



## All-Party Parliamentary Group on Global Tuberculosis

**Chairs: Andrew George MP**  
**Nick Herbert MP**  
**Julie Morgan MP**

***TB anywhere is TB everywhere***

**Minutes from World TB Day Meeting**  
**22<sup>nd</sup> March 2007**

### **Speakers:**

**Dr. Katherine Floyd**, Acting Co-ordinator, TB Monitoring and Evaluation Department, Stop TB Department, WHO

**Nick Herbert MP**, Member of Parliament for Arundel and South Downs, Co-Chair of All-Party Parliamentary Group on Global Tuberculosis

**Dr. Stewart Tyson**, Head of Profession, Health, Department for International Development

### **Welcome**

Nick Herbert MP (NH) welcomed all to the APPG's meeting held in advance of World TB Day on Saturday 24<sup>th</sup> March. The meeting focuses on the theme of this year's World TB Day: 'TB anywhere is TB everywhere'. This message reinforces the fact that TB knows no borders and that the challenges of the disease require an urgent and unified international response.

NH introduced himself as one of three co-chairs of the APPG along with Julie Morgan MP and Andrew George MP who were both unable to attend this meeting.

NH announced that he would be travelling to India on World TB Day along with a delegation to learn more about the challenges of fighting TB in the country with the world's highest TB burden. Present at the meeting were Ann Cryer MP, Ashok Kumar MP and Tom Clarke MP who will also be participating in the delegation to India.

NH noted that today is an important day for raising the political profile of TB. The APPG is very pleased to announce its first publication: *Scaling Up the UK's Response to the Global TB Epidemic: An Agenda for Action* and also the launch of the WHO's annual TB control report for 2007. The Officers of the Group were also pleased to announce its new website ([www.appg-tb.org.uk](http://www.appg-tb.org.uk)) which has been created as a resource for Parliamentarians and other interested in the political response to TB.

## **Presentation by Katherine Floyd**

KF presented the main findings of the WHO *Tuberculosis Control Report 2007*.

The key statistics on TB for 2005 as follows:

- 8.8 million new cases of TB
- 1.6 million deaths from TB
- 200,000 TB deaths among people living with HIV
- One person dies every 20 seconds from TB

The regions with the biggest numbers of TB cases are the Western Pacific (22%), Africa (28%) and South-East Asia (34%), with half of all new cases arising in 6 Asian countries (India, China, Indonesia, Bangladesh, Pakistan and the Philippines).

KF compared the report findings against the World Health Assembly's targets for detecting 70% of cases and curing 85% of those cases by 2005 and confirmed that notable progress has been made:

- The case detection rate has risen from 10% in 1995 to 60% in 2005; the 70% target was met in 67 countries and was exceeded (85%) in 26 countries in 2005;
- The treatment success rate has grown continuously since 1994 to 84% in 2004; it has reached target (85%) in 55 countries;
- Incidence rates are stable or falling in all six WHO regions and globally and are on track to reach MDG target (with the exception of Africa, Eastern Mediterranean and Europe); the epidemic in Africa is stabilising, but at a high level.
- TB prevalence and death rates are on the verge of falling globally.

KF recalled that the Global Plan to Stop TB sets out a range of interventions to be implemented between 2006-2015, based on the Stop TB Strategy. It also defines the scale at which interventions need to be implemented to achieve Millennium Development Goal and Stop TB Partnership targets.

She highlighted, however, that a \$31 billion funding gap still needs to be filled (\$1.1 billion in 2007), and that the funding of advocacy and communication projects and collaborative TB/HIV activities are the most behind schedule at country level. From a regional point of view, most of the spending deficit is in sub-Saharan Africa.

MDR-TB control currently receives more funding than what the Global Plan recommends, with Russia and China being the two main beneficiaries by far.

KF also pointed to the new threat of XDR-TB. 35 countries have confirmed XDR-TB cases to WHO by March 2007, 16 of which have confirmed XDR-TB cases to WHO for the first time in the last 12 months.

To conclude, KF highlighted that:

1. The incidence of TB is stable or falling after reaching a peak in 2005; prevalence and mortality rates are in decline;
2. The global targets for 2005 were almost achieved: 60/84% compared to 70/85%

3. The total number of cases is still increasing, and progress is not fast enough to achieve the targets for reductions in deaths and cases set for 2015
4. More rapid progress towards targets requires more ambitious planning, increased funding and implementation

## **Presentation by Nick Herbert MP**

Presenting *Scaling Up the UK's Response to the Global TB Epidemic: An Agenda for Action*

NH recalled that the All-Party Parliamentary Group on TB was established in 2006 to demonstrate cross-party concern for the global TB epidemic and commitment to help meet international TB control targets. This followed a visit to Kenya by four MPs to witness the TB emergency in Africa. This trip gave MPs the opportunity to see for themselves the harsh conditions TB patients were confronted with and the terrible reality of TB clinics in particular.

