



All-Party Parliamentary Group on Global Tuberculosis

Annual Report 2009

Update of APPG activities between June 2008 and June 2009

Abbreviations

APPG	All-Party Parliamentary Group
BTS	British Thoracic Society
DFID	Department for International Development
DH	Department of Health
DOT	Directly Observed Therapy
DST	Drug Sensitivity Testing
GFATM	Global Fund to Fight AIDS, TB and Malaria
HPA	Health Protection Agency
IHP	International Health Partnership
IPT	Isoniazid Preventative Therapy
IUATLD	International Union Against TB and Lung Disease
LAC	Latin American Countries
MDG	Millennium Development Goal
MDR	Multi Drug Resistant
MXU	Mobile X-Ray Unit
NGO	Non Governmental Organisation
PCT	Primary Care Trust
PDP	Product Development Partnership
PQ	Parliamentary Question
PRBS	Poverty Reduction Budget Support
R&D	Research and Development
RCN	Royal College of Nursing
SWAp	Sector Wide Approach
WHO	World Health Organisation
XDR	Extensively Drug Resistant

Message of Thanks

The APPG would like to thank all of the individuals and organisations working in TB control and international development who have provided information, guidance and support throughout the year. Particular thanks to RESULTS UK who provide support to, and host the APPG secretariat. In addition, thank you to the staff of the APPG Officers-Tom Davies, Steven Thomas, Sam Wilson and Jon Wellington for their continued assistance.

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History of the APPG

All-Party Parliamentary Groups (APPGs) exist to focus Parliamentary attention and activity on a specific issue. The APPG on Global Tuberculosis was established in 2006 by Andrew George MP (Liberal Democrat – St Ives and Isles of Scilly), Nick Herbert MP (Conservative – Arundel and South Downs) and Julie Morgan MP (Labour – Cardiff North). It was established in response to cross-party concern for the growing scale and impact of the TB epidemic and to reinforce the UK's commitment to halting and reversing the incidence of TB worldwide.

The overall purpose of the APPG is to raise the profile of the global tuberculosis epidemic (which includes the growing incidence of TB in the UK) and to help accelerate efforts to meet international TB control targets.

Key Objectives of the APPG:

- To campaign for TB to be made a political priority for the UK Government, Political Parties and the international community;
- To co-ordinate informed Parliamentary activity on TB;
- To provide a forum for debate and discussion on issues relating to the global TB problem among Parliamentarians and other key stakeholders;
- To promote effective and sustainable solutions that will have a positive impact on meeting global TB control targets;
- To ensure that political and financial commitment for TB control from the UK Government and other sources is proportionate to the global need;
- To work in partnership with other All-Party Groups on cross-cutting issues;
- To build relationships with and support the activities of Parliamentarians in other countries who are working towards similar objectives;
- To be recognised nationally and internationally as an influential and effective partner in the fight against TB.

Structure and Membership of the APPG

The APPG consists of Parliamentary Officers and Members.

Officers:

The three co-chairs of the group remain:

- Julie Morgan MP
- Andrew George MP
- Nick Herbert MP

In addition, in March 2009 two additional officers were elected:

- Doug Naysmith MP – Secretary
- Annette Brooke MP – Treasurer

Members:

As of June 2009, the APPG has 37 members (June 2008=36 members). Members hail from both the House of Lords and House of Commons and from all of the major political parties.

In addition to members, the APPG has a “support network” comprising 197 individuals working in varied areas of health and international development (see table 1). The size of the support network has grown from 103 in June 2008. The Network is an informal structure that is kept informed of the work of the APPG through various communication methods (see page 6). Members of the Network also provide information and guidance to the APPG secretariat and to Parliamentarians directly.

Table 1: Professional affiliation of the APPG “support network”

Affiliate Organisation	Number of people from support network
NHS/Health Protection Agency	80
UN Organisation	9
Governmental Organisation	7
Non-Governmental Organisation	27
Research/Academic Organisations	29
Private Sector	15
Other	30

The APPG secretariat comprises one full time co-ordinator who is hosted and supported by RESULTS UK (an advocacy NGO).

Activity in the past year: Communication

Newsletters

Newsletters were released in July 2008 and in January and April 2009. Newsletters are sent to APPG members, emailed to the APPG support network and posted on the APPG website. Back copies of the newsletters can be found at: <http://www.appg-tb.org.uk/publications.html>

Monthly update reports to Parliamentarians

In order to keep APPG members up to date with new developments and issues in TB and international development, a monthly update report is emailed. This highlights the main points of interest that have occurred in the past month and also informs members of current and future APPG activity.

Website^{*}

The website is a vital tool used by the APPG and is maintained by its secretariat. It is regularly updated to provide details of APPG news, activities and events. It is also a platform to share documents and publications-both from the APPG and other TB-related organisations.

Activity emails to support network

In order to keep the vital APPG support network updated with the work of the APPG, regular updates on activity are emailed. These are essential around major events e.g. World TB Day when much work is being done. Invitations to open APPG meetings are also sent to the support network.

