Dear Editor,

We agree with TLID that any prioritisation exercise inevitably leads to a decrease in emphasis on pathogens that are not on the list.(1) Restricting the list to promote research on antibacterial agents may be justifiable, however, *Mycobacterium tuberculosis* is a bacterium. It is insufficient to state that drug resistant tuberculosis “is already a globally established priority for which innovative new treatments are urgently needed”. For example, multi-drug resistant Gram negative pathogens are a priority area for several major funders in a way that drug resistant tuberculosis is yet to achieve.(2)(3)(4) This is partly a combination of the limited options for many MDR gram negative pathogens which often affect immunocompromised patients with adverse, and often fatal, outcomes even in the most resourced settings. That tuberculosis disproportionately affects deprived populations, has remained a key reason for market failure to develop novel antimicrobials. The discovery of new antibiotics for gram negative pathogens is a critical priority for mankind, but this should not lead to the inadvertent relegation of tuberculosis research.

The focus on new antibiotics, while laudable, also underplays the importance of novel interventions beyond antibiotics – research on preventive and alternative curative non-antibiotic treatment options should be encouraged.(5)

Great progress has been made in successfully presenting AMR as a major global health challenge, however, we are unlikely to tackle this threat with a list alone until all relevant elements of society identify the current situation as a critical issue. Without a major societal shift, the necessary capital to address the economic, scientific and regulatory factors to contribute to the discovery of new drugs and preventive measures will continue to elude us. The goal of bringing all stakeholders together will not be achieved by excluding multi-drug resistant tuberculosis which is estimated to cause 250,000 deaths annually.(6)

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