TB Key Populations and the Global Fund's 6th Replenishment

Why Key Populations Need a Fully Funded Global Fund and Why the Global Fund Needs Fully Engaged TB Communities

gfan global fund advocates network

Contents

Introduction

Investment in Key Populations is Needed Now More Than Ever:

In 2016, the Global Fund Advocates Network (GFAN)[1] and its partners published a report that documented the importance of key and vulnerable populations in working to eliminate AIDS, TB, and malaria[2] . The paper argued that investments in programming run by, or aimed at, key populations are not an 'optional extra', but rather a fundamental factor to ending the three diseases. Without scaled-up, evidence-based programs for those most vulnerable to the diseases and most marginalized in the response, the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) will not achieve the objectives in its Strategy for 2017-2022[3].

> **"Key populations** are confronted by social, legal and economic disparities that contribute to neglect by health systems and poor health outcomes. .
>
> Community-led and community-based programs are severely under-resourced, even though communities affected by HIV, TB, and malaria are crucial actors in promoting and supporting health, addressing structural causes of health risks and health disparities, holding health systems and governments accountable, and ensuring sustainability and effectiveness of health efforts."
>
> Get Back on Track: GFAN

It will also not be possible to meet the goals of global partners, including those set out in the UNAIDS Fast-Track Strategy to end the AIDS epidemic by 2030[4], the WHO End TB Strategy 2016-2035[5], the Stop TB Partnership Global Plan to End TB 2016-2020[6], and the WHO Global Technical Strategy for Malaria 2016-2030[7] . Crucially, the United Nations Sustainable Development Goals (SDG) promise to "leave no one behind" in achieving universal health coverage cannot be accomplished without ensuring key populations are fully engaged.

> **"The Global Fund is a powerful catalyst for mobilizing political will and financial resources, and it can only succeed when key populations are fully involved.**
>
> **Together, we can end epidemics, but achieving this goal will require change – increased investment, accelerated innovation, even more effective partnerships and a relentless focus on impact."**
>
> ***Peter Sands, Executive Director, the Global Fund to Fight AIDS, TB and Malaria***

Unfortunately, data now show that the world will not meet those targets and suggest the world is dangerously behind schedule to achieve our collective goals. Global strategies and sustainable development targets have diverged from the realities faced in countries where flat or declining funding from international donors is undermining attempts to control and end the epidemics[8]. The risk of backtracking on progress made to date is a distinct possibility.

The Importance of a fully funded Global Fund:

This report is part of the groundswell for greater political will to end TB—a treatable and curable disease which killed nearly 1.7 million people in 2016. In anticipation of the first UN High Level Meeting on TB, being held on September 26, 2018, there has been a significant increase in TB advocacy.

Advocates and stakeholders from around the world established the following five key demands[9] leading up to the meeting:

1. Reach all people by closing the gaps on TB diagnosis, treatment, and prevention
2. Transform the TB response to be equitable, rights-based, and people-centered
3. Accelerate development of essential new tools to end TB
4. Invest the funds necessary to end TB
5. Commit to decisive and accountable global leadership, including regular UN reporting and review

Providing an update on GFAN's 2016 publication, this report has a focus on the opportunities and challenges related to ending TB. As with the previous GFAN report, information gathered from desk reviews and key informant interviews are used to make the case for a fully funded Global Fund during the sixth replenishment, which seeks to raise funds to deliver programs between 2020 and 2022.

"To meet any of our shared aspirations for the UN High-Level Meeting on TB, we need a new approach that takes into account the needs of every single person affected by TB, starting with the most underserved populations.

The Global Fund has been a historical leader in supporting vulnerable TB populations who've been missed by health systems – if we are serious about Ending TB by 2030, this support must be expanded to ensure the most underserved are able to access quality diagnosis and treatment services through a people centered, human rights based and gender transformative approach, as promoted by the Stop TB Partnership."

Dr. Lucica Ditiu, Executive Director, The Stop TB Partnership

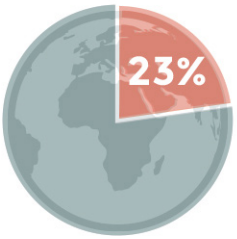
Characterizing TB Key Populations:

The Global Fund defines key populations as those who experience both increased impact from disease and decreased access to services[10]. Key and vulnerable populations for TB are further categorized by the Global Plan to End TB 2016–2020 as the most vulnerable, underserved, and at-risk populations.

For the Global Fund, TB key populations include prisoners, displaced people, migrants, ethnic minorities/indigenous populations, miners, children, the urban poor, the elderly, and people who inject drugs[11]. The Stop TB Partnership additionally features people living with HIV (PLHIV), rural populations, and healthcare workers in their series of key population briefs[12]. No single definition of TB key populations currently exists.

TB incidence among migrant miners is 10 times higher than in the communities from which they originate[13]. Incidence among indigenous populations ranges from 14.3 to 155.8 times higher than the general population[14]. Poverty and socioeconomic disparity enhance vulnerability, while living in remote locations and the inability to access health facilities exacerbate barriers to care. See Annex 1 for brief epidemiological profiles of TB key populations.

Each year, approximately 10 million people develop active TB disease. About four million (40%) of them go undetected or unreported. Many of the "missing four million" are among key, vulnerable, underserved, or at-risk populations.



of the world's population – 1.7 billion people – carry latent TB

Traditionally, TB surveillance at global, regional, and national levels has typically focused on the general population. Scant data and limited knowledge of barriers and facilitators to accessing services for key populations presents challenges in the development of focused interventions and in motivating adequate levels of investment.

Ambitious Global Targets

The targets identified in the Global Fund's 2017-2022 Strategy are aligned with those included in the WHO End TB Strategy 2016-2035[15] and the Stop TB Partnership Global Plan to End TB 2016-2020.

Table 1. Targets as set by the Global Fund, WHO, and Stop TB

By 2020	By 2025	By 2030
20% and 35% decline in TB incidence rate and TB deaths respectively, compared with 2015	At least 90% of all people with TB diagnosed and all placed on appropriate treatment	90% reduction in number of TB deaths compared with 2015
0% of TB-affected households experience catastrophic costs due to TB	As part of this approach, at least 90% of key populations reached	80% reduction in TB incidence rate compared with 2015
	At least 90% of all people diagnosed with TB treated successfully	0% TB-affected families facing catastrophic costs due to TB
	50% and 75% decline in TB incidence rate and TB deaths respectively, compared with 2015	
	0% of TB-affected households experience catastrophic costs due to TB	

These targets will not be achievable if the response continues to miss millions of people with TB among key populations, and barriers to accessing treatment and care for these groups persist.