* Website address = www.appg-tb.org.uk

Activity in the past year: Correspondence

World Bank

In March 2008, Co-chair of the APPG, Andrew George MP wrote to the new President of the World Bank - The Honourable Robert Zoellick stating his hope that the President would help to focus TB control measures in Africa and ensure more money is available for this purpose. Vice President of the African Region, Obiageli Ezekwesili responded to the letter in August 2008 stating that the Africa Region had renewed its commitment to TB and is actively scaling up its TB control. The Vice President also announced that the World Bank is currently developing a plan to strengthen the regional laboratory network in Africa to address drug-resistant TB and improve diagnosis of co-infected individuals. In October 2008, the APPG responded with further queries.

Department of Health

In March 2009, Julie Morgan and Doug Naysmith MPs sent a letter to Dawn Primarolo, Minister of State for Public Health, asking for information on the outcomes of the November update meeting on TB. A reply was received in May 2009 stating that the meeting concluded that the focus of the work to control TB will be on awareness raising as well as seeking to improve early detection of latent infection among non-UK born individuals.

Department for International Development

In July 2008 the three APPG co-chairs attended a closed meeting with then Under Secretary of State at the Department for International Development – Gillian Merron MP. The meeting sought to clarify DFID's commitment to global TB control and the current and future activities the Department will be undertaking. A letter of thanks with some further questions was sent to Ms Merron in August 2008 and a reply received in September.

In October 2008 Andrew George MP sent a letter to Douglas Alexander MP, Secretary of State for International Development, urging him to meet with Marcos Espinal (Executive Secretary of the Stop TB Partnership) to discuss UK funding for the Stop TB Partnership. The Partnership plays an essential role in the global coordination of the response to TB.

In March 2009 the three APPG co-chairs sent a letter to Douglas Alexander MP highlighting the need for funding into the development of new vaccines for TB. It urged Mr Alexander to provide funding to Product Development Partnerships (PDPs) applying in the current round of R&D proposals.

Global Fund to Fight Aids TB and Malaria

A letter was sent to the Global Fund Executive Director in May 2009 by Julie Morgan MP highlighting current issues with slow dispersal of funds to recipient countries. The main focus was on the current issue in Malawi whereby ARV stockpiles were left depleted.

Medical Research Council

In November 2008 Andrew George MP sent a letter to the Medical Research Council asking them to respond to the Treatment Action Groups (TAG) annual review of TB research and development. The TAG review is used by the APPG among many others to keep track of TB related R&D activities and funding. A response was received in January 2009 saying that the MRC will fully cooperate with the TAG study.

Activity in the past year: Meetings in Parliament

Overview of meetings:

Date	Title of meeting
14th October	The engagement, prevention and treatment of TB in hard-to-reach groups in the UK
22nd October	Are Your HIV Services Meeting International Standards?
19th November	Briefing session on TB drug resistance: Latest global situation, international response and outstanding challenges
24th February	Monitoring progress towards the Millennium Development Goals: the Global Taskforce on TB Impact Measurement
29th April	Integrating TB and HIV Care in Sub-Saharan Africa: How it works in practice
12th May	Diseases of poverty: Current progress towards MDG 6 in Latin America
20th May	Beyond BCG: Toward an effective vaccine for TB

For open meetings, all APPG Parliamentary members and the external support network were sent electronic or paper invitations to the above meetings. Meetings are advertised on the All-Party Notices, Dehavilland and APPG website. In addition, the APPG secretariat wrote to and invited on average another 50 Parliamentarians to each meeting. Non-APPG Parliamentarians were identified by their stated interests and relevance to meeting topic.

The topics of the meetings were decided by a variety of means. In some cases it was a topic that the APPG co-chairs or secretariat thought was important and needed to be highlighted. In other cases, the APPG was approached by NGOs and other organisations to raise awareness of a particular issue.

The APPG strives to give equal exposure to issues facing TB in the UK and globally whilst also highlighting cross-cutting issues e.g. TB drug resistance.

The following pages give a brief summary of the APPG meetings held in Parliament.

Presentations from APPG meetings can be found on the website: <http://www.appg-tb.org.uk/meetings.html>

Name: The engagement, prevention and treatment of TB in hard-to-reach groups in the UK

Date: Tuesday 14th October 2008, 1.30-3pm, CR7

Chair: Julie Morgan MP

Speakers: Alistair Story (Find and Treat)
Dr Andrew Hayward (UCL Centre for Infectious Disease Epidemiology)
Dr Sue Collinson (TB Service, Homerton Hospital)

Number of attendees: 34 (4 Parliamentarians)

Brief Review:

- The key to TB control is to find cases early and treat them effectively
- London is seeing a continued Isoniazid Resistant Outbreak with >330 linked cases. A high proportion of cases are UK born, homeless, problem drug users and have been in prison. At least 7 have become MDR and <60% have completed treatment
- Screening hard to reach groups is highly cost-effective BUT identifying cases through screening is only the start of the process
- Hard to reach patients need extensive support to ensure the diagnosis is confirmed, treatment is started using DOT, cases who are lost to follow up are re-engaged with the TB service and to ensure they are linked in to other services

- There is a moral imperative to treat the TB patient but a legal imperative to protect the public
- Flawed assumptions: People will seek medical help for symptoms/ patients will take treatment
- Find and Treat are a Department of Health funded multi-disciplinary team working directly with frontline services across London
- They have had 270 hard to reach referrals, and provide advice to 30 TB clinics in London
- The majority of the patients they see are homeless, prisoners and/ or problem drug users

- TB is one of a number of health issues increasingly seen in the homeless population in London
- Hackney is an inner city Borough with a diverse and mobile population of 207,000. It has 106.4 people per hectare (London average = 45.6)
- It has a high number of recent, and established, migrants who have differing social and health needs
- The TB team in Hackney recently dealt with the case of a Polish family living in an underground garage-it was the perfect breeding ground for TB
- The TB patients were A8 citizens and applications were made for housing and state benefits. All were deemed ineligible and several had no ID as they had been living homeless
- Gave impetus to develop a 3-way Service Level Agreement with the local PCT, Borough Council and TB team to house 'exceptional cases'
- North East London Street Drinkers Forum: This is a multi-agency project (health, police, drugs and alcohol teams, harm minimisation, neighbourhood safety) that carries out TB screening in popular street drinking areas in Hackney

Follow up: Letter to Minister for London, organisation of visit to mobile x-ray unit, briefing meeting with members of NHS London TB team, two PQs tabled, follow-up APPG meeting with NHS London

Name: Are Your HIV Services Meeting International Standards?

Date: Wednesday 22nd October 2008, 1-2.30pm, W1

Chair: Andrew George MP, David Borrow MP

Speakers: Dr. Paul Nunn (Stop TB Department, World Health Organisation)
Ezio Tavora dos Santos-Filho (Brazilian activist and researcher)

Organised in association with Results UK, APPG on AIDS, UK Coalition to Stop TB, UK Coalition on AIDS and International Development

Number of attendees: 31 (9 Parliamentarians)

Brief Review:

- TB is a concern for those working on HIV and development issues because it is the largest cause of death among people living with HIV
- TB and HIV affect the most economically active populations
- The highest TB rates per capita are in Africa and are linked with prevalence of HIV. In Southern Africa the annual rate of incidence of TB is as high now as it was in UK slums during the Industrial Revolution
- 12% of TB patients globally are tested for HIV. Countries like Rwanda, Tanzania and Kenya are testing more than 80% of TB patients
- All HIV service providers need to think about infection control
- In 2004, the WHO published policy guidelines on collaborative TB/HIV activities and has also produced a series of guides for TB/HIV monitoring and evaluation, surveillance, diagnosis, management and care
- Of particular relevance for organisations delivering HIV services are the guidelines on activities to establish mechanisms for TB/HIV collaboration and for decreasing the burden of TB in PLHIV – known as the “3 Is” (intensified case finding, isoniazid preventative therapy (IPT) and infection control)
- Whilst many countries have established policies on the 3Is, global progress in the implementation of TB/HIV interventions is extremely slow. There are huge gaps between policy and practice. For example, 109 countries have policies on intensified case finding but only 44 have reported that they screen for TB in people living with HIV.
- Globally, only 0.9% of people living with HIV are screened for TB (of which 68% are in just two countries) and only 0.01% are given IPT
- Any HIV project should have a TB component and vice versa. This is already recommended by the Global Fund
- Implementation of joint TB/HIV activities will reduce the burden of TB among PLHIV and will reduce MDR and XDR-TB
- Civil society involvement is essential for expansion of joint TB/HIV activities
- Within the discussion, the issue of ‘double stigma’ was raised. It was noted that this is becoming an increasing problem in Southern Africa because people associate TB with HIV. Hospitalising and, in some instances, quarantining patients with drug-resistant TB has generated debate around the need to balance a public health approach and individual human rights. Community and home-based care is therefore considered to be preferable in most cases and also relieves the burden on hospitals and reduces the risk of transmission of disease within hospitals

Follow up: None

Name: Briefing session on TB drug resistance: Latest global situation, international response and outstanding challenges

Date: Wednesday 19th November 2008, 2.30-4pm, CR8

Chair: Nick Herbert MP

Speakers: Professor Francis Drobniowski (Health Protection Agency)
Professor Peter Davies (MDR Advice Network/BTS)

Number of attendees: 26 (4 Parliamentarians)

Brief Review:

- Multidrug-resistant tuberculosis (MDR-TB) = Resistance to Isoniazid and Rifampicin
- Extensively drug-resistant (XDR-TB) = MDR-TB plus resistance to a second line injectable drug plus a quinolone

- There are 500,000 new MDR-TB cases annually but it is thought that <5% of MDR-TB cases were detected in 2006
- About 85% of the global MDR-TB burden is in 27 countries. China, India, and the Russian Federation are estimated to carry the highest number of new MDR cases
- MDR ranges from 0% in eight countries to 22.3% in Baku, Azerbaijan and 19.4% in the Republic of Moldova.
- Absolute XDR-TB numbers are low in Central and Western Europe, the Americas and in the Asian countries
- Surveillance of XDR-TB must be embedded in existing drug resistance surveillance systems to increase access to second-line drug susceptibility testing (DST)
- Need rapid 'rough' surveys to determine the geographical distribution and extent of XDR-TB and its association with HIV
- Future anti-TB drug resistance surveillance should include HIV testing and use of rapid rifampicin tests should be explored
- Countries should implement the WHO *Guidelines for the programmatic management of drug-resistant tuberculosis*
- The Green Light Committee can facilitate access to high-quality second-line drugs
- A strategic, budgeted plan for strengthening laboratory services, including the deployment of rapid diagnostic tests, should also be developed

- Prevention of drug resistance in UK:- NICE guidelines proscribe that each patient has a named key worker, close supervision, DOT for selected cases and regular clinic visits
- Drug resistant risk factors include previous treatment (especially if prolonged), contact with a drug resistant patient, country of origin (East Europe, Former USSR, Middle East, South and SE Asia, Latin America, Africa), age (in MDR area, commoner in children), HIV (where MDR common), substance abuse and homelessness
- Problems with drug resistance:- Cure rates fall from 95% to 65%, individual clinicians have little experience, need for integrated approach at national level, sharing of experience, monitoring of outcomes
- MDR-TB Advice Network: - Once a case of MDR-TB has been confirmed by a reference laboratory, the clinician managing the patient is informed about the MDR-TB service. The clinician is invited to contact the service. (S)he is asked to complete a data entry form. Three-monthly clinical updates are sent from the clinician to the co-ordinator

Follow up: PQ tabled, progress against drug resistance to be included in "Agenda for Action" follow up report

Name: Monitoring progress towards the millennium development goals: the Global Task Force on TB Impact Measurement

Date: Tuesday 24th February 2009, 2-4pm, CM7

Chair: Andrew George MP

Speakers: Dr Katherine Floyd (Stop TB Department, World Health Organisation)
Dr Jaap Broekmans (Global Task Force on TB impact measurement)
Dr Ibrahim Abubakar (UK Health Protection Agency)

Organised in association with HPA and WHO

Number of attendees: 37 (2 Parliamentarians)

Brief Review:

- Latest estimates suggest incidence, prevalence and mortality TB rates are falling globally, BUT for better measurement of the global burden of TB and progress in reducing it, the following is needed: Improved surveillance of cases and deaths and more analysis of existing surveillance data, surveys where surveillance is weak, periodic review/updating of methods
- Hence establishment of the WHO Global Task Force on TB Impact Measurement

- Global Taskforce on TB Impact Measurement Mandate:
 - Produce a robust, rigorous and widely-endorsed assessment of whether the global "impact" targets set for 2015 are achieved
 - Measure and regularly report on progress towards impact targets in the years leading up to 2015
 - Strengthen capacity in monitoring and evaluation of TB control
- Strategic approach – three pronged
 - Strengthened national surveillance including "certification"/"validation" of data
 - Prevalence surveys in 21 global focus countries
 - Periodic updating of methods used to produce estimates from surveillance and survey data

- While the majority of cases of TB in the UK are from high burden countries, most of these countries have poor surveillance systems so we may not know if the resources we are investing in global TB is making a difference
- The Global Task Force on TB impact measurement is the first concerted global action to improve this
- It is therefore in the UK's interest to ensure that this work is supported
- HPA Centre for Infections has Membership of the task force through Dr Abubakar
- It also provides epidemiological and statistical support to WHO EMRO
- Many of the countries, including several that contribute many cases to the UK TB trend, in which these resources are invested do not have systems to monitor the occurrence of TB
- It is therefore important that the UK increase its support to the Global Task Force on TB Impact Measurement.
- Effort to increase this will fit with the enlightened self interest approach and match the contribution of other major donors

Follow up:

- None

Name: Integrating TB and HIV Care in Sub-Saharan Africa: How it works in practice

Date: Wednesday 29th April 2009, 10am-midday, CM13

Chair: Julie Morgan MP

Speakers: Malcolm McNeil (UK Department for International Development)
Dr Kerry Bailey (COMDIS)
Dr Kwame Shanaube (TARGETS)

Organised in association with COMDIS and TARGETS DFID research consortia

Number of attendees: 29 (2 Parliamentarians)

Brief Review:

- For years funding agencies, including DFID, have been expressing concern about TB/HIV co-infection but there has been inadequate joined-up action to ensure a change
- In 2008, less than 15% of TB patients were tested for HIV and some say only a staggering 1% of people living with HIV are tested for TB
- There are good financial and technical commitments but still strong vested interests preventing functional integration in many developing countries
- There are good working relationships between technical agencies, UN, NGOs and Civil Society Groups, but this is not transformed into sustained action on the ground
- There is strong research funding and commitment to get research findings into policy and practice, but more work is needed to develop new drugs and diagnostics and put these into use in programmes
- DFID is heavily involved in PRBS and SWAp programmes, along with the IHP, and can effectively press for integration of effective TB/HIV services and best practice approaches. DFID believe that the integration of effective TB/HIV services into health system strengthening is vital for long-term sustainable provision of services

- TB/HIV integration activities of the COMDIS project in Swaziland
 1. Intensified HIV case finding - HIV testing and counselling by TB staff
 2. Cotrimoxazole preventative therapy - 100% coverage at local hospital
 3. Intensified case finding for TB (TB symptom screening)
 4. Isoniazid preventative therapy

- Household TB/HIV integration activities in the ZAMSTAR Project in Zambia:
 1. TB/HIV education including transmission, infection control
 2. HIV counselling and testing
 3. HIV prevention and care
 4. HIV+ people screened for TB
 5. HIV+ and children<6 given TB preventive therapy
 6. Disclosure encouraged. Adherence support using family network

- The ZAMSTAR Project has contributed to local capacity through:
 - Training (Lay counselors in HIV testing/nurses in DCT/microscopists)
 - Supervision and technical support: (Quarterly technical support visits/technical meetings – annual and quarterly)
 - Human resource strengthening: (Study staff integrated into routine clinic TB/HIV services to improve diagnosis and management of both diseases)
 - Community empowerment (Community Advisory Board)

Follow up: The APPG is intending to carry out further activities around TB/HIV co-infection

Name: Diseases of poverty: Current progress towards MDG 6 in Latin America

Date: Tuesday 11th May 2009, 4-6pm, CPA Room

Chair: Baroness Gibson

Speakers: Matias Gomez (Global Fund to Fight AIDS, TB and Malaria)
Dr Ernesto Jaramillo (Stop TB Department, World Health Organisation)
Anamaria Bejar (International HIV/AIDS Alliance)

Organised in association with APPG on AIDS, APPG Malaria, APPG Latin America, Action for Global Health

Number of attendees: 45 (4 Parliamentarians)

Brief Review:

- The Global Fund has approved 31 projects in Latin American and Caribbean (LAC) countries and \$171 million of funds was disbursed in 2008
- Mid 2008 Global Fund indicators in LAC = 97,000 people receiving ARV treatment, 200,460,000 condoms distributed, 116,800 TB cases detected by DOTS, 965,000 LLINs distributed

- *Plasmodium vivax* is the cause of 75% of malaria cases in LAC; *P falciparum* accounts for 25% but there are regional variations
- Malaria morbidity: 775,500 positive blood samples in 2007 and 212 deaths
- Between 2000 and 2007, 32% reduction in malaria morbidity and 39% mortality in LAC
- Five countries have achieved 75% reduction in annual malaria cases fulfilling their MDG
- 17 countries are in “Control: low global deaths” phase and 5 in the “Elimination” phase

- TB Case detection goal has not yet been achieved in LAC
- DOTS coverage is insufficient in high burden countries
- Case detection is lower in countries with weak health systems
- TB Treatment success goal has also not been achieved in LAC
- While DOTS coverage has increased, the quality is still poor
- The region as a whole will achieve the MDG goals for TB but poorer countries with a high TB burden (e.g. Haiti, Ecuador, Honduras, Bolivia, Nicaragua, Guatemala) will not achieve them without massive acceleration
- Evidence shows that sustained in-site technical assistance accelerates absorption capacity of Global Fund grants, and progress towards MDGs (Guyana, Peru, El Salvador)

- More than half (57%) of the HIV diagnoses to date in Mexico have been attributed to unprotected sex between men
- Between one quarter and one third of men who have sex with men in Belize, Costa Rica, El Salvador, Guatemala, Mexico and Nicaragua, also have sex with women—and between 30% and 40% of those men said that they had had unprotected sex with both men and women in the previous month
- The number of pregnant women living with HIV receiving ARV for preventing mother to child transmission in 2007= 38%
- Social issues include: Stigma and discrimination, criminalisation of homosexuality and sex work, inadequate access to friendly services, poverty and low access to education and health, unbalanced gender relations which drive unprotected sex, inadequate access to sexual and reproductive rights and information for young people

Follow up: Correspondence with Ambassadors who attended the meeting and working with APPG on Latin America to include a health component in the next delegation.

Name: Beyond BCG: Towards an effective vaccine for TB

Date: Wednesday 20th May, 1-3pm CR9

Chair: Dr Doug Naysmith MP

Speakers: Dr Noel Snell (British Thoracic Society/TB Alert)

Dr Helen McShane (Oxford University)

Peg Willingham (Aeras Global TB Vaccine Foundation)

Organised in association with Action for Global Health and Aeras Global TB Vaccine Foundation

Number of attendees: 30 (3 Parliamentarians)

Brief Review:

- The current TB vaccine Bacille Calmette-Guérin (BCG) was developed more than 85 years ago and is routinely given to infants in much of the world
- It does not protect well against pulmonary TB, which accounts for most of the worldwide disease burden, and has had no apparent impact on reversing the growing global TB pandemic
- BCG does protect infants and small children from severe pediatric forms of TB, but there is growing concern about its safety in infants with HIV, and recent WHO guidelines recommend that BCG not be administered to infants known to be infected with HIV

- The last 10 years have seen a tremendous growth in research and development of new TB vaccines, largely spurred by increased investment by private philanthropists and the public sector, and by the establishment of a product development partnership (PDP), Aeras Global TB Vaccine Foundation, which brings together the public, private and research sectors to accelerate development of new TB vaccines and ensure their availability to all who need them
- Seven new vaccine candidates are currently in human clinical trials, and more candidates are expected to enter clinical trials in the next few years
- The field of TB vaccine research is focused primarily on a "prime boost" strategy, through which an initial vaccine, either the existing BCG vaccine or an improved recombinant BCG (rBCG), would be administered, followed by a "booster" shot of a different vaccine. Researchers believe this "prime-boost" strategy will not only enhance protection, but also extend protection over a longer period of time

- The most clinically advanced candidate, MVA85A/AERAS-485, was developed at the University of Oxford. This new vaccine candidate is intended to augment the response of T-cells already stimulated by the BCG vaccine. Previous clinical trials of the vaccine in adults have demonstrated consistently high cellular immune responses in those who received the MVA85A/AERAS-485 vaccine candidate following vaccination with BCG
- A Phase IIb "proof-of-concept" trial of MVA85A/AERAS-485 is currently underway. This trial will generate important safety, immunogenicity and preliminary efficacy data about the vaccine candidate
- This Phase IIb trial of MVA85A/AERAS-485 marks an exciting milestone in the field of TB vaccine research, as it is the first proof-of-concept trial of a new preventive TB vaccine in infants in more than 80 years

Follow up: Letter to DFID on the importance of TB vaccine development

Activity in the past year: External meetings and conferences

HPA Conference

The APPG were co-organisers of a day long TB symposium at the Health Protection Agency's Annual Conference held in September 2008 in Warwick. APPG Secretary, Dr Doug Naysmith MP co-chaired a session examining national and international perspectives of TB which included a presentation by Mario Raviglione, Head of the Stop TB Department at the World Health Organisation. Doug praised the HPA for focusing on TB and saw it as a sign of the increased importance given to the disease. He also stated that it was essential that TB continued to be considered a priority public health issue if the world is to reduce the two million unnecessary TB deaths that occur each year. The symposium was a valuable opportunity for TB issues to be highlighted within the HPA and to outside audiences.

IUATLD conference

The APPG secretariat spoke to delegates of the International Union Against TB and Lung Diseases Annual Conference held in Paris in October 2008. The discussion was around the need to engage Parliamentarians in the fight against TB. The work of the APPG was discussed and current activities highlighted. Attendees of the meeting included professionals working in Kenya, Nigeria, Malawi and Canada. Follow-up has occurred with the attendees in order to assist inter-country work on parliamentary engagement in TB issues.

GFATM meeting

APPG Officers Julie Morgan MP and Doug Naysmith MP attended a meeting of the Global Fund to Fight AIDS, TB and Malaria (GFATM) in Senegal in December 2008. The visit, financed by the Global Fund, brought together parliamentarians from Spain, Italy, Germany, US and Lithuania in attending the GFATM Partners Forum in Dakar.



Doug Naysmith MP and Julie Morgan MP meeting local volunteers in Senegal

Julie and Doug attended seminars and workshops aimed at identifying ways to further improve the way in which the different public and private partners of the Global Fund on the national, regional and global levels work together. They also visited a Global Fund

supported HIV programme aimed at screening marginalised population groups. Visiting parliamentarians also attended a meeting with members of the Parliament of Senegal.

RCN Conference

The APPG secretariat spoke to over 100 delegates at the Royal College of Nursing TB Forum Annual conference held in March 2009 in Central London. The presentation introduced the APPG and highlighted the current work it was undertaking. In particular, the survey carried out in conjunction with the RCN was discussed.

Activity in the past year: Reports and Publications

Royal College of Nursing Survey

In 2007 the British Thoracic Society carried out a survey of its TB lead consultants to ascertain their opinions on the current state of TB Services and the perceived priority given to the disease by local health commissioners. The BTS announced that it would again survey its TB leads in 2009. The RCN and APPG felt that it was important that the views of TB nurses were also heard as they make up the bulk of the TB workforce in the UK. In January 2009 the APPG and RCN launched a joint survey of TB nurses. This survey was designed to run alongside and compliment the work of the BTS. The APPG secretariat assisted in writing and disseminating the RCN survey.

In addition, as the results of the RCN and BTS surveys complimented each other so well, it was decided that the results would be launched within one document. The APPG secretariat also assisted in preparing the report which is due to be launched at an APPG meeting in July 2009.

Survey of Primary Care Trusts

In 2007 the BTS and APPG launched a survey of English Primary Care Trusts to determine the local response to TB and the degree to which national guidance is implemented. This was a great success and served as an important tool for TB health workers to hold their local PCT to account. There has been much support for a repeat survey to be undertaken including from the English Chief Medical Officer and local TB staff. The APPG and BTS have teamed up with the UK charity TB Alert to repeat the survey. It will be sent to PCT's in July 2009 and results launched in December 2009.

Call for Evidence/DFID leads survey

In 2007 the APPG launched a report entitled "*An agenda for action: Scaling up the UK's response to global TB*". This sought to clarify the role that the UK plays in global TB control and the gaps in support that existed at the time. The APPG plans to release an update of the report to review the UK's activities on TB over the past two years. On World TB Day 2009, the APPG launched a call for evidence to TB and international development organisations on how they felt the UK had responded to TB since 2007.

