

TB R&D funding: calling on France and the EU to walk the talk

In short

- **Progress towards eradicating TB is slow**, a worrying reality in a world where antimicrobial resistance is growing rapidly.
- In particular, **we are off target for TB R&D funding** in regards to agreed objectives set by the international community.
- **Investing in R&D is nonetheless essential** as tuberculosis still kills millions and as we lack the proper tools to combat it adequately even when it comes to the very basic first step of the process: making a correct diagnosis.
- **Investing in TB R&D is also effective** the figures speak for themselves! **and beneficial** for combating other diseases and supporting health systems as a whole.
- While there is clearly room for concern, **there is ample room for hope**: we have never been so close!
- We ask France and the EU to live up to their responsibilities and contribute their fair share.

A few words of introduction

Despite increased international mobilisation in recent years, tuberculosis continues to be one of the deadliest infectious diseases of our time.

Yes, progress has been made but it is slow: from 2015 to 2022, the cumulative reduction in the TB incidence rate was 8.7% - far from the WHO End TB Strategy milestone of a 50% reduction by 2025.

Given that TB is a disease that can be prevented, treated and cured, how can such slow progress be explained?

1. Why is investing in TB R&D so important?

There is ample evidence to support the fact that investing in research and development to combat tuberculosis is essential, effective and beneficial.

Essential

TB kills... a lot.

• It is the 13th most common cause of death worldwide.

- It is the second leading cause of death due to infectious diseases worldwide.
- In 2022, some 10.6 million people developed tuberculosis and 1.3 million died from it.

TB is becoming even deadlier.

It is especially true in a context where drugresistant forms of TB, such as multidrug-resistant TB (MDR-TB) and extensively drug-resistant TB (XDR-TB) are growing. In 2022, there were 410,000 cases of drug-resistant tuberculosis worldwide.

Drug-resistant forms of TB are a major public health concern not only due to their increasing prevalence, but also because of their greater mortality and the complexity of their treatments.

The Stop TB Partnership estimates that by 2050, drug-resistant TB will have killed 75 million people and will have cost the global economy a cumulative amount of USD 16.7 trillion if no sufficiently efficient new treatment is developed.

But why? We need more and better tools...

In short, current diagnostics and treatments are neither fast enough, nor sufficiently tailored, nor effective enough to eradicate the disease - and this is not mentioning the issue of cost.

• The only effective way to reduce the incidence of TB is rapid detection. However, to this day and despite some progress, we still do not have a sufficiently rapid, reliable, easy-to-use and affordable diagnostic tool for all types of populations.

According to the WHO, 40% of people with TB are not detected by healthcare systems every year.

• Despite recent progress, treatment regimens for TB are still burdensome ranging from 6 to 30 months. What's more, they are often

poorly tolerated and present various toxicities, especially when treating drug-resistant TB. There also exist major economic and financial barriers to accessing and completing TB treatment.

About 50% of TB patients and their households face total costs that are considered catastrophic (i.e. above 20% of the annual household income), far from the WHO End TB Strategy target of zero.

To this day, we still do not have vaccines that are sufficiently effective and adapted to all populations at risk. Only one vaccine - the BCG one - is currently approved, and while it offers moderate efficacy in preventing severe forms of ΤB for infants and young children, sufficient it does provide not protection adolescents and adults. to

Adolescents and adults represent nearly 90% of disease transmission worldwide.

... And we are off target in terms of funding.

When it comes to R&D funding, the world is still off-track. Although there have been modest increases in funding in recent years, the most recently published data show a total of US\$ 1 billion invested in 2021.

This is only half of the global target of US\$ 2 billion per year that was set for the 2018-2022 period at the first UN high-level meeting on TB and one fifth of the new target of US\$ 5 billion per year by 2027 set during the second UN high-level meeting on TB which took place last September.



"There really are grounds for optimism, but investment is still too low."

Olivier Neyrolles, a researcher at CNRS and the Director of IPBS-Toulouse in our June 2023 Opinions Blog Series on TB R&D.

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Effective and beneficial

Increasing funding for R&D to fight TB is also both cost-effective and beneficial.