The Global Fund's 2017-2022 strategic plan includes a solid framework to address HIV, TB, and malaria by identifying 12 key performance indicators (KPIs) to measure progress in addressing the diseases. The strategy contains several TB-specific targets (Table 2).

Table 2. Key Performance Indicators TB Targets in Global Fund Strategy 2017-2022[16]

Indicator	Global Fund Strategic Target
KPI 1 - Performance against service delivery targets	
Number of notified cases of all forms of TB—bacteriologically confirmed plus clinically diagnosed, new, and relapses	33 (28-39) million over the 2017-2022 period
Percentage of notified cases of all forms of TB—bacteriologically confirmed plus clinically diagnosed, new, and relapses among all estimated cases (all forms)	73% (62-85%) by 2022
Number of cases with drug-resistant TB (RR-TB and/or MDR-TB) that began second-line treatment	920 (800-1,000) thousand over the 2017-2022 period
Number of HIV-positive registered TB patients (new and relapse) given anti-retroviral therapy during TB treatment	2.7 (2.4-3.0) million over the 2017-2022 period
% of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated	90% (88-90%) by 2022
Percentage of bacteriologically confirmed RR and/or MDR-TB cases successfully treated	85% (75-90%) by 2022
KPI 9 – Human rights	
Percentage of investment in signed TB grants dedicated to programs to reduce human rights barriers to access	2% over the 2017- 2019 period
Percentage of investment in signed HIV and HIV/TB grants dedicated to programs targeting key populations	39% over the 2017- 2019 period

This emphasis has led to important programmatic focuses such as a collaboration with WHO and the Stop TB Partnership to find and treat 1.5 million additional people with TB annually in 13 priority countries by 2019[17] .

The Global Fund and its partners will also support high burden countries to achieve 80% coverage of preventive therapy (PT) for people living with HIV (PLHIV) by 2020 (PLHIV with no active TB disease may need to take preventive TB treatment to lessen the risk of developing TB).

Resource Needs for TB

Since 2002, the Global Fund has disbursed more than US$6.1 billion for TB programs in over 100 countries representing more than 65% of all international financing for TB. In the Global Plan to End TB (2016), the total resources required between 2016 and 2020 was estimated to be $56-58 billion or just over $11 billion each year: for 2017, the most recent numbers indicate that there was only $6.9 billion invested.

If the total $13 billion annual funding goal were achieved, experts calculate that each year:

> 1.5 million Lives will be saved

7 million people will not become ill from TB

an anticipated **$1.2 trillion** in economic RETURN ON INVESTMENT

While it is clear that we were already falling far short of what is needed to meet the goals in the Global Plan, in July 2018 the Stop TB Partnership revised its estimates of resources needed through 2022 and indicated that a doubling of the current investment level (average of 6-7 billion/year) to $US65 billion or at least $US13 billion per year (between 2018 and 2022) is needed to get back on track to meet the 2030 goals.

In GFAN's recently published report Get Back on Track to End the Epidemics launched just before the 2018 AIDS Conference, GFAN put forward the case for increased funding in all 3 disease areas and an ambitious ask for the 6th Replenishment. With the revised estimates shared by Stop TB Partnership at the 2018 AIDS Conference, this would mean that donor countries and other funding partners should aim to invest at least US$4.8 billion through the Global Fund for TB programs for 2020-2022 with an overall ask by GFAN for the 6th Replenishment of between US$16.8 and 18 billion[18].

Based on its allocation methodology, approximately 18% of the Global Fund's country-level investments are channeled to TB programs. In the 2017-2019 cycle, this equates to $1.85 billion available for TB programming over this period. India has the largest TB allocation from the Global Fund (US$280 million), followed by Pakistan ($130 million), Nigeria ($107 million), and Indonesia ($102 million).

Advocacy and community strengthening are critical – yet underfunded – components in the TB response, requiring a US$2.3 billion investment over the life of the Global Plan. This funding is needed to mobilize TB communities and support the leadership of TB key populations to ensure the response for these groups is effective.

In 2017, there was already a significant shortfall in resources for TB and we know now with the July 2018 revised estimates, that significantly more is needed. International donor funding must at least double from current levels to effectively support low-income countries as well as some middle-income countries to curb their TB epidemics and a significant increase for the Global Fund overall is needed[19].

By The Numbers:

Current actual expenditures on TB:	US$6.7 billion (2017)
Global Plan (2016) Target:	Minimum US$11 billion annually
Current allocation in Global Fund for TB:	US$800 million (2017)
Global Plan revised Financing Estimates (2018):	US$13 billion average annually through 2022
GFAN ask for the Global Fund 6th Replenishment:	Minimum US$16.8 billion (2020-2022) of which at least 1.6 billion annually is allocated for TB

The Global Fund Plays a Catalytic Role in Improving National Responses

Some Unique Features of the Global Fund Approach

By virtue of its funding model, the Global Fund promotes ongoing country dialogue among stakeholders to prioritize the alignment of planning and strategic investments, including for cross-cutting areas such as strengthening systems for health. The Global Fund requires countries with the highest burden of TB/HIV co-infection to submit joint TB and HIV funding requests that present integrated programming for the two diseases.

The Technical Review Panel (TRP), which independently assesses all proposals submitted to the Global Fund, provides stringent oversight to ensure that integration is accomplished and that programming targeting key populations is included. For example, the TRP sent Nigeria's May 2017 TB/HIV funding request back to the country for revision, citing insufficient integration of TB services into Primary Health Centers (PHC) as a major challenge. Following the TRP's comments, Nigeria's funding request was significantly revised and now includes an intensive program focusing on TB key populations and identifying missing people with TB.