In addition to the call for evidence, in autumn 2008, the APPG carried out a survey of DFID country offices. The survey was sent to the DFID PSA countries through the DFID enquiry point based at East Kilbride. Health Advisors in 24 countries were asked for information on TB activities it carries out and the degree to which policy produced by central DFID is implemented.

The updated Agenda for Action report will be launched in autumn 2009.

Activity in the past year: Parliamentary Questions

In the past year there have been 51 questions raised in Parliament on TB issues. 48 were written questions and three oral questions. In relation to all three oral questions, the APPG organised briefings for the Peers who tabled the questions with TB consultants to discuss the topics of the PQ. Ten of the questions were tabled in the House of Lords and the remaining 41 in the House of Commons.

Over half (34) of all of the questions can be said to be directly attributed to the APPG.

A breakdown of TB PQs:

Subject	Number of PQs	Subject	Number of PQs
TB in the UK		TB globally	
Current Progress	4	Current Progress	2
Local/National Incidence	10	Global/Regional Incidence	2
Policy	7	Policy	1
Evaluation/targets	4	GFATM	1
HIV/TB	3	HIV/TB	2
Drug resistance	4	Drug resistance	4
Treatment	6	Research & Development	1
Total	37	Total	13
Attributable to APPG	24	Attributable to APPG	11

In addition, an adjournment debate was secured by Diane Abbott MP in March 2009. The debate focused on TB services in her constituency of Hackney. Prior to the debate, the APPG organised a briefing session between Ms Abbott and a member of the TB Service at Homerton Hospital, Hackney.

Parliamentary questions on TB can be found on the APPG website: http://www.appg-tb.org.uk/tb_parliament.html

Activity in the past year: MP visits and briefings

Julie Morgan MP visit

In December 2008, APPG co-chair Julie Morgan MP visited the TB service closest to her constituency-Cardiff North. The visit to Llandough Hospital was organised by the APPG. Julie met with local TB staff and was briefed on the current situation and barriers to success. Follow up to the visit included correspondence with the local health board and hospital executives.

Andrew George MP visit

In February 2009, the APPG arranged a visit for its co-chair to learn more about how his constituents are involved in international development. Andrew visited Shelterbox – a charity which provides rapid humanitarian assistance to those most in need throughout the world. He met with the Charity CEO – Tom Henderson and other staff to learn about the role and activities of the organisation.

Delegation to Malawi

Also in February, delegates including Julie Morgan MP and Andrew George MP visited Malawi in order to learn more about TB and its interaction with HIV. The visit was funded in full by the UK advocacy organisation RESULTS UK and co-organised by RESULTS and the APPG.

The one week delegation involved visits to TB clinics, hospitals and NGOs in the Capital-Lilongwe and visits to community based volunteers, medical facilities and local NGOs in rural Mzimba. Meetings took place between APPG Officers and the Malawian Ministry for Health. The APPG Officers also chaired a large roundtable meeting bringing together the main stakeholders in TB in Malawi.

The delegation was pre-ceded by a pre-briefing meeting and followed by a post-briefing meeting; both held in Parliament. Follow up to the delegation is ongoing.

Diane Abbott MP briefing

In March 2009, the APPG secretariat followed up on a PQ asked by Ms Abbott and organised a briefing meeting between the MP and a member of the TB Service in her constituency-Hackney. Ms Abbott was informed of the work of the TB Service and the challenges that face the TB team in completing their work.

Damien Green MP visit

In May 2009, Damien Green MP, Shadow Cabinet Minister for Immigration, visited the TB Service in his constituency-Ashford. The meeting was again arranged by the APPG and came about after the secretariat followed up on a PQ on TB asked by Mr Green. Mr Green met with local respiratory consultants, TB nurses and microbiologists and learnt more about the impact of TB on the local area. Follow up was taken with both MP and TB staff but, as yet, further assistance has been declined.

Mobile X-Ray Unit visit

This visit in June 2009 was arranged as follow up to the October 2008 APPG meeting on hard-to-reach and treat groups. It was co-organised by the APPG and the Find and Treat Team. Three parliamentarians visited the MXU as it screened clients of homeless shelters in Westminster. They met with staff of the MXU and residents of both the Salvation Army and St Georges Hostels. They were also given a tour of St George's Hostel and learnt how health matters are promoted with residents. Follow up included PQs in both the House of Lords and Commons, dissemination of the MXU evaluation amongst members, plans for future visits to MXU.



Julie and Doug look at a display at King George's Hostel encouraging residents to get tested at the MXU

David Evennett MP visit

In June 2009, David Evennett, MP for Crayford and Bexleyheath visited his local TB Service in Greenwich to learn more about how the disease affects his local constituents. The meeting was arranged by the APPG and again came about after the secretariat followed up on a PQ on TB asked by Mr Evennett. Mr Evennett met with respiratory physicians, TB nurses, health protection staff and school nurses. He was informed of the epidemiology of TB in the area and the services that are provided to prevent and control the disease. He was also informed of the change in BCG policy and how this affects Bexleyheath.



