

Support Domestic and Global Funding to Eliminate Tuberculosis in FY2023

Deadline April 22, 2022

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Dear Colleague,

Please join us in supporting **\$225 million for the fight to eliminate tuberculosis (TB) in the U.S., and \$1 billion for the global fight against TB**, as part of the Fiscal Year 2023 Appropriations process.

This funding is needed to strengthen our national and global efforts to identify, treat and prevent tuberculosis (TB), including drug resistant TB and TB infection, and intensify research into this disease, including efforts to develop new diagnostic, treatment and prevention tools. The COVID-19 pandemic has had a significant effect on US and global TB programs with many TB program staff and resources diverted to focus almost exclusively on the COVID-19 response. Some TB clinics and laboratories closed during COVID-19 restrictions, leading to a significant reduction in diagnosis and evaluation of this airborne disease and fewer contact investigations for active TB cases. Experts worry that this diversion of resources and time will result in an increased number of individuals diagnosed with TB in the coming years and an increase in the mortality rate due to delayed diagnosis.

According to the World Health Organization, TB is the second leading infectious disease killer worldwide, after COVID-19, with 1.5 million individuals dying from the disease annually. Drug resistant TB is also the leading cause of death from drug resistance globally, including multidrug resistant (MDR) and extensively drug resistant (XDR) TB which are significantly more difficult and expensive to treat with higher rates of treatment failure. The current Russian invasion of Ukraine is of particular concern, given that Ukraine has one of the highest burdens of MDR-TB in the world and is currently experiencing shortages of health supplies and care during the humanitarian crisis.

In the U.S., every state continues to report cases of TB each year and this airborne disease is a significant public health issue. According to Centers for Disease Control and Prevention (CDC), there are up to 13 million individuals in the U.S. with latent TB infections, a future reservoir of active TB cases. Funding to support a national TB prevention initiative would allow state and local health departments to identify and treat those at greatest risk for progressing to disease, preventing future cases of TB. This is also a major concern for the global TB burden, as one quarter of all people worldwide are living with latent TB infection.

Many believe TB is a disease of the past, but it is still a real public health threat due to a lack of resources to properly identify, treat and prevent all forms of the disease and develop new, more effective tools to fight TB. In response to the need for new tools, programmatically-relevant research being done through CDC's TB Trials Consortium (TBTC) within DTBE has resulted in breakthrough new short-course treatment regimens for active and latent TB. But due to reduced funding, the DTBE was recently forced to eliminate funding for several long-standing trial sites. The requested \$225 million could restore some funding for these TBTC trials sites that are conducting vital TB clinical drug trials critical to halting the global TB pandemic.

TB anywhere is TB everywhere and this coordinated and comprehensive approach for supporting global and domestic TB challenges is needed to address the TB pandemic.

In order to put the U.S. back on the path to TB elimination, and to make significant progress towards ending TB globally, **the CDC's domestic TB program should be funded at \$225 million and USAID's TB program should be funded at \$1 billion in FY 2023.**

To join, please sign on via Quill by Friday, April 22nd. If you have questions, please contact Emma Bruce at Emma.Bruce@mail.house.gov (Bera) or Molly Joseph at Molly.Joseph@mail.house.gov (Wagner).

Sincerely,

Ami Bera, M.D.

Ann Wagner

Member of Congress

Member of Congress

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Dear Chairwoman DeLauro, Ranking Member Cole, Chairwoman Lee, and Ranking Member Rogers:

As you craft legislation making appropriations for fiscal year (FY) 2023, we respectfully request **\$225 million in funding for the Centers for Disease Control and Prevention's (CDC) domestic tuberculosis (TB) program** in the Labor, Health and Human Services, Education, and Related Agencies Appropriations bill, and **\$1 billion in funding for the United States Agency for International Development's (USAID) global TB program**, in the State, Foreign Operations, and Related Programs Appropriations bill. We encourage this as a priority in addition to your continued support for a robust U.S. contribution to the Global Fund on AIDS, Tuberculosis and Malaria, some 20 percent of which supports work on TB.

