

1. BACKGROUND AND MISSION

Tuberculosis (TB) is a curable disease but still remains a major worldwide health problem. In 2006 there were 9.2 million new cases globally, and 1.7 million deaths (WHO Report 2008, Global Tuberculosis Control). TB has a significant impact in resource poor countries where treatment costs can be between 8 and 20% of a family's annual household income.

World Without TB (WWTB) is a non-profit company limited by guarantee established in 2007. It is a registered charity in the UK. WWTB's mission within its objects is;

To achieve the eradication of tuberculosis by 2050 through the support of clinical research for the identification of safe and effective treatment regimens of very short durations (3 months) using only existing and affordable drugs.

2. CHARITY DETAILS

Registered Charity Number: 1118938

Trustees:

Jane Dunmall

John Fraser

Jane Marshall BSc (Hons)

Rafiq Rattansi

Peter Smith FCA

Advisors:

Amina Jindani MD, FRCP (Scientific)

Angela Miller MSc, PhD (Technical)

Registered Address: 62 Wilson Street

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Website: <http://worldwithouttb.org>

Online Donations: <http://www.justgiving.com/worldwithouttb>

3–OUR VISION

The current six-month treatment regimen is highly effective in curing tuberculosis if patient compliance is maintained for the full course of treatment. However, since treatment must be taken daily for six months, patient compliance is often compromised leading to failure or relapse.

It is universally agreed that, if eradication through treatment is to be achieved, then treatment durations must be significantly reduced. The outcomes of shorter treatment regimens will be as follows:

For Patients

- Increased compliance; patients are more likely to complete a short term treatment duration of 3 months
- Increased survival
- Enhanced quality of life
- Reduced mortality
- Reduced transmission rates
- Reduced re-infection rates
- Reduced toxicity from prolonged drug taking
- Earlier return to work

For Communities/Nations

- Decreased burden of administration
- Reduced cost to health services
- Reduced incidence/prevalence/mortality
- Improved national economies

Currently, some pharmaceutical companies and most research organisations are devoting much effort and significant sums of money to the development of new drugs and vaccines. However, not only are research and development costs for new drugs substantial, but, due to very stringent regulatory requirements governing new drug development, a new drug can take up to 25 years to reach the market.

WWTB plans to support clinical research using only currently available drugs in new treatment combinations.

We believe our approach has important key features, which are;

- Honest and achievable goals set within a substantial body of background evidence from both in-vitro, animal and human trials
- Depth of technical knowledge that includes expertise in the field of tuberculosis, protocol design and conduct of studies in developing countries.
- Willingness to share knowledge
- Strong collaborative approach by engaging expertise in the field of tuberculosis and HIV infection

4. OUR STRATEGY

To support the United Nations Millennium Development Goals (MDGs) for the global eradication of tuberculosis.

The WHO recommended treatment consists of four drugs for the first two months, followed by two of those drugs for another four months.

There is evidence to suggest that, by increasing the dose of one of these four drugs, rifampicin, tuberculosis treatment time of six months could be reduced by up to half that time.

However, the safety of a dose increase has to be demonstrated first in a clinical trial.

WWTB plans to work towards its mission of eradicating TB by 2050 in three principal ways:

1. Through peer-reviewed clinical trials. WWTB will work to establish viable treatment regimens for TB far shorter than the current standard of six months or more, using existing drugs in new combinations and/or higher dosages.
2. By working with government health ministries in affected countries, WWTB will increase their capacity to establish and manage anti-TB programmes successfully.
3. By hosting international meetings of representatives of geographically diverse trial sites, WWTB will forge connections among an international network of practitioners and programme managers.

5. OUR STAKEHOLDERS

WWTB intends to work with a variety of organisations and institutions to work towards the global eradication of TB. WWTB's main groups of stakeholders are outlined below:

Stakeholders	Types
Donors	Private institutions, Government agencies, pharmaceutical companies, philanthropists, individual funders
Strategic Partners	Other tuberculosis and health agencies
Recipients of funds	Academic groups, that will be provided funds by WWTB for tuberculosis research
Patients	Worldwide, both within developing countries and the developed world

6. OUR FIVE YEAR PLAN

Clinical trials of new treatment regimens with drugs currently in use can take up to five years. This is significantly less than the research and development phase of new drugs which is commonly around 25 years from discovery to marketing.

Currently WWTB has minimal running costs, as the Trustees and other supporters of the charity are volunteers. WWTB is initially looking to raise seed money of £50,000 to help establish the charity and strengthen its capacity to undertake further fundraising and enable it to secure larger grants and donations to support its first major project,

This is a five year programme to reduce treatment duration from the current six months to three months. The project will be conducted in two stages;

Stage 1 – Toxicity and Efficacy :

This will be a trial to test the safety and efficacy of increasing the dose of rifampicin which is one of the four drugs used for the treatment of tuberculosis. A preliminary assessment of increased dosing will also be made. The sample size will be approximately 300 patients with newly diagnosed pulmonary tuberculosis. It is planned to have a minimum of three centres representing the different ethnic groups in Africa, Asia and Latin America.

