Tuberculosis (TB) is one of the world’s deadliest infectious diseases, but has long been neglected by governments, funders and global health actors. For more than a half century, we’ve been fighting TB with the same outdated resources, strategies and long, toxic courses of treatment that left patients with lasting side effects.

Thanks to decades of investment in scientific research, we now have newer, safer, and more effective regimens - but very few people around the world have access to them. The 1/4/6x24 Campaign aims to change that. The Campaign’s name comes from its central demand: that countries take action to implement the shortest available regimens - one month or once-weekly for TB prevention, four months for drug-sensitive TB, and six months for drug-resistant TB - by 2024.

www.treatmentactiongroup.org
For the last 60 years, a standard case of drug-sensitive TB took six months to treat. Now, by swapping rifapentine for rifampicin and moxifloxacin for ethambutol, drug-sensitive TB can be treated in just four months.

Drug-resistant TB used to require 18-20 months of treatment, including four-to-six months of painful and toxic injectable medicines. The introduction of bedaquiline enabled all-oral regimens, and subsequent research in combination with pretomanid, linezolid +/- moxifloxacin has cut the duration of treatment down to just six months.

To implement 1/4/6x24, advocates must focus on what the late Dr. Paul Farmer called "the five S's" necessary for countries to deliver effective health interventions.

**STUFF**
- Medicines, diagnostics

**STAFF**
- Trained health workers

**SYSTEMS**
- Infrastructure and logistics

**SPACE**
- Designated facilities

**SUPPORT**
- Resources for patients