



"We cannot win the battle against AIDS if we do not also fight TB." - Nelson Mandela

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...fewer than 2% of PLWHA globally are being screened for TB...

Living with HIV, Dying of TB

Though Preventable and Treatable, Tuberculosis is a LEADING KILLER of people living with HIV /AIDS

INTRO

Tuberculosis is a treatable and curable infectious disease yet it is a leading killer of people living with HIV (PLWHA) globally. Tuberculosis (TB) preys on weakened immune systems and of the 1.8 million people who died from TB in 2007, nearly one-third of these deaths (456,218) were among PLWHA. In Africa, this statistic increases dramatically to one-half. Without proper treatment, approximately 90% of people living with HIV/AIDS die within months of developing active TB. And yet, a full regimen of drugs to treat TB can cost as little 20 dollars and in 95% of cases it is fully curable.

One-third of PLWHA have latent (non-active) TB infections however PLWHA who have latent TB are 50 times more likely to develop active TB in their lifetime. Despite these sobering facts, the latest available data from the World Health Organization (WHO) shows that fewer than 2% of PLWHA globally are being screened for TB.

In June of 2008, world leaders gathered at the United Nations for a Forum on the co-epidemic. The Global Leaders Forum challenged the world to achieve universal access to quality TB-HIV services and halve deaths by 2015. Hundreds of thousands of lives could be saved if TB-HIV deaths were reduced by 50%. UNAIDS has made reducing TB deaths among people with HIV one of its nine priorities for the Global AIDS Agenda. The World Health Organization recommends collaborative TB-HIV activities. Unfortunately, despite the evidence, stated priorities and guidelines to address TB and HIV collaboratively in countries with a burden of both diseases to date little progress has been made to address the co-epidemic at the practical level of policy, funding, programming and monitoring and evaluation.

Today, people with HIV are still dying from TB.

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To meet the hope of saving thousands of lives, countries like Canada and multilateral organizations like the World Bank and Global Fund will need to take immediate steps to address TB-HIV co-infection in their policies and programs.



TB-HIV: WHAT IS BEING DONE AND WHAT SHOULD BE DONE

Partners in the ACTION (Advocacy to Control TB Internationally) Project have sought to review and analyze how and to what extent the largest international HIV/AIDS donors address TB-HIV co-infection through their policies, programming, funding choices, and monitoring and evaluation. This report builds on this body of knowledge by presenting what Canada is doing within that international context.

Looking at the activities of major global HIV/AIDS donors, ACTION has identified the following barriers to addressing the TB-HIV co-epidemic:

- ∴ Resources from donor countries and multilateral institutions are insufficient
- ∴ TB-HIV policies vary considerably - from clear and ambitious to incoherent or non-existent
- ∴ Programming for delivery of TB-HIV services is inadequate
- ∴ Monitoring and evaluation of TB-HIV activities is non-existent, inconsistent or inadequate

This report highlights what Canada is doing to address the emergency through the Canadian International Development Agency (CIDA). It additionally looks at what two of the largest multilateral organizations working on both of these epidemics, the World Bank and Global Fund to fight AIDS, Tuberculosis and Malaria (both large recipients of Canadian Official Development Assistance dollars), can do. To meet the hope of saving thousands of lives, countries like Canada and multilateral organizations like the World Bank and Global Fund will need to take immediate steps to address TB-HIV co-infection in their policies and programs. Programs must also be routinely monitored and evaluated to track progress toward reducing the burden of TB-HIV.

BUILDING ON CANADA'S INVESTMENTS - THE CASE FOR LEADERSHIP ON TB/HIV CO-INFECTION

THE CANADIAN INTERNATIONAL DEVELOPMENT AGENCY

The Canadian International Development Agency (CIDA) leads Canada's efforts in international development and is the government agency responsible for setting priorities and allocating the majority of Canada's official development assistance (ODA).

Canada has been an acknowledged leader in global TB control. Canada was the first country to fund the Global TB Drug Facility (GDF), an innovative facility, housed at the World Health Organization (WHO) that ensures the availability and affordability of TB drugs in low and middle-income countries around the world. The Global Plan to Stop TB, a WHO and Stop TB Partnership strategy to cut TB deaths, had high-level support when then President of CIDA Robert Greenhill launched the report in Canada in 2006. Most recently, Canada has provided \$100 million over five years to the TB Reach Facility. TB Reach is housed at the Stop TB Partnership and will fund innovative initiatives that aim to "reach" the estimated 40% of people with TB who don't currently have access to TB diagnosis, care and treatment.

