

September 27, 2012

The Honorable Jeffrey Zients  
Acting Director  
Office of Management & Budget  
725 17th Street, NW  
Washington, DC 20503

Dear Mr. Zients:

As you prepare the President's fiscal year (FY) 2014 budget, the undersigned organizations would like to submit our recommendations on FY2014 funding levels for global and domestic tuberculosis (TB) programs at the U.S. Agency for International Development (USAID) and Centers for Disease Control and Prevention (CDC), as well as the US contribution to the Global Fund.

The global TB pandemic, including the rapid spread of drug resistant TB, continues to pose a serious public health threat. We recommend a funding level of \$400 million for USAID's global TB program and \$2.0 billion for the US contribution to The Global Fund to Fight AIDS, Tuberculosis, and Malaria. We recommend \$243 million, as authorized under the Comprehensive TB Elimination Act, for CDC's Division of TB Elimination (DTBE).

TB is the second leading infectious disease killer in the world, killing 1.4 million men, women and children per year. TB is the third leading cause of death among women of reproductive age and it is an under-recognized health problem in children. In 2010, there were 10 million children orphaned as a result of losing at least one parent to TB. TB is also the leading killer of people with HIV/AIDS in many developing countries.

About half a million people each year fall ill with multidrug-resistant TB (MDR-TB), but the WHO reports that less than 10% are getting access to effective treatment. The alarming rise of drug resistant TB threatens to undo much of the progress made by the U.S. investment in the fight against HIV/AIDS, particularly in sub-Saharan Africa. Last month a large, international study published in *The Lancet* revealed alarming levels of drug resistant TB and higher than expected overall levels of extensively drug-resistant (XDR) TB.

In 2008, Congress made a historic commitment to the fight against TB through passage of the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act, which states that as a matter of U.S. policy "it is a major objective of the foreign assistance program of the United States to control tuberculosis." To date, however, less than one fourth of the \$4 billion authorized under this law has been appropriated.

USAID's TB program is modestly funded in comparison with other health programs at the agency, yet it has proven to be highly effective. Over the past twenty years, the mortality rate from TB has decreased by 40% and in 2009, and the Global Plan to Stop TB treatment success rate target of 85% was achieved. USAID's technical assistance to the 40 most highly burdened countries has been essential to this success. Yet significantly more resources are required to rapidly scale up these efforts and prevent the further spread of TB and drug resistant TB.

US government investment in the development and scale-up of new diagnostics, drugs and vaccines for TB is critical to making transformative and sustainable progress in TB control. USAID's support for clinical testing of new TB treatments has enabled several faster-acting and cost-effective regimens to advance into late stage development. These treatments could become available within five years if adequate funding is available. A safer and more effective vaccine for TB could make a significant impact on the epidemic, yet investment in advancing promising TB vaccine candidates is lacking despite the entry of several candidates into clinical trials.

The US contribution to the Global Fund to Fight AIDS, Tuberculosis, and Malaria is a crucial way to leverage more TB resources. It provides over two-thirds of all international financing for TB programs worldwide and has supported the detection and treatment of 8,600,000 cases of TB. The US President's Emergency Plan for AIDS Relief (PEPFAR) also contributes to the fight against TB-HIV co-infection through its programs, and robust funding should be maintained.

Within the US, tuberculosis remains a serious public health issue. All U.S. states continue to report cases of TB annually. Eroded state and federal TB program budgets over the last decade and rising numbers of drug resistant TB cases have significantly undermined our nation's progress against TB. Drug resistant TB poses a particular challenge to state public health budgets due to the high costs of treatment and intensive health care resources required. Treatment costs for multi-drug resistant (MDR) TB range from \$100,000 - \$300,000 per patient.

The Comprehensive TB Elimination Act (CTEA), signed into law in October 2008, provides targeted support to federal, state, and local health authorities to detect, treat, and prevent TB, including drug-resistant TB, in the foreign-born population, among U.S. minorities, and along the U.S.-Mexico border. We ask you to put the U.S. back on the path to TB elimination by providing \$243 million in the President's FY2014 budget for CDC's domestic TB elimination program, as authorized under the CTEA.

In these times of fiscal constraint, we understand the unique pressures that you face in setting priorities for our nation and recommending levels of associated funding. We welcome the opportunity to work with you and your staff on these very important and timely issues. Should any questions arise, or if you need additional information, please contact David Bryden ([dbryden@results.org](mailto:dbryden@results.org)) or Nuala Moore ([nmoore@thoracic.org](mailto:nmoore@thoracic.org)).

Sincerely,

Aeras  
American Lung Association  
American Thoracic Society  
IDSA/HIVMA Center for Global Health Policy  
Partners in Health  
PSI  
RESULTS  
TB Alliance  
Treatment Action Group  
Washington Global Health Alliance