



Stop Tuberculosis E-News CANADA

Welcome to Stop TB Canada's first e-newsletter, Stop TB e-News. Stop TB e-News serves as a bi-monthly 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.

Calling on G-8 Leaders to Step up Efforts to Halt the TB/HIV co-epidemics in Africa

The G-8 Summit in Scotland (July 6-8) presents a critical opportunity for action by G-8 countries to follow through on development assistance commitments to Africa, including stepping up efforts to halt the scourge of TB.

In Africa, TB has reached alarming proportions with a growing number of TB cases and deaths linked to HIV/AIDS. Currently, TB is the leading killer of people living with HIV/AIDS. According to the World Health Organization, TB incidence rates have tripled since 1990 in 21 African countries with high levels of HIV. Of the 15 countries in the world with the highest TB rates today, 13 are in Africa. As a result, 2.4 million Africans now fall ill with TB and 540,000 people die from it every year. The toll continues to rise by 3-4% annually.

The economic toll from TB on Africa is equally as devastating. A recent report by the African Union, the Economic Commission for Africa, UNAIDS and World Health Organization estimated annual losses of 4 to 7% of Gross Domestic Product due to TB in high burden countries.

Reversing the TB and HIV/AIDS epidemics are among the Millennium Development Goals (MDG) -the United Nation's targets for dramatically reducing extreme poverty in its many dimensions by 2015. Given the overwhelming burden of these two diseases and weak existing health services, this target will not be met in Africa unless the international community takes dramatic and immediate action.

TB and HIV/AIDS have been identified as key crisis issues that necessitate urgent action by G-8 countries. At the Okinawa Summit in 2000, G-8 leaders recognized that infectious diseases, most notably HIV/AIDS, TB and malaria, "threaten to reverse decades of development and to rob an entire generation of hope for a better future." Committing to step up the fight against HIV/AIDS, TB and malaria, G-8 leaders set out to deliver critical UN targets, including reducing TB death and prevalence of the disease by 50 per cent by 2010.

In 2001 at Genoa, G-8 leaders strengthened their resolve to address the epidemics of HIV/AIDS, TB and malaria by initiating the Genoa Plan for Africa and, in conjunction with the Secretary General of the United Nations, establishing the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Most recently, the Commission for Africa, endorsed by Finance Minister Ralph Goodale, identified tuberculosis and its deadly interaction with HIV/AIDS as a priority issue for the G-8. Established by British Prime Minister Tony Blair, the Commission was tasked to identify the key crisis issues impeding Africa's development and to develop proposals for how the G-8, EU and African states can remedy them. Among the Commission's recommendations were: the strengthening of health systems to effectively eliminate diseases like TB; the integration of care for HIV/AIDS and TB; and an increase in financial contributions by donor countries to battle TB, particularly by fully funding the Global Fund to Fight AIDS, Tuberculosis and Malaria.

The question remains, however, whether the political desire and financial capacity exist among G-8 countries to translate these bold commitments into action. The Gleneagles Summit presents a critical opportunity for action by G-8 leaders to follow through on development assistance commitments to Africa, including intensifying action against the dual epidemics of TB and HIV/AIDS in Africa. Scaling up TB programs is an enormous opportunity to extend the lives of those living with HIV/AIDS.

As a leading donor in the fight against TB, Canada is in a unique position to initiate action to halt Africa's spiralling TB epidemic. CIDA has significantly stepped up its efforts to battle TB over the past few years. Most notable is that Canada was the founding donor to the Global Drug Facility (GDF), which has since become a multi-country initiative that has supplied drugs at a greatly reduced cost to TB sufferers in 58 countries. In its four years of operation the GDF has provided 4.4 million TB sufferers with live-saving drugs.

As Canada embarks on preparations for the G-8 Summit, RESULTS Canada and other members of the Global Treatment Access Group (GTAG) are calling on Canada's G-8 representatives to:

- Urge G-8 countries to do their part to close the annual global TB funding gap (estimated at US \$2.5 billion);
- Endorse an emergency Africa TB financing summit in 2006; and
- Assist with monitoring the implementation of a road map for accelerated action on TB in Africa.

