

# Support Robust Funding for Global Tuberculosis Programs in FY2022

Please join Senators Sherrod Brown (D-OH) and Todd Young (R-IN) in the call for robust funding for global tuberculosis programs in fiscal year 2022. For more information, or to sign onto the letter, please contact [Abigail Duggan@brown.senate.gov](mailto:Abigail_Duggan@brown.senate.gov) in Senator Brown's office or [Brandt Anderson@young.senate.gov](mailto:Brandt_Anderson@young.senate.gov) in Senator Young's office.

*\*\*The closing date for this letter is COB June 25, 2021\*\**

June XX, 2021

The Honorable Christopher Coons  
Chairman  
Senate Appropriations Committee  
Subcommittee on State, Foreign Operations,  
and Related Programs  
Washington, DC 20510

The Honorable Lindsey Graham  
Ranking Member  
Senate Appropriations Committee  
Subcommittee on State, Foreign Operations,  
and Related Programs  
Washington, DC 20510

Dear Chairman Coons and Ranking Member Graham:

Thank you for your continued leadership in supporting State Department programs that are essential to our national security, diplomacy, and humanitarian efforts. We write to request that you continue to show support for international tuberculosis (TB) elimination by providing robust funding for bilateral TB control in the Fiscal Year (FY) 2022 State, Foreign Operations and Related Programs (SFOP) Appropriations bill. We encourage this as a priority in addition to your continued support for the U.S. contribution to the Global Fund to Fight AIDS, Tuberculosis, and Malaria, some 20 percent of which supports work on TB.

TB is a curable, airborne infection and is the second highest global infectious killer after COVID-19. But in many of the high-burden TB countries where USAID and the Global Fund work, TB is still the leading infectious disease killer and TB programs are the first line of defense against airborne infectious diseases. In 2019, an estimated 10 million people, including one million children, became ill with TB. In the same year, more than 1.4 million individuals lost their lives to TB, with 4,000 people losing their lives each day because of the disease. Since each infection is an opportunity for the TB bacterium to mutate, strains of TB that are resistant to first- and second-line drugs have continued to grow and spread in communities, and TB is now a major contributor to the burden of global anti-microbial resistance.

TB is also the leading killer of people living with HIV, and of the 10 million people who became ill with tuberculosis in 2019, 8.2 percent of new TB cases were among those living with HIV.

Failure to invest in TB, and integrated TB and HIV responses, threatens the substantial gains we have made in the fight against HIV/AIDS.

Although TB disease is preventable if infected people receive timely treatment, few people in low- and middle-income countries receive this care. In 2019, just over 70 percent of global TB patients received treatment; the rest continued to suffer and spread the disease in their families, communities, and places of work. During COVID-19, that number dropped to under 60 percent. That means a million more people around the globe are now missing treatment and continue to be contagious. In addition to the burden of preventable deaths, TB is frequently economically devastating for individuals and families, and health care personnel are disproportionately at risk.

It is clear the COVID-19 pandemic has only worsened the challenge of addressing TB as access to testing and treatment has plummeted, case notifications have dropped, and far more opportunities for TB transmission have gone unchecked. In a recent update, USAID and the Stop Tuberculosis Partnership reported over one million fewer case notifications in 2020 as compared to 2019, a reflection of service interruptions that are estimated to set back the highest-burden countries by up to ten years in their fight to end TB. Worse yet, without sufficient funding and intervention, this trend will continue into 2021 and beyond. This is particularly troubling as COVID-19 disease presents increased risks of morbidity and mortality for people infected with TB.

Even before COVID-19, rates of TB globally decreased by less than 2 percent annually. Failure to accelerate the pace of TB incidence reduction means that, at this rate, it will take 200 years for the global rate to be reduced to the US TB rate. We can vastly accelerate the pace of TB elimination by promoting the comprehensive, tried-and-tested set of interventions that have been used successfully in countries like the U.S. since the 1960s, namely active case finding, treatment of all forms of TB disease, and preventive treatment for close contacts of people with TB disease. When coupled with infection control, this approach has been shown to bring down rates of TB rapidly. This Search-Treat-Prevent strategy is enshrined domestically in the CDC's strategy for TB elimination, and globally in the WHO's End TB Strategy, the Stop TB Partnership's Global Plan to End TB, and the 2018 U.N. High Level Meeting on TB, all of which the U.S. government has pledged to support.

We urge you to encourage USAID to prioritize US investment in programs that deploy this comprehensive Search-Treat-Prevent strategy through committee directives in the FY22 funding bill. With increased funding, USAID could do more to scale up this strategy and accelerate TB elimination, ultimately saving lives and money. As the COVID-19 pandemic has shown, this strategy also serves as a platform that can be called upon during other infectious disease outbreaks that demand rapid mobilization of contact investigation and community-based treatment. This is critical for both U.S. and global biosecurity.

In recent years, momentum has been building to end TB, with significant advances in diagnosis, treatment, and prevention, as well as growing political will and community engagement. Before COVID-19, with support from USAID, countries began to reduce the rate of new cases and build up their capacity to respond to all forms of the disease. New technologies and the development of rapid, molecular diagnostics have the potential to save more lives, provided they are

accessible and affordable enough to reach patients in time. And thanks to U.S. research and investment, we now have shorter, more tolerable antibiotic regimens that can prevent TB infection from progressing to active disease.

During the September 2018 U.N. High Level Meeting on TB, 120 countries—including the U.S.—agreed to ambitious new detection, treatment, and prevention targets. Member states also determined that \$2 billion in annual spending on TB research and development (R&D) is required to end TB by 2030 and agreed that each country would pay their “fair share” to reach this ambitious goal. If each country devoted just 0.1 percent of what they currently spend on R&D to TB R&D, that \$2 billion goal would be met. The U.S. reached 89 percent of its “fair share” target for TB R&D spending in 2019. A further increase in funding through USAID and other agencies would not only help the U.S. reach its own target but would catalyze other countries to do the same. We urge you to commit to funding levels that will ensure the U.S. can seize this momentum and lead the world in ending TB as a global security threat. With robust funding, USAID can help each country reach its prevention and treatment goals and ensure continued development and implementation of new, more effective treatments.

In addition, the United States’ contribution to the Global Fund to Fight AIDS, Tuberculosis, and Malaria (the Global Fund) is a crucial way to leverage more resources to combat all forms of TB disease and infection, including drug-resistant TB. Investments from USAID and the Global Fund are interdependent, with USAID providing crucial technical assistance to Global Fund grants. We request that the U.S. contribution to the Global Fund in FY22 remain fully funded in order to facilitate global efforts to end TB.

We acknowledge the difficulty you face in determining the best allocation of precious foreign assistance dollars. We thank you for your consistent support of USAID’s TB control program and the Global Fund and urge you to make combating TB a top priority for your FY22 appropriations bill.

Sincerely,