

Congress of the United States
Washington, DC 20515

July 10, 2012

Rajiv Shah, M.D.
Administrator
U.S. Agency for International Development
1300 Pennsylvania Avenue
Washington, DC 20523

Dear Administrator Shah:

Thank you for your leadership on international development and global health as Administrator of the U.S. Agency for International Development (USAID). As co-chairs of the newly-formed House Tuberculosis Elimination Caucus, we have a deep interest in USAID's global health programs, including the agency's tuberculosis program, and encourage your agency to devote adequate resources towards the identification, treatment, prevention and hopeful elimination of tuberculosis.

As you know, TB is the second leading infectious disease killer in the world, killing 1.4 million men, women and children per year. TB is the third leading cause of death among women of reproductive age and it is an under-recognized health problem in children. In 2010, there were 10 million children orphaned as a result of losing at least one parent to TB. TB is also the leading killer of people with HIV/AIDS in many developing countries. TB threatens to undermine the substantial gains we have made in HIV/AIDS through PEPFAR.

USAID's TB program has proven to be highly effective in the prevention and treatment of TB and in saving lives. Over the past twenty years, the mortality rate from TB has decreased by 40% and in 2009, the Global Plan to Stop TB treatment success rate target of 85% was achieved. USAID's technical assistance to the 40 most highly burdened countries has been essential to this success. Furthermore, USAID has made notable progress in addressing multi-drug resistant (MDR) TB in just one year (2009 – 2010) by initiating 63% more MDR-TB patients on appropriate treatment in its focus countries. Yet many countries still have insufficient capacity, including laboratory and infection control measures. Significantly more resources are required to rapidly scale up these efforts and prevent the further spread of TB and drug resistant TB.

USAID is one of the lead implementers of the new Gene XPert diagnostic test, which holds the potential to dramatically improve TB case detection, including cases among people with HIV/AIDS. Since undiagnosed and untreated TB is the greatest killer of people living with HIV, the XPert test will save many lives. Recent data shows that it is also more cost effective than current practice in areas with high rates of TB/HIV co-infection, such as sub-Saharan Africa. We commend USAID and PEPFAR for their involvement in negotiating an XPert price

reduction with UNITAID and the Gates Foundation and collaborating in a partnership to ensure its scale-up. This will greatly expedite and improve the diagnosis and treatment of TB and MDR TB in high burdened countries and in people living with HIV.

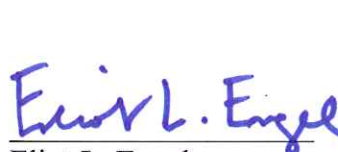
In addition to diagnostics, new drugs and vaccines for TB are urgently needed if more progress is to be made in truly lowering the global TB burden. USAID's support for clinical testing of new TB treatments that are currently in the latter stages of development is crucial, yet funding for trials of several shorter TB regimens was cut back by 10% in 2011. A lack of adequate support for these new therapies represents a major threat to the tremendous promise that could be made in the relatively near future. A safer and more effective vaccine for TB could make a significant impact on the epidemic, yet investment in TB vaccines is lacking despite the entry of several candidates into clinical trials. We will never make dramatic gains against this disease or eliminate TB as a threat to public health without a sustained investment in new treatment and prevention options.

We know and understand the serious challenges that you face as Administrator in this fiscally constrained environment. However, we are concerned that funding and resources for USAID's TB program are not commensurate with the enormous burden of TB on men, women and children around the world and the threat it poses to the U.S. The TB program is modestly funded in comparison with other health programs at the agency, yet it has been remarkably effective. Even small reductions to the program will have grave consequences for country programs and research efforts. As you look to target resources, we would like to work with you to ensure that global U.S. leadership on TB is maintained, including support for the middle income countries of Brazil, Russia, India and South Africa, which still hold the most of the world's TB burden, as they leverage resources to scale up their programs.

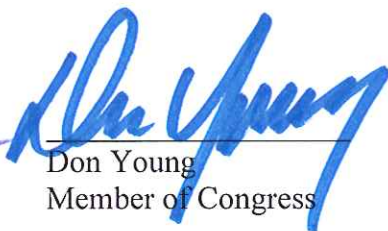
In 2008, Congress made a historic commitment to the fight against TB through passage of the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act. Although to date, less than one fourth of the \$4 billion authorized under this law has been appropriated, we urge you to work with us to support the spirit of the law – which states that as a matter of U.S. policy “it is a major objective of the foreign assistance program of the United States to control tuberculosis.”

We will monitor the future resource allocation of your program in hopes that an increased level of attention is paid to preventing, detecting, and treating TB. We look forward to working with you to expand global U.S. leadership on TB and put the world on the path to eliminating this disease.


Sincerely,



Eliot L. Engel
Member of Congress



Don Young
Member of Congress



Gene Green
Member of Congress