BEYOND BORDERS

Australian TB Caucus

results

What can we learn from First Nations Australia and the Indo-Pacific in the fight to end Tuberculosis?

Parliament House Canberra
19 August 2026

IN PARTNERSHIP WITH:

Burnet

TB CRE The NHMRC Centre of Research Excellence in Tuberculosis

TB Alliance

QIAGEN

The artwork featured on this page was created by First Nations Artist Bigi Nagala as part of a Canva initiative supporting First Nations artists and storytelling. We acknowledge and celebrate the continuing cultures, creativity and contributions of Aboriginal and Torres Strait Islander peoples.

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WELCOME

Welcome to ***Beyond Borders: What can we learn from First Nations Australia and the Indo-Pacific in the fight to end tuberculosis?***

Thank you for joining us at Parliament House for this important conversation.

We know that a world free from tuberculosis (TB) is possible. We have the science, knowledge, expertise and tools to prevent, diagnose and cure TB. Across Australia and our region, communities, researchers, health workers and advocates are showing what can be achieved when this knowledge and expertise are matched with leadership, partnership and determination.

Hosted by Results International (Australia) in partnership with the Australian Parliamentary Friendship Group for Tuberculosis (Australian TB Caucus), today's event is an opportunity to learn from progress being made. From the remarkable TB response in the APY (Aṉangu Pitjantjatjara Yankunytjatjara) Lands to community leadership in Papua New Guinea (PNG), we see what is possible when communities, governments and partners listen, collaborate and act together.

The stories we will hear today are stories of hope for a world free from TB, each embodying the spirit of Results' Be Hope campaign. They remind us to look for the bright spots - for the people, ideas and communities showing us that progress is possible, and that each of us has a role to play in building a better world.

Australia has an important role to play in that progress. With world-class expertise, deep partnerships across the Indo-Pacific and a proud history of contributing to global health, Australia is well placed to help accelerate progress towards ending TB in our region and around the world.

We are deeply grateful to our event partners - TB Alliance, the Burnet Institute, the NHMRC Centre of Research Excellence in Tuberculosis, and QIAGEN - whose generous support has made today possible. We are equally grateful to our speakers for sharing their knowledge, experience and perspectives with us, and to each of you for being part of this important conversation.

Ending TB is possible. We have the knowledge, the expertise and the tools - and by working together, we can turn the hope of a world free from TB into a reality.

Sincerely,

CEO, Results International (Australia)

"If we act decisively, we can end tuberculosis. We have momentum, we have tools, and we have leadership."

- Peter Sands, Executive Director, The Global Fund

FROM THE CO-CHAIRS

Kate Thwaites MP

Co-Chair, Australian Parliamentary Friendship Group for Tuberculosis

Ending tuberculosis is within our reach, but achieving it will require continued political leadership, investment and partnership.

Australia is making an important contribution. Through our ongoing funding support for the Global Fund and other global and regional health partnerships, and through the world-class research and innovation taking place in Australian institutions, we have both the expertise and the opportunity to help drive progress against TB.

As Co-Chair of the Australian Parliamentary Friendship Group for Tuberculosis, I am proud that parliamentarians from across the political spectrum continue to come together around this shared goal. The Friendship Group provides an important platform to hear directly from affected communities, researchers and our regional partners, and to ensure TB remains part of our national and regional health conversations.

At a time of extraordinary advances in TB research and innovation, we have an opportunity to turn scientific progress into lasting change. Australia should continue to be part of that effort.

Dr Sophie Scamps MP

Co-Chair, Australian Parliamentary Friendship Group for Tuberculosis

Australia's success in controlling tuberculosis is something we should be proud of, but it should not obscure the inequities that remain.

TB continues to disproportionately affect some Aboriginal and Torres Strait Islander communities, and globally it is often the most vulnerable communities that face the greatest barriers to prevention, diagnosis and treatment.

As both a doctor and parliamentarian, I believe health equity must remain at the centre of our response. That means listening to people with lived experience, supporting culturally safe and community-led approaches, and investing in the research and health systems that can deliver better outcomes.

The advances now being made in TB diagnostics, treatments and vaccines give us genuine cause for optimism. Our responsibility is to ensure that progress reaches everyone, wherever they live and whatever their circumstances.

Mary Aldred MP

Co-Chair, Australian Parliamentary Friendship Group for Tuberculosis

For Australia, the fight to end tuberculosis is both a global challenge and an important regional priority.

The Indo-Pacific is home to many of the countries most affected by TB, including some of Australia's closest neighbours and partners. Our longstanding relationships across the region give Australia an important opportunity to support locally led efforts, strengthen health systems and contribute to lasting progress against the disease.

Partnership is central to that effort. Governments and parliamentarians have an important role, but so too do communities, researchers, health workers and people with lived experience.

I am proud to be a Co-Chair of the Australian Parliamentary Friendship Group for Tuberculosis and to help strengthen the connections between parliamentarians and those working to end TB in Australia and across our region. By working together, we can help build the sustained political commitment needed to finally end this disease.

