



Living with HIV, Dying of TB

A Critique of the Response
of Global AIDS Donors
to the Co-epidemic

Advocacy to Control Tuberculosis
Internationally (ACTION)

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action
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The ACTION project is an international partnership of advocates working to mobilize resources to treat and prevent the spread of tuberculosis (TB), a global disease that kills one person every 20 seconds. ACTION's advocacy is premised on the belief that more rapid progress can be made against TB by mobilizing resources and building support for effective TB programming among policymakers and other opinion leaders in both high TB burden countries and donor countries.

ACTION is a project of AIDES (France), Avocats Pour la Santé dans le Monde (France), Global Health Advocates, Indian Network of People Living with HIV/AIDS, Kenya AIDS NGOs Consortium, RESULTS Canada, RESULTS Japan, RESULTS UK, and RESULTS Educational Fund (US).

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Executive Summary

THOUGH PREVENTABLE AND TREATABLE, TUBERCULOSIS (TB) IS THE LEADING KILLER OF PEOPLE LIVING WITH HIV/AIDS (PLWHA). Without proper treatment, approximately 90 percent of PLWHA die within months of developing active TB. New, extensively drug-resistant TB (XDR-TB) strains pose a particular and growing threat, with mortality rates from XDR-TB exceeding 95 percent in PLWHA in some cases.

The deadly synergy of TB-HIV presents a massive public health threat to PLWHA and to the communities in which they live. Since 1990, annual new TB cases have tripled in countries with a high prevalence of HIV, and the newest data — generated as a result of improved efforts to provide HIV counseling and testing to TB patients — show that the epidemics have converged to a greater extent than previously realized. In 2007 the World Health Organization (WHO) estimates that 1.4 million people were newly co-infected with TB and HIV — double the previous year's estimate. In Africa, which bears the highest rates of both diseases, more than half of estimated TB deaths in 2007 were among PLWHA.

In 2002 WHO laid out clear policy recommendations for implementing an integrated approach to the co-epidemic. Since that time, *it has become crystal clear that effective HIV/AIDS program must address TB as the disease most likely to kill people living with HIV.* Despite a wealth of evidence and clear guidance, however, a concerted, integrated response to the co-epidemic has yet to coalesce: in 2007, WHO estimates that worldwide only 2 percent of people with HIV were screened for TB.

For this report, the ACTION project analyzed the responses of four of the world's largest donors to HIV/AIDS initiatives to the TB-HIV co-epidemic. Acknowledging that much of this response needs to be driven by affected country governments and implementing programs, ACTION asked a simple question: are donors doing all they can to ensure that the HIV/AIDS programs they fund are addressing the most likely cause of death among the people they serve?

To answer this question, ACTION analyzed the TB-HIV policies, funding, programming, and monitoring/evaluation efforts supported by the United States President's Emergency Plan for AIDS Relief (PEPFAR), the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM or Global Fund), the UK Department for International Development (DFID), and the World Bank's Multi-Country HIV/AIDS Program for Africa (MAP). The results of this analysis are described below.

RESOURCES ARE INSUFFICIENT. To varying degrees across the donors, TB-HIV activities remain under-funded. WHO projects that approximately \$19 billion will be needed to reduce TB-HIV deaths by 80 percent by 2015, including \$6 billion specifically for integrated TB-HIV activities. The Global Fund makes its funding levels transparent and accessible, but data show that only a small portion of total HIV/AIDS and TB funding is directed toward TB-HIV activities. In some cases, proposals include ambitious TB-HIV activities, but without the budget to match. PEPFAR is unique among the donors in having a dedicated budget line for TB-HIV, and available data show a significant scale-up in funding over time. Beyond aggregate funding levels for each country, however, PEPFAR's TB-HIV spending is hard to track. And despite clear increases in funding over time, TB-HIV activities

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continue to comprise only 4 percent of PEPFAR's program budget. DFID and the World Bank documents give no information about funding levels for TB-HIV, and available information about the programs each supports suggests funding levels are likely minimal.