Canada and CIDA have recently embarked on a new platform for aid effectiveness called "Development for Results". In launching Canada's new aid effectiveness agenda in June 2009, the Minister responsible for CIDA made this commitment: "Canada is focusing its international assistance so it has a greater impact. Aid can—and must—work better. With greater efficiency, focus, and accountability, our Government's new approach to Canadian aid will be even more effective. This is what the poor of the world need, and this is what Canadians demand of us."

The simple fact that one third of TB deaths are in PLWHA makes addressing TB-HIV co-infection critical in any aid effectiveness strategy and will ensure that more lives are saved when collaborative approaches are taken. Furthermore, millions of dollars invested in addressing HIV are wasted if patients are put on HIV/AIDS treatment (ARV's) only to die of TB for lack of 20 dollar TB drugs. The continued disconnect between TB and HIV policy and programming is ineffective, inefficient, and fiscally misguided.

CIDA estimates that in the 5 year period between fiscal years 2003-04 and 2007-08 it spent over \$220 million on TB specific initiatives (this does not include the five-year, 100 million dollar commitment to TB Reach). In the same time period, CIDA estimates it spent 840 million dollars on HIV/AIDS efforts.

Those figures amount to over 1 billion dollars in investments. ACTION research however could find only 6 current projects (totaling approximately 44 million dollars – about 4% of the total) that address HIV/AIDS and TB.

Generally, the goal of the 6 current projects is to support and strengthen partner countries' health and education services and institutions. Each of the 6 projects seeks to tackle several broad issues, i.e. sanitation, capacity building, infectious diseases, personnel development, basic health care, STD control, etc., meaning that only a small portion of the almost \$44 million is spent on HIV/AIDS and TB specifically.

Most of these projects simply seek to address both HIV/AIDS and TB; by and large they do not aim for, or take, a collaborative approach to the two diseases. A major exception and example of best practice is CIDA's support for the National TB Control Programme in Afghanistan. This program is delivered through the WHO, which ensures TB-HIV collaborative approaches are incorporated in any WHO-supported projects operating in areas where there is a high burden of both diseases.

Our research could find only one project historically that incorporated a collaborative approach: an HIV/AIDS education component in a TB detection and control program. While it is good that a collaborative approach was taken, this activity alone is nowhere near sufficient enough to have any real demonstrable effect on the co-epidemic.

It is difficult to comment expansively on CIDA's specific policies, programming and indicators for TB-HIV collaborative activities because there is no cohesive, formal policy and a seeming hesitance to implement collaborative programming requirements. In response to information requested on this topic, CIDA highlighted some excellent initiatives but acknowledged that because the Organization for Economic Co-operation and Development's Development Assistance Committee (OECD DAC) doesn't require TB-HIV tracking, it doesn't track this area. CIDA also indicated that in its interpretation of Canada's obligations under the Paris Declaration, moving towards health sector wide approaches (SWAPs), rather than implementing focused and discrete projects, means that Canada does not require countries to implement specific initiatives.

This is not the bold action that will significantly contribute toward reducing TB-HIV deaths by 50%. Bold action requires countries like Canada to implement real policies on TB-HIV co-infection, commit resources to collaborative activities and monitor and evaluate their results.

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In 2008 the Global Fund Board adopted a decision point that, if implemented effectively, could lead to significantly improved TB-HIV integration within proposals in future funding rounds.

RECOMMENDATIONS:

CIDA should adopt a collaborative approach to addressing TB and HIV by:

- : Explicitly committing CIDA resources to addressing co-infection issues as part of its larger aid effectiveness agenda
- : Working towards the Global Leaders Forum goal of ensuring universal access to TB-HIV services by 2015.
- : Pushing forward the creation of clear, ambitious collaborative TB and HIV/AIDS co-infection policies and programmes within the broader international health community—particularly at the World Bank and Global Fund to fight HIV/AIDS, Tuberculosis and Malaria—toward ensuring all PLWH are screened for TB and all TB patients and those suspected of having TB are provided HIV counselling and testing followed by access to appropriate treatment.

PUTTING CANADA'S AID DOLLARS TO USE IN FIGHTING TB-HIV: EFFECTING CHANGE AT MULTILATERAL INSTITUTIONS

THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA

The Global Fund was established in 2001 to mobilize new resources to combat HIV/AIDS, TB, and Malaria in regions most in need of support. Funded through voluntary contributions from donor countries, foundations, and the private sector, the Global Fund is a financing agency only, granting funds in response to technically sound proposals submitted by stakeholders in low- and middle-income countries. Canada has pledged nearly 1 billion dollars (980 million dollars) in contributions to the Global Fund.

