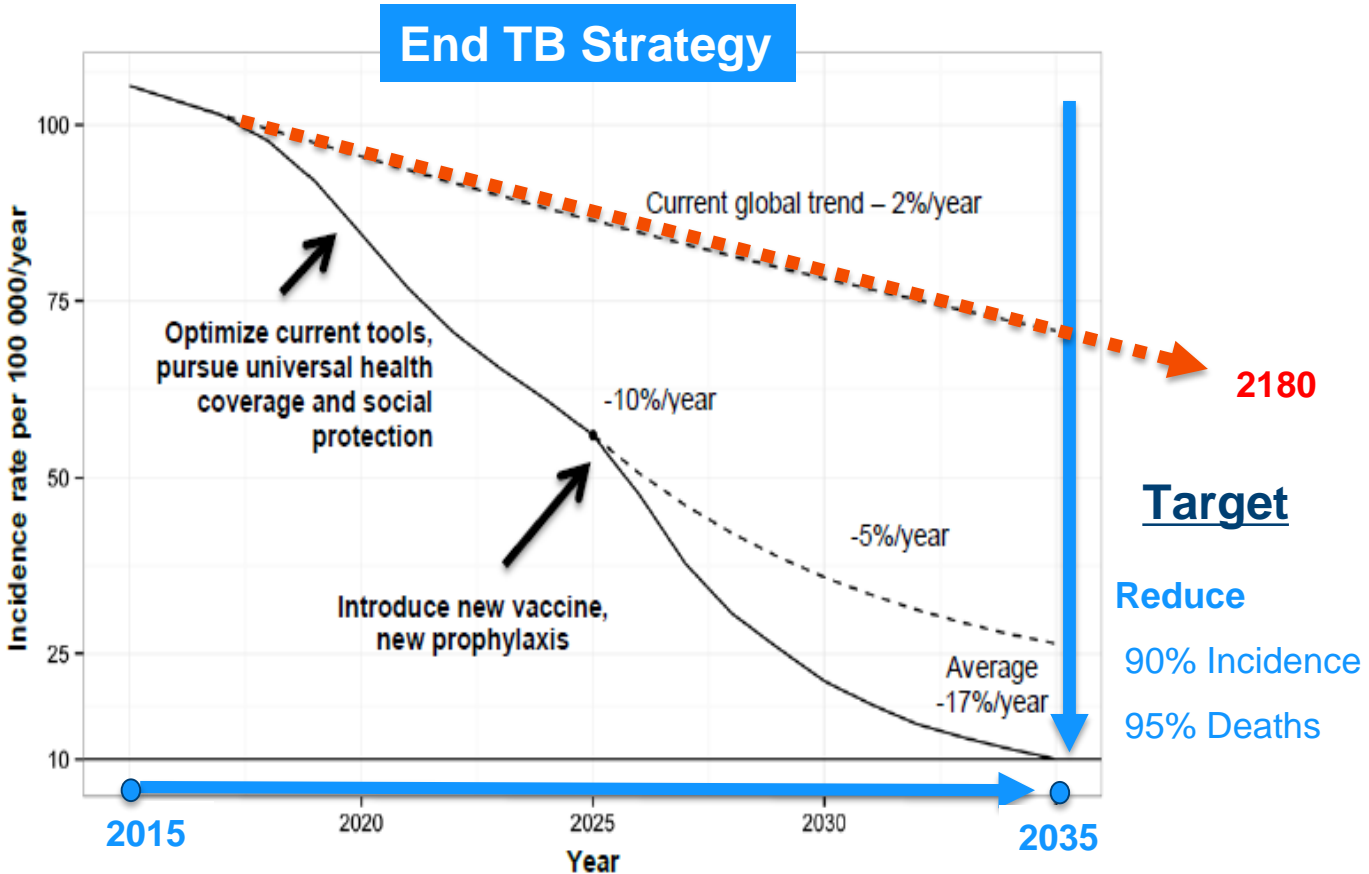


# Shared responsibility and collective efforts

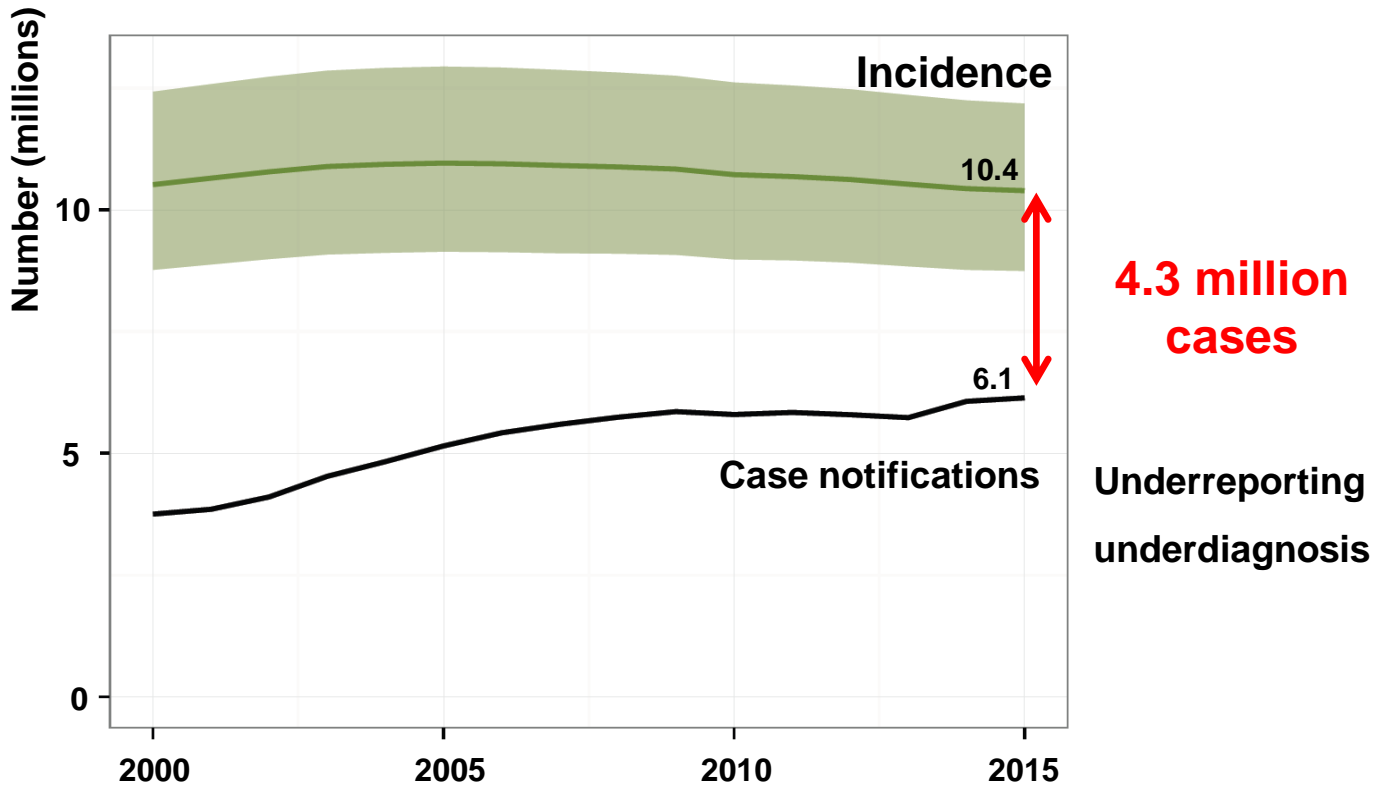
- TB Mortality rates: fallen **44 %** since 2000
- Saved **38 million lives** (2000-2015)
- TB deaths declined **31 %** (2000-2015) in GF eligible countries



