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Title: Lessons for Tuberculosis from scrutiny of HIV/AIDS and Malaria UK Parliamentary Questions

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Abstract

Objectives

To identify whether parliamentary scrutiny, in the form of Written Parliamentary Questions (WPs), has any significant impact on the UK government's stated aid priorities and whether, by refining the approach that MPs with an interest in TB take to scrutinising the government on its aid priorities, more resources could be secured for TB.

Methods

We downloaded 19,234 Written Parliamentary Questions directed at the Department for International Development posed by Members of Parliament between June 2001 and September 2014. We categorised questions by theme, party of questioner, geographical area, date and government. We then identified questions which specifically referenced HIV, TB and Malaria, or the Global Fund to Fight Aids, TB and Malaria. Analyses were conducted on each of these categorisations to identify trends which could account for differences in government funding between the three diseases.

Results

A significantly greater number of questions were posed on HIV than on TB and Malaria. These questions were more likely to reference a specific geographical area, and come from a wider group of MPs. A broadly equivalent number of questions were asked on TB and Malaria although there were differences between the parties of the MPs tabling questions. We also identified a significant fall in the number of WPQs tabled from the Labour government of 2005-2010 and the Coalition Government of the present day.

Conclusion

High volumes of WPQs targeting specific policy areas or geographical locations can play a role in increasing political commitment within government towards a certain disease or condition, however, other factors, including high-level MP champions and party policy, can play an equally significant role. Nonetheless, evidence suggests that a broad base of political support (as manifested through WPQs) is important to motivating a government response to a health issue and that the TB community should devote more effort to mobilising this wide political support.

Introduction

“Clear and sustained political commitment by national governments is crucial if basic DOTS and the Stop TB Strategy are to be effectively implemented.” – World Health Organisation, Global TB Programme.¹

If clear and sustained political commitment is critical to effectively implementing DOTS and the Stop TB Strategy – and therefore reducing rates of TB – then a priority for all those who work on TB must be finding a way to motivate that “clear and sustained political commitment.” This paper will seek to identify one way that such a commitment could be motivated by illuminating political priorities and hence funding for infectious diseases, TB, HIV and malaria, in the UK.

HIV, tuberculosis (TB), and malaria are among the deadliest infectious diseases in the world claiming 1.6 million, 1.3 million and 627,000 lives respectively per year.²³⁴ In addition to the significant mortality, the three diseases represent a heavy economic and social burden in many regions, including – in the case of HIV and TB – developed countries such as the UK.

The international response to the three diseases is delivered through a combination of multilateral and bilateral aid programmes. Multilateral organisations, such as the Global Fund to Fight HIV/Aids, TB and Malaria (GFATM) receive money from a range of donors, and then oversee the disbursement of those collected funds to country programmes directed at tackling one, two, or all three of the diseases. Bilateral programmes like the President’s Emergency Plan for AIDS Relief (PEPFAR) are funded by a single country – in this case, the United States. Between them, GFATM and PEPFAR account for 21% and 49% of total international financing for HIV.⁵⁶ GFATM also accounts for 82% of international TB financing and 50% of international malaria financing.

GFATM is largely funded by national governments, and the UK is a major donor. At the most recent ‘replenishment conference’ – intended to raise funds for GFATM programmes from 2014-16 – the UK pledged 10% of the total sum raised through the Department for International Development (DFID).⁷ Augmented by significant bilateral programmes (in regards to HIV and malaria), DFID estimates that it spends on global HIV control at £300m in 2013, whilst the

current UK Coalition Government has a stated target to spend £500m a year on malaria.⁸⁹ TB, however, lags far behind in terms of DFID's investment, total spending was in the region of £40m in 2013, broadly comparable to the amount the Department of Health spends treating TB in the UK every year.¹⁰¹¹

Scrutinising Government Spending

In spending this money, DFID, like all other UK government departments, is scrutinised by a number of organisations including the National Audit Office (NAO), the Independent Commission for Aid Impact (ICAI), and the International Development Select Committee (IDC). More generally DFID is accountable to the UK public, most commonly through their elected Members of Parliament (MPs). Whilst UK spending is accountable to taxpayers, one challenge of combating TB both in the UK and abroad is that it is not clear who is responsible for reducing rates of the disease, accordingly, scrutiny on the impact of projects falls on the funder, rather than the implementer.¹²

