

Rt Hon Theresa May MP
Prime Minister of the United Kingdom
10 Downing Street
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3 July 2017

Dear Prime Minister

As parliamentarians with an interest in global health, we wanted to write to you ahead of the G20 Leaders' Summit taking place on 7 and 8 July, which will include discussions on incentivising research and development to address antimicrobial resistance (AMR).

We commend the Government for the leadership it has shown on AMR: in 2014 commissioning the seminal Review on AMR, which last year published its final recommendations helping to garner international interest in this issue ahead of the UN's historic High Level Meeting on AMR last September.

Complementing these activities, as you know, last year's G20 Leaders' communique tasked the OECD, WHO, FAO and OIE with producing a roadmap for unlocking research and development into new and existing antimicrobials ahead of this July's Leaders' Summit.

Tuberculosis (TB) must be prioritised within the G20's discussions on AMR. The Review on AMR noted that TB accounts for a third of AMR deaths and found that if left unaddressed by 2050 will have cumulative economic costs of almost US\$17 trillion. The Review concluded that "tackling TB and drug-resistant TB must be at the heart of any global action against AMR". Indeed, this year's G20 Health Ministers' communique specifically recognised drug-resistant TB and committed to its prioritisation within the broader AMR agenda.

Furthermore, the Conservative Party's manifesto committed the Government to "significantly increase... funding of UK-led medical and technical research into the biggest threats to global health and prosperity". TB is already the world's leading infectious killer resulting in 5,000 deaths every day and, as the only major airborne drug-resistant infection, it is also one of the world's most significant AMR threats.

At the present rate of progress, however, the Sustainable Development Goals' target to end the epidemic by 2030 will not be met for at least 150 years. To make headway we urgently need new diagnostics, treatment regimens and vaccines.

A major driver of the TB epidemic and of drug-resistance is a lack of effective treatment: treatment for standard TB involves an arduous six-month course of 4,000 pills and treatment for drug-resistant TB 18 months of 14,000 pills (which can have severe side-effects, including permanent deafness) plus eight months of intravenous injections. With this in mind, it is little wonder that less than half of those who start treatment complete the course.

No new drugs have entered the standard first-line treatment regimen for fifty years; rising TB infections have been juxtaposed with reductions in investment for TB research and development, which suggests that there is a lack of viable incentives in the current model. In addition, treating TB requires a regimen so several drugs need to be developed together which complicates the process. Adding a new drug to the existing regimen risks accelerating resistance to any new drug added and, therefore, an entirely new combination is needed.

Addressing the market failure of TB would have a relatively modest price tag and, as well as providing instant health impact, unlocking research and development for a TB regimen could provide innovative mechanisms to address wider AMR market failures.

With this in mind, deliberations at the G20 Leaders' Summit present a clear opportunity for international agreement on a new mechanism to incentivize research and development to tackle AMR and within that to prioritise research and development to tackle the growing threat of drug-resistant TB - especially as half of all cases of TB and drug-resistant TB, as well as TB deaths, occur in G20 countries.

We urge the Government to press for the inclusion of TB within the Leaders' Summit communique, and suggest the adoption of this paragraph:

"We recognise drug-resistant TB as a cornerstone of the global threat posed by antimicrobial resistance. We, therefore, commit to mainstreaming TB within interventions for AMR and to support structures to accelerate the development of urgently needed treatment regimens, diagnostics, and vaccines to combat the disease."

Given the pressing and global nature of the AMR threat, we welcome the focus that it is being given by the G20 and, as stipulated by the Review on AMR, call for TB to be at the heart of any international action agreed.

We look forward to your response.

Yours sincerely,

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Mark Prisk MP
Nigel Evans MP
Maggie Throup MP
Jeremy Lefroy MP
Sir Peter Bottomley MP
Sir Henry Bellingham MP
Rt Hon Nick Herbert MP CBE
Stephen Twigg MP
Kerry McCarthy MP
Kate Osamor MP
Ian Murray MP

Kate Green MP
Catherine West MP
Virendra Sharma MP
Nic Dakin MP
Stephen Doughty MP
Jim Cunningham MP
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Rt Hon Tom Brake MP
Stephen Lloyd MP
Dr Philippa Whitford MP
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