

TB Press Conference
World Economic Forum Annual Meeting
January 27, 2006

Ms. FRANCESCA BOLDRINI (World Economic Forum): We'd like to welcome everybody. We have a very tight schedule today, so we're going to try to keep our speakers to a minimum, and allow lots of time for questions.

I'm the director for health for the World Economic Forum, and it's a real honor to be here today to talk about tuberculosis, a disease that the forum has a big commitment for. We're active in 10 of the top 20 countries in the world for tuberculosis. And we're really proud and excited to have this eminent panel here today to talk about tuberculosis.

So before we start, I'm going to ask Professor Schwab to say a few opening remarks.

Professor KLAUS SCHWAB (World Economic Forum): Ladies and gentleman, this is probably, or certainly, the most important press conference which we have. And I just wanted to underline we have a very rich program. But this program, and what we are doing here, and also successes are just taking place on Africa, I think it underlines our commitment, the commitment of the World Economic Forum, not to look only at the general economic political issues, but to make a strong contribution to those issues which are in the development field and the health field. And I'm delighted that we have this morning such a powerful panel to be together with you.

Ms. BOLDRINI: OK. Well, we're going to start with the group who has developed this plan, and with Marcos Espinal. He is the executive secretary of the Global Partnership to Stop TB. And it's a great honor to ask him to introduce the key elements of the plan.

Mr. MARCOS ESPINAL (Global Partnership to Stop TB): Thank you, Francesca. Can you hear? Yeah. Good morning, everyone. President Obasanjo, Chancellor Brown, Mr. Gates, ladies and gentlemen.

It is very fitting to launch the Global Plan to Stop TB for 2006-2015 here in Davos, very famous today as the venue of the World Economic Forum, but very famous historically for its TB sanatorium, the setting of "The Magic Mountain" by Thomas Mann. This is truly a momentous occasion. Eight years ago, when I first joined the TB program of WHO, such prominence for what was then a highly neglected disease was unimaginable. And it is now most welcome. On behalf of the Stop TB Partnership, a global movement of more than 400 organizations that is housed by WHO, let me therefore begin by expressing our profound appreciation for our distinguished speakers and all of you.

The Global Plan to Stop TB represents action for life, towards a world free of TB. This global plan sets out clearly the actions needed to achieve the global targets for TB control, and at what costs. The actions planned over the next 10 years build on a very solid track record of achievements. For example, the first global plan that covered, of course, the past five years, achieved nearly all of its objectives, and within budget of our projections. We said we would raise and spend \$6 billion on TB treatment and we did so.

Under the leadership of WHO, we completed expansion of the highly effective DOTS strategy against TB to 192 countries, covering 90 percent of the world's population. We more than

doubled the number of people treated under DOTS to over 4 million per year. We achieved a global DOTS use rate of 80 percent against a target of 85. And we more than doubled the detection rate of TB cases by DOTS program to 60 percent against a global target of 70. We have laid the foundations to address the twin threats of drug resistant tuberculosis and HIV-related TB. Taken together – together, all of these measures have reduce TB prevalence and death rates in the past five years and saved millions of lives.

At the same time, the first global plan dramatically accelerated research and development for new tools that are badly needed to fight TB. As a result, we now have 27 new TB drug candidates in the pipeline, 15 new diagnostics under development, and five new vaccines in phase one trials. This is a remarkable achievement. And as these new tools become available in the field during the next 10 years, they will revolutionize how we fight tuberculosis.

For these reasons, we are fully confident that the new Global Plan to Stop TB will succeed as well. It represents a consensus view of what can be achieved by 2015 in TB affected countries, provided the necessary resources for full implementation are mobilized. The plan provides a clear global strategic direction; it details TB control activities across eight epidemiological regions of the world, and the actions for which the partnership's working groups are responsible.

The core actions of the plans can be encapsulated in two areas: implementation of current cost effective interventions at country level, and research and development for new drugs, diagnostics and vaccines. What will this new global plan achieve by 2015, if fully funded and implemented? We will treat 50 million people with TB, cure 90 percent of them, and save the lives of an additional 14 million people, the vast majority of them working adults in low-income countries. We will put millions of TB patients, co-infected with HIV, onto anti-retrovirals, by testing and counseling for HIV in national TB programs. We will end the death sentence imposed by multi-drug resistant TB, by massively scaling up treatment to nearly a million patients over 10 years.