The primary method of scrutiny available to MPs is through "parliamentary questions". The House of Commons Information Office describes parliamentary questions as "tools that can be used by Members of Parliament to seek information or press for action. They oblige Ministers to explain and defend their work, policy decisions and actions of their Departments."¹³ Of these parliamentary questions, a particular subset, known as Written Questions, merits further investigation in terms of accountability because, as the House of Commons Procedure Select Committee stated: "[Compared to all other methods] WPQs were the most effective form of scrutiny."¹⁴ The Committee went on to highlight that "the use of Written Parliamentary Questions is vital to the scrutiny of the Government" because "WPQs allow detailed, targeted and (perhaps most importantly) published scrutiny of government policy and operations."

This last factor is particularly important. Whilst meetings with officials and private correspondence with Ministers is a very effective way for MPs to scrutinise the actions of a department, they remain, essentially, private. Conversely WPQs offer an MP the possibility of asking an endless number of specific policy-related questions, and all answers are public. Through WPQs, then, the policies and priorities, not to mention the spending, of UK government departments is open to all.

The potential of WPQs to scrutinise government is clear, but what motivates MPs to table such questions? Firstly, it could be for professional reasons. Each party has a 'spokesperson' that shadows each government department. MPs in these roles are expected to scrutinise the relevant government department and create a clear 'identity' for their party on their respective issue.

Secondly, MPs may have a political interest in the issue, primarily because of its importance to an influential group within their constituency or because it will help them get visibility with the media. Such issues are relatively rare in international development, but they do arise from time to time.

Finally, MPs may have a personal interest that they want to pursue because of the relation to their professional life before parliament, or a family connection to a subject.

In practice, the three motivating factors intertwine. Campaigning organisations, groups of constituents or individuals, can, by engaging with MPs motivate a personal interest from a predominantly political one, or engage a party spokesperson on specific issues within broader themes (such as TB or health within international development).

When an MP is motivated to post a WPQ, not only do they push forward a specific issue, they can educate Ministers on key issues. Having been ‘tabled’ by an MP, the WPQs are sent to the relevant policy expert in the relevant government department and then “drafted for Ministers to consider.”¹⁵ When sent to the Minister, the answer may be accompanied by further background information for the Minister and their advisors on the question at hand.

Between the General Election in June 2001 and September 2014 over 19,000 such WPQs were asked of DFID. Examples of questions are illustrated in Table 1 which covered a range of policy areas, departmental spending priorities, and geographical areas of interest.

We examined WPQs directed at DFID which specifically focus on HIV, TB, malaria, and the GFATM, to ascertain whether there is a recognisable variation in WPQs based on their content, the party political affiliation of the MP who tabled the WPQ, or the number of questions asked on each of the three diseases which could have influenced DFID’s current funding allocations for the three diseases. We aimed to identify whether the volume or nature of WPQs scrutinising DFID’s policies and spending on HIV, malaria and TB may have played a role in affecting DFID’s resource allocations for HIV or malaria over TB and ask whether, by engaging and supporting MPs in asking more of the ‘right’ kind of WPQs, the TB community can do more to create that all important political commitment.

Methods

Through TheyWorkForYou.com¹⁶ and Hansard,¹⁷ the official parliamentary record, 19,234 WPQs directed to the Department for International Development (DFID) between June 2001 and September 2014 were identified and data obtained downloaded onto Microsoft Excel.

WPQs were coded into a number of categories including: MP, Political Party, Constituency, Constituency Region, Country (UK), Date, and Government. The content of each WPQ for a geographical focus was sub-divided into three categories: Country, Region and Continent. Finally a keyword search was conducted on the content of each question identifying a theme, or themes, covered by each individual WPQ. We identified the key elements that differentiate between WPQs which could have a greater or lesser impact in terms of the efficacy of scrutinising government spending or calling for action on a certain issue.

To isolate particular parliamentary focus on the three diseases from broader scrutiny on DFID global health programmes, the dataset was filtered for reference to HIV, TB, Malaria, GFATM, and associated matches (GFATM was referred to as the ‘Global Health Fund’ in early WPQs). Finally, a second manual search of the questions was performed to identify any that had been erroneously categorised. Through this second filtering we identified a further three WPQs referencing specific anti-retroviral drugs for HIV but which did not mention the disease specifically. These were included in the data set.