TB-HIV POLICIES VARY CONSIDERABLY — FROM CLEAR AND AMBITIOUS TO INCOHERENT OR NONEXISTENT. PEPFAR has coherent, ambitious TB-HIV policies that must be better leveraged to scale up activities at the country level; country implementation of current policy guidance varies widely. The Global Fund Board recently approved a new decision point that calls on grantees to ensure better integrated, and more robust, TB and HIV/AIDS collaborative services. However, to date the Global Fund Secretariat's policy guidance has been weak, embodied by a single footnote on the grant application that encourages TB-HIV integration. The Secretariat also relies heavily on technical support provided to applicants by international agencies to ensure that TB-HIV is adequately addressed in proposals. While the Bank's *HIV/AIDS Agenda for Action* commits to integrating HIV/AIDS services with those for other diseases, particularly TB, the MAP has no policy strategy for integrating TB and HIV/AIDS efforts. While collaborative TB-HIV activities are eligible for MAP funding, they are not required components of MAP projects. DFID's AIDS strategy recognizes that "more needs to be done" to expand access to TB-HIV services, but it lays out no guidance for doing so.¹ Among 24 DFID country offices responding to a survey, none of their Country Assistance Plans included any mention of TB-HIV.

PROGRAMMING IS INADEQUATE. PEPFAR planning documents show an upward trend in planned TB-HIV activities over five years, but the scale of planned activities remain modest and PEPFAR's own planning guidance calls TB-HIV scale-up "slow."² TB-HIV activities are characterized primarily by the provision of HIV counseling and testing within TB settings, which, while hugely important, misses PEPFAR's comparative advantage of addressing TB screening within HIV settings in order to ensure all PLWHA are screened for TB. Almost 80 percent of the Global Fund's most recent TB grant proposals, and 40 percent of HIV/AIDS proposals, include at least one TB-HIV collaborative activity. An analysis of projects in countries accounting for more than half of the world's TB-HIV burden, however, shows that TB-HIV activities tend to be narrow in scope and fail to include adequate budget lines to achieve specified goals. World Bank MAP project documents make passing reference to TB-HIV, with few planned activities and no discernible budget lines. Though DFID supports a small number of important bilateral projects that include TB-HIV collaborative activities, its shift away from project funding toward directly supporting countries budgets makes it difficult to assess what activities it supports.

MONITORING AND EVALUATION OF TB-HIV ACTIVITIES IS NON-EXISTENT, INCONSISTENT, OR INADEQUATE. PEPFAR has an M&E framework for TB-HIV, and programs are required to report on several indicators. It has not, however, routinely tracked the numbers of PLWHA screened for TB. PEPFAR is currently in the process of revising these indicators going into the initiative's second phase, with additional TB-HIV indicators under consider-

1. DFID. 2008a. *Achieving Universal Access – The UK's strategy for halting and reversing the spread of HIV in the developing world.* <http://www.dfid.gov.uk/pubs/files/achieving-universal-access.pdf>.
2. PEPFAR. 2007b. PEPFAR FY2008 Country Operational Plan Guidance. Washington, DC: OGAC.

ation. The Global Fund recommends a set of TB-HIV indicators for TB and HIV/AIDS programs, but in-country stakeholders decide which indicators to track, resulting in a tension between a country-driven process and the need to ensure programs adequately monitor and evaluate TB-HIV activities. The inconsistency with which TB-HIV indicators are adopted across programs has prevented the Secretariat from monitoring and evaluating the efficacy of TB-HIV activities in the aggregate. The Africa MAP's new M&E framework includes no required TB, TB-HIV, or OI indicators. DFID's new AIDS strategy also includes no quantitative TB-HIV indicators within its M&E framework.

Given the immense impact that TB has on the lives of people living with HIV, the above donors have an obligation to pursue TB-HIV integration in an ambitious, transparent, and measurable way. Unprecedented resources have been invested in HIV/AIDS throughout developing countries, but without a concomitant scale-up in basic TB control and without a concerted response to TB-HIV. TB now threatens the successes borne out of that investment. As PLWHA gain greater access to health services, the risks of heightened TB transmission in clinical settings becomes real and substantial. In the worst case, intensive global efforts to reduce the burden of HIV/AIDS may be, albeit unintentionally, facilitating the transmission of the disease most likely to kill people living with HIV.

