

Stop TB Partnership

Blue print to intensify action to reach the TB MDGs in Africa ACHIEVEMENTS, CHALLENGES AND NEXT STEPS

Stop TB Partnership Coordinating Board Meeting, November 10-11, Assisi, Italy

1. Background: The Stop TB Coordinating Board in its meeting that was held in May 2005 in Addis Ababa, Ethiopia endorsed a Blueprint to intensify action towards TB control in Africa which gives details on activity areas and financing needs for 2006 and 2007. The blueprint builds on the Global Plan to Stop TB (2006-2015) and provides recommendations for the Stop TB Coordinating Board, African governments, donors and technical agencies. The aim of this progress report is to document what has been achieved so far in the last six months and to set out what has to be done urgently in order to accelerate the implementation of the Blueprint for the next six months.

2. Summary recommendations of the Blueprint:

1. Recommendations for the Coordinating Board

- 1.1. Increase the visibility of TB as a main health agenda in regional health and development initiatives
- 1.2. Launch a Stop TB Partnership for Africa
- 1.3. Organise high level missions to high burden countries.
- 1.4. Organise the next Stop TB Forum in Africa in 2007
- 1.5. Organise an African TB financing summit
- 1.6. Reach out to major institutions supporting African health and development
- 1.7. Continue supporting the GDF and Direct Procurement Services

2. Recommendations for African governments and health policy makers

- 2.1. Mainstream TB in development agenda and initiatives
- 2.2. Strengthen DOTS services and address broad health system problems
 - 2.2.1. Increase access to quality TB diagnosis and treatment
 - 2.2.2. Strengthen community involvement in TB and TB/HIV care
 - 2.2.3. Enhance engagement of NGO and private sectors
 - 2.2.4. Enhance local TB drug manufacturing and procurement capacity
- 2.3. Expand the implementation of collaborative TB/HIV activities
- 2.4. Establish national Stop TB Partnerships

3. Recommendations for donor agencies, NGOs and technical agencies

- 3.1. Major donors renew and further increase financial commitment to TB control
- 3.2. Major technical agencies need to coordinate their country support activities
- 3.3. NGOs working on HIV/AIDS should embrace TB

3. Achievements:

1. *The Blueprint has officially been endorsed by the African Union. The Social Commissioner of the African Union backed the blueprint during her speech at the World Health Assembly (WHA), June 2005 in Geneva, Switzerland.*
2. *The Blueprint was presented to a meeting of Ministers of Health held in Cairo, Egypt (27-29 June 2005) convened to discuss the establishment of a Pan African Centre for Communicable Diseases.*
3. *The Stop TB Partnership allocated funding to support the establishment of Regional Stop TB Partnership for Africa.*
4. *The Stop TB Partnership also committed to provide technical assistance to the Africa Regional Office of WHO for a need assessment and work plan for advocacy and communication including the Regional Stop TB Partnership.*
5. *A delegation of the CB attended and presented the Blueprint to the Regional Committee of the WHO African Region in August 2005. Ministers of Health of 46 Member States declared TB to be a regional emergency. Their declaration urges Member States in the African Region to develop and implement with immediate effect emergency strategies and plans to control the worsening tuberculosis epidemic. These include committing more human and financial resources to strengthen TB control programmes and scale up interventions to fight the co-epidemic of TB and HIV. The Regional Director was requested by the Regional Committee to report on the progress of TB control every two years.*
6. *The Stop TB Partnership delegation that attended the Maputo Regional Committee meeting agreed with the Honorable Minister of Health of Nigeria to hold the next Coordinating Board meeting in Abuja, Nigeria, which will pave the way for high level discussion on TB control in Nigeria and Africa. It was discussed whether it would be possible to have the African TB Financing Ministerial Summit back to back with the African Heads of State summit planned by H.E. The President of Nigeria in April 2006.*
7. *On behalf of the Stop TB Partnership and WHO, Dr. Mario Raviglione visited Dr. Yaw Ansu, Director, Human Development, Africa Department at the World Bank in September. The World Bank is ready to pursue further planning with partners on how to engage high-level participation in a Ministerial meeting in Africa on TB control in 2006. Minister of Finance involvement would be most feasible if the meeting were built on the platform of a Heads-of-State meeting on the communicable disease pandemics, as tentatively proposed by the Government of Nigeria.*
8. *A proposal to study the economic impact of TB was submitted to the Gates Foundation by the World Bank. Funding was agreed and the project will begin soon.*
9. *The World Bank can also work with Governments and partners to aim to expand financing via several World Bank mechanisms, including grants under the Multicountry AIDS Project platform (MAP), HAMSET projects (eg HIV, Malaria and TB projects) and via project investment, sector programs, Poverty Reduction Strategy Credits (PRSCs) and budgetary*

support for health systems. However, this may be pursued on a country-by-country basis, since at the moment there are neither clear instructions provided from senior management, nor willingness to establish a clearly defined single initiative that would automatically support TB project financing.

