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**New TB Medicines to Save Millions;
Yield Savings and Socio-Economic Returns**

Market, Time is Right Now

New York, March 21, 2002 — Marking World TB Day-2002, the Global Alliance for TB Drug Development (TB Alliance) underscores the urgent need for new, improved medicines to fight the tuberculosis pandemic, now infecting one-third the world's population at an annual toll of \$12 billion US to the poorest economies. Since only one-quarter of TB patients complete the full 9-month treatment course, faster-acting medicines would dramatically improve the battle against the world's greatest single infectious cause of death. The TB Alliance, a not-for-profit drug development organization, is partnering with both public and private labs to develop new, affordable and accessible TB medicines by 2010.

“On World TB Day-2002, there is no longer any doubt that new anti-TB medicines would revolutionize the struggle against tuberculosis,” said Dr. Maria C. Freire, CEO of the Global Alliance for TB Drug Development. “With new scientific innovations and partners in place, we can both save millions of lives and expand the economic possibilities for scores of nations.”

Recent research from the TB Alliance indicates that new, faster acting medicines to fight TB would open up economic opportunities in developing countries and yield significant savings in associated expenses for TB treatment. For example, associated healthcare costs for TB – which can reach \$25,000 per case in the United States – would be reduced by up to 65% from a faster-acting TB medicine.

Today's TB medicines impose a cumbersome daily treatment course of 6 to 9 months, are ineffective against multi-drug resistant (MDR-TB) strains, and do not provide prompt treatment of latent TB. The Alliance identifies three key criteria for new TB medicines: 1) reduce treatment to less than 2 months, 2) be effective against MDR-TB and 3) expedite treatment of the latent form of TB.

The latest WHO data reveals one death from TB every fifteen seconds worldwide, and predicts that by 2020, another billion people will be infected and 35 million people will die from TB. For the first time in eight years, the US rate of decline in TB cases has slowed to 2% from 7%, according to US Centers for Diseases of Control.

“As we emphasize the connection between poverty and TB this year, today's data is sobering,” said Dr. Giorgio Roscigno, Director of Strategic Development, Global Alliance for TB Drug Development. “Not only do we see the devastating impact of TB in 23 high burden, lower-income countries, but we are also witnessing outbreaks in industrialized countries, where the dedicated TB control effort is seeing diminishing returns. We can tackle both trends simultaneously with new, faster-acting anti-TB medicines.”

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Last month the Alliance in-licensed a promising new compound, PA-824 with potential for a new TB treatment, from U.S. biotech company Chiron (Nasdaq: CHIR) and will be undertaking pre-clinical studies shortly.

About the Global Alliance for TB Drug Development

The Global Alliance for TB Drug Development (TB Alliance) is a not-for-profit, public-private partnership seeking to accelerate the discovery and/or development of affordable new anti-TB drugs that will shorten treatment, be effective against multi-drug resistant strains, and improve treatment of latent infection. The TB Alliance functions as a lean, virtual R&D organization that outsources R&D projects to public labs or industry. It builds a portfolio of promising drug candidates, manages their development through cooperative deals with public and private partners, providing staged funding and expert scientific and management guidance. For more information about the TB Alliance, visit its web site at <http://www.tballiance.org>.

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The Miami Herald

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Join fight against tuberculosis, here and abroad

MARIA C. FREIRE and NILS DAULAIRE

While Americans weren't watching, tuberculosis -- one of world's oldest and deadliest infectious diseases -- has made a steady global comeback. On this World Tuberculosis Day, one-third of the world is infected; 15 million in the United States. Florida has among the country's top five state caseloads of TB, with disease concentrations in large cities such as Miami and St. Petersburg.

Even though TB preys on the poor and those with weak immune systems, everyone is at risk: This airborne disease knows no boundaries or race. New York and London have had TB outbreaks in the last decade. Last fall, Seattle Mariners shortstop Carlos Guillén was diagnosed with active TB. Last month, several Mariners coaches and teammates tested positive for the latent form of TB. Also, a quarter of Florida's TB cases are in Miami. To win this public-health battle, we must draw on global lessons.

Like America today, Russia had no traditional problem with TB. A decade ago, TB was only a statistical blip, but now Russia is among the top 10 TB- infected nations -- thanks to poor TB control, rise of the HIV epidemic in Eastern Europe and the explosive spread of drug-resistant strains. These three aspects are relevant here.

While Americans now are vigilant on the HIV front, it's time to devote more attention to its TB connection. HIV interacts with TB in a deadly one-two punch. HIV destroys the immune system, making it 50 times more likely to get active, transmissible TB, which accelerates the progression of AIDS. Today, TB is the No. 1 killer of AIDS patients, and 12 million are co-infected worldwide. In Florida, nearly half the TB patients are either HIV-positive or not aware of their status.

Deadly multi-drug-resistant TB, which has had outbreaks in Florida, practically defies treatment. Requiring at least two years of daily medication but no guaranteed recovery, it is a by-product of incomplete treatment and old drugs.

When TB patients start feeling better after the first two months of the required nine-month daily regimen, they often cut short the cumbersome four-drug combination, causing the disease to mutate. The resulting drug-resistant strains have perfected a teflon-like shield because no new, stronger medicine has been developed in 30 years.

Improved, faster-acting TB drugs significantly would improve TB control. But drug development for TB stood still for decades, and while there are new mechanisms, it can't happen in a vacuum. Your involvement can make a difference.

- Get informed and take action. We must keep having productive discussions about the local benefits of consistent U.S. support for the global infectious-disease battle. When polled, most Americans are willing to give many times more to foreign aid than is typically budgeted. Yet the proposed 2003 budget actually cuts one-third of the U.S. funds for global TB and malaria programs. About a dime a day from each resident dramatically would improve the global fight against diseases such as TB.
- Make smart investments. Funding the search for new, faster-acting TB medicines sees returns at home, too. While TB drug development is a major financial undertaking, we now have innovative solutions that combine the best of the public and private sectors.

The Global Alliance for TB Drug Development is building cost-effective partnerships to develop better and affordable TB drugs for far less than it would take a pharmaceutical company. The shorter TB treatment will translate into 65 percent savings in care expenses for TB. In the United States, treatment can cost \$25,000 for a regular TB case or \$250,000 for a drug-resistant one.

Because TB anywhere is TB everywhere, we must do better and invest smarter to stop this comeback disease. Whether it's St. Petersburg, Florida or Russia -- our health is at stake.

Maria C. Freire is CEO of the Global Alliance for TB Drug Development. Nils Daulaire is president and CEO of the Global Health Council.