

August 2008 action:

## Two diseases attacking as one

**RESULTS**  
the power to end hunger and poverty

Despite progress, the UK's response to TB/HIV co-infections remains flawed

*"If we can't get the TB and HIV communities to work together we are being less intelligent than the microbes".*

Winston Zulu, Zambian TB and AIDS activist

### TAKE ACTION

1. Please visit your MP, urging him/her to write to the Secretary of State for International Development impressing upon him the need to strengthen DFID's TB/HIV strategy.
2. Explain the importance of a collaborative response to the TB and HIV/AIDS epidemics
3. Welcome the recent inclusion of TB in DFID's updated AIDS strategy.
4. Emphasise the need for DFID to release *detailed* plans for how they plan to scale up their TB/HIV collaborative activities, including specific targets and indicators for measuring success.
5. Request a reply.

### An important breakthrough

Following a report published in November 2007 by RESULTS UK, *An Inadequate Response: More than two decades of complacency in addressing the TB/HIV co-epidemic*, Prime Minister Gordon Brown wrote to us giving his assurance that the co-epidemic of TB/HIV would be addressed in DFID's revised AIDS Strategy. True to his word, TB was indeed explicitly mentioned and incorporated into newly revised AIDS strategy. This is a significant step forward and is a sign that the government and more broadly the international community is at last beginning to recognise the necessity of treating both diseases with renewed vigour and greater collaboration.

### Turning rhetoric into reality

One of the key messages of the AIDS strategy is the need to provide an integrated and co-ordinated response to TB/HIV, as we have long been campaigning for; the strategy rightly acknowledges, "It is important to improve rates of TB diagnosis among PLWHA – and to improve HIV diagnosis among people with TB". However, we are concerned that these recommendations along with others face major challenges in being implemented and we must

question what systems are in place to ensure the effective implementation of all of the strategy recommendations at country level.

A recent survey of DFID country offices found a near-total failure to implement DFID's policy recommendations at country level. DFID must therefore make strenuous efforts to ensure that the recommendations laid out in the AIDS strategy are fully endorsed and implemented at a country level.

### Funding

DFID's AIDS Strategy details welcome financial commitments; £6 billion on health systems and services up to 2015, and £200 million on social protection programmes over the next 3 years, as well as noting the £1 billion pledged in 2007 to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) up to 2015.

As welcome as these funding pledges are, DFID has yet to clearly state how this funding will reach those most affected by TB/HIV or how they will provide a co-ordinated and integrated response to the co-epidemic. The House of Commons International Development Select Committee noted in their 2007 report on

DFID that they emphasise inputs over outcomes in the delivery of its aid, an assessment we would tend to agree with.

### **The need for targeted action**

There is also concern that despite the acknowledgement of the need to tackle TB/HIV, the strategy lacks any specific targets or dedicated funding to address this dual pandemic. This is primarily due to DFID preferring to provide broad sector-wide budgetary support rather than channelling funds into targeted, disease specific programmes.

There is continued debate amongst health professionals, NGO's and policy makers as to which approach is better. This debate is unlikely to be resolved any time soon but we believe that DFID's over emphasis on budget support may prove to be a stumbling block in its endeavours to tackle TB/HIV in a co-ordinated and collaborative way. We believe that targeted investments are important for addressing priority diseases like TB and HIV as part of a broader approach to improving health systems.

Targeted investments also reduce the chance that allocated funds become 'stuck' due to burdensome bureaucracy or 'lost' due to corruption. This view is echoed by the Executive Director of the International Union Against Tuberculosis and Lung Disease, Dr Nils Bilo who said that "Unfortunately...the money sticks at the top. It maybe goes one level down but it does not trickle down to where it is needed...Many countries have millions of dollars in the bank and are not using them, so they are not getting it to where it should be."

We are concerned that the preference for health systems strengthening in the strategy and the lack of disease-specific investment targets will result in a lack of properly invested,

monitored and evaluated support to tackle the TB/HIV co-epidemic. Our concerns are shared by the House of Commons Public Accounts Committee, which recently raised concerns over DFID's preference for budget support stating that "DFID does not know how good an instrument this is in reducing poverty."

### **Measuring impact**

DFID will only be able to assess whether or not its policies are being properly implemented at country level if there is an effective monitoring system and comprehensive results-oriented target-led strategy in place to ensure proper implementation and subsequent scrutiny and evaluation. Without clear investment targets and more detailed and specific targets for tackling TB/HIV than exist at present we are concerned that DFID will not be able to assess whether the UK's aid, along with the welcome policy recommendations made in the strategy, will benefit those whose lives are being blighted by the two deadly diseases.

### **Conclusion**

The recent inclusion of TB in DFID's updated AIDS strategy must be broadly welcomed as a step in the right direction but our quest to dramatically scale up the UK's response to this dual pandemic is by no means over as there are significant shortcomings in the strategy. The lack of disease-specific investment and policy targets, the absence of a sufficient monitoring system, the disjuncture between policy and practice, as well as the overwhelming focus on health systems support at the expense of targeted programmes all need to be urgently redressed if we are to successfully tackle the scourge of TB and HIV/AIDS.