

# **Report**

## **3<sup>rd</sup> BRICS TB Research Network Technical Meeting**

**Johannesburg, South Africa**

**28-29 June 2018**

**1 August 2018**

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## Day 1 – Thursday, 28 June 2018

### 1. Welcome address and opening remarks

Members (and representatives) of the BRICS TB Research Network, except China, and a WHO representative met in Johannesburg, South Africa on 28 and 29 June 2018. The Chinese delegation extended their apologies as they were unable to procure an entry visa for South Africa timeously.

The Agenda of the meeting and list of participants are attached (Annexure 'A' & 'B')

The opening address was delivered by SA Director-General of Health, Ms Precious Matsoso. She pointed out that the BRICS TB research network is an important program and South Africa has pleasure in hosting the **third** meeting. BRICS TB researchers can, in a collaborative way, look at research initiatives. Diagnostics, vaccines and medicines make up the three legs of a tripod and we have to ensure that the tripod is steady. It is estimated that BRICS countries account for 46% of the TB burden and we have not seen progress in responding collectively. BRICS countries have signed up to the sustainable development goals, and have a responsibility to work towards them. One of our BRICS countries, Russia was the first to host a TB meeting and we acknowledge their efforts. In the forthcoming ministerial meeting we must make declarations for funding and invest in health systems. TB research and development investments has been low, and this is not only due to market failure but lack of our interest (by ourselves). Now is the time to make a concerted effort to address this. 80% of MDR TB patients do not get appropriate treatment and there is an upsurge of diabetes and abuse of alcohol and tobacco. TB is both a medical and social problem. In her address, the DG asked the network to find paediatric appropriate treatments that are affordable. WHO estimates that from 2009 to 2015 investment in TB research and development was US\$7 billion. This research network is already busy, which is encouraging. The network has started key initiatives with institutions, agencies, partners and civil society in mapping and identification of technologies. At this meeting you will be sharing this information to build capacity and identify multi-site studies that can be pursued. There is quite a wealth of capacity and knowledge in the BRICS countries and we need to nudge and push all departments, ministries and ministers to speak out about this group. The DG made the request that we release a press statement – saying that we are meeting to address the TB program and highlight the initiatives taken in this BRICS initiative. The TB problem is not only fuelled by HIV, but the social ills like overcrowding, poverty, malnutrition; and this research network will enhance our cooperation in basic science and health systems research. We should not confine ourselves to these. She indicated that she is the Chair of 3P (Life Prize) that is looking at innovative approaches to delink the cost of research and development from the final cost of the product. This research network will deepen collaboration not only within BRICS countries but take the lead in responding to the TB problem globally. This network can also support the knowns and standards that have been developed. These must be ready to use, easy accessible but also affordable. “That one day, as my Minister says, we can refer to it in our museums.”

Dr Barry Kistnasamy (SA) thanked the DG for addressing the meeting and remarked that the DG has set the tone for discussions during this 2-day meeting. New colleagues were welcomed and confirmation of delegations from each country will proceed as planned.

Prof Glenda Gray (SA) said that the aim for us is to get into the work that has already started and to ensure that all our national research priorities are aligned with our proposed projects and activities.

Dr Matteo Zignol (WHO) thanked the South African government for hosting this meeting.

Mr Kleydson Andrade (Brazil) said that this is a new challenge for the Brazilian government as three to four years ago, Brazil did not have such research programs. Brazil is trying to increase financial support for research priorities that can be answered by researchers from academia. Available internal funding must compete with a lot of priorities. During 2013/14 the national priority was to move forward and improve tuberculosis indicators but with the country's financial crisis it is difficult to support social priorities. Despite the financial crisis, anti-TB activities continue to improve capacity of the program that not only deliver care but doing research and social protection. There are open funding opportunities, but this is only focused on Brazilian health priorities. Most of the BRICS countries have same priorities; although Brazil has a small part of the TB burden it is important to retain this relationship to target problems in all five BRICS countries.

