

## TAKE ACTION – MARCH 2007

### Speak out on World TB Day – Holding the World Bank to account

**TAKE ACTION:** This month we will be meeting with our local MP urging him/her to write to World Bank President Paul Wolfowitz, to call for an increase in World Bank support to fight tuberculosis in Africa.

1. Introduce yourself as a constituent. **Acknowledge** any actions that your MP has already taken to support increases for bilateral funding for TB and the Global Fund to Fight AIDS, TB and Malaria.
2. **Ask your MP to write a letter to World Bank President Paul Wolfowitz requesting increased financing for TB control in Africa (provide them with the page of briefing points). Emphasize that funding to strengthen and expand basic TB control programmes is key to preventing the development of dangerous drug resistant strains. The emergence of 'extensively drug-resistant TB' (XDR-TB) in South Africa highlights the historically inadequate support for basic TB control. XDR-TB now threatens to undermine progress made and billions invested to date on reducing AIDS-related mortality as well as in TB control.**
3. **Remind** your MP of the leadership role which the British government has played in prioritizing African development (through the Commission for Africa and Gleneagles G8) and that we share their desire to see Africa achieve its human and economic potential.
4. **Highlight** the critical nature of XDR-TB in Africa and why XDR-TB and overall TB control need immediate resources and attention.
5. **Request** a reply.

**Please ask your MP to address the letter to: The Honourable Paul Wolfowitz, The World Bank Group, 1818 H Street, NW Washington, DC 20433, USA**

**The letter should also be copied to the following World Bank officials:**

**Joy Phumaphi, Vice President, Human Development, Hart Schafer, Acting Vice President, Africa and Caroline Sargeant, UK Alternate Executive Director**

### Background

*This month we take action with our grassroots partners in the USA and Canada to call on the World Bank to prioritise TB control in Africa. You may remember that we took a similar action back in August 2005, and received no response from President Wolfowitz.*

*This time, with compelling evidence, and concerted action from RESULTS grassroots partners across the world, the Bank must stop, listen and respond appropriately.*

### March 24 is World TB Day: TB Anywhere is TB Everywhere

On March 24, World TB Day will remind us that through unified action on all levels, we can work towards a world that is finally free from TB. Across the world, communities will be mobilizing, raising awareness, engaging with governments, and encouraging donors to invest in TB control. **At the heart of this work lies a collective political will to end this preventable and curable disease.**

Through adequate investment in TB control, surveillance, research and development we can end the loss of nearly 2 million lives annually. Chronic inadequate investment is not only prolonging this suffering, it also hinders progress

against the HIV/AIDS pandemic due to the deadly synergy between these two diseases.

As the theme for this year's World TB Day reminds us, TB *anywhere* is TB *everywhere*. This airborne killer is a global problem and no one is immune from it. **Help educate your MP about the TB emergency and create the needed political will to do more to address TB everywhere.**

### World Bank Neglecting TB in Africa

More specifically, this month your MP can play a critical role in making change happen; urge your MP to write a letter to World Bank President Paul Wolfowitz calling for increased investment in control TB in Africa. You should highlight that:

- TB is almost completely curable and a full six-month course of drugs costs **just £9** in Sub-Saharan Africa, yet TB needlessly takes 800,000 African lives each year.
- In a region accounting for more than a third of the world's TB deaths, **just one penny for every pound of the Bank's health financing for Africa in 2005 was spent on TB control.** This is in spite of the declaration of TB as a global health emergency in Africa.
- While the Bank provides the equivalent of roughly £4.60 in TB financing per estimated TB case outside Africa, it provides **less than 55p per TB case within Africa** despite the fact that the Bank acknowledges TB treatment interventions, specifically DOTS, as one of the most cost-effective public health investments.
- In light of Africa's escalating TB emergency and the emergence of XDR-TB, the World Bank can no longer afford to neglect this fierce contributor of poverty and leading cause of adult mortality on the continent.
- The bottom line is that the World Bank's approach to TB control in Africa is one of '**Enduring Neglect**', which cannot be allowed to continue.

## XDR-TB an Emergency and an Opportunity

Recent outbreaks of extensively drug resistant TB (XDR-TB) in southern Africa pose an **unprecedented global public health threat.** XDR-TB has very high mortality in people with AIDS and threatens to reverse the progress made in AIDS treatment scale-up and progress achieved in TB control.

**At gravest risk are the poor, and people with HIV/AIDS.** In a recent outbreak of XDR-TB in South Africa, 52 of 53 patients with the disease died — half within two weeks. All of those tested were HIV positive and 14 were already on anti-retroviral HIV/AIDS medications (ARVs). Some of the patients contracted XDR-TB while attending a support group for AIDS patients.

No one is immune from XDR-TB as this form is spread through the air in the same way as standard TB. **To date, XDR-TB has been found in 27 countries, including 7 of the G8 countries.** This outbreak is the tip of the iceberg of a drug-resistant TB epidemic in Africa and points to the urgent need to find and treat all multidrug-resistant and XDR-TB cases now, and

strengthen TB programmes across Africa to prevent the further development and spread of drug-resistant TB.

**XDR-TB is entirely human-made and arises in the context of poorly funded and poorly managed TB control programmes,** underscoring the importance of fully supporting TB control efforts and the Stop TB Partnership's *Global Plan to Stop TB 2006–2015*. The World Bank must scale up TB financing to contribute its share of achieving the Global Plan.

## TB at the Heart of HIV/AIDS Agenda

While TB control is of the utmost urgency, it is also a tremendous opportunity for progress on HIV/AIDS. Recognizing the deadly links between TB and HIV/AIDS, and addressing them with equal priority, is one of the most promising ways to make gains against both diseases.

There is almost no better entry point for identifying individuals who need anti-retroviral therapy than expanding TB services and linking these services to HIV services. As Nelson Mandela said at the 2004 International AIDS Conference, "*We cannot fight AIDS unless we do more to fight TB.*" **TB is a leading killer among HIV-positive people worldwide and one-third of the more than 40 million people with HIV/AIDS are co-infected with TB.**

Major initiatives with dedicated resources have been launched by the World Bank for HIV/AIDS and malaria in Africa, but investment in TB remains very low. Given the large burden of TB in Africa, the fact that TB is curable through DOTS, one of the world's most cost-effective and pro-poor strategies, and that Africa faces the largest funding gaps, **the Bank has shown neglect in not providing the same level of attention and resources to TB.**

**The Bank has an obligation and an opportunity to demonstrate leadership in helping to close the TB financing gap for Africa. Over the next decade the Bank should provide TB financing for Africa at a level commensurate to the Bank's response to HIV/AIDS and malaria.**

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This action sheet was produced in collaboration with RESULTS Education Fund.

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