Treatment Action Group

Verbal Comment by Elizabeth Lovinger, TAG Government Relations and Policy Officer to the Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria (PACCARB)
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Thank you to the members of the Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria for the opportunity to speak today. My name is Elizabeth Lovinger, and I am here representing my organization, Treatment Action Group. My comments will speak to goal 4 on the need to *Accelerate Basic and Applied Research and Development for New Antibiotics, Other Therapeutics, and Vaccines*.

As you may know, tuberculosis, or TB, remains one of the most life-threatening bacterial diseases in the world, with an ever-increasing rate of drug resistance.[1] More than 10 million people globally fell ill with TB in 2017, with half a million developing drug-resistance. Even more stark, only 10% were cured of their drug-resistant TB. The weight of TB as an AMR threat must not go unaddressed: drug-resistant TB is the *leading* cause of deaths from AMR, which as the Council must know, was declared to be a significant threat to global public health by the United States and the World Health Organization (WHO) in 2015.

In order to best reduce the impact of deadly drug-resistant bacterial infections such as TB, research agencies of the Departments of Health and Human Services such as theBiomedical Advanced Research and Development Authority (BARDA) and the U.S. Centers for Disease Control and Prevention (CDC), Defense (DoD), and at the State Department's U.S. Agency for International Development (USAID), must prioritize a robust research agenda into innovative diagnostics, better treatments, and effective preventive options – including a vaccine for TB.

The U.S. government's longstanding, leading role in global TB research and development is noteworthy and laudable: in 2017 the United States led the way with investing $313.5 million dollars in TB R&D across several key agencies. Much of the research that has flowed from U.S. investments have had global implications.

Current options to prevent and treat drug-resistant TB are limited, but U.S. agency investments into newer drugs in the past few years, such as bedaquiline, have yielded vital tools to combat drug-resistant TB, including multidrug-resistant TB (MDR-TB). Recent trials of vaccines and treatment for TB infection have found promising results.[2] However, TB research spending constituted only 0.007% of the overall gross domestic expenditure on research and development, also funnily called GERD, by the U.S. government. More could be done in terms of increasing investment with relatively small amount of funding, and U.S. research agencies that currently do

[1] World Health Organization. Global tuberculosis report 2017. Geneva 2017. http://www.who.int/tb/publications/global_report/en/
[2] https://www.nejm.org/doi/full/10.1056/NEJMoa1803484?query=featured_home

not prioritize TB, can be doing more and be given the potential opportunity to drive innovation in this needed area of public and global health.

To build on U.S. leadership in TB R&D and success by supporting ongoing and future research, the U.S. government should increase HHS, DoD, and State Department spending for TB research and development to reflect just 0.1% of overall GERD expenditure, a fair-share funding target that has been recognized by member states during the U.N. High-Level Meeting on TB this past September. This means investing an additional $131 million dollars on top of current $313.5 million-dollar investment to boost total investments to $444.5 million, across U.S. agencies, including those with ability to shift and catalyze new diagnostics, treatments, and vaccines. BARDA for example, which remains an important agency on the developing the medical countermeasures and product development we need against AMR, can do more to catalyze the tools needed to upend this threat. Increasing their investment will allow them to contribute their innovative approach to product development to the benefit of ending TB here and everywhere. This small increase investment would support the necessary research to eliminate drug-resistant TB as an AMR threat by 2030.[3]

Lastly, the U.S. fight against AMR *must* include efforts against TB and increasing U.S. government funding for TB research would fulfill key recommendations to advance needed public health tools across diagnostics, treatment, prevention, and vaccines through a well-resourced and science-based strategy that is led by the best and brightest at our esteemed U.S. research institutions.

Thank you.

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[3] Stop TB Partnership. The global plan to end TB: 2016–2020: the paradigm shift. Geneva: UNOPS; 2015. http://www.stoptb.org/global/plan/plan2/.