# To achieve the global target by 2035

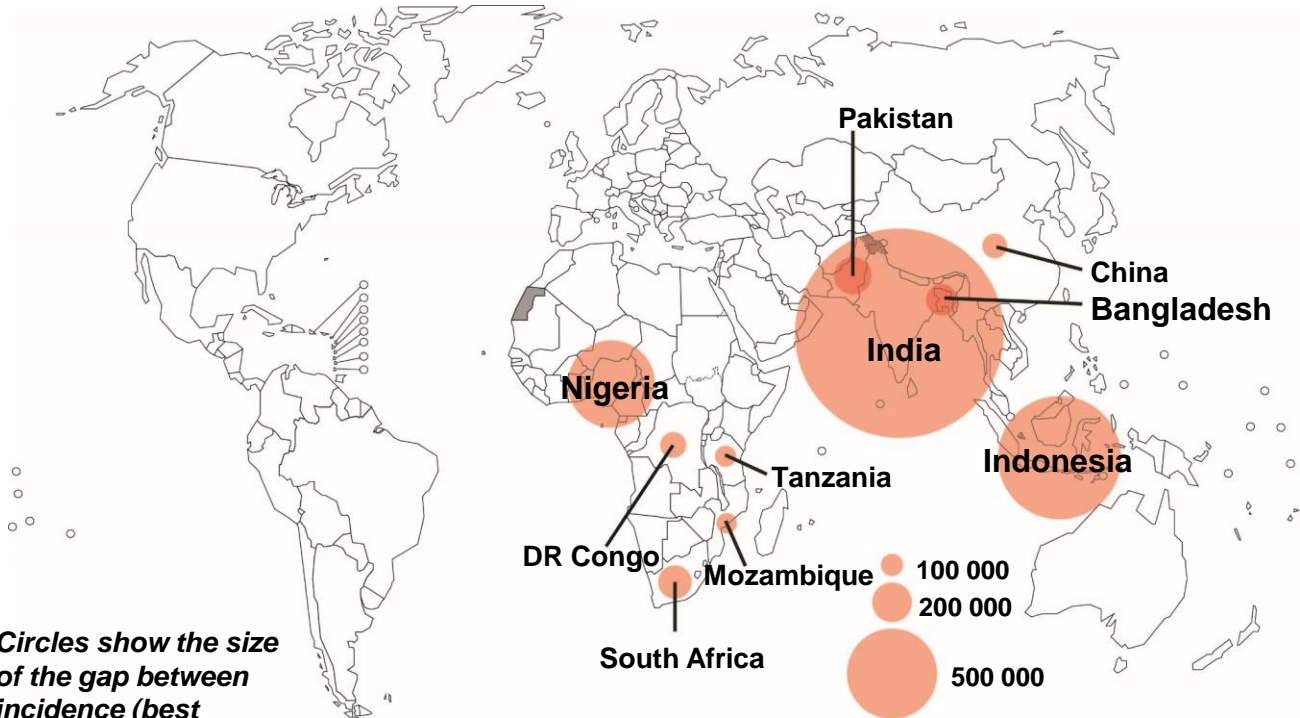


# Gap between case notifications and incidence



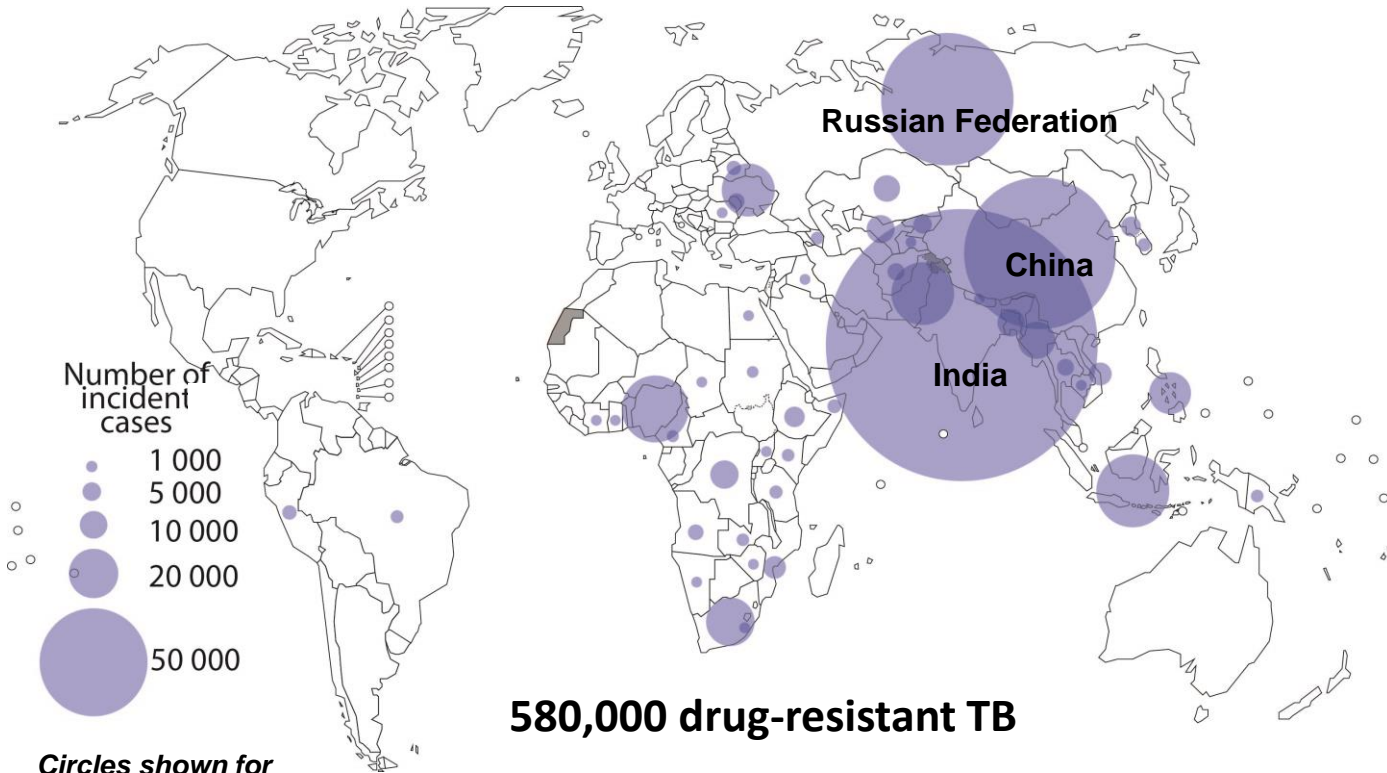
# 10 countries = 77% of the gap

3 countries = 50%: India, Indonesia, Nigeria



*Circles show the size of the gap between incidence (best estimate) and notifications in 2015*