In Burkina Faso, a programmatic review in early 2017 found that interventions to increase access to TB diagnosis and treatment for the general population and key population groups—particularly among prisoners—was weak. The TRP required the country to address policy constraints, remove barriers related to service delivery in prisons, and build capacity of health personnel to deliver services in prison settings. They also noted that community and key population interventions must be strengthened to improve access to TB diagnosis and treatment for vulnerable groups.[20]

In 2017, the Global Fund introduced important changes to the modular framework—a tool which guides how countries must design programs, develop budgets, and set targets for their grants.

Daniel Marguari, CEO Spiritia Foundation, Indonesia

"Spiritia Foundation is the principal recipient for a Global Fund grant focusing on HIV peer support and prevention programming among key populations in selected districts in Indonesia. To improve TB case detection, Spiritia has trained the community-based organizations (CBOs) it supports on how to screen for TB. About 100,000 people are reached every six months by peer counselling groups—an effort which boasts the outreach to key populations who would otherwise not access TB services until it's too late. This is an example of maximizing impact through collaboration between HIV and TB responses.

The concepts of empowerment and engagement are not as well developed in the TB community compared to the HIV response. By engaging HIV activists in TB case detection, the hope is to break down the barriers and build a strong person-centered response."

The efforts of Spiritia complement the ongoing work of the Indonesia National TB program which has requested $947,184 to launch mobile clinics to screen for TB in urban poor populations in high-burden cities. An additional 1,000 TB patients from among the urban poor are expected to be identified each year. Mentoring of TB case finding in 34 provinces will be provided. Information materials targeting key populations will also be developed and distributed at places of work. At the moment, funding for these activities is considered above the allocation to Indonesia and is included in the Global Fund Unfunded quality demand (UQD) registry.

Daniel Marguari was a member of Indonesia's National AIDS Commission (since 2006) and the Indonesia CCM (since 2002). Spiritia was founded in 1995 as a peer support group by and for people living with and affected by HIV

The new modular framework places greater emphasis on prisoners as a key population for TB. Each of the three TB modules (TB care and prevention, TB/HIV, and MDR-TB) has a newly added intervention specifically for prisoners as TB key populations. There is also a new HIV module for "comprehensive programs for people in prisons and other closed settings" which includes activities on prevention, screening, diagnosis, and treatment for TB, intensified TB patient-finding, and TB education for prisoners. These changes encourage countries to pay increased attention to addressing TB in prisons and other closed settings in their funding requests.

In Indonesia's 2017 funding request, US$622,973 was allocated to increase TB case detection in 38 high burden prisons in nine provinces. The mass screening will detect the patients who were missed during routine surveillance and is expected to find about 1,500 missing people with TB per year[21]. Further expansion of the modular framework to include specific modules and interventions for other TB key populations could promote greater prioritization of these groups in national grants.

The Global Fund's register of Unfunded Quality Demand (UQD) contains interventions from country funding requests that the Global Fund has deemed technically sound and worthy of investment, but which cannot be funded due to lack of resources[22] (see table opposite).

If countries express a willingness to implement and scale up technically sound interventions to reach TB key populations, then funding to do so must be made available.

Unfunded TB Key Populations Programming:

Currently, **over US$22 billion worth of programming targeting TB key populations sits unfunded** in the Register of Unfunded Quality Demand. These include worthwhile initiatives such as:

Indonesia: A request for US$947,184 to launch mobile clinics to screen for TB in urban poor populations in high burdened cities. An additional 1,000 TB patients from among the urban poor are expected to be identified each year. In addition, mentoring of TB case finding efforts in 34 provinces will be provided. Information materials targeting key populations would also be developed and distributed at places of work. (For additional information about Indonesia, see interview with Daniel Marguari, CEO Spiritia Foundation, Indonesia)

Vietnam: A request for US$419,016 to support scaling up TB screening in seven prisons, peer education training, and support for prisoners with active disease.

Beyond its investments, the Global Fund has a crucial catalytic role—mobilizing domestic funding for key populations, supporting the transition to local ownership, and improving the legal and policy environment. All eligible upper-middle-income countries must focus 100% of their funding requests on interventions that maintain or scale up evidence-based interventions for key and vulnerable populations. Substantial efforts are also made when countries are transitioning from receiving funding from the Global Fund to ensure that mechanisms are in place to safeguard continuing funding to address the needs of key populations.

The Global Fund also has a sustainability, transition, and co-financing policy, whereby countries must meet minimum domestic financing requirements (depending on their income level) to access their full allocation. Countries must also show that their contributions are increasing over time and are specifically dedicated towards Global Fund-supported program areas such as those that reach key populations. This policy is an effective tool to leverage increased domestic resources for health. To date, countries have committed an additional US$6 billion to their health programs for 2015-2017 compared with spending in 2012-2014, representing a 41% increase in domestic financing for health.

The Global Fund Invests in Rights and Evidence-Based Interventions for Key Populations

The Global Fund has increased its focus on TB key populations (especially finding missing patients) through the TB Catalytic Investment initiative, which was approved by the Global Fund Board as part of the 2017-2019 funding cycle[23] [24]. The TB Catalytic Investment Initiative includes:

Matching Funds

Beyond the country allocations, an additional US$115 million was set aside as matching funds for finding missing people with TB in 13 priority countries[25]. These matching funds are intended to incentivize countries to direct more of their allocations towards interventions to find missing people with TB, and to pilot innovative and bold new ideas, especially in hard-to-reach communities of TB key populations. Kenya is using this funding to test a "pay for performance" model to increase TB patient-finding and is rolling out a millennium challenge fund to encourage community groups to test new models to identify people needing TB treatment and to support their retention in care.

In another example, South Africa's recent funding request (submitted in August 2018) increased its budget allocation for finding missing people with TB by a third, compared to the current grant—a requirement for accessing an additional US$6 million in matching funds. The country's matching funds request aims to do a 'hot spot' mapping of TB key populations in informal settlements, workplaces, and migrant communities; this will be followed by a pilot project to use mobile digital chest x-rays with computer aided detection in these areas.

