RESEARCH AND DEVELOPMENT FOR TOMORROW

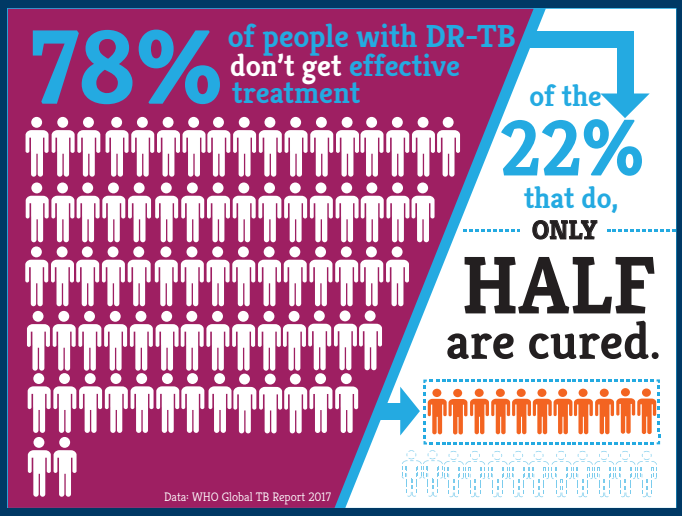
The 2015 "End TB"[7] goals endorsed by WHO Member States to reduce TB deaths and new infections cannot be met unless improved treatment regimens, fast and simple diagnostics and effective vaccines are developed. Although governments also committed to support and intensify TB R&D, current funding is extremely insufficient. There is an estimated $1.3 billion per year funding gap[8].

Governments have a collective responsibility to mobilize the TB research community and to immediately and significantly increase TB R&D funding for affordable new treatments, diagnostics and vaccines. Action is needed to expedite the development and delivery of:

- Faster, safer and simpler all-oral treatment regimens that are effective to treat children and adults and all forms of TB, and adapted for use in low-resource settings. This requires a healthier drug pipeline that continues to deliver multiple improved treatment regimens.
- TB diagnostic tools suited for use in low-resource settings, including rapid drug resistance tests for all TB drugs to guide individualised, appropriate and effective treatment for people with DR-TB.

Governments have a collective responsibility to create an enabling environment* and support novel collaborative research models that guarantee a better public return on public investment. Action is needed to ensure researchers and developers:

- Follow agreed-upon target product and treatment regimen profiles that address priority health needs and deliver tools adapted for use in low-resource settings;
- Share research results, including pre-clinical and clinical trial data, as well as molecules, in order to accelerate research and facilitate the development of regimens comprising novel classes of drugs; and
- Commit to equitable access and fair pricing of end products, including by 'de-linking' investments in R&D from the expectation of high profits through high prices and sales.



* For example, through supporting initiatives such as the BRICS TB R&D Network, the G20 AMR R&D Collaboration Hub, and the Life Prize.

WHAT NEEDS TO HAPPEN DURING THE UN HIGH-LEVEL MEETING ON TB?

In order to fight TB, government leaders need to show up. MSF joins numerous patient and civil society organisations in calling for the attendance of governments and heads of state at the HLM and for continued engagement following the summit.

During the summit, MSF urges governments to:

- **Declare ambitious national targets** to close the gaps in testing, treatment and prevention, and to reduce TB mortality within five years. Countries must also set ambitious targets to rapidly scale up implementation of the WHO's new DR-TB treatment recommendations.
- **Commit to mobilize their scientific communities and increase funding for TB R&D** to develop and deliver faster, safer, simpler tools for tomorrow.
- **Ensure public return on public investment in R&D** by making new tools affordable and accessible to all who need them.
- **Commit to use all available mechanisms to ensure equitable and affordable access** to the medicines and medical products we need to fight TB, including overcoming patent barriers as allowed through flexibilities in the World Trade Organization Agreement on Trade Related Aspects of Intellectual Property (TRIPS).
- **Institute an accountability framework** that ensures all governments are on track – and held accountable – to meeting their stated national and global commitments.

REFERENCES

[1] WHO. Global tuberculosis report 2017. [Online]. 2017 [Cited 2018 Aug 16]. Available from: http://www.who.int/tb/publications/global_report/en/

[2] Review on Antimicrobial Resistance. Tackling drug-resistant infections globally: Final report and recommendations. [Online]. 2016 [Cited 2018 Aug 16]. Available from: https://amr-review.org/sites/default/files/160518_Final%20paper_with%20cover.pdf

[3] WHO. Multidrug resistant Tuberculosis 2017 update. [Online]. 2017 Oct [Cited 2018 Aug 16]. Available from: http://www.who.int/tb/challenges/mdr/MDR-RR_TB_factsheet_2017.pdf

[4] endTB. Bedaquiline- and delamanid-containing regimens achieve excellent interim treatment response without safety concerns. [Online]. 2018 Jul 13. [Cited 2018 Aug 31]. Available from: http://www.endtb.org/resources/endtb-interim-analysis-july2018

[5] Schnippel K, Ndjeka N, Maartens G, et al. Effect of bedaquiline on mortality in South African patients with drug-resistant tuberculosis: a retrospective cohort study. Lancet Respir Med. [Online]. 2018 Jul 09 [Cited 2018 Aug 31]. Available from: http://dx.doi.org/10.1016/S2213-2600(18)30235-2.

[6] WHO. Rapid communication: Key changes to treatment of multidrug and rifampicin resistant tuberculosis (MDR/RR-TB). [Online]. 2018 Aug [Cited 2018 Aug 22]. Available from: http://www.who.int/tb/publications/2018/rapid_communications_MDR/en/

[7] WHO. The End TB strategy: Global strategy and targets for tuberculosis prevention, care and control after 2015. [Online]. 2014 May [Cited 2018 Aug 16]. Available from: http://www.who.int/tb/strategy/en/

[8] Stop TB Partnership. The global plan to end TB: 2016–2020: the paradigm shift. [Online]. 2015 [Cited 2018 Aug 14]. Available from: http://www.stoptb.org/global/plan/plan2/

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