



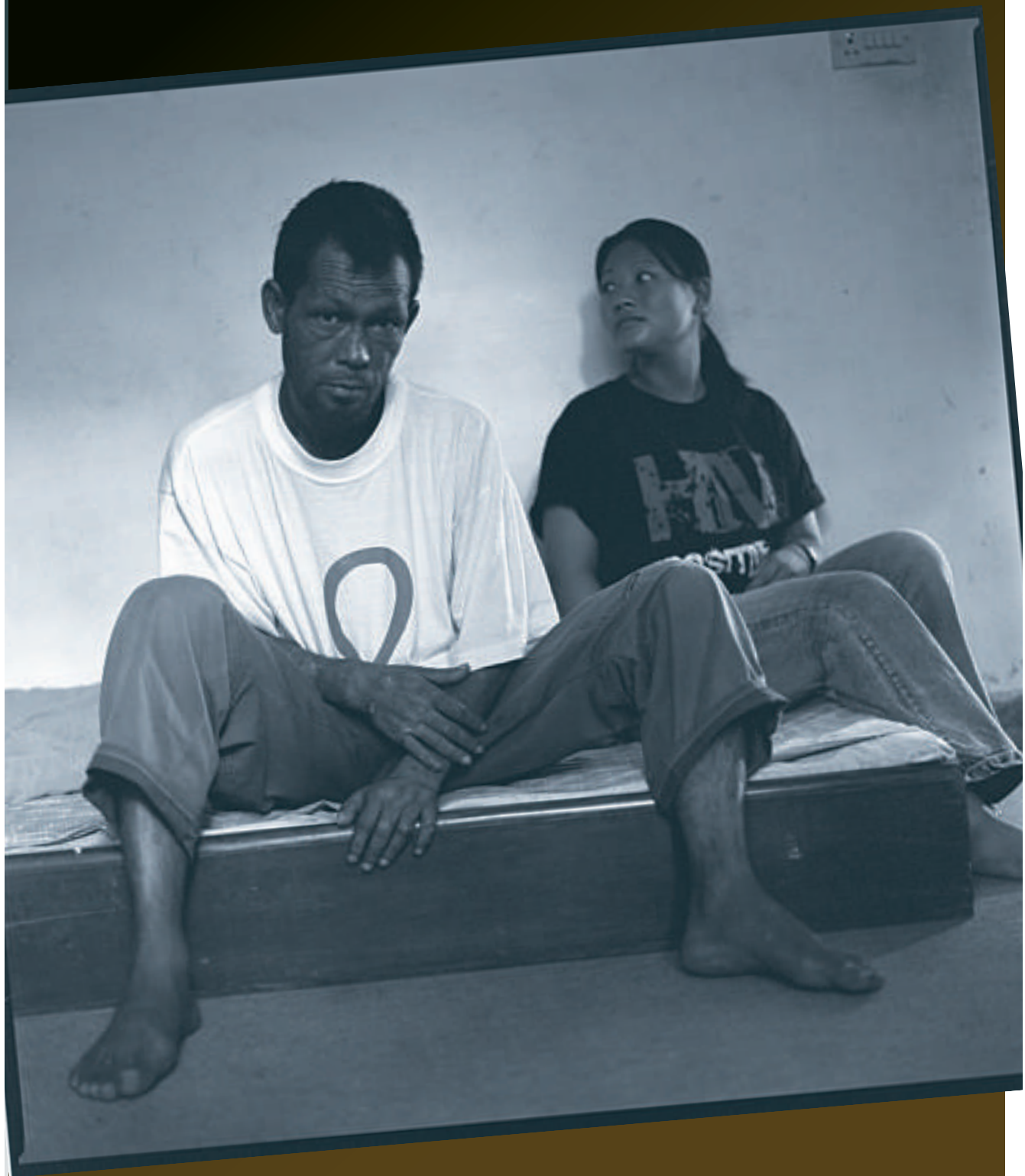
RESULTS UK

the power to end hunger and poverty

An inadequate response

Executive Summary

*More than two decades of complacency
in addressing the TB/HIV co-epidemic*



Executive Summary

The tuberculosis (TB) bacillus and the HIV virus have formed a powerful alliance and are together responsible for more than five million deaths per year. The immunodeficiency associated with HIV/AIDS is fuelling an increase in TB cases in many parts of the world. In turn, TB is leading to increased mortality rates among people living with HIV/AIDS and complicating treatment procedures.