Multi-Country Initiatives

The Global Fund has allocated US$65 million for multi-country investments which will address cross-border programs to respond to TB[26]. Several of these multi-country grants are earmarked for key populations, including:

- US$22.5 million for phase II of the TB in the Mining Sector (TIMS) grant, which focuses on establishing effective occupational health services and cross-border referral systems for mine workers, ex-mine workers, and their families in 10 Southern African countries (see interview with Moises Uamusse, AMIMO, Mozambique).
- US$15 million for interventions among migrant and mobile populations in Asia. This program is under review.
- US$7.5 million for interventions among refugees in Eastern Africa. The program is expected to start on January 1, 2019[27].

Strategic Initiatives

The TB Catalytic Investment Initiative also includes US$10 million to a TB Strategic Initiative, invested through the Stop TB Partnership, WHO Global TB Program, and other groups to address barriers to finding missing people with TB, especially in key populations, and to develop innovative approaches, tools, practices, and advocacy to accelerate this process. As part of this initiative, funding is channeled through the Stop TB Partnership to partners such as KIT Royal Tropical Institute and Interactive Research and Development (IRD) who provide technical assistance to countries to improve patient-finding in their Global Fund grants. For instance, IRD is currently providing technical assistance to Nigeria, Myanmar Philippines and South Africa.

Amplifying the Voices of Key Populations and Investing in Rights- and Evidence-Based Interventions

The Global Fund plays a unique investment role with respect to key populations. It supports countries to scale up high quality interventions geared to these populations that are rights- and evidence-based. Since its inception in 2002, the Global Fund has engaged key populations at every stage of the funding cycle—from governance to design, implementation to monitoring.

Governance: At the global level, the board includes voting seats for three civil society delegations, including one for communities living with HIV and affected by TB and malaria. At the country level, CCMs must show evidence of membership of PLHIV, and of people affected by tuberculosis and malaria as well as people from and representing key populations. (For additional information about the role of key populations on CCMs, see interview with Timur Abdullaev, TBpeople, Uzbekistan).

Design: When developing a funding request, CCMs are required to demonstrate how they have meaningfully engaged key populations in the design and development of programs and services. Key population representation is expected throughout the grant cycle from the development of national disease plans to signing grants and monitoring progress.

In some countries, health authorities may not be prepared to interact with key populations from marginalized, stigmatized, criminalized, and disempowered communities. Equally, key population communities may lack capacity and readiness to engage. To help address this, the Global Fund's Community, Rights and Gender Technical Assistance Program provides technical assistance in a range of areas which will ensure that all people who are affected by the three diseases can play a meaningful role in Global Fund processes and ensure that grants reflect their needs. For instance, in early 2018, the program provided technical assistance to a civil society organization in Malawi—Facilitators of Community Transformation (FACT)—to support communities affected by TB in meaningfully engaging in Global Fund-related processes.

Timur Abdullaev, TBpeople, Uzbekistan

"One of the most important innovations the Global Fund facilitated was the CCM. For the first time, community and key populations are at the same table as health officials, ministers, academics, and the private sector, and are invited to articulate their needs. For the first time, programming is being designed and implemented with the person at the centre. The CCM and country dialogue processes are not perfect, but it is an important step in the right direction.

As I often say, without the Global Fund, I would have been six feet under. My TB was diagnosed by a machine (GeneXpert) provided through funding from the Global Fund. The ARVs procured within the Global Fund grant kept me alive; they also gave me an undetectable viral load, which meant that my wife could become a mother without any risk to her health or the health of our children. Without the Global Fund, this interview would not be happening."

Timur Abdullaev is the founder of TBpeople, a global network of people affected by TB based in Uzbekistan. A human rights lawyer, he has had TB twice and is living with HIV. He is a civil society representative on the Stop TB Partnership Coordinating Board.

Implementation: Services for key populations are frequently best delivered by those who understand the specific needs of their communities. For example, in settings where TB is prevalent among migrant populations, peer educators who have in-depth knowledge about cultures, practices, and needs are best positioned to raise awareness on TB, generate demand for testing, and provide referrals to health facilities. Non-governmental and community-based organizations implement about a quarter (24%) of Global Fund grants[28]

Monitoring: Because of lived experience and direct interactions with service structures, key populations need to be provided with an opportunity to share feedback on the quality of services they encounter. Firsthand knowledge and insight of key populations is critical to ensuring that programs deliver impact. Applicants to the Global Fund are encouraged to allocate funding to community-based monitoring, to improve accessibility, responsiveness, and quality of services[29] .

The CRG TA program provides support in this area, if needed. For example, in 2017, technical assistance was provided to the Civil Society Movement Against Tuberculosis-Sierra Leone (CISMAT-SL) to strengthen the organization's community-based monitoring systems on TB programming, including supporting the organization to contextualize and analyze data and information collected from the community and facility (see interview with Abdulai Abubakarr Sesay, CISMAT-SL, Sierra Leone).

Abdulai Abubakarr Sesay, CISMAT-SL, Sierra Leone

"If I had not come across the Global Fund, I would have been dead by now. I was unable to pay for my transport to get care, let alone cover the cost of the drugs. After I recovered, I needed to talk to other people, so they would not be a victim like me. The Global Fund gave me the platform (CISMAT-SL). Initially, we didn't have resources to carry out community-based monitoring, but thanks to the Global Fund we have a well-capacitated office and the National TB program listens to our feedback.

In Sierra Leone, the prisons are so jam packed there is a high risk of contracting TB. By prioritizing the rights of key populations, the Global Fund is the first and only donor willing to support testing and treatment for HIV and TB in prisons. You can't compare the Global Fund with any other donor.

During the Ebola situation in Sierra Leone, the health system in the country was on its knees. Fortunately, the Global Fund was there to help. They even provided funding to CSOs, so we could distribute drugs to TB patients who were too afraid to go to health facilities.

Any donor who says they don't want to put more money into the Global Fund is making a mistake because the Global Fund has saved more lives than any other institution. We need the Global Fund now more than ever."

Abdulai Abubakarr Sesay is the Executive Director of Civil Society Movement Against Tuberculosis-Sierra Leone (CISMAT-SL) and a delegate on the Communities Delegation to the Global Fund board. The organization he started promotes the involvement of civil society and TB, and TB/HIV patient groups in TB campaigns advocating for prevention, early diagnosis, and treatment of TB in Sierra Leone.

