

# **Proposed Draft Roadmap to intensify action to reach the TB MDGs in Africa. 2005-2007**

*Prepared for discussion by the Coordinating Board of the Stop TB Partnership  
May 4, 2005, Addis Ababa, Ethiopia\**

## **Summary Recommendations**

### **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
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- 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

## **Background**

The prospect for reaching the tuberculosis Millennium Development Goals (MDGs) looks much more achievable in most parts of the world except for the African continent where the HIV epidemic and the poor performance of health systems impede progress. It is coming clearer that achievement of the MDGs at the global level depends on their achievement in Africa and other high HIV prevalence settings. Therefore, Africa is fast becoming the battleground to reach the TB MDGs. This document complements the background document prepared for discussion by the CB and gives details on activity areas and financing needs to address the main problems described in the discussion paper in the coming 2 years (2006-2007). It builds on the Global Plan to Stop TB (2006-2015), which sets out the actions needed to reach the MDGs.

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## 1. Recommendations to Stop TB Coordinating Board

### 1.1. Increase the visibility of TB as a main health agenda in regional health and development initiatives

**Aim:** To enhance the importance and profile of TB as one of the leading health agenda in the continent with implications to overall regional development.

**Proposed activities:**

- *Liaise with the Social Commission of African Union and WHO Regional Office for Africa to make TB in the topmost list of regional health initiatives, such as the upcoming Health Forum of the African Union.*
- *Assign a focal point within the CB to engage in relevant health related consultations and discussion of the NEPAD programme of the African Union so as to contribute towards the implementation of its TB recommendations.*
- *Advocate for an African Union TB resolution that recognises the extent of the problem and the challenges faced by the world to achieve the TB MDGs.*
- *The chair of the CB (or his/her designate) to regularly participate in the regional committee meeting of AFRO.*
- *The CB to formally request AFRO to have a slot in the agenda in the upcoming Regional Committee meeting, which will be held in Maputo, Mozambique (22-26 August 2005).*

**Time line:** Continuous (2005-2007)

**Estimated cost:** 100,000 USD

### 1.2. Launch a Stop TB Partnership for Africa

**Aim:** To solicit unprecedented level of political commitment and multisectoral involvement at all levels so as to accelerate the implementation of regional TB recommendations and strategies to achieve the MDG TB targets by 2015, and to work towards eliminating TB as a global public health problem by 2050.

**Proposed Activities:**

- *Create a task force that will lead the establishment of the Stop TB Partnership for Africa.*
- *Support a situational analysis to identify best mechanisms and existing opportunities to establish effective Stop TB Partnership for Africa.*
- *Develop a short term advocacy strategy to garner political, popular and financial support from the Africa Union, Economic Commission for Africa, major international donors and technical agencies working in Africa, regional health related professional associations, NGOs, private sector and corporate organisations.*
- *Support sustained multi-lingual continental media campaigns to stimulate interest and raise awareness about the value of the Partnership among national authorities and international stakeholders, including technical agencies and NGOs.*

**Time line:** To be launched on March 24, 2006 (World TB Day)

**Estimated cost:** 150,000 USD

### 1.3. Organise high-level missions to high burden countries

**Aim:** To garner the support of African leaders of particularly high burden countries to ensure TB is placed high on the political and development agenda.

**Proposed activities:**

- *Conduct high level missions to five high burden countries. These missions shall, amongst others,*
  - *Meet heads of state, ministers of health, finance and planning.*

- *Initiate the establishment of National Stop TB Partnerships in the respective countries.*
- *Discuss the mainstreaming and inclusion of TB in Poverty Reduction Strategy Papers (PRSPs) and other development strategies such as Medium Term Expenditure Frameworks (MTEFs), Poverty Reduction Support Credits (PRSCs), Sector Wide Approach (SWAP) and Heavily Indebted Poor Countries (HIPC) Initiative with national stakeholders including line ministries and civil society organisations.*
- *Advocate for ISAC support to achieve the MDGs in the respective countries.*
- *Link the mission in each of the countries with high international and national media coverage and as well as with high profile national stakeholders consultation meeting including NGOs, civil societies, HIV/AIDS Organisations including patient activists.*
- *Organise regular Africa-to-Africa missions by members of the coordinating board and others to selected countries to promote experience and best practice sharing among African countries.*

**Timeline:** 2005 to mid 2006 and up to 2007 (for Africa-to-Africa missions)

**Estimated cost:** 500,000 USD

#### 1.4. Organise the next Stop TB Partner's Forum (2007) in Africa

**Aim:** To solicit political support and commitments from African Heads of States and partners.

**Proposed activity:** *Conduct the next Stop TB Partner's Forum in one high TB burden African country with particular emphasis of broad-based stakeholders mobilization.*

**Timeline:** 2007

**Estimated cost:** 300,000 USD

#### 1.5. Organise an African TB Financing Summit

**Aim:** To mobilise new financial resources and solicit renewed commitments among major donors and stakeholders, and also to enhance financial sustainability for TB control in Africa to achieve the MDGs. The summit will emphasize and seek novel ways to ensure the inclusion of TB control in broader financial and planning frameworks such as PRSPs, MTEFs, PRSCs, SWAPs and HIPC.

