

February 26, 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.

In December 2015, the President released the National Action Plan to Combat Multi-Drug Resistant (MDR) Tuberculosis (NAP), a comprehensive plan for addressing drug resistant TB in the U.S. and abroad. We write to request that you provide \$400 million for bilateral tuberculosis (TB) control in the Fiscal Year (FY) 2017 State, Foreign Operations and Related Programs Appropriations bill 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. 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 have latent TB infection.

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. The US has seen such cases in nearly all 50 states, where they cost an estimated \$100,000 - \$300,000 per patient to treat. Currently, only about a quarter of people with MDR-TB globally are being identified and successfully treated.

According to the National Action Plan, the US now has a window of opportunity to stop MDR-TB. 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 and a more effective vaccine. Most TB drugs were developed almost 50 years ago and must be taken for 6-9 months. The duration and harsh side effects have helped fuel a crisis in MDR-TB, which takes 18-24 months to treat, and even then only about half of cases are cured. 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.

An allocation of \$400 million in FY2017 will allow USAID's global TB program to rapidly implement the National Action Plan for Combatting Multi-drug Resistant TB, a key goal of which is to identify and treat an additional 200,000 patients with MDR-TB. It would also 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 United States' 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. The Global Fund partners with U.S. government agencies, such as the Centers for Disease Control and Prevention and USAID, to provide in-country assistance for TB programs.

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 United States' 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 deciding to best fund the many foreign assistance programs that require support in FY 2017. We thank you for your continued leadership, and urge you consider TB as an important priority in your FY 2017 appropriations bill.

Sincerely,

Advance Access and Delivery (AA&D)  
Aeras  
American Medical Students Association  
Association of Public Health Laboratories  
American Thoracic Society  
Friends of the Global Fight Against AIDS, Tuberculosis and Malaria  
Global Coalition of TB Activists – North America  
Global Health Council  
Health GAP  
Infectious Diseases Society of America (IDSA)  
International HIV/AIDS Alliance  
International Medical Corps  
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Latin America Working Group  
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TB Alliance  
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Treatment Action Group  
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