"WE DIE OF TB"

TB IS AN EMERGENCY!

Today, 3 December 2015, the Treatment Action Campaign (TAC), the Global Coalition of TB Activists (GCTA), Doctors without Borders (MSF), SECTION27, Global TB Community Advisory Board, Treatment Action Group (TAG), TB Proof, HIV i-Base and People's Health Movement (PHM) are marching to the Union World Conference on Lung Health, being held at the Cape Town International Convention Centre. We are calling for an increase in international funding for tuberculosis (TB) research to close the $1.3b funding gap, affordable and accessible treatments for drug-resistant TB (DR-TB) and, in South Africa, an interdepartmental government response appropriate to the scale of the national emergency that is TB.

We are marching because too many people in our communities still die of tuberculosis – both here in Cape Town, and across the world. TB remains the top killer in South Africa with over 80,000 TB deaths recorded every year. Worldwide, 1.5 million people died of TB in 2014, and the reality is that some of us marching here today will die of TB.

We are marching because even though we die of TB, the disease is not enough of a priority for our governments. The World Health Organisation (WHO) estimates that the world needs to spend $2bn per year on TB research; however governments, pharmaceutical companies and foundations together spend less than $0.7bn per year, leaving an annual short-fall of $1.3bn.

We are marching because the South African government spends less than R100 million annually on TB research. We are marching because even this small amount is more than what is spent by other countries with high TB burdens, such as Brazil, Russia, India, China or Indonesia. We are marching because the countries where the most people are dying of TB are not funding more TB research. The BRICS countries—Brazil, Russia, India, China, and South Africa—accounted for 46% of the world's new TB cases and 40% of TB-related deaths in 2014, but only 3.6% of public funding for TB Research and Development. We are marching because rich countries have in recent years decreased their contributions to TB research, despite the growing threat that drug-resistant tuberculosis in particular poses to people in all countries.

We are marching because, while pharmaceutical companies like Pfizer, Novartis and AstraZeneca are withdrawing from the field of research for new TB drugs, these and other companies are failing to register new and re-purposed drugs in high-burden TB countries, complicating access to new drugs through controlled donation programmes, or charging exorbitant prices that place drugs out of reach for the DR-TB patients who need them. We are marching because it is inexcusable that new and repurposed DR-TB drugs are not more widely available around the world, when they can drastically improve upon the abysmally low likelihood of successful treatment outcomes when using a standard DR-TB regimen.

We are marching because, while South Africa is a respected global leader in calling for greater and more coordinated action to end the TB epidemic, its own TB response is not good enough. The

Minister of Health, Dr Aaron Motsoaledi, has made many good policies to improve treatment and management of TB, but these policies are not sufficiently implemented at provincial or district levels. In addition, Minister Motsoaledi seems to be fighting a lone battle, while other government departments and most provinces are not playing their part in the TB response. This is unacceptable. We demand that the South African government as a whole recognises the TB emergency and responds to it seriously.

We make the following demands of governments across the world:

1. All BRICS countries, as well as Indonesia must at least triple their investment in TB research from 2015 to 2016.
2. The rich countries of the world must increase their funding for TB R&D to help make up the $1.3bn global R&D short-fall. The United States must, at a minimum, maintain its current spending levels on TB R&D, while rich countries in the EU, particularly Germany, must double their investment, which currently lags behind United States spending.
3. All BRICS countries, as well as Indonesia must fund the 3P project for developing an improved regimen for all forms of TB. This plan already has the endorsement of the Stop TB Partnership, the TB Alliance, the World Lung Union, and a wide range of civil society organisations. It is up to high TB burden countries to make this plan a reality.
4. In addition to better TB care options, TB prevention needs to become a top priority in all high-burden countries, ranging from vaccine development, improved prophylaxis and latent TB infection treatment to basic infection control strengthening from homes to hospitals.

We make the following demands of the South African government:

1. Both TB and DR-TB must be declared a public health emergency.
2. All government departments must contribute to a comprehensive national response to the TB emergency as set out below.
3. The Department of Health must increase access to treatment and care for TB and prevent new infections. It must do so in the following ways:
    a. It must urgently implement the 2011 policy on the decentralisation of DR-TB care and treatment in order to reach the target of 2,500 decentralised primary healthcare facilities in the next two years. This target was announced by Minister Aaron Motsoaledi in his 2014 budget vote speech, but to date has not been reached.
    b. It must ensure that DR-TB patients have access to new and repurposed TB medicines when clinically justified, and that annual targets are met for placing 3,000 DR-TB patients on DR-TB regimens containing bedaquiline and linezolid.
    c. It must invest in support strategies and DR-TB trained counsellors to improve adherence among patients undergoing the long and difficult treatment for DR-TB.
    d. It must ensure all people eligible for TB preventative therapy according to current national guidelines are provided with it.
    e. It must prioritise TB Infection Prevention and Control (IPC) for all healthcare facilities and community-based services, moving urgently from policy updating (the National TB IPC Policy has remained in draft since 2007!) to effective implementation.
    f. Care for the carers: if our healthcare workers are not safe from TB, none of us are either.

4. The Medicines Control Council, which is transitioning to the South Africa Health Products Regulatory Authority (SAHPRA), must prioritise registration of quality-assured generic dossiers for expensive DR-TB medicines such as linezolid, in an effort to promote competition between suppliers and lower prices. SAHPRA must continue the tradition started with the Bedaquilline Clinical Access Programme of promoting rapid availability of new DR-TB drugs prior to full registration, to patients who have limited treatment options.
5. The Department of Justice and Correctional Services must urgently take steps to reduce overcrowding in correctional facilities. It has failed to do so despite the 2012 Constitutional Court judgement in the case of Dudley Lee.
6. The Department of Trade and Industry must urgently take steps to reform South Africa's patent laws to facilitate access to more affordable versions of new TB medicines and to ensure patents do not hinder research into new combination treatments for TB.
7. The Department of Public Works must ensure that correctional facilities, hospitals, and all other public buildings have sufficient ventilation and other structural infection control measures in place. The department must launch an audit of infection control in all public facilities as a matter of urgency.
8. The Department of Science and Technology must massively increase its investment in TB research while ensuring intellectual property does not limit access to the products of such research. The department must support and actively campaign for the full funding of the 3P project.

Signed by

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