KEY FINDINGS

UNITED STATES PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF (PEPFAR)

- ▶ PEPFAR has strong policy guidance on TB-HIV, including program-wide goals to achieve, as part of a global effort, universal access to core TB-HIV services. While PEPFAR country teams set annual targets for TB-HIV service implementation, the program does not set aggregate targets.
- ▶ Strong guidance backed with significant funding has contributed to several important "success stories" in TB-HIV programming that now must be taken to scale across all supported programs.
- ▶ Since 2004, PEPFAR Country Operational Plans (COPs) have shown an increasing number of PEPFAR project components planning to implement at least one TB-HIV activity. Despite progress, in FY08 COPs, just 23.1 percent of project components reported plans to implement at least one TB-HIV activity.
- ▶ PEPFAR has had some success scaling up HIV testing in TB settings, but has largely missed leveraging the program's comparative advantage to scale up TB services in HIV settings.
- ▶ Country teams are encouraged to screen all PLWHA for TB as a priority, and anecdotal reports suggest that implementing partners are increasingly providing screening. However, PEPFAR does not routinely monitor TB screening for PLWHA and does not know how many PLWHA in its programs have been screened for TB. New "next generation" indicators, if adopted as planned, will make TB screening a standard part of PEPFAR's M&E framework.

GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA

- ▶ In current Global Fund TB and HIV/AIDS grant application forms, the only guidance recommending TB-HIV integration is included as a footnote, resulting in limited attention paid to TB-HIV in grant proposals.

- ▶ An analysis of Global Fund TB and HIV/AIDS proposals from funding Rounds 5 through 7 for nine countries, together accounting for more than half all new estimated TB-HIV cases in 2006, shows that most lacked the basic set of TB-HIV services as recommended in the WHO interim policy.
- ▶ In these nine countries only an estimated \$6.8 million was budgeted for TB-HIV activities in 2008, and in some cases TB-HIV activities had no associated budget line.
- ▶ Global Fund programs have not effectively monitored the implementation of key TB-HIV activities. TB-HIV indicators are recommended, though not required. Variability in the use of indicators across projects has hampered capacity to monitor and evaluate TB-HIV activities in the aggregate.
- ▶ In 2008 the Global Fund board adopted a decision point that, if implemented effectively, could lead to significantly improved TB-HIV integration within proposals in future funding rounds.

UK DEPARTMENT FOR INTERNATIONAL DEVELOPMENT

- ▶ Despite a strong policy commitment to TB-HIV, DFID has provided little evidence with which to measure the scale or impact of its support for collaborative TB-HIV activities on the ground. DFID's HIV/AIDS strategy does not outline what specific measures the agency will take to implement its TB-HIV recommendations.
- ▶ Half of DFID country offices responding to a survey identified insufficient TB-HIV collaboration as a challenge to addressing TB. Sixty-three percent of country offices anticipated an increase in TB-HIV co-infection rates over the next five years.
- ▶ DFID does not track or disaggregate what proportion of its bilateral funding goes to support TB-HIV activities, which may fall under HIV, TB, or broader health budget lines. A survey of DFID country offices demonstrated that they were unable to report how much funding support they have provided for TB-HIV in their respective host countries.

WORLD BANK'S MULTI-COUNTRY HIV/AIDS PROGRAM FOR AFRICA

- ▶ An analysis of publicly available documents suggests that the Africa MAP's efforts to address TB-HIV have been inconsistent and poorly tracked; neither a comprehensive strategy nor M&E framework for TB-HIV has guided activities within the program.
- ▶ Though TB-HIV activities are eligible for MAP funding, from public documents it is impossible to determine how much funding, if any, has been provided to support TB-HIV programming.
- ▶ MAP projects have not tracked the numbers of PLWHA screened for TB or provided with appropriate follow-up services. The MAP's new M&E framework includes no required indicators to track activities relating to TB-HIV or even opportunistic infections (OI) generally.
- ▶ Compared to first-generation MAP projects, second-generation projects demonstrate limited progress toward carving out space for TB-HIV efforts. A few projects from among the sample analyzed monitor TB-HIV indicators and discuss TB as the OI most likely to kill PLWHA, but it remains impossible to determine the extent to which these projects support TB-HIV activities.