Prof Afrânio Kritski (Brazil) spoke as head of Brazilian TB Research Network (REDE TB) and informed that, among Brazilian non-governmental organizations, REDE TB was selected to attend a UN high-level meeting in New York as part of the social network team (a side event in research and development) helping academia to get inside information to assist governments. He mentioned that Prof Julio Croda (vice President of REDE TB) is involved with another movement to carry out TB research in 75 prisons in Brazil. He highlighted that REDE TB is waiting for a new government program under discussion, the Minister of Health will create an inter-ministerial commission to bring together everyone within the country, including civil society and academia and suggested other BRICS countries to do the same. This approach will solve the difficulties seen in the coordination between government, academia and civil society.

Dr Manjula Singh (India) – India has dedicated funding structure but asked how they would access funds from other BRICS countries. India has done the TB landscape and has initiated studies on thematic research areas. India has a study protocol which they are prepared to share with BRICS countries whereby each country can initiate one or two sites for clinical studies. She proposed that the Network focus on this and establish a Secretariat to take this forward and monitor the activities.

Dr Raghuram Rao (India) welcomed the opportunity for closer collaboration within BRICS to support each other and countries outside of BRICS. However, research is one part thereof and we must remind ourselves to keep on evaluating the program and look at successes and challenges. Following on the first meeting where the research network was considered and vetted by BRICS Health Ministers till where we are today; substantial progress has been made. The landscape has been completed and must now be translated into action. He added that nothing concrete has been done up to now and we must make sure that when we meet again we can demonstrate one protocol which we are implementing. He

proposed that at the next meeting to have the technical team which focusses on what has been implemented.

Dr Vadim Testov (Russia) informed the meeting that according to 2017 official statistics, Russia shows very good trends in TB. TB notification rates increased and achieved the lowest TB mortality in 2017 – which is a very positive trend. Russia saw the stabilisation and decrease in HIV & TB and hope for stabilisation in MDR TB & TB. Regarding activities in TB research framework and joint projects – its sad news qualification of situation of joint research – due to discrepancies – absence of declaration Russian government could not participate – Russia qualified but organisation provided by grants – need to discuss a special grant mechanism how to provide direct finance to Minister of Health. We have prepared project and are good to get financial support and access grants. Second position – very active cooperation/interaction on bilateral and trilateral level – Russia and Brazil to organise official visit of representatives of Russian industries and researchers with Brazilian experts – we expect positive response. If we use TB research network for bi- and trilateral cooperation we can accelerate our actions. Emphasise this message from Russian MoH - with India - suggest and discuss this list of official document. Practical input for joint BRICS network.

Dr Fareed Abdullah (South Africa) – TB Think Tank (TT) initiated by DoH and secretariat funded by Gates Foundation; building bridge between researchers and policy makers – very active and healthy participation from both sides. HIV Think Tank now working closer together due to co-infection in SA. Experts in TT reviewed all the current evidence and made significant policy recommendations on strategies for finding the missing cases and DoH has adopted those recommendations. Big shift is in screening community at high risk of TB. Laboratory switch is from the original gene-expert to Xpert ultraas part of the recommendations to diagnose more TB cases. In addition, on diagnostic optimization, we have included the new diagnostic test, which is urine LAM for hospital based, HIV infected people with low CD4 count. Urinary LAM is a low cost diagnostic tool. With prevention a huge portfolio of research has been done in South Africa– Aurum Institute received huge grant. Recommendation to DoH for 12-month standard prophylaxis. Importance of relationship between policy makers and researchers. MRC implemented research tools to study transmission dynamics for TB in public transport like taxis and busses. Re TB Report- SA is coming to end of 1<sup>st</sup> 5 years with NIH and leadership will renew for further 5 years. Running 2 cohorts of active TB and 2<sup>nd</sup> group with household contacts.

## **2. Update on activities progressed by India - Dr Manjula Singh**

*Summary of the presentation.....progress on action points from India and promising technologies to take forward for clinical trials.... (presentation attached as Annexure 'C')*

Key discussion points:

- Funding remains a critical component and the Network needs a strategic partner for example, WHO, to leverage funding for research
- WHO is in a good position to partner with BRICS TB Research Network

- The data presented by India is enough to initiate a three-arm study. Organise working group to position and choose two to three products to take forward the most advanced product to phase 2 or 3/clinical trial.
- At this meeting prepare a draft proposal and expected outcome for submission to Ministers meeting in July 2018 for approval and funding and to take forward at the next Network meeting in September 2018.
- Members to plan according to financial cycles and time frames. Timing is important to submit annual financial plans to governments to commit funding within core functions e.g. Russian government needs plan by September.
- India has already commenced a study and can help the other four countries to join
- Biobanks are a sensitive and costly issue and suggested that each country keep their own samples. If there is a need for cross matching, this can be addressed between or amongst the country(ies) concerned.
- 'New' WHO administration is open to work with everyone excluding tobacco industry.

