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Multi-drug resistant TB is on the increase'

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The Global Fund to Fight AIDS, Tuberculosis and Malaria, is a public-private partnership dedicated to attracting and disbursing additional resources to prevent and treat AIDS, TB and malaria. Since its creation in 2002, The Global Fund has approved $22.6 billion for funding more than 1,000 programs in 150 countries. The Fund has saved 7.7 million lives by providing AIDS treatment for 3.3 million people, anti-tuberculosis treatment for 8.6 million people and 230 million insecticide-treated nets for the prevention of malaria.

Dr Nalin Mehta, fellow at the Institute of South Asian Studies, National University of Singapore, is also the Asia representative at The Global Fund. He elaborates on the organization's present programs and future plans associated with TB in an interview with *BioSpectrum*.

What are the various TB-related programs and activities being conducted by The Global Fund?
The Global Fund to Fight AIDS, Tuberculosis and Malaria is an international financing institution that supports programs for the three diseases in 150 countries. It is demand-driven, which means that countries present proposals to The Global Fund according to their needs, so the programs and activities that The Global Fund supports vary in different countries. The Global Fund does not implement programs directly. For TB, The Global Fund supports prevention efforts, case detection and treatment.

Who are your monetary contributors and how do they benefit by investing in your activities?
Funding from donor governments continues to be the largest source of income for The Global Fund. Pledges from the public

sector of $28.3 billion represent 95 percent of all pledges made since the fund was created in 2002. Pledges from the private sector and from innovative financing initiatives constitute the remaining five percent ($1.6 billion) of funding pledged.

Financial resources provided will allow The Global Fund to further support countries as they work to meet the Millennium Development Goals (MDG) for health. It channels two-thirds of the international financing provided to fight TB and malaria, and a fifth of the international financing against AIDS. Programs supported by The Global Fund have made an increasingly significant contribution to the international targets for key services, such as the provision of lifesaving antiretroviral therapy for people living with HIV, TB treatment under DOTS and insecticide-treated nets to prevent the transmission of malaria. Every day, The Global Fund-supported programs save at least 4,400 lives and prevent thousands of new infections. By December 2010, a total of 6.5 million lives had been saved.

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What are the three most significant achievements of your organization in the battle against TB?
Progress in tackling the global TB burden is associated with DOTS (Directly Observed Therapy), the basic package that was adopted by the WHO in 1993. The expansion of DOTS across the world since the mid-1990s is tracked through the proportion of estimated new TB cases that are detected - or "notified" - and successfully treated under DOTS. In 2009 5.8 million cases of all kinds of TB were notified globally, equivalent to 63 percent case detection rate compared with 61 percent in 2008. Treatment success rates continue to be measured in terms of smear-positive pulmonary TB only. Of the 2.6 million cases notified in 2008, 86 percent were successfully treated against the new 90 percent target included in the 2011-15 update of the Global Plan to Stop TB. A total of 41 million TB patients were successfully treated in DOTS programs between 1995 and 2009.

The Global Fund has helped to accelerate case detection and successful treatment in recent years, with 1.7 million additional cases of TB detected and treated by The Global Fund-supported programs in 2010, compared with 1.4 million in 2009 and 1.3 million in 2008. Since 2002, programs it has financed had supported DOTS for a total of 7.7 million people by December 2010.

What makes TB so difficult to tackle?
There are various challenges in reversing the spread of TB. The incidence of new cases worldwide is falling too slowly at around one percent per year.Ã?Â Multidrug-resistant TB is on the increase, particularly in Eastern Europe and parts of Asia. Levels of case detection and successful treatment are far too low. Only 12 percent (30,000) of the estimated cases were notified in 2009 and less than five percent were properly treated.
The Global Fund is the major donor for responses to multidrug-resistant TB. Programs it supports treated 14,000 cases in 2009, equivalent to nearly 60 percent of the 23,000 enrolled for treatment globally that year, and an additional 13,000 in 2010 - bringing the total treated with Global Fund support to 43,000 in December 2010.
The HIV epidemic has fueled the TB epidemic, particularly in sub-Saharan Africa. Too little is done to prevent TB among people living with HIV, who account for 13 percent of the new TB cases in 2009. Less than one percent of the estimated number of people living with HIV worldwide received isoniazid preventive therapy in 2009 and only 26 percent of TB patients knew their HIV status. Service coverage for TB/HIV co-infections remains very low. By December 2010, The Global Fund-supported programs had provided a total of 2.4 million TB/HIV services.

Who are your major partners and how are these partnerships fulfilling your objectives?
As a funding mechanism, The Global Fund does not help implement any of the programs it gives money to. Instead, it relies on international development partners to provide such support to grantees. Support from multilateral development partners and bilateral agencies' includes technical assistance for monitoring and evaluation, support for capacity building, including human resources and product procurement and supply chain management, dissemination of best practices and financial assistance.
For technical expertise, The Global Fund relies on international organizations, such as WHO, UNAIDS, UNDP and World Bank, which serve as its trustees. For its commodity purchases, the organization is working with global supply mechanisms such as the Global TB Drug Facility, Unicef and private sector companies. For its advocacy and resource mobilization, it works closely with NGOs, foundations, communities living with the diseases and the private
sector.

What are the programs in your pipeline? What are your objectives for the future?
The Global Fund will continue to fund programs as per countries' requests. Its objectives are tied to the MDGs, so if current trends continue, the world can meet the target for incidence - that new cases should be falling by 2015 - and the Stop TB Partnership (WHO) target to halve TB mortality rate of 1990 by 2015.

What are your views on the TB-related R&D, activities and trends in Asia?

The Global Fund does not fund R&D and gets its data from partners such as WHO, so they are best placed to provide this information.

The latest data released by WHO in November 2010 show that the number of new cases continues to fall globally and in five of the six WHO regions. The exception is Southeast Asia, where incidence remains stable. In many countries, TB prevalence is declining. Worldwide, deaths from TB fell by 35 percent between 1990 and 2009.