• **Cost-effective:** a recent study commissioned by WHO estimates that over a 25-year period, a 75% effective vaccine could prevent up to 110 million new cases of tuberculosis and 12.3 million deaths. That same study reveals that every dollar invested in the delivery of a 50% effective vaccine could generate a return on investment of \$7 due to the avoided healthcare costs and increased productivity.

• **Beneficial:** Such investments not only benefit patients, but also help to strengthen healthcare systems more generally, as well as advancing research into infectious diseases more broadly. For example, the tools, concepts, capacities, and infrastructure resulting from investments in R&D to combat TB have informed and supported research and responses to the Covid-19 pandemic, similarly to new technologies such as mRNA which is now being explored to combat TB. Expanding support for R&D to fight TB can help us fight new coronaviruses and better prevent and prepare for future pandemics.

2. What now? How to move forward and pave the way towards eradication.

Despite slower progress than expected, there are grounds for optimism. In fact, we have never been closer to the goal of eradicating TB! R&D in the field of TB has made notable progress in the past 20 years.

As of August 2023, there were 16 vaccine candidates in clinical trials: 4 in Phase I, 8 in Phase II and 4 in Phase III. These included candidates aiming to prevent getting infected and to those focused on helping improve the outcomes of the treatment.



"It is a crucial moment for us in TB. We have so many opportunities in terms of R&D that shouldn't be wasted."

Dr. Lucica Ditiu, Executive Director of the Stop TB Partnership, in our June 2023 Opinions Blog Series on TB R&D. Following the recent release of the WHO Global TB Report 2023, she added:

"[2022 proves] that it is possible [...]. So, now that we showed it can be done: can we get the financial resources and political commitment so we are done once and for good with this disease? It's a matter of choice for the governments, donors and all of us – because we know that Yes! We can end TB."

What to do?

The time is now for boosting international support for TB R&D if we hope to eradicate the disease by 2030. While the Political Declaration on Tuberculosis recently adopted by the United Nations in September marks some progress, speeches and good intentions alone will not suffice to overcome the scourge that represents TB. At the halfway point of the Sustainable Development Goals, which aim to end TB by 2030, it is time to translate these promises into concrete actions at all levels, starting with more investments and tangible guarantees to ensure equitable access to future medical innovations in this field.



"It is time governments around the world walk the talk!"

Rhea Lobo, an international award-winning filmmaker, a TB survivor and a Board Member of the Stop TB Partnership, in our June 2023 Opinions Blog Series on TB R&D.

We call on France and the EU to contribute their fair share

France is a historical partner of the fight against tuberculosis and a key R&D player worldwide, similarly to the EU who has historically been highly involved in the fight against TB. Yet, they both presently fall short of their responsibilities.

In recent years

According to the Treatment Action Group (TAG), France provided \$31.9 million to TB R&D in 2021.

According to the European Commission, under Horizon 2020 (2014-2020), the EU supported TB research through more than 160 projects, representing more than €500 million, including funds from the European and Developing Countries Clinical Trials partnership (EDCTP), as well as the Innovative Medicines Initiative (IMI).

2023 and beyond

Following the recent reassessment of the TB R&D funding needs by the Stop TB Partnership, the international community set a new target and decided to allocate \$5 billion (\notin 4,7 billion) annually for TB R&D by 2027.

As a result, the TAG adjusted its methodology and now estimates that countries will need to allocate at least 0.15% of their R&D gross domestic expenditure to TB annually until 2030.

To live up to that commitment, it means that France must set an example and contribute its fair share by investing €100 million per year.

Translated at EU level, the proposed fair share contribution of Team Europe - i.e. the European Union and its Member States - amounts to an annual investment of €662 million.

The leading role of France goes beyond a financial contribution: it is also about mobilising its European partners, particularly within the Europe team, to engage the European Commission on the topic through the HERA agenda, the next strategic plan of the Horizon Europe framework programme and the Europe-Developing Countries Clinical Trials Partnership.

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Tarita Baldan Advocacy Officer at our Brussels office <u>tbaldan@ghadvocates.org</u> **Global Health Advocates / Action Santé Mondiale** is a French NGO whose mission is to carry out political advocacy in France and with the EU institutions to ensure policies and resources are effectively addressing health inequalities. Our organisation has always been involved in the fight against tuberculosis, as it was born out of a collective effort to eliminate the three poverty-related diseases that are HIV/Aids, malaria and TB.

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