WHY THIS CONVERSATION MATTERS

TUBERCULOSIS IS STILL THE WORLD'S DEADLIEST INFECTIOUS DISEASE

10.7 million people develop TB every year, including 1.2 million children

1.23 million lives are claimed each year

TB is preventable

TB is curable[1]

The Indo-Pacific is at the heart of the global TB challenge
The Indo-Pacific carries a disproportionate share of the global tuberculosis burden. WHO estimates that South-East Asia accounts for 34% of new TB cases globally and the Western Pacific a further 27%. Together, these regions represent more than 60% of the world's TB burden, with Indonesia alone accounting for around 10%.

Across the Pacific, 1,534 TB cases were reported in 2024 - a 33% increase from 2023. Papua New Guinea has one of the highest rates in the world, behind Kiribati,[2] while its Western Province has some of the world's highest rates of both TB and multidrug-resistant TB (MDR-TB). Expanding access to diagnosis and treatment, particularly in remote communities, remains critical.

First Nations leadership offers lessons for us all
Tuberculosis also disproportionately affects Aboriginal and Torres Strait Islander peoples in Australia, with rates around five to six times[3] those of the Australian-born, non-Indigenous population.

Yet Australia's experience also demonstrates what can be achieved through genuine partnership with First Nations communities. The response to the TB outbreak in the APY Lands shows the importance of combining community leadership, culturally safe care and evidence-based public health, with local knowledge and community trust at the centre.

[1] World Health Organization (WHO), Tuberculosis Fact Sheet, 2024 data, updated 24 March 2026.
[2] NSW Health, List of countries where tuberculosis (TB) is common, based on WHO Global Tuberculosis Report 2025, current as at 26 May 2026.
[3] Laird, P. & Schultz, A., Tuberculosis in Australia's Top End First Nations highlights health and life expectancy gaps: a call to arms, The Lancet Regional Health – Western Pacific, 2021.

TB AT A GLANCE

TB is an **airborne infectious disease** caused by the bacterium Mycobacterium tuberculosis.

Symptoms include: weight loss, loss of appetite, night sweats, fever, fatigue, chills, coughing and persistent chest pain.

A person with active TB can infect **10 to 15** people a year.

LATENT TUBERCULOSIS

- **Around one in four people globally are living with latent TB infection.** They carry TB bacteria in their body, but have no symptoms and cannot spread the disease.
- **Without preventive treatment, latent TB can become active disease.** The lifetime risk is around 5–10%, but rises dramatically for people with weakened immune systems, including those living with HIV.
- **Preventing TB before people become sick is one of the most effective ways to end the epidemic**. Testing and preventive therapy stop future illness and reduce transmission.

MULTIDRUG-RESISTANT TB

- **MDR-TB does not respond to the two most powerful first-line TB medicines.** This makes treatment far more complex, expensive and lengthy.
- **Treatment for MDR-TB can last 6-24 months.** Patients often require multiple medicines and close clinical monitoring.
- **Only around one in three people with MDR-TB receive the treatment they need.** Hundreds of thousands of people miss out every year.
- **Drug-resistant TB is a major threat in our region. In 2023,** the Western Pacific accounted for nearly **one in five of the world's multidrug- or rifampicin-resistant TB (MDR/RR-TB) ,** with an estimated 74,000 cases.

Funding available for TB prevention, diagnosis and treatment was **US$5.9 Billion in 2024.**
This is just over **a quarter** of the US$22 billion annual target set for 2027.

A funding gap of more than US$16 billion every year.[4]

THE GLOBAL FUND: DRIVING PROGRESS AGAINST TB

- Although global TB funding remains well below what is needed, **the Global Fund provides nearly three-quarters** of all international financing for TB, making it by far the largest multilateral investor in the global fight against the disease.
- Since 2002, it has invested more than **US$10.5 billion** in TB programmes and has helped countries **build stronger health systems** by investing in diagnosis, laboratories, community health workers, prevention, surveillance and access to life-saving TB treatment.
- In 2024 alone, Global Fund-supported programmes **treated 7.4 million people** with TB and delivered **preventive therapy to 3.4 million people** exposed to the disease.

[4] World Health Organization (WHO), Global gains in tuberculosis response endangered by funding challenges, 12 November 2025.

A ONCE-IN-A-GENERATION OPPORTUNITY

THERE HAS NEVER BEEN A GREATER REASON FOR OPTIMISM. SCIENTIFIC BREAKTHROUGHS ARE TRANSFORMING WHAT IS POSSIBLE IN THE FIGHT AGAINST TB.

ACCELERATING PROGRESS

FASTER, MORE ACCURATE DIAGNOSIS

New diagnostics can identify TB more quickly and accurately than ever before, enabling earlier treatment and fewer transmissions.

SHORTER, SAFER TREATMENTS

Advances in medicines mean shorter, safer treatment regimens with better outcomes for people with both drug-sensitive and drug-resistant TB.

