**FY24 SFOPS Appropriations Programmatic Request: Tuberculosis**

**Agency** – USAID

**Account** – Global Health

**Subject/Sector** – Tuberculosis

**Type** – (Funding or Language)

**FY24 Administration/Budget request level** – $358.5 million

**FY23 Administration/Budget request level** – $350 million

**FY22 Administration/Budget request level** – $319 million

**FY23 Enacted level** – $394.5 million

**FY22 Enacted level** – $371 million

**Your suggested FY24 request level**– *$1 billion for Tuberculosis*

**Rationale/Justification** –

While Tuberculosis (TB) is often thought of as a disease of the past, it remains a major global health threat, and cases and deaths are back on the rise. TB resources, equipment, and expertise were drafted into the frontlines of the COVID pandemic, at the expense of the already under-funded TB response. Now, a World Health Organization (WHO) report shows that TB incidence rates and mortality increased in 2020 and 2021. Almost 11 million people fell ill with TB in 2021, and 1.6 million died. This lost progress on TB puts high-risk communities and vulnerable populations, such as HIV+ or other immunocompromised people, in greater danger.

TB cases disproportionately affect low-income and otherwise marginalized communities, and are a key driver of poverty. In fact, over 98 percent of TB deaths are in low- and middle-income countries. The vast majority of TB cases are curable, but in resource-poor areas treatment often comes too late.

Over the past two decades and with U.S. leadership, progress has been made to fight TB where it occurs most often. Innovations can now dramatically shorten TB treatment, reduce side-effects, and save more lives—provided they reach patients in time. The biggest obstacle to faster progress is lack of funding. We cannot reach the UN’s global TB prevention goals to find and treat people with all forms of TB, without significantly increasing funding above current levels.

Time and again, TB patients struggle to get diagnosed, receive treatment, and follow their grueling drug regimens. The WHO estimates that of the almost 11 million people sickened each year, around 4 million people are still “missing” from treatment, going undiagnosed and untreated because of lack of access. These disruptions in TB treatment too often lead to more drug-resistant, and more deadly, forms of the disease. The Stop TB Partnership estimates that failing to achieve the UN goals will mean 43 million people developing TB, leading to 6.6 million deaths by 2030. This will cost upwards of $1 trillion in economic loss and 234 million disability-adjusted life years.

U.S. investments in TB should be expanded in order to accelerate progress to end TB, contribute to crucial TB research, and prepare health systems for future pandemics. With substantial new resources, USAID can:

* Save lives, recover lost progress, and accelerate momentum to expand treatment for all forms of TB, including for multidrug-resistant (MDR) TB, while expanding support for TB prevention as well as crucial TB research.
* Assist an expanded list of priority countries to improve infection control, support active case-finding, provide mobile diagnostic labs, and community-based service delivery
* Support countries to apply for and implement grants from the Global Fund and leverage existing U.S. and global investments in global TB response.
* Channel additional resources to local, community-based organizations, which are now even more important in maintaining and improving TB services.

**Additional information:** <https://results.org/wp-content/uploads/FY24-Tuberculosis-Appropriations-Memo.pdf>

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**Bill or Report Language Recommendation (and please indicate if language recommendation is new or from a previous year)** –   Maintain FY23 TB language in the FY24 bill.