Tools Addressing Key Populations

Given the dearth of data on TB key populations, the Stop TB Partnership led a process (in collaboration with the Global Fund UNAIDS, UNDP, and other technical partners) to develop legal, gender, and key population assessment tools. Efforts are currently underway to integrate these three tools into one comprehensive assessment approach. The rollout of these tools is being partly supported by the Global Fund's TB Strategic Initiative, alongside other partners such as USAID. Beginning in mid-2017, the assessment tools were piloted in seven priority countries: Bangladesh, Cambodia, India, Kenya, Nigeria, Tanzania, and Ukraine and will be rolled out in other high burden countries in 2018 and 2019.

The full suite of tools addressing key populations and access to care and support includes:

Legal Environment Assessment Tool

The Legal Environment Assessment Tool, developed by Stop TB and partners in cooperation with UNDP, identifies the laws, policies, and practices that pose barriers to accessing health services and informs planning of practical programmes that address those barriers.

In the case of Ghana, for example, the human rights assessment identified health care facility stigma and discrimination as barriers to accessing services for key populations and people living with HIV and/or TB. The government of Ghana is very committed to addressing this issue and has introduced human rights and anti-stigma training for health care workers. Furthermore, the results of the assessment led to the CCM prioritizing TB programming for mineworkers and people incarcerated or working in prisons. The impact of this new guidance is monitored through community-based monitoring activities carried out by organizations such as TB Voice (Ghana), which is funded through a community systems strengthening grant.

In Kenya, the Kenya Legal and Ethical Issues Network on HIV and AIDS (KELIN), with financial and technical support from Stop TB Partnership, piloted a legal environment assessment for TB. The assessment identified several laws and policies that offer inadequate protection for the rights of people with TB and documented evidence of stigma experienced by people with TB and their families.

In addition to the rollout of the Legal Environment Assessment Tool, the Global Fund is providing intensive support to 20 priority countries to enable them to put in place comprehensive programs aimed at significantly reducing the human rights barriers to accessing health services[30] .

Dean Lewis, TB survivor, India

"The legal environmental assessment uncovered a number of legal challenges that activists need to confront to protect the rights of TB patients, including the challenges they face concerning arbitrary detention. The gender assessment revealed significant new information concerning women and TB and the obstacles they face regarding gender-based violence, stigma and discrimination, and catastrophic costs. The analysis served as a wakeup call for the TB community and a new challenge to incorporate a gender lens in TB community programming. The key population mapping exercise was originally developed with an HIV perspective and needed reworking to ensure a TB- and India-specific lens.

Because the Global Fund comes in with a cheque book, it is able to influence policy. In India, the Ministry of Health may not prioritize human rights human rights, but when the TRP raises the lack of human rights programming as a concern in its review of a grant request, it will lead to a change in the focus of programming. What I am waiting for is for the Global Fund to say they will not engage in any programming unless community is involved: they did it with HIV; they can do it with TB. This is the sort of thing the Global Fund needs to do to ensure community and key populations are at the center of the response, and not just clients."

Dean Lewis is a TB survivor who has been a TB activist in India for over a decade. He was appointed Co-Chair of the Civil Society HLM Advisory Panel representing people who use drugs. Dean has been involved as a reviewer and advisor with Global Fund initiatives including legal environmental assessments (LEA), gender assessments, and KP data analysis.

The process involves: (a) establishing a baseline of human rights-related barriers to HIV and TB services and existing programs to remove them; (b) setting out a costed comprehensive program aimed at reducing these barriers; and (c) recommending next steps in putting this comprehensive program in place. To date, 13 of 20 planned in-depth HIV and TB human rights baseline assessments have been conducted. Assessments carried out so far have fostered opportunities for collaboration between HIV and TB communities and joint actions to address challenges and barriers. (For additional information about the LEA in the context of India, see interview with Dean Lewis above).

TB/HIV Gender Assessment Tool

In addition to the Legal Environment Assessment Tool, The TB/HIV Gender Assessment Tool was developed by Stop TB and partners in partnership with UNAIDS to assist countries to assess their HIV and TB epidemic context and response from a gender perspective, helping them to make their responses gender sensitive and reduce the dual burden of HIV and TB infection. The tool builds on the previously-developed UNAIDS HIV Gender Assessment Tool.

Implementation of this tool has been met with challenges since sex-disaggregated data are not always collected, making prioritization of interventions challenging.

Photo Page 15: TB Patient sharing the damage done to his lungs. Photographer Vincent Becker, Copyright: The Global Fund/ Vincent Becker.


X-RAY FILM ILLUMINATOR

Table 3. TB Key Populations Identified Through Kenya's 2018 TB Gender Assessment (According to Sampled County Tuberculosis Leprosy and Lung Disease Coordinators)[32]

TB KP/CTLC	Homabay	Busia	Kisumu	Nairobi
PLHIV	✓	✓	✓	
Fishermen	✓	✓	✓	
Fishing Population in beaches	✓	✓	✓	
Islanders	✓	✓		
Healthcare workers		✓ *	✓	
Sex workers	✓	✓	✓	✓
Truck drivers		✓		
Boda boda riders (motorcycle transporters/operators)	✓			
Matatu crew (minivan transporters)			✓	
Casual laborers in factories and industries	✓			✓
Miners and quarry workers	✓			
Slum dwellers	✓		✓	
Homeless people / street families				✓
MSM		✓		✓
IDUs		✓		✓
Children under 5 years		✓		✓
Adolescents		✓		✓
Elderly people		✓		
Refugees / Immigrants				✓

*No TB infected health care worker has been diagnosed in this county

Kenya is among the countries to have conducted a TB gender assessment in 2018, as part of the Global Fund's TB Strategic Initiative. Sex workers were frequently identified by County Tuberculosis Leprosy and Lung Disease Coordinators as key populations for TB, along with slum dwellers, fishing populations, and healthcare workers (Table 3).

The assessment found that different counties in Kenya have unique TB key populations based on dominant occupations and residences in certain geographic locations. For instance, fishing populations and islanders were identified as TB key populations in the counties that have archipelagos[31] . These results are being used to guide and inform current Global Fund TB grants in the country (for the 2018-2020 implementation period), implemented by the National TB Program and African Medical and Research Foundation Kenya (For additional information on TB programming in Kenya, see the interview with Evaline Kibuchi, Senior TB Advocacy Manager, Kenya AIDS NGOs Consortium (KANCO) on page 19).