VACCINE RESEARCH ADVANCING

Promising vaccine candidates are progressing through clinical trials - bringing us closer to a future where TB can be prevented.

DIGITAL INNOVATION & TECHNOLOGY

Digital tools and data solutions are helping health workers track, treat and support people more effectively.

COMMUNITY-LED MODELS OF CARE

Community-led approaches and culturally safe care are reaching people who were previously left behind.

TURNING INNOVATION INTO IMPACT

From next-generation vaccines to faster diagnostics and improved treatments, research and innovation are reshaping what's possible in the fight against tuberculosis. **Realising the full potential of these breakthroughs depends on sustained political leadership, long-term investment, strong health systems and trusted partnerships with the communities most affected.**

ENDING TB IS NO LONGER A QUESTION OF WHETHER IT IS POSSIBLE - IT IS A QUESTION OF WHETHER WE CHOOSE TO INVEST IN THE SOLUTIONS WE ALREADY KNOW WORK.

OUR ASKS FOR A TB FREE FUTURE

Building on Australia's proud record of leadership in global health, we have an opportunity to shape the next chapter in the fight to end tuberculosis - in our communities, across the Indo-Pacific and around the world.

We call on the Australian Government and parliamentarians across the political spectrum to work together to advance these three priorities.

1 ODA/GLOBAL HEALTH

Build on Australia's proud leadership in development and global health by supporting policies that:

- Establish a credible pathway to restore Australia's aid budget to levels that better reflect our standing as a compassionate and strategic development partner; and
- Expand Australia's investment in global health.

2 TB RESEARCH AND DEVELOPMENT

Increase Australia's **investment in TB research and development towards its fair share**, accelerating the development of new vaccines, diagnostics and treatments through Australian and international research partnerships.

3 FIRST NATIONS TB

Establish an emergency funding mechanism to enable the Australian Government to rapidly provide funding to states, territories and Aboriginal Community Controlled Health Organisations (ACCHOs) in response to TB outbreaks and other public health threats.

ACCELERATING AUSTRALIAN INVESTMENT IN TB RESEARCH AND DEVELOPMENT

WHY THIS MATTERS

Tuberculosis remains the world's leading infectious disease killer, claiming more than one million lives each year. Yet the tools used to prevent, diagnose and treat TB are outdated.

- The only licensed TB vaccine is more than 100 years old and provides limited protection for adolescents and adults.
- Around 2.4 million people who developed TB in 2024 were missed by health systems, highlighting persistent gaps in diagnosis and access to care.
- Drug-resistant TB remains harder and more complex to treat, underscoring the need for better medicines and treatment options

At the 2023 United Nations High-Level Meeting on TB, Member States - including Australia - committed to accelerating progress towards ending TB by 2027.

KEY 2027 COMMITMENTS INCLUDE:

- Reach 90% of people in need with prevention and care services
- Expand access to rapid diagnostics and preventive treatment
- License at least one new, effective TB vaccine
- Substantially increase investment in both TB programmes and research

Without greater investment in innovation, these commitments cannot be achieved.

THE CHALLENGE

Global financing for TB continues to fall well short of international commitments.

TB PREVENTION, DIAGNOSIS & TREATMENT FINANCING (2024)

US$5.9B

available - just over one-quarter of the

US$22B

annual target agreed for 2027

TB RESEARCH & DEVELOPMENT FINANCING (2023)

US$1.2B

just 24% of the

US$5B

agreed annual target

Without increased investment in both implementation and innovation, the 2027 global TB targets will remain out of reach.

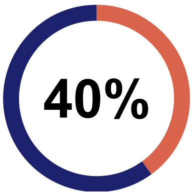
Despite this funding gap, the TB research pipeline is stronger than it has been in decades. As of August 2025, almost 100 TB diagnostic products were in development, alongside 29 drugs in clinical trials and 18 vaccine candidates, including six in Phase III.

THIS PRESENTS A UNIQUE OPPORTUNITY

With unprecedented scientific progress underway, increased investment now can accelerate the development and deployment of new vaccines, diagnostics and treatments capable of transforming the global TB response.

AUSTRALIA'S OPPORTUNITY

Updated international fair-share benchmarks developed by the Treatment Action Group recommend that countries invest at least 0.15% of their overall R&D expenditure in TB research and development.



Australia is currently contributing approximately

40%

of its fair share of global TB R&D investment. [5]

As a high-income country with world-class research capability and strong regional interests, Australia has an opportunity to play a greater leadership role in developing the tools needed to end TB.

Greater investment would strengthen Australia's leadership in global health and medical research while supporting health security across the Indo-Pacific, which carries more than 60% of the global TB burden.

OUR ASKS

We call on the Australian Government to:

Increase Australia's investment in tuberculosis research and development, progressing towards Australia's fair share of global TB R&D financing.

Support the development of new TB vaccines, diagnostics and treatments through sustained investment in Australian and international research partnerships.

Position Australia as a global leader in TB innovation, helping accelerate the development and delivery of the next generation of TB tools, particularly for communities across the Indo-Pacific.