### **3. Update on activities progressed by Brazil – Prof Afrânio Kritski**

*Summary of the presentation.....progress of action points from Brazil* (presentation attached as Annexure 'D')

Key discussion points:

- In Brazil, the Social Development Ministry provides and controls the social grants. Social grants are for poverty alleviation. The system is managed at the city level and not by health department. As TB control is linked to cash transfer, the impact of TB incidence and mortality of the social support called *Bolsafamilia* program has been evaluated in the last years. Currently, Brazil is conducting a social support study to define how best to approach cash transfer programs to TB patients as sometimes the correct persons do not receive the social support, at local level.
- India has experience of past programs on how to filter and get funds directly to the TB patient; put in place safeguards that the correct person receives the funds. Taking lessons learnt to cope with attractions of social support - Is this something that the Network can roll out and how to control and expand the program.
- For Brazil it is crucial to have an Inter-ministerial Commission to cope with National End TB Strategy.

### **4. Update on activities progressed by Russia – Dr Vadim Testov**

*Summary of the presentation.....progress of action points from Russia* (presentation attached as Annexure 'E')

Key discussion points:

- There is a worldwide shortage of PPD. In Russia, the Diaskintest (skin test) is used for screening of high populations to detect TB infection. It is a minimum diagnostics test for TB and other disease and Russia has increased the use of Diaskintest as it was found to be cost effective. India

uses PPD locally and plan to evaluate Diaskintest and take it up to compare with standard PPD to see if it is good enough to scale up. The Network may want to consider the Diaskintest tool for validation and manufacturing for multi-country use. Russian research was limited and 50 cases not enough for making conclusions.

## **5. Update on activities progressed by South Africa – Dr Niresh Bhagwandin**

*Summary of the presentation – provided an update on SA team members to the Network. The fourth core member and alternate were selected through an open nomination process. South Africa completed analysis of SA TB funding landscape, research mapping, bibliometrics and TB clinical trial analysis (presentation attached as Annexure 'F')*

Key discussion points:

- SA to share SOPs and MOPs. SOPs are built around a specific trial and not generic but there is also a MOP (generic vaccine SOP) which can be shared.
- SA to share results on HIV/TB clinical trials over last 10 years. This research shows the value of funding.
- SA's biggest partner in clinical trials is India and thereafter Brazil. We did the clinical trial analysis and hope to publish this information.
- SA has reviewed the BRICS TB bibliometrics manuscript compiled by Prof Kritski (Brazil). Comments/suggestions still awaited from other BRICS countries and decide on which suitable journal(s) to submit the manuscript. It was suggested from the floor that the five BRICS countries are huge and BRICS Research Network should have its own journal to publish results from work done. The idea is supported and together with press release should give some momentum to the activities of the Network.

## **6. BRICS TB Research Network Secretariat proposal**

SAMRC tabled a draft proposal for the establishment of a Network Secretariat.

Discussion included the following key points:

- The idea came about at the Geneva meeting in May 2018, where researchers from BRICS TB Research Network attended the WHO hosted meeting, and there was overwhelming support for members for SA to host the BRICS TB Research Network Secretariat.
- Brazilian government is of the view that the September 2017 meeting in Rio had a proposal how the Network would function and not sure how feasible it is to have more than one secretariat working for the same network. The five country NTPs serve as Secretariat of BRICS countries - do we need another Secretariat? This is a governmental network and NTPs are involved in guidance; as for the different levels of secretariat foresee some diplomatic issues in this arrangement. The Network's role is of technical nature and not within our governance to have this type of Secretariat and impossible to have this approved and not have NTP managers.
- For technical recommendations, India mentioned the creation of Centre of Excellence for each BRICS country which would include a Secretariat. This was proposed at the first meeting in India as a focal point and goes beyond TB Research.

