

**Submission to the consultation:
"Towards a new European Neighbourhood Policy"
by Aeras and the Global Alliance for TB Drug Development (TB Alliance)**

Name of organizations who submit answers: Aeras and TB Alliance

Type of respondent: non-profit biotech

Location of headquarters: Aeras is headquartered in Rockville (USA);
TB Alliance is headquartered in New York (USA);
The respondents to this consultation run trials globally, including in a number of countries in Eastern Europe like Ukraine and Georgia.

contact details: Nadia Rozendaal, Aeras European Representative, Netherlands,
email: nrozendaal@aeras.org; mobile: +31 648 10 14 26

Answer on questions: Do you agree with the proposed areas of focus? If not, what alternative or additional priorities would you propose?

We recommend to recognize and include health as an important chapter in the ENP. Health is globally considered as a basic human right and a precondition to prosperity, stability, inclusive and equitable growth, some of the very objectives of the ENP.

One of the biggest health challenges the WHO European region is facing is tuberculosis (TB). Therefore we welcome to contribute to this consultation as it is an opportune time to raise much-needed European political commitment towards substantially improving TB prevention, treatment and care.

TB is an airborne disease. In an increasingly globalised world and in an EU without internal boundaries, epidemics can easily spread from one country to another. On average, a person with active TB will spread the disease to 10 to 15 people within a year. TB and particularly multi-drug resistant (MDR) TB continues to have a stranglehold on countries throughout our region.

Each year in the WHO European region, there are 360 000 new cases and 38 000 deaths due to TB. In addition to the health burden, the economic burden of TB is extraordinary, costing Europe more than €5.9 billion in treatment and lost productivity costs each year. Drug-resistance is especially prevalent in Eastern Europe, where there is a serious MDR-TB epidemic. The WHO Europe Region houses an estimated quarter of the global burden for MDR-TB despite making up just 13 percent of the world's population. Although we have made progress in the fight against TB, we cannot win this fight without new tools. Support for research and development is urgently needed to develop improved vaccines, drugs, and diagnostics to eliminate TB, including drug-resistant TB.

Addressing the problems of antimicrobial resistance have been also recognized as a priority by the G7 and some EU members states such as Germany and the UK adopted a strategy on how to tackle the problem of the spread of resistant strains. Even more so, given the current challenge of the worldwide antimicrobial resistance problem, improved drugs and vaccines are needed in the fight against diseases which are threatening to overturn decades of progress. No country in the world can alone stop the rise in antimicrobial resistance. That is why we must all pull together at international level

Under the leadership of the Latvian EU Presidency the Ministers of Health, Finance and Social Affairs from across EU Member States and Eastern Partnership countries adopted the Riga Declaration on TB and MDR-TB. We appreciate that the Ministers recognized the need to scale up investment in TB research and innovation for new tools to fight TB and MDR-TB to take into account cost-effectiveness. We strongly hope that the declaration will be followed by a concrete EU Action Plan that includes a well coordinated TB research agenda. Member States should identify key partners such as NGOs, product development partnerships and institutions that will carry out respective research agendas.

The European Union, as the single most important economic and political power in the region, should ensure that health research coordination and support for the development of new TB treatment and prevention tools remain at the top of the cooperation agenda with our neighbors. The promises of the Riga declaration and its follow up actions should be included in the ENP in order to give health a more prominent position in the ENP and to realize a more coherent EU policy coordination with our neighbors.

Answer on questions: How can the EU engage more effectively and respond more flexibly to developments in partner countries affected by conflict situations? What tools would the EU need to respond more effectively to fast-changing developments in its neighborhoods?

Health should be one of the priority areas in the EU's political dialogue with ENP countries. Civil war and conflict regions in Eastern Europe call for the need of improved cooperation at all levels. Thousands of MDR-TB patients do not have access to treatment, therefore the disease can further spread into the communities and across borders. Funds for civil society should speedily be made available in these situations so that community-based treatment can be provided for free.

Answer on questions: Should the current geographical scope be maintained? Should the ENP allow for more flexible ways of working with the neighbors of the neighbors? How can the EU, through the ENP framework, support its neighbors in their interactions with their own neighbors? What could be done better to ensure greater coherence between the ENP and the EU's relations with Russia, with partners in Central Asia, or in Africa, especially in the Sahel and in the Horn of Africa, and with the Gulf countries?

As mentioned previously health should be part of the policy areas of the new ENP as the spread of diseases cannot be stopped from crossing borders. Therefore the geographical scope of the ENP region should be broader and also include the former Soviet Union and Central Asian neighbors. Also in Central Asia TB is a major global health threat and a well coordinated approach to control and mitigate the epidemic is needed.