KEY MESSAGE

Ending tuberculosis requires more than delivering today's tools - we must invest in the tools of tomorrow.

Australia has the research capability, regional interests and international responsibility to increase investment in TB research and development, helping accelerate the innovations needed to end TB globally.

[5] Treatment Action Group (2024), Tuberculosis Research Funding Trends, 2005–2023, December 2024

REIMAGINING TB PREVENTION: AUSTRALIAN INNOVATION IN VACCINE DEVELOPMENT

AUSTRALIAN RESEARCHERS ARE DEVELOPING THE NEXT GENERATION OF TB VACCINES - WITH THE POTENTIAL TO SAVE MILLIONS OF LIVES IN AUSTRALIA AND AROUND THE WORLD.

The only licensed tuberculosis vaccine, Bacille Calmette–Guérin (BCG), was developed over a century ago and is largely ineffective in adults. While it can protect children from severe cases of the disease, this protection fades during adolescence, leaving adults vulnerable. In Australia, TB disproportionately affects Indigenous communities and people with compromised immune systems. A new and improved vaccine is urgently required.

Professor Andreas Kupz, from the Australian Institute of Tropical Health and Medicine (AITHM) at James Cook University (JCU), has dedicated his career to developing a more effective vaccine for TB.

Professor Kupz and his colleague Harindra Sathkumara wearing full body protection suits in the JCU BSL3 laboratory.

TWO PROMISING VACCINE CANDIDATES

To tackle the limitations of BCG, Professor Kupz and his team have developed two promising vaccine candidates:

1. Live attenuated vaccine
An improved version of the original BCG vaccine, designed to be safer and provide stronger protection. The team modified BCG so that it delivered a key Mycobacterium tuberculosis protein (ESAT-6) in a way that helps the immune system recognise and fight TB more effectively.

2. Peptide-based nanovaccine (PNx6)
The peptide-based nanovaccine, PNx6, was designed to enhance the immune response triggered by the existing BCG vaccine. PNx6 works by delivering six carefully selected fragments of tuberculosis proteins, called peptide epitopes, to the immune system. With its molecular design, PNx6 can be customised to target different populations and TB strains for maximum efficiency. It is also cold-chain independent, making it practical in regions where access to reliable refrigeration is limited.

MAKING GLOBAL PROGRESS

Live attenuated vaccine

- In 2021, the vaccine candidate was selected as one of only six finalists in a prestigious global competition funded by the Gates Foundation.
- Five institutions produced six vaccine contenders which were extensively tested against each other.
- Unblinding of the results occurred in June 2026 with the JCU candidate identified as the safest vaccine amongst the six vaccines tested.
- The vaccine is also currently undergoing testing in international laboratories, evaluating its effectiveness in rabbits and guinea pigs.

Professor Kupz in the JCU lab.

Peptide-based nanovaccine (PNx6)

- In preclinical studies, boosting the BCG vaccine with PNx6 increased protective immunity more than fivefold compared to BCG alone.
- This promising performance led to PNx6's selection by the Tuberculosis Vaccine Initiative (TBVI) as one of only three global candidates for further independent evaluation of safety, immune response, and protective efficacy.

As tuberculosis continues to put pressure on healthcare systems across the globe, innovative solutions like those from Professor Kupz and his team offer a promising path forward. Their work has the potential to improve and protect the lives of millions of people - in Australia and around the world.

> *Our goal is simple but ambitious: to develop safer, more effective vaccines that provide strong and lasting protection for the people who need it most.*

Professor Andreas Kupz
Australian Institute of Tropical Health and Medicine, James Cook University
Email: andreas.kupz@jcu.edu.au

AUSTRALIA'S ROLE IN THE INDO-PACIFIC

AUSTRALIA HAS A UNIQUE OPPORTUNITY TO CONTRIBUTE TO THIS PROGRESS.

Our region carries the greatest burden of TB, but it is also home to remarkable examples of leadership, innovation and resilience.

The speakers we hear from today bring perspectives from very different contexts – First Nations communities in Australia, Papua New Guinea and Indonesia – but their stories point to a common truth: lasting change happens when communities are trusted as partners rather than treated as passive recipients of healthcare

PARTNERSHIPS CREATE EXTRAORDINARY OUTCOMES

The response to the tuberculosis outbreak in the APY Lands demonstrated what can be achieved when governments, clinicians and First Nations communities work together in genuine partnership. In Papua New Guinea, growing political and community leadership is demonstrating the importance of locally led responses to one of the world's most significant TB epidemics. Experiences from Indonesia highlight both the scale of the challenge and the importance of ensuring that people affected by TB are at the centre of the response.

These lessons are not confined to any one country. They have profound relevance across the Indo-Pacific and align closely with Australia's commitment to strengthening First Nations perspectives in international engagement and building deeper partnerships throughout our region.

