



Treatment Action Group

**Wednesday, May 15, 2024**

This statement on drug-resistant tuberculosis is delivered by Elizabeth Lovinger on behalf of Treatment Action Group.

1. We are a community-based research and policy think tank based in New York, in consultative status with ECOSOC, and committed to ending the tuberculosis epidemic.
2. TB is the world's leading cause of death from a single infectious agent, and drug-resistant TB (DR-TB) is one of the leading causes of AMR deaths globally. DR-TB diagnosis and treatment rates remain below the targets set by member states in the political declaration of the 2023 High-Level Meeting on TB.
3. Unnecessary deaths from DR-TB will tragically continue without intensified research and financing to develop and distribute new and improved technologies for preventing, diagnosing, and treating all forms of AMR, including drug-resistant TB.
4. The upcoming UN High-Level Meeting on AMR presents a crucial opportunity for member states to recognize DR-TB as a priority area within the AMR agenda, building on the commitments already made during the UNHLM on TB in September 2023.
5. One of those commitments was to recognize the right to enjoy and share the benefits of scientific progress and its applications – in short, the right to science – a part of the Universal Declaration of Human Rights and the International Covenant on Economic, Social and Cultural Rights, as has been including in the Stop TB Partnership's key asks for the political declaration on AMR.
6. As you prepare to negotiate the political declaration on AMR, Treatment Action Group urges member states to explicitly recognize the right to science as a guiding framework for action to end DR-TB and all forms of AMR.
7. Upholding the right of people affected by AMR to benefit from scientific progress will require states to commit to support DR-TB research in three ways:
8. First, states must advance AMR science by increasing investments in DR-TB research. The Stop TB Partnership has called for states to commit to mobilize \$5 billion a year for TB research, including \$1.25 billion per year for TB vaccines.
9. There will be no end to AMR without effective prevention, and there will be no end to the DR-TB epidemic without developing new TB vaccines. TB vaccine science is at a place of unprecedented promise with multiple candidate vaccines in clinical trials. Substantially increased investments are required to ensure these critical studies move forward at a pace that can deliver a new TB vaccine within the next five years, a goal set by the 2023 TB political declaration. This will require that each member state contributes its fair share to TB R&D and approaches TB research as a shared responsibility.



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10. Second, governments should direct research investments in a purposive fashion to fill unmet innovations needs of groups most vulnerable to DR-TB, including children, pregnant people, people living with HIV, and other populations who are frequently excluded from studies. Governments must commit to ensuring TB research is needs-driven, evidence-based, conducted openly and collaboratively, and guided by the principles of affordability, effectiveness, efficiency, and equity.
11. Third, it is essential that governments place conditionalities on publicly funded research to ensure equitable access to scientific benefits and greater transparency of research inputs and results. These conditionalities are about maximizing public return on the public investments that drive TB and AMR innovation.
12. Access conditionalities and transparency requirements should span the R&D continuum.
  - a. Scientists require access to the means, methods and materials of scientific discovery.
  - b. Communities affected by AMR have a right to participate in research as more than just clinical trial participants and have a right to access affordable, evidence-based technologies.
  - c. Governments and donors also require access to data on pricing, intellectual property, manufacturing and research costs to make informed decisions in the manufacturing, purchasing, and procurement of health technologies.
13. These access conditionalities should ensure that incentives for innovation are independent from rights to market exclusivity and that investments in research and development are delinked from the final prices and volumes of sale of health products so that the benefits of scientific progress against AMR can be enjoyed by all, while also promoting appropriate use.
14. In closing, Treatment Action Group urges the co-facilitators and member states to recognize TB in the political declaration and to make AMR research – its financing, transparency, and the equitable access and distribution of its benefits – a central focus of the political declaration.