

December 2008 action:

Living with HIV, dying of TB

RESULTS
the power to end hunger and poverty

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

Nelson Mandela

TAKE ACTION: Write a letter to Professor Michel Kazatchkine, Executive Director of the Global Fund, urging it to do more to help countries scale-up their fight against TB-HIV. Include the following points:

1. Introduce yourself – you could mention you are involved with RESULTS.
2. Highlight the millions of unnecessary deaths which occur each year as a result of TB-HIV co-infection.
3. Express your concern that the Global Fund supports very few combined TB-HIV programmes at country level, and that its current application process seems to discourage such programmes.
4. Call for the Fund to proactively encourage co-ordinated programmes to tackle TB and HIV. It could be ensuring, for example, that every HIV programme it funds in high burden areas is screening people living with AIDS for TB.
5. Point out that providing universal access to high quality TB-HIV services by 2015 would cut current mortality rates by 80 per cent – saving the lives of hundreds of thousands of people each year.

Send your letter to: **Professor Michel Kazatchkine, Executive Director, The Global Fund to fight AIDS, TB and Malaria, Chemin de Blandonnet 8, 1214 Vernier, Geneva, Switzerland.**

You will need to use a 50p stamp.

The Global Fund

The Global Fund to fight AIDS, TB and Malaria (Global Fund) is perhaps the most important mechanism at the international community's disposal to tackle three of the most devastating diseases afflicting our world today. Since its inception in 2002, the Global Fund has made funding commitments of \$11.5 billion and has disbursed over \$6.56 billion of this to combat the three diseases, helping to save almost 2 million lives; approximately 3000 every single day. Whilst this is a significant achievement, 6 million people continue to die every year from the three diseases, and this number is growing. Clearly much remains to be done if these diseases are to be brought under control.

The TB-HIV link

Tuberculosis (TB) and HIV have formed a powerful and deadly alliance and together kill approximately 5 million people every year. It is thought that between 12 and 15 million people are co-infected with both TB and HIV, with up to one-third of all AIDS deaths being directly attributable to TB. Despite the link between the two diseases being almost universally acknowledged, efforts to control the two diseases remain overwhelmingly independent of each other, an oversight that has resulted in millions of unnecessary deaths worldwide. For instance, as few as 1 per cent

of HIV positive people around the world are screened for TB.

The Global Fund's response

The Global Fund's response to the co-epidemic has largely mirrored the international response and can be described as underwhelming at best. Both the quality and quantity of Global Fund support for proposed TB-HIV activities remains inconsistent and inadequate. Similarly, the funding levels requested are insufficient to meaningfully scale up towards achieving universal access to TB-HIV services.

In 2008 it is estimated that only \$5.76 million was specifically targeted at TB-HIV co-infection, a truly meagre sum of money considering the resources the Fund has its disposal. In nine sub-Saharan countries that are home to more than half of all new TB-HIV co-infection cases, the Global Fund provided only \$24.7 million for TB-HIV activities from September 2005 to November 2008. What little funding there is has rarely been directed at those countries in greatest need.

A failure to act

Tasked with combating the three diseases it seems perplexing that the Global Fund provides so few

resources for fighting TB-HIV co-infection, especially when the devastating link between the two diseases is so well established and understood. So what are the reasons behind its failure to act?

The Global Fund would argue that its funding priorities are driven by 'country demand' and are reflective of in-country settings and as such there is no one definitive list of what should or should not be included in funding proposals. Very simply, if countries do not make specific requests to receive funding for TB-HIV programmes none will be given. In their view it is not their role to dictate where and how the money will be spent so long as country plans are operationally sound and deemed to be feasible, appropriate, effective and sustainable. Consequently the Global Fund does not advocate for TB-HIV components to be included within funding proposals.

Furthermore, until recently the Global Fund seemed to actively discourage such programmes. It was not possible to even submit proposals for combined TB-HIV activities; instead countries must produce separate proposals for their TB and HIV programmes. This, as the Board of the Global Fund has admitted, signalled to countries that "programming between the two diseases should be handled as a separate endeavour." So instead of encouraging co-ordinated action to tackle TB-HIV co-infection, the Global Fund is inadvertently impeding efforts.

Other than a brief footnote within its grant application form there has been no questions at any point in the process in which applicants are asked to describe their plans to include a TB component in HIV/AIDS proposals and vice versa. Countries with a high incidence of TB-HIV co-infection can have their plans endorsed and funded without a single mention of how or indeed if they intend to tackle the co-epidemic.

Growing momentum

In early November the Board of the Global Fund met and agreed to amend the guidelines for current funding requests to include a TB-HIV component. They stated that "*in respect of continued funding for TB or HIV grants, CCMs (country co-ordinating*

mechanisms) [must] explain their plans for scale up to universal TB-HIV collaborative services and explicitly articulate what TB-HIV activities, funding and indicators will be included in each proposal." This is a welcome step and will likely have a positive impact on current grants but there is now the need to extend this to future funding applications as well.

What needs to be done?

Given the threat posed by TB-HIV co-infection to the gains made in both HIV/AIDS and TB control in the past 10 years, and considering the Global Fund's status as the largest external financier of TB programs and a substantial contributor to the fight against HIV/AIDS, the Global Fund should, while operating within its mandate, promote an increased flow of resources to TB-HIV in order to safeguard its past and future investments in TB and HIV/AIDS efforts. Efforts should be made to proactively encourage increased prioritisation of TB-HIV activities at the country level. Specifically:

- Require TB programme applications to include HIV/AIDS components and HIV programme applications to include TB components.
- Amend the proposal form to require countries to articulate a plan to scale up toward universal screening of people living with HIV/AIDS for TB and vice versa.
- Brief the Global Fund's Technical Review Panel members about the elements of TB-HIV services that must be included in TB or HIV programs in order to meet basic standard of care recommendations.
- Issue a clear fact sheet for the next round of funding (Round 9), expanding upon the current inadequate proposal footnote, explaining that TB-HIV activities are expected to be included in all future funding applications.