

Replies to:
APPG on Global Tuberculosis
Office of Andrew George MP
House of Commons
London, SW1A 0AA
United Kingdom

The Honourable Paul Wolfowitz
The World Bank Group
1818 H Street, NW
Washington, DC 20433
USA

7 March 2007

Dear President Wolfowitz,

We, Co-Chairs of the All-Party Parliamentary Group on Global Tuberculosis in the British Parliament, write to urge you to employ the World Bank's influence and resources in the fight against tuberculosis in sub-Saharan Africa. As you may be aware, in 2005 African Ministers of Health and the World Health Organization declared a TB emergency in Africa. This declaration was made over a year before the emergence of extremely drug resistant TB (XDR-TB) in South Africa. Highly fatal, closely associated with HIV and certain to exist elsewhere in Southern Africa, XDR-TB is poised to severely exacerbate the TB emergency. In the absence of a diligent response, it also threatens to reverse hard-won progress against HIV/AIDS.

As we approach the half-way point to achieving the Millennium Development Goals (MDG) Africa's TB rates continue their climb. The Stop TB Partnership - of which the World Bank is a critical member - maintains that it is still possible for Africa to reach the MDG target of halting and beginning to reverse TB's spread by 2015. The achievement of this target will require the efforts of all stakeholders to fully fund and implement the *Global Plan to Stop TB 2006-2015* and provide the necessary additional resources to control XDR-TB. While visiting TB programmes throughout Kenya in 2005, and Rwanda and Kenya in 2006, we witnessed the ways in which TB both affects and is affected by poverty, arrests human potential and impedes Africa's development. We also saw, however, how well-spent resources can curtail the epidemic, restore health and revitalise families and communities.

In this context, the World Bank currently provides African countries little support for TB control. As described by *Enduring Neglect*, a recent report by the advocacy group RESULTS International, less than 5 percent of the Bank's TB financing globally went to Africa from 2001 to 2005. Measured per TB case, the World Bank provides a perplexing 11 times more funding for TB control outside Africa than inside the region. In fact, some of the Bank's efforts in India and China, where it has provided considerable support, have been considered among best practices in TB control. This raises concern; TB is one of Africa's leading causes of adult mortality and fiercest contributors to poverty, yet the Bank seems to be foregoing the opportunity to direct critical resources and expertise to the region.

For this reason, we request that you provide a response to particular questions raised by the RESULTS report:

- As the report argues, World Bank financing for TB control in the Africa region is inordinately low. According to media reports, World Bank spokespeople have countered this, holding that the institution supports TB control in Africa via broad-based budget and health-sector support. How much of this budget and sector support over the past five years can be traced to national TB control programmes throughout Africa?
- The report proposes that the World Bank provide an additional US\$1 billion in support for TB control in Africa over the next decade. Such an amount would in fact be less than India's Second National Tuberculosis Control Project (US\$170 million over 5.5 years) and China's Tuberculosis Control project (US\$104 million over 8 years). Moreover, considering Africa confronts an escalating epidemic, has declared a TB emergency, faces the world's largest TB funding gap and must counter the emergence of XDR-TB, we consider the proposal sound. What are the Bank's plans for providing increased support for TB control in the Africa region?
- The report urges the World Bank to proactively engage African countries in policy dialogue in order to ensure that appropriate resources are mobilized for TB control. How is the Bank working with countries, as it has, for example, regarding malaria control, to help ensure that resource needs are met for TB?
- Through the Africa MAP, the World Bank has provided US\$1.2 billion in multi-sector support for HIV/AIDS in 29 countries. A letter sent to us in December 2005 from Jean-Louis Sarbib, former Senior Vice President for Human Development, explains that "several" MAP operations contain a TB component. Given the dual nature of the TB and HIV/AIDS epidemics, as well as WHO policies that call for close coordination of TB and HIV activities, what are the Bank's plans for increasing the integration of TB components within the Africa MAP?

We look forward to your response and are grateful for your prompt attention to this matter.

We also would like to extend a request to meet on the occasion of your next visit to the UK. We share your desire to see Africa achieve its human and economic potential in the years ahead. Toward this end, we hope to work together to address XDR-TB and Africa's broader TB emergency.

Sincerely,

Andrew George MP

Nick Herbert MP

Julie Morgan MP

Co-Chairs of the All-Party Parliamentary Group on Global Tuberculosis

Copied to:

Joy Phumaphi, Vice President, Human Development

Hart Schafer, Acting Vice President, Africa

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April 3, 2007

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UNITED KINGDOM

Dear Messrs George, Herbert, and Mme Morgan,

Thank you for your recent letter to President Wolfowitz as Co-Chairs of the All-Party Group on Global Tuberculosis, which expressed great concern about the current state of TB control efforts in Africa, and requested an intensified response from the World Bank Group.