Significantly, Canada's G-8 Sous-Sherpa Brian Morrissey, who is responsible for preparing a subset of the summit agenda, has raised the issue of TB/HIV co-infection up in G-8 talks and supports these key recommendations.

For more information on the upcoming G8 Summit, see <http://www.g8.utoronto.ca>.

Stop TB Partnership Reveals Road Map to Intensify Action against TB in Africa

At a meeting in Addis Ababa, Ethiopia in May the Coordinating Board of Stop TB Partnership offered a detailed "Road Map" to halt Africa's spiralling epidemic of tuberculosis, which in combination with HIV, is overwhelming many health services in the region.

Declaring Africa as "the battleground for reaching the global Millennium Development Goals (MDGs) for TB," the Road Map seeks to realize opportunities for improved regional cooperation through the African Union and the New Partnership for African Development (NEPAD), broader engagement of patient and community activists, and importantly increased financing from various multilateral and bilateral donors.

The Road Map estimates that US \$1.1 billion will be needed in 2006-2007 to strengthen TB programs and scale up measures to address TB-HIV co-infection in Africa.

For more information, see <http://www.stoptb.org>.

Road Map's 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
- 1.6. Reach out to major institutions supporting African health and development
- 1.7. Continue supporting the GDF and Direct Procurement Services

2. Recommendations for African governments and health policy makers

- 2.1. Mainstream TB in development agenda and initiatives

- 2.2. Strengthen DOTS services and address broad health system problems
 - 2.2.1. Increase access to quality TB diagnosis and treatment
 - 2.2.2. Strengthen community involvement in TB and TB/HIV care
 - 2.2.3. Enhance engagement of NGO and private sectors
 - 2.2.4. Enhance local TB drug manufacturing and procurement capacity
- 2.3. Expand the implementation of collaborative TB/HIV activities
- 2.4. Establish national Stop TB Partnerships
- 3. Recommendations for donor agencies, NGOs and technical agencies**
 - 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

Canada Now On Its Way to Allowing Export of Lower-Cost Medicines to Developing Countries

Canadian legislation aimed at allowing export of lower-cost medicines to less developed countries finally came into force May 14, 2005.

The Canadian HIV/AIDS Legal Network, with the support of the Global Treatment Access Group (GTAF), has actively campaigned for the timely passage of and improvements to the legislation.

The legislation accompanies the Jean Chrétien Pledge to Africa Act (Bill C-9) which amends the Patent Act and the Food and Drugs Act to facilitate the export of affordable generic pharmaceuticals to developing countries which lack their own capacity to manufacture medicines. In theory, Bill C-9 allows generic drug manufactures to acquire compulsory licenses to produce cheaper generic versions of patented drugs for export to eligible countries in need. The Act was passed unanimously last year, however finalizing the accompanying regulations and amendments in Parliament had stalled its implementation for the past year.

If the legislation is to have an impact on treatment access in less developed countries, the law must now be used. According to the Canadian HIV/AIDS Legal Network, generic drug manufactures and the federal government must be pro-active in using the law to assist less developed countries in need of lower-cost drugs.

For additional information about the Jean Chrétien Pledge to Africa Act see <http://www.aidslaw.ca/Maincontent/issues/cts/patent-amend.htm>.

Make Poverty History

The desire to halt the global TB epidemic is one of many motivators that have compelled more than 135,000 Canadians (and counting) to join the Make Poverty History campaign.

You may have noticed others sporting a white Make Poverty History wristband or have seen Make Poverty History's powerful television ad featuring Canadian and international celebrities urging action to address the crisis of global poverty. The ad uses a dramatic click of the finger every three seconds to mark the death of a child as a result of abject poverty.

Make Poverty History is part of a global call to action against poverty, with national campaigns in more than 50 countries. The campaign is calling for more and better aid; fair trade rules; the cancellations of 100% of the debt owed by the poorest countries; and an end to child poverty in Canada. Importantly, Make Poverty History calls on the Canada to reach the UN target of 0.7% of Gross National Income (GNI) by 2015 by committing to a timetable to increase aid by 12% in each of the next 3 years and by 15% thereafter.

You can add your voice to the campaign by signing your name on the Make Poverty History website: <http://www.makepovertyhistory.ca>.