- If support for Secretariat, should this be rotating or fixed? If relaxed and rotating every 6 months one may lose continuity.
- Rio and Moscow meetings spent time on governance structure and appointed the five NTP managers. Key area of the Secretariat is to provide form, shape and support to the Network structure whilst governance will remain with NTPs. Secretariat to serve as custodian of documents, logistical support, etc. Secretarial function is administrative, technical and financial management. We need action on technical recommendations and Secretariat can coordinate this program as we need to show the work; this is a crucial period and must move on activities to be initiated. We are losing time and momentum if we do not act together.
- Expansion of Network will increase work load of researchers/scientists and Secretariat will help to keep momentum, strengthen coordination and mobilisation and key to have a person to be devoted to administrative part to make the Network more collaborative.
- Need coordinating committee to operationalise our efforts. Start with strategy to see what the operational needs are but need coordinating committee to manage us for free and suggest each of the countries take a turn to manage the Network and carries the cost of conference calls/webinars or coordinating body for that time in a way to make the Network function effectively.
- Establishing a Secretariat must carry approval from all Ministries of Health. Any changes need to receive official approvals. It may be too early to discuss changes in terms of reference and will need to explain to Ministries of Health for formal approval. However, approvals from MoH will not happen unless it is proposed or thought given to it as no one else may think of it. A suggestion as output of this meeting – to give recommendation to Health Minister’s meeting of how Network can function better and then approval happens.
- If there is a problem with management/coordination, what is needed right now is for each country to take full responsible for its participation. Suggestion to create working groups and or temporary secretariat for each project to organise research and take full responsibility for technical work.
- Each country to provide financial support for managing the Secretariat; seen as the country’s support for the Network and there are other examples of how other secretariat’s function. For example, a permanent Secretariat (global) with staff from each country and has budget; a formal arrangement that has advantages and disadvantages. Each country has a nodal institute which would have the institutional memory and not the NTPs.
- We are firstly a group of scientist/researchers for TB research and should look at other networks in the BRICS consortium and perhaps learn from them and not reinvent the wheel.
- Key message to Ministers that model using so far is not working and cannot rely on goodwill.

The need for more coordination is real and although Geneva meeting was not an official BRICS TB Research Network meeting, but a research consultation meeting arranged by WHO; the five BRICS countries were represented and gave their support to SA to explore the establishment of a Network Secretariat. To proceed we need to have approval from all five governments to establish a Network Secretariat. We require one proposal which provides recommendation of how the Network can



function better whether through a coordination committee, working groups or by placing more responsibility and commitment on NTPs. This proposal is to be submitted to the BRICS Minister's Health meeting in July 2018. **An interim solution is to have a semi-permanent Secretariat whereby SA as current Chair of BRICS does some things for now and get formal approval from Ministers of Health and Foreign Affairs (International Cooperation).**

## 7. MoU between BRICS and WHO

The WHO is a strategic partner and helps to facilitate discussion amongst BRICS members. A matter has arisen when discussing specific projects, for example, data sharing and a request for WHO to host the data. There are existing MoUs but perhaps for more specific requests related to a specific project additional MoU is required. It would be helpful to draft a paragraph to elaborate what is existing with WHO (as strategic partner) and what additional needs may arise or why WHO is needed.

Discussion included the following key points:

- Having WHO as a strategic partner at Network meetings is very useful and we receive information we may not otherwise have. WHO guidance is important on issues around data sharing, registering products, prequalification of products, single exit passes, intellectual property, transparent and fair peer review. For example, WHO could do peer review of research proposals, guide TB strategy, drug pricing and ability to provide expert consulting.
- BRICS countries are also WHO members and concern as to who to sign MoU with as WHO is ourselves. The five NTPs are the only executive structure who can sign MoU. If so, the MoU should be specific to technical assistance to TB research network as technical assistance, consultancy, finance, etc.
- WHO role is critical and perhaps need clarity on areas where we can work more closely and if additional legal document such as MoU is needed.
- Proposal to include purpose and role of WHO.

## 8. Concept notes for BRICS TB protocols

The meeting will aim to prepare and finalise a 1-page aide memoire for inclusion in the BRICS ministers of health meeting documentation to also serve at the BRICS Presidents meeting. The proposals will use own country resources for one multi-country study on diagnostics and drugs with resources from the New Development Bank. India has shared protocols to study and for discussion on day 2.

