

Congress of the United States
Washington, DC 20515

Support Robust Funding to Address the Global TB Pandemic

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 appropriators increase U.S. TB control funding to \$400 million in Fiscal Year (FY) 2016 to build capacity and self-reliance in the most affected countries.

Tuberculosis, a curable airborne infectious disease, claims 1.5 million lives each year. 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, where in 2013, an estimated 550,000 children became ill with TB and 80,000 HIV-negative children died of TB. Today, about one out of four TB deaths worldwide is HIV-related.

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 US Centers for Disease Control has classified drug resistant tuberculosis as a "serious" public health threat in the US. 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.

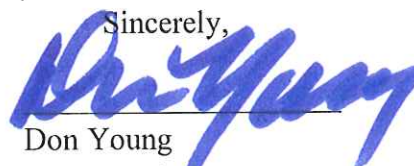
With basic public health practices, progress has been made in the last decade to massively scale-up TB treatment, with over 37 million lives saved as a result of accurate diagnosis and appropriate treatment between 2000 - 2013. Furthermore, since 1990, the death rate from TB has dropped by 45%. The United States has been a strong partner in pursuing all aspects of the Global Plan to Stop TB; however, challenges remain 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.

To sign the letter, please contact Heidi Ross with Rep. Engel at Heidi.Ross@mail.house.gov or Paul Milotte with Rep. Young at Paul.Milotte@mail.house.gov or Kristen O'Neill with Rep. Green at Kristen.Oneill@mail.house.gov or 5-1688. The deadline to sign on is March 19, 2015.



Eliot L. Engel
Member of Congress

Sincerely,

Don Young
Member of Congress


Gene Green
Member of Congress

March 25, 2015

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 in funding for bilateral tuberculosis (TB) control in the Fiscal Year (FY) 2016 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 curable infectious killer in the world, claiming 1.5 million lives per year. Worldwide, TB is a leading cause of death among women of reproductive age and it is under-recognized health problem in children. The reality is that in 2013, an estimated 550,000 children became ill with TB and 80,000 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 exceeds 50 percent, and one in four 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.

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 US Centers for Disease Control has classified drug resistant tuberculosis as a "serious" public health threat in the US. Globally, there are about 480,000 multi-drug resistant tuberculosis 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 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 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 2016 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 2016. We thank you for your continued leadership, and urge you consider TB as an important priority in your FY 2016 appropriations bill.

Sincerely,

Eliot L. Engel
Member of Congress

Don Young
Member of Congress

Gene Green
Member of Congress