The APPG on TB set itself a number of objectives, based on the Global Plan's recommended targets and in consultation with a variety of relevant parties, including:

- To campaign for TB to be made a political priority for the UK Government, Political Parties and the international community;
- To ensure that UK is at the forefront of efforts to implement the Global Plan to Stop TB;
- To work in partnership with other APPGs on cross-cutting issues;
- To be recognised nationally and internationally as an influential partner in the fight against TB.

Launched to coincide with World TB day and the launch of the WHO report, the APPG on TB's *Agenda for Action* benefited greatly from the input of a range of stakeholders.

It was produced to highlight the need for accelerated action by all. Recognizing the importance of the UK government's action to date, it also points to 3 areas on which the UK should focus, to help reverse the global burden of TB:

- **Transform political commitment into action.** This can be achieved by implementing existing commitments on TB, addressing TB as a priority in future strategy and policy, prioritising TB at country-level and encouraging the support of other governments for sustained commitments on TB;
- **Increase investment in TB control**, by expanding access to effective TB services, preventing and controlling MDR-TB and XDR-TB, supporting global partnerships and promoting the research and development of new tools;
- **Integrate TB control into efforts to improve global health.** This includes managing TB/HIV co-infection, addressing the human resource crisis and strengthening health systems.

The APPG on TB will shortly be preparing a report on measures needed to control TB in the UK, especially in face of the 11% increase in cases of TB in England, Wales and Northern Ireland.

To conclude NH reflected that there are grounds for optimism as important progress is being made. However, although the epidemic is on the verge of

decline, the number of cases is still increasing. He added that there was an urgent need to reemphasise the message to Parliamentarians and the media that it is unacceptable that people still die from TB. The fight against TB needs renewed and sustained commitment.

## **Presentation by Stewart Tyson**

An overview of how DFID is already helping to support global TB control.

DFID is committed to helping to achieve all of the Millennium Development Goals plus many other health challenges e.g. non-communicable diseases.

TB is a priority for the UK Government, both the Department of Health and DFID. DFID supports TB through a broad range of channels:

1. Multilateral: WHO, World Bank, EC, Global Fund, IFFIm and UNITAID
2. Bilateral support to country programmes: namely priority countries in Asia and Africa. Specific TB programmes are being supported in India and China but most support goes via basic health delivery systems.
3. Research and development: through WHO, PDPs (the Global TB Drug Alliance is the only example of support for a TB PDP to date. It is hoped that support will also be given to PDPs working on TB diagnostics and vaccines in the future). DFID also supports a number of research consortia partnering UK institutions with other countries.

The APPG and WHO reports steer DFID to move faster and to do more. The Government is already committed to TB and to development in general. In the White Paper there is a commitment to double spending on research and development and to spend 50% of bilateral aid on basic services including health, education, social protection and sanitation. 2007 is an important year with the Comprehensive Spending Review taking place over the next few months and the Global Fund's replenishment process (DFID currently provides 8% of the Global Fund's resources to date).

DFID is working with other partners to pilot Advanced Market Commitments to encourage the development of new vaccines. The first trial is for a pneumococcal vaccine with malaria likely to be the second. If successful, the same could be done for a TB vaccine.

DFID is currently revising its health strategy to take into account MDG targets and goals etc. Increased resources will be made available through a range of channels and DFID will be helping countries to spend more on health. DFID will work with country partners to deliver universal access to a range of essential services and to better monitor their resource allocation.

The Chief Medical Officer has recently published a government-wide strategy for global health which encourages the closer collaboration of different government departments.

DFID is also committed to its role in improving the effectiveness of the growing number of global partnerships and to encourage them to work more closely together.

A greater focus on evidence-based results is needed. We know what works in TB control *but* we don't know to best deliver these interventions in low-income countries.

## Questions

1. Catherine Mears – British Red Cross

Comment on the importance of investing in advocacy and social mobilisation.

