



MSF TB Political Statement December 2017

Tuberculosis (TB) is the world's leading infectious disease killer with 1.8 million deaths every year, and 10 million new cases. It primarily affects the poor and the most vulnerable. Moreover, multidrug-resistant TB (MDR-TB) affects 600,000 people and kills 240,000 annually. TB is a neglected disease with a desperately weak research pipeline for diagnostics, medicines and vaccines.

MSF finds TB in virtually all of its fields of intervention. Over the years, MSF strove to improve access to, and quality of, TB care in both vertical and integrated projects. In doing so, MSF has progressively become a global actor and contributes to changes in global policy against TB. Today MSF leads the introduction of innovative TB care, including the launch of two clinical trials on MDR-TB. These efforts have benefited from considerable collaboration between OCs and with external partners.

Political statement

Brussels - September 2017

MSF reaffirms its long-term commitment to the fight against TB. In 2025, every patient presenting any form of TB in any MSF project will access simple and reliable diagnostics, as well as effective and well-tolerated treatment. MSF will bring innovation to diagnostics, treatment and prevention, and use its influence as a force for change beyond its field projects.

MSF commits to:

1. Ensuring optimal care to TB patients in all situations

- Systematically assess the quality of TB care available locally:
 - if compliant with relevant standards, diagnose, refer and follow referrals at a minimum;
 - if not up to standard, set-up a full TB care package;
- Justify any decision not to offer TB care (e.g. within vaccination campaigns, surgical or psychiatric programs, etc...);
- Make full use of the existing diagnostic and treatment tools;
- Provide and promote patient-centered care by responding to patients' needs and contributing to community and patient empowerment;
- Pool experiences to optimize TB care in any given context including emergencies, unstable settings and vulnerable populations;
- In each context, support field teams to optimize TB care in line with our ambitions, including the possibility of improving TB care by NTPs/MoHs and, where needed, the private sector.

2. Ensuring a diverse typology of TB projects

- Keep investing in DR-TB to fully implement the results of current groundbreaking projects (e.g. clinical trials, introduction of new drugs and shorter regimens);
- Maintain a balance between horizontal integration of TB care to treat our patients where we are and vertical projects to explore new and different models, and to implement research projects as catalysts for change;
- Ensure a geographical scope that is strategically focused on high burden countries across various regions and contexts and key populations/hotspots;
- Develop TB projects with DS-TB as primary target, including children;
- Create a mechanism to help capitalize experiences across OCs and identify potential gaps in the span of TB challenges addressed by the movement.

While MSF's impact on the TB agenda hinges on treating a significant number of patients across a spread of projects, it is difficult to set a minimal 'critical mass'. Ensuring a diversity of contexts and emphases is essential.

3. Treating latent TB

- “Fix the MSF house” (i.e. implement MSF current recommendations) for HIV co-infected patients and pediatric contacts;
- Advocate for the development of adapted diagnostic tests for latent TB (e.g. biomarkers for incipient TB);
- Invest in operational research considering two main work streams:
 - Systematic diagnosis and treatment of latent/incipient TB in specific settings;
 - Prophylaxis for DR-TB.

4. Engaging in research & innovation

- Push for research and implementation of relevant innovations in order to have, by 2025:
 - A POC test (non-sputum based) for DS and DR-TB;
 - Adapted tools (diagnostic and treatment) for children, HIV patients;
 - Max 2 months DS treatment;
 - Max 6 months DR treatment all oral;
 - Early detection of treatment failures (biomarker);
 - 3rd line regimen;
 - Healthy pipeline of drugs and diagnostics.
- Contribute to:
 - Diagnostics: development of the Target Product Profiles (TPPs), contribution to biobanks and field testing of promising diagnostics candidates to confirm performances in field conditions;
 - Treatment: completion of ongoing clinical trials on new regimens (MDR/DS-TB) and introduction of relevant regimens;
 - Model of care: evaluation/implementation of active case finding, household-centered care, community based model of care, as well as simplification of treatment delivery.
- Adopt and regularly evaluate the impact of new tools.

5. Politicizing TB as a global issue

- Politicize MSF’s approach and strategy around TB to highlight the fact that TB is a global health emergency and the world’s TB response is massively failing
- Develop an advocacy strategy for better prevention, diagnostics, treatments and strategies of care:
 - Scale up of new tools to improve TB care;
 - Research and development of short, all-oral treatment for all forms of TB as well as on biomarker TB tests;
 - AMR initiatives, including new funding for R&D from governments, to prioritize new diagnostics and treatment regimens for TB;
 - Global funding capacities, after assessing the risk to global TB response in a context of shrinking TB funding landscape.
- MSF will:
 - Set-up a task force to produce analysis, identify failures and barriers according to a three year plan;
 - Delegate political interaction at national level to field projects when relevant.