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**Address to MSF Symposium**  
**ÒNo Time to Wait: Overcoming Gaps in TB Research and DevelopmentÓ**  
**The Cornell Club, New York City**  
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Good Morning. My name is Tony Fauci and I am the Director of the National Institute of Allergy and Infectious Diseases at the National Institutes of Health in Bethesda, Maryland

It is a privilege to address this important Médecins Sans Frontières symposium, and I thank Dr. Tido von Schoen-Angerer for the invitation to do so. I apologize for not being there in person, but prior commitments here in Washington, D.C. preclude this.

The title of the symposium Ð ÒNo Time to WaitÓ Ð is particularly apt, as there is an urgent need to expedite the development and implementation of new tools for diagnosing, treating and preventing tuberculosis. As you all well know, among the many threats to global health, tuberculosis demands our additional and immediate attention.

The global burden of TB is growing each year, and you know the statistics very well. The disease kills almost 2 million people annually. Like HIV, TB disproportionately affects young adults in their most productive years, and there is a deadly synergy between the two infections.

Half of healthcare workers in poor and middle income countries -- the individuals critical to TB control and treatment efforts -- are themselves infected with the TB bacterium. About 450,000 new cases of multi-drug resistant TB occur each year, including extensively drug resistant cases that are difficult -- and sometime impossible -- to treat.

And so, what needs to be done? From a public health perspective, it is imperative that we work collectively to bolster TB control programs and ensure that all TB patients receive the appropriate drugs and continue to take them for the entire duration of therapy. In particular, to prevent

extensively drug resistant TB from becoming even more prevalent it is especially important to administer second-line TB drugs under very tightly controlled conditions.

Concurrently, we must accelerate fundamental, translational and clinical science related to TB. This symposium will help identify ways in which the various partners in the TB research enterprise can overcome the gaps in the development of new TB interventions. Research and regulatory agencies, academia, industry, public health agencies, philanthropy, public-private partnerships, and activists are all vital to this effort.

It is important to remember that very often TB infections occur in people who already suffer from other diseases, particularly HIV, but also parasitic and other endemic diseases. We must expand our research to include the co-infections that are seen together with TB in the "real world," and to study the interactions between the medications used to treat different diseases.

I know I am "preaching to the choir," as this sort of work has been undertaken by many of you. At NIAID we are making a concerted effort to encourage our intramural and extramural researchers to consider their TB research and development efforts in light of HIV and other diseases, to better understand how the diseases influence each other and how we can tailor interventions to function in the reality of co-infections.

In the past decade, TB researchers have made substantial progress. For the first time in my own career, we can legitimately claim to have a "pipeline" of promising TB drugs. But this pipeline is obviously shorter and thinner than we would like. Many gaps remain in the TB drug discovery, research and development process, and numerous scientific, logistical, regulatory and other challenges remain as we work to rapidly assess and make these drugs available in the settings where they are so badly needed.

The discussions today and tomorrow will address some of these gaps, and with the expertise assembled here today I am sure that they will be fruitful. I wish you all the best for a successful symposium and thank you for your important work in fighting this most important global health challenge.

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