

## Case study: Aftab's story.



Source: The Global Fund to Fight AIDS, TB and Malaria

Aftab Ansari left his village to chase the dream of a better life in Mumbai. Then tuberculosis struck. After three years of treatment, Aftab was finally cured, but is still struggling to get his life back on track. For survivors like Aftab, traces of TB's trauma remain: poverty, debt and personal loss. Weakened by the disease, Aftab lost his job and was forced to spend all his savings, sell his wife's jewels and withdraw his two children from school to pay for food and rent. His out-of-pocket medical bills from a private clinic piled up, so he took out loans and sank US \$2,000 into debt, equivalent to 10 months' salary.

Aftab's wife and two children, aged 9 and 11, have moved back to the village, more than 1,000 km from Mumbai, until Aftab can pay his debts. He calculates it will take him at least two years. Every evening, after he ends his 10-hour shift, Aftab calls the family through a WhatsApp video conference – a rare moment of joy and laughter.

India has the world's highest burden of TB, with 27 percent of all global cases. It is also home to a quarter of all estimated patients with drug-resistant TB. India and the Global Fund are working together to end TB through innovative solutions, including promoting a closer engagement between the private and public sector to find and treat more TB patients. Like many patients in India, Aftab sought private treatment when his symptoms first appeared, although the government provides TB diagnosis and treatment free of cost.

TB has an enormous impact on households and economies, particularly in lower- and middle-income countries. Besides the physical suffering and the hard treatment, the total cost of TB for patients and their families can be catastrophic in medical expenses, as well as income and productivity loss, contributing to a poverty trap. Freeing families and communities from the burden of TB is just one reason we need to step up the fight to end the epidemic.

# Multiple health replenishments in 2019-2020.

The Global Fund is just one of a number of ‘replenishments’ needed over the next 18 months or so. Alongside the Global Fund, the UK is a leading supporter of a number of vital multilateral health institutions that also need continued funding to do their vital work into the future.

Later this year, the Global Polio Eradication Initiative (GPEI) will need replenishing, **to help end polio for good** (this cannot now happen before 2023 at the earliest). While polio is endemic in only 3 countries, without a final effort to eradicate it completely, and keep up vaccinations for at least 3 years to ensure it can’t come back, we won’t have finally ended this debilitating childhood disease.

Gavi, the Vaccine Alliance will also need replenishing in 2020, to help ensure that every child receives the **11 essential vaccinations** recommended by the World Health Organisation to protect them against a wide range of easily preventable diseases and give them a healthy start in life.

Since 2013, the UK has been a leader in **the fight against malnutrition**. Alongside these vital health interventions, children need adequate nutrition – especially in the first 1,000 days of life, to ensure they not only survive but thrive. Funding for the ‘Nutrition for Growth Agenda’ runs out in 2020, and also needs significant support from donors to close funding gaps and help achieve Global Goal 2 (zero hunger).

## Why does this matter?

RESULTS will continue to campaign on all these issues in the coming months. But in the current political climate, with ongoing attacks on aid in the media and by some politicians, it is even more important than ever to show that there is public support for the UK’s leadership on global health, and the significant financial pledges that this involves.

As part of its commitment to achieving the Global Goals, the UK’s international development strategies recognise the need to focus our efforts on the poorest and most marginalised people, and those hardest to reach. As you can read in this month’s Action Sheet, all the multilateral institutions need to address this, working as efficiently as possible together to achieve economies of scale, bring in new resources from affected countries themselves and from the private sector, and focus on building sustainable health systems.

We have a great opportunity to highlight the excellent value for money that these multilateral institutions, working effectively together, can offer to countries to strengthen health systems, address inequalities and deliver on DFID’s commitments to leave no one behind.

Therefore the UK’s commitment to the Global Fund must in due course be backed up with other commitments to ensure a more coordinated response that takes into account the full range of interventions needed to address health inequalities and accelerate progress towards Universal Health Coverage and the Global Goals.