# MDR/RR-TB: 3 countries, 45% cases

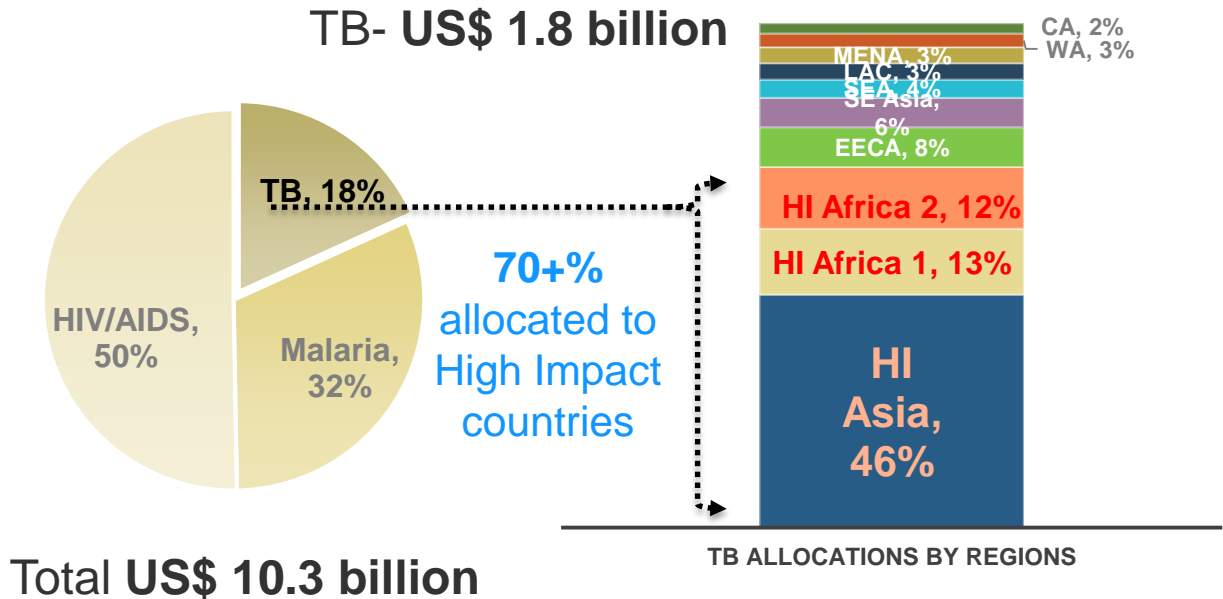


**580,000 drug-resistant TB**

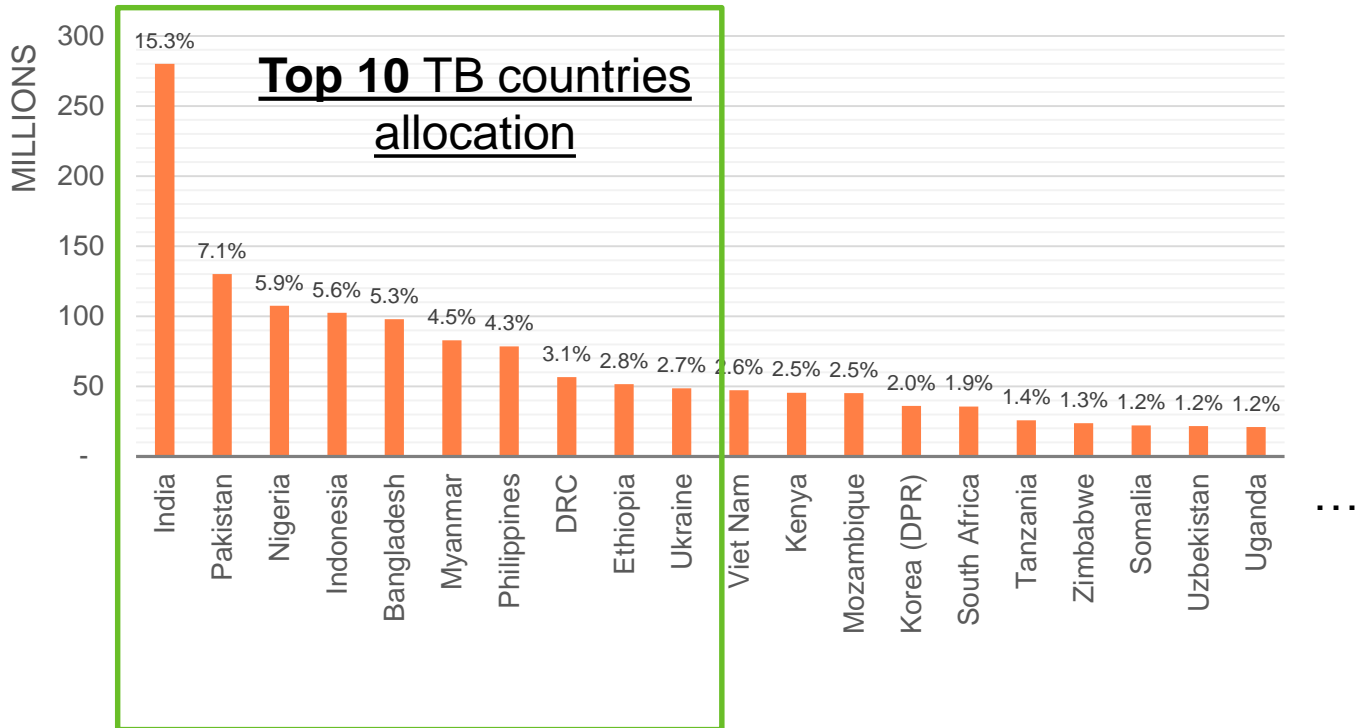