In 2017, Tanzania also used the TB/HIV Gender Assessment Tool. The assessment identified gender-related gaps including (but not limited to) that the reporting and recording tools did not capture vulnerable populations. The assessment also revealed limited gender mainstreaming in policies and plans in the national TB responses, and that the National TB and Leprosy Program is not adequately participating in coordination mechanisms or technical working groups where gender-related issues are discussed.

Key Populations Assessment Tool

In addition to the legal and gender assessment tools, the third tool—the Key Populations Assessment Tool—created in collaboration with the Global Fund, helps implementers and countries to plan TB services for groups within their populations that are more vulnerable, underserved, or at higher risk of infection and illness related to TB.

In Cambodia, the Key Populations Assessment Tool identified and prioritized seven TB key populations that included: PLHIV, TB contacts, people aged 55 and older, people with diabetes, prisoners, people who use drugs, and people who inject drugs. The definition of these key populations was also proposed and agreed upon, and a wide range of TB risks and barriers in access to quality TB services among individual key populations have been identified. The key populations assessment in Cambodia was conducted between October and December 2017.

The Community Rights and Gender Strategic Initiative

A US$15 million Community, Rights and Gender Strategic Initiative (2017-2019) ensures communities can meaningfully engage in Global Fund-related processes, including support for effective program design and monitoring of implementation.

Moises Uamusse, AMIMO, Mozambique

"The project supported by the Global Fund has had a substantial impact on my constituency of mineworkers and ex-mineworkers and their families. The grant enabled us to establish Occupational Health Service Centers (OHSC), which reduce traveling costs for ex-miners to seek treatment and care. It also allows us to provide information regarding access to health care and social protection to ex-miners and families at the country level.

Considering the level of the burden and the high number of ex-miners living in remote areas in the SADC region, this is a very important service for this key population.

Donors should continue supporting the Global Fund to address funding gaps and to accelerate the implementation of cross-border referrals and harmonized drug protocols for TB Patients in the region."

Moises Uamusse is the General Secretary of the Southern Africa Miners Association (SAMA) and one of the founders of the Association of Mozambican Miners (AMIMO), which supports the re-integration of mineworkers into their communities and aims to influence policy changes regarding miners' and families' health and access to social assistance.

Evaline Kibuchi, Chief National Coordinator of the Stop TB Partnership, Kenya on her visit to Ottawa, Canada to speak to Members of Parliament about the importance of Canada's participation in the UN High-Level Meeting on TB. Photo courtesy of Maryn Devine and RESULTS Canada

The Strategic Initiative has three components: short-term technical assistance; long-term capacity development; and regional platforms for communication and coordination, each of which focuses on improving TB responses among key populations:

- As of August 2018, the CRG Department has received 35 requests for TB- or TB/HIV-related technical assistance from 21 countries and one multi-country proposal. As examples, support is being provided to communities affected by TB in Mauritania by reinforcing their knowledge of Global Fund-related processes, and a situational analysis is being conducted in Cambodia and Myanmar to determine PWUD's engagement in national TB-related mechanisms.

- Investments are being made to strengthen TB community organizing by supporting regional and global TB networks. Partners receiving long-term capacity development through the CRG Strategic Initiative include: The Global Coalition of TB Activists, TB Europe Coalition, TBpeople, ACT Africa, and Asociación de Personas Afectadas por Tuberculosis del Peru (ASPAT-Peru).

- The Regional Platforms are convening spaces for dialogue and exchange among TB communities and facilitating information sharing. Platforms in Asia-Pacific, Africa, and the Middle East are supporting chat groups, webinars, and in-person strategy fora to ensure a coordinated voice at the High-Level Meeting on TB being held in September 2018 in New York.

Evaline Kibuchi, Chief National Coordinator, Stop TB Partnership - Kenya

"Communities of people living with and affected by TB must be at the center of the TB response. People who have the ability to access a health care facility are well cared for; my concern is the people living in the community who don't know they have TB and are not on treatment – they are infecting other people. The formal health care system on its own will never reach key populations – prisoners, people living in informal settlements, migrants, and mobile populations. The Global Fund project in Kenya supports social mobilization, builds community linkages with the formal health care system, and provides training for community health volunteers as an integral part of the TB response. But more needs to be done. The level of funding from Amref-managed TB programs going to the community is too low for it to have a significant impact on finding missing cases.

The world is talking about achieving universal health coverage (UHC). This will only be achieved when all donors make health a priority. We have an opportunity to eliminate TB. In Kenya, 60% of the TB response and almost all MDR TB programming is funded by the Global Fund. Without a successful replenishment, the Kenya TB program would collapse. With a fully funded Global Fund, more can be done to address the catastrophic costs associated with TB care."

Evaline Kibuchi is the Chief National Coordinator of the Stop TB Partnership - Kenya

Conclusion and Recommendations

The international community needs to increase funding to the Global Fund to at least US$16.8 billion for the 2020-2022 funding period. This level of funding, if directed strategically, will have an impact on the trajectory of the diseases and avert new infections and deaths. If evidence-based support for key populations is prioritized, it will ensure these communities will not be left behind.

Summary of Key Messages

1. GFAN recently published a report: Get Back on Track to End the Epidemics shows that the response to the three diseases is in jeopardy and we will be off-track to meet the SDGs and the Global Fund strategy.

2. Increased resources and a focus on programming addressing human rights and key and vulnerable populations is required to ensure goals are met and lives are saved.

3. The epi data indicate that investment in key populations is critical to ending the epidemics. The Global Fund invests in rights- and evidence-based interventions for key and vulnerable populations and plays a unique role ensuring these groups are not left behind.

4. Key populations hold the key to success in ending HIV, TB, and malaria and meeting SDG goals.

5. The Global Fund plays a catalytic role in improving national responses by amplifying the voices of key and vulnerable populations and putting them at the heart of its work.

Failure to reach this level of funding will have a dramatic consequence in terms of achieving global goals and, the impact will be felt disproportionately by key populations. The Global Fund, WHO, Stop TB Partnership, and USAID have effective strategies in place and a determination to embrace the needs of key populations—but without increased support, these groups will fall further behind and gains in addressing the epidemics will be reversed.

