TUBERCULOSIS (TB)
TOP INFECTIOUS DISEASE KILLER
and the leading killer of people living with HIV

2018

87%
OF NEW TB CASES OCCURRED IN 30 HIGH TB BURDEN COUNTRIES,
WHICH ARE ALL LOW- AND MIDDLE-INCOME COUNTRIES

10 MILLION
FELL ILL WITH **TB**

including
1.1 MILLION
CHILDREN

MULTIDRUG-RESISTANT TB (MDR-TB) **A PUBLIC HEALTH CRISIS AND A HEALTH SECURITY THREAT**

484 000
NEW CASES
with resistance to rifampicin – the most effective first-line drug, of which 78% had MDR-TB

1.5 M DIED
FROM THE DISEASE,

INCLUDING
205 000 CHILDREN

ENDING THE TB EPIDEMIC BY 2030 IS AMONG THE HEALTH TARGETS OF THE SUSTAINABLE DEVELOPMENT GOALS.

TO MEET THIS TARGET, FASTER-ACTING, BETTER THERAPIES TO TREAT TB ARE URGENT, PARTICULARLY FOR MDR-TB.

[6] Data from the World Health Organization, Tuberculosis Fact Sheet (website accessed on 21 September 2020)

TUBERCULOSIS

TUBERCULOSIS

The road ahead - quality affordable treatments for tuberculosis

BY ENDALKACHEW FEKADU DEMMISSE

Endalkachew Fekadu Demmisse is a pharmacist, MDR-TB survivor, advocate, journalist, policy analyst, graphics/ website designer and the founder of Ethiopian Drug Information Network and Volunteer Health Services. In addition, Endy has participated in the UN Lancet commission on TB, PEPFAR, and the Global Fund CCM/E board membership representing TB constituency. Endy is also part of STOPTB/UNOPS communities, a Unitaid board delegation member and founding member of Africa Coalition on TB. Importantly, he has actively been involved in the formation of the Ethiopian parliamentarian TB caucus. Endy has facilitated several donors' hosting events and communicated regularly with key stakeholders such as the World Bank, WHO, USAID, local parliament and AU commissioners. In his 10 years of advocacy & policy engagement experience, he has a diversified perspective on TB/HIV/ malaria-related global health policy, implementation and strategic framework, market dynamics of health commodities, countries' regulatory and legal issues and supply chain management. He also has experience with intellectual property, domestic financing, community, rights and gender, national and regional strategic policy document development & setting of continental health priorities.

I am a pharmacist who was diagnosed with multidrug-resistant (MDR) TB in Ethiopia in 2005. At a time when there was no system in place to treat drug-resistant TB (DR-TB), meant that I was reliant on donated drugs from a non-governmental organisation based in the United States. I was just a campus second year student when I contracted TB. After two courses of struggle with first-line drugs, I developed DR-TB which was resistant to all drugs. It was like a death sentence because nobody could afford the second-line treatment. To make the long story short, I was lucky enough to get those medications with donors' help. With the grace of God and the support of my family, I survived and slowly recovered from terrible medication side effects. My treatment lasted two full years, with a bunch of drugs and painful injections.

Now, I coordinate a community organisation called Volunteer Health Services, which provides continued professional treatment support for TB patients, promoting patient-owned care. TB treatment has also come a long way. New medicines mean that people with multi-drug resistant TB can be treated with shorter better-tolerated therapies, the cost of these treatments are coming down, and countries like mine are starting to fund TB programs. But there is still a long way to go. I believe more can and should be done to make MDR-TB treatments available and affordable to those in need. MPP voluntary licensing mechanism can play a role in bringing quality affordable treatments to those who need them. I am hopeful that we will see more TB treatments made available through MPP in years to come.

Tuberculosis remains the world's top infectious disease killer claiming 1.5 million lives and making 10 million people ill each year[7]. MDR-TB is a looming public health crisis, with an estimated 484,000 new cases resistant to rifampicin, the most effective first-line TB drug[7]. In Ethiopia, as of 2018, there were 165,000 TB cases in the country[8].

[7] Tuberculosis, World Health Organization
[8] WHO Global Tuberculosis Report 2019 – Country profiles

MPP's ROLE IN IMPROVING **TUBERCULOSIS TREATMENT ACCESS**

MPP works to improve access to new treatments for both MDR and drug-susceptible TB. We also aim to facilitate the development of new regimens by licensing TB drugs that are still under development.

CHARLES KNIRSCH
MD, MPH, Medical/Clinical Global Health Partners Lead, Emerging Markets, Pfizer Inc.

TUBERCULOSIS

PROGRESS IN 2019

SUTEZOLID

In October 2019, MPP signed a licensing agreement with Pfizer to facilitate the clinical development of sutezolid, an investigational medicine for the treatment of TB. Pfizer granted MPP a non-exclusive, worldwide and royalty-free licence allowing potential future MPP sublicensees to access Pfizer's preclinical, phase I and phase IIa clinical study data and results with the aim to further study, develop and make available this potentially important component of new TB regimens.

"We recognize there is an important patient need for new tuberculosis treatments, and this partnership with Medicines Patent Pool will help provide researchers globally with an opportunity to partner in and to further progress the clinical development of sutezolid.

If sutezolid advances further in clinical development for the treatment of multi-drug and extensively drug resistant tuberculosis, we believe this partnership could be a significant step forward with regards to advancing global public health and aiding the interests of patients with tuberculosis who may benefit greatly from the development of this potential treatment option."

MPP had already signed a licence with Johns Hopkins University in 2017 covering sutezolid in combination therapy, which did not include preclinical and clinical study data. This added element provided by the Pfizer-MPP licence can facilitate faster development of sutezolid.

Sutezolid is an oxazolidinone antibiotic in the same class as the commercially available and WHO-recommended MDR-TB treatment linezolid. The drug candidate reached phase IIa clinical development. However, there has been no further development of the treatment since 2013.


OLYMPUS