

## **Renewing the Fight against TB: An Interactive Conversation with the Stop TB Partnership**

27th October 2014, Monday

Hotel Diagonal Zero Barcelona, plaça de llevant s/n., South America Room

### **Opening Remarks – Joanne Carter, Executive Director, RESULTS, and Vice-Chair, Stop TB Partnership Coordinating Board**

I want to welcome and thank you for coming and more importantly thank you for what you do day in and day out in the fight against TB.

We have much capacity and commitment in this room and we're going to need to harness all of that and enlist even more. Today is organized as a dialogue, but it needs to be a dialogue that leads to strengthening our collective strategy and action, a dialogue that helps us to be more ambitious and aggressive in our efforts.

The WHO released its the latest TB Control report last week and TAG (with support from Stop TB) released its annual assessment of TB Research and development financing. The data is sobering and we need to use it to drive greater urgency, political leadership and investment in TB treatment and TB research and new tool development.

Thanks to global efforts and country leadership, and much of it supported by with GF resources-- there's been important work in TB data gathering. There is new and better prevalence data coming from surveys (some 16 countries in the last five years and a dozen more expected in the next 2-3 years.) That data, reflected in this years WHO report is revealing what many had feared: the TB epidemic is even bigger than we thought. Several hundred thousand more people globally are sick with TB, and several hundred thousand more people are dying of this preventable, treatable disease every year than we knew previously. TB mortality in the African Region in 2013 is now estimated to be 44% higher than the previously published estimate for 2012. And prevalence surveys still underway will likely show in the near future that the epidemic is even bigger.

And overall, while incidence and mortality are falling, they are falling very slowly—and at a slowing not accelerating rate: just 1.5% a year. And one in three people sick with TB are still not being reached by the health system with quality diagnosis and treatment.

In the case of the growing global threat of drug-resistant TB: thanks to the scale up of new diagnostics Xpert, we're now better able to identify multidrug-resistant TB. But treatment is failing to keep up and we are seeing a widening gap between people being diagnosed with MDR and people getting treated for MDR. At least 39,000 people last year who were diagnosed with MDR-TB were on waiting lists to get lifesaving drugs. And over 70% of all people with multidrug-resistant TB go undiagnosed every year, aren't receiving effective treatment, and are left to die and to spread the disease.

Progress in HIV testing of TB patients is slowing down. Only 70% of people diagnosed with TB-HIV co-infection are receiving ART. This falls well short of the 100% target set for 2015.

We have ambitious new TB targets for 2035, approved by the World Health Assembly in May of this year, but new strategies and new and better tools are urgently needed starting now if we are to reduce TB deaths by 95 percent and cut the number of new TB cases by 90 percent by 2035.

With a global epidemic that is even bigger than we knew, and the continued spread of drug resistance where we aren't keeping pace with treatment needs, it is clear that we need to invest significantly more in the scale-up of effective TB diagnosis, treatment and prevention and in R&D for better diagnostics, drug regimens and an effective vaccine. The WHO report notes that there is at least a \$2 billion annual financing gap for TB treatment—and that's a conservative estimate. Countries with high burdens of TB continue to cover the majority of the cost but many are in dire need of additional external financing to respond ambitiously.

The data from Treatment Action Group's new report underscores the urgent need for investment in research and development for TB. The report highlights that we're still only investing one-third of the estimated \$2 B in resources needed annually for TB R&D and that private pharmaceutical investment in TB is down by over 30% just since 2011. The pool of TB research funders is relatively small--we need to expand that base and ensure that austerity in public sector budgets doesn't endanger critical new drugs in the pipeline.

My goal is not to depress us but to animate us with the urgency of the moment. AND it's not all bad news—we have exciting R&D opportunities that if we seize them, could start to transform the fight in just the next few years. Our hope is that everyone here today will share their views, their vision and also their practical ideas and strategies to help us build a strong and effective Stop TB Partnership that can help drive a stronger global response.

---

The Chair of our Coordinating Board, Dr. Aaron Motsoaledi, MoH of South Africa will join us at the end of the day and he's been a great champion for TB globally and in his own country, and he is deeply committed to bringing the Partnership's impact to new levels. In May he briefed African Ministers of Health on TB, in early September he met with key Members of Congress in Washington, and briefed UN Ambassadors in New York on the need to make TB a UN priority, as well as meeting with the media. I want to pass on his thanks to you for your continued work with the Partnership and also thank him for his commitment to devote significant time and energies to the fight globally. I'd also like to thank the Stop TB board for their dedication, insight and leadership—and ask them to stand up.

