



**71st WHO World Health Assembly – May 2018**  
**Médecins Sans Frontières (MSF) briefing on provisional agenda item 11.8:**  
**Preparation for a high-level meeting of the General Assembly**  
**on ending tuberculosis, Document A71/15**

**Background**

Tuberculosis (TB) is the world's leading infectious disease killer.<sup>1</sup> Médecins Sans Frontières (MSF) has been providing healthcare for people with TB for the last 30 years. Today, MSF is the largest non-governmental provider of treatment for people with rifampicin-resistant TB, a form of drug-resistant TB (DR-TB). In 2016, MSF treated 20,900 TB patients – including 2,700 patients with DR-TB – in 68 TB projects across 26 countries. Eleven are designated as TB high-burden countries by WHO.

MSF witnesses first-hand the challenges many countries are facing in tackling TB. Numerous gaps persist, including poor access to the diagnostic and treatment tools needed to successfully treat TB and prevent transmission. By 2050, DR-TB could cause up to one-quarter of an estimated ten million deaths every year due to antimicrobial resistance (AMR).<sup>2</sup> However, the current global response is failing to curb the epidemic and failing people with TB.

WHO Member States adopted the 2016–2035 End TB Strategy<sup>3</sup> in May 2014, committing to reducing TB incidence by 90 per cent, reducing TB mortality by 95 per cent, and ensuring no families face catastrophic costs due to TB by 2035. However, the pace of progress is far too slow to meet 2020 End TB milestones and limited commitment from Member States and donors puts the prospect of ending the epidemic by 2035 in jeopardy.

The 71<sup>st</sup> World Health Assembly is invited to adopt draft resolution EB142.R3<sup>4</sup> on “Preparation for a high-level meeting (HLM) of the United Nations General Assembly on ending tuberculosis”. The September 2018 UN HLM has the potential to garner much-needed political will and high-level commitment from heads of state and governments to address TB, both nationally and globally.

MSF urges Member States to seize the opportunity of the UN HLM to (i) **set clear national and global targets** for testing, treatment and prevention with five-year milestones, (ii) **commit to increased investment** in TB research and development (R&D) that meets public health needs for affordable and effective tools, and (iii) **pledge continued engagement of heads of state** in monitoring progress – and addressing delays – in meeting these commitments.

## **MSF recommendations**

Mounting an effective response to the TB global health emergency requires greater commitment and additional resources. The report submitted to the 70<sup>th</sup> World Health Assembly in May 2017 on the implementation of the End TB strategy warned that global, regional and Member State-level actions and investments to tackle TB are insufficient to achieve the End TB targets and that high-level global support and regional and national commitments were required.<sup>5</sup>

### **MSF urges Member States to commit to three critical outcomes at the UN HLM.**

#### **1. Close the TB testing, treatment and prevention gaps**

MSF urges Member States to commit to time-bound, ambitious and measurable national and global targets for TB testing, treatment and prevention.

Member States need to commit to targets with five-year milestones until 2035, which should include the number of people reached through timely testing and treatment, as well as adoption and implementation of WHO guidelines on TB testing, treatment and prevention.

The Member State targets should include annual increases in DR-TB treatment coverage using newer and more effective drugs. Only 12 per cent of people estimated to be in need had access to these drugs in 2017\* and there is an urgent need to increase access. A robust political declaration at the UN HLM is required to achieve these targets – and human and financial resources must be committed and put in place to achieve Member State-level targets.

Member States need to employ all strategies and safeguards at their disposal to maintain equitable and affordable access to tools and technologies needed to prevent, diagnose and treat TB. This should include making full use of the flexibilities of the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) and the rights of Member States to protect public health, promote access to medical commodities for all and address barriers to generic competition.

#### **2. Support and fund TB research and development**

MSF urges Member States and donors to make substantial improvements in support and funding for TB R&D in order to equitably deliver TB medicines, diagnostic tools and vaccines that are effective, affordable and suitable to control TB.

Financial investment in TB R&D must ensure equitable access, particularly for products of publicly funded R&D. Given the need for development of drug regimens combining different drugs, support for open and collaborative research platforms is imperative.

Member States need to immediately increase funding to reach the US\$2 billion needed annually<sup>6</sup> for innovation in TB R&D for new tools and technologies to prevent, diagnose and treat TB. Member States must also ensure these new tools and technologies are affordable and accessible for all.

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\* Calculation based on DR-TB STAT assumption that only 33 per cent of people who could benefit from bedaquiline or delamanid had access to either drug.

Member States must commit to developing and delivering affordable new treatments, diagnostics and vaccines. The development and delivery of a short-course oral cure for TB and its drug-resistant forms must be prioritised. Support for a healthy drug pipeline is required to make improvements to existing and future treatments for both drug-sensitive TB and DR-TB.

Support for TB diagnostics R&D should prioritise the identification of biomarkers to differentiate tuberculosis disease from latent infection and to predict the risk of progression to clinical disease, response to treatment and relapse. Priority should also be given to developing and introducing technologies to diagnose TB and DR-TB at the point of care that do not rely upon sputum specimens and that are effective in all populations, including children and people with extra-pulmonary TB.

