

## **Support Robust Funding for Global Tuberculosis Programs in FY2023**

**\*\*Deadline May 17, 2022\*\***

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 2023. For more information, or to sign onto the letter, please contact [Anna\\_Gokaldas@brown.senate.gov](mailto:Anna_Gokaldas@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.

May XX, 2022

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) 2023 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 2020, an estimated 9.9 million people, including 1.1 million children, became ill with TB. In the same year, more than 1.5 million individuals lost their lives to TB, with over 4,100 people losing their lives each day because of the disease. Of acute concern is drug-resistant TB, which is significantly costlier to treat than drug-sensitive TB and which causes nearly one-third of all deaths related to antimicrobial resistance. Close to half a million people each year fall ill with multidrug-resistant TB (MDR-TB), but the World Health Organization (WHO) reports that fewer than 30 percent are being identified and treated. 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.

For the first time in over a decade, TB deaths have increased because of reduced access to TB diagnosis and treatment in the face of the COVID-19 pandemic. Close to half of the people ill with TB missed out on access to care in 2020 and were not reported, left to spread the disease in their families, communities, and places of work; also, the number of people provided with treatment for drug-resistant TB and TB preventive treatment dropped significantly. 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. More must be done to counter this extreme backsliding.

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 U.S. TB rate. This is particularly troubling as COVID-19 disease presents increased risks of morbidity and mortality for those with latent TB infection (LTBI) and active TB disease, especially in cases of pulmonary TB.

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. In addition, new technologies can save more lives, provided they reach patients in time.

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.

We urge you to encourage USAID to prioritize U.S. investment in programs that deploy this comprehensive Search-Treat-Prevent strategy through committee directives in the FY23 funding bill. With increased funding, USAID could do more to scale up this strategy and accelerate TB elimination, ultimately saving lives and money. To reach our global goals to end TB, we must invest in the development of new health technologies such as point-of-care diagnostics, new drugs, and vaccines. USAID's TB program is a crucial part of the investment in research and product development for TB. We need to continue to build USAID's capacity to prevent,

diagnose, and treat this curable disease, and support the development and implementation of new technologies to end TB.

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. In advance of the Global Fund's Seventh Replenishment this fall, we request a bold and robust U.S. contribution to the Global Fund in FY23 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 FY23 appropriations bill.

Sincerely,