

Enlightened funding of TB control? The Global Fund in Nepal

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Presentation prepared for the Panel:

Infectious disease and wealth: exploring the links between tuberculosis and the political economy, the Association of Social Anthropology (ASA) Decceniel Conference, June 2014, Edinburgh.

Summary

The modalities of funding TB control programmes has changed in the last decade. Focusing on the Global Fund (GFATM) in Nepal, this paper explores the impact of this on programmatic performance, and assesses the issues around this particular political economy.

Long Abstract

Since 2002 there has been a large increase in funding for tuberculosis control in low and middle income countries from the financial disbursement mechanism, the Global Fund (GFATM). Galvanising resources from high income countries, philanthropic trusts like the Gates Foundation, and large multi-nationals, the Fund then disperses this to countries on the basis of their own identified needs. Based in an economic logic that the control of disease impacts positively on the economy - through allowing those suffering from the disease to get back to work, for example - this has come to dominance over the last decade, and now provides the majority of funds for tuberculosis programmes worldwide. Drawing on fieldwork in Nepal this paper will explore the implications of this modality of funding on programmatic performance and health systems development. How has the logic of the fund impacted on disease control in practice? It looks at how target and performance based mechanisms impacts on the activities undertaken by organisations involved in the control of TB. We will explore the effects of a piecemeal and fragmented approach to planning and funding. However, while the Fund has increased overall funding for the disease itself, this has been at the expense of broader health systems strengthening, and does little to address the social determinants of the disease (much of which are related to poverty). Thus, the effects of this particular political economy of disease control will be addressed, and the impact - intended and otherwise - of the GFATM will be presented.