The total cost of such a trial is estimated at £997,500, see *Appendix I* for details.

Stage 2 – Efficacy and Duration :

Stage 1 is independent of Stage 2. Stage 2 will assess whether this increase in dose of rifampicin can result in the reduction of treatment duration to 4, or even, 3 months. Once it is ascertained in Stage 1 that increased dosing with rifampicin does not result in an increase in serious side-effects, preparations will be made to start this second stage. This will include preparing another plan and fundraising exercise. At this stage it is difficult to determine reliable costs, but the sample size will be much larger so more centres would be required, with a corresponding increase in funding levels.

Fundraising Strategy

Full funding for Stage 1, £997,500, will be in place before the trial commences. Fundraising efforts will be made from organisations and private individuals throughout the world. As far as possible, funds raised in a particular country, if sufficient in amount, will be used to support a centre in that country.

Should WWTB's minimum funding level not be reached, all monies raised will be used to support other carefully selected TB research projects that the Trustees and Advisors feel will best support WWTB's underlying mission of global TB eradication by 2050 or any other activity that supports the prevention and eradication of tuberculosis.

OUR PEOPLE

Jane Dunmall – Jane, now retired, has worked as a Secretary for many years in several organisations including University College Hospital. Latterly, she worked in an administrative capacity in the Legal Department of an American investment bank.

John Fraser - John is a retired solicitor. He was Member of Parliament for Norwood (Lambeth) from 1966 to 1997 and Junior Minister for Employment 1974-1976 and Minister of State for Consumer Protection 1976-1979. He served as an opposition front bench spokesperson on trade, housing and law.

Jane Marshall BSc (Hons) - Jane is a Business Analyst in a large pharmaceutical organization and has worked extensively as a Project Manager of Phase 1 and other clinical pharmacology studies.

Rafiq Rattansi – Rafiq is a Taxation manager at a city accountancy firm. He is also involved in a number of other Charities including the Lord's Taverners and the Rattansi Educational Trust, which supports further education in Kenya.

Peter Smith - Peter is a Chartered Accountant by profession, now retired. From 1973 until 2005 he was employed at a senior finance and governance level, first in Kenya then in France, by a non-profit development agency addressing health, education and shelter issues in developing countries of Africa, the Middle East and South and Central Asia.

Amina Jindani MD, FRCP (Scientific Advisor) - Amina has been involved with clinical trials of tuberculosis since the 1960s. Her post-doctoral thesis was based on the early bactericidal activity of tuberculosis drugs on the rate of reduction of the bacterial load in the sputum. This method is now applied in the evaluation of new drugs for tuberculosis. More recently, her international trials have led to changes in the WHO's recommendations for the treatment of tuberculosis. In June 2003, she was elected as a Fellow of the Royal College of Physicians of London. Currently, she is Honorary Senior Lecturer at St. George's, University of London, and coordinates the International Consortium for Trials of Chemotherapeutic Agents in Tuberculosis (INTERTB).

Angela Miller MSc, PhD (Technical Advisor) - Angela is an experienced Molecular Haematologist. Following completion of her masters and doctoral studies from Imperial College and years of scientific research, she was awarded a Herchel Smith Scholarship for a Masters degree in Intellectual Property Law from Queen Mary's Intellectual Institute.

Appendix I

FINANCIAL PLAN FOR STAGE 1 TRIAL –TOXICITY AND EFFICACY

Cost Item*	Year One £	Year Two £	Year Three £	Total £
CENTRAL COSTS				
Central office costs	10,000	10,000	5,000	25,000
Central Staff salaries				
Chief Investigator (P/T)	10,000	10,000	10,000	30,000
Trial Manager (F/T)	40,000	40,000	40,000	120,000
Data Manager (P/T)	10,000	10,000	10,000	30,000
Statistician (P/T)	5,000	5,000	5,000	15,000
Microbiologist (P/T)	5,000	5,000	5,000	15,000
Secretary (P/T)	10,000	10,000	10,000	30,000
	80,000	80,000	80,000	240,000
Total Central costs	90,000	90,000	85,000	265,000
CENTRE COSTS				
Centres				
1	60,000	60,000	30,000	150,000
2	60,000	60,000	30,000	150,000
3	60,000	60,000	30,000	150,000
	180,000	180,000	90,000	450,000
Travel				
Chief Investigator	6,000	6,000	6,000	18,000
Trial Manager	6,000	6,000	6,000	18,000
Data Manager	6,000	6,000	6,000	18,000
	18,000	18,000	18,000	54,000
Other				
Trial drugs	30,000			30,000
Equipment	15,000			15,000
Trial Registration	1,000			1,000
Trial Steering Cttee	15,000	15,000	15,000	45,000
Data Monitoring Cttee	10,000	10,000	10,000	30,000
Investigators' Meetings	20,000	20,000	20,000	60,000
	91,000	45,000	45,000	181,000
Total centre costs	289,000	243,000	153,000	685,000
Contingency at 5%	18,950	16,650	11,900	47,500
Total trial costs	397,950	349,650	249,900	997,500