Despite the link between the two diseases being acknowledged as far back as the 1980s, efforts to control TB and HIV/AIDS remain largely independent of one another, an oversight that has resulted in millions of unnecessary deaths. Only by tackling TB and HIV together will progress be made in reversing the burden of both diseases.

The issue of TB/HIV co-infection has only recently received high-level attention with calls from the G8, Commission for Africa and others for a collaborative response to the two pandemics of TB and HIV/AIDS. Specific recommendations have been made for increased resources to be directed to activities that ensure that all TB patients are offered voluntary counselling and testing (VCT) and all HIV patients are tested and treated for TB.

This report looks at the role played by the UK government and UK civil society in implementing international recommendations on TB/HIV. In particular, it investigates the extent to which TB/HIV is incorporated into existing policy and practice targeting HIV/AIDS and TB in low-income countries.

The UK Department for International Development (DFID) recognises the importance of

coordinated planning and implementation of TB and HIV/AIDS activities in order to scale-up treatment of TB among HIV-infected people and increase enrolment onto HIV treatment programmes. Despite this knowledge, neither TB nor TB/HIV co-infection is fully incorporated into DFID's current strategy on tackling HIV/AIDS. Furthermore, since DFID does not monitor its bilateral spending on TB control or TB/HIV collaborative activities, this report assumes that the UK government is not investing any significant resources for TB/HIV collaborative activities other than through the Global Fund to Fight AIDS, TB and Malaria.

Research carried out by RESULTS UK demonstrates that despite a clear geographical overlap between DFID's priority, or 'key', countries and the burden of TB and TB/HIV, insufficient attention is being given to tackling the co-epidemic on the ground. DFID was asked to report on how it is helping to address the TB/HIV co-epidemic in the 22 countries with the highest burden of TB. Of the 18 high burden countries in which DFID has a bilateral presence, only two countries offices reported that they were providing any direct support for TB/HIV collaborative activities. Five country offices reported that they were indirectly supporting TB/HIV activities through assistance to national TB and/or HIV programmes.

UK civil society plays a key role in raising the profile of TB and HIV internationally and in delivering basic prevention and treatment services at local and community levels. However, the HIV community in particular has not fully embraced the urgent need to tackle the TB/HIV co-epidemic. RESULTS

UK surveyed a cross-section of civil society organisations engaged with HIV/AIDS and TB and found that although all organisations claimed to be carrying out some work on HIV/AIDS, only half of respondents said that they were currently engaged in activities to address TB/HIV. A third of respondents said that TB/HIV was not included in their organisation's work at all. Lack of capacity and the desire to maintain a narrow focus were two of the most common reasons cited by civil society organisations for not engaging in TB/HIV activities.

Neither the UK government nor civil society are fully incorporating TB into their responses on HIV/AIDS and are thus failing to adequately address either epidemic. This report therefore recommends that DFID and UK civil society consider the following actions:

DFID:

- Disaggregate bilateral expenditure on TB and TB/HIV
- Address TB and TB/HIV in the updated AIDS strategy
- Reflect policy recommendations at country level
- Increase funding for the Global Fund and other mechanisms

UK civil society:

- Make TB/HIV a greater priority
- Help hold governments to account
- Support partners in high burden countries to promote a collaborative response to TB and HIV
- Support the development of new tools

Progress is being made towards a collaborative response to TB and HIV/AIDS but a much greater sense of urgency is required if the fight against the two diseases is to be won. Governments, civil society and all stakeholders concerned with reversing the burden of TB and HIV/AIDS must no longer be complacent and accept that one disease cannot be tackled in isolation from the other. As the TB bacillus and HIV virus have joined forces with devastating success, so too must the TB and HIV communities both in the UK and internationally. By working in partnership more unnecessary deaths and suffering can be averted.