**Proposed activity:** *A high level summit involving major donors, regional agencies and other stakeholders to explore new funding and also reassure the commitment of major donors and sustainable funding.*

**Timeline:** Mid 2006

**Estimated cost:** 250,000 USD

#### 1.6. Reach out to major institutions supporting African health and development:

**Aim:** To solicit and further consolidate the support of major institutions for TB control in Africa with special focus on sustainable financing, strengthening of the health system and DOTS and expansion of collaborative TB/HIV activities.

**Proposed activity:** *Selected CB members and African partners will meet with the heads of World Bank, African Development Bank, Global Fund to Fight AIDS, TB and Malaria, World Health Organisation, UNAIDS, the Office of the Global AIDS Coordinator of the US Government, European Union, World Economic Forum, and other bilateral donor agencies in their respective head quarters to discuss TB control in Africa and solicit their support.*

**Timeline:** 2005- mid 2006

**Estimated cost:** 100,000 USD

### 1.7. Continue supporting the Global Drug Facility (GDF) and Direct Procurement Services

**Aim:** To ensure regular supply of low cost and high quality anti-TB drugs, and technical assistance to more African countries.

**Proposed activities:**

- *Support the Secretariat of GDF to increase the number of African countries using the Direct Procurement Service, which provides low cost and high quality drugs for countries with specific budget lines for drug procurement.*
- *Organize sustained advocacy activities to (a) encourage countries to use the Direct Procurement Service, including allocating a regular budget to procure anti-TB drugs (b) encourage Ministries of Health to include in National TB control strategic and implementation plans specific activities to enhance local capacity to manufacture anti-TB drugs and provide technical capacity on drug management.*

**Timeline:** 2005-2007

**Estimated Cost:** 100,000 USD

**Total cost for the activities of the Coordinating Board= 1.5 million USD**

## 2. Recommendations to African governments and health policy makers

### 2.1. Mainstream TB in development agenda and initiatives

**Aim:** To increase the visibility of TB as one of the major health problems influencing economic development and thus enhance concerted action to tackle it.

**Proposed activities:**

- *Strategies and interventions to address TB should be included in PRSPs of countries, including in the revision and new developments of these papers.*
- *Discuss the mainstreaming and inclusion of TB in PRSPs and other development strategies such as MTEFs, PRSCs, SWAPs and HIPC Initiative.*
- *Ministries of Health of particularly of those countries yet to develop PRSPs and those in revision stages should conduct sustained national advocacy campaigns targeted at inclusion of TB in their PRSPs.*

**Time line:** ongoing

**Estimated cost:** 500,000 USD

### 2.2. Strengthen DOTS services and address broad health system problems

#### 2.2.1. Increase access to quality TB diagnosis and treatment

**Aim:** To consolidate and expand quality DOTS to provide treatment to all patients (smear positive and negative pulmonary and extrapulmonary) through strengthening the health systems and expanding health coverage.

**Proposed activities:**

- *Develop a national health policy and implementation plan which ensure access to quality health care particularly to people living in rural areas and other marginalised segments of the society.*
- *Develop 3-5 years medium term implementation and a 10 year (2006-2015) national TB control strategic plans to achieve the MDG TB targets.*
- *Include regular budgetary commitment from internal resources.*
- *Provide quality TB diagnosis and treatment services through improving laboratory, including culture and other services .*
- *Train a substantial number of middle level health workers and develop a country specific health worker retaining and remuneration strategy.*
- *National TB control strategies and implementation plans should include specific activities pertaining to TB drug surveillance system for multi drug resistant TB.*

**Time line:** 2006-2007

**Estimated cost:** 1,063, million USD

### 2.2.2. Strengthen community involvement in TB and TB/HIV care

**Aim:** To consolidate DOTS and devolve TB care services beyond health facilities to ensure access through forging partnership between communities and the formal health system.

