

# 1/4/6x24

A Campaign to Rally Energy, Political Will & Funding to End TB

Thanks to decades of investment in scientific research, we now have shorter, safer, and more effective regimens for TB prevention and treatment – but very few people around the world have access to them. The 1/4/6x24 Campaign aims to change that.

## With recent major price reductions, shorter regimens are more accessible than ever before.

- **Bedaquiline**, the backbone of modern regimens for drug-resistant TB, has seen a **price reduction up to 55% from \$289 to as low as \$130 per six-month treatment course**.
- **GeneXpert tests** for TB and resistance to rifampicin, essential tests for accurate and rapid TB diagnosis, were **priced at \$9.98 for over a decade and recently reduced by 20% to \$7.97**.
- **3HP**, the rifapentine-based short-course TB preventive treatment regimen, also saw a **price reduction by 30% from \$14.25 to \$9.99 per preventive treatment course** alongside the pledge of \$25 million by USAID and PEPFAR to support 3HP scale-up to reach an additional 2.5 million people.

## Donors and governments need to capitalize on this moment and translate these savings into scale-up.

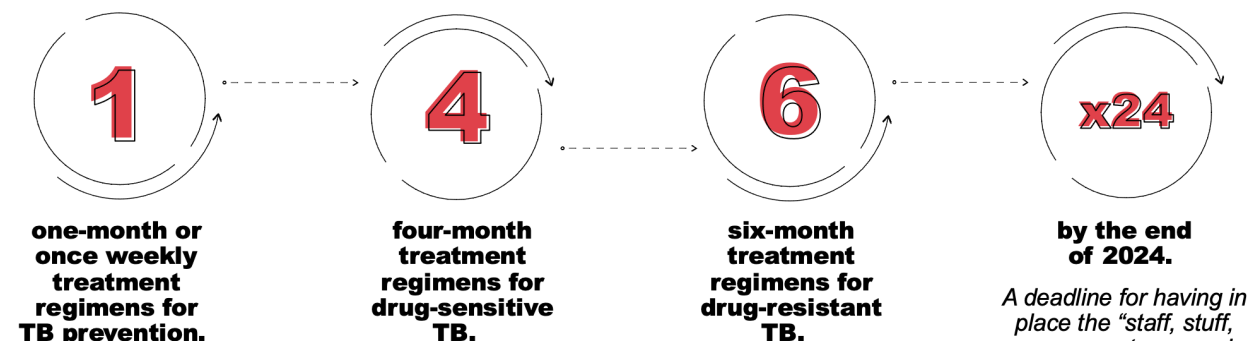
These price reductions significantly increase potential procurement quantities within available budgets and must result in increased procurement and improved access.

<b>Bedaquiline</b>	<b>\$8 million in savings</b> will enable the procurement of 51,000 additional courses of bedaquiline for DR-TB treatment over 16 months
<b>GeneXpert TB tests</b>	<b>\$40 million in savings</b> will enable the procurement of 5 million additional tests for diagnosing TB and resistance to rifampicin per year
<b>3HP</b>	<b>\$16 million in savings</b> will enable the procurement of 1.7 million additional courses of 3HP for TB prevention over 16 months

Source: Stop TB Partnership Global Drug Facility

## The 1/4/6x24 Campaign's name comes from its central demand:

that countries and other duty bearers 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 the end of 20**24**.



**& priority research** to extend the benefits of short treatment and prevention regimens to any groups who cannot currently use them due to data gaps or research exclusions.

*A deadline for having in place the “staff, stuff, space, systems, and support” needed for shorter TB regimens to be made accessible to everyone, everywhere as a human right.*

## Shorter regimens mean....



People and families affected by TB can get back to work, school, etc. and recover economically sooner.



People affected by TB find treatment more safe, tolerable and acceptable, leading to fewer interruptions that can generate resistance, higher rates of treatment completion, and better outcomes.



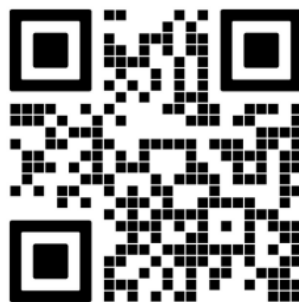
Human resources and other health program savings from shorter duration of prevention and treatment regimens can be repurposed to improve active screening and case finding, and psychosocial and other supportive services and programs.

**Yet, countries are behind in efforts to scale up the “4” regimens for drug-sensitive TB.** Data from Stop TB Partnership’s Step Up for TB 2023 report shows that countries are making progress in adopting policies to scale up the “1” regimens for TB prevention and the “6” regimen for drug-resistant TB. **However, countries are lagging significantly behind in scaling up the “4” regimens for drug-sensitive TB.** Countries must therefore urgently adopt policies for the four-month shorter regimens and donors should take action to catalyze uptake and demand.

**To achieve this within the next 12 months, we need country governments and donors to make the most of the opportunity presented by the current Global Fund grant cycle (GC7) to expedite uptake of the 1/4/6 regimens.** Increased domestic and international investments in TB programming are urgently needed to:

- scale up the shorter regimens and essential diagnostics;
- strengthen the 5 Ss necessary to deliver person-centered care (staff, stuff, space, systems, support);
- and fund/resource civil society and community organizations to work on national 1/4/6x24 campaigns and accountability initiatives.

FOR MORE INFORMATION



[www.treatmentactiongroup.org](http://www.treatmentactiongroup.org)