## 9. BRICS Treaty to facilitate research

To convene a technical working group to provide guidance on common treaty to facilitate interaction for carrying out protocols and exchange, marketing of drugs, etc. Proposal to move to sectors beyond health i.e., customs and excise and determine the scope of agenda as downstream these issues will arise. Of importance to start ground work and do landscape of regulations and potential barriers.

## **10. Lobbying with high level officials in each BRICS countries**

Commitment to proceed with arrangements for a TB R&D side event to link the Network's work to the UNHL meeting. Through this process it may become a high-level commitment when there is a BRICS President taking the lead. Members to push the TB research agenda for funding with their UN Missions in New York. As current President of BRICS, SA to take the lead in arranging the side event with partners.

## **DAY 2 – Friday, 29 June 2018**

### **12. Resolutions arising from Day 1 deliberations**

**1<sup>st</sup> resolution** re Network secretariat – modified 1-year rotation based on BRICS presidency – SAMRC take forward actions right now and Brazil takes over next yearie. 2019. For the minute it is a rotating secretariat and hand over the next country and principle of secretariat – governance with 5 NTP managers of the group – for interim discussions to include 5 NTP managers.

**2<sup>nd</sup> resolution** re side event at UNGA HLM New York – BRICS takes the lead with other colleagues in R&D to be part of the process otherwise each country can take forward its own side event. SA to take lead as it has the Presidency at the moment – present work plan –countries who need to receive mandate to get this within the next week to get into communique for Ministers/Presidents – if major problems representatives to give feedback within the next two weeks.

**3<sup>rd</sup> resolution** re **Statement of Commitment for the fight against Tuberculosis among BRICS countries** – work on proposal for funding of projects for control and treatment towards ending TB.

### **13. Network website mock-up - Dr Niresh Bhagwandin**

Mock-up of the website – rotating Secretariat and have to decide on content. Delete ‘scientific’ – collaborative research; from discovery to service ending TB; moving pictures with thematic areas; laboratory pictures that are explorational; need 1<sup>st</sup> Brazilian meeting photo; content for intranet use BRICS members pull for reporting (password protected for registered users) and open content; add mission & vision; statement from each country ‘from Minister’s desk’; do we need to put in timetable which is a working document (in confidential part and not for public domain); public side of site to have record of meetings; also domestic meetings and working/technical groups; news & events to include media coverages; links to BRICS countries research institutes; contacts of various sources in BRICS countries; keep to website of BRICS instead of SAMRC; research publications – landscaping documents to turn into publication obo the Network – send for comments to everyone (Manjula); Secretariat to help getting China landscape – do disclaimer / or 4 countries within BRICS; in agreement with Dr Yanlin Zhao (China), Dr Matteo Zignol (WHO) approach head of Chinese CDC; developed to also use on; language translation to all BRICS country languages – explore this for back and scientific translation

### **14. Mapping the tuberculosis landscape amongst BRICS countries - Prof Afrânio Kritski**

*Summary of presentation – refer to presentation Annexure ‘G’*

Discussion included the following key points:

- Need input/comment from all the countries to be co-authors for scientific production mapping and to publish as BRICS manuscript. Have done also analysis on patent documents from BRICS countries and will send to all country reps (in process).
- To take up this proposal – company to provide PPD and responsibility of country where it originates.

- Start with common protocol to identify caveats and decide which country will take on what responsibility.
- PPD from India to be included for local strain.
- Three PPD leads from China, India and Russia and to identify which is most promising based on scientific validity – need expert group opinion – then decide on how to fund for multi-country study – tenuous aspect of company making PPD versus public good – earmark for taking forward. Second one is vaccine and put together methodology – lets fund technical work groups to validate the work.
- To evaluate alternatives to PPD and costing is very important. SA to consult with NHLS diagnostic experts for government tender - technology working group to interface – children important as they are big beneficiary of PPDs. Which countries give BCG at birth – SA BCG exposed countries – other inventions there are pharmaceutical countries involved – engage pharma on this who has marketing strategy eg. GSK – bedaquiline – studies that are funded are aligned with market strategy and access.
- Brazil developed PPD validation protocol to respond to CONITEC at Ministry of Health, organization similar to NICE-UK, where before the new product incorporation to the Unified Health System, should be evaluated and receive approval from CONITEC. Share routine ways from each country re product market relation – rely on WHO for this service.
- Paediatrician exposed to MTB.
- Establish scientific/technical review groups re. protocols.

