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**Address to MSF Symposium**  
**“No Time to Wait: Overcoming Gaps in TB Research and Development”**  
**The Cornell Club, New York City**  
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Ladies and Gentlemen,

It is with great pleasure that I welcome you here today to the International TB Symposium “No Time to Wait”.

First, I want to thank Howard Milstein whose extremely generous support made this symposium possible, in particular in helping to bring participants from around the world.

This meeting also would not have been possible without support from the Weill Cornell Medical College and I wish to thank especially Dr Antonio Gotto, Dean of Weill Cornell Medical College, and Stephen Cohen, Associate Provost and Executive Vice Dean for Administration and Finance. Their support is a clear expression of Weill Cornell Medical College’s vision and engagement in infectious diseases.

I want to give special thanks to Dr Carl Nathan, the Rees Pritchett Professor of Microbiology at Weill Cornell Medical College. His vision and passion for tackling the issues around tuberculosis and infectious diseases have been a key driving force to shape this meeting and to make it happen. Thank you very much Dr. Nathan.

The reason that we as Médecins sans Frontières are holding this meeting is because we are truly desperate for better tools. Tuberculosis is one of the biggest problems we face in our projects and yet we see our efforts are failing with the current diagnostics and treatments we have. Diagnosing and treating TB with current tools is difficult – diagnosing and treating TB-HIV co-infection is even more challenging. Treating patients with multi-drug resistant TB as we have done for many years in the former Soviet Union is extremely complex. Seeing multi-drug resistance and even XDR now in high HIV prevalence settings makes things go from very bad to even worse and shows how we are failing with current strategies. The urgency for better tools could not be greater: there is no time to wait.

It is thanks to people here in this room that today there is at least again a drug pipeline for TB when for decades there has been none. But we will all agree that current efforts are not enough.

There are several key concerns that we hope to address during the next two days:

One immediate priority is how to shorten the clinical development of drugs already in clinical development and to make them available as soon as possible. We will discuss how trials among people with MDR TB can be the way forward and how to design such trials and develop criteria for “compassionate use”.

Another priority is to increase clinical trial capacity. There is a mismatch between the number of clinical trials that will be necessary over the coming years and the places that have both the capacity *and* the patients to run these trials. We will need to quantify the size of this gap and look how and where additional trial sites can be established. We have to discuss how TB programmes in the

countries most affected by TB can go beyond pure programme implementation; if we want to get the drugs, diagnostics and vaccines we so desperately need, everybody has to get involved. This will require a culture change.

All efforts in scaling up clinical development will be a waste of time if the new compounds only have potential for marginal improvement. Another key area of discussion over the next two days will therefore be how to improve the drug discovery process and bridge the gap between academia and industry so that the pipeline is fed with truly innovative compounds. Concrete proposals how to tackle access to compound libraries will be presented and discussed. I believe this is the first time that such a discussion takes place in the field of TB.

TB remains a neglected disease. Talking about some of the key gaps over the next two days should not distract us from the fact that the overall investment into new TB drugs, diagnostics and vaccines is shamefully small. There are 7 drugs in clinical developments for TB and 149 for cardiovascular diseases. There has been on average one new HIV drug per year – why can't this happen for TB as well? Slightly increasing the funding to the dedicated few will therefore not be enough – and this small group of people cannot tackle it all alone.

The failures in TB need to be put into the context of a failing system of research and development. The global pharmaceutical market is worth more than 600 billion. Enormous R&D resources go to where profitable markets are but not where most of the people are dying. In the current system, R&D financing is largely dependent on monopoly pricing of patented drugs. As long as this remains the core of the global R&D system we will continue to see huge neglect in R&D, and we will continue to see access problems because of high prices. The gap is too big to be covered by the NIH, the Gates Foundation and a handful of product development partnerships – much greater public leadership from around the world is needed. We note the glaring absence of European government representatives at this meeting despite numerous invitations.

One month ago ministries of health from around the world met at the WHO in the newly established intergovernmental working group on public health, intellectual property and innovation to discuss how to better prioritise, stimulate and fund R&D and how to foster R&D and access. A number of countries are today calling for a framework on R&D, similar to the tobacco convention. This is a truly historic opportunity. With this meeting we also aim to make a concrete contribution towards the drawing up of global framework on R&D from the perspective of TB. This will be the last session in today's agenda.

We want this symposium to be more than just another meeting. We have identified gaps and we want the momentum generated from these two days to carry us in finding solutions. In this spirit, we are crafting a statement which we will circulate for comments at the end of the day and which we hope to release tomorrow.

Today, during the first day, presentations and discussions will critically highlight some of the most important gaps. Tomorrow, during the second day, we will discuss in-depth concrete proposals and ideas how to move forward in three different workshops. There is a lot of material on today's agenda, so we have asked the chairs to stick rigorously to the timelines. Many of the issues raised today will be discussed in more depth during tomorrow's workshops.

Finally, at the end of the day there will be drinks downstairs before dinner at 8 pm here in this hall, where the conversations will no doubt continue.

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