

BRINGING CIVIL SOCIETY TOGETHER TO END THE TUBERCULOSIS EPIDEMIC

TB IN THE EUROPEAN REGION: MAIN CHALLENGES AHEAD and the ROLE OF THE EU

Gian Marco Grindatto
Advocacy Officer - Global Health Advocates
TB Europe Coalition



WWW.TBCOALITION.EU

[@TBECOALITION](https://twitter.com/TBECOALITION) [f/TBEUROPECOALITION](https://www.facebook.com/TBEUROPECOALITION)

TB EUROPE COALITION



WHO? Network of CSOs and community advocates. Over 350 members.

WHERE? Across WHO European region

WHEN? Created in 2009

WHY?

High level advocacy to ensure political and financial commitment to end TB – at EU and WHO level

Building advocacy capacity of CSOs in the EECA region



BRINGING CIVIL SOCIETY TOGETHER TO END THE TUBERCULOSIS EPIDEMIC

 @TBEOALITION

WWW.TBCOALITION.EU

 /TBEUROPECOALITION



GLOBAL HEALTH ADVOCATES

- **TB Europe Coalition Secretariat is hosted by Global Health Advocates (Brussels) and RESULTS UK**
- **GHA works to increase political & financial support on health: more resources and better use of them**
- **We help regional and national NGOs to develop political advocacy capacity**
- **We coordinate the activities of the European Parliament Working Group on Access to Medicines and poverty-related diseases**
- **We advocate about importance of global health R&D**



BRINGING CIVIL SOCIETY TOGETHER TO END THE TUBERCULOSIS EPIDEMIC

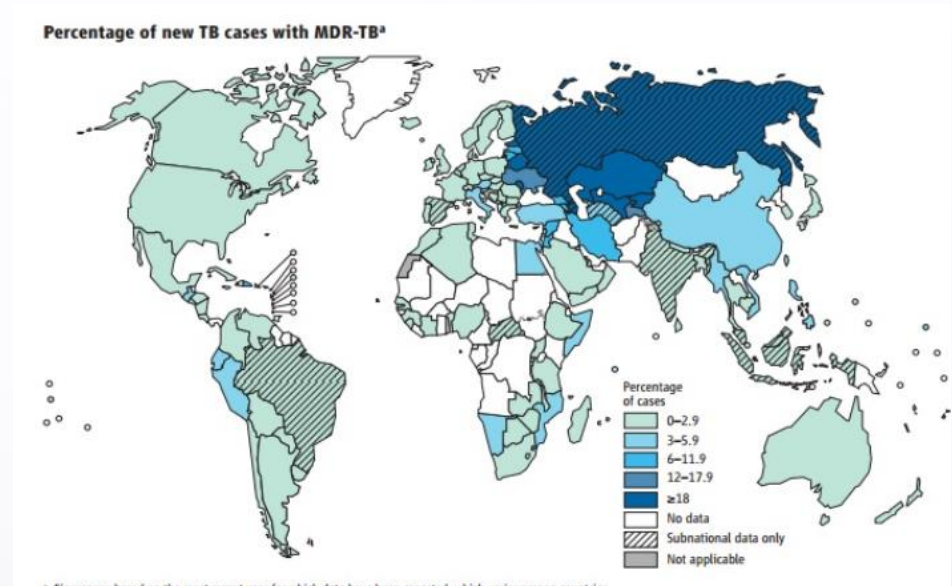
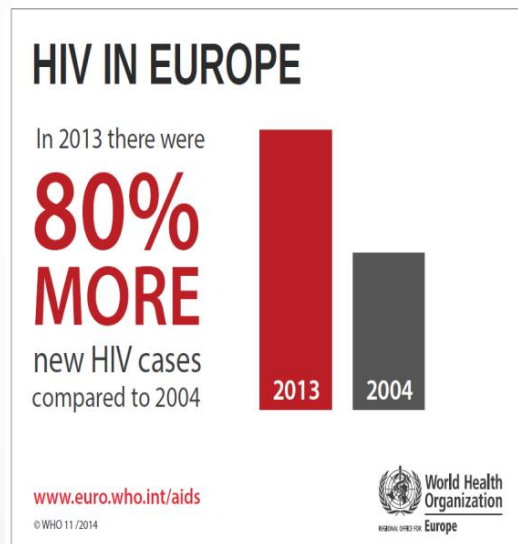
 @TBECOALITION

