



Tackling the global TB threat: can we learn from the HIV response?

Reflections from a Roundtable

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In the run-up to World TB Day 2014, the Centre for Global Health Policy at the University of Sussex hosted a roundtable on “Tackling the Global TB Threat: Can We Learn from the HIV Response?”

TB is second only to HIV as the leading infectious killer of adults worldwide. One-third of the world’s population carry *Mycobacterium tuberculosis*, the causative agent of TB, - 1.4 million of whom die each year. TB disproportionately burdens the Global South, with over 90% of new cases and deaths occurring in low-income countries. Moreover, whilst TB primarily affects people during their most productive years TB presents serious financial ramifications to individuals and to entire economies. The rise of drug-resistant TB and its spread to more than 50 countries has emerged as a major global health challenge and, for some countries, is viewed as a potential national security threat. Yet, whilst efforts to develop TB therapeutics continue there has been little real progress towards global TB control.

The roundtable discussed the global threat of and response to TB in light of potential lessons that can be learned from the HIV response. The following key points were made during the roundtable;

- In order to foster increased recognition of the global nature of TB, integrated efforts involving academia, policy-makers, industry and interest groups will be required to

produce a global political response with strong leadership, based on a coherent set of priorities and actions. This could also assist in sharing examples of success stories in the field;

- The dichotomy between the social (i.e. the social drivers of TB) and biomedical (i.e. the need for new, effective therapeutics) aspects of tackling TB causes a constantly evolving tension. The ever-present threat of drug resistance and need to focus on prevention rather than simply 'cure' means biomedical efforts need to be matched with action addressing the social drivers of the disease. Finding a harmony between these two components is paramount to tackling the current threat of TB;
- Re-considering the framing of the TB could help to increase action at the political level, in particular, a new framing commensurate with the extent of the challenge TB poses;
- With a smaller civil society movement compared to, for example, the HIV effort, TB struggles to match the attention of more 'high-profile' global diseases. Overcoming the prohibitively high level of stigma associated with the disease, which results from and perpetuates the lack of commitment on a global scale, is a key goal which will also help to foster increased engagement with civil society groups. Much of this stigma has led to a misconception about the risk factors of TB and has caused complacency amongst countries who feel they are 'low-burden';
- Empowering more 'champions' of the issue at the political level could help to foster increased political will at national and global levels;
- As with antibiotics in general, the pipeline for TB therapeutics is being hindered by a lack of incentives for drug development. A paradigm shift is required to sustainably stimulate R&D which will require realigning the financial incentives for drug and diagnostic test development with public health needs. Investing into more open collaborative models for drug development is seen as pivotal; MSF have devised their '3P Project' aiming to 'to push financing, pull funding incentives and pool intellectual property' to foster an open collaborative approach to facilitate the necessary and appropriate R&D for TB regimens, likewise the BRICS countries are also seen as key players in this arena;
- TB treatment demonstrates the importance of mobile health technology and facilities such as the Find&Treat service demonstrate the impact that community facilities can have in reaching under-served populations. However, to succeed, such facilities require funding and recognition as a key part of a functioning health service;
- Tackling TB on a multi-disease level through both community-based services and developing therapeutics with multiple disease targets is becoming a popular strategy within the TB community to engender more support. Such horizontal approaches could be beneficial for neglected diseases in general and those which affect under-served populations.