*KF – ACSM has only recently started to receive significant attention and resources. Many countries require guidance and support to understand what ASCM really means. It will take time for investments in ACSM to translate into results.*

*ST – people in Africa demand very little from their politicians and therefore get very little. DFID's white paper highlights the need to help increase demand for better basic services etc. Civil society organisations should not get too involved in service delivery but have a role to play in raising awareness.*

2. Paul Sommerfeld – TB Alert

What efforts have been made by DFID to push other EU countries to invest more in TB?

*ST – Each country has its own priorities and its preferred channels for support. The UK has spent a lot of time on the G8 process trying to encourage other members to make commitments. There may be opportunities to raise the profile of TB through the different EU working groups. We need to be encouraging better use of existing funds rather than just more funds. Many developing countries are not spending all of the money allocated for health.*

*NH – This is perhaps an issue that the APPG could try and address. Dialogues with colleagues in Europe would help improve understanding of different countries' priorities and help push TB up the agenda.*

3. John Macfarlane – British Thoracic Society

The BTS welcomes Nick Herbert's commitment on behalf of the APPG to address TB services in the UK and hopes that the BTS and TB specialist nurses amongst others will be able to help with this.

What is the explanation for the decline in the rise of TB cases in Africa?

*KF – TB in Africa is primarily driven by HIV/AIDS. HIV has peaked in most parts of Africa and TB has followed suit.*

4. Susie Cox – AMREF UK

When will DFID's health strategy be available? What practical advice is there for integrating malaria control with TB and HIV?

*ST – The health strategy is due to be launched in April by Hilary Benn with Margaret Chan from WHO and Joy Phumaphi at the World Bank.*

*There is good evidence (e.g. in Malawi) of training low-level health workers to co-manage TB and HIV but not much experience to date of integrating malaria with TB and HIV. There are fundamental differences – acute/ chronic illnesses.*

5. Tina Harrison – TB Alert

Before looking at how Europe allocates its resources, should we not look at the UK? For example, it is widely agreed that pre-entry screening is not a good use of money.

*NH – It is a surprise that TB is not already being addressed by existing committees. The APPG is going to fill this gap and will be assessing the response to the UK's epidemic over the coming months and will welcome all input.*

6. Gavin Bryce – TB Alert

Where did the WHO get its figures on TB/HIV deaths?

*KF – Figures are estimates based on information of HIV prevalence and the risk co-infection in different countries. Numbers do look low but were thoroughly checked before publication.*

7. Evelyn Harvey – Health Development Network

A recent study from Shanghai showed that XDR strains are being transmitted from person to person rather than arising out of poor adherence to treatment. How is DFID helping to build capacity for infection control and how can we prevent panic over XDR in the UK?

*ST – Infection control is in the hands of the country itself. DFID is decentralised and moving towards pooling its resources into budget support. Sometimes a country may seek support for technical assistance from DFID or WHO. A major challenge in many countries is lack of staff. DFID is helping in this area by providing long-term funding to strengthen health systems and human resources.*

*NH – Was surprised to learn recently that XDR was such a problem in the UK. This will be addressed in the APPG's upcoming report on TB in the UK.*

8. John Hayward – TB Alert

The APPG should also look at the following:

- the need for performance indicators for Primary Care Trusts,
- the BTS audit of UK TB services, which showing very patchy implementation of the TB action plan
- and the need for resources to be ringfenced for TB to ensure that TB is given greater priority.

*NH – These are indeed issues that members of the APPG will be debating in the near future.*

9. Sakwa Mwangala – AMREF Kenya

How can the UK help local civil society organisations in countries like Kenya to help improve patient adherence etc?

*ST – The UK already does this in some countries through supporting Nuffield and LSHTM consortium. There is a great deal of demand for support which is a real challenge for donors. AMREF should be asking how much the Government of Kenya is supporting civil society. AMREF and other organisations should be challenging their governments to fulfil Abuja commitments to spend 15% of their budgets on health.*

10. Helen Marsh – RESULTS UK

Can ST provide any insight into a) whether Commission for Africa recommendations on TB/HIV are being implemented and b) discussions around the future size of the Global Fund?

*ST – The Global Fund currently approves grants totalling \$2 billion a year. Some groups want to see it grow to around \$11 billion a year. What organisation could handle a 5 times increase? The Global Fund needs to be ambitious but also credible. It is suspected that the Global Fund will aspire to grow to a size*

*somewhere between \$2 and \$11 billion. The UK has recently been discussing what its position is.*

## **Close**

NH thanked the speakers and all participants. A request was made to all to provide feedback to the APPG on its plans and activities in order to help it to develop and be as effective as possible.