

Bilateral Global Tuberculosis

RESULTS requests \$1 billion for bilateral Tuberculosis in FY27.

While tuberculosis (TB) is often thought of as a disease of the past, it is the world's leading infectious killer. We've known how to prevent, treat, and cure TB for decades yet [10.7 million people fell ill](#) with TB and 1.23 million died in 2024. TB disproportionately affects low-income and marginalized communities, and is also a key driver of poverty. Over [80 percent of TB cases and deaths](#) are in low- and middle-income countries. The vast majority of cases are curable, but access to treatment often comes too late.

With U.S. leadership over the past two decades, we've made progress in the fight against TB. **New innovations have dramatically shortened TB treatment, reduced side effects, and saved more lives— provided they reach people who fall sick.** In U.S.-supported countries, TB-related deaths have been reduced by roughly 50 percent since 2000, saving over 75 million lives.

The biggest obstacle to faster progress is lack of funding. The U.S. plays a central leadership role. But we can't reach our goals to prevent, find, and treat people with all forms of TB without significantly increasing funding.

New TB innovations spark hope

TB does not impact everyone equally. It disproportionately affects marginalized and impoverished communities. Pregnant or undernourished people, and those with crowded work or living conditions are much more susceptible. Immunocompromised people like those living with HIV/AIDS are also at greater risk.

There are often enormous barriers to TB diagnoses and treatment. **Of the almost 11 million people sickened each year, 2.7 million people go undiagnosed.** Grueling drug regimens and inconsistent availability of medicine can also result in treatment gaps. These disruptions often lead to drug-resistant, and more deadly, forms of the disease.

In 2025, many TB programs were disrupted, straining health systems and increasing the risk of delayed diagnosis and treatment, increased spread of drug resistant TB, and [millions of additional cases and deaths between now and 2035](#). In recent years Congress has led bipartisan calls to action that increased co-financing mechanisms and significantly lowered the cost of preventative treatment. New partnerships and innovations promote

access and sustainability. A strong commitment from Congress in FY27 will enable U.S. programs to find and treat all forms of TB.

Why funding matters

U.S. investments in TB can accelerate crucial TB research and increase progress to end TB. In 2023 alone, U.S. global TB programs supported treatment for 113,000 cases of drug-resistant TB, diagnosis of 6.4 million patients, and prevention for 2.4 million people at the highest risk. With substantial new resources, we can:

- **Support countries to save lives** and expand prevention and treatment for all forms of TB, including strains of multidrug-resistant (MDR) TB.
- **Scale up game-changing new innovations**, including those developed here in the United States, to drive down costs and save more lives. Powerful new tools like mobile x rays for screening, AI-enabled diagnosis, faster & more tolerable treatment regimens, and more are ready to scale up.
- **Assist priority countries in key regions** to improve infection control and active case-finding, provide mobile diagnostic labs to reach TB hot-spots, and enhance community-based service delivery.
- **Drive new research and breakthroughs** in TB diagnostics, therapeutics, and prevention efforts.
- **Increase funding that goes directly to local partners**, promoting sustainability through locally-driven, country-owned health systems.
- **Ensure countries receive quality assured drugs** by pooling resources to support the Global Drug Facility.

RESULTS' request and funding history

Members of Congress can show their support by submitting a formal appropriations request to NSRP/SFOPS subcommittee of Appropriations leadership. Please contact cnicovich@results.org for more information.

Account	FY24 Enacted	FY25 Enacted	FY26 House	FY26 Bicameral	FY26 Enacted	RESULTS FY27 Request
Bilateral Tuberculosis	\$394.5 million	\$394.5 million	\$394.5 million	\$378.7 million	\$378.7 million	\$1 billion