

April 29, 2013

The Honorable Kay Granger  
Chairman  
Subcommittee for State and Foreign  
Operations and Related Programs  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Nita Lowey  
Ranking Member  
Subcommittee for State and Foreign  
Operations and Related Programs  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

Dear Chairman Granger and Ranking Member Lowey:

Thank you for your leadership on the Appropriations Subcommittee for State and Foreign Operations and Related Programs and your dedication to global health and development efforts. We write to request that you provide \$400 million for bilateral tuberculosis (TB) control in the fiscal year 2014 State, Foreign Operations and Related Programs Appropriations bill. Additionally, we ask you to provide the President's requested level of \$1.65 billion for the Global Fund to Fight AIDS, TB and Malaria for FY 2014.

We are disappointed that the President's FY2014 budget proposes a cut of over 19 percent from the FY2012 enacted level for USAID's TB program. A cut of this magnitude would fail to uphold U.S. leadership to address the TB pandemic as envisioned in the Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act and would have serious consequences in the battle to stop the spread of drug resistant TB. The U.S. must maintain a strong investment in both the Global Fund to Fight AIDS, TB and Malaria and USAID's TB program, which are complementary investments.

The USAID TB Program provides urgently needed technical assistance and programmatic implementation to 33 of the world's most highly burdened countries. This helps our foreign aid dollars go further, reaching more people by improving program quality and efficiency. The TB program also plays a critical role in successfully leveraging multi-lateral TB resources, including the Global Fund, by assisting countries in the development of grant applications and annual country strategic and operational plans. We urge you to reject this proposed cut, which would reverse the notable progress USAID has recently made in expanding TB diagnosis, treatment and prevention services to millions more people around the globe.

Although usually treatable with a course of inexpensive drugs (\$16–20), TB is the leading curable infectious killer in the world, claiming 1.4 million lives per year. Worldwide, TB is the third leