

**Transcript: Funding and furthering the fight against TB: an interview with Lucica Ditiu  
2 September 2015, Crawford School of Public Policy**

CB: Hello, my name is Camilla Burkot, I am a Research Officer at the Development Policy Centre, and I am very pleased to be sitting down today with Dr Lucica Ditiu, who is Executive Secretary of the [Stop TB Partnership](#). Welcome, thank you very much.

LD: Nice meeting you, good morning.

CB: Perhaps to start you could just give us a little bit of an overview of what the Stop TB Partnership is and what you do.

LD: Stop TB Partnership is a global partnership of more than 1300 partners – going from the big, main partners like WHO, World Bank, Global Fund, towards communities and faith-based organisations and ‘people affected by TB’ organisations, as well as researchers and technical partners and so on, with a vision of ending TB in this world. We are governed by a board and we are operated by a secretariat that is based in Geneva and currently hosted by UNOPS, and located in the same campus with the Global Fund, which as you know is one of our main partners in TB.

CB: Fantastic. And speaking of partnerships and funding, I’d like to talk a little bit about funding. So earlier this year DFAT announced some [further funding](#) for TB, I believe it was \$10 million over 3 years for [FIND](#) and for the [TB Alliance](#), for each of those organisations, primarily towards the development of new drugs and new diagnostics. Can you tell us a little bit about what the current focus of scientific research is, and why that funding is so important?

LD: Any funding going into TB is very crucial. In Stop TB Partnership, we are tracing and actually we are funding Treatment Action Group, which is one of our partners in advocacy, in measuring yearly [the investment in research for TB](#). Tragically I would say even though it is now that we need more investments than ever, over the last two years we observed even a decline, not a stagnation. And why I am saying that we need more than ever is that in TB we are still in limbo in terms of new tools. We are desperate to have a new vaccine; I don't think that we will be able to really end TB without having a vaccine. You know, investments need to be now if you want to catch up, but even like that I don't think that before 2024 or 2025 we will have a vaccine. That is what we are looking at.

In terms of drugs, I think the environment is a bit more promising, and of course there are different partners working on that and one of them obviously is the TB Alliance. What we are looking at is basically a shorter regimen and ideally a combination that is really efficient on [drug-]sensitive but as well on drug-resistant TB and there are certain regimens that are now in the testing phase and in the clinical trials phase, and support financially to get this through is extremely important.

In terms of diagnostics as well we still don't have the point of care, the thing that will be really working in the field for people. Now we need to be smart about investing in research and development, and we need to see that in the current world, you know in 2015 and beyond, what will trigger companies to enter into the development of new products. The Stop TB Partnership, together with MSF, TB Alliance and [The Union](#), we are having a conversation triggered by an idea of Médecins Sans Frontières (MSF) on a [‘3P Project’](#), which is basically pushing development of new molecules, pulling efforts of everyone – of different developers – together and then pushing and pulling the rollout of this product in the field.

So it's an innovative way of looking at funding for research and development, so we hope that as this evolves a bit we will be able to secure funding for this kind of system that is basically very important in research for TB.

CB: Yes, it's interesting actually, I think, in the global health space now there are so many different partners, so many different financing streams and opportunities. But I think, if I understand, there has been some [analysis](#) recently that shows that the overall global financing for TB is not as healthy as it could be, shall we say? Could you tell us a little bit more about that?

LD: Yes. So you know, actually you see in TB, we are a bit of a mutant in terms of the way the financing goes. Because in terms of international funding for us, money comes from the Global Fund, a bigger part of it. So 80 per cent of international financing in TB is Global Fund. There is a little bit coming from the US government, and basically that is it. And of course in research you have other types of funders, but I am speaking more here about the implementation piece.

The other part – but, you know, even like that, it is not a huge amount that is coming over there. The Global Fund is basically, under the previous replenishment, investing around \$650 million per year. That's the TB share, and that amount, which sounds a bit pathetic, represents 80 per cent of international funding, so you realise what we speak of here. A lot of funding comes – you know if you look at the numbers that are published – from domestic investments, but even that piece really needs to be unpacked because you can see that, OK, it's almost \$6 billion from domestic, but then you have middle income countries or high income countries – such as Russia, Brazil, China and so on – that are putting their own funding over there. But when you look at the low income countries and the low middle income countries then you realise that actually their own budgets are covering very, very little from the TB programs. From the high burden/low income countries, as little as five per cent of their budget – of their own budget – goes to TB. So it's heavily, heavily dependent on the Global Fund.

Now if there is no plan or properly done gradual increase of this, you know – and the Global Fund is here to stay and the Global Fund, we need to have it fully replenished – but countries need to understand that even if you are a low income country you need to slowly start increasing your investments into TB which you know goes hand-in-hand with investments into health.

So we are a bit worried, because you see there is this heavy dependency, as I said, on the Global Fund. It's not the same situation for the other diseases. For example HIV, the Global Fund funding is just 22 per cent, or something like this, which gives them in a way the freedom to have other sources of funding – PEPFAR is obviously one of them – to look into countries of you know basically catalysing the efforts of the Global Fund together. Malaria I think is 50 per cent Global Fund, but they also benefit from PMI [President's Malaria Initiative] and other investment.

In TB, it's Global Fund; it's the way in which the Global Fund is investing, or nothing else. So we have in Stop TB a partnership platform which is called [TB REACH](#), that we are looking very much into replenishing, because it is an innovative platform. You see, Global Fund cannot go and scale up things unless they know that it will function. So TB REACH is the platform in which we basically 'pre-test' things that then the Global Fund takes and then

scales up. So we are looking into hopefully being able to replenish this innovation platform that we have.

CB: I think that's critical, really, to have that innovation, and then to develop that evidence base is so important. So I understand you have just come from a [regional conference](#) of The Union of lung disease researchers that was held in Sydney. Coming out of that, can you give us a sense of the big picture, what's the TB epidemic looking like in the Asia-Pacific?

LD: Well, the situation is – you see, I don't know if it's because I am for some time in TB, or it's a bit depressing. But at the same time you have to have some hope. Depressing in that actually the numbers are not going down, and if anything numbers are going up. You know, the number of estimated TB cases in the world is growing, the number of missed cases is increasing, the number of MDR-TB cases undiagnosed and untreated is increasing, mortality by TB is increasing.

So it's like, 'what's wrong with this woman? She tells all these things, but she says there is some hope'. Well the hope is that now we are able to know a bit better, so you know we have some of the countries from the regions that will come up in the next official report of WHO very likely with an increased prevalence, but that is because they were wise to do a prevalence survey. They will work and they will understand better that the numbers that they have are not estimated any more, but real figures.

So we have now the data to know with what we fight. I was saying that, when you are in the dark you think you are fighting with a little snake, so you prepare your guns to fight with the snake. You open the light and you see it's a huge Godzilla. So then you need different types of guns, but you had the smartness to open the light and to see what you have. So the hope is on the fact that, having better numbers, we are able to understand better what is going on. And I hope that the TB community, which was not very smart – I am sorry and I am part of that, so I can say it – in prioritising and really mapping where the disease is more important, in what part of the countries and try to at least ensure that there is treatment and prevention of infection and transmission in those parts. We try to do, kind of, everything everywhere – money, we have not that much, if we have a huge burden that we didn't expect in the countries we better try our best to map that and go after the places with the biggest numbers.

So in the region here, I think there are countries that request a lot of attention and we know very well that PNG, we know very well Cambodia, we know very well Indonesia, we know very well Vietnam, which are also part of the list of the 'focus countries' or 'high burden countries', will require some support, additional support in addressing their TB problem.

CB: Mm, and what's your impression as far as the level of political engagement or leadership on these issues in developing countries?

LD: I think we are getting there. That's another reason to be a bit hopeful, is that you see I am a medical doctor, but a lot of our conversations in TB happened with medical doctors which was good, and researchers, that's awesome. But we are not able to reach the right level of decision-makers that influence the policies and funding in countries. And now we are very lucky to really try and change that very much. I have to say that in Stop TB, since I joined one of my main objectives was to really ensure that the political leaders are at the table – so ministers of health, ministers of finance, ministers of justice going beyond health. And also we were very lucky that actually you know, we are having in conversation, not only ministers

of health, we are reaching to others, and you know in Sydney something happened that I really was very impressed with because I didn't expect to happen so quickly. There was last year, in late October – so it's actually ten months since then only – there was a launch of the [Global TB Caucus](#) of parliamentarians against TB, led by a parliamentarian from the UK, Nick Herbert, and the Minister of Health of South Africa, Aaron Motsoaledi, who is the Chair of our Stop TB Partnership board.

And that was launched in Barcelona, and since then a lot of efforts were done under the leadership of our colleagues from [RESULTS Network](#), and this region is the first one to come with a [regional parliamentary caucus for TB](#). That was launched yesterday [1 September 2015] and I am very hopeful because there were parliamentarians from a wide range of countries in the region, pretty passionate. And I am also very hopeful because we have this audience to be able to speak about TB. We usually discuss drugs and combinations and treatment regimens and diagnosis and sputum; and this time you have politicians around the table who are keen to help. So I think there is some hope, but we need to get concrete beyond this.

CB: No, but that's great to hear that this caucus is established, and I am sure we will be keen to know more as it develops and goes forward. I guess, sort of related to this, I just wanted to talk a little bit about the issue of stigma and public advocacy, and this goes hand-in-hand with what you have just been saying. What is the current thinking and strategy around combatting stigma and raising public awareness; is there is a need to reframe the conversation?

LD: So you see, this has some roots again in the way in which we dealt with TB, because being so much medical, we really didn't have the people affected by TB at the table. And in our interventions, which were done in good faith, with good knowledge by doctors or health workers, but without necessarily having – and still it is not there – our clients at the table to say, 'how would you like to see this happening? How would we ensure success for people that are from the vulnerable groups? How do we speak about gender and TB? How do we speak about human rights? How do we ensure that people are aware of their rights?' and so forth. Those conversations are not happening very much. We push very hard to try to make this happen; we are still not there, we come from far away, so we are catching ground but it's not enough.

We encourage very much people affected by TB to be part of this discussion. So as Stop TB Partnership we actually support The Global Fund in ensuring that communities are part of the country dialogues, the development of concept notes and grant development and implementation. So we took that chunk of work. We work with another group that is called the [Global Coalition of TB Activists](#) – that is also a group of TB activists and affected people – and we did two things. One we did, one we will do. What we did was we developed, together with The Global Fund, a gender assessment tool; the first time ever we have a TB and a TB/HIV gender assessment tool. And the second is that we will have a meeting – we never had a meeting – on key affected populations and as well with patients. Purely TB, MDR-TB, XDR-TB patients or survivors, that we will do this autumn to have them all together and to see what they think about – I mean we will select a group, I mean we have ten million people here with TB so we will just have a small portion, a very small portion of that! – we will have to discuss exactly about stigma and access and what it means.

CB: Fantastic. Well I know you have a very busy schedule today in Canberra so I will let you go now, but I want to thank you again very much for sharing all this fantastic news and information with me, and I look forward to hearing more in the future.

LD: Thank you so much, and I think what you do is great because every single drop counts and I think the more people hear about TB and the drama we go through, with 4000 people every day dying because of this disease that is curable, and is cheap to cure, I think this is so unfair. So the more we can have people hearing about it, the better it is. So thank you for doing this.