While COVID-19 overtook TB as the leading infectious disease killer at the end of 2020, TB is still the foremost lethal infectious disease in most low- and middle-income countries, and disproportionately affects people in poor and vulnerable communities around the world and in the United States; historically, black and brown communities have continued to bear the brunt of the TB disease burden. Often thought of as a disease of the past, the most recent World Health Organization Global TB Report found that TB sickened 10 million people and killed 1.5 million in 2020. That was before the compounding effects of COVID-19 and the health system disruptions. A report from the STOP TB partnership found that just 12 months of COVID-19 has set back the fight against TB by 12 years. In the U.S., every single state continues to report cases of TB each year and this airborne disease is a significant public health issue. According to Centers for Disease Control and Prevention (CDC), there are up to 13 million individuals in the U.S. with latent TB infections, a future reservoir of active TB cases.

None of this needs to be the case and TB deaths are entirely preventable. If found and treated, drug-sensitive TB is a curable disease with a simple round of antibiotics. However, the COVID-19 pandemic has had a significant effect on US and global TB programs with many TB program staff and resources diverted to focus almost exclusively on the COVID-19 response. Many TB clinics and laboratories closed during COVID-19 restrictions, leading to a significant reduction in diagnosis and evaluation of this airborne disease and fewer contact investigations for active TB cases. New World Health Organization reports show that globally well over 1 million fewer people were diagnosed with TB last year and without urgent intervention, an increase in the mortality rate will follow due to delayed diagnosis.

Unfortunately, prior delays alongside under-resourced programs over the past two decades have led to harder to treat and more deadly strains of drug-resistant forms of TB. Drug resistant TB is one of the leading causes of death from antimicrobial resistance globally and, in some areas, patients without access to U.S. programs are still treated with antiquated injectable regimens that may cause lifelong disability. The CDC identified drug resistant TB as a serious health threat to the United States. State and local public health departments are struggling with the high costs of treating drug resistant TB, which can cost between \$154,000 and \$250,000 per case. Complicated co-morbidities such as diabetes also contribute to extremely high treatment costs, even for TB that is not drug-resistant. According to the World Health Organization (WHO), only 1 in 3 people with drug resistant TB access care globally, a proportion that is even lower for multi-drug resistant and extensively-drug resistant TB.

To combat increased drug-resistance and to have the most impact, the United States signed on to the 2018 UN High Level Meeting bold targets to find and treat more people with active TB disease and to treat latent infection. Public health campaigns "Treatment is Prevention" have successfully led to the decline in new HIV/AIDS infections and would be a turning point for TB as well if they could be resourced. A U.S. national *prevention* initiative, focused on those who are infected and are at greatest risk for progressing to disease, would bring the U.S. significantly closer to wiping out this curable disease

for good. However, funding is currently not available to support these activities at the state and local levels. This is also a major concern for global TB burden, as one quarter of all people worldwide are living with latent TB infection. Additional funding would also enable the U.S. Agency for International Development (USAID) to pursue active case finding to treat TB infection before it progresses to active disease, helping to save millions of lives for a fraction of the cost.

As a key partner in the fight against tuberculosis, the Global Fund works closely with USAID's tuberculosis program to accelerate efforts to end the AIDS, tuberculosis and malaria epidemics. The Global Fund is the largest multilateral funder of global health programming in the world and plays a critical role in supporting global health programming in low- and middle-income countries. U.S. investments in global health, including the Global Fund, advance the health security of all Americans by helping to build health infrastructure in countries around the world, enabling them to quickly identify new disease threats, bring them under control, and prevent them from spreading to other countries, including the United States.

TB is still a real public health threat due to a lack of resources to properly identify, treat and prevent all forms of the disease and develop new, more effective tools to fight TB. There is an urgent need to implement nationwide and worldwide prevention initiatives, as well as develop shorter treatment regimens, faster diagnostics and vaccines to prevent all forms of TB in children and adults. In response to the need for new tools, programmatically-relevant research being done through CDC's TB Trials Consortium (TBTC) within the Division of TB Elimination (DTBE) has resulted in breakthrough new short-course treatment regimens for active and latent TB. But due to reduced funding, the DTBE was recently forced to cut funding for trial sites several long-standing trial sites. The requested funding could restore some funding for these TBTC trials sites that are conducting vital TB clinical drug trials critical to halting the global TB pandemic.

We ask that the FY 2023 Labor, Health and Human Services, Education, and Related Agencies Appropriations bill **provide \$225 million for CDC's domestic TB elimination program** and that the FY 2023 State, Foreign Operations, and Related Programs Appropriations bill **provide \$1 billion for USAID's global TB program alongside continued support for the Global Fund**, to put the U.S. back on the path to TB elimination and to make significant progress towards ending TB globally.

Thank you for your consideration of this request.