



**Public Health Watch Project Grant Announcement:
Community-led monitoring and advocacy on TB/HIV policies and programs
in East and Southern Africa**

***Request for Letters of Intent (LOIs)
August 2008***

Public Health Watch (PHW) a project of the Public Health Program of the Open Society Institute, aims to strengthen meaningful and sustained engagement by infected and affected communities in the development, implementation, and monitoring of TB, HIV and TB/HIV policies, programs, and practices. PHW supports advocates to identify, document, and articulate priority human rights issues, and to press for accountability at the national, regional, and global levels. From 2004 to 2008, PHW implemented a TB/HIV Monitoring & Advocacy Small Grants initiative that provided grants to 41 community-based organizations in 30 countries to conduct monitoring of and advocacy on the need for more effective and coordinated TB/HIV programs and services. This initiative galvanized global interest in TB/HIV from civil society organizations and revealed a need for sustained support for such organizations to strengthen their capacity for more effective engagement at the policy and program level. In 2008, PHW will seek to meet this need by initiating a grant project in highly affected countries in East and Southern Africa for community-based organizations with experience in TB/HIV issues. The goals of the project are to support organizations' specific advocacy priorities and strengthen their capacity and skills in monitoring and advocating on national TB/HIV policies and programs.

TB is the leading cause of death in people living with HIV in Africa; in parts of sub-Saharan Africa, 50 percent or more of TB patients are co-infected with HIV. Indeed, HIV and TB are so closely connected that the term "co-epidemic" or "dual epidemic" is often used to describe their relationship, which is a lethal one, with each disease speeding the other's progress. Between 1990 and 2006, the number of new TB cases tripled in many countries with high HIV prevalence. Nine of the ten countries with highest TB prevalence among people living with HIV in the world are in Africa; seven of these countries are in East and Southern Africa. In addition, people living with HIV have a significantly higher risk of developing active TB *every year* compared to HIV-negative persons. TB is more difficult to diagnose and more complicated to treat in people living with HIV, leading to delays in TB treatment and increased risk for rapid disease progression. This combination of diseases as well as the increase in multi and extensively drug resistant TB is causing increased fear, stigma and discrimination against people with TB, which has led to human rights abuses, including "emergency" measures to detain drug-resistant TB patients in inhumane conditions. TB treatment for people living with HIV should be provided in a way that respects human rights and ensures the most success; namely, avoiding detention of TB patients, and developing and using community-based models of care whenever possible. The relationship between TB incidence and HIV prevalence, challenges in TB/HIV diagnosis and treatment, and stigma and discrimination represent serious threats to gains made in scaling up HIV treatment.

In 2004, the World Health Organization developed a 12 point policy to address TB/HIV co-infection entitled the *Interim Policy on TB/HIV Collaborative Activities*. Three of the action points focus on the detection, prevention, and treatment of TB in people living with HIV. These components, referred to as the 3I's, include intensified case finding (ICF), which is TB screening for people with HIV; isoniazid preventative therapy (IPT) that is treatment for people latently infected with TB; and infection control (IC), measures to decrease the risk of TB transmission. Implementation of the WHO policy has been very weak; in 2006, less than one percent of the 33.2 million people with HIV were tested for TB and only 0.08 percent of those who were eligible were offered IPT.

In addition to the WHO policy, there are a number of global commitments to addressing TB/HIV, including the Millennium Development Goals, the 2006 UN Political Declaration on HIV/AIDS, the Global Plan to Stop TB 2006-2015 and, as of June 2008, the Call for Action on HIV/TB emanating from the first HIV/TB Global Leaders Forum. As this global engagement builds, it will be important for civil society to have the capacity to hold their governments accountable to these commitments.

To this end, PHW is pleased to announce a new grant initiative to support civil society monitoring and advocacy on policy and program efforts to reduce the burden of TB in people living with HIV in East and Southern Africa, with a particular focus on the 3Is. Community-based organizations in **Botswana, Kenya, Lesotho, Malawi, South Africa, Zambia and Zimbabwe** are invited to apply. Priority will be given to organizations who have TB/HIV as an important component of their organization's mission as well as those interested in developing their monitoring and advocacy capacity on national TB/HIV policies and programs.

Application Procedure

Organizations that wish to apply for funding must first submit a **Letter of Intent (LOI)**.

LOIs should be 2-3 pages in length and should include:

1. Name and location of the organization.
2. Name and contact information, including e-mail address, of the person submitting the LOI.
3. A brief description of the organization including:
 - a. mission statement
 - b. number of staff (indicate which staff would be available to work on this project)
 - c. current funding sources
4. A brief outline of current TB/HIV activities, including any advocacy components on prevention, detection or treatment of TB among people living with HIV.
5. A description of your organization's TB/HIV priorities and rationale for choosing these priorities (ie: your own capacity, the context of TB/HIV in your country, etc.).
6. Briefly describe your ideas/plans for future TB/HIV advocacy and how monitoring would enable you to achieve your objectives.
7. An example of an advocacy campaign your organization has conducted with a brief description of the objectives, target audience, activities and outcomes.
8. A description of any community-led monitoring efforts your organization has undertaken or been involved in. Please describe the process you used and how the information gathered contributed to your advocacy.
9. A list of national-level partners your organization has that could contribute to your ability to advocate on issues of TB among people living with HIV.

A detailed budget is **not** required at this stage. Grants are available for up to \$30,000 each for a period of one year.

LOIs should be submitted to Erin Howe at ehowe@sorosny.org by September 5, 2008.

Only successful applicants will be contacted.

Two representatives from successful organization applicants will be invited to attend a TB/HIV workshop in Addis Ababa, Ethiopia from **November 10th-12th, 2008** and to prepare a full proposal. Attendance at this workshop is required to submit a full proposal. Full proposals will be due **November 21, 2008**. Final selections for TB/HIV grants will be made by **December 1, 2008** and projects will begin in **January 2009**.

Please address questions to Erin Howe at ehowe@sorosny.org.