

## Introduction

In 1993 the World Health Organisation (WHO) declared Tuberculosis (TB) a global emergency, creating worldwide attention to a disease that many thought had disappeared. Almost two decades later, TB remains a massive health problem around the world, killing over 2 million people and infecting another 9 million every year. The greatest burden of TB is felt in developing countries; however, TB is also on the increase again in parts of the developed world including the United Kingdom, where over 8,000 cases of TB were reported in 2008.

In January 2006, the Stop TB partnership (established in 2000) launched the *Global Plan to STOP TB 2006-2015* which included the Millennium Development Goal target of halting and beginning to reverse the incidence of TB by 2015 as well as the more ambitious STOP TB targets of reducing TB prevalence and deaths by 50% relative to the 1990 baseline. The partnership has grown to include over 700 members including governments, NGOs, research organisations, and other institutions as well as affected communities.

The UK government, as a member of the STOP TB partnership has made several commitments and pledges to help fight TB both at the international and national level.

## What has the UK done so far to meet its global commitments?

In 2006, former British Prime Minister, Tony Blair, was the first G8 leader to sign the global 'Call to Stop TB'. The campaign called for financial and political commitment to the *Global Plan to Stop TB 2006-2015* launched earlier that year. Through its Department for International Development (DFID), the UK government has been a strong supporter of a number of international organisations working to address TB including the WHO's STOP TB department, the STOP TB Partnership, the World Bank and the Global Fund to Fight AIDS, TB and Malaria (GFATM). The UK is also a founding member of UNITAID which is helping to improve access to quality drugs for AIDS, TB and malaria. The UK government is trying to meet its global commitments by:

- **Supporting Global Partnerships:** DFID provides core funding to the World Health Organisation (WHO), which has developed the Directly Observed Treatment Short-course (DOTS) strategy in which patients take their drugs under a health worker's supervision (to ensure that they get the recommended doses at the appropriate intervals). DFID has also been a key donor to the Global Fund to Fight AIDS, TB and Malaria and has committed £1 billion to the Fund up to 2015. This includes a commitment of £360 million from 2008-2010. In November 2008, the UK government committed £220 million (over a period of five years) for prevention technologies for HIV, Malaria and TB. On World TB Day 2009, DFID made a £18m contribution to the Global TB Alliance which is a proportion of this £220m. DFID also supports the global Stop TB Partnership, and has committed £7 million to it through to 2007.
- **Supporting country programmes:** in addition to contributing to TB control through multilateral funding, DFID also support TB programmes in a number of countries bilaterally. For instance in China, DFID has allocated £28 million over 7 years in partnership with the World Bank towards reducing tuberculosis morbidity and mortality through an effective and sustainable National TB control programme focused on the poor. One of DFID's biggest bilateral TB contributions was to India's Revised National Tuberculosis Control Programme II, which was a total of £42m, from 2005-2010, but unfortunately despite the success of the programme and continued need for funding, DFID has decided to discontinue this support.

In total, DFID's contribution to TB control in 2007/2008 was £34.83 million and this amount increased in 2008/2009 to reach £41.48 million. It is important to note that there has been a shift to funding less bilateral programmes and contributing more towards multilateral funding, this making it difficult to track the real investment made in TB control

by the UK government because amounts spent on TB are often not reported separately, instead being subsumed in larger commitments to healthcare.

### **International efforts to fight TB and the impact of the economic crisis on global funding**

At the international level, the GFATM plays a central role in TB control as it is the main source of finance for programmes to fight AIDS, TB and malaria. It is estimated that the GFATM provides 57% of international financing to TB. By December 2008, programmes supported by the GFATM have provided 4.3 million people with effective TB treatment and have generally contributed to saving 3.8 million people who otherwise would have died of AIDS, TB or malaria.

However, the economic crisis could seriously impede the progress made in reducing the prevalence of TB globally, as the GFATM and the Stop TB Partnership's Global Plan to Stop TB Malaria face deficits in funding. The GFATM has announced a funding gap of \$4 billion between resources currently available and those needed to meet the \$13.5 billion demand from countries for 2008-2010. The GFATM's Third Voluntary Replenishment will be held in New York in October 2010; this is the event at which donor governments will pledge funds to meet the demands from countries for the period 2011 through to 2013. The economic downturn could lead to reduced contributions to the fund, as donor countries are tending to decrease their Overseas Development Assistance (ODA). Reduced financing of TB programmes could jeopardize the development of new tools ((vaccines, drugs, and diagnostics) and result in an increase of the spread of TB and in resistance to existing TB drugs.

Yet many experts believe that increased funding for TB programmes does not only ameliorate the effects of recession, but could stimulate economic growth and also have positive effects on development. Indeed, a report by the World Bank <sup>1</sup> shows that the economic cost of TB-related deaths (including HIV co-infection) in Sub-Saharan Africa from 2006-2015 is approximately \$519 billion when there is no effective TB treatment; on the other hand, if countries implemented strong TB control programmes they could see their economic benefits exceed their costs by around 9 times.

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<sup>1</sup> The full report *Economic Benefit of Tuberculosis Control* is available here [http://www-wds.worldbank.org/servlet/WDSContentServer/WDSP/IB/2007/08/01/000158349\\_20070801103922/Rendered/PDF/wps4295.pdf](http://www-wds.worldbank.org/servlet/WDSContentServer/WDSP/IB/2007/08/01/000158349_20070801103922/Rendered/PDF/wps4295.pdf)