

Millennium Development Goals and Stop TB: Global Health and Access to Care

Welcome to our 2nd Newsletter, the communication forum between Stop TB Canada members and a source of information for the wider international health community on Stop TB activities in Canada and on international TB projects managed or supported by Canadian organizations.

Stop TB Canada was formed in February 2001 to support Canada in fulfilling its commitment to the G-8 Okinawa 2000 targets to reduce the global burden of TB by 50 percent by 2010. For more information on Stop TB Canada and how to reach us, turn to the last page of the Newsletter.



Stop TB Partnership

IN THIS ISSUE

This issue highlights the international health care targets that followed from the 2000 United Nations (UN) Millennium Development Declaration, progress in Canada to advocate for, enact and bring into force legislation allowing Canadian generic producers to manufacture and export patented pharmaceuticals to countries in need, and other initiatives funded by the Canadian International Development Agency (CIDA) to improve access specifically to TB drugs and services:

- The Millennium Development Goals (MDG)
- The Global Treatment Access Group (GTAG)
- Bill C-9 and Compulsory Licensing of Pharmaceuticals for Export to Countries in Need
- The Global Drug Facility (GDF)
- The IUATLD Fund for Innovative DOTS Expansion (FIDELIS)
- The Global Plan to Stop TB (2006-2015)

IUATLD-NAR VANCOUVER CONFERENCE

The 9th Annual Conference of the International Union Against TB and Lung Disease, North America Region (IUATLD-NAR) on "Challenges to TB Control" will be held in Vancouver from February 23-26, 2005. Further details and a conference application form are available at:

<http://www.bc.lung.ca/IUATLDbrochure.pdf>

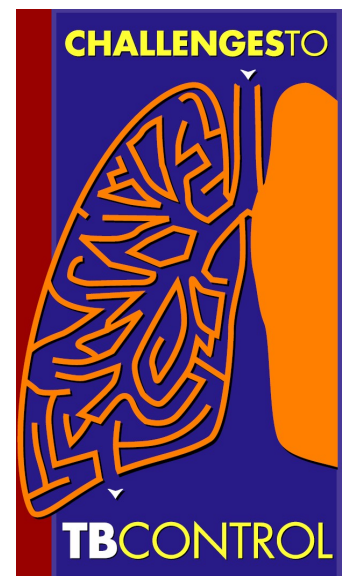
Engaging industrialised nations to meet global targets

In conjunction with IUATLD-NAR, Stop TB Canada has organised a one-day workshop on February 24, on the theme of engaging industrialised nations in the enormous challenge of meeting global health targets. The workshop agenda includes:

- a teleconference update from the Global Stop TB Partnership;
- a panel discussion on sustaining public engagement in global TB control;
- lessons learned on strengthening the effectiveness of development aid from projects funded by the Canadian International Development Agency (CIDA);
- forming strategic alliances with other development and advocacy NGOs.

Participants of the Stop TB Canada workshop must pre-register using the IUATLD-NAR conference application form. The full workshop programme, including invited speakers, is available at:

<http://www.stoptb.ca/conferences.html>



THE MILLENNIUM DEVELOPMENT GOALS

At the UN Millennium Summit in September 2000, 189 nations embarked on the mission to improve the lives of a majority of humanity by adopting the Millennium Development Declaration. To help track progress, goals and targets were defined for reducing poverty, hunger, disease, illiteracy, environmental degradation and discrimination against women, all to be achieved by 2015. Each year the UN Secretary-General must report on progress towards implementing the Declaration. For background material on the MDGs:

<http://www.un-ngls.org/mdg.htm>

	Goal 1 Eradicate Extreme Poverty
Goal 2 Universal Primary Education	
	Goal 3 Gender Equality Empower Women
Goal 4 Reduce Child Mortality	
	Goal 5 Improve Maternal Health
Goal 6 Combat HIV/AIDS & Other Diseases	
	Goal 7 Environmental Sustainability
Goal 8 Global Partnership	

The Millennium Indicators Database

The framework of 8 goals, 18 targets and 48 indicators to measure progress towards the MDGs was adopted by a consensus of experts from the UN Secretariat, IMF, OECD and the World Bank.

