Getting Better Faster
Delivering on the Promise of New TB Treatments
Launch Webinar — 27 March 2024
Chaired by David Branigan
Today’s agenda

Welcome note

Taking stock at the campaign midpoint

Centering the needs of people affected by TB

Learning from 1/4/6 country leaders

Q&A
Welcome note

Dr. Suvanand Sahu, Deputy Executive Director
Taking stock at the midpoint of the 1/4/6x24 Campaign

Madlen Nash
A campaign to realize access to the best possible TB treatments for everyone, everywhere

1. one-month or once weekly treatment regimens for TB prevention
2. four-month treatment regimens for drug-sensitive TB
3. six-month treatment regimens for drug-resistant TB
4. by the end of 2024

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.

& 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.
Where are we now?

July 2022 The 1/4/6x24 Campaign is launched by TAG, PIH, and MSF at AIDS 2022

July 2022 Global Fund includes 1/4/6 regimens as program essentials in its Information Note for TB

October 2022 USAID hosts 1/4/6x24 Campaign Call-to-Action. Key global health actors made commitments to the campaign

November 2022 GFAN publishes advocacy guides to support inclusion of 1/4/6 regimens in national strategic plans and Global Fund funding requests

September 2023 Member states adopt a political declaration at the United Nations High-Level Meeting on TB recognizing the right to science and the need to scale up access to shorter, safer TB regimens

March 2024 Launch of mid-campaign report

December 2024 Deadline to meet the goals of the 1/4/6x24 Campaign

September 2027 Deadline for countries to meet funding and implementation commitments made at the 2023 United Nations High-Level Meeting on TB
**The “1”: preventive treatment**

**Progress**
- Provision of rifamycin-based TPT is increasing year-on-year
- Most countries have plans to implement 3HP*
- Shorter regimens are cost-effective
- Fixed-dose combinations reduced pill burden
- Child-friendly formulations now exist

**Priorities**
- Improve TPT coverage for children using short, child-friendly formulations — only 37% of at-risk children received TPT in 2022
- Expand access to TPT — only reached 50% of 2018-2022 UN target
- Improve coverage for people ≥5 years old not living with HIV
- Expand access to 1HP (which is more limited compared to 3HP*)

1HP – 1 month daily
3HP – 3 months once weekly
3HR – 3 months daily, for kids

*Data from Global Fund concept note analysis.*
The “4”: Drug-susceptible TB treatment

Progress

Growing demand for 4HPMZ*

Anticipated fixed-dose combinations to reduce pill burden

Priorities

Increase demand & volumes → reduce cost

Implementation science to inform roll out

Update national guidelines

Increase access to drug susceptibility testing

Evaluate in children and pregnant populations

Potential impact of implementing 4HPMZ through 2030

6.3 million treatment years saved

- Fewer required clinic visits
- Better adherence
- Fewer cumulative side effects
- Fewer monitoring tests
- Less loss to follow-up
- Less time away from work or school
- Less time away from family and friends
- Cost-effective for health systems (with reduced drug costs)
- Better treatment outcomes
- Lower costs for patients
- Better adherence
- Fewer monitoring tests
- Less loss to follow-up
- Less time away from work or school
- Cost-effective for health systems (with reduced drug costs)

*Data from Global Fund concept note analysis.
The “4”: Drug-susceptible TB treatment

4HRZE for kids with nonsevere disease

**Progress**

- Quality assured, fixed-dose combinations already exist
- 4HRZE was included as a Global Fund program essential
- At least 25 countries have plans to scale up 4HRZE for children*

**Priorities**

- Increase demand
- Develop clinical algorithms and monitoring tools to support provision of 4HRZE in absence of chest X-ray
- Update national guidelines
- Improve pediatric diagnostic algorithms and tests

“My advice to other countries is to champion children. Don’t be afraid to amend guidelines and diagnostic processes. Thanks to the changes we’ve implemented, we are expecting an increase in detection of pediatric TB and an improved treatment success rate.” — Dr Kathure

*Data from Global Fund concept note analysis.
The “6”: Drug-resistant TB treatment

**Progress**

- Extensive operational research showing success
- Most countries have plans to scale up BPaL[M]*
- Increased procurement of pretomanid suggesting increased use of regimen
- Decreased regimen cost
- Many, many, many months saved on treatment

**Priorities**

- Increase implementation of BPaL[M] to meet need – 175,650 people treated in 2022
- Increase access to diagnosis and drug-susceptibility testing – only 43% diagnosed in 2022
- Scale up short, all-oral regimens for children and pregnant populations

*Data from Global Fund concept note analysis.

