Toward a Well-Oiled Machine

U.S. Government Engagement with Multilateral Organizations in Pursuit of Global TB Control

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Summary

Tuberculosis is a global health challenge that demands a global response. Individual countries, donor governments, and international organizations must coordinate their efforts to ensure maximum results given available resources. As part of this effort, U.S. global health programs and key multilateral organizations must work together effectively to help countries address the continuing threat of tuberculosis (TB) and the growing burden of multidrug-resistant TB.

Principal multilateral organizations involved in global TB control include the World Health Organization (WHO), the Stop TB Partnership, and the Global Fund to Fight AIDS, Tuberculosis and Malaria. Each has an important niche and has demonstrated continued value. With help from U.S. agencies, these organizations provide well-developed, evidence-based global TB disease monitoring, prevention, and treatment standards, policies, and technical assistance; encourage appropriate national and international attention to disease prevention and treatment; and generate resources for proper national TB program functioning. However, although constant interaction occurs among U.S. agencies and multilateral organizations, this international TB collaborative is diffuse and sometimes unwieldy. Heightened political attention and enhanced coordination will be particularly important as countries tackle the rising burden of drug-resistant TB.

The following actions are recommended to strengthen U.S. government engagement with multilateral organizations involved in global TB control efforts. First, establish a small panel composed of principals of organizations critical to global TB control along with officials from high-burden countries to raise visibility for issues related to TB, ensure clear role alignment among organizations, help them ensure effective advocacy, and proactively address potential snags in program implementation and funding. Second, as tools become available to more quickly and effectively detect TB including multidrug-resistant TB (MDR-TB), establish new and strengthen existing mechanisms as needed to provide sufficient technical assistance to ensure that adequate national diagnostic testing and treatment protocols are effectively implemented. Finally, while the United States should continue, and to the extent possible increase, its policy and financial leadership in the effort against TB, the State

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Department’s Office of Global Health Diplomacy should engage with other donor countries to boost their attention to the disease.²

U.S Support for Global TB Control Efforts

The bulk (87 percent³) of all global resources for tuberculosis care and control are domestic (i.e., provided by affected countries). However, the percentage varies greatly by country, as does the ability of national programs to effectively address their TB disease burden. Many European and Latin American countries, for example, fund 90–100 percent of their own programs, whereas some African and south Asian countries fund less than 10 percent.⁴ In low- and middle-income countries, WHO cites a funding gap of up to $2 billion a year in TB care and control for 2014 and 2015.⁵

The U.S. government is the primary donor country contributing to global TB control resources.⁶ In one of its major functions, the United States provides technical assistance (TA) to countries either directly or through funding of governmental and nongovernmental organizations to help improve national TB programs. Technical assistance to countries is critical to help them build the capacities they need to effectively control and treat the disease. The focus of U.S. TA has been to improve service delivery, strengthen laboratories, and assist national TB programs in developing Global Fund grant proposals. U.S. government technical assistance is provided in several ways: through in-country, long-term technical assistance, whereby an adviser is placed within a national TB program to help build capacity; and through short-term technical assistance to address time-limited tasks (see text box).

The United States also is a major financial supporter of multilateral organizations in the field, including the Global Fund, the World Health Organization, and the Stop TB Partnership. In addition, officials from the U.S. Centers for Disease Control and Prevention (CDC), the United States Agency for International Development (USAID), the President’s Emergency Plan for AIDS Relief (PEPFAR), and other government agencies provide technical and policy advice at the international level to help shape global TB control policy, standards, and guidelines.

² Information for this paper was gathered through a literature search and interviews with more than 18 individuals involved in a variety of organizations focused on global tuberculosis control. Interviews were conducted during the summer and fall of 2013.
⁵ WHO, Global Tuberculosis Report 2013, 1.
U.S. funding for global TB control has surged in the last decade. Fiscal year 2001 funding totaled $64 million, rising to a peak of $256 million in FY 2012 before dropping to a projected $232 million in FY 2013.\(^7\) While the United States has increased both bilateral and multilateral funding for TB, other donor countries have decreased or eliminated direct TB assistance to countries and funding for WHO in favor of contributions to the Global Fund.\(^8\) While the shift has been a boon to overall funding for TB programs (international funding available for TB control has risen from $57 million in 2003 to $785 million in 2011\(^9\)), it has limited the availability of TA to countries directly from bilateral partners and through WHO.\(^10\) As a result, the U.S.

