

July 5, 2016

The Honorable Kay Granger
Chairman
Subcommittee on State, Foreign Operations
& Related Programs
Washington, DC 20515

The Honorable Nita M. Lowey
Ranking Member
Subcommittee on State, Foreign Operations
& Related Programs
Washington, DC 20515

Dear Chairman Granger and Ranking Member Lowey:

Thank you for your leadership on the Foreign Operations Subcommittee and your dedication to global health and development efforts.

Last week, the Senate Subcommittee on State and Foreign Operations approved \$241 million for USAID's tuberculosis (TB) program for Fiscal Year 17, an increase of \$5 million above current funding. We write to request that the House at least match the Senate amount, if not go higher, given the global crisis of drug-resistant tuberculosis.

In December 2015, the President released the National Action Plan to Combat Multi-Drug Resistant Tuberculosis (MDR-TB), a comprehensive plan for addressing drug-resistant TB in the U.S. and abroad. An increase in funding is urgently needed in order to implement this plan and to build global capacity and self-reliance to address all forms of TB.

TB kills more people than any other single infectious agent, claiming 1.5 million lives per year, ahead of HIV/AIDS. Worldwide, TB is the third leading cause of death among women of reproductive age. An estimated 1 million children are suffering from the disease, and as many as 53 million people have latent TB infection (LTBI).

TB also threatens the enormous gains we have made through PEPFAR. In some sub-Saharan African countries, the proportion of TB patients living with HIV can exceed 50 percent, and one in four AIDS deaths is caused by TB.

Antimicrobial resistant pathogens are a growing problem worldwide and drug-resistant TB is one of the most concerning, since it is airborne and very costly and complicated to treat. Globally, there are about 480,000 MDR-TB cases each year, but only about a quarter of people with MDR-TB globally are being identified and successfully treated. The U.S. has seen such cases in nearly all 50 states, where they cost an estimated \$100,000 - \$300,000 per patient to treat and putting enormous pressure on local public health department budgets.

According to the National Action Plan, the U.S. now has a window of opportunity to stop MDR-TB, a growing global health security issue. In recent testimony to Congress, USAID warned that "if the spread of drug-resistant TB is not quickly prevented and controlled, TB-related deaths and treatment costs will increase dramatically, reversing 20 years of progress."

To win this battle, research must be accelerated to develop shorter treatment regimens, accurate diagnostic tests and a more effective vaccine. Most TB drugs were developed almost 50 years ago and must be taken for 6-9 months. Drugs used to treat drug-resistant TB have harsh side effects

including hearing loss, nausea and severe nerve pain, leaving many people unable to work for months. The TB vaccine, which is more than 90 years old, provides some protection against severe forms of TB in children, but is unreliable against adult pulmonary TB, the most common form of the disease.

A funding increase of \$5 million in FY 2017 would allow USAID's global TB program to begin to implement the National Action Plan, a key goal of which is to identify and treat an additional 200,000 patients with MDR-TB. It would support vital technical assistance to 23 of the most highly-burdened countries, as well as support the development of new TB diagnostic, treatment and prevention tools.

In addition, the U.S. contribution to the Global Fund is a crucial way to leverage more resources to combat TB and MDR-TB. The Global Fund is the largest provider of international donor funding for the fight against TB, providing more than 70 percent of financing for TB programs worldwide.

As of mid-2015, Global Fund-financed TB programs have detected and treated 15 million TB cases, a 21 percent increase from mid-2014, and have successfully treated 11 million cases of TB. We recommend a funding level of \$1.35 billion for the U.S. contribution to Global Fund in FY 2017. The President's Emergency Plan for AIDS Relief (PEPFAR) also contributes to the fight against TB-HIV co-infection through its programs, and robust funding should be maintained.

We recognize that you face difficult choices in funding the many foreign assistance programs that require support in FY 2017. We thank you for your continued leadership, and urge you to consider a manager's amendment to increase funding for USAID TB by at least \$5 million when the subcommittee convenes to vote on the FY 17 bill.

Sincerely,

American Medical Students Association

American Thoracic Society

Global Health Council

Infectious Diseases Society of America (IDSA)

International Union Against Tuberculosis and Lung Disease

RESULTS

National TB Controllers Association

Partners in Health

TB Alliance

TB PhotoVoice

Treatment Action Group