The Global Fund is a critical source of HIV/AIDS and TB funding: for TB, it represents nearly 70% of all global financing towards TB control. Ensuring that this important global source of financing for both diseases is actively encouraging TB-HIV collaboration on the ground with integrated policy and monitoring and evaluation frameworks is critical to meeting the global goal of reducing TB-HIV deaths by 50%.

The Global Fund has taken some positive steps to address TB-HIV activities but it should be encouraged to go further. ACTION's research indicates that prior to the Global Fund's ninth funding round, the only guidance recommending TB-HIV integration in Global Fund TB and HIV/AIDS grant programs was included as a footnote on the grant application form, resulting in limited attention paid to TB-HIV in grant proposals.

In the latest round of proposals, Round 9, the Fund did include a TB-HIV fact sheet with rationale for addressing co-infection and recommended interventions based on WHO guidelines. A fact sheet and a footnote however, are simply not going to save lives. The Global Fund must amend its application process to promote greater resource flows to TB-HIV while ensuring that programs meet international TB-HIV standards of care and adequately track the implementation and outcomes of TB-HIV activities. In 2008 the Global Fund Board adopted a decision point that, if implemented effectively, could lead to significantly improved TB-HIV integration within proposals in future funding rounds.

The Global Fund was created out of the G8 2000 Communiqué that called for action on infectious diseases. Despite concerns that they have not moved far enough towards TB-HIV collaborative activities, the Global Fund has taken initial steps that can be built on. As a leading donor, and host of the 2010 G8, Canada can show continued leadership by calling on the Fund



to build on the steps taken to date and increase its support for more substantial collaborative TB-HIV activities. The world will meet the target of reducing TB-HIV deaths by 50% much faster if the worlds' most effective multilateral mechanism for fighting these diseases leads the way.

RECOMMENDATIONS:

- : Canada should double its commitment to the Global Fund during the next replenishment round as the Fund is the most important external source for TB control and, building on existing TB-HIV policies, the Global Fund can have direct, immediate impact in saving lives through increased TB-HIV collaborative activities
- : Canada should actively seek to ensure that the Global Fund improve its record on TB-HIV collaborative activities by:
 - Requiring that in countries with moderate to high burdens of TB and HIV/AIDS all TB or HIV/AIDS proposals include robust, detailed and costed components to address the other
 - Pushing for clear instructions on how to operationalize the November 2008 Board decision point on TB-HIV and incorporate these into the guidelines for proposals for all future funding rounds.
 - Amending the grant proposal form to require countries to articulate (or justify the omission of) a plan to scale-up universal screening of PLWHA for TB, voluntary HIV testing and counselling to all TB patients and comprehensive follow-up prevention and treatment as needed.

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While some progress has been made, our research indicates that the Bank's work to address TB-HIV co-infection remains incoherent and insufficient.

LIVING WITH HIV, DYING OF TB

WORLD BANK

Canada contributes roughly ten percent of its annual ODA budget to the World Bank. In December of 2007, Canada announced an unprecedented 1.3 billion dollars in support to the World Bank Group's International Development Association (IDA) over the next three years (Fiscal years 2008-09 through 2010-11).

Results Canada and ACTION Partners have been monitoring the World Bank's work on TB and TB-HIV for several years, since the publication in 2006 of *"Enduring Neglect: The World Bank's Inadequate Response to Africa's TB Emergency"*. As a result, ACTION Partners were consulted during the process of creating *The World Bank's Commitment to HIV/AIDS in Africa: Our Agenda for Action, 2007-2011*, in which the Bank recognized the need to coordinate the response to HIV/AIDS with the response to other diseases, "particularly tuberculosis," and urged integration of HIV/AIDS with TB efforts.

While some progress has been made, our research indicates that the Bank's work to address TB-HIV co-infection remains incoherent and insufficient. Through an analysis of publicly available documents in March 2009, the ACTION Partnership found that the efforts of the Africa Multi-Country AIDS Program (MAP) to address TB-HIV were inconsistent and poorly tracked and that the program had neither a comprehensive strategy, nor a monitoring and evaluation framework, for TB-HIV guided activities within the program. Additionally, it was found that although TB-HIV activities were eligible for MAP funding, from public documents it is impossible to determine how much funding, if any, has been provided to support TB-HIV programming. Finally, it was found that MAP projects did not track the numbers of People Living with HIV/AIDS screened for TB or provided with appropriate follow-up services. Although the MAP program has since been cancelled, it is crucial that any initiative that seeks to replace MAP contain explicit resources and policy guidelines for TB-HIV collaborative activities.

