

## **1/4/6x24 Campaign Global List of Asks and Actors**

### National Governments

1. Rapidly advance policy changes, including by updating national guidelines, strategic plans, and essential medicines lists and conducting healthcare worker trainings to include short course TB prevention and treatment regimens to expedite uptake of new innovations.
2. Increase domestic and international investments in TB programming.
3. Leverage legal and other strategies that can help improve access to TB medicines and diagnostic technologies.
4. Develop patient-centered models of treatment and prevention that deliver care through differentiated, community-based systems, including for post-TB support.

### Donors and Other Funding Mechanisms

5. Increase investments in TB programs, to support higher medicines costs and increased health systems, human resources, and laboratory infrastructure and diagnostic technology needs.
6. Establish new, and expand existing, sources of funding for civil society and community organizations to work on national 1/4/6x24 campaigns and accountability initiatives.
7. Expand resources and capacity to accelerate research to fill data gaps and shorten treatment even further.

### Pharmaceutical & Diagnostics Companies

8. Develop fit-for-purpose formulations to support implementation of short-course prevention and treatment regimens, including fixed-dose combinations and formulations appropriate for children.
9. Develop fit-for-purpose diagnostic technologies, including rapid molecular tests that can detect TB and resistance to key medicines (rifampicin, isoniazid, fluoroquinolones, bedaquiline) at the point of care.
10. Commit to rapid registration with stringent regulatory authorities and other national regulatory authorities as needed and early submission to the World Health Organization Pre-Qualification Program.
11. Commit to transparent, evidence-based pricing determined by the cost-of-goods-sold (COGS) plus a reasonable profit margin or to patent non-enforcement.
12. Commit to addressing outstanding research priorities (see the *1/4/6x24 Campaign List of Research Priorities*).

### Research Networks and Institutions

13. Design and implement studies that address remaining research and data gaps (see the *1/4/6x24 Campaign List of Research Priorities*)
14. Advance fit-for-purpose quantitative and qualitative research to support the introduction and scale up of the shorter regimens and supportive technologies.

## **1/4/6x24 Campaign List of Research Priorities**

### 1-3-month regimens for TB prevention

- ensure people and children living with HIV (P/CLHIV) can safely take rifampine-based TB preventive therapy (TPT) with ARVs
- ensure younger adolescents and children can safely take rifampine-based TPT
- ensure pregnant persons can safely take rifampine-based TPT
- evaluate preferences and needs of the target populations to see what they want and will use

### 4-month regimens for drug-sensitive TB

- ensure P/CLHIV can safely take the 4-month HPMZ regimen with ARVs
- ensure younger adolescents and children can safely take the 4-month HPMZ regimen
- ensure pregnant persons can safely take the 4-month HPMZ regimen
- evaluate risk factors or populations that would benefit from treatment extensions
- evaluate preferences and needs of the target populations to see what they want and will use

### 6-month regimens for drug-resistant TB

- optimize shorter regimens for younger adolescents, children, and pregnant persons
- ensure younger adolescents and children can safely take pretomanid-containing regimens
- ensure pregnant persons can safely take pretomanid-containing regimens
- further optimize the dose and duration of linezolid
- evaluate risk factors or populations that would benefit from treatment extensions
- evaluate preferences and needs of the target populations to see what they want and will use