Results

937 WPQs within the data set relating directly to HIV, TB, malaria and GFATM (**see table 2**) were identified. These questions represented 4.87% of WPQs asked during this period. Of these, 619 (66.06%) included specific reference to HIV (excluding references included through the full title of the Global Fund to Fight HIV/AIDS, TB and Malaria).

When further categorised by the year in which the questions were asked, periods of peak activity became immediately evident (see **Figure 1**). Questions relating to HIV peaked in 2008, whilst TB had a clear increase in activity in 2011 (the possible reasons for this, we discuss later). The number of TB questions have shown a generally upward trend since 2005, when the All Party Parliamentary Group on Global TB (APPG TB) was established. The APPG TB defines its purpose as: “To raise the profile of the global tuberculosis (TB) epidemic and to help accelerate efforts to the meet the millennium development goal targets on TB.”¹⁸ The group’s membership, exclusively MPs and Members of the House of Lords, work on domestic and international TB and benefit from the services of a small secretariat which can support the development of WPQs and other parliamentary activity.

Across the period the number of WPQs tabled specifically on malaria was maintained at a consistent level. Similar to the APPG TB, the All Party Parliamentary Group on Malaria (relatively recently expanded to include Neglected Tropical Diseases) was also inaugurated during the period under review but doesn’t appear to have had an impact on the depth of parliamentary scrutiny.

Variations in numbers of WPQs specifically related to GFATM coincide with periods of intense activity for the Fund. Relatively high numbers of questions in 2002 and 2003 coincide with the early years and establishment of GFATM. The subsequent spike in 2006 coincides with GFATM’s first replenishment (GFATM holds periodic “replenishment conferences” when it asks donors to pledge sums of money to support its work). The smaller peak in 2012 coincides with a period of uncertainty for the Fund after the failure of one such replenishment conference following accusations of corruption.¹⁹

The role of individual parties in scrutiny of GFATM, HIV, Malaria and TB policies was examined. Labour Party MPs asked 397 (42.37%) of questions, followed by Conservative Party MPs who asked 253 (27%) of questions, and the Liberal Democrats (244, 26%). Labour MPs posed the most questions in every category, whilst Liberal Democrat and Conservative MPs showed a greater interest comparatively in TB (Liberal Democrat) and Malaria (Conservative).

By far the greatest concentration of geographical questions related to Africa, which accounted for 211 of the 326 WPQs with a clear geographical reference. Overall, little over one-third of all WPQs contained such a reference.

Further examination of WPQs by country interest revealed few countries where the three diseases were considered closely. The high concentration of interest in Burma came largely from a series of WPQs by two Conservative MPs in November and December 2006. TB questions showed some correlation with countries with high disease burdens, India for example has roughly one third of the global burden. South Africa and Swaziland, however, have some of the highest rates in the world but received no specific questions at all.

We also filtered the dataset by the number of questions asked by each individual MP on each issue. A small number of MPs were responsible for a large proportion of questions,

demonstrating the importance of individual champions, either through their own interest, or through party roles. The three MPs who most frequently asked questions on TB – (see 2, 6 and 9 in table 5) – were all officers of the APPG on Global TB. Whilst the MP who asked the second highest number of questions (number 2 in the table) has played a role as a party spokesperson on international development, the other two have not, and as they have no official party responsibility to table WPQs on development, we can assume that this, coupled with long-term roles as officers of the APPG, suggests that their interest in the disease is personal. Nonetheless, the overall picture is one of relevant dependence on a small number of MPs tabling WPQs on TB. Similarly, the fall in HIV questions may be due to three leading Labour MPs (in positions 5, 8 and 10), leaving the House after the 2010 election.

Discussion

This paper is the first systematic analysis of the Written Parliamentary Question database, and therefore the first to examine the relationship between the application of one of the primary “tools” MPs can use to “press for action” and the issues that DFID prioritises.

The potential of WPQs as a campaigning tool should not be underestimated. Each time a WPQ is tabled, a civil servant with expertise on the area must draft an answer and a briefing paper for the relevant Minister. A significant volume of questions on a theme serves multiple purposes. Firstly, it demonstrates to Ministers that there is a depth of parliamentary interest in a particular issue, with the potential that this interest has been provoked by media, or constituency, pressure. Secondly, it serves to inform Ministers of the activities of their department on a specific issue, and educate them on the wider context.

