# FY25 SFOPS Programmatic Request: Tuberculosis

**Agency** – USAID

**Account** – Global Health

**Subject/Sector** – Tuberculosis

**Type** – (**Funding** or Language)

**FY25 Administration/Budget request level** – $394.5 million

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

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

**FY24 Enacted level** – $394.5 million

**FY24 House level** - $394.5 million

**FY24 Senate level** - $394.5 million

**FY23 Enacted level** – $394.5 million

**Your suggested FY25 request level**– *$1 billion for Tuberculosis*

**Rationale/Justification** –

While tuberculosis (TB) is often thought of as a disease of the past, it is the world’s biggest infectious killer. We’ve known how to prevent, treat, and cure TB for decades, yet10.6 million people fell ill with TB and 1.3 million died in 2022. TB disproportionately affects low-income and otherwise marginalized communities and is a key driver of poverty. The vast majority of TB cases are curable, but access to 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 people who fall sick. Yet USAID TB funding represented just 3 percent of the $10.6 billion provided to USAID and State Department global health programs in FY23. The biggest obstacle to faster progress is lack of funding. The U.S. plays a central leadership role, but won’t reach its goals to prevent, find, and treat people with all forms of TB, without significantly increasing funding above current levels.

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:

* Support countries to save lives and accelerate momentum to expand treatment for all forms of 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 enhance community-based service delivery.
* Support countries to 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.
* Prevent stockouts and ensure countries receive quality assured drugs by pooling resources to support the Global Drug Facility to have quality antibiotics available for purchase.

**Additional information:**

<https://results.org/wp-content/uploads/FY25-Global-Tuberculosis-Appropriations-Memo.pdf>

# FY25 SFOPS Language Request: Tuberculosis

**Agency** – USAID

**Account** – Global Health

**Subject/Sector** – Tuberculosis

**Type** – (Funding or **Language**)

**Bill or Report Language Recommendation** (and please indicate if language recommendation is new or from a previous year) –

Maintain FY24 language in the FY25 bill:

Not later than 180 days after the date of enactment of the act, the USAID Administrator shall submit a report to the Committees on Appropriations summarizing efforts in each USAID TB priority country, including, to the maximum extent practicable: (1) the number of individuals screened for TB disease and TB infection, including through active case finding outside of health facilities; (2) the number of close contacts who are screened for TB infection; (3) the number of individuals, including close contacts, who are started on treatment for TB infection; (4) the number of individuals who complete treatment for TB infection; and (5) a description of efforts by USAID to implement a comprehensive TB elimination strategy within each country, and the extent to which such strategy is coordinated with other donors. Such report shall include detail on how USAID is strengthening its efforts to reach children in each such intervention.