

# SMART4TB KEY ASKS UNITED NATIONS HIGH-LEVEL MEETING ON TB



## About SMART4TB

Supporting, Mobilizing, and Accelerating Research for Tuberculosis Elimination is a consortium of the leading TB research organizations in the United States that are implementing several critical research activities in partnership with leading research institutions in TB high burden countries. SMART4TB will design and implement research studies with local partners to identify effective person-centered methods for finding, treating, and preventing TB; strengthen local capacity to conduct high-quality research; and engage communities to build demand for new interventions, drive policy change, and improve implementation of new and existing interventions to reach the End TB targets.

### **The High-Level meeting, and its attendant political declarations are a critical opportunity to influence the next 5 years of TB programming.**

- **Commit** to scale up existing tools and to look forward to the development, adoption, and rollout of the next generations of drugs, diagnostics, and vaccines.

### **We can, and must, do far more with existing tools and strategies to approach global End TB targets.**

- **Adopt** widespread, equitable access to shorter TB prevention and treatment regimens by 2024 (known as the 1/4/6 x 24 campaign)—this includes screening and use of molecular diagnostics to enable finding/ treating people with TB.
  - “1” = 1-month, or once weekly for 12 weeks, rifapentine-based short-course preventive therapy
  - “4” = 4-month drug-susceptible TB treatment short-course regimens
    - isoniazid/ rifapentine/ moxifloxacin with pyrazinamide for first two months for adults/adolescents

- four months of isoniazid, rifampicin with pyrazinamide, and in certain circumstances ethambutol, for the first two months, for children with non-severe TB

- “6” = Six-month treatment regimens for drug-resistant TB (six months of bedaquiline, pretomanid, linezolid, with moxifloxacin depending on drug-susceptibility)
- All these regimens were developed with government/philanthropic funding, yet their potential has yet to be fully realized

- **Implement** strategies and best practices, including household contact tracing and integration of TB screening services into other health platforms, to improve identifications of adults and children with active TB disease and those eligible for preventive therapy.

- **Ensure** equitable access to

Treatment for:

- adults
- pregnant people with TB
- children and adolescents with TB

Preventive therapy for:

- people living with HIV
- child contacts, especially children <5 years who are most vulnerable
- adult contacts
- **Invest** the funds needed to for scaling up quality TB prevention, diagnosis, and care of TB, with the aim of reaching **U.S. \$22 billion** a year by 2026 and **U.S. \$35B** annually by 2030.
- **Prepare** for the development, approval, option and roll-out of new and more effective vaccines that may become available over the next five years, including the engagement of pharmaceutical, governmental, and civil society stakeholders at all levels to smooth adoption.
  - **U.S. \$13B** needed for implementing new vaccine(s)
- **Coordinate, leverage,** and synergize efforts of governmental, private, and community organizations for ending TB and the stigma associated with it.



**At the same time, we need investments and coordination for research to end TB.**

- **Close the gaps** in the conception, development, and implementation of key tools and populations to transform the TB response, including:
  - developing accurate and affordable, non-sputum-based, point-of-care TB diagnostics;
  - advancing strategies to further shorten treatment;
  - more effective vaccines to prevent TB;
  - ensuring children, pregnant/lactating persons, and people with HIV can benefit from advances in research;
- scale up person-centered strategies for TB care including differentiated service delivery, social support, and social protection.
- **Engage communities** from the inception of research design and resource allocation, to ensure research is equitable, inclusive, gender-sensitive, rights-based and people-centered, and can reach those who most need innovations.
- **Invest and coordinate** the **U.S. \$5 billion** a year needed to get new tools and strategies over the finish line and into programs. This figure includes basic science research, product development, operational/implementation research, and social science research, **U.S. \$2B** for drugs, **U.S. \$1B** for diagnostics, and **U.S. \$1B** for TB vaccines. R&D is a shared responsibility: all countries can and must contribute their fair share to financing TB research and development. Countries should:
  - coordinate TB vaccine funding, to ensure the large and multinational studies needed can advance quickly;
  - designate a portion of investments for pediatric-focused research relative to children's share of the TB burden;
  - require conditionalities and adherence to guiding principles for publicly funded research to ensure fruits of research are affordable, available, and accessible.