We can take HIV questions as a case in point. Over 600 questions relating to HIV – with 29 MPs from across the UK’s political parties tabling more than 5 questions each – were tabled during the period. Given that Parliament is in session for roughly 35 weeks a year, the volume of WPQs tabled on HIV equates to more than 1 a week, every week, for the last 14 years. As the answer to each WPQ must be drafted by an official, and then read and approved by the Minister, the volume of HIV questions alone would be sufficient to keep the Minister abreast of progress in the HIV epidemic and leave them in no doubt as to the importance of the issue to the MPs who ultimately hold them accountable.

WPQs on HIV were also more likely to include a geographical or country reference than questions on TB and Malaria. Exactly 25% (142 of 568) of HIV questions included a reference to a geographical location, compared to 15.4% for TB and 18.28% for malaria. Although reference to geography is a blunt instrument for examining the policy sophistication of a WPQ, a higher proportion of HIV-related WPQs also addressed current or former DFID partner countries (122/142 – 86%) than TB (11/14 – 78%) and malaria (13/17 – 76%). Ministers, then, have received significantly more WPQs relating to a localised HIV epidemic in a DFID partner country than they have relating to TB or malaria, and thus (as the process of answering such questions also includes a contextual briefing) are better briefed on the details of the epidemic in priority countries and DFID HIV programmes in those countries. In this context, it is not surprising that DFID Ministers have maintained a consistently high level of support for HIV programmes.

The greater sense of political pressure, and the greater depth of Ministerial engagement with HIV programmes as a result of WPQs compared to the other diseases, may be one reason for a

difference between DFID's resource allocation to HIV and TB. In this context the general trend towards asking fewer WPQs since 2008 in relation to all three diseases is a cause for concern. If the data suggests that significant volumes of WPQs can be effective in mobilising Minister's willingness to act on certain issues, then the inverse surely must also be true.

The decline may, in some part, be connected to the creation of the Coalition Government from between the Conservative and Liberal Democrat parties. In response to the Parliamentary Procedure Committee Oliver Heald MP described WPQs as "one of the most important tools an opposition has."²⁰ Our research supports this opinion: the Conservative MPs in Table 5 who asked the greatest number of questions were in roles as Shadow Secretaries or Ministers for International Development which required them to take an active role scrutinising government policy.

Historically, the UK has had majority governments, this means that one party has formed the government, and the other two major UK parties have been in opposition. Under the current UK Coalition Government, however, two parties form the government, with only one (Labour) party in opposition. Being in government therefore reduce the incentive, and capacity, to scrutinise the government with many MPs and party officials engaged in running the various Government departments. Given the relatively small size of the dataset, finding a conclusive answer to whether Coalition Governments experience reduced scrutiny from parliament will require further analysis

Strong, detailed and consistent parliamentary attention on HIV may be instrumental in DFID commitment to funding HIV programmes, but if this is true, how do we account for DFID's focus on malaria? Given that the profile of questions seems very similar to that of TB we should expect similar resource allocations, yet malaria programmes are funded by over £400m a year more.

Two details are relevant from our dataset, the first is that Liberal Democrat MPs asked many more questions on TB than their Conservative counterparts, whilst the Conservatives asked many more questions on malaria than the Liberal Democrats. This, in itself, would be insignificant, were it not for who was asking the questions on malaria. Individual MPs can play an enormous role in shaping their party's policies and therefore also the policies of the government should that party be elected. The 2010 Conservative Party Manifesto included a pledge to spend "at least £500m per year tackling malaria," which became part of DFID's policy under the Coalition Government. A leading Conservative MP with a strong interest in malaria was then appointed as a Minister in DFID and able to execute this manifesto pledge.

What lessons, then, can we learn for TB from the parliamentary scrutiny on HIV and malaria? The process through which DFID sharply increased resources to malaria was somewhat unique. The combination of a committed champion becoming a Minister at the perfect time to enact a strong manifesto commitment would be extremely hard to replicate, particularly given the relatively small pool of TB champions.