For Australia, this presents an opportunity not only to contribute resources, research and expertise, but also to listen, learn and work alongside our neighbours. By sharing knowledge, strengthening regional partnerships and investing in the tools and systems needed to prevent, diagnose and treat TB, Australia can help accelerate progress towards ending the disease.

TODAY'S CONVERSATION INVITES US TO LOOK BEYOND BORDERS - NOT ONLY TO UNDERSTAND THE SHARED CHALLENGES TUBERCULOSIS PRESENTS, BUT TO RECOGNISE THE SHARED SOLUTIONS ALREADY EMERGING ACROSS OUR REGION.

BRINGING TB DIAGNOSIS CLOSER TO COMMUNITIES

ONE OF THE GREATEST BARRIERS TO ENDING TUBERCULOSIS IS FINDING IT.

In 2024, an estimated 10.7 million people developed TB globally, yet around 2.4 million were either not diagnosed or not officially reported to national authorities. Of those who were diagnosed, only 54% were initially tested using a WHO-recommended rapid diagnostic test.

For many people, particularly those living in rural, remote and underserved communities, accessing accurate molecular TB testing can still mean travelling to facilities with laboratories, reliable electricity and specialised staff.

A new generation of near-point-of-care molecular diagnostic tests (NPOC-NAATs) could help change this.

TAKING MOLECULAR TESTING INTO COMMUNITIES

Battery-powered and designed for use in primary health centres and community settings.

Results can be available in around **30 minutes**, enabling earlier diagnosis and treatment.

The first-in-class test is available for approximately **US$3.60 per test** through the Stop TB Partnership's Global Drug Facility.

When sputum cannot be obtained, a tongue swab can be used, expanding access to testing for people who may otherwise be difficult to diagnose.

FROM INNOVATION TO ACCESS

The Global Fund is supporting early adoption of near point-of-care testing across **13 high-TB-burden countries**, with nearly **3 million rapid tests** expected to be delivered - including in Indonesia, the Philippines and Vietnam.

This is what investment in TB innovation can achieve: turning scientific advances into practical, affordable tools that bring healthcare closer to communities.

FOR AUSTRALIA, INVESTMENT IN TB RESEARCH AND INTERNATIONAL PARTNERSHIPS CAN HELP ACCELERATE THE DEVELOPMENT AND DELIVERY OF THE NEXT GENERATION OF TB TOOLS ACROSS THE INDO-PACIFIC.

MEET OUR SPEAKERS

ASSOCIATE PROFESSOR SIMONE BARRY

Associate Professor Simone Barry is a respiratory physician and Clinical Director of the South Australian Tuberculosis Service.

She holds an MPH in Epidemiology from Harvard University and a PhD from the University of Sydney.

She is Deputy Chair of the Australian Government National Tuberculosis Advisory Committee and serves on the WHO Western Pacific Regional Office Technical Advisory Group on Tuberculosis.

Her clinical, research and policy work focuses on TB elimination and improving access to TB and respiratory care for remote Aboriginal and other underserved communities.

DR JOYCE SAUK

Dr. Joyce Sauk (MBBS, MIPH) is a Papua New Guinean public health specialist, clinician, and global health advocate with over 15 years of experience across government, civil society, and private health systems in PNG and the Pacific.

She holds a Bachelor of Medicine and Surgery (MBBS) from the University of Papua New Guinea and a Master of International Public Health (MIPH) from the University of New South Wales.

She is the founder and Technical Lead of the PNG TB Caucus, leading parliamentary engagement and advocacy to strengthen national responses to tuberculosis, HIV and other diseases of poverty.

ROSETTA MILERA

Rosetta Milera is a Ngarrindjeri woman from South Australia who was diagnosed with tuberculosis approximately four years ago.

Drawing on her own experience as a TB survivor, Rosetta joins us to share her story and bring an important First Nations perspective to the conversation about tuberculosis in Australia, including its impact on Aboriginal and Torres Strait Islander peoples and communities.

ANI HERNA SARI

Ani couldn't join us in person today, but you can read her story in her own words below.

I am Ani Herna Sari from Indonesia, and I survived drug-resistant TB while pregnant with my first child. What should have been a time of joy became terrifying. I was isolated, treated like a danger and made to feel ashamed.

I gave birth alone – cut off from comfort, dignity and the dreams I had for my baby's arrival. But the moment I held my newborn son, everything changed. The painful treatment no longer felt like punishment – it became a gift. From brokenness came strength. From stigma came purpose.

Thanks to the Global Fund partnership, 70 million lives have been saved, including mine. Progress is only possible through partnership. Thanks to all Global Fund partners, we're closer than ever to ending AIDS, TB and malaria – and building a healthier, safer world.

Today, I have two more children, and I dedicate my life to helping others heal and thrive after TB. As a mother and a survivor, I say to the world – we cannot stop now. Together, we must stop at nothing to finish this fight.

To watch Ani's full story, please scan the QR code.

