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FISCAL YEAR (FY) 2015 REQUESTS FOR FOREIGN OPERATIONS SUBCOMMITTEE LEADERSHIP

House

Rep. Kay Granger, Chair
 Rep. Nita Lowey, Ranking Member

Senate

Sen. Patrick Leahy, Chair
 Sen. Lindsey Graham, Ranking Member

Global Tuberculosis

FY15 Request: Provide \$400 million for International TB Programs

Bilateral TB Funding History

Fiscal Year	FY11	FY12	FY13 Continuing Resolution	FY14 Omnibus	FY15 RESULTS' Request
Funding Level	\$225 million	\$236 million	\$225 million*	\$236 million	\$400 million

**Congress originally appropriated \$236 million, but the final funding level was reduced due to sequestration in 2013.*

US Efforts to Combat Tuberculosis

Although usually treatable with a course of inexpensive drugs (\$22–50), tuberculosis (TB) kills 1.3 million people every year. TB is the leading curable infectious killer in the world. There were 8.6 million new TB cases in 2012; 13 percent of those were among people living with HIV.

Annually, USAID’s TB program supports about 30 low-income countries to scale up their national TB programs by providing funding to upgrade laboratories, improve the quality of treatment, and actively find TB cases. Between 2010 and 2011 in USAID-focus countries, the number of people diagnosed and treated for multi-drug resistant TB (MDR-TB) increased from 19,000 to 44,000.

The U.S. TB program also plays a critical role in leveraging resources from the Global Fund to Fight AIDS, TB, and Malaria by assisting countries in the development of grant applications and annual country strategic and operational plans.

The 2008 Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act authorized \$4 billion over five years in bilateral TB funding. This monumental legislation supports significant funding increases for TB that have yet to be fulfilled. More resources are critical to scale up innovative approaches that reach more people and invest in life-saving TB research.

TB-HIV Co-infection

- TB is the leading killer of people living with HIV/AIDS. One in four AIDS-related deaths is caused by TB, and patients suffer from a “dual stigma” of both TB and HIV.
- Between 2004 and 2011, TB-related deaths among people living with HIV in Africa have declined by 28 percent, but much more still needs to be done to rapidly deliver treatment for both infections.

Drug-Resistant TB

- The emergence of drug-resistant TB poses a grave risk to global health. Multidrug-resistant and extensively drug-resistant TB — known as MDR and XDR — are the result of incorrect treatment of standard TB. Despite progress, less than 20% of MDR-TB patients are detected and treated.
- As an airborne infectious disease, TB is never more than a plane ride away. The US had nearly 10,000 TB cases in 2012, mainly arising among the foreign born, with about 70 of these cases being MDR-TB. A single case of multi-drug resistant TB in the US can cost an estimated \$100,000 to \$1 million per patient to treat.

Life-Saving Breakthroughs Thanks to Investment in Research

- Major innovations in TB treatments are on the horizon that will further revolutionize TB programs, greatly reducing suffering and saving money. For instance, TB Alliance is developing its PaMZ regimen, which could cure both TB and some forms of MDR-TB in just 4 months, and without the terrible side effects of current medications for drug-resistant strains of TB. Significant progress has also been made on TB vaccines, with a number of candidates in clinical trials. USAID's TB program is a crucial source of funding for this research.
- A new rapid diagnostic test to diagnose TB (called "Xpert") is revolutionizing the fight against TB. Developed by an American company, Xpert dramatically reduces the time it takes to obtain an accurate diagnosis from days or even weeks or months to just two hours. Xpert can also detect resistance to one of the primary TB drugs.
- With the advent of Xpert, patients are more likely to start treatment right away, and that helps control the spread of TB. Yet, given the cost of Xpert, we need research into less expensive methods

TB in Women and Children

- TB is a disease of families. When one family member gets TB, the disease can be passed on to the rest of the household. Children typically get TB from their parents or extended family, and multiple family members are often sick at the same time.
- TB is the third leading cause of illness and death of adult women worldwide. Women with TB are often diagnosed late compared to men, for reasons including women's more limited access to health care, and the negative social stigma surrounding TB.
- Pregnant women with TB who receive a late diagnosis are four times as likely to die in childbirth, and babies of women with TB are twice as likely to have low birth weight or be born prematurely.
- TB is among the top ten killers of children worldwide, and children are more likely to develop the most deadly forms of TB, such as TB that affects the brain. In 2010, there were about 10 million orphan children as a result of TB deaths among parents.

TB and Poverty

- People living in conditions of poverty (overcrowding, malnutrition, poor ventilation, etc.) are more susceptible to fall sick with TB and most likely to lack access to detection and treatment services.
- More than 75 percent of TB-related disease and death occurs among people between the ages of 15 and 54 — the most economically active segment of the population. Approximately 20 to 30 percent of annual income may be lost if the household's breadwinner is struck down with TB.

For additional information, please contact:

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