

Support Increased Funding for Global Tuberculosis in FY2024

****Deadline COB April 11, 2023****

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Please join Senators Sherrod Brown (D-OH) and Todd Young in the call for prioritizing Global Tuberculosis funding in fiscal year 2024. For more information, or to sign onto the letter, please contact Emily Pellegrino at Emily_Pellegrino@brown.senate.gov

April 12, 2023

The Honorable Chris Coons
Chairman
Senate Appropriations Committee
Subcommittee on State, Foreign
Operations, and Related Programs
Washington, D.C. 20510

The Honorable Lindsey Graham
Ranking Member
Senate Appropriations Committee
Subcommittee on State, Foreign
Operations, and Related Programs
Washington, D.C. 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 increased funding for bilateral TB control in the Fiscal Year (FY) 2024 State, Foreign Operations and Related Programs (SFOP) Appropriations bill. We encourage this as a priority in addition to maintaining level 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 over the past three years with COVID-19, TB has teetered back and forth as the leading infectious disease killer. The 2022 World Health Organization's annual Global TB Report states that TB has resumed that top spot again. TB programs are the first line of defense against airborne infectious diseases, and the recent pandemic diverted staff and resources. Because of this, after decades of progress, in 2021, TB saw an increase in both the number of people falling ill with the disease (nearly 11 million sickened) and in the number of deaths (1.6 million lives claimed). Even before COVID-19, rates of TB globally decreased at the glacial pace of 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.

Anyone who breathes is at risk of tuberculosis, but the immunocompromised, the elderly, and our youngest children are much more susceptible to the disease. TB now kills more people every year than HIV/AIDs and malaria combined. But still, today, TB programs continue to receive far less in terms of official overseas development assistance. 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 a clear driver of poverty. TB is frequently economically devastating for individuals and families, and health care personnel are disproportionately at risk.

Support for USAID's TB programs is critical for finding and treating all forms of TB where it occurs and is needed to help curb the spread. 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 antimicrobial resistance. **More must be done to counter this extreme backsliding.**

But - we can vastly accelerate the pace of TB elimination by supporting new technologies, like a much-needed point-of-care test and vaccine - these can save more lives, provided they reach patients in time. We must also promote 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. The U.S. has previously supported global plans to dramatically improve active case finding – but the U.S. leadership this year on TB is critical for pushing other countries to strengthen their own country action plans at the U.N. High-Level Meeting on TB.

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 FY24 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 goal 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 the continued development and implementation of new, more effective treatments.

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 FY24 appropriations bill.

Sincerely,