WWW.TBCOALITION.EU

 /TBEUROPECOALITION



TB & HIV BURDEN IN EECA



MDR-TB & ANTI MICROBIAL RESISTANCE

GLOBALLY:

- DR-TB is responsible for 1/4 of all AMR deaths
- By 2050, MDR-TB will cost \$17 trillion

IN EUROPE:

- By 2050, MDR-TB will cause 2.1 mln additional deaths
- Additional economic cost of \$1.1 trillion



BRINGING CIVIL SOCIETY TOGETHER TO END THE TUBERCULOSIS EPIDEMIC

 @TBECOALITION

WWW.TBCOALITION.EU

 /TBEUROPECOALITION



WHAT WORKS WELL IN THE FIGHT AGAINST TB?

- Strong civil society
- Rooted community response

→ to reach vulnerable populations and key affected communities

TAJKISTAN: 37 CSOs working on TB – provide TB care services to local communities.

AZERBAIJAN: CSOs having key role in TB care and treatment for prisoners – ensuring treatment adherence and psychosocial support

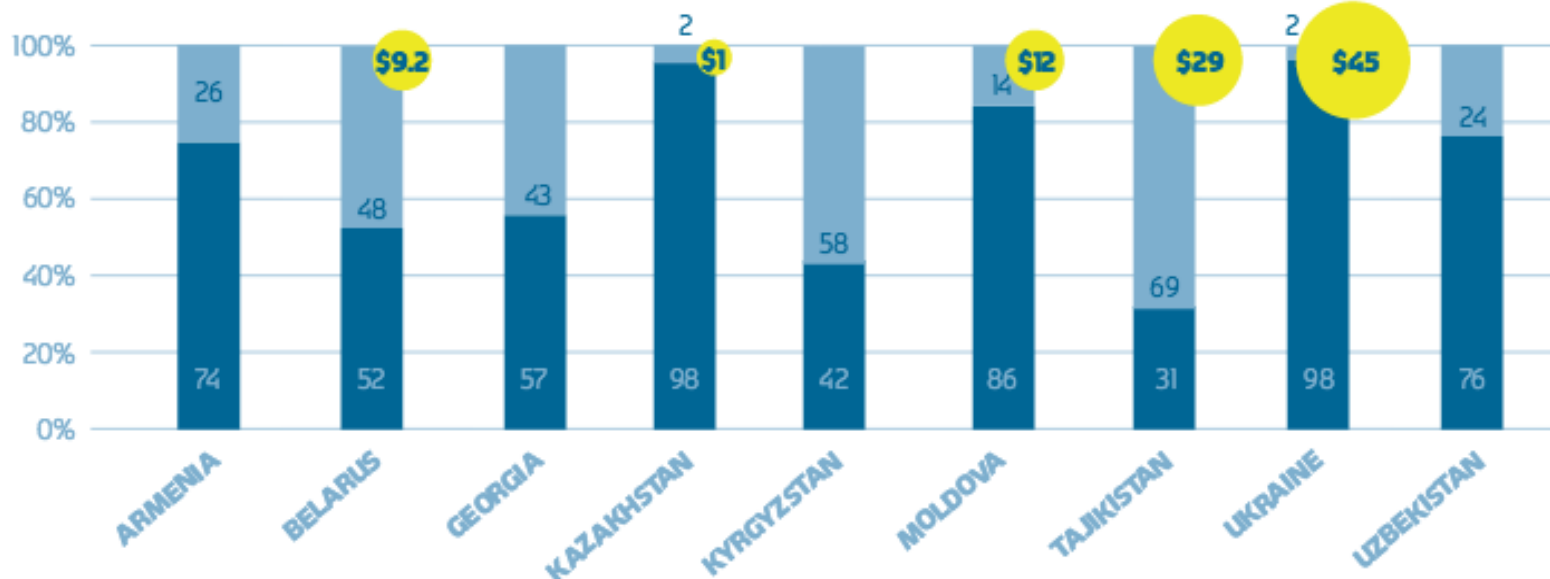
EXTERNAL DONORS ARE LEAVING THE REGION - TRANSITION TO DOMESTIC RESOURCES -



- **EECA countries becoming ineligible to development assistance**
- **External donors (Global Fund, USAID) slowly withdrawing their support to TB & HIV programmes**
- **Putting at risk sustainability of progress made so far – especially for vulnerable groups**
- **Negative impact on global health security**