MSF urges Member States and donors to support a TB R&D strategy that ensures the development of essential TB health technologies and also ensures full public health return on public investment. The TB R&D strategy should:

- Support R&D that is needs-driven, evidence-based, transparent and guided by the principles of affordability, effectiveness, efficiency and equity – according to the innovation for access principles agreed by Member States and formulated in the Consultative Expert Working Group on Research and Development: Financing and Coordination (CEWG) report<sup>7</sup>;
- Support models of innovation that de-link the cost of R&D from the final price and increase transparency in the costs of R&D;
- Strengthen and financially support collaborative research initiatives such as the BRICS TB R&D Network, Life Prize and G20 AMR R&D Collaboration Hub, and create collaborative approaches to research and data sharing that promote the development of new regimens comprised of novel classes of drugs; and
- Acknowledge that TB innovation is a shared global responsibility and that facilitating equitable and affordable access to new tools for preventing, diagnosing and treating TB requires the cost of R&D to be de-linked from price and volume of sales. This is particularly important for products resulting from publicly-funded TB R&D, which must be treated as public goods that are made affordable and widely available. Funding is needed to realise these goals and fill the funding gap.

TB R&D donors should consider requiring funding recipients to commit to a three-point agreement to: (i) share clinical trial data and molecules with other developers upon request to facilitate regimen development, (ii) ensure equitable access and (iii) ensure fair pricing.

### **3. Ensure follow-up and accountability to meet Member State-specific targets**

MSF urges Member States to develop an accountability and review mechanism that defines clear Member State-specific deliverables. The UN HLM on TB should reconvene in 2023 and regularly thereafter to assess Member State progress towards TB commitments.

Heads of State should convene as part of a Global TB Cabinet to regularly analyse and confront the epidemic dimensions of TB/DR-TB as part of the “Decade to Defeat TB”.

## **Summary of MSF recommendations**

### **1. MSF urges Member States to commit to time-bound, ambitious and measurable national and global targets for TB testing, treatment and prevention.**

Targets should include the number of people reached through timely testing and treatment, as well as adoption and implementation of WHO guidelines on TB testing, treatment, and prevention. Member State targets should include annual increases in DR-TB treatment coverage using newer and more effective drugs.

### **2. MSF urges Member States and donors to make substantial improvements in support and funding for TB R&D in order to equitably deliver TB medicines, diagnostic tools and vaccines that are effective, affordable and suitable.**

Member States and donors need to immediately provide US\$2 billion annually to fund open and collaborative TB R&D for new tools and technologies to prevent, diagnose and treat TB.

Funding for TB innovation must be based on the ‘de-linkage’ principle and guarantee public health return on public investment to ensure these tools and technologies are affordable and accessible for all.

### **3. MSF urges Member States to develop an accountability and review mechanism that defines clear Member State-specific deliverables.**

The UN HLM on TB should reconvene in 2023 and regularly thereafter to assess Member State progress towards TB commitments. Heads of State should convene as part of a Global TB Cabinet to regularly analyse and confront the epidemic dimensions of TB/DR-TB as part of the “Decade to Defeat TB”.

## **References**

<sup>1</sup> WHO. Tuberculosis (TB). [Online]. World Health Organization Global Health Observatory data. 2017 [Cited 2018 Apr 17]. Available from: <http://www.who.int/gho/tb/en/>.

<sup>2</sup> O’Neill J, et al. Tackling drug-resistant infections globally: Final report and recommendations. [Online]. The Review on Antimicrobial Resistance. 2016 [Cited 2018 Apr 18]. Available from: [https://amr-review.org/sites/default/files/160518\\_Final%20paper\\_with%20cover.pdf](https://amr-review.org/sites/default/files/160518_Final%20paper_with%20cover.pdf)

<sup>3</sup> WHO. The End TB strategy: Global strategy and targets for tuberculosis prevention, care and control after 2015. [Online]. 2014 [Cited 2018 Apr 5]. Available from: <http://www.who.int/tb/strategy/en/>

<sup>4</sup> Document EB142.R3. 142<sup>nd</sup> Session of the Executive Board. Geneva, Switzerland: World Health Organization. [Online]. 2018 [Cited 2018 Apr 17]. Available from: [http://apps.who.int/gb/ebwha/pdf\\_files/EB142/B142\\_R3-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/EB142/B142_R3-en.pdf)

<sup>5</sup> Document A70/38, section E. [Online]. 2017 [Cited 2018 Apr 17]. Available from: [http://apps.who.int/gb/ebwha/pdf\\_files/WHA70/A70\\_38-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_38-en.pdf)

<sup>6</sup> Stop TB Partnership. Global plan to end TB: The paradigm shift 2016-2020. [Online]. 2015 [Cited 2018 Apr 17]. Available from: <http://www.stoptb.org/global/plan/plan2/>

<sup>7</sup> WHO. WHA 66.22: Follow up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination. [Online]. 2013 [Cited 2018 Apr 17]. Available from: [http://www.who.int/phi/resolution\\_WHA-66.22.pdf?ua=1](http://www.who.int/phi/resolution_WHA-66.22.pdf?ua=1)