THE NHMRC CENTRE OF RESEARCH EXCELLENCE IN TUBERCULOSIS (TB CRE)

TB CRE Chief Investigators at the 2026 Annual Symposium

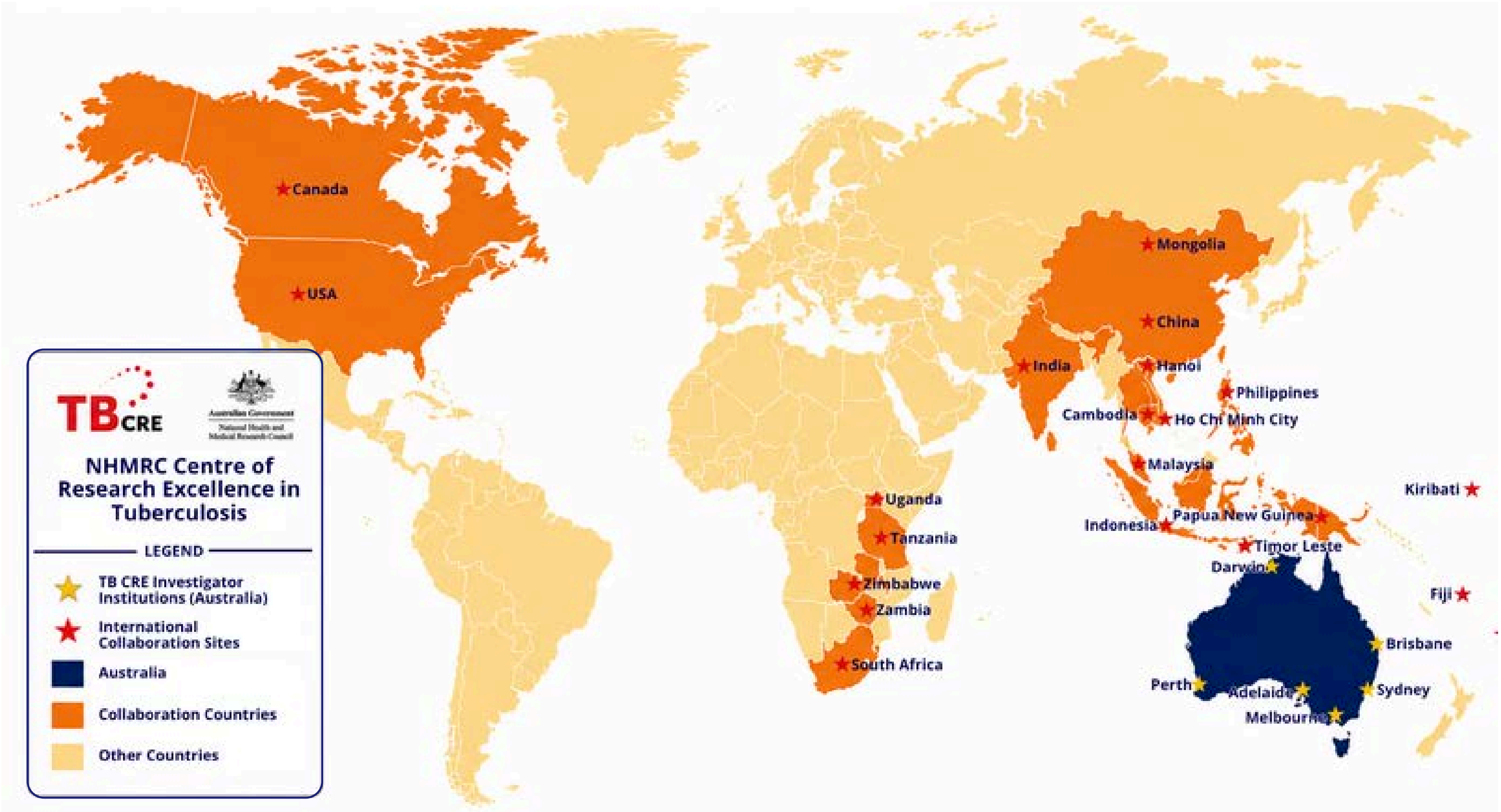
The 'Centre of Research Excellence in Tuberculosis – both sides of the border' is an NHMRC-funded, interdisciplinary research collaboration dedicated to improving tuberculosis (TB) control in Australia and the Asia-Pacific region.

It brings together leading researchers, clinicians, epidemiologists, laboratory scientists, policymakers, program managers, and consumer advisors, the Centre conducts world-class research to develop innovative tools and strategies for TB better prevention, care and control.

Through collaboration across universities, research institutes and hospitals, the TB CRE aims to translate research into real-world impact, improving health outcomes for communities affected by tuberculosis and to train and inspire the next generation of TB clinicians and researchers.

TB CRE RESEARCH AROUND THE WORLD

The TB CRE represents leading TB researchers from across Australia with strong regional and global partnerships - the map below provides an overview.