Goal 6 is to "Combat HIV/AIDS, malaria and other diseases". Target 8 is to "have halted by 2015 and begun to reverse the incidence of malaria and other major diseases".

Two of four indicators under target 8 are TB related, namely:

- Indicator 23 – Prevalence and death rates associated with tuberculosis;
- Indicator 24 – Proportion of tuberculosis cases detected and cured under DOTS.

The recommended MDG TB control target is to halve TB prevalence and death rates by 2015 compared to 1990 levels. The 1991 World Health Assembly targets of detecting 70% of new smear-positive patients and successful treating 85% of these patients, originally set for 2000 and then postponed to 2005, are considered interim process targets. The Stop TB Partnership has also retained its commitment to the 2010 targets derived from the G8 Okinawa targets to reduce the TB prevalence and deaths by 50% compared to 2000 levels. Full details on the MDG targets and indicators are available at:

http://unstats.un.org/unsd/mi/mi_goals.asp

MDGs and Lung Health

MDGs were the principal theme of the 35th UNION World Conference on Lung Health, organised by the International Union Against Tuberculosis and Lung Disease (IUATLD), held in Paris from October 28 to November 1, 2004. Salil Shetty, Director of the UN MDG Campaign, called for "commitment at the highest level, action at the local level" to achieve development goals that he described as "minimum". He emphasised that this could only be achieved by awareness and involvement of the local communities at whom the MDG campaign is directed.



The Millennium Project

The Millennium Project is an independent advisory body, commissioned by the UN Secretary-General following the Millennium Declaration in 2000, to advise the UN on strategies for achieving the MDGs. The Project is directed by Professor Jeffrey Sachs of Columbia University. The research of the Millennium Project is performed by 10 Task Forces. Each Task Force comprises independent experts drawn from



academia, the public and private sectors, civil society organizations, and UN agencies. Task Force 5 is focused on "HIV/AIDS, Malaria, TB, Other Major Diseases, and Access to Essential Medicine".

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The 10 Task Force Reports have recently been published. The Millennium Project Working Group (WG) on TB recommends the following priorities for action:

1. Ensure access to all to high-quality TB care;
2. Address the TB/HIV emergency now;
3. Engage all primary care providers in high-quality TB care;
4. Partner with communities to stop TB;
5. Stop the spread of multi-drug resistant (MDR) TB;

6. Accelerate the development of critically needed new tools (better diagnostics, new drugs, an effective vaccine);
7. Support the Stop TB Partnership Global Plan to Stop TB.

The TB WG also recommended that the MDG Goal 6 be amended to read: "Combat HIV/AIDS, malaria, tuberculosis and other diseases". The report of the TB WG can be found at:

<http://www.unmillenniumproject.org/html/tf5docs.shtm>

GLOBAL HEALTH IS A HUMAN RIGHT

Global Treatment Access Group

The Global Treatment Access Group (GTAG) is a group of Canadian civil society organisations undertaking joint advocacy to improve global access to medicines and other aspects of the right to health in developing countries, with a focus on HIV/AIDS and related diseases. GTAG encourages other civil society organisations to become members, bear the costs of their participation and contribute as appropriate to GTAG's joint activities. Stop TB Canada is a member of GTAG.

GTAG was instrumental in convening the "Global Health is a Human Right" Ottawa summit in May 2003 attended by participants from Canada as well as South America and Africa. The Summit was co-sponsored by the Canadian Labour Congress, the Canadian HIV/AIDS Legal Network, Médecins sans frontières Canada, the Interagency Coalition on AIDS & Development, the Council of Canadians, Rights & Democracy, the Canadian Union of Public Employees, and the United Steelworkers. The objectives of the summit were to identify ideas for policy advocacy in three areas:



Photo: Jake Wright (GTAG Summit Report)

- the impact of trade and globalisation on commitments towards achieving "Health for All";
- financing global health (Canada's foreign aid, the Global Fund, and debt cancellation);
- corporate social responsibility in supporting public health in developing countries.