However, the case of HIV is more encouraging. Whilst the policy-making process, and the setting of political priorities, is extremely complex and we should not claim that WPQs played a sole and defining role, there does seem to be evidence to suggest that they played a significant role in mobilising UK resources, at least in comparison to TB. Media and public interest probably played a supportive role, both in engaging a wide-range of MPs and engaging DFID officials, nonetheless this model is replicable.

Conclusions

TB has parliamentary champions who are willing to scrutinise current policies and call for action, but the pool is much smaller than that of HIV in the early part of the new millennium. A priority for people who work on TB should be growing that pool, and supporting MPs in asking more detailed and technical questions. One simple way would be for people to engage their local MPs, explain about TB, and ask them to call for action from DFID. Tabling WPQs is part of the day-to-day role of parliamentarians and our research suggests these WPQs can make a difference if supported by a broad coalition of MPs from across the major parties.

TABLES AND FIGURES

Table 1: Sample of DFID WPQs

Date	Party	Region	Question
21/12/04	Liberal Democrat	London	what research he has commissioned concerning the effectiveness of aid delivery via (a) conventional programmes and projects and (b) poverty reduction budget support.
10/05/06	Conservative	South East	if he will make a statement on Government policy on supplying arms to developing countries.
24/02/14	Labour	West Midlands	what humanitarian aid contribution her Department has made to Burmese refugees living in camps on the Thailand-Burma border in (a) 2010, (b) 2011, (c) 2012, (d) 2013 and (e) 2014 to date.

Table 2: WPQs Relating to HIV, TB, Malaria and the Global Fund Categorised by Topic

Content of Questions	Number of Questions
Global Fund to Fight HIV/Aids, TB and Malaria	134
HIV	568
HIV, Malaria	1
HIV, TB, Malaria	44
Malaria	91
TB	93
TB/HIV	6
Grand Total	937

Where a comma (,) reflects a subdivision of the question to ask for information on each disease and a slash (/) represents a question regarding co-infection.

Table 3: Party Affiliation Compared with WPQs On Varying Themes

Party	GFATM	HIV	HIV, TB, Malaria	Malaria	TB	TB/HIV	Grand Total
Conservative	37	150	21	33	12		253
DUP	2	4		3			9
Independent		1					1
Labour	54	240	13	44	45	1	397
Liberal Democrat	39	142	10	11	36	5	244

Plaid Cymru	1	2					3
SNP		13					13
SDLP		14					14
Ulster Unionist	1	2					3
Grand Total	134	568	44	91	93	6	937

Does not include 1 question on “HIV, Malaria” asked by a Liberal Democrat MP
GFATM stands for Global Fund to fight AIDS, TB and Malaria