Brief snapshots of work done in Australia and beyond are captured on the next page. This is not at all exhaustive but should provide a brief overview of exemplar projects. **Visit www.tbcre.org.au for more information on the scope of the TB CRE's work.**

PROGRAM OF WORK IN THE NORTHERN TERRITORY, INDONESIA AND TIMOR-LESTE

The Menzies School of Health Research, headquartered in Darwin, is committed to supporting TB elimination in the Northern Territory, Indonesia and Timor-Leste.

In the **Northern Territory**, the Medical Research Future Fund (MRFF)-funded REACT Study (REmote Aboriginal Communities Ending TB), aims to improve access to TB screening, diagnosis and preventive treatment while supporting the delivery of culturally safe, person-centred models of care in remote Aboriginal communities in the Top End.

In **Indonesia**, as part of a broad program of work funded by DFAT's Partnerships for a Healthy Region initiative, Menzies works with health services and the district TB program to develop and implement locally responsive strategies to strengthen TB case finding, diagnosis and case management in Central Papua.

In **Timor-Leste,** Menzies partnered with the Ministry of Health's National TB Program to design and implement the country's first national TB prevalence survey. The survey has generated nationally representative estimates of TB burden and has provided critical evidence to inform national TB policy and planning.

PROGRAM OF WORK IN VIETNAM AND CAMBODIA

VIETNAM

In Vietnam, our DFAT-funded research is helping identify the most effective ways to find and treat tuberculosis (TB) earlier.

Through the **SAPPHIRE** project, we are screening 60,000 people to determine which approaches achieve the highest community participation and can be effectively scaled. We are also studying how TB spreads among people who do not report symptoms and what factors influence their treatment decisions.

In partnership with the Gates Foundation, we are evaluating innovative, near-point-of-care tools, including tongue swab testing, and assessing whether community-wide screening can deliver long-term reductions in TB rates.

CAMBODIA

In Cambodia, the DFAT-funded SAPPHIRE project helped transform national TB screening practices by expanding efforts beyond people with symptoms or known risk factors to include broader community screening.

The success of SAPPHIRE attracted further investment from the Australian and French Governments through a complementary DFAT and Expertise France-supported initiative, which expanded the model to integrate screening for TB risk factors and common non-communicable diseases.

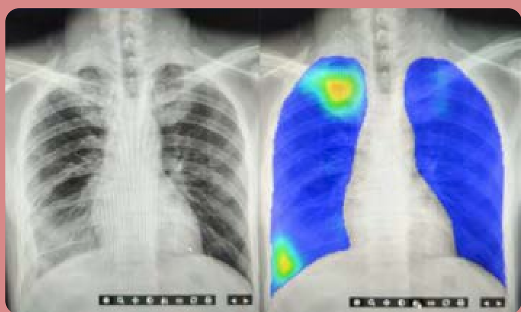
Together, these programs brought essential health services directly to more than 100,000 people across three provinces, improving early detection, expanding access to care, and strengthening people-centred primary healthcare services.

KIRIBATI PEARL PROJECT

PEARL is a DFAT Partnerships for a Healthy Region (PHR)-funded project that aims to drastically reduce the TB and leprosy prevalence in Kiribati, by screening everyone in the capital South Tarawa.

The comprehensive Test & Treat approach deploys the latest mobile chest X-ray technology and identified the first patient in Pacific diagnosed with TB using AI reading

The ongoing project is implemented in close partnership with the Kiribati Ministry of Health and Medical Services (MHMS) and the local community. It represents an exemplar of Pacific collaboration that addresses a major health challenge, builds local capacity and provides a template for disease elimination in other remote settings.



Chest X-ray of first patient in the Pacific to be diagnosed with TB by AI reading; confirmed by microbiological testing.

TB Alliance

ADVANCING TB TREATMENT. EXPANDING ACCESS.

TB Alliance is a nonprofit product development partnership with a mission to develop fundamentally better TB cures and ensure they reach everyone who needs them.

TB Alliance is the global leader in TB drug development, combining the capabilities of a pharmaceutical company with the mission of a public-health organisation. Its work spans the full continuum, from identifying new drug targets through preclinical and clinical development, regulatory approval, and product introduction and access. TB Alliance manages the world's largest portfolio of potential TB treatments, including novel medicines, long-acting injectables and immunotherapies.

PROVEN IMPACT

TRANSFORMING CARE FOR DRUG-RESISTANT TB

TB Alliance developed pretomanid, a core component of the BPaL regimen.

BPaL transformed treatment for highly drug-resistant TB:

- **Cuts treatment duration to six months** from regimens that historically lasted 9–24 months
- **Reduces pill burden by up to 95%.**
- Now the WHO- recommended standard of care

BETTER TREATMENT FOR CHILDREN

TB Alliance has **transformed care for children with drug-sensitive TB**, developing child-friendly, dispersible, fruit-flavoured medicines in appropriate paediatric doses.

3+ MILLION
treatment courses have now been procured across
120+ countries

INNOVATION IN ACCESS AT GLOBAL SCALE

Pretomanid and BPaL/M achieved the fastest and widest rollout of a modern TB treatment.