**455,000 (80%) "missed"**

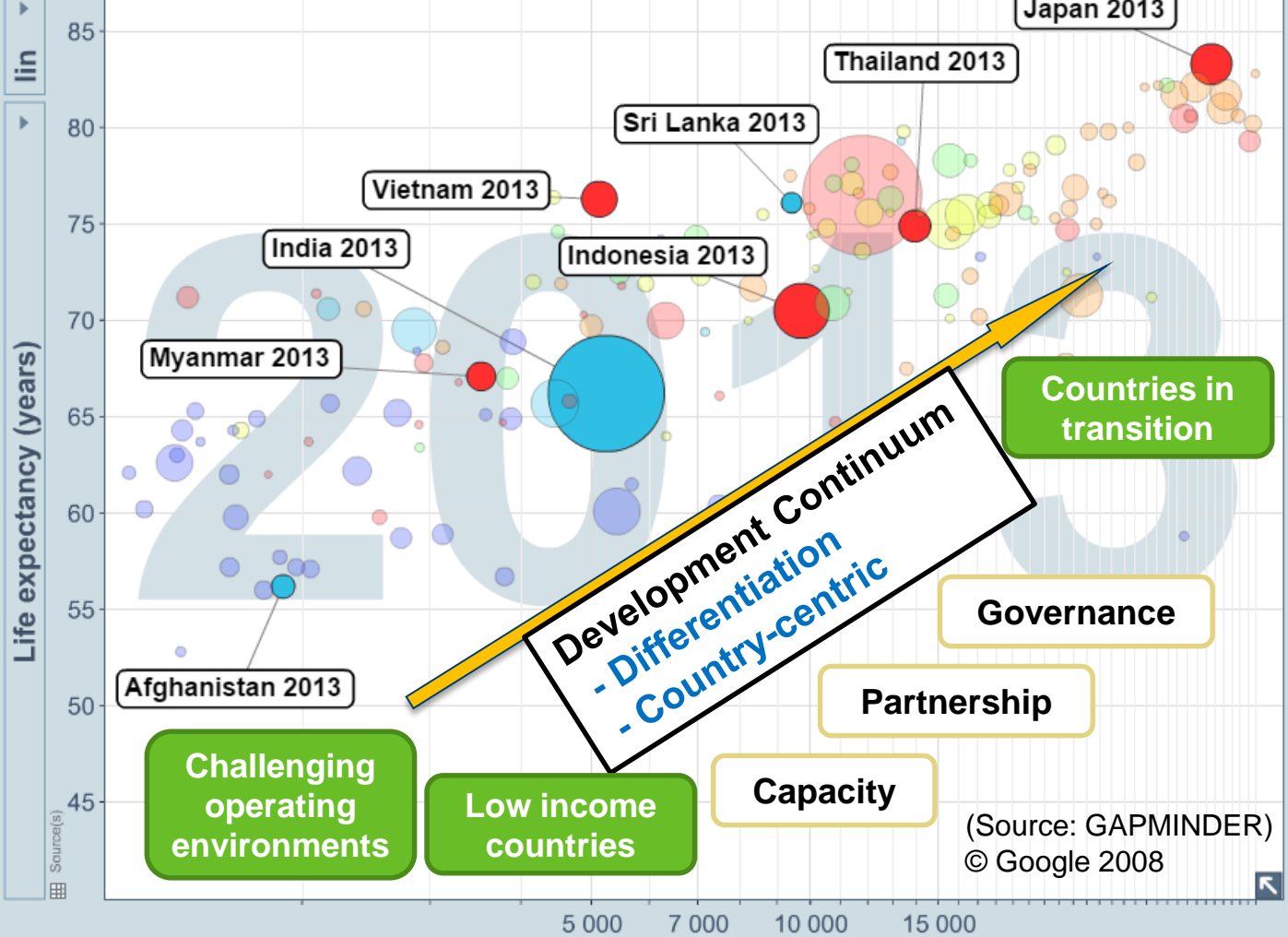
*Circles shown for countries with at least 1000 new cases in 2015*