Table 4: Thematic WPQs by Country Referenced in Question²¹

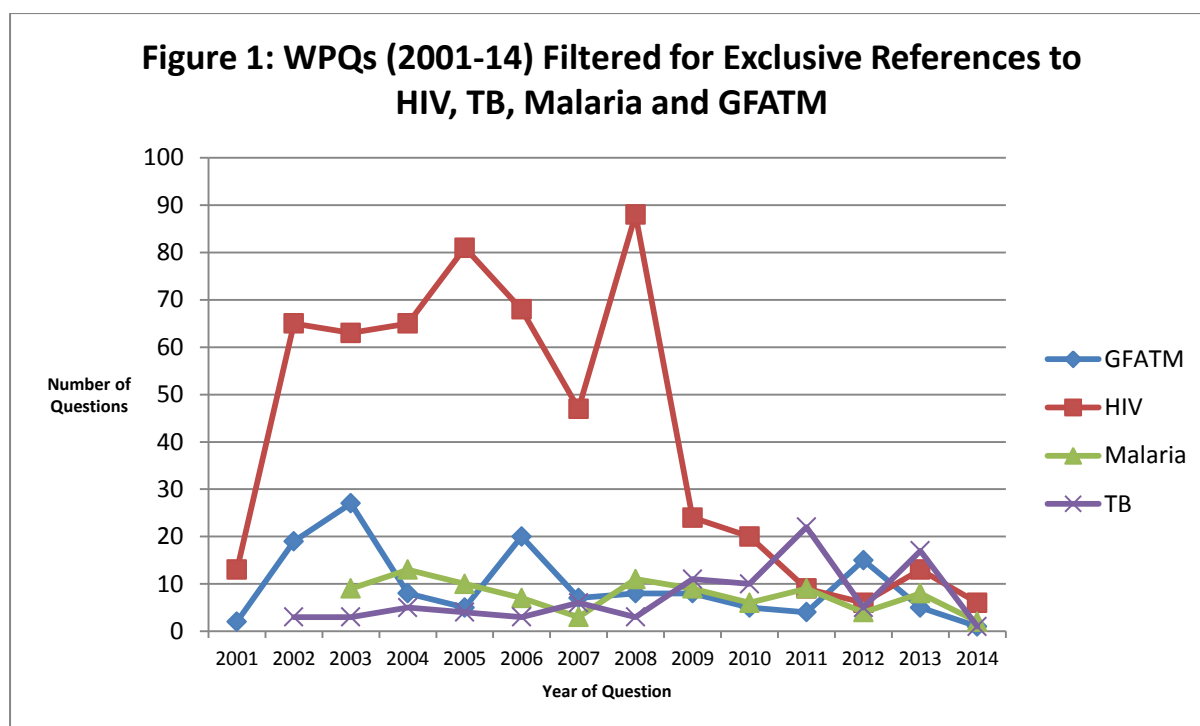
DFID Partner Countries	GFATM	HIV	HIV, TB, Malaria	Malaria	TB	Total
Burma	4	7	17	3		31
India	1	11	2		4	18
South Africa		14		1		15
Zimbabwe	2	12		1		15
Uganda		11				11
Malawi	1	7	1	1	1	11
Rwanda		6			2	8
Zambia		5				5
Bangladesh		1			2	3
Sudan		2		1		3
Kenya		2		1		3
Ethiopia		2		1		3
Nepal		3				3
Tanzania		1		1		2
Nigeria		2				2
Pakistan		2				2
Afghanistan		1			1	2
Yemen					1	1
Ghana		1				1
Mozambique				1		1
Congo		1				1
Somalia		1				1
Total	8	92	20	11	11	142
Former DFID Partner Countries	GFATM	HIV	HIV, TB, Malaria	Malaria	TB	Total
Swaziland		11				11
China		4				4
Haiti		3				3
Burundi		1		2		3
Lesotho		3				3
Botswana		3				3
Namibia		2				2
Vietnam		2				2
Sierra Leone		1				1
Total		30		2		32

Non-DFID Partner Countries	GFATM	HIV	HIV, TB, Malaria	Malaria	TB	Total
Russia		7			1	8
Thailand		5				5
Gambia				2		2
Central African Republic		1			1	2
Kosovo		2				2
Guinea				1		1
Belize		1				1
Brazil		1				1
St. Lucia		1				1
Senegal		1				1
Jamaica				1		1
Burkina Faso		1				1
Mali					1	1
Total		20		4	3	27
All Total	8	142	20	17	14	201

No TB/HIV questions had location references

Table 5: WPQs by Topic Referenced by MP (Names have been replaced with Party Affiliation)

MPs	GFATM	HIV	HIV, Malaria	HIV, TB, Malaria	Malaria	TB	TB/HIV	Total
1. Conservative	3	38		8	8	2		59
2. Lib Dem	9	9		1		23	5	47
3. Lib Dem	6	26				2		34
4. Lib Dem	5	20	1		6	2		34
5. Labour	1	26				1		28
6. Labour	1	4			2	20	1	28
7. Conservative	7	12			1	2		22
8. Labour		21						21
9. Lib Dem	3	8		1		7		19
10. Labour	3	16						19
11. Conservative	6	4		6	2			18
12. Conservative	1	15						16
13. Labour	1	12		1	1	1		16
14. SDLP		13						13
15. Conservative	1	10		1	1			13
16. Lib Dem	1	11						12
17. Lib Dem	4	8						12
18. Conservative		11						11
19. Lib Dem	2	8		1				11
20. Conservative	2	9						11



Legends to Tables and Figures

Table 1: Sample of DFID WPQs

Table 2: WPQs Relating to HIV, TB, Malaria and the Global Fund Categorised by Topic

Table 3: Party Affiliation Compared with WPQs On Varying Themes

Table 4: Thematic WPQs by Country Referenced in Question

Table 5: WPQs by Topic Referenced by MP (Names have been replaced with Party Affiliation)

Figure 1: WPQs (2001-14) Filtered for Exclusive References to HIV, TB, Malaria and GFATM

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