**Pretomanid treatment courses procured from the GDF: 2021-2023**

<table>
<thead>
<tr>
<th>Year</th>
<th>Treatment Courses Procured</th>
</tr>
</thead>
<tbody>
<tr>
<td>2021</td>
<td>652</td>
</tr>
<tr>
<td>2022</td>
<td>9,990</td>
</tr>
<tr>
<td>2023</td>
<td>51,666</td>
</tr>
</tbody>
</table>

Source: Global Drug Facility (GDF)
Children and pregnant people deserve better treatments, too

**Problem**

Children and pregnant women are often the last to benefit from innovation, despite being at high risk.

Dosing and safety of pretomanid in children and pregnant people is still to be determined.

**Progress**

Campaign called for research centered on neglected and excluded groups.

18+ studies currently planned or underway to address 1/4/6 research gaps.

**Priorities**

Scale up better regimens for drug-resistant TB in children and pregnant women based on endTB and BEAT-TB South Africa.

Support family-centered approaches, provide resources for counselling, increase access to child-friendly formulations.
Access to better treatments demands better access to diagnostics

<table>
<thead>
<tr>
<th>Problem</th>
<th>Progress</th>
<th>Priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Massive diagnostic gaps persist — ranging from 30% of people with TB not being diagnosed to 80% of children with multidrug-resistant TB not being diagnosed</td>
<td>All countries have plans in place to scale up access to rapid molecular diagnostics as initial TB test*&lt;br&gt;Most countries have plans to scale up access to decentralized drug-susceptibility testing*</td>
<td>Increase access to rapid molecular diagnostics as initial test for all&lt;br&gt;Increase access to fluoroquinolone and isoniazid resistance testing for all&lt;br&gt;Close diagnostic gaps for children, people living with HIV and pregnant women</td>
</tr>
</tbody>
</table>

*Data from Global Fund concept note analysis.*
<table>
<thead>
<tr>
<th>Achieving 1/4/6x24</th>
<th>a collective call to action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Country governments</strong></td>
<td>→ Increase investment</td>
</tr>
<tr>
<td><strong>World Health Organization</strong></td>
<td>→ Facilitate country dialogue on HPMZ; track and promote uptake of new regimens</td>
</tr>
<tr>
<td><strong>Funding agencies</strong></td>
<td>→ Support program quality; invest in civil society; fund research for children &amp; pregnant people</td>
</tr>
<tr>
<td><strong>Market-shaping actors</strong></td>
<td>→ Invest in a strategy for 4HPMZ access; accelerate access to new diagnostics</td>
</tr>
<tr>
<td><strong>Industry</strong></td>
<td>→ Reduce the price of key drugs, particularly delamanid, and diagnostics</td>
</tr>
</tbody>
</table>
Centering the needs of people affected by TB

Peter Ngo'la Owiti
Executive Director
Wote Youth Development Projects CBO
Affected Communities Board Member
Stop TB Partnership
Learning from 1/4/6 country leaders

Facilitated by Petra Heitkamp

3HP in Malawi
1HP in Zambia
4HRZE in Kenya
4HPMZ in Azerbaijan
BPaL[M] in the Philippines
BPaL[M] in Indonesia

Edna Tembo
Coalition of Women Living with HIV Malawi

Louie Zepeda-Teng
TB People Philippines
Questions?

Facilitated by Asgar Ismayilov and Richa Maheshwari
Thank you

Irada Akhundova
Mubanga Angel
Mike Frick
Jennifer Furin
Farida Geteri
Mark Harrington
Petra Heitkamp
Asgar Ismayilov
Aysel Ismayilova
Immaculate Kathure
Erica Lessem
Patrick Lungu
Charisse Malbacias
Kuzani Mbendera
Lindsay McKenna
Carole Mitnick
Nkirote Mwirigi
Peter Ngo’la Owiti
Tiara Pakasi
Christophe Perrin
Nancy Rose Labarete
Tess Ryckman
Animesh Sinha
Edna Tembo
Lesya Tonkonog
Louie Zepeda-Teng

African Coalition on TB
Asia Pacific Counsel of AIDS Service Organizations
Global Coalition of TB Advocates
Global TB Community Advisory Board
Lean on Me Foundation
Médecins Sans Frontières
O’Neill Institute
Partners In Health
Results Canada
SMART4TB Consortium
Stop TB Partnership
Survivors Against TB
TB Europe Coalition
TBPPM Learning Network
TB Women Global
The Sentinel Project
Treatment Action Campaign
Treatment Action Group
We Are TB
Wote Youth Development Projects CBO
Zambia Association for Prevention of HIV and TB

1/4/6x24
A Campaign to Rally Energy, Political Will & Funding to End TB