

# Support Robust Funding to Address the Global TB Pandemic

**\*\*\*DEADLINE: March 17, 2016\*\*\***

Dear Colleague,

Please join us in the effort to strengthen the U.S. response to the growing global tuberculosis (TB) pandemic by signing on to the below letter to Chairwoman Kay Granger and Ranking Member Nita Lowey of the House Appropriations Subcommittee on Foreign Operations. **The letter requests that appropriators increase U.S. TB control funding to \$400 million in Fiscal Year (FY) 2017 to build capacity and self-reliance in the most affected countries.**

Tuberculosis, a curable airborne infectious disease, claimed 1.5 million lives in 2014. Worldwide, TB is a leading cause of death among women of reproductive age and it has devastating effects on families around the world. The disease is also an under-recognized health problem in children. In 2014, an estimated 140,000 children died from TB.

Antimicrobial resistant pathogens are a growing problem worldwide, and drug resistant tuberculosis is one of the most concerning since it is airborne and very costly to treat. Caused by improper or incomplete treatment, it poses a grave risk to patients, their families and health care personnel. The U.S. Centers for Disease Control and Prevention has classified drug resistant tuberculosis as a "serious" public health threat in the U.S. Drug resistant TB is a worsening global health security threat and if not vigorously addressed, drug-resistant strains could become the dominant form of disease in some of the most heavily affected countries and further spread worldwide.

With basic public health practices, progress has been made in the last decade to massively scale-up TB treatment, with 43 million lives saved between 2000 and 2014 through effective diagnosis and treatment. Furthermore, since 1990, the death rate from TB has dropped by 47%. Challenges remain, though, to reverse the spread of TB.

Fortunately, there is global consensus on how to address this epidemic. The World Health Organization (WHO) reports that with the help of many international and bilateral agencies, progress is being made to increase necessary screening and testing, but we are far from having full access to necessary care for those affected.

Please join us in asking appropriators to boost U.S. TB control funding. To sign on, please contact Catherine Barnao with Rep. Engel at [Catherine.Barnao@mail.house.gov](mailto:Catherine.Barnao@mail.house.gov); Jesse von Stein with Rep. Young at [Jesse.vonStein@mail.house.gov](mailto:Jesse.vonStein@mail.house.gov), or Kristen O'Neill with Rep. Green at [Kristen.Oneill@mail.house.gov](mailto:Kristen.Oneill@mail.house.gov).

March 22, 2016

Honorable Kay Granger  
Chairwoman  
Appropriations Subcommittee on State, Foreign Operations and Related Programs  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Nita Lowey  
Ranking Member  
Appropriations Committee  
U.S. House of Representatives  
Washington, DC 205015

Dear Chairwoman Granger and Ranking Member Lowey:

Thank you for your leadership and your dedication to global health and development efforts. We write to request that you provide \$400 million in funding for bilateral tuberculosis (TB) control in the Fiscal Year (FY) 2017 State, Foreign Operations and Related Programs Appropriations bill to build global capacity to stop this terrible disease.

Although usually treatable with a course of inexpensive drugs (\$16–\$20), TB is the leading infectious killer in the world, claiming 1.5 million lives in 2014. Worldwide, TB is a leading cause of death among women of reproductive age and an under-recognized health problem in children. In 2014, an estimated 140,000 children died from TB.

As the leading infectious killer of people with HIV/AIDS, TB is undermining the substantial gains we have made through PEPFAR. The World Health Organization estimates that people living with HIV face a risk of developing TB that is 26 to 31 times greater than that of the general population. As the Subcommittee considers maximizing the impact of our global health dollars, we urge you to protect our PEPFAR investments by supporting funding to prevent, detect and treat TB.

Antimicrobial resistant pathogens are a growing problem worldwide, and drug resistant tuberculosis is one of the most concerning, since it is airborne and very costly to treat. Caused by improper or incomplete treatment, it poses an extreme risk to patients, their families and health care personnel. The U.S. Centers for Disease Control and Prevention has classified drug resistant tuberculosis as a "serious" public health threat in the U.S. In December, President Obama released the National Action Plan for Combating Multidrug Resistant Tuberculosis, a comprehensive plan to address drug resistant TB worldwide. This blueprint offers an important opportunity to tackle the threat of drug resistant TB. There were 480,000 multi-drug resistant tuberculosis cases in 2014. In the U.S., these cases often cost an estimated \$100,000-\$260,000 per patient to treat.

Scientific advances have led to progress in the development of new and better diagnostic tools that will help transform the fight against TB, but research must be accelerated to develop shorter

treatment regimens and a more effective vaccine. Most TB drugs were developed more than 40 years ago and must be taken for 6-9 months. The TB vaccine, which is more than 85 years old, provides some protection against severe forms of TB in children, but is unreliable against adult pulmonary TB, which accounts for most of the worldwide disease burden. U.S. investments can help bring technology to scale and provide continued support for new tools to fight TB.

In 2008, Congress passed into law the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act. An allocation of \$400 million in FY 2017 would be consistent with this authorization and commensurate with the global burden of TB. Funding for USAID's TB control program helps build capacity in 23 countries highly-burdened by TB and supports the development of new diagnostic and treatment tools, and is also authorized to support research to develop new vaccines to combat TB.

We recognize that you face difficult choices in deciding how 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,

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Eliot L. Engel  
Member of Congress

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Don Young  
Member of Congress

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Gene Green  
Member of Congress