We will deliver the first new TB drugs--new TB drug, in 40 years by 2010, which will shorten treatment and help reduce the threat of drug resistance. We will deliver a new point of service diagnostic by 2010, which will be fast, affordable and effective in detecting TB infection in HIV positive people. We will deliver by 2012-13 the first new TB vaccine since the early 1900s.

Finally, in achieving these objectives, we will meet the millennium development goal of halting and reversing the TB epidemic by 2015. We will also meet the impact targets set by the Stop TB Partnership, of cutting TB prevalence and death in half, relative to 1990 levels.

In summary, with this plan, these powerful new tools and the resources to do the job, we will break the back of the global TB epidemic, and create the conditions to eliminate tuberculosis as a public health problem by 2050.

The Global Plan for 2006-2015 calls for \$56 billion over the next 10 years, representing a threefold increase in annual funding compared with the first global plan. Of this amount, \$47 billion is for implementation of interventions at country level, and \$9 billion is investment in research and development for new drugs, diagnostics and vaccines. Extrapolating from current funding levels, the total estimated gap over 10 years is \$31 billion.

Ladies and gentlemen, we have the possibility to finally defeat TB within the next few decades, a disease that has inflicted humankind since at least the days of the pharaohs, and is thought to have killed a billion people. Now is the time. Here is the plan. This is our chance.

Thank you very much.

Ms. BOLDRINI: OK. Thank you very much. So...Mr. Gates.

Mr. BILL GATES (Gates Foundation): Great. I remember when I young, reading books about people who'd get consumption, and people who'd go off to sanatoriums, and thinking 'Geez, I--,' you know, 'I don't see that. What--what is that disease?' And learning that it was tuberculosis. And in fact it--although it is almost eliminated in rich countries, it's still one of the biggest killers worldwide.

As Marcos was saying the--the neglect of this, in terms of new technology, has been pretty incredible. The--the test for tuberculosis is 100 years old. The vaccine, which is only partially effective, has not been improved, it's the same as 80 years ago. And we haven't had new drugs. Certainly around the year 2000, though, we started to see this picture change. The creation of the DOTS program, a number of countries have implemented that very well. And now a real energy behind this, including this 10-year plan that will save the 14,000,000 lives, that's a very exciting thing.

Our foundation, the Gates Foundation, is just one of many players that's committed to this base. In the past, we've spent \$300 million on tuberculosis funding. During this next period, we'll triple what we've spent. So we'll spend, during this period, over \$900 million. And that's money that goes to partners like the Foundation for Innovative New Diagnostics, the Global Alliance for TB Drug Development, that's already got some candidates pretty far along. And then the Aeras Global TB Vaccine Foundation, which if that was fully successful, would really change the disease in a dramatic way.

So this is a very tough disease. It's going to take all of us, private sector, the pharmaceutical companies, philanthropy, governments in the--in countries that have the disease to participate as well. There's challenges like the association with AIDS, the multi-drug resistance, but I think this plan takes on those tough problems and could make a big difference. So I'm very excited to see it being created, and I want to do everything I can to back it, and I thank the--the partners who are doing the same.

Ms. BOLDRINI: Thank you very much. I'm going to hand over now to Chancellor Brown, who will talk about the G8 and what they think about tuberculosis.

Chancellor GORDON BROWN (United Kingdom): Every 15 seconds someone dies of tuberculosis, avoidably, and as Bill Gates has said, preventably. If 2005 was the year of commitment, than 2006 must be the year of delivery and results. And that's why we welcome this new global plan to tackle tuberculosis. And that's why when the G8 finance ministers meet in Moscow, in only a few days time, I will put on the agenda how we can meet the commitments to fund this specific plan.

Let me, first of all, congratulate Bill Gates on the progressive philanthropy for which he is known. But the scale of it today, in support for tuberculosis, is something that I believe in every continent of the world is going to be welcomed. He makes it possible for this global plan to get off to the best possible start. And when people say that \$3 billion a year, \$30 billion over the next 10 years, to make for \$56 billion in total to be spent on implementing this plan, it isn't possible, I say that it is possible for the G8 and other countries, over these next few years, to finance a plan on the scale of this.

It has the support of our own department of international development. It has the support of the Russian government, which is chairing the G8. Governments around this world will be asked to contribute and will contribute to the development of the plan.