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\(^8\) Author communication with Mario Raviglione, director, WHO Global TB Programme, August 28, 2013.

\(^9\) Kaiser Family Foundation, Mapping the Donor Landscape in Global Health, 5.

\(^10\) Author communication with Mario Raviglione, August 28, 2013.
government, through USAID, CDC, and PEPFAR, is the one remaining large financial supporter and direct provider of TA to countries. While information about funding sources is not always readily available, WHO estimates that the U.S. government either directly or indirectly funded 78 percent of all short-term external technical assistance provided to national TB programs in 2012.11

U.S. TB Programs Link to Multilateral Organizations

While CDC and USAID have been providing TB technical assistance to countries for several decades, it took the U.S. Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003 to give higher visibility to the effort.12 The act was passed during a period of heightened international attention to the HIV/AIDS pandemic and to the global burden of infectious disease overall. Subsequently, the Lantos-Hyde U.S. Global Leadership Against HIV/AIDS, Tuberculosis and Malaria Reauthorization Act of 2008 authorized up to $4 billion for fiscal years 2009–2013 for U.S. global TB control,13 but as budgets began to tighten, only 30 percent ($1.2 billion) of that amount was appropriated during the period covered.14

Both the 2003 and 2008 laws specifically tied U.S. TB efforts to those of international organizations and global policies, including the Stop TB Partnership and the World Health Organization. The Lantos-Hyde Act called for establishment of a five-year (FY 2009–2013) strategy to improve U.S. efforts to combat TB in support of the Global Plan to Stop TB that had been developed by WHO and the Stop TB Partnership. It also urged provision of funding to international organizations including the Global Tuberculosis Drug Facility, the Stop TB Partnership, and the Global Alliance for TB Drug Development. In addition, it authorized USAID to “provide increased resources” to WHO and the Partnership “to improve the capacity of countries with high rates of tuberculosis and other affected countries” to implement strategies developed by the international organizations to address TB, MDR-TB, and extensively drug-resistant TB (XDR-TB).15

Of the three major infectious diseases prioritized by U.S. global health programs, HIV/AIDS, TB, and malaria, TB is the only one that lacks the visibility associated with a presidential initiative and designated U.S. leadership structure. Both PEPFAR and the President’s Malaria Initiative (PMI) have benefited greatly from the political attention conferred by a White House link, high-level “coordinators” established by statute, and stand-alone offices resulting in a single focal point for U.S. government activities. PEPFAR and PMI also have much larger budgets: in FY 2012, PEPFAR’s HIV/AIDS

15 Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008, 41
funding totaled $5.1 billion\textsuperscript{16} and PMI’s budget was $806 million,\textsuperscript{17} compared to the TB program’s $256 million.\textsuperscript{18}

Particularly in light of their lower visibility and smaller budgets, the effectiveness and reach of U.S. global TB programs rely greatly on the leverage provided by their relationships with international organizations. Thus, the interactions between U.S. government entities and multilateral organizations addressing global TB are intense and constant. Organizations collaborating to address TB globally include:

The Global Fund to Fight AIDS, Tuberculosis and Malaria

Launched in 2002 as a public/private partnership, the Global Fund provides the bulk of international funding for TB care and treatment worldwide.\textsuperscript{19} It has provided individual countries with an estimated $4.7 billion in resources to control TB since the Fund’s inception.\textsuperscript{20} The Fund approves grants to countries based on technical review of their proposals and relies on countries and development partners to provide the technical and management assistance required for effective program implementation. The United States is a major supporter of the Global Fund; all told, U.S. funding of $8.4 billion has made up 31 percent of the organization’s contributions through 2013.\textsuperscript{21} In addition, U.S. government representatives are involved in many of Fund’s governing structures.

