We write to you today as concerned tuberculosis (TB) survivors and citizens of the G20 nations, representing the millions of people deeply affected by this devastating disease each year. Tragically, it has recently been confirmed that in 2020 in the wake of COVID-19 the number of people dying from TB increased for the first time in over a decade to 1.5 million people, with almost 10 million people falling ill with the disease. Even in the face of COVID-19, which killed 1.7 million people in 2020, TB remained the leading infectious cause of death in much of the world.

We welcome the inclusion of TB in the recent G20 Health Declaration as a positive step towards prioritising TB in the global health agenda, but we need the funding. At the United Nations High-Level Meeting to End TB in 2018, world leaders pledged to deliver at least US$2 billion annually for TB research, of which US$550 million was assigned for vaccines. Despite these commitments, TB research is impeded by an annual US$1.1 billion shortfall, while funding for TB vaccines has never exceeded US$120 million per year. We need to make up for lost time. **We now call on our G20 ministers to uphold global commitments to end TB by 2030 by providing an annual investment of at least US$1 billion to ensure we have a fully funded and resourced TB vaccine pipeline by 2023 so that new TB vaccines are possible as early as 2025.**

TB is a disease of injustice. Over 90% of people who fall sick with TB live in developing and emerging economies, imposing enormous socio-economic burdens on our families and communities. Without new TB vaccines the needless suffering we have all experienced continues. Yet, while we have seen unprecedented development of multiple COVID-19 vaccines in the last 18 months, there is only one available TB vaccine – the 100-year-old Bacille Calmette Guérin (BCG) vaccine. BCG offers important protection against the most severe forms of TB in young children but does not protect adolescents and adults, who are most at risk for developing and spreading TB. BCG alone will not end the TB epidemic.

We are losing people at every step of care. TB diagnostics and therapeutics fall far short of what people with TB need. This is only worsened by the COVID-19 pandemic. With only a handful of new TB drugs developed in the past 50 years, treatment still takes months or years, with many debilitating and deadly side effects. Understandably, adherence to treatment can be poor, contributing to TB as a key driver of antimicrobial resistance (AMR). Of the half a million people estimated to fall sick with drug-resistant TB each year, only 157,000 were diagnosed in 2020, and globally, multidrug-resistant TB is estimated to account for one-third of all AMR-related deaths. Moreover, drug-resistant TB could cost the global economy US$16.7 trillion by 2030. We can’t treat ourselves out of the epidemic. Now more than ever, we need the global political community to show solidarity. Innovation needs to be fueled across the board to accelerate the development of new TB vaccines and ensure the End of TB.

COVID-19 reminds us how interconnected we really are and of the moral and public health imperative to protect one another. Now, as we address the current pandemic, the world is already preparing for the next one, including ambitious plans to develop a vaccine for the next pandemic within 100 days. Today, new TB vaccines are on the horizon, with six novel TB vaccine candidates in late-stage trials and other promising candidates in clinical and preclinical stages. Without immediate action, these life-saving vaccines will be further delayed, risking millions of lives. TB must be prioritised alongside other global infectious threats through a fully funded and resourced TB vaccine pipeline.

We raise our voices as a global TB community and look to the G20 to fulfil their funding and political commitments to deliver new vaccines to End TB by 2030.

Yours faithfully,
The undersigned
This open letter is endorsed by members of affected communities of the following nations

José María Di Bello  
Argentina

Lili Koch  
Australia

Ezio Tavora  
Brazil

Priya Amin  
Canada

Jianfeng He  
China

Mauro Guarinieri  
France

Anna Sutyagina  
Germany

Rhea Lobo  
India

Ani Herenasari  
Indonesia

Frederica Poli  
Italy

Masanori Naruse  
Japan

Ok Seung-ho  
Republic of Korea

Rosa Herrera  
Mexico

Paulina Siniatkina  
Russia

Samira KM  
Saudi Arabia

Enrique Delgado  
Spain

Uvistra Naidoo  
South Africa

Tülay Bulut  
Turkey

Paul Thorn  
United Kingdom

Kate O’Brien  
United States of America

The family of  
Volodymyr Nechaienko  
Ukraine

The family of  
Sumaya Aguilar Marmoli  
Belgium

William Nzungudi  
Democratic Republic of Congo
This call to action is endorsed by the following 58 organizations:

- AAPCHO
- Agencia de Salut Pública
- AMERICAS TB COALITION
- ATS
- AMSTERDAM INSTITUTE FOR GLOBAL HEALTH & DEVELOPMENT
- AQUITY Global Inc.
- Bolo Didi
- Comité Estadual de Controle Social da Tuberculose
- ICCAP TB BRASIL
- DSW
- youth卡
- DZK
- EDCTP
- Elizabeth Glaser Pediatric AIDS Foundation
- ERS - European Respiratory Society
- European Vaccine Initiative
- FIND
- Diagnosis for all
- FRIENDS OF THE GLOBAL FIGHT
- AGAINST AIDS, TUBERCULOSIS AND MALARIA
- /fuiTB
- fundació uTB
- fundación uTB
- fundación uTB
- Georgia AIDS Coalition
- IGTP
- GHTC - Global Health Technologies Coalition
- GNP+
- iavi
- International Vaccine Institute
- KANCO
- KNCV
- TUBERCULOSIS FOUNDATION
- OBSERVATB México
- NTCA
- PATH
- PATH
- POP TB INDONESIA
- REDE TB
- REDE-TB
- RESULTS
- RESULTS
- RESULTS
- Stop TB Canada
- Stop TB Partnership Indonesia
- SURVIVORS against TB
- TAG
- Treatment Action Group
- TBCAB
- TB EUROPE COALITION
- TBVI
- TB PROOF
- TB PEOPLE
- TB WOMEN
- The Union
- WACI HEALTH - Champions for Health
- we are TB
- Working Group on New TB Vaccines