



FOR IMMEDIATE RELEASE

Quick test for tuberculosis could save many lives but is still a distant goal

Government funding for development of new diagnostic tests, new drugs and a new vaccine against the killer disease now outstripped by philanthropic grants

3 December 2009 -- Cancun, Mexico -- AIDS and malaria can be diagnosed in minutes by applying a drop of blood to an easy-to-use disposable device. But confirming active tuberculosis (TB) requires a laborious procedure that involves having a patient cough up sputum, smearing it on a slide, staining it and then looking under a microscope for disease-causing bacteria. The method calls for a skilled technician and often produces falsely negative results in people living with HIV - those most vulnerable to becoming sick and dying of TB. And in poor, rural areas many people fail to access TB diagnosis because the closest diagnostic lab is too far away.

Many scientists, encouraged by recent progress, believe a highly sensitive quick blood or urine test for active TB disease could become a reality. But given the low resources available for needed research it is unlikely such a test will reach the market before 2015 at the earliest. The same explanation lies behind the lag on developing an effective vaccine to prevent TB or new treatments to replace drugs that are becoming less and less effective because of the spread of resistant strains of TB bacteria.

A new report, released today confirms that the main obstacle to progress is lack of funding. The *2009 Report on Tuberculosis Research Funding Trends 2005-2008* (<http://www.treatmentactiongroup.org/publication.aspx?id=3404>), produced by the Treatment Action Group (TAG), an HIV and TB advocacy think tank, and the Stop TB Partnership, finds that research funding for tuberculosis increased just 7% between 2007 and 2008.

Global investment in TB research and development has decelerated rather than growing in the three years since The Global Plan to Stop TB: 2006-2015, was issued. Between 2006 and 2007 investment rose by US\$56 million--to a total \$474 million. However between 2007 and 2008 investment rose by just \$36 million, to \$510 million.

"At this rate the world will invest less than a quarter of the \$20 billion TAG estimates is needed to be spent on TB research and development for the period covered by the Global Plan, said Mark Harrington, TAG's executive director. "World leaders are failing to meet the challenges posed by all forms of TB including drug resistant, HIV-related, and childhood TB. In 2007 TB killed 1.7 million people, with 456,000 of those deaths -- nearly a quarter -- among people with HIV. With current investment rates, millions of people will continue to suffer and die unnecessarily of TB because the world stood by and refused to revitalize desperately needed TB research funding."

The report makes note of an unexpected trend. In 2008, for the first time since TAG began reporting on TB research funding, philanthropic grants outstripped

government funding for TB research. A single foundation--the Bill & Melinda Gates Foundation--donated more funds for TB research in 2008 than all public agencies combined, including the US National Institute of Allergy and Infectious Diseases at the National Institutes of Health, whose overall research funding has flattened.

"Given these trends and without an injection of new commitment, we will not eliminate TB by 2050--which is the goal of the Stop TB Partnership," said Dr Marcos Espinal, the Partnership's Executive Secretary.

The quest for better diagnostic tests remained a low priority. The world invested US\$49 million on TB diagnostic research in 2008; representing 9% of all funding for TB research overall. Total funding on drug research was US\$176 million; basic science, US\$ 99 million; and vaccines, US\$126 million.

Scientists at the pinnacle of the research world acknowledge publicly that TB has been neglected. In a commentary on www.msnbc.com, last month (http://www.msnbc.msn.com/id/33890464/ns/health-infectious_diseases/) Dr Anthony Fauci, director of the US National Institute of Allergy and Infectious Diseases, wrote: "It's time to bring TB research into the 21st century. For the past 60 years we have treated tuberculosis patients with essentially the same therapeutic regimens. The only licensed vaccine against TB, the BCG vaccine, is more than 100 years old and does not prevent adult pulmonary (lung) TB, the most common and infectious form of the disease. Diagnostics for TB are antiquated, non-standardized, and imprecise. . . Where is the outrage over such meager progress?"

Treatment Action Group (www.treatmentactiongroup.org/) is an independent AIDS research and policy think tank fighting for better treatment, a vaccine, and a cure for AIDS. TAG's programs focus on antiretroviral treatments, HIV basic science and immunology, vaccines and prevention technologies, hepatitis, and tuberculosis. TAG is a not-for-profit organization founded in 1992 and based in New York City.

The Stop TB Partnership (www.stoptb.org), which is hosted by the World Health Organization in Geneva, Switzerland, consists of more than 900 international organizations, countries, donors from the public and private sectors, and nongovernmental and governmental organizations that are working together to eliminate TB. The Partnership's Global Plan to Stop TB (2006-2015) sets forth a roadmap for halving TB prevalence and deaths compared with 1990 levels by 2015 and eliminating the disease as a public health problem by 2050.

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