**Proposed activities:**

- *Recognise the role of community members in health services through national health policies and promote their contribution through strategic and implementation plans.*
- *Develop country specific strategies to train and to promote incentives for community members to empower them take responsibility for their own health.*
- *Establish a mechanism to ensure a link between the formal health system and community members engaged in provision of health services (e.g. institute a salaried focal health worker within the formal public health system to maintain strong link )*
- *Encourage NGOs and other civil society organisations to promote the involvement of community members in health services and TB care with emphasis of ensuring sustainability.*
- *Mainstream devolved TB and TB/HIV care into existing viable community based health services and initiatives.*

**Time line:** 2005-2007

**Estimated cost:** 13.3 millions

### 2.2.3. Enhance engagement of NGO and private sectors

**Aim:** to streamline DOTS by integrating it into private practice and NGOs working on health so as to make it accessible to every segment of the society and improve its geographical coverage.

**Proposed activities:**

- *Governments (Ministries of Health, Justice and other line ministries) should draw supportive policies to encourage the involvement of the private and NGO sector in health activities, and particularly in TB control.*
- *Ministries of Health should take sustained national advocacy activities to enhance the involvement of NGOs (particularly those working on HIV/AIDS) and the private sector for TB control.*
- *Ministries of Health should work with other line ministries (e.g. defence, prisons, police etc.), national NGO networks and professional associations to promote their engagement in policy formulation, planning and implementation of national TB control activities.*

**Timeline:** 2006-2007

**Estimated cost:** 37 millions USD

### 2.2.4. Enhance local TB drug manufacturing and procurement capacity

**Aim:** to improve access and ensure sustainability to low cost and high quality anti-TB drugs by strengthening local manufacturing and procurement capacity.

**Proposed activities:**

- *National TB control strategic and implementation plans should include specific activities to enhance local capacity to manufacture anti-TB drugs and promote technical capacity of drug management.*
- *Ministries of Health should encourage and enhance the capacity of local manufacturing plants to include the production of quality anti-TB drugs.*
- *Ministries of Health and Finance should allocate a regular budget to procure anti-TB drugs through the Drug Procurement Service of GDF*

**Time line:** ongoing

**Estimated cost:** cost unknown and to be determined

### 2.3. Expand the implementation of collaborative TB/HIV activities

**Aim:** To decrease the burden of TB and HIV in populations affected by both diseases that build on patient centred effective collaboration between the TB and HIV/AIDS control programmes.

#### Proposed activities

- *Ministries of Health should draw a national TB/HIV policy that recognises the dual TB and HIV epidemic as a priority area and that calls for broad based stakeholder involvement and action.*
- *Ministries of Health, National AIDS commissions and other line ministries should endorse, support and expand the implementation of the internationally recommended collaborative TB/HIV activities as stipulated in Interim Policy on Collaborative TB/HIV Activities. Medium term (3-5 years) implementation and long term strategic plans (2006-2015) need to be developed.*
- *Ministries of Health should formulate a national policy and implementation plan ensuring universal access of HIV testing, including for TB patients.*
- *Ministries of Health, at the minimum, should ensure the screening of TB among PLWHA and access to co-trimoxazole preventive therapy and antiretroviral drugs for HIV infected TB patients.*

**Time line:** 2006-2007

**Estimated cost:** 25.4 million USD

### 2.4. Establish National Stop TB Partnerships

**Aim:** To consolidate national level political commitment and strengthen partnership among different stakeholders in the country to improve TB control and accelerate action to achieve the MDG TB targets.

**Proposed activity:** *Establish National Stop TB Partnerships in the eight high TB burden countries (Uganda has already one) and seven other Francophone countries with high estimated TB rates.*

**Time line:** 2005-mid 2006

**Estimated cost:** 1.5 million USD

## 3. Recommendations for donor agencies, NGOs and technical agencies

**Aim:** to strengthen the concerted efforts of donors, technical agencies and NGOs in the fight against TB through maintaining sustainable and accessible resources, providing coordinated technical assistance and forging partnership so as to help achieve the MDG TB targets.

### 3.1. Major donors renew and further increase financial commitment to TB control

- *Major donors to support the Africa TB Financing Summit which is proposed to be held in mid 2006.*
- *Major donors to continue and increase their financial commitment to Stop TB partners working in Africa.*

### 3.2. Major technical agencies need to coordinate their country support activities

- *International technical agencies need to create a mechanism to collaborate and coordinate than compete in their respective focus countries. Recognising national coordinating mechanisms such as national Stop TB Partnership and TB inter-agency coordinating committees is important.*

3.3. NGOs working on HIV/AIDS should embrace TB

- *Major international NGOs particularly working on HIV/AIDS in African countries should embrace TB as one of their main work areas.*

**Time line:** 2005-2007

**Estimated cost:** not applicable

**Total estimated cost needed is 1, 140 millions for 2006 and 2007**