

March 2022

The Honorable Barbara Lee
Chairwoman
Subcommittee on State and Foreign Operations
U.S. House of Representatives
Washington, DC 20515

The Honorable Christopher Coons
Chairman
Subcommittee on State and Foreign Operations
U.S. Senate
Washington, DC 20510

The Honorable Hal Rogers
Ranking Member
Subcommittee on State and Foreign Operations
U.S. House of Representatives
Washington, DC 20515

The Honorable Lindsey Graham
Ranking Member
Subcommittee on State and Foreign Operations
U.S. Senate
Washington, DC 20510

Dear Honorable Chairs and Ranking Members,

Thank you for your leadership on the State and Foreign Operations Subcommittee and your dedication to global health. We, the undersigned organizations, respectfully submit our updated recommendations on funding levels for global tuberculosis (TB) programs at the U.S. Agency for International Development (USAID) and the U.S. contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). The global TB pandemic, including the rapid spread of drug-resistant TB, poses a serious global security threat. To combat global TB, we recommend **\$1 billion for USAID's global TB program, \$2 billion for the U.S. contribution to the Global Fund**, and boosting the **total funding for TB research and development (R&D) across key U.S. research institutions to at least \$444.5 million**.

TB is the second highest global infectious killer after COVID-19, causing 1.4 million deaths in 2019. But in the high-burden TB countries where USAID and the Global Fund work, TB infections are still the leading disease killer and the TB programs are the first line of defense against airborne infectious diseases. It is clear the COVID-19 pandemic has only worsened the challenge of addressing TB as access to testing and treatment has plummeted, case notifications have dropped, and far more opportunities for TB transmission have gone unchecked. In a recent update, USAID reported one million fewer case notifications in 2020 as compared to 2019, a reflection of service interruptions that are estimated to set back the highest-burden countries by up to ten years in their fight to end TB. Worse yet, without sufficient funding and intervention, this trend will continue into future years. This is particularly troubling as COVID-19 disease presents increased risks of morbidity and mortality for those with latent TB infection (LTBI) and active TB disease, especially in cases of pulmonary TB.

TB is also a leading cause of death among women of reproductive age in developing countries, and it is an under-recognized health problem in children. TB is the leading killer of people with HIV in sub-Saharan Africa and remains a life-threatening co-infection for those with other chronic diseases. A leading driver of antimicrobial resistance worldwide, almost half a million people each year fall ill with

multidrug-resistant TB (MDR-TB), but the World Health Organization (WHO) reports that fewer than 30 percent are being identified and treated.

As a further concern, the current Russian invasion of Ukraine has the potential to drastically increase the incidence of MDR-TB in Eastern Europe. In a [recent interview with the Telegraph](#), Dr. Anthony Fauci said the conflict would have a “devastating” impact on the fight against TB in Ukraine and could lead to a “terrible public health tragedy.” With one of the highest MDR-TB rates in the world, Ukraine relies heavily on programmatic interventions by USAID and the Global Fund, among other funders. Significant investment will be required to avert further deaths from TB during this humanitarian crisis, and the U.S. is uniquely positioned to provide some of this critical assistance.

Following the successful 2018 UN High-Level Meeting on TB, the first-ever for TB, the U.S. has a unique opportunity to provide global leadership toward ending the TB pandemic. With growing buy-in at the highest political level in key countries, USAID has an opportunity to do more to accelerate progress and catalyze other countries to invest in the fight against TB.

USAID’s 2020 report on implementation of the *National Action Plan for Combating Multi-Drug Resistant TB* states that in 2019 the rate of expanding access to MDR-TB diagnosis and treatment was slow and “not on track to reach the Year 5 targets,” stipulating that “additional resources, greater political will, and bold actions” will be required to reach further milestones. It is unlikely that this trend has improved throughout the COVID-19 pandemic, but with greater funding could be vastly improved upon using knowledge gained in pandemic response. More funding would also strengthen the TB Global Drug Facility’s role to stabilize a fragile market and ensure access to quality-assured TB products to diagnose and treat DR-TB, functions that are even more sorely needed in the context of current supply chain challenges, which will help avert further drug resistance and get us closer to meeting *NAP* goals.

