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Médecins Sans Frontières (MSF) statement on agenda item 11.8: Follow-up to the high-level meetings of the United Nations General Assembly on health-related issues: Ending tuberculosis, Document A72/20

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As the report by the Director General states, poor access to treatment for drug-resistant tuberculosis (DR-TB) represents a public health crisis.

For too long, people with DR-TB have gone undiagnosed and untreated. Only one in four people with multidrug-resistant TB (MDR-TB) receive treatment, and of those, barely half are cured.

Today, Member States have an opportunity to substantially increase cure rates and avert horrible side effects associated with older, toxic drugs by switching to newer, all-oral bedaquiline-containing MDR-TB treatment regimens – recommended as the new standard by WHO.

MSF asks that Member States rapidly update national guidelines to include all-oral bedaquiline-containing MDR-TB treatment regimens and stop treating MDR-TB with painful injectable drugs. Member States should ensure that every person treated for MDR-TB receives this optimal treatment by World TB Day, March 2020.

In order to ensure the development of improved TB treatments, and ensure that new innovations are available and affordable, we ask that Member States support pro-access R&D policies and strategies.

Member States should reject TB R&D proposals that block or deter the full use of TRIPS flexibilities, including compulsory licensing, and should reject value-based pricing and tiered pricing models for TB medicines, diagnostics and vaccines, as these strategies to maximise profits needlessly inflate prices and curtail affordable access.

To save lives, the agreed-upon TB R&D core principles of affordability, efficiency, equity and collaboration must be actively safeguarded.

We ask that Member States ensure prices of TB medicines, diagnostics and vaccines are transparent, fair and affordable, and reflect public sector contributions to R&D.

We ask that Member States commit to transparency of TB R&D costs and invest in TB innovation through open-source collaborative research, prize funds and milestone payments that result in medical innovations without monopoly control.