If I could add one further point, I believe that the issue is going to move from the support of individual programs, such as we're doing today, to building the capacity of healthcare systems in the countries that we're talking about. One-third of HIV cases are also tuberculosis cases. Ninety percent of those who have tuberculosis are people who are in poverty. It is absolutely clear that we must now focus on building the capacity of healthcare systems, in the poorest countries. And in my view, we should invite countries in the developing world, in Africa and elsewhere, to submit long term plans for building healthcare systems. Plans that are country owned and community owned. Plans that can then be put to the world community, so that in implementing the Gleneagles commitments for additional funds, we can help and empower countries to implement their plans for building the health capacity that is absolutely essential for the future.

Ms. BOLDRINI: Thank you very much. You mentioned the importance of--of the countries that are endemic, that have to also implement the plan. And I want to hand it over to President Obasanjo of Nigeria, to give his view of the situation in Africa, and why this plan is important.

President OLESEGUN OBASANJO (Nigeria): Thank you very much. I want to thank Marcos, and thank Bill, and Gordon for this important outing.

Tuberculosis, for what we know, is particularly a disease common in our own part of the world. In fact, some people have more or less labeled it a tropical disease, almost. And the reason is because, as you have rightly said there, Gordon, it's prevalent among poor people in the poor communities.

And we in Africa, appreciate you for this--this global plan. And we, of course, will join you fully. Because like they say in our part of the world, it is our own head that you are, more or less, barbering, if you are dressing the head. And we must do two things. We must put our head down so that it can be properly scraped, for us. And we must also contribute whatever we can to ensure that the effort succeeds.

It is therefore incumbent on us, as African leaders, to also play our own role. Knowing fully well that this is a disease that affects our own people, and affects our own people more than other people. I said earlier on today, that we ought to devote--those of us that have enjoyed debt relief--why not devote part of the money we should have used to service our debt into--and put it into this sort of area. Malaria, tuberculosis, HIV/AIDS, and these diseases that affect infant mortality, maternal mortality. And as a result of they affecting these mortalities, at these levels, it reduces our life expectancy. And of course we--and we must take it seriously.

I want also to comment on what Gordon says, that if last year was the year of promises and pledges, this is the year of delivery. And with little words of promises and pledges, build action the way that leads us to sit here.

And once again I want to thank you for this contribution of almost \$1 billion. You know, in my part of the world, we always like things that are round and easy. Why do you have to go short of \$1 billion? It can easily be higher.

We pronounce--

Mr. GATES: OK.

Pres. OBASANJO: I hope you will consider that. Then we will say it's \$1 billion. I want to also promise here that I will use whatever offices I have, among my colleagues at my level in Africa, to take this global plan to them. And of course, to also make it--to own it, and make it part of our own responsibility. Thank you.

Ms. BOLDRINI: We're going to take a very few questions. We're going to take two at a time, please state your publication and your name. But we're very tight on time. So, the gentleman and the lady in the pink top. The gentleman just behind you.

Mr. RABI CANTA (Reporter, Deccan Herald): My name is Rabi Canta (sp). I represent an Indian newspaper, the Deccan Herald from Bangalore. One question to Mr. Bill Gates and one question to the WHO official. Mr. Gates, can you give a candid honest assessment of what is really happening in tackling the TB in India? Because this is one of the most prevalent and killer diseases in the country. There have been a lot of multi-drug resistant TB that's growing in the country and converting into HIV. Give us the honest assessment of what Bill Gates Foundation has done and what it thinks, in terms of failures, to address this problem.

And to the WHO official, given the failure of the Three By Five, in tackling the HIV/AIDS, what are the lessons that you have learned, that you will not repeat in the TB program that you're launching today?

Mr. GATES: Well, first--for somebody to say--TB never turns into AIDS.

Mr. CANTA: I'm sorry.

Mr. GATES: AIDS, if you have AIDS you're more susceptible to getting TB, but not the other way around. And the—the situation with tuberculosis today, is that there has been a general improvement, including in India, in applying the DOTS program. But it's nowhere where it needs to be. On my last trip, I was down in Kerala, and actually visited the hospital there, that's sort of the — was the early really good tuberculosis hospital, and now is focused on HIV as well. And so there's, you know, some very good people there. Clearly as we can improve these regimes, reduce the six-month period, the ability to get broad compliance is a lot better. And so, you know, it's a glass half full. You know, it's good things going on, it's not nearly enough, and that's what this plan is all about.

