

Support Increased Funding for Global Tuberculosis in FY2025

FY '24 signers: Brown, Young, Baldwin, Tammy(D-WI); Blumenthal, Richard(D-CT); Booker, Cory(D-NJ); Cantwell, Maria(D-WA); Cardin, Benjamin(D-MD); Duckworth, Tammy(D-IL); Durbin, Richard(D-IL); Gillibrand, Kirsten(D-NY); Hirono, Mazie(D-HI); Kelly, Mark(D-AZ); King, Angus(I-ME); Klobuchar, Amy(D-MN); Luján, Ben Ray(D-NM); Markey, Edward(D-MA); Menendez, Robert(D-NJ); Merkley, Jeff(D-OR); Murphy, Christopher(D-CT); Padilla, Alex(D-CA); Peters, Gary(D-MI); Rosen, Jacky(D-NV); Schatz, Brian(D-HI); Sinema, Kyrsten(D-AZ); Smith, Tina(D-MN); Stabenow, Debbie(D-MI); Sullivan, Dan(R-AK); Van Hollen, Chris(D-MD); Warnock, Raphael(D-GA); Warren, Elizabeth(D-MA); Welch, Peter(D-VT); Whitehouse, Sheldon(D-RI); Wyden, Ron(D-OR).

Senators Sherrod Brown (D-OH) and Todd Young (R-IN) invite your bosses to join a letter to the Senator Appropriations Subcommittee on State, Foreign Operations, and Related Programs Chair and Ranking Member Senators Coons and Graham on supporting increases funding for Global Tuberculosis in FY2025.

To join the letter, sign on [via Quill](#) or by contacting Drew_Maritneau@Brown.senate.gov, Diop_Harris@brown.senate.gov or John_Pinegar@young.senate.gov

****Deadline COB April 26, 2024****

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 USAID and 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) 2025 State, Foreign Operations and Related Programs (SFOP) Appropriations bill. We encourage this as a priority in addition to maintaining 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.

We are at a critical moment in the fight against tuberculosis and have the opportunity to end this disease as a public health threat by the end of this decade – but only with appropriate resources and by capitalizing on the renewed global political commitment. Last fall, the U.S. led the charge to build global consensus for the political declaration at the U.N. high level meeting on Tuberculosis, and pushed for

specific, measurable targets in the fight against TB. World leaders, with U.S. leadership, committed to reaching 45 million people with TB testing and treatment by 2027. Additionally, the U.S. unveiled a new TB initiative with lower drug costs, funding for conflict settings, and a localization pledge.

TB is the leading infectious disease killer, and disproportionately affects people in the poorest and most vulnerable communities around the world. Often thought of as a disease of the past, the 2023 World Health Organization (WHO) [Global TB Report](#) found that TB sickened 10.6 million people and killed 1.3 million in 2022. In addition to the burden of preventable deaths, TB is a driver of poverty. TB is frequently economically devastating for individuals and families, and health care personnel are disproportionately at risk.

Anyone who breathes is at risk of tuberculosis, but the immunocompromised, the elderly, and our youngest children are much more susceptible to the disease. For almost a decade, TB has killed more people every year than HIV/AIDs and malaria combined. But still, TB programs continue to receive far less in terms of official overseas development assistance. Delays or incomplete treatment for TB can have severe consequences; drug resistant TB is a leading cause of death from antimicrobial resistance (AMR) 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. Over 400,000 people developed MDR TB in 2022, but WHO reports that only 2 in 5 were diagnosed and treated.

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. Over 3 million people who fall ill with TB annually miss out on access to care and are not reported by the health systems. Those "missing millions" are not only excluded from TB treatments, but these patients also leave their families, communities, and places of work vulnerable to the spread of the disease. Moreover, additional efforts must be taken to increase the number of patients provided with care for drug-resistant TB and TB preventives to complete treatment plans in their entirety. Since each infection is an opportunity for the TB bacterium to mutate, strains of TB that are resistant to first and secondline 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 find and treat the disease where it occurs and 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. At the UN High Level Meeting on Tuberculosis in September, the U.S. again committed to supporting global plans to dramatically improve active case finding for all forms of TB, but USAID's diplomatic leadership and seed resources are needed to incentivize other countries to strengthen their own country action plans to live up to their commitments.

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. With the additional support from USAID and the Global Fund, countries last year began to reduce the rate of new

cases and build up their capacity to find and treat all forms of the disease, even playing catch up after COVID-19 decimated the country-level TB response. Even more promising is that 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 FY25 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. New, more effective vaccines that protect adolescents, adults, and infants from TB, are crucial to TB elimination efforts, yet investment in TB vaccine product development is severely lacking at a critical juncture with promising candidates poised to move into efficacy trials. 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 own 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 FY25 appropriations bill.

Sincerely,