

Statement to the 146th Session of the World Health Organization Executive Board, 3rd February - 8th February 2020 on agenda item 10, Ending Tuberculosis (EB 146/10 and EB146/11)

MMI appreciates the opportunity to address the EB. This statement is supported by PHM.

The End TB progress report reveals a large gap in TB treatment, especially in drug-resistant TB treatment. However, the report fails to highlight lack of access to affordable medicines for TB treatment.

Bedaquiline and delamanid, WHO's recommended treatment for MDR-TB and XDR-TB, are patented in 9 out of the 10 countries that account for 75% of the treatment gap. The lowest price for these medicines is 400 US\$ and 1700 US\$ respectively for a 6 months treatment. For 20 month treatment of delamanid it comes to 12,000 USD. These high prices make treatment inaccessible.

We urge MS to use TRIPS flexibilities such as government use license, to promote access, as said in the 2018 UN Political Declaration on TB.

We urge MS to make direct reference to the use of TRIPS flexibilities and the Doha Declaration in objective 4 of the Global Strategy on TB Research and Innovation, which acknowledges the failure of the patent system to incentivize innovation and the high price of TB medicines due to lack of competition.

Finally, we express our concerns about frivolous patent claims over TB medicines filed by pharmaceutical companies. Patent claims have been filed in high burden countries over obvious combinations of Rifapentine and Isoniazid used to prevent TB. These are old molecules, undeserving of patents. Recently these patent applications were withdrawn from Indonesia and the European Patent Office. We urge withdrawal and rejection of these frivolous patents globally.

Thank you.

Text: 254 words

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