# GF fund allocation 2017-2019

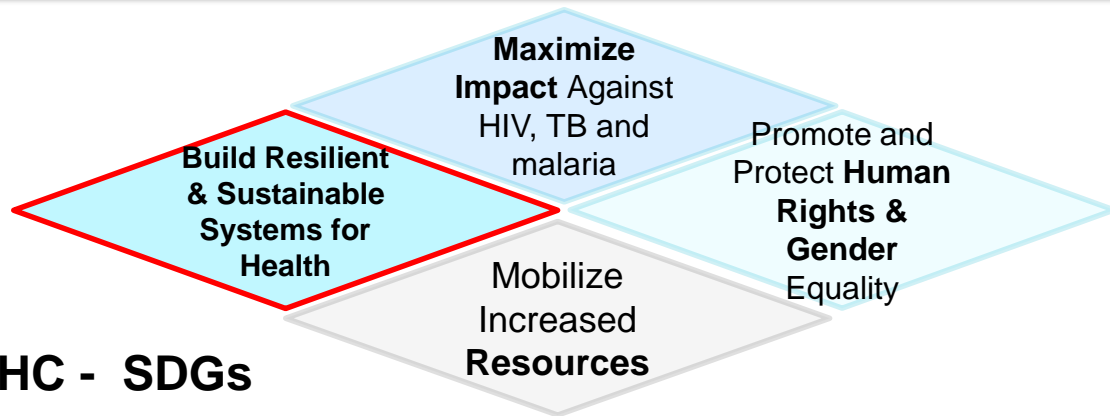


# More than 50% of TB investments to 10 countries





# 2017-2022 Strategy “Investing to End Epidemics”



## UHC - SDGs

- 1) **Community responses and systems**
- 2) **RMNCH** and platforms for **integrated service delivery**
- 3) **Procurement and supply chain systems**
- 4) **Human resources for health**
- 5) **Data systems** and **capacities for analysis and use**
- 6) **National health strategies** and disease-specific **strategic plans**
- 7) **Financial management** and oversight