## **15. ‘Prioritized lead candidates for TB vaccine and Therapeutics’ and Presentation on ‘Rationale for selecting the lead vaccine and therapeutic candidates’ – Dr Manjula Singh**

*Summary of presentation – refer to presentation Annexure ‘H’*

Discussion included the following key points:

- Why not evaluated in other countries? It will be good to have multi-country site to evaluate; to see if will benefit other countries as well.
- This depends on host community and prevalence of infection. Kept this open for each country to decide whether they can take up trial without evaluation. This can be done quickly and protocol ready to start and roll out. In India it is ready to start. Looking for partners M72 & placebo – provide 1 pager to invite countries to participate with India.
- All 4 countries presently give BCG at birth. In Brazil carried out big trial and identified no effect of 2<sup>nd</sup> dose given to children (at 7-8 year old).
- Expert group to provide policy although it depends on 1 dose or 2 dose depending on community – WHO ongoing work and collecting data to provide countries with expert status. A technical WHO expert to include on protocols.

## **16. Protocol for funding - Dr Srikanth Tripathy**

*Summary of presentation – refer to presentation Annexure ‘I’*

- Indian developed device has activity and works on solar powered battery.

- SA has products going through development that can be included.

### 17. Capacity building on three different levels

- Appoint a lead person to assemble team to draft proposal on capacity building on clinical trials, exchange and study visits and funding capacity building efforts in-country or across BRICS countries.
- SA has BSL4 lab (NHLS in Johannesburg) (full mask and air containment) dedicated to TB and ready to share expertise and support exchange visits with BRICS countries providing we do not break international protocols. Each country to set up and manage own supra regional laboratories.
- Create platform for exchange of young scientists'. Dr Lebina (SA) supported study site visit to SA and the dissemination approach through multi-centre site studies.
- For proper conduct of clinical trials whether bi- or multilateral, put together set of files (SOPs, MOPs, GLP manual, etc.) and share with countries interested in participating in clinical trials.

### 18. Other business

**The health of the healthcare work force (care givers)** also needs attention. All health workers need to know their HIV status. If this is something of interest to BRICS countries we can investigate and talk further on this.

Discussion and inputs to the **Business Plan** – topics for content was developed as provided for in Annexure 'J'.

**BRICS Scientific Journal** – Dr Lebina (SA) and Prof Kritski (Brazil) to work on concept note for new journal or supplement to existing journal.

**Statement of Commitment** was endorsed by participants of the 3<sup>rd</sup> BRICS TB Network Research meeting.

A review of the **work plan** until December 2018 was done. A zip file of all documents will be provided - these can be uploaded to the Network website in due course.

Establish a **resource mobilisation working group**. Dr Niresh Bhagwandin, from SA, Dr Ethel Maciel from Brazil and Dr Rao from India were identified to work in this working group. Up to 2 representatives from each country could be part of the group.

Establish a **communication and editorial group** – SA taking lead but minimum of one representative per country to support content issue. To improve communication, translate key documents into BRICS countries official languages.

## **Discussion of letters received from civil society/community engagement organisations to the BRICS TB Research Network.**

- Give consideration to organise an advisory committee of civil society and community engagement activists to meet with Network annually.
- Caution that such a group may be critical towards Network who has and will be slow to act due to limited funds. These are global professional activists who are primarily based in northern countries.
- Consider how to respond and if the letters require response, whether it is a decision that can be taken by the Network. It may not be decision of Network to make the call but rather a Ministerial/Presidential decision who will then ultimately take responsibility for any criticism that may follow.
- Each country has its own platforms whereby civil society/community engagement groups are represented and these avenues should be open and pursued.