Mr Evennett with staff at the Queen Elizabeth Hospital, Greenwich

Activity in the past year: Groups

UK Coalition to Stop TB

In September 2008, the APPG joined the newly formed Coalition. The aim of the Coalition is to increase the level of awareness, commitment and political will to stop TB through a unified voice and coordinated actions. The Coalition is made up of over 30 organisations ranging from NGOs and research organisations to patient involvement groups. All are based (or have an office) in the UK. The Coalition works through smaller working groups. The APPG secretariat coordinates the Working Group on TB in the UK which includes work streams on civil society involvement and improving the reliability of TB drug procurement and supply within the UK.

Stop TB Partnerships Global Partnership

In December 2008 the APPG became a member of the Stop TB Partnership's Global Partnership to Stop TB. The Stop TB Partnership, called the Stop TB Initiative at the time of its inception, was established in 1998. Its aim is to realise the goal of eliminating TB as a public health problem and, ultimately, to obtain a world free of TB. It comprises a network of international organisations, countries, donors from the public and private sectors, governmental and nongovernmental organisations and individuals that have expressed an interest in working together to achieve this goal.

Activity in the past year: World TB Day 2009

The APPG was involved in a number of activities to highlight World TB Day (March 24th):

1. An article was written for the in-house Parliamentary publication *“House magazine”*. The article highlighted progress made against international targets on TB and the barriers to success that are preventing some regions of the world reaching TB goals.
2. Parliamentary Questions were tabled both in the House of Commons and House of Lords. The questions focused on both TB in the UK and TB globally.
3. APPG Officers, Annette Brooke MP and Andrew George MP were involved in an activity of the UK Coalition to Stop TB. They delivered a letter to Gordon Brown inviting him to step up his efforts to combat TB globally.



APPG Officers and members of the UK Coalition to Stop TB

4. The APPG launched a Call for Evidence on how the UK Government has responded to the global TB epidemic. It will form part of the two year update of the APPG report *“An Agenda for Action”*. (see page 18 for more details).

Evaluation of activities- Progress against APPG objectives

Key Objectives of the APPG	Activity	Progress
To campaign for TB to be made a political priority for the UK Government, Political Parties and the international community	Little progress made within the UK government. Needs more regular correspondence with health and development ministers (and shadow ministers). The 2010 elections provide an opportunity to get TB on the UK agenda and in party priorities	
To co-ordinate informed Parliamentary activity on TB	The APPG is fulfilling this objective and the extended support network is assisting in briefings, information gathering and visits	
To provide a forum for debate and discussion on issues relating to the global TB problem among Parliamentarians and other key stakeholders	The APPG is fulfilling this objective but needs to ensure that meetings have defined outcomes and that follow up is occurring	
To promote effective and sustainable solutions that will have a positive impact on meeting global TB control targets	The APPG hosted a meeting on TB vaccines but more work needs to be done in this area	
To ensure that political and financial commitment for TB control from the UK Government and other sources is proportionate to the global need	Some of this work is being carried out by other UK organisations so the APPG should provide a platform for the dissemination of this work to parliamentarians and policy makers. Commitment should also be discussed as part of the regular contact with DFID and DH	
To work in partnership with other All-Party Groups on cross-cutting issues	2 of the 7 APPG meetings held were in association with another APPG. In addition, the APPG on Global TB approached other APPGs to co-organise or host 3 of the other meeting but the APPGs declined	
To build relationships with and support the activities of Parliamentarians in other countries who are working towards similar objectives	This is an area that the APPG has currently not been successful in but will focus on in 2009/2010	
To be recognised nationally and internationally as an influential and effective partner in the fight against TB	The APPG has many partners, both in the UK and internationally with whom it strives to work in an open and inclusive manner	

Key		Objective not achieved
	Objective partially achieved	
		Objective achieved (but must be sustained)

Next steps and future direction

1. Continue with communication methods to disseminate APPG activities to all stakeholders
2. Increase parliamentary engagement through the scale up of organisation of MP visits to local TB centres. Greater effort will also be taken to invite Parliamentarians to other TB events including conferences. Currently, the APPG secretariat follows up with all Parliamentarians tabling a TB question or debate. This will continue but with greater effort on securing a private briefing or visit with these individuals.

With the general elections approaching in 2010, and as a number of APPG members are stepping down, the APPG will work to engage parliamentary candidates on the issue of TB. The APPG will work with UK colleagues on this cross cutting issue.

3. With regards to relationships with the Departments of Health and International Development, regular contact will be arranged between APPG officers and ministers and/or the APPG secretariat and Departmental advisors.
4. The APPG will work on building relationships with Shadow Ministers for Health and Development and engaging them on the issue of TB
5. The APPG will strive to work more closely with other APPGs on cross-cutting issues
6. The APPG will look to work with similar Parliamentary groups globally

Confirmed activities

July 2009

- 7th, APPG meeting: The strategic response to TB in London
- 9th, Launch of APPG/RCN/ BTS report of survey of TB nurses and consultants

October 2009

- Launch of 2 year follow up of APPG report "An agenda for Action"

December 2009

- Launch of APPG/BTS/TB Alert report of survey of PCTs
- Workshop on engaging parliamentarians, IUATLD conference, Mexico