- Global access in roughly **3 years, not the 7-9 years** historically associated with new TB medicines.
- Pretomanid procurement now covers **~80%** of the global market for drug-resistant TB treatment.
- Supported by an integrated model: evidence generation, policy engagement, implementation, market shaping, community engagement and training.

AUSTRALIA: A LONG-STANDING PARTNER

Since 2024, the Australian Government has invested in TB Alliance through its **Partnerships for a Healthy Region initiative.**

This support is advancing clinical research and regional rollout of new treatments, including:

- Completion of a Phase 2 trial of a promising new compound
- Establishment of the PeerLINC Knowledge Hub in Manila

Working with partners, this support is helping governments in Indonesia, the Philippines, Vietnam and PNG introduce the WHO-recommended, all-oral BPaL/M regimen - building on Australia's decades-long support for TB control in our region through DFAT.

TB Alliance is now advancing its **1x1x1 vision: one-day treatment for latent TB, one-month treatment for active TB, and access to new cures worldwide within one year of approval**. This is not a distant aspiration; the compounds needed are already in TB Alliance's portfolio, with some approaching late-stage clinical development. **Sustained partnership with Australia and others in the region will be essential to translating this science into cures that reach the communities nearest to us, helping secure a healthier and safer Indo-Pacific.**

Preventing and responding to airborne disease

Burnet is advancing practical, evidence-based responses to tuberculosis (TB), COVID-19 and other airborne pathogens that continue to shape global health in complex ways. These diseases can be difficult to trace and control and disproportionately affect communities already facing disadvantage.

Our approach combines prevention, detection, treatment and care, working with communities and partners to develop solutions that respond to real-world needs. From clean indoor air, vaccines and medicines to screening, diagnostics and new treatments, we're building the evidence and strengthening health systems needed to prevent transmission, improve care and better prepare for future airborne disease threats.

Tuberculosis in Papua New Guinea: scaling impact

Burnet has worked in Papua New Guinea for many years, partnering with governments and health services to respond to high rates of tuberculosis (TB), including multidrug-resistant TB (MDR-TB). In Daru, Western Province, this has included faster diagnosis, shorter treatment regimens and community-based care with peer support to help people complete treatment.

The impact has been significant. Treatment success rates have exceeded 85%, while independent analysis* of Australian TB investments involving Burnet estimated that at least 255 deaths and 1,037 MDR-TB infections were prevented, adding 1,760 productive life-years.

Building on this, the SWEEP-TB** project screened the entire population of Daru using digital X-rays, computer-aided detection and molecular testing to find both active and 'sleeping' TB and connect people with treatment or preventive therapy. In a community with some of the world's highest rates of drug-resistant TB, this approach is helping transform how TB is found, treated and prevented.

* DFAT,Review ofPNGTB response,2011–2018.

** SWEEP-TB: Australian Government program implemented through PATH and co-funded by the MRFF.

Burnet
reach for the many

To find out more about Burnet's work in TB, COVID-19 and other airborne pathogens, visit **bit.ly/tb-covid-airborne-pathogens** or scan the QR code.

burnet.edu.au

QUANTIFERON TB GOLD PLUS

Advancing TB diagnostics.
Improving lives.

From the first IRGA test developed in Australia to today's most advanced solution, QuantiFERON continues to set the standard in TB infection testing.

A CENTURY OF PROGRESS IN TB DIAGNOSTICS

1907

TUBERCULIN SKIN TEST (TST)

A century-old method with limitations in accuracy and specificity. TST requires multiple visits and follow-up appointments

TODAY

INTERFERNON-GAMMA RELEASE ASSAYS (IGRAs)

A new era of blood-based testing that measures the body's immune response to TB infection more accurately.

2001

DEVELOPED IN AUSTRALIA

QuantiFERON has led the way in IGRA field.

As the first test of its kind, it was developed in Australia and released in 2001.

4th GENERATION

Over **125 MILLION** QuantiFERON-TB tests distributed worldwide.

Over **2,500 STUDIES** published using this test - proving its reliability in detecting TB infection.

QUANTIFERON TB GOLD PLUS (QFT-PLUS)

The one test that offers a more complete picture of a patient's immune status through CD4 and CD8 T-cell technology.

QuantiFERON-TB Gold Plus continues to drive TB infection testing and control efforts around the world.

“We have entered a strange era of human history: A preventable, curable infectious disease remains our deadliest. That's the world we are currently choosing.”

- Author, John Green

The artwork featured on this page was created by First Nations Artist Bigi Nagala as part of a Canva initiative supporting First Nations artists and storytelling. We acknowledge and celebrate the continuing cultures, creativity and contributions of Aboriginal and Torres Strait Islander peoples.

Australian TB Caucus

results

Results International (Australia)
PO Box 90
Seaforth, NSW 2092
results.org.au
office@results.org.au
ABN: 75 309 770 578

OUR EVENT PARTNERS

Burnet

TB CRE The NHMRC Centre of Research Excellence in Tuberculosis

TB Alliance

QIAGEN

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