And I'd also like to also acknowledge the leadership of the Lucica Ditiu and the incredibly hard work of the Stop TB Secretariat team.

There are some key areas where the Stop TB Partnership will need your support in the coming year.

**GLOBAL PLAN:** First, we need your help to develop an ambitious Global Plan to Stop TB for 2016-2020. The development of that plan is underway with the intention that it will present a detailed roadmap to guide our collective action and accelerate our progress in achieving the ambitious targets set out on WHO's new Global Strategy for Tuberculosis Prevention, Care and Control. Achieving less than 10 cases of TB per 100,000 people by 2035 will only be possible with a plan that outlines the specific tools, actions, and strategies to get us there based on each country and region's unique challenges. And in particular, we won't achieve those targets without an aggressive R&D agenda that brings us POC diagnostics, new drug regimens and an effective vaccine.

**ADVOCACY:** Second--as the state of the epidemic and the latest data make clearer than ever, we need to expand our advocacy and demand that TB be given greater resources and political attention. The WHO report notes that there is at least a \$2 billion annual TB financing gap—and that's a conservative estimate. And as the TAG report has demonstrated, we're still only investing one-third of the estimated needed resources for TB R&D that will be essential to transforming the fight.

Concrete proposals for BRICS collaboration on TB will be discussed at this week's conference, and will be a priority at the next BRICS Ministers of Health meeting which will take place in Brazil this January. As you know, the BRICS account for almost 50% of all new TB cases and half of all MDR-TB. The first

ever BRICS governmental working group on a health issue is being established and the group will focus on TB and HIV, with Stop TB in a supporting role. The Partnership is working closely with each of our BRICS partners to advance these discussions and we're now aiming even higher, with a goal to put TB on BRICS Heads of State agendas in 2015.

And today an international group of parliamentarians is meeting to explore creating the first Global parliamentarian's caucus on TB. You'll hear more on that this week and I am very hopeful it is the beginning of a larger global engagement and leadership of parliamentarians in this fight.

GLOBAL FUND: Thirdly, and very much related to the above, the next year will be critical for our ongoing work with the Global Fund to Fight AIDS, TB and Malaria. The Fund remains by far the dominant international funder of TB programs worldwide [with important support from the USG and Canada] and has and will be key in scale-up of new technology. It is critical that all eligible countries make full use of the opportunities that come through the new funding model—that they put forward ambitious and high quality plans, and especially important that Civil Society and communities play an active role in forming proposals and executing grants.

With the efforts of leaders in the SADC region, including Minister Motsoaledi strong leadership, and supported by many in this room, to advance action against the TB epidemic among miners in the Southern Africa region has led to a regional proposal to the Global Fund which will inject up to \$60 million in funds to help countries implement key measures to address needs of miners and peri-mining communities in the SADC region. And there is work to push Mining Companies to create a matching fund to double any future funding provided by the Global Fund.

The Partnership and technical partners working together are supporting colleagues and teams in countries to develop strong concept notes for GF funding. The Partnership has also organized regional meetings to build the capacity of civil society and communities in order to engage them in the Global Fund's new funding model processes. But this is not enough – we need more ambitious proposals with clear impact that will capture available funding and incentivize additional funding. And we need to further support the implementation of Global Fund grants.

I want to end by noting that organizations have key moments in their lifetimes that present opportunities to change and evolve. The Partnership is now in

that moment and is beginning a new chapter in its existence. The Stop TB Partnership has been hosted by the World Health Organization since its founding in 2001. The decision to move our Secretariat to UNOPS - United Nations Office for Project Services – is the culmination of a process that has seen the Partnership mature and expand our impact and ambitions.

By moving the secretariat's hosting arrangements to a UN agency specialized in providing administrative services, the Partnership can focus its attention on coordinating the global effort against TB and strengthen its advocacy work, while continuing a close working relationship with WHO. And we believe this transition will allow the Partnership to even better serve each of you who have joined us today. We look forward to speaking more about this later in the day.

I would like to take a moment to recognize the hard work of the many individuals that have made this transition possible—the Partnership staff, the board and the WHO.

With more in-depth national surveys, we're finding the TB problem is even bigger than we knew. With new diagnostics we're finding more drug resistant TB but we are failing to keep pace with treatment, prevention or new tool development that will be needed to reverse this.

We need to be more ambitious and strategic if we're to achieve the targets we have set.

Thanks you all on behalf of the Stop TB Board and staff for your partnership and leadership