Mr. ESPINAL: Let me just answer your question very briefly. Three By Five has put together one million patients under treatment in three years. What we're saying is we're going to put 3 million in 10 years, of TB patients who are HIV to receive anti-retrovirals. But in terms of the lessons, the international community that works in TB has developed a system, which it's providing access to treatment in 192 countries, which is called DOTS, which Mr. Gates has mentioned this morning.

In fact, one of the recommendations to the HIV community is the DOTS system could be a good service, an entry point, for HIV positive patients to receive anti-retrovirals. So we have the system in place. It's only to massively scale up the issuing anti-retrovirals of survivors and patients.

Chan. BROWN: Can I just say to our friend from India that in addition, obviously, to what we're doing and contributing to the global fund, where we've doubled our contribution, and to the WHO, Hillary Benn, our international development secretary, announced it yesterday, 41.7 million pounds for anti-tuberculosis drugs for India specifically.

Ms. BOLDRINI: The lady with the pink jacket.

Unidentified Woman (Reporter): Yeah. Two very brief questions, primarily to Chancellor Brown. First question, why specific British emphasis on TB and not malaria? And second, if you're--you're going to the--the G8, what exactly are you going to be saying to your partners there to persuade them to--to get behind this campaign? What exactly do you want from them?

Chan. BROWN: We're not excluding, nor is Bill Gates who's done so much on the--the identification of possible preventative drug and vaccine for malaria. We're not excluding malaria. In fact, our work on malaria is being stepped up. I think, Bill, your contribution to the development of the new vaccine, which I saw it first hand when I was in Mozambique where trials are taking place, is something that is--that is potentially transformative. And I do believe we're making huge progress in both the support for action to prevent malaria, and in looking for a vaccine itself. So our support for action on malaria is unconditional, and we will contribute more funds into that.

As far as tuberculosis is concerned, when we meet as the G8 in Moscow, I've asked that we put on the agenda, first of all, the International Finance Facility for Vaccination, where I believe the new model that is about to be implemented in the next few weeks will have relevance for other forms of health financing. I've asked that we put on the agenda also is our proposal with Italy and other countries, for an advanced market mechanism, which is an incentive to support research into a number of potential diseases. And I've asked that they put on the agenda the delivery of the funds promised at Gleneagles.

Now, we actually said at Gleneagles that we would double funds for Africa. We said specifically that HIV/AIDS sufferers should all be in receipt of some form of treatment by 2010. And we also said that we gave priority to the elimination of tuberculosis, all these things were in the communiqué for Gleneagles. And so the issue, over the next few months, is how we move from the commitments being made, to the delivery and to the results.

But what I'm confident of, is that for the first time finance ministers are now examining, in detail, how to harness the innovative medical advances that are being made, to the ability to apply them, by looking at what new mechanisms for the--financing them can be available. And that's why advance market mechanisms, which is an incentive for research, that's why the frontloading money through innovative finance facilities is now on the agenda. And that's why I'm very grateful that--on the International Finance with us and has been very supportive as we try to persuade governments, not just G8 governments. We've already has announcements from governments outside the G8 that they will be supporting this as well. So over this course of the year, I believe we can make a great deal of progress. And I believe that in 2007, both universal free primary education and universal healthcare will be the central issues on the agenda of the G8.

Ms. BOLDRINI: OK. Are there any clarifying questions. Because I have--and then that's it.

Mr. SIMON KENNEDY (Reporter, Bloomberg News): Yes, Simon Kennedy from Bloomberg News. Chancellor, I'm just slightly confused. Are you seeking fresh money from the G8, and

new pledges? Or are you seeking to--to kind of get--get fresh momentum behind your initiative, such as the IFF money mechanism? Because the US has been slightly critical of those approaches.

Chan. BROWN: Well, what we're seeking is a delivery of the commitments that have been made at Gleneagles, into specific projects for health and education. I believe that'll happen over the course of the next few months. But what we're also looking at is how we can extend debt relief from the 38 HIPC countries that are eligible, to a group of nearly 70 countries, which are amongst the poorest countries in the world, who at the moment cannot expect the terms of debt relief given to the first 38. So that would be additional resources.

Mr. KENNEDY: (inaudible-no microphone)

Chan. BROWN: The tuberculosis plan can, in our view, be financed within the commitments that have been made for Africa, in particular, at the G8 last year. But what we've now got to do is to get the detailed funding applied by individual governments. And not just governments in the G8, remember. Governments right across the world.

Ms. BOLDRINI: OK. I'm going to have to draw to a close, because some of the participants have to go to another session. But some will stay behind.

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