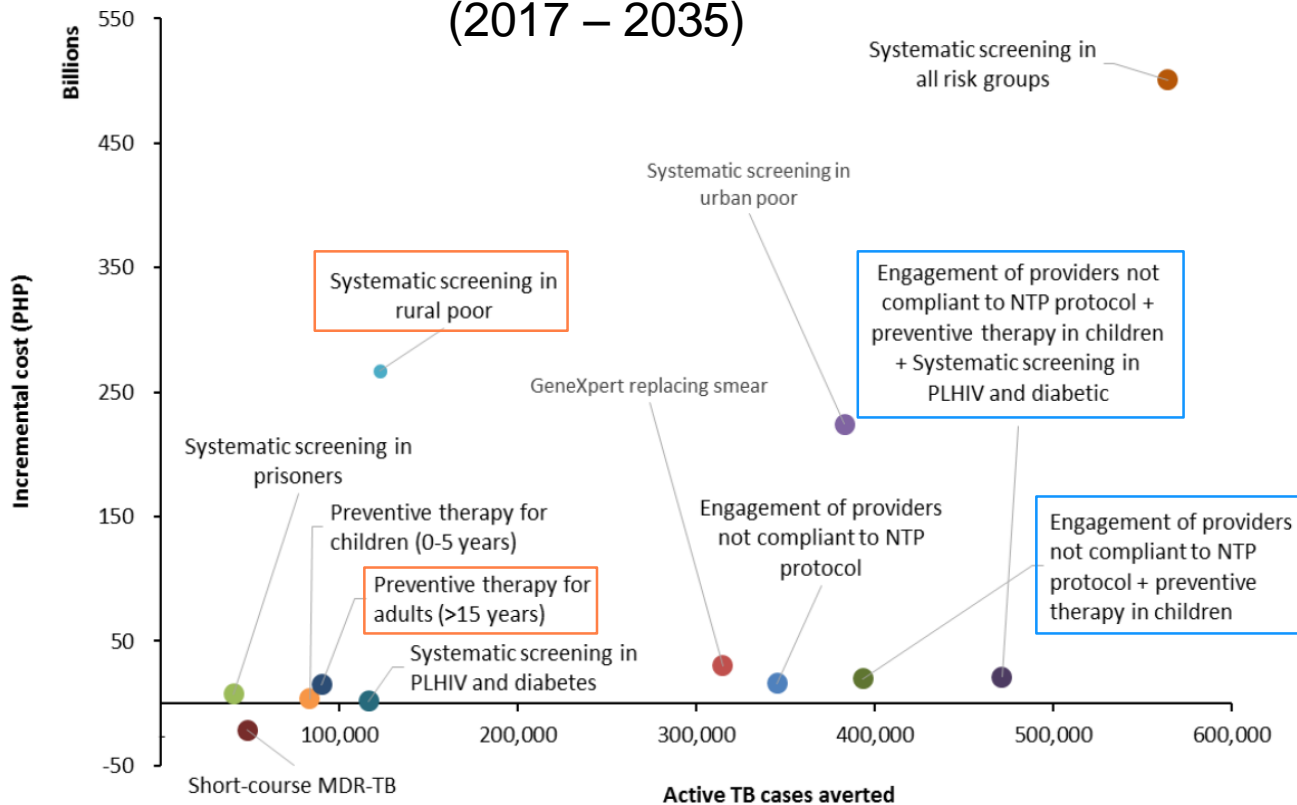


# Invest for maximizing impact and efficiency

- **Planning** – target setting, allocative efficiency, engagement
- **Strategic partnership, TA** (WHO, UNICEF, WB, OECD, Academia, CSO, etc.)
- **Catalytic funding** (\$ 800 mil - gender, human rights, key pops, insecticide resistance, supply chain, data system, human resources, etc.)

# Incremental costs and active TB cases averted

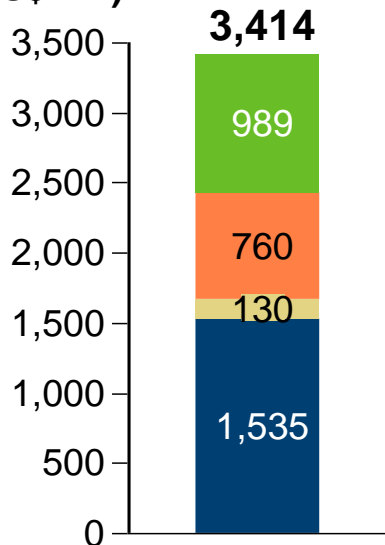
(2017 – 2035)



(GF, Australian Modelling Network, DOH/Philippines)

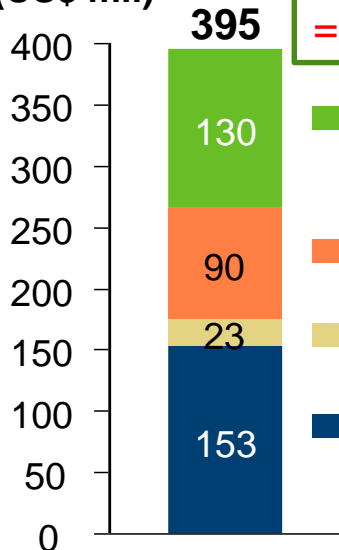
# TB funding landscape in Asia (2015-2017)