GTAG prepared a summit report and developed "A Civil Society Common Platform for Action on HIV/AIDS and Global Health" that was disseminated widely for endorsement and as a basis for future joint advocacy. For a copy of the "Common Platform for Action" and the final report of the summit, including summaries of panel discussions, keynote presentations and workshops of advocacy strategies, go to:

<http://www.aidslaw.ca/Maincontent/issues/cts/GTAGsummit.htm>

Bill C-9 and Compulsory Licensing of Pharmaceutical for Export to Countries in Need

A compulsory license grants someone other than the patent owner the legal right to make, sell or import the patented product, actions that otherwise would infringe the patent. Bill C-9 (An Act to amend the Patent Act and the Food and Drugs Act) makes it possible for Canadian generic pharmaceutical producers to obtain licenses to manufacture medicines that are still under patent in Canada for

export to eligible countries. Introduced as Bill C-56 in November 2003, the legislation was reintroduced as Bill C-9 with the opening of the new Parliamentary session in February 2004. The bill has enormous potential to save lives and reduce suffering in countries that do not have the capacity to manufacture their own generic medicines.

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In September 2003, Canadian civil society organizations and Stephen Lewis, UN Special Envoy on HIV/AIDS in Africa, called on Canada to implement the 30 August 2003 decision of the General Council of the World Trade Organisation (WTO) in which it waived, on an interim basis, the restriction in TRIPS (Agreement on Trade-Related Aspects of Intellectual Property Rights) that states that compulsory licensing may only be used "predominantly" for supplying the domestic market.

In collaboration with other members of the GTAG, the Canadian HIV/AIDS Legal Network campaigned actively for improvements to Bill C-9. As a result of sustained civil society advocacy, the final text of the bill was improved over earlier drafts. Bill C-9 was

finally passed on 14 May 2004 but companion regulations have not been finalized.

According to some GTAG advocates, certain provisions in the bill and in companion regulations pursuant to amendments to the Food and Drugs Act and Patent Act that resulted from the passage of Bill C-9, could effectively suppress competition in the Canadian pharmaceutical industry or impede the export of generic medicines. A parliamentary review of Bill C-9 is scheduled to occur two years from the date it comes into force, at which time proposals for amendments may be brought forward. More information is available at:

<http://www.aidslaw.ca/Maincontent/issues/cts/patent-amend.htm>

GLOBAL DRUG FACILITY (GDF)

What is the GDF?

- How are GDF and DOTS linked?
- Does the GDF provide free drugs to countries?
- What is the GDF White List?
- What is a Stop TB patient kit?

The GDF is an initiative of the Stop TB Global Partnership set up with two primary missions, namely to provide a novel approach to secure access to high quality drugs and, indirectly, to accelerate expansion of DOTS. The GDF offers grants of free drugs for a limited period to countries with a low GNP that demonstrate a commitment to the principles of DOTS. The GDF White List is an easy-to-access catalogue of approved drugs of known good quality. The Stop TB patient kit contains all the drugs required for a full course of treatment of a single TB patient packaged to facilitate dosing. Canada was the first country to fund the GDF and CIDA has consistently been its top donor.

How was the GDF created?

Awareness of the impact of drug delivery on access to TB care led to a Ministerial Conference on "Tuberculosis and Sustainable Development" in March 2000. The resulting "Amsterdam Declaration to Stop TB" called for the creation of a Global Drug Facility (GDF) for TB to support "new international approaches towards ensuring universal access to, efficient national systems of procurement and distribution of TB drugs". In November of the same year, a Core Technical Group was formed to finalize the draft prospectus for GDF. The prospectus was endorsed by the Stop TB Coordinating Board, with a recommendation for evaluation of the performance of the GDF after two years.