RECOMMENDATIONS:

Canada's Governor for the World Bank, the Minister of Finance, should actively seek to ensure that the World Bank incorporate collaborative TB-HIV activities by:

- : Seeking assurance from the Bank that it develop a comprehensive strategy to address TB-HIV co-infection in countries receiving grants and loans.
- : Calling on the Bank to ensure that explicit resources for collaborative TB-HIV activities be provided within its Health portfolio and in any successors to the MAP program or similar large-scale or regional HIV/AIDS or TB initiatives
- : Ensuring the Bank includes TB-HIV outcome indicators in Monitoring and Evaluation Frameworks for TB, HIV and TB-HIV programs

CONCLUSIONS



Collaborative TB-HIV policies are needed among all development organizations to ensure that as a world we can reach the goal of the 2008 Global Leaders Forum: to halve deaths from TB-HIV by 2015.

Collaborative TB-HIV policies are needed among all development organizations to ensure that as a world we can reach the goal of the 2008 Global Leaders Forum: to halve deaths from TB-HIV by 2015. The devastating impact and deadly synergy of these two diseases are well-known. Calls for action and policy recommendations have been in place for many years. However, the world has been too slow to respond and the result has been hundreds of thousands of needless deaths. TB-HIV patient activist Winstone Zulu said it best when he said that the diseases have learned to work together in our bodies, therefore we must learn to fight these diseases together: the diseases cannot be allowed to be smarter than us.

Canada has shown significant leadership in TB control over the years and has contributed to global access goals of ARV's to treat HIV/AIDS, but without clear policy and programming guidelines to address TB-HIV co-infection, progress on both diseases is undermined. Every measure must be taken to jointly and comprehensively address the co-epidemic wherever it exists.

There are no excuses for the somewhat superficial pursuit of a collaborative response to TB and HIV/AIDS. We must take immediate steps to address TB-HIV co-infection by increasing funding and improving policies, programs, and evaluation to ensure results. Through CIDA, and through leveraging its leadership role within the World Bank and the Global Fund, Canada can reduce TB deaths among people living with HIV and contribute to the goal of universal TB-HIV services.

No more people living with HIV dying of TB – that should be Canada's goal, and Canada should advance it on the international stage.

A NOTE ON METHODOLOGY

To mark World Tuberculosis Day this year (March 24th 2009), ACTION Partners released a report critiquing the response of global AIDS donors to the TB-HIV epidemic. The ACTION report analyzed how and to what extent four of the largest international HIV/AIDS donors address TB-HIV through their policies, programming, funding and monitoring and evaluation. Following the ACTION report's methodology, RESULTS Canada analyzed how and to what extent CIDA (the Canadian International Development Agency) addresses TB-HIV through its policies, programming, funding and monitoring and evaluation. Results Canada's CIDA research was conducted using publicly available documents on CIDA's website and responses from CIDA to questions about their work on TB-HIV.

SOURCES:

Living with HIV/Dying of TB (ACTION report, March 2009), CIDA's on-line Project Browser (<http://les.acdi-cida.gc.ca/servlet/JKMSearchController?desTemplateFile=cpoSearchEn.htm&desClientLocale=enUS&AppID=cpoEn#Search>), HIV-TB Global Leaders Forum (http://www.stoptb.org/events/hivtbleaders/call_for_action.html) and the response we received from CIDA to our questions, sent on July 7th 2008, answers received November 26th 2008.

Written and prepared by: Katy Kydd Wright and Chris Dendys

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RESULTS Canada is a national network of volunteers. We are committed to creating the political will to end hunger and the worst aspects of poverty in Canada and around the world, and to demonstrating that individuals do make a difference. Results Canada is the Canadian partner in the ACTION project.

WWW.RESULTS-RESULTATS.CA

ACTION

The Advocacy to Control Tuberculosis Internationally (ACTION) project is an international partnership of advocates working to mobilize resources to treat and prevent the spread of tuberculosis (TB). ACTION's underlying premise is that more rapid progress can be made against the global TB epidemic by building increased support for resources for effective TB control among key policymakers and other opinion leaders in both high TB burden countries (HBCs) and donor countries.

WWW.ACTION.ORG