Thus far, the Fund has devoted 16 percent of its total funding to TB control and 1 percent to addressing TB/HIV coinfection, compared with 54 percent of funding for HIV and 28 percent for malaria.\textsuperscript{22} Recently, the Global Fund board moved to increase the TB share to 18 percent, although countries retain some flexibility to determine apportionment of grant funding among the three diseases.\textsuperscript{23} Working with WHO, the Partnership, and other partners, it also is becoming more proactively involved in helping countries implement effective disease reduction strategies. For example, it is now working with other partners, including WHO and USAID, to support countries in updating their national plans. Where perceived gaps exist, WHO and other technical partners would be engaged to facilitate TA where needed. A reimbursement mechanism would be developed to compensate technical agencies involved, which would help bolster and diversify funding for global TA.

\textsuperscript{18} Kaiser Family Foundation, “The U.S. Government and Global Tuberculosis.”
\textsuperscript{19} WHO estimates that the Global Fund provided 64 percent of all donor funding reported by countries for the period 2002–11. The Kaiser Family Foundation puts the figure at 60 percent for the years 2009–11. See WHO, Global Tuberculosis Report 2013, 78; and Kaiser Family Foundation, Mapping the Donor Landscape in Global Health, 2.
\textsuperscript{22} Global Fund, “Grant Portfolio: Portfolio Overview.”
Delays in providing awarded Global Fund grant monies have contributed to drug stock outs and other financing impediments for some countries. The Fund is working with the Global Drug Facility to develop more effective TB drug procurement that would more reliably provide TB drugs at reduced cost to low- and middle-income countries.

WHO Global TB Programme (GTB)

GTB creates evidence-based policies and strategies for global TB prevention, care, and control. U.S. personnel are involved in a variety of GTB technical and policy advisory panels. The GTB also:

- Monitors global and country-specific TB prevalence and incidence and measures progress in disease control and financing;
- Helps shape the global TB research agenda;
- Disseminates new scientific knowledge;
- Produces a yearly Global Tuberculosis Report that provides a comprehensive review of TB worldwide;
- Provides the Secretariat for the TB Technical Assistance Mechanism (TB Team) that maintains a list of qualified external TB consultants to respond to countries’ technical assistance requests either directly or by facilitating the identification and financing of consultants or partners;
- Coordinates the provision of technical guidance and support for MDR-TB scale-up through either external consultants or WHO staff; and
- Assists scale-up of TB diagnostic capacity in low- and middle-income countries.

WHO’s worldwide reach and legitimacy are unparalleled and the organization is highly valued as a source of treatment guidelines and global disease monitoring. But many see it as under-resourced. Indeed, the global economic downturn and subsequent funding cutbacks to WHO from member states have resulted in reductions in WHO’s core funding as well as decreases to GTB itself. As a result, the United States now provides more than 70 percent of all financial support for GTB activities (see chart below).

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26 Until recently, the WHO TB program was called the Stop TB Department. The name was changed to avoid confusion with the Stop TB Partnership.
The Stop TB Partnership (the Partnership)

The Partnership was established in 2001 to reinvigorate global TB control after a surge in cases. Today, it is composed of more than 1,000 international organizations, donor and recipient governments, academic institutions, private-sector groups, and nongovernmental organizations. In concert with WHO, it developed the Global Plan to

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*Some donors channel funding to GTB through the Stop TB Partnership Trust Fund. These donors have included the UK Department for International Development (DFID), the Netherlands, and the World Bank Group.

Note: Data as of September 23, 2013.

Graph by Matt Fisher, CSIS. Developed with data from an author communication with the World Health Organization Global TB Programme, September 23, 2013.
Stop TB to cover 2001–2005 with a second plan addressing 2006–2015 and an update in 2010. The plan outlines actions for scaling up prevention, treatment, and research and development, along with detailing financing requirements. Between 2005 and 2012, U.S. support made up roughly 20 percent of the Partnership’s funding. The Stop TB Partnership currently is hosted by WHO, which is reviewing its relationships with all of its hosted entities. At the same time, the Partnership is exploring other hosting arrangements as it strives for greater independence of action.

The Partnership’s current (2013–2015) Operational Strategy outlines four goals: (i) facilitate meaningful and sustained collaboration among partners; (ii) increase political engagement by world leaders and key influencers to double external financing for TB by 2015; (iii) promote innovation in TB diagnosis and care; and (iv) ensure universal access to quality-assured TB medicines and diagnostics.

