

Congress of the United States
Washington, DC 20515

March 12, 2020

The Honorable Nita M. Lowey
Chairwoman
Subcommittee on State, Foreign Operations,
and Related Programs
HT-2, The Capitol
Washington, DC 20515

The Honorable Hal Rogers
Ranking Member
Subcommittee on State, Foreign Operations,
and Related Programs
2406 Rayburn House Office Building
Washington, DC 20515

Dear Chairwoman Lowey and Ranking Member Rogers:

Thank you for your leadership and continued dedication to global health. We write to request that you provide \$400 million in funding for bilateral tuberculosis (TB) control in the Fiscal Year (FY) 2021 State, Foreign Operations and Related Programs Appropriations bill. We encourage this as a priority in addition to your continued support for the U.S. contribution to the Global Fund on AIDS, Tuberculosis and Malaria, some 20 percent of which supports work on TB.

TB is a curable, airborne infection that now kills more people worldwide than any other infectious disease. In 2018, 10 million people became ill with TB, 10 percent of whom were children. In the same year, 1.5 million people died from TB. TB is frequently economically devastating for individuals and families, and health care personnel are disproportionately at risk.

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. Unfortunately, most people with drug-resistant TB are still going undiagnosed and untreated.

TB is also the leading killer of people living with HIV/AIDS, and of the 10 million people who became ill with tuberculosis in 2018, 862,000 of them are living with HIV/AIDS. Failure to invest in TB, and integrated TB and HIV responses, threatens the substantial gains we have made in the fight against HIV/AIDS.

We are making progress. New technologies can save more lives, provided they reach patients in time. TB is preventable when caught early enough, and shorter regimens of antibiotics for TB prevention have also been developed, thanks to investments in research by the United States.

While we have tools to combat this disease, we need to do more to get them to the populations that need them most. USAID's TB program is building the capacity to prevent,

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diagnose and treat this curable disease, using the latest methods, and it supports the development and implementation of new technologies to end TB. With USAID support, countries have significantly reduced the rate of new cases and built up their capacity to respond to all forms of the disease.

Unfortunately, USAID lacks the resources to adequately scale up prevention efforts. This leads to countless people unnecessarily becoming ill and contributes to higher programmatic costs in the future.

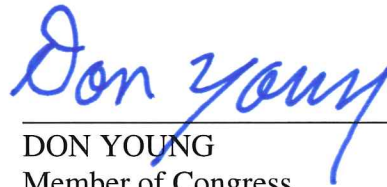
Momentum is building to end TB, with significant advances in diagnosis, treatment, and prevention, as well as growing political will and community engagement. The U.S. has a major opportunity to lead the world in ending TB as a global health security threat.

We acknowledge the difficulty you face in determining the best allocation of precious foreign assistance dollars. We thank you for your strong support of USAID's much-needed TB control program and urge you to prioritize TB as you finalize the FY 2019 appropriations bill.


Sincerely,



ELIOT L. ENGEL
Chairman
House Committee on Foreign Affairs



DON YOUNG
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BARBARA LEE
Member of Congress



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Member of Congress

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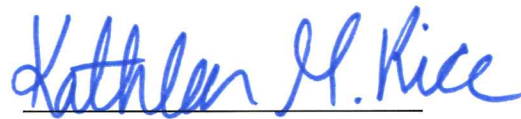
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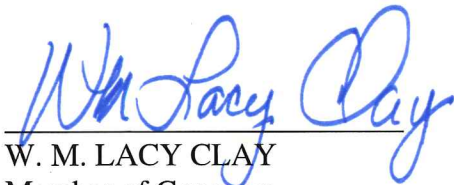
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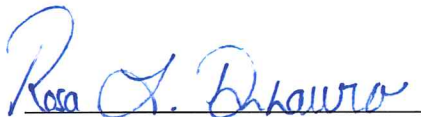
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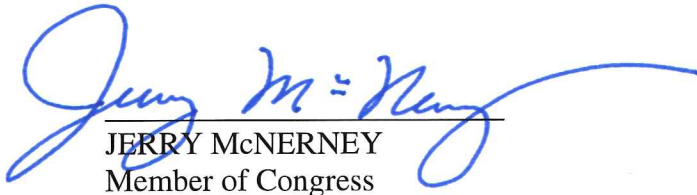


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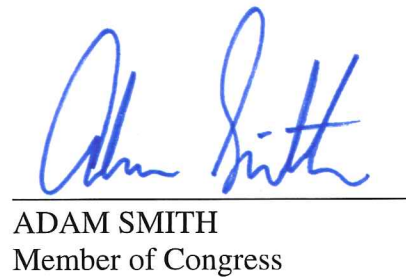


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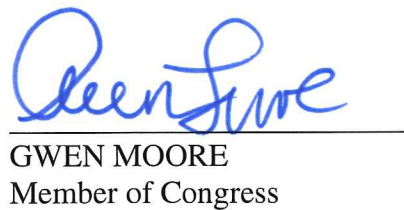
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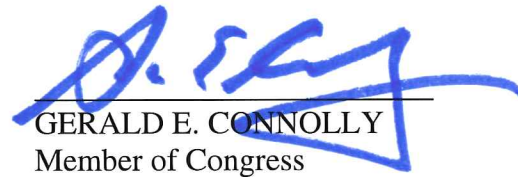
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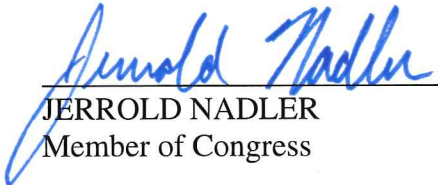
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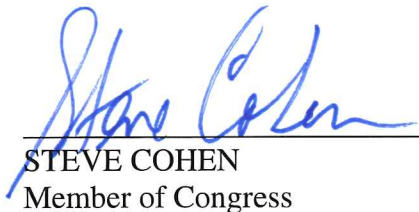
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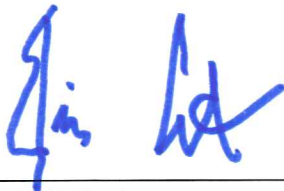
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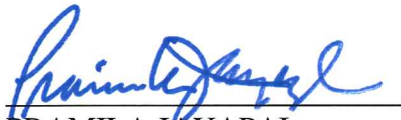
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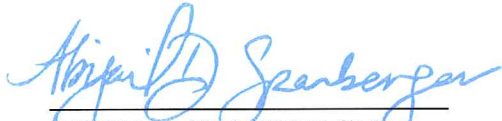
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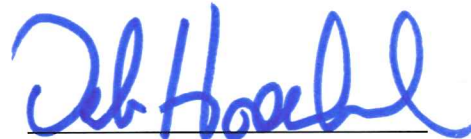
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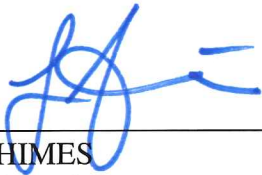
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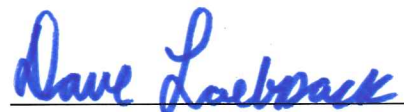
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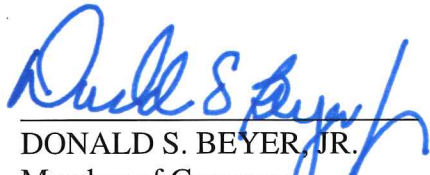

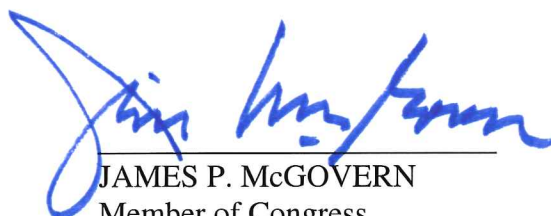



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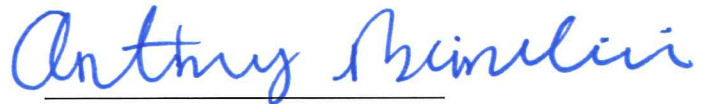
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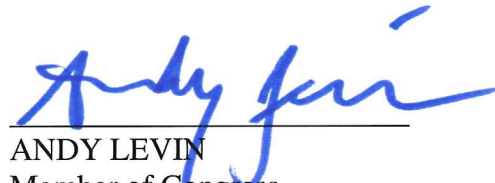
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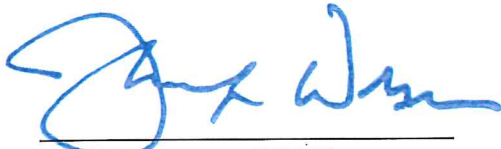
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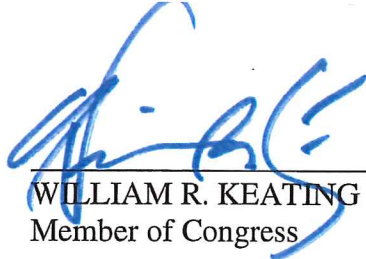


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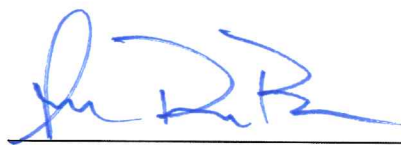
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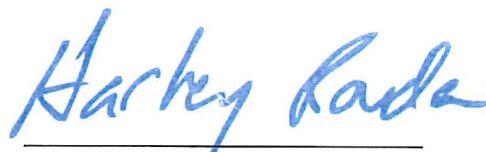
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