

# **TB-related findings and recommendations of the Report of the Commission on Macroeconomics and Health**

## **Overview and context**

- TB is among the top causes of avoidable death in low-income and poor middle-income countries. Effective interventions exist to treat TB. Scaling up these interventions could save millions of lives.
- The poor lack access to essential medicines for reasons including poverty itself, lack of outreach, shortages of health workers, taxes and duties on imported drugs, and burdensome procedures. These reasons apply to TB drugs, even those that are off-patent.
- **Global initiatives, such as the Stop TB Partnership, have proved highly successful in delivering quality interventions and, in some cases, in changing attitudes and behaviours in some very difficult situations over large geographic areas. An important feature of these initiatives is the inclusion of rigorous systems of monitoring, evaluation, reporting and financial control. The result is a growing body of evidence concerning the degree of progress achieved and the operational and managerial strategies that contribute to success.**

## **Interventions**

- The Commission recommends that each country defines an overall programme of “essential interventions” to be guaranteed by universal coverage through public (plus donor) financing. The Commission suggests four main criteria in choosing these essential interventions:
  - Technically efficacious and can be delivered successfully
  - Targeted diseases that impose a heavy burden
  - Social benefits of the interventions exceed the costs
  - Needs of the poor must be stressed

[Note: The *Global Plan to Stop TB* and the *DOTS Expansion Plan* are fully in line with these recommendations.]

- DOTS coverage is projected to rise from 44% of TB-infected patients in 2002 to 60% by 2007 and 70% in 2015. This is based on what is feasible now and assuming a bold but feasible process of investment in scaling up.
- The “close to client” healthcare system should be supported by national programmes for diseases such as TB. Such focused programmes have important advantages when properly integrated with public health delivery. For example, they can mobilize communities of expertise not available at the community level, attract public attention and financing, harness political energies and promote public accountability for specific results.

[Note: DOTS expansion is a good example of CTC and what can be achieved.]

## **Research**

- There is an urgent need for investments in new and improved technologies to fight the killer diseases including TB. There is currently very little R&D for new and better treatment of TB. The Commission calls for a significant increase in funding for global R&D on new vaccines, drugs and other technologies to fight TB. Further the Commission calls on the Global Alliance for Vaccines and Immunisation to pre-commit to buying (for US\$ 10 per dose) a new TB vaccine that meets pre-set technical criteria. Similarly, the GFATM could pre-commit to buying drugs to treat TB, and other targeted and proven technologies. This is intended to guarantee a market and to convince the pharmaceutical industry to invest in the development of health technologies to fight diseases of the poor.

- The Commission recommends that a global health research fund of US\$ 1.5 per year be established to finance basic and applied research on health problems of the poor and health systems issues. Another US\$ 1.5 billion per year of R&D funding for AIDS, TB and malaria should be funded through existing channels such as TDR and IVR, both housed at WHO, and the Global Alliance for TB Drug Development. The Global Forum for Health Research could play a role in the allocation of these funds.

### **Financing**

- **International efforts, led by WHO and its partners, have secured price cuts in some cases of 90% for the supply of drugs to treat MDR-TB. A possible further step would be for the key stakeholders to agree on guidelines for pricing and licensing of drug production in low-income markets.**
- **The Commission strongly supports the establishment of the Global Fund to Fight AIDS, TB and malaria, and recommends that it be scaled up to around US\$ 8 billion per year by 2007.**