Mr. Wolfowitz has asked me to reply on his behalf, and to let you know that he shares your concern about Africa's high rates of TB mortality and illness, a situation made worse by its co-epidemic association with AIDS. In addition, as the latest Global Tuberculosis Control Report 2007 warns, corroborating your own observations, the emergence of XDR-TB (extensively drug-resistant TB) "poses a serious threat to progress and could even reverse recent gains."

Your inquiry is timely since we are currently taking measures to build on our current support for TB, to increase the focus on TB as an overall health objective, and to rapidly assist countries in aligning TB as a top priority in the national health strategies that we support. At the global level, we have also held high-level TB-related discussions in recent weeks with the World Health Organization (WHO), the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM), and the STOP TB partnership to discuss the way forward in prioritizing TB within our operations. We value our cooperation with these key partners and plan to collaborate even more closely and effectively to achieve a common goal--reversing the course of this epidemic.

Ongoing consultations with our partners including the STOP TB partnership, WHO and GFATM, indicate that the best way forward is the following:

- **Strengthen our support for TB through our health sector projects and sector wide approaches (SWAPs).** The Bank provides substantial financing--US\$710

million committed and US\$405 million disbursed--through health sector and budget support which benefit the health sector more systemically in strengthening service delivery systems. This includes support for improving the availability of human resources and medical supplies, and strengthening diagnostic and laboratory capacity, including for TB.

- **Scale up our efforts to integrate TB in the Multi-Country AIDS Program for Africa (MAP).** As my colleagues in the Africa region noted in correspondence with you last October, the World Bank is supporting HIV/AIDS programs in 29 countries in Africa through the MAP program. Many of the MAPs in Africa have directly supported TB programs especially in procurement of TB drugs. Furthermore, part of the MAP resources is administered by national Ministries of Health and therefore directly and indirectly contributes to TB control and strengthen the health sector response in scaling up HIV and TB services. In addition, the Treatment Acceleration Program (TAP) has provided US\$60 million to three countries (Mozambique, Ghana and Burkina Faso) to facilitate learning about public-private sector partnerships in testing different models of scaling up AIDS treatment and integration of TB services and strengthening laboratory infrastructure. Going forward we will increase our efforts to support TB under the MAP.
- **Strengthen national health systems including those necessary for TB control** in line with the new World Bank's Health, Nutrition and Population Strategy. The Bank plans to strengthen its support to improve national health systems, including delivery systems, human resources, pharmaceuticals, health financing options and clinical infrastructure, all of which are vital systemic steps towards addressing preventable and treatable diseases, such as TB.
- **Increase our analytical work and policy dialogue** with countries to help them prioritize TB and integrate it in their development agendas including Poverty Reduction Strategies and Medium Term Expenditure Frameworks.
- **Harmonize and coordinate Bank's efforts with other partners** such as WHO, GFATM, STOP TB and bilateral donors including United Kingdom. As part of our renewed engagement with our technical and country partners, I would like to inform you of the planned creation of an 'Africa TB High-Burden Coalition'. In order to better help the "high-burden" TB countries--Democratic Republic of Congo, Ethiopia, Kenya, Lesotho, Mozambique, Nigeria, South Africa, Tanzania, Uganda and Zimbabwe--the World Bank plans to work more intensively with the Global Fund to fight AIDS, Tuberculosis, and Malaria (GFATM) and the World Health Organization (WHO) to strengthen the coalition and partnership to fight TB in those countries with the greatest needs. Within this framework, the Bank will utilize its analytical capacity to conduct assessments in select high-burden countries to determine financing and program gaps as well as opportunities for

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stronger collaboration between the HIV/AIDS and TB programs. The Bank will also provide technical support through both its country and global programs to strengthen capacity to monitor and evaluate integrated TB and HIV services.

- **Focus on XDR-TB.** The recent, emerging threat of XDR-TB in Africa has raised awareness among all donors that TB is a disease with the potential for horrific consequences for both countries, regions, and the global community at large. Consequently, XDR-TB demands great urgency. The World Bank is working with the XDR Global Task Force and the South African MOH and professional associations to ensure that lessons learned on XDR TB are made available to other African countries and incorporated in future relevant operations in those countries.
- **Strengthen the World Bank TB team.** In line with our intensified focus on TB, a senior tuberculosis specialist with extensive global experience is joining the Bank's Africa regional team to coordinate its work in this area, and in particular, to direct a strategy to better address the needs of "high-burden" TB countries in Africa.

We are confident that this will build capacity and generate the country demand required for critical IDA support in this important area.

In conclusion, let me convey President Wolfowitz's gratitude to you and your colleagues in the House of Commons for your continuing support for the World Bank's development work, and sustainable poverty reduction in developing countries. Let me take this opportunity to say that on my next visit to the UK, I would be pleased to discuss the issues of TB and XDR-TB within the context of how we can all help Africa achieve its human and economic potential in the coming years.

Please be assured of my highest consideration at all times.

Sincerely,

Joy Phumaphi
Vice President
Human Development Network

cc: Mr. Tom Scholar, Executive Director for United Kingdom, the World Bank