While adequate funding to the Global Fund is crucial, there are other policy and programing recommendations identified by this report. These include:

- Countries should define and respond to TB epidemics among key populations through their national strategic plans (NSPs). A review of TB NSPs should be conducted to determine the extent to which countries are prioritizing those who are most vulnerable to TB.

- Countries should prioritize TB key populations in their Global Fund grants, especially upper middle-income countries which must dedicate 100% of their grants to scaling up evidence-based interventions for key and vulnerable populations. Countries facing transition out of Global Fund support should pay particular attention to the sustainability of programs for TB key populations.

- Many interventions relevant to TB key populations are being relegated to the Unfunded Quality Demand (UQD) registry. If countries express a willingness to implement and scale up technically sound interventions to reach TB key populations, then funding to do so must be made available. Interventions in the UQD register should be reviewed with a human rights and gender lens and, if appropriate, funded through efficiencies in Global Fund country grants, strategic initiatives, or other innovative financing initiatives.

- Tools developed to assess legal, gender, and key populations contexts should be updated and integrated based on lessons learned from pilot countries. Support should be made available for these assessments to be conducted in all countries eligible for Global Fund grants.

- Technical partners should align their language and definitions of TB key populations, so they can guide countries on how to respond most effectively.

- The Global Fund should continue to evolve its modular framework to provide countries with more options to design, budget for, and set targets for specific TB key populations in their Global Fund grants. There are distinct HIV modules for each key population in the HIV response. The Global Fund should consider the same approach for TB key populations.

- Investments to improve data systems for TB are desperately needed, especially to enhance collection of age-, sex- and population-disaggregated data. Technical assistance initiatives should seek to improve data collection among TB key populations, both at community and facility levels.

- A resilient advocacy community is essential for an effective TB response. The required investment in this area is small, relative to the pay-off. Support provided to national/regional and global advocacy organizations should be expanded and made more predictable. This support should be coupled with expanded long- and short-term technical assistance to TB community organizations, to build capacity among new and emerging movements.

"Many barriers limit access to essential care and treatment by TB key populations. The Global Fund is the most effective way to reach them – but despite 15 years of achieving remarkable results, we are still far from ending the disease.

By funding civil society organizations and promoting human rights, the Global Fund opens many doors to the most vulnerable and marginalized among us. Through its inclusive governance model and its partnerships – especially with communities – it offers access to healthcare and gives a voice to people who are usually left out of the decision-making process that directly affects them. The upcoming replenishment of the Global Fund is critical to furthering progress in ensuring equitable access to essential health services. We have no other choice than to attain a full replenishment of the Global Fund at the Donor Conference hosted by France in 2019".

M. Gabriel Serville, Member of Parliament, France, Vice President of the global health: AIDS and TB malaria group, and member of the Global TB caucus

Syrian sisters at the Zaatari refugee camp in Jordan. TB treatment is available to those living at the camp.
Photographer Vincent Becker, Copyright: The Global Fund/Vincent Becker.

Annex A: Epidemiology and Barriers to Access Among TB Key Populations[33]

TB Key Population	Epidemiological Profile	Barriers to Access
Prisoners	The number of prisoners with TB is estimated to be 4,500 of every 100,000, with WHO considering 250 cases per 100,000 to be an epidemic.	Overcrowding elevates risk, and delayed diagnosis at intake delays care; frequent transfers lead to treatment interruptions.
Mineworkers	TB incidence among migrant miners is 10 times higher than in the communities from which they originate.	Poor regulations and oversight on the part of mining companies on issues such as housing, health insurance, and compensation compromises quality and continuity of care.
People living with HIV	PLHIV are 16 to 27 times more likely to develop active TB compared to people who do not have HIV and are four times more likely to die during TB treatment.	Stigma, nutritional deficiencies, and a persistent lack of service integration make it difficult for PLHIV with TB to access collaborative care.
Healthcare workers	The risk of acquiring TB can be three times higher for HCWs than for the general population. An estimated 81% of TB cases among HCWs are attributable to occupational exposure.	Insufficient TB infection control and poor availability and confidentiality of occupational health services limits access to TB prevention, screening, and care.
Children	At least 1 million children become ill with TB each year, representing about 10% of all TB cases.	Missed opportunities in contact tracing, diagnostic challenges, and limited availability of liquid or chewable treatment formulations increase missed patients and hinder treatment success.
Migrants	Migrants with HIV-TB co-infection are more prone to unsuccessful treatment outcomes, death, and drug resistant TB[34].	Legal status, discriminatory policies, police harassment, and language and cultural barriers in health care settings limit access to care.
Indigenous populations	TB incidence among Indigenous populations ranges from 14.3 to 155.8 times higher than the general population. TB prevalence is 5.5 to 41.6 times higher.	Poverty and socioeconomic disparity enhance vulnerability; living in remote locations and the inability to access health facilities exacerbate barriers to care.
Urban poor	TB prevalence is 4 to 7 times higher in slums than in other urban areas.	Weak patient-finding approaches, and underutilization of public health services are key barriers.
People Who Use Drugs (PWUD)	Irrespective of their HIV status, PWUD tend to have higher rates of TB and higher prevalence of latent TB infection (LTBI).	Lack of follow-through on medical examinations and referrals and lack of integration between various medical and public health services are key barriers to successful diagnosis and treatment.

Endnotes

1 The Global Fund Advocates Network (GFAN) was established in 2011 to unite voices and efforts from all over the world to support a fully funded Global Fund to Fight AIDS, Tuberculosis and Malaria. GFAN builds on and brings together existing structures, expertise, and experience that has been developed and gathered since 2002 in support of the Global Fund, working with advocates, activists, and affected communities in the South and the North, as well as Friends of the Fund organizations.

