

August 5, 2015

Shaun Donovan  
Director  
Office of Management & Budget  
725 17th Street, NW  
Washington, DC 20503

Dear Mr. Donovan:

As you prepare the President's fiscal year (FY) 2017 budget, the undersigned organizations would like to submit our recommendations on funding levels for global and domestic tuberculosis (TB) programs at the U.S. Agency for International Development (USAID), Centers for Disease Control and Prevention (CDC), and the US contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). We applaud the President for the forthcoming National Action Plan to Combat Drug Resistant Tuberculosis and look forward to bold targets for scaling up services to identify, treat and prevent drug resistant TB, both domestically and globally, and for the development of new diagnostic, treatment and prevention tools. To that end, the plan must be accompanied by the necessary funding and resources required for the implementing agencies, including USAID, CDC and the National Institutes of Health (NIH). We believe our FY2017 funding recommendations will ensure implementation of the National Action Plan.

In support of the National Action Plan we recommend a request of \$400 million for USAID's global TB program and \$1.35 billion for the US contribution to the Global Fund. We recommend \$243 million, as authorized under the Comprehensive TB Elimination Act (P.L. 110-392), for CDC's Division of TB Elimination (DTBE).

As you know, TB is the second leading infectious disease killer in the world, killing 1.5 million annually. TB is the third leading cause of death among women of reproductive age and it is an under-recognized health problem in children. TB is also the leading killer of people with HIV/AIDS in many developing countries. In the U.S., every state continues to report cases of TB annually. Furthermore, almost half a million people each year fall ill with multidrug-resistant TB (MDR-TB), but the WHO reports that less than 25% 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.

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-two years, the mortality rate from TB has decreased by 45% and USAID's technical assistance to the 23 most highly burdened countries has been essential to this success. The TB program is making notable success in efforts to diagnose, treat and prevent drug resistant TB, one of the biggest challenges for many highly-burdened countries. Yet significantly more resources are required to continue scaling up these efforts and prevent the further spread of TB and drug resistant TB.

The United States must also invest in the development of new health technologies such as point of care diagnostics, new drugs and vaccines for TB in order to make more rapid progress against TB. USAID's support for clinical trials of new TB treatments that are currently in the latter

stages of development is essential. New, more effective vaccines that protect adolescents, adults and infants from TB, are essential to global efforts to eliminate the disease, yet investment in TB vaccine product development is severely lacking despite the entry of several candidates into clinical trials.

The US contribution to the Global Fund is a crucial way to leverage more TB resources. The Fund provides more than 70% of international financing for TB programs worldwide. To date, Global Fund-financed TB programs have provided assistance to 13.2 million people, an 11 % increase from mid-2014, and have successfully treated 10.7 million cases of TB. We recommend a funding level of \$1.35 billion for the US contribution to Global Fund. 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, TB remains a serious public health issue. Although there was a small decline in US TB cases in 2014, 19 states reported TB case increases. 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 MDR TB range from \$100,000 - \$400,000 per patient and the costs for extensively drug resistant (XDR) TB, which the U.S. had 18 cases of between 2008 and 2015, can be over \$1 million. There are also more than 10 million people in the U.S. with latent TB infection. But due to funding cuts, some state and city programs are unable to effectively operate TB infection programs, a core element of TB elimination efforts in the U.S.

We ask you to put the U.S. back on the path to TB elimination by providing \$243 million in the President's FY2017 budget for CDC's domestic TB elimination program, as authorized under the Comprehensive TB Elimination Act.

Again, we look forward to the release of the National Action Plan to Address Drug Resistant TB and urge you allocate the funding requiring to implement this historic initiative. Please contact David Bryden ([dbryden@results.org](mailto:dbryden@results.org)) or Nuala Moore ([nmoore@thoracic.org](mailto:nmoore@thoracic.org)) if you have any questions or need more information.

Sincerely,

Aeras

American Association of Physicians of Indian Origin

American Lung Association

American Thoracic Society

Association of Public Health Laboratories

Association of State and Territorial Health Officials

Council of State and Territorial Epidemiologists

Friends of the Global Fight Against AIDS, Tuberculosis and Malaria

Georgia AIDS Coalition

Global Health Council

Infectious Diseases Society of America

Management Sciences for Health

National Alliance of State and Territorial AIDS Directors

National Association of County and City Health Officials

National Tuberculosis Controllers Association

RESULTS

Stop TB USA

Treatment Action Group

TB Alliance

TB Photovoice