

September 27, 2017

Mick Mulvaney
Director
Office of Management & Budget
725 17th Street, NW
Washington, DC 20503

Dear Mr. Mulvaney:

As you prepare the President's fiscal year (FY) 2019 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). The global TB pandemic, including the rapid spread of drug resistant TB, poses a serious global security threat. We recommend a request of \$450 million for USAID's global TB program, \$1.35 billion for the US contribution to the Global Fund and \$195.7 million for CDC's Division of TB Elimination (DTBE).

Tuberculosis (TB) is the leading global infectious killer, killing 1.8 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. 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 being identified and treated. 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. In the U.S., every state continues to report cases of TB annually.

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 22 most highly burdened countries has been essential to this success. TB incidence in the USAID-supported countries has fallen by 19 percent since 2000 and 3 percent from 2014 to 2015, which is more than double the average global rate reported by WHO in 2016.

The TB program is also 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 interagency National Action Plan to Combat Multi-Drug Resistant provides a comprehensive framework for these efforts.

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.

The US contribution to the Global Fund is a crucial way to leverage more TB resources from other donors. The Global Fund provides more than 65% of international financing for TB programs worldwide. To date, the Global Fund has saved 22 million lives, with Global Fund-financed TB programs successfully treating 17.4 million cases of TB since its inception in 2002. In countries where the Global Fund invests, the mortality rate from TB declined 35 percent between 2000 and 2015 (excluding HIV-positive people).

To maximize the impact of U.S. and Global Fund investments in TB, USAID provides technical assistance, leveraging the Global Fund's resources in countries with the greatest disease burden. The Global Fund also works with the US President's Emergency Plan for AIDS Relief (PEPFAR), whose programs contribute to the fight against TB-HIV co-infection. We recommend maintaining funding for the Global Fund at \$1.35 billion for the US contribution to Global Fund as well as sustained funding for PEPFAR.

Within the US, TB remains a serious public health issue and 18 states reported TB case increases in 2016. 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 - \$250,000 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 13 million people in the U.S. with latent TB infection, the reservoir of future active TB cases. 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 \$195.7 million in the President's FY2019 budget for CDC's domestic TB elimination program, as authorized under the Comprehensive TB Elimination Act.

We welcome the opportunity to work with you and your staff on efforts to halt the global TB pandemic and protect US communities from this disease. Please contact David Bryden (dbryden@results.org) or Nuala Moore (nmoore@thoracic.org) if you have any questions or need more information.

Sincerely,

Aeras
AIDS United
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
AVAC
Children's AIDS Fund International
Elizabeth Glaser Pediatric AIDS Foundation
Friends of the Global Fight Against AIDS, Tuberculosis and Malaria
Fund for Global Health
Georgia AIDS Coalition

Global Health Council
Health Global Access Project
Infectious Diseases Society of America
Institute for Youth Development
International AIDS Society
International Union Against Tuberculosis and Lung Disease
National Alliance of State and Territorial AIDS Directors
National Association of County and City Health Officials
National Coalition of STD Directors
National Tuberculosis Controllers Association
Pediatric Infectious Diseases Society
Project HOPE
RESULTS
Stop TB USA
TB Alliance
TB Photovoice
Treatment Action Group
Vital Strategies
We Are TB