

Support Robust Funding to Address the Global TB Pandemic

From: The Honorable Eliot L. Engel

Sent By: Heidi.Ross@mail.house.gov

Date: 3/11/2014

*** This is a programmatic request ***

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, requesting they increase U.S. TB control funding to \$400 million in Fiscal Year (FY) 2015.

Tuberculosis, a curable airborne infectious disease, claims 1.3 million lives each year.

Worldwide, TB is the third leading cause of death among women of reproductive age and the disease has devastating effects on families around the world. The disease is also an under-recognized health problem in children, where in 2012, an estimated 530,000 children became ill with TB and 74,000 HIV-negative children died of TB. Today, about one out of five TB deaths worldwide is HIV-related. In Africa, TB is the leading cause of death among people living with HIV.

Drug resistant TB and totally drug resistant TB, a result of inconsistent TB treatment, pose a grave risk to global health and our advances. Meanwhile, the World Health Organizations reports that over 450,000 people each year fall ill with multidrug-resistant TB (MDR-TB). 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 heaviest-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 over 56 million treated between 1995 - 2012. Furthermore, since 1990, the death rate from TB has dropped by 45%. The United States has been a strong partner in pursuing all aspects of the Global Plan to Stop TB; however, we are still challenged 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.

Join us in sending this letter to appropriators calling for an appropriately robust TB program to stop the spread of this global threat. To sign onto the letter, please contact Heidi Ross with Rep. Engel at Heidi.Ross@mail.house.gov or 5-2464 or Paul Milotte with Rep. Young at Paul.Milotte@mail.house.gov or 5-5765 or Kristen O'Neill with Rep. Green at Kristen.Oneill@mail.house.gov or 5-1688. The deadline to sign on is March 28, 2014.

Sincerely,

Eliot L. Engel

Member of Congress

Don Young

Member of Congress

Gene Green

Member of Congress

April 4, 2014

The Honorable Kay Granger
Chairman

Subcommittee on State, Foreign Operations,
and Related Programs
HT-2, The Capitol
Washington, DC 20515

The Honorable Nita M. Lowey
Ranking Member

Subcommittee on State, Foreign Operations
and Related Programs
1016 Longworth House Office Building
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. We write to request that you provide \$400 million for bilateral tuberculosis (TB) control in the Fiscal Year (FY) 2015 State, Foreign Operations and Related Programs Appropriations bill.

Although usually treatable with a course of inexpensive drugs (\$16–\$20), TB is the leading curable infectious killer in the world, claiming 1.3 million lives per year. Worldwide, TB is the third leading cause of death among women of reproductive age and it is under-recognized health problem in children. The reality is that in 2012, an estimated 530,000 children became ill with TB and 74,000 HIV-negative children died of TB.

As the leading infectious killer of people with HIV/AIDS, TB is undermining the substantial 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 five AIDS deaths is related to TB.

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.

Improper or incomplete treatment has led to the emergence of multidrug-resistant and now extensively drug-resistant TB strains – MDR-TB and XDR-TB. In a globally connected world, these dangerous and costly strains pose a direct threat to the public health of the United States. Globally, there are about 450,000 MDR-TB cases each year; in the U.S. these cases often cost an estimated \$100,000 - \$300,000 per patient to treat.

Scientific advances have led to progress in the development of new and better diagnostic tools that will 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 old 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 2015 would be consistent with this authorization and commensurate with the global burden of TB. Funding for USAID's TB control programs provides assistance to 23 countries highly-burdened by TB countries and supports the development of new diagnostic and treatment tools, and is authorized to support research to develop new vaccines to combat TB.

We recognize that you face difficult choices in deciding to best fund the many foreign assistance programs that require support in FY 2015. We thank you for your continued leadership, and urge you consider TB as an important priority in your FY 2015 appropriations bill.

Sincerely,