## **Action points**

- The DG suggested a press release be drafted to mark the occasion.
- Product landscaping - Dr Singh (India) to organise working group to position and choose two to three leads to take forward the most advanced lead to phase 2 or 3 clinical trial.
- Prepare a draft proposal and expected outcome for submission to Ministers meeting in July 2018 for approval and funding and to take forward at the next Network meeting in September 2018.
- Dr Kistnasamy (SA) to draft a concept note re. UN HLM side event on TB research for endorsement by BRICS Ministers of Health meeting.
- Quarterly meeting of the Network proposed - next meeting scheduled for Sept 2018 in New York, if feasible.
- SA as chair of BRICS in 2018 to invite China to arrange 4<sup>th</sup> Network meeting preferably after 8 Nov 2018.
- Updated Network workplan to be shared with participants.
- Network members to attend to outstanding actions as per updated workplan.
- Appoint a lead person to assemble team to draft proposal on capacity building on clinical trials, exchange and study visits and funding capacity building efforts in-country or across BRICS countries
- Create platform for exchange of young scientists. Dr Lebina (SA) supported study site visit to SA and the dissemination approach through multi-centre site studies.
- To look into having a multi-country site to evaluate prioritized TB vaccine candidates – Dr Singh to lead.
- Establish scientific/technical review groups re. protocols.
- Consider the Diaskintest tool for validation and manufacturing for multi-country use. Russian research was limited- 50 cases not enough for making conclusions.
- Three PPD leads from China, India and Russia show promise. Need expert group opinion to identify which one is most promising based on scientific validity then decide on how to fund for multi-country study.

- Establish a resource mobilisation group with 2 or more representatives from each country.
- BRICS Scientific Journal – Dr Lebina (SA) and Prof Kritski (Brazil) to work on concept note for new journal or supplement to existing journal.
- Establish a communication and editorial group – SA taking lead but minimum of one representative per country to support content issue. To improve communication, translate key documents into BRICS countries official languages.
- Prioritized TB vaccine candidate(s) – Dr Singh (India) to lead:
  - India is looking for partners for candidate vaccine M72 & placebo –draft 1 pager to invite countries to participate with India;
  - To look into having a multi-country site to evaluate candidates.
- Prioritized TB Therapeutic candidates(s): Multicountry Protocols can be developed on use of Vitamin C as an adjunct for TB treatment, other molecules for TB treatment could be Risorine [Rifampicin and Piperine (indigenous)].
- SA to share SOPs and MOPs. SOPs are built around a specific trial and not generic but there is also a MOP (generic vaccine SOP) which can be shared.
- SA to share results on HIV/TB clinical trials over last 10 years. This research shows the value of funding.
- TB Scientific production mapping and patent analysis draft manuscripts to be shared with members of the Network – Prof Kritski (Brazil).
- Landscaping documents to turn into publication obo the Network – Dr Singh (India) to send for comments to everyone .
- To convene a technical working group to provide guidance on common treaty to facilitate interaction for carrying out protocols and exchange, marketing of drugs, etc.
- Draft proposal on the role of WHO in relation to the Network.
- The SAMRC will design a logo for the Network.

## BUSINESS PLAN – Draft ToC

### 1. MISSION, VISION & VALUES STATEMENT (Delhi Charter)

#### **Mission**

*To accelerate collaborative research to end TB amongst BRICS countries*

#### **Vision**

*End TB in all BRICS countries*

#### **Values**

- a. *Mutual Trust*
  - b. *Transparency*
  - c. *Evidence-based approach*
  - d. *Knowledge and resource exchange*
- ### 2. EPIDEMIOLOGICAL R&D (Burden of Disease)
- ### 3. LANDSCAPING ON FUNDING
- ### 4. FUNDING PROPOSALS
- a. Transversal
  - b. Governance
  - c. Secretariat
  - d. Communication plan (BRICS website & journal)
- ### 5. SCIENTIFIC ADVISORY/REVIEW COMMITTEE
- ### 6. PROGRAMMATIC PROPOSALS
- a. Diagnostics
  - b. Vaccine
  - c. Drugs
  - d. Health Systems
  - e. Capacity Building
- ### 7. MANAGEMENT ARRANGEMENTS
- a. Banking accounts (bid process)
  - b. Financial Management
  - c. Financial Plans
- ### 8. MONITORING & EVALUATION
- ### 9. BUDGET



Group photo