In 2018, USAID launched a new business model called the “Global Accelerator to End Tuberculosis” to speed progress and build self-reliance through support for local organizations in priority countries. Investments in community engagement are a vital part of improving TB care and support at the local level by catalyzing collaboration with affected people, communities, and civil society organizations. According to USAID, the number of applications and strong demand for these locally managed grants far exceeded their current level of resources. Expanding this bilateral funding envelope could strengthen the community level response to TB and build additional early alert capacity against other airborne infectious diseases. As Ukraine was one of the countries originally included in the Global Accelerator model, USAID’s success in this endeavor will rely upon sustained and increased funding support.

Additionally, the U.S. contribution to the Global Fund is a crucial way to leverage more global TB resources. The Global Fund provides 77% of international financing for TB programs worldwide. Since 2002, the number of deaths from TB has fallen 28 percent in countries where the Global Fund invests; whereas, without the Global Fund’s intervention, deaths would have been estimated to increase by 118 percent during that same period. In 2020 alone, 4.7 million people were treated for TB in these countries. However, this was an 18% decrease from the number of people treated in 2019 due to the increased costs and difficulties posed by providing treatment during the COVID-19 pandemic. Increased funding for the Global Fund will help to further mitigate disruptions to critical programs from COVID-19 while regaining momentum toward ending the TB epidemic and building resilient health systems. Additionally, due to U.S. law capping the U.S. contribution to 33 percent, U.S. investments drive other countries to

match them by at least 2-1. The U.S. 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.

In order to reach our global goals to end TB, we must invest in the development of new health technologies such as point-of-care diagnostics, new drugs, and vaccines through support to National Institute of Allergy and Infectious Diseases (NIAID), Centers for Disease Control and Prevention (CDC), USAID, Biomedical Advanced Research & Development Authority (BARDA), FDA, National Science Foundation (NSF), the Department of Defense's Congressionally Directed Medical Research Programs (CDMRP), as well as PEPFAR. USAID's continued support for late-stage clinical trials for new TB treatments is essential. The TB Trials Consortium (TBTC) at the Division for Tuberculosis Elimination (DTBE) continues to lead on critical research on latent tuberculosis infection (LTBI) treatment shortening, and recent funding interruptions to trial sites highlights the need for greater investment in this network. New, more effective vaccines that protect adolescents, adults, and infants from TB, are crucial to TB elimination efforts, yet investment in TB vaccine product development is severely lacking.

At the 2018 UN High Level Meeting, member states determined that \$2 billion would need to be invested in R&D annually in order to effectively end TB by 2030. If each country invested just 0.1 percent of gross domestic expenditure on R&D towards TB, we would reach that goal. The U.S. is currently 90 percent of the way towards its goal, and we have seen that even small increases in U.S. funding catalyze large increases from other countries. We recommend the U.S. government boost contributions to TB R&D across the aforementioned agencies to at least \$444.5 million to advance current and prospective technologies and tools in the pipeline.

We welcome the opportunity to work with you and your staff on efforts to halt the global TB pandemic and protect U.S. communities from this disease. Please contact Elizabeth Lovinger (elizabeth.lovinger@treatmentactiongroup.org) or Kate O'Brien (ms.kate.obrien@gmail.com), co-chairs of the Tuberculosis Roundtable, if you have any questions or need more information.

Sincerely,

American Thoracic Society

Association for Professionals in Infection Control and Epidemiology

Elizabeth Glaser Pediatric AIDS Foundation

Fast-Track Cities Institute

Friends of the Global Fight Against AIDS, Tuberculosis and Malaria

Fund for Global Health

Global Health Technologies Coalition

Harvard Medical School Center for Global Health Delivery

IAVI

International Association of Providers of AIDS Care

Infectious Diseases Society of America

John Snow, Inc. (JSI)

Medical Impact

Partners In Health

Stop TB USA

TB Alliance

Treatment Action Group

We Are TB