How does the GDF work?

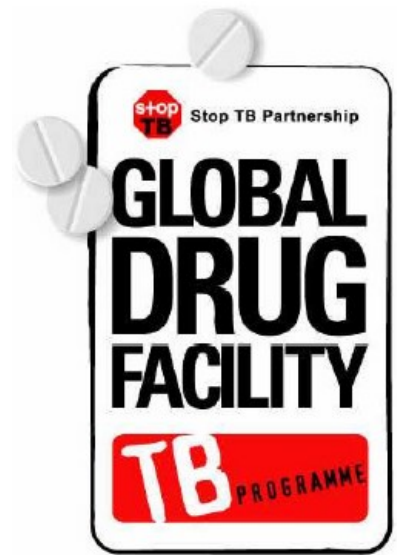
The GDF, housed in the WHO and managed by the Stop TB secretariat, fulfils its two missions through four functions, namely (i) offering grants of first-line

TB drugs to qualifying countries, (ii) scrutinising grant applications, monitoring and evaluating the performance of grant recipients in relation to DOTS, (iii) centralised drug procurement and (iv) mobilisation of Stop TB partners for technical support to countries in preparing grant applications, monitoring progress and setting up in-country drug management. More details are available at:

<http://www.stoptb.org/GDF/>

What has the GDF achieved?

An independent assessment of the GDF was carried out by McKinsey and Company in 2003, based on an analysis of 10 countries, eight of which were GDF grant recipients, and inputs from over 180 related agencies. While it was realised that an assessment of the tangible health outcomes of the GDF was premature considering its short period of operation, it nevertheless had a positive impact in terms of pro-



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viding multiple benefits at different levels. The GDF significantly promoted drug standardization and innovation, patient compliance and accessibility, and increased awareness of price and quality standards of anti-TB drugs. At the time of the assessment, GDF drug grants reached 10% of the estimated 8.8 million patients worldwide and served 8 of 22 High Burden Countries (HBCs) and 16 non-HBCs. In countries such as Moldova and Nigeria, GDF intervention has been very successful, while it has met with moderate success in Kenya, Uganda and Philippines. However, success was limited in Somalia due to the lack of adequate infrastructure. In India, the GDF has had a minimal impact on the overall TB program due to a pre-existing TB financing project that included drug procurement.



STOP TB PATIENT KITS

The recommendations of the assessment committee were that the GDF should concentrate specifically on drug supply, and maintain its direct funding role. Further, though GDF services have demonstrated a maximum utilisation of resources, its management team needs to be further strengthened by augmenting staff strength and skill sets. It was also emphasised that the Stop TB Partnership continues to support GDF activities. The full report is available at:

http://www.stoptb.org/GDF/GDF_Report-April2003.pdf

THE IUATLD FIDELIS PROJECT

The **fidelis** project, or **Fund for Innovative DOTS Expansion through Local Initiatives to Stop TB** arose from discussions in the Stop TB Partnership. Initial funding has been provided by the Canadian International Development Agency (CIDA). The fund is administered by the IUATLD (International Union

Against Tuberculosis and Lung Disease). The basis for the fund is the conviction that where access to health care is limited, the solutions for DOTS expansion lie with the affected communities. By tracking successful projects, **fidelis** will serve to promote innovative ideas that have been pioneered in communities most affected by the disease.



Photo: Clinic in Somalia (**fidelis** website)

Proposed projects must be in countries with a high burden of TB and where the GNI is less than USD 1000. Projects need to conform to the DOTS strategy and deliver care consistent with TB control policies of their country. To ensure that the fund is directed at cost-effective initiatives that provide TB services for patients with poor access, the cost in the first year per additional weighted treatment success must be below US \$80, with full weight given to patients who satisfy a point-system criterion for "limited access".