FUNDING GAP

INTERNATIONAL VS. DOMESTIC FINANCING OF NATIONAL TB PROGRAMMES & THE FUNDING GAPS



■ Share of available NTP funding provided from domestic sources (%)
■ Share of available NTP funding provided by international donors (%)

● Funding gap (USD millions)



BRINGING CIVIL SOCIETY TOGETHER TO END THE TUBERCULOSIS EPIDEMIC

[@TBEOALITION](https://twitter.com/TBEOALITION)

WWW.TBCOALITION.EU

[f/TBEUROPECOALITION](https://www.facebook.com/TBEUROPECOALITION)





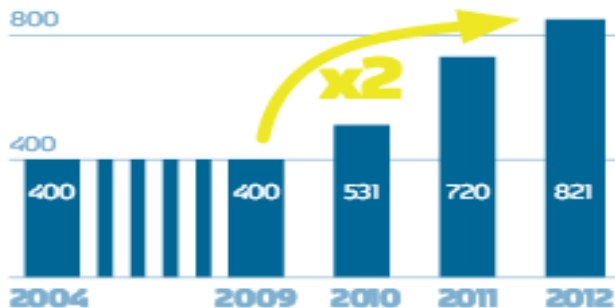
27% OF ALL TB CASES IN THE EU ARE IN ROMANIA

NO SUPPORT FROM THE GLOBAL FUND FOR HIV PREVENTION & HARM REDUCTION PROGRAMMES

SINCE 2011



NUMBER OF HIV INFECTIONS PER YEAR



ROMANIA

- Global Fund has been major donor for TB programmes in the past decades
- The current €8,5 mln grant will end in 2018
- National TB Programme is chronically underfunded, and budget is decreasing: from €7 mln in 2014 to €3.6 mln in 2016.
- Legal barriers impeding the use of effective TB drugs



BRINGING CIVIL SOCIETY TOGETHER TO END THE TUBERCULOSIS EPIDEMIC

[@TBEOALITION](https://twitter.com/TBEOALITION)

WWW.TBCOALITION.EU

[/TBEUROPECOALITION](https://www.facebook.com/TBEUROPECOALITION)



UKRAINE

- **2015: National TB Programme budget of \$123 mln (only 59% of total needs)**
- **19% of the budget funded by Global Fund**
- **In 2014: Global Fund support reduced by 50%**

➔ **Expenditure per TB patient fell down fourfold**

- **Global Fund support will end in 2017**

➔ **Difficult to expect full transition to domestic funding.
Areas most at risk: CSO engagement, patient support,
early TB detection among vulnerable groups**

WHAT CAN THE EU DO?

- **Play strong convener role in the dialogues with EECA countries – having HIV & TB high on the political agenda**
- **Cross-DG dialogue (DEVCO, NEAR, EEAS, RTD) led by DG SANTE + CSOs and technical partners: have coordinated response to ensure sustainable transition**
- **Joint Partnership Meeting hosted by EC and WHO by the end of 2016:
Shared Responsibility**



BRINGING CIVIL SOCIETY TOGETHER TO END THE TUBERCULOSIS EPIDEMIC

[@TBEOALITION](https://twitter.com/TBEOALITION)

WWW.TBCOALITION.EU

[/TBEUROPECOALITION](https://www.facebook.com/TBEUROPECOALITION)



POLICY FRAMEWORK ON HIV, TB AND HCV

- **Outdated TB Framework**
- **Current HIV Action Plan**
- **No HCV policy Framework**

Need for integrated policy framework on HIV, TB, HCV that must:

- **Include Eastern Partnership**
- **Have a political vision to end communicable diseases in the region**
- **Take into account transition**
- **Include issue of MDR and link to AMR & need for more research**



BRINGING CIVIL SOCIETY TOGETHER TO END THE TUBERCULOSIS EPIDEMIC

[@TBEOALITION](https://twitter.com/TBEOALITION)

WWW.TBCOALITION.EU

[f/TBEUROPECOALITION](https://www.facebook.com/TBEUROPECOALITION)



THANKS!

@GHABrussels

@TBECOalition

gmgrindatto@ghadvocates.org



BRINGING CIVIL SOCIETY TOGETHER TO END THE TUBERCULOSIS EPIDEMIC

 @TBECOALITION

WWW.TBCOALITION.EU

 /TBEUROPECOALITION