2 GFAN (2016). Key Populations and the Global Fund: Delivering Key Results: GFAN. On line at http://www.globalfundadvocatesnetwork.org/wp-content/uploads/2016/07/GFAN-Key-Populations-the-Global-Fund-full-report-JUN2016.pdf

3 The Global Fund to fight AIDS, TB and malaria (2017). The Global Fund Strategy 2017-2022 Investing to End Epidemics. On line at www.theglobalfund.org/media/2531/core_globalfundstrategy2017-2022_strategy_en.pdf

4 UNAIDS(2014) Fast Track: Ending the AIDS Epidemic by 2030. On line at http://www.unaids.org/sites/default/files/media_asset/JC2686_WAD2014report_en.pdf

5 WHO (2015). End TB Strategy 2016 – 2035. On line at http://www.who.int/tb/strategy/en/

6 Stop TB Partnership (2015). The Paradigm Shift Global Plan to End TB 2016-2020. On line at: http://www.stoptb.org/global/plan/

7 WHO (2016) Global Technical Strategy for Malaria 2016-2030. On line at http://www.who.int/malaria/areas/global_technical_strategy/en/

8 GFAN (July 2018). Get back on Track to end the Epidemics. pVI. On line at http://www.globalfundadvocatesnetwork.org/wp-content/uploads/2018/07/Get-back-on-Track-Full-Report.pdf

9 Stop TB Partnership (May 2018). United to End Tuberculosis: An Urgent Global Response to a Global Epidemic. On line at http://www.stoptb.org/assets/documents/global/advocacy/unhlm/KEYASKS_WEB.pdf

10 The Global Fund to fight AIDS, TB and malaria (2018). Key Populations. On line at https://www.theglobalfund.org/en/key-populations/

11 The Global Fund to fight AIDS, TB and malaria (2017). Modular Framework Handbook. P38-47. On line at https://www.theglobalfund.org/media/4309/fundingmodel_modularframework_handbook_en.pdf

12 Stop TB Partnership (2017). Key Populations Briefs. Online at http://www.stoptb.org/assets/documents/communities/Data%20for%20Action%20for%20Tuberculosis%20Key,%20Vulnerable%20and%20Underserved%20Populations%20Sept%202017.pdf

13 Stop TB Partnership (2016). Leave no one behind: Stop TB Partnership launches seven key population briefs. On line at http://www.stoptb.org/news/stories/2016/ns16_018.asp

14 Stop TB Partnership (2017). Key Populations Brief: Indigenous Populations. Online at http://www.stoptb.org/assets/documents/resources/publications/acsm/6_27-UNOPS-KPB-Indigenous-Print.pdf

15 WHO (2014). The End TB Strategy. p 5. On line at http://www.who.int/tb/End_TB_brochure.pdf?ua=1

16 Lloyd, M. (2017). Board approves new targets for the 2017-2022 Strategic KPI Framework. Online at http://aidspan.org/gfo_article/board-approves-new-targets-2017-2022-strategic-kpi-framework

17 The 13 priority countries are: Bangladesh, Congo (Democratic Republic), India, Indonesia, Kenya, Mozambique, Myanmar, Nigeria, Pakistan, Philippines, South Africa, Tanzania and Ukraine.

18 GFAN (July 2018). Get back on Track to end the Epidemics. TB update July 25th On line at http://www.globalfundadvocatesnetwork.org/wp-content/uploads/2018/07/July-25th-Update-to-Get-Back-on-Track-with-new-TB-numbers.pdf

19 Kasaeva, T., Baddeley, A., Floyd, K., Jaramillo, E., Lienhardt, C., Nishikiori, N., ... & Zignol, M. (2018). Priorities for global political momentum to end TB: a critical point in time.

20 The Global Fund to fight AIDS, TB and malaria (2017). Grant Review and Recommendation Form Burkina Faso

21 The Global Fund to fight AIDS, TB and malaria (May 2017). p68. Funding request to Global Fund: Indonesia CCM

22 The Global Fund to fight AIDS, TB and malaria (2018). Register of Unfunded Quality Demand. On line at https://www.theglobalfund.org/en/register-of-unfunded-quality-demand

23 The Global Fund to fight AIDS, TB and malaria (2017). Catalytic Investments for the 2017-2019 Allocation Period. On line at https://www.theglobalfund.org/media/4258/bm36_04-catalytic-investments_report_en.pdf

24 The Global Fund to fight AIDS, TB and malaria (Dec 2017). Stop TB and Global Fund Deepen Cooperation to Find Missing Cases of TB. On line at https://www.theglobalfund.org/en/news/2017-12-18-stop-tb-and-global-fund-deepen-cooperation-to-find-missing-cases-of-tb/

25 The 13 priority countries are: Bangladesh, Congo (Democratic Republic), India, Indonesia, Kenya, Mozambique, Myanmar, Nigeria, Pakistan, Philippines, South Africa, Tanzania, and Ukraine.

26 The Global Fund to fight AIDS, TB and malaria (2017). Partners Launch Global Effort to Find Missing Cases of TB. On line at https://www.theglobalfund.org/en/news/2017-10-09-partners-launch-global-effort-to-find-missing-cases-of-tb/

27 Countries involved include: Djibouti, Eritrea, Ethiopia, Kenya, Somalia, South Sudan, Sudan and Uganda.

28 The Global Fund to fight AIDS, TB and malaria (2017). 2017 Results Report. P48 On line at https://www.theglobalfund.org/media/6773/corporate_2017resultsreport_report_en.pdf

29 The Global Fund to fight AIDS, TB and malaria (2017). Community Systems & Responses On line at https://www.theglobalfund.org/en/community-responses-systems/

30 The 20 countries are: Benin, Botswana, Cameroon, Democratic Republic of Congo (province-level), Cote d'Ivoire, Ghana, Honduras, Indonesia (selected cities), Jamaica, Kenya, Kyrgyzstan, Nepal, Mozambique, Philippines, Senegal, Sierra Leone, South Africa, Tunisia, Uganda and Ukraine.

31 KELIN and Stop TB Partnership (2018). Tuberculosis: A Gender Assessment in Kenya. On line at http://www.kelinkenya.org/wp-content/uploads/2018/04/Tuberculosis-A-Gender-Assessment-in-Kenya-.

32 Ibid p 23

33 Stop TB Partnership (2017) Key Population Briefs On line at http://www.stoptb.org/resources/publications/

34 Tavares, A. M., Fronteira, I., Couto, I., Machado, D., Viveiros, M., Abecasis, A. B., & Dias, S. PloS one, 12(9), e0185526 (2017). HIV and tuberculosis co-infection among migrants in Europe: A systematic review on the prevalence, incidence and mortality. On line at https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0185526

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