



TB BACKGROUNDER - GRAN ADVOCACY CAMPAIGN (For GRAN members only)

INTRODUCTION

For the first time ever, world leaders will come together at a special United Nations (UN) meeting to discuss tuberculosis (TB) and steps needed to tackle this global health emergency.

Canada must take a strong lead to make sure there is a robust outcome with measurable targets for testing, treating and preventing TB, both in Canada and around the world.

GRAN ADVOCACY GOALS

1. To call on the Prime Minister to attend the September 26, 2018 UN-High Level Meeting on TB in New York City, and to support the “Key Asks” endorsed by the UN Global TB Caucus:
 - reach all people by closing gaps on TB diagnosis, treatment and prevention
 - transform TB response to be equitable, rights-based and people-centred
 - accelerate development of essential new tools to end TB
 - invest funds necessary to end TB
 - commit to decisive and accountable global leadership with UN review.
2. To call on the Prime Minister to announce his government’s commitment to funds directed towards the elimination of TB by 2030 in line with Sustainable Development Goal 3 through:
 - a continued focus on ending TB in Canadian Indigenous communities
 - continued Global Affairs Canada support and funding for the UN Stop TB partnership (\$85 million from 2016 to 2021)
 - an increased commitment to the 2019 replenishment of the Global Fund, and
 - committed funding for the Life Prize.

CHALLENGES

TB is one of the top 10 causes of death worldwide. Close to 95% of people with TB live in low and middle income countries, mainly Africa and Asia. The World Health Organization reported 10.4 million new cases of TB in 2016, of which one million were children. In the same year there were 1.4 million deaths due to TB, including 250,000 children. Seventy percent live in Africa. Only 1 in 4 people with multidrug resistant (MDR) TB are detected, and of those, only 1 in 2 are cured.

TB is a highly infectious and deadly lung disease and is easily spread. Children especially are often misdiagnosed. There are no child friendly drug formulations that are safe and effective, especially for those with MDR TB. Although TB rates for children are similar to those of adults, the numbers of children receiving treatment are very low.

People with HIV/AIDS are very often co-infected with TB. At present, TB is the leading cause of death for people with HIV/AIDS, accounting for 40% of all deaths. There is ongoing neglect of older adults with TB, especially in low and middle-income countries, despite the fact that in 2010, people 50 years and older comprised 57% of all TB-related deaths. Older people often develop atypical forms of TB (eg, renal and skeletal) that are difficult to diagnose and treat.

TB is both curable and preventable. Social determinants of health, including poverty, poor nutrition, inadequate housing, overcrowding, lack of health and community resources, all play a huge role in the spread of TB.

Diagnosis is often difficult, and treatment is lengthy, arduous, out-moded, toxic and costly. Treatment failure rates are close to 50%. Médecins Sans Frontières (MSF) reports only limited access to new drugs because of high costs and insufficient funds. Many never complete their full course of treatment, contributing to the development of drug-resistant (MDR) TB. The incidence of MDR TB is rising.

Current treatments are especially toxic for older adults, resulting in adverse reactions and negative drug interactions. When they don't complete their treatment older adults with TB pose a great risk to vulnerable people in their care, both adults and children. Here in Canada TB is a continuing threat in Indigenous communities, especially among the Inuit. Recently Jane Philpott, Minister of Indigenous Services Canada, and Natan Obed, President of Inuit Tapiriit Kanatami, announced \$27.5 million over 5 years to implement a TB Elimination Action Framework across Nunangat by 2030, with a decrease of 25% of active TB cases by 2025.

Since 2010 Global Affairs Canada has contributed substantial funding to the UN Stop TB Partnership. From 2016 to 2021, Canada will contribute \$85 million (50% for Africa) for innovative, gender-sensitive approaches to diagnosis, treatment and monitoring of TB. The Global Fund is the largest international funder for TB diagnosis, treatment and drug development. Yet it has only 50% of the funds it needs, a shortfall of more than \$2.2 billion. There is a further shortfall of \$1.3 billion in research funding.

The Life Prize, a new initiative by the Union to Stop TB, is seeking funding to support collaborative research that will result in diagnoses and treatments that are shorter, more accurate, simpler and more affordable for use in resource limited locations. The resulting drug regimens would pool data and commit intellectual property to the Medicines Patent Pool (MPP) to enable development of more affordable generic drugs.

SUCCESSSES

Between 2000 and 2015, TB deaths internationally have dropped 22%. While rapid tests for diagnosis are being introduced, they are still very expensive.

MSF has an agreement with Janssen for “compassionate use” of some new drugs when there is a legal framework within a given country. It is an interim solution only, and still unavailable in many affected countries.

New models of community-based care are proving to be as effective for patient recovery rates as the old hospital-based approach. These models are better connected to primary health care at the local level and are much less costly.

The UN and the World Health Organization (WHO) are stepping up efforts to eliminate TB in light of Sustainable Development Goals. It remains to be seen how successful they will be in attracting more funds to develop affordable, effective treatment models.

KEY ACTORS

International:

United Nations Global Health Caucus
World Health Organization (WHO)
Stop TB Partnership
Global Fund to Fight HIV/AIDS, TB and Malaria
Union to Stop TB (Life Prize)
MSF Stop TB Campaign

Canadian:

Global Affairs Canada
TB Reach via WHO
Indigenous Services Canada
Interagency Coalition for AIDS and Development
Results Canada
Inuit Tapiriit Kanatami
National Collaborating Centre for Aboriginal Health

June, 2018 Access to Medicines Working Group