(US\$ mil)



**HI Asia:** Bangladesh, Cambodia, India, Indonesia, Myanmar, Pakistan, Philippines, Thailand, Viet Nam

(US\$ mil)

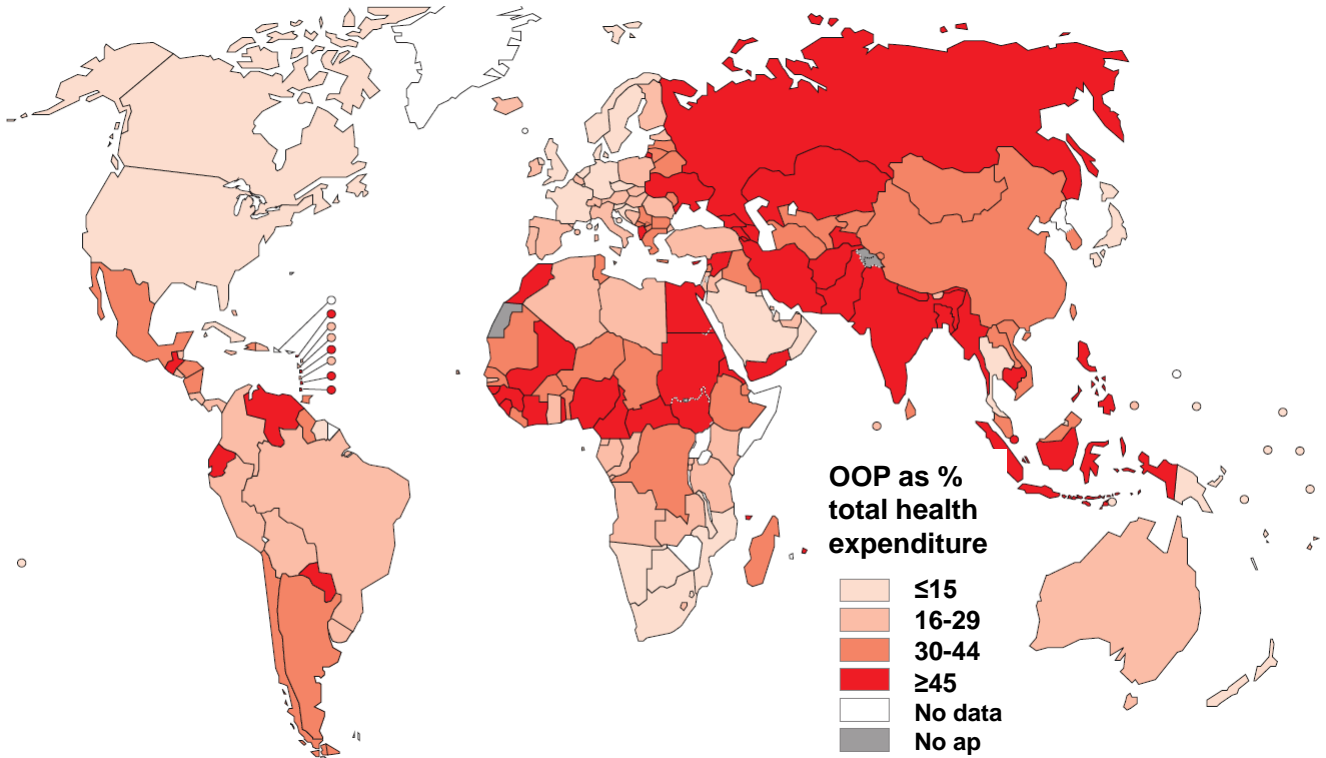


**SE Asia:** Afghanistan, Bhutan, Fiji, Korea DPR, Lao PDR, Mongolia, Nepal, Papua New Guinea, Solomon Islands, Sri Lanka, Timor-Leste

Global TB financial gap = \$2 bil in 2016

- Funding Gap
- Global Fund
- Other external
- Domestic

# Out-of-pocket (OOP) spending



# Support to Sustainability, Transition and Co-financing

- Sustainability assessment and planning (financial, programmatic, governance)
- National Health Account: capacity building/ institutionalization
- Incentives for Co-financing, Innovative finance (Debt for Health, Social impact bond, matching fund, etc.)
- Health sector loan buy-downs
- Senior budget officials network for fiscal sustainability of health systems

# Political commitment

- International donor funding (ODA)
- Increased domestic/innovative financing
- Measures to reduce catastrophic health expenditure
- Human rights/ Social protection for vulnerable pops  
→ No one left behind