- 10. The Stop TB Partnership's ISAC initiative will be extended this year to Ethiopia in addition to Kenya and Uganda. Funding will be allocated in a few weeks time after review and approval of a proposal submitted recently by the Ethiopian authorities.*
- 11. The Stop TB Partnership conducted a range of advocacy activities in the run up to the 2005 G8 summit. The G8 Gleneagles Communiqué included a statement calling for G8 countries to support the needs of the Stop TB Partnership in Africa.*
- 12. A Stop TB Partnership delegation participated in the **African Union 2nd Ordinary session of the Conference of African Ministers of Health**, 10-14 October 2005 in Gaborone, Botswana. The AU supported WHO's Declaration that TB is an emergency in Africa. The TB emergency is included in the Gabarone Declaration in a roadmap towards universal access to treatment and care which calls on Member States to "expand DOTS with a view to achieving Universal coverage of TB treatment by 2015." The report and Gabarone Declaration will be sent to the AU Executive Council for presentation at the African Union Heads of State meeting in Khartoum on 28 January 2006.*
- 13. The Stop TB Partnership Secretariat, WHO and DfID conducted a one-day informal consultation of technical representatives from development agencies, or Ministries of Foreign Affairs or Health, of all eight G8 countries on October 14, 2005. Also attending were several members of the Stop TB Coordinating Board, a representative from the World Bank and the HTM Cluster and the regional TB advisor of WHO/AFRO. The participants proposed steps needed in the next 9 months to fulfill G8 commitment to support the Blueprint particularly now that TB is declared as a regional emergency. The steps include WHO/AFRO to lead supporting member states to plan and leverage G8 country development, health and systems-support platforms and maximizing the resource mobilization for well-justified technical assistance needs.*
- 14. Only 5 of the 46 countries in the region have not adopted DOTS as the national strategy for TB control. Case detection has increased steadily, from 23% to 48% between 1995 and 2003, and is expected to reach 55% in 2005. Though short of the 70% target, this is an achievement in light of the severe health systems constraints in the region. Implementation of collaborative TB/HIV activities and increased involvement of communities in TB control have also been scaled up in several countries.*
- 15. The TB community achieved great success in Round 5 of the GFATM due to the intensive and coordinated efforts made to assist countries in proposal development. 22 TB proposals were approved (categories 1 and 2) by the GFATM Board. All of the 22 countries that were approved for funding were assisted by WHO and technical partners. More than half of the TB funding (US\$106 million for 2 years) was approved for Africa.*
- 16. In the last six months, GDF has provided anti-TB drugs via grants and direct procurement to 15 countries in Africa.*

4. Challenges and next steps:

Although quite a number of activities have been carried out in the last six months particularly to prepare the ground for the unprecedented level of action, more is yet needed. The momentum created by the declaration of TB as a regional emergency has to be well utilised.

However, several challenges exist which the Coordinating Board of the Stop TB Partnership may consider prioritising in the next six months in order to further accelerate the implementation of the Blueprint:

1. *Continue working with the Africa Union Social Commission and the WHO Regional Office - to sustain momentum and to continue to place TB high on the regional political agenda with a view to including TB in the annual Heads of State Summit (e.g. in Khartoum, Sudan - January 2006).*
2. *Support efforts to establish a well functioning Regional Stop TB Partnership which will serve as a forum to solicit unprecedented levels of political commitment, multisectoral involvement and effective coordination among donors, technical agencies and NGOs.*
3. *Develop a framework that gives guidance on how best African countries can include TB in national development strategies such as Poverty Reduction Strategy Papers (PRSPs), Medium Term Expenditure Frameworks (MTEFs), Poverty Reduction Support Credits (PRSCs), Sector Wide Approach (SWAP) and Heavily Indebted Poor Countries (HIPC) Initiative strategy. The framework should also guide Ministries of Health of particularly of those countries yet to develop PRSPs and those in revision stages to conduct sustained national advocacy campaigns targeted at inclusion of TB in their PRSPs.*
4. *Organize an effective Africa TB Financing Summit of Ministers of Health and Finance of selected African countries. Link the summit with high international and national media coverage and advocacy activities. Start discussion and planning for the conduct of the next Stop TB Partners Forum (2007).*
5. *Assist African countries to develop emergency medium (2-5 years) and long term (2006-2015) TB plans in close collaboration with WHO and other partner organisations and technical agencies. Select first wave of African countries, coordinate and support the technical assistance needed to prepare this plans.*
6. *Participate in a high level mission to donor agencies and high burden countries with the aim of increasing political and financial commitment. (World Bank, African Development Bank, the Office of the Global AIDS Coordinator of the US Government, European Union, and bilateral agencies)*
7. *Work with partners and agencies involved in health systems strengthening and human resources development for Africa in order to assist countries train a substantial number of middle level health workers and develop a country specific health worker retaining and remuneration strategies.*
8. *Commit and generate finances, and coordinate technical assistance that are needed to carry out the aforementioned activities for the next six months.*