To date, **fidelis** has funded projects in 13 developing countries, and projects are currently underway in 31 regions. More information is available at:

<http://www.fidelistb.org/>

UPCOMING UNION LUNG CONFERENCE

The next UNION World Conference on Lung Health, organised by the IUATLD will be held in Paris, 18-22 October, 2005 with the theme "Scaling up and sustaining effective tuberculosis, HIV and asthma prevention and control". The deadline for abstracts is 2 April 2005. Further details are available at:

http://www.worldlunghealth.org/docs36/Paris2005_english.pdf

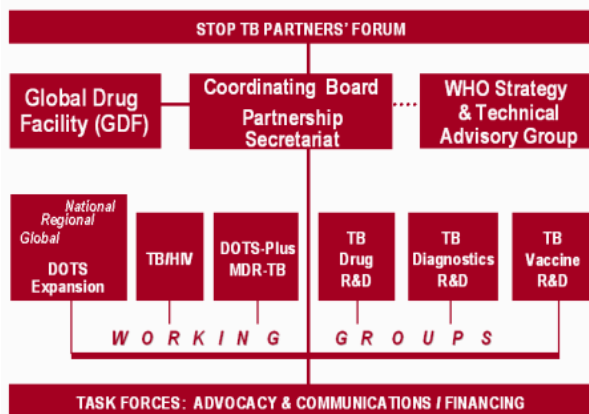


GLOBAL PLAN TO STOP TB (2006-2015)

Under the guidance of the Steering Committee, the Stop TB Partnership Secretariat is coordinating the development of the Second Global Plan to Stop TB (GPSTB), a roadmap for TB control over the next decade. The Plan will set out the actions needed to reach the 2015 global targets for TB control, which are part of the MDGs.

The development of strategic plans by the seven Stop TB Working Groups (WGs) is crucial to the successful development and subsequent implementation of the Global Plan. At its meeting in Beijing in October 2004, the Coordinating Board requested each WG to develop its own strategic plan. WG chairpersons and secretaries met in Beijing straight after the Coordinating Board meeting to discuss the planning process.

Stop TB Partnership Framework



The initial step in planning is to construct possible scenarios on how the activities of the seven WGs could contribute to reaching the targets in 2015. This work on epidemiological and costing projections will provide each WG with the basis for developing its specific strategic plan towards achieving the 2015 global targets.

The Steering Committee will meet in April 2005 to review the progress in developing WG strategic plans. The Coordinating Board's target date for the launch of the GPSTP is the end of 2005.

<http://www.stoptb.org/GPSTB/>



Stop TB Canada was formed in February 2001 to support Canada in fulfilling its commitment to the targets of the G-8 Okinawa 2000 Communiqué to reduce poverty and the diseases of poverty and specifically to halve the global burden of TB by 2010. www.g8.utoronto.ca/summit/2000okinawa/finalcom.htm

Stop TB Canada has the following objectives:

1. To promote and support TB **education** for health care providers, decision makers and the public;
2. To **advocate** for appropriate policies, guidelines and priorities that enhance global TB control;
3. To facilitate and encourage **communication** with our members and partners in an open and transparent manner to advance global TB control;
4. To ensure **collaboration** and co-ordination between Canadian government departments, non-governmental organisations (NGOs), professional organisations, the private sector and other stakeholders in the global fight against TB.

Stop TB Canada is a member of the Stop TB Partnership, a global alliance to accelerate social and political action to end preventable deaths from TB and stop its global spread. To achieve that goal, the Partnership is committed to: promoting universal access to accurate diagnosis and effective treatment by accelerating the expansion of DOTS (Directly Observed Treatment, Short Course) and increasing the availability, affordability and quality of TB drugs; developing effective strategies to prevent and manage multi-resistant and reduce the impact of HIV on TB; promoting research on new diagnostic tests, drugs and vaccines.

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Stop TB Partnership