The Partnership consists of a coordinating board and seven technical working groups that convene advocacy and policy discussions covering: DOTS expansion; TB/HIV; MDR-TB; Global Laboratory Initiative; new TB drugs; new TB vaccines; and new TB diagnostic tests. U.S. government agencies provide key members to a number of the working groups. In addition, the Partnership supports several other mechanisms for furthering global TB control:

- The Global Drug Facility (GDF): GDF aims to prevent supply interruptions of TB drugs, diagnostic tests, and other supplies. Housed in WHO, managed by the Stop TB Partnership, and strongly supported by the United States, the GDF uses pooled procurement and global tendering to facilitate country access to quality-assured TB drugs at below market prices. By fostering a larger, more stable TB drug market, GDF helps manufacturers continue producing four of the most important MDR-TB drugs. In aiding countries with their drug supplies, it uses a combination of direct provision of anti-TB drugs to countries with limited resources; direct procurement; and expert technical assistance.

- TB Reach: Funded by the Canadian government, TB Reach provides short-term grants to NGOs, national TB programs, and other government agencies to increase TB case detection in poor and vulnerable populations. Started in 2010, TB Reach has thus far funded 109 projects in 44 countries.

CDC and USAID staff helped establish the Partnership. They continue to serve on its coordinating board to provide assistance in developing the organization’s operational plans. Many U.S. officials view the Partnership as a critical component of global TB control that provides a forum for the expression of multiple viewpoints (e.g., of civil society and the private sector) that would be difficult to table within WHO’s highly structured architecture. While WHO works directly with countries to help them improve their programs, Partnership members can independently press for government accountability when recommended actions are not adopted.

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In recent years, the Partnership was considered to have an unfocused mission and weak metrics to assess its effectiveness. It underwent management restructuring and strategic review, among other reforms, which many say have reinvigorated the coordinating board and improved its effectiveness.

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U.S. government agencies and multilateral organizations involved in global TB control are deeply interdependent and each has a specific and important role to play in support of national TB programs. Close collaboration among international partners in global TB control is particularly important in light of new developments in TB diagnostic testing. The expanded use of GeneXpert, a new rapid TB diagnostic test, is leading to identification of increasing numbers of MDR-TB cases. As the Global Fund responds to funding requests to address these newly identified cases, appropriate technical assistance to countries will be required to expand testing of drug susceptibility, ensure effective treatment, prevent the spread of TB within medical facilities, and address treatment side effects. In addition, drugs, supplies, and diagnostic test procurement will need to be streamlined and stockpiles and distribution systems ensured through better coordination among the Global Fund, the Global Drug Facility, suppliers, and countries.

Another concern is that current global TB control excessively relies on U.S. funding. While the United States should continue and if possible increase its commitments in this area, other funding sources and resources are needed to ensure countries receive the TA they need to attract Global Fund money, maintain an adequate TB drug supply, and implement programs effectively. All TA should be conducted with an eye toward establishing effective national TB control strategies as well as achieving and sustaining country self-sufficiency.

Another issue needing to be addressed is the Stop TB Partnership’s relationship with WHO as the Partnership explores ending its relationship with the organization. Quick resolution of this issue would allow both organizations to focus their full attention on supporting national TB programs.

Recommendations to the Administration and Congress

- Establish a small coordinating body made up of key representatives from multilateral organizations such as GTB, the Partnership, and the Global Fund; and governmental and nongovernmental organizations such as U.S. agencies, the International Union Against Tuberculosis and Lung Disease, and KNCV, which implements many U.S. TB programs. To boost TB’s political visibility, the panel also should include high-level officials such as the WHO director-general, the U.S. secretary of health and human services, and senior officials from high-burden countries. The group should meet regularly in connection with major global conferences such as the World Health Assembly. The body would be charged with more proactively engaging the various TB organizations, facilitating better coordination of activities, and helping to resolve any disagreements. It could help ensure that Global Fund strategies for scaling up second-line TB drugs are matched with availability of appropriate TA in countries to ensure adherence to protocols and monitoring of drug susceptibility. It also could ensure role alignment for each
of the major organizations to minimize duplication and alleviate competition for scarce resources.

- Engage the U.S. Office of Global Health Diplomacy to encourage bilateral donations and other funding to better support TA to countries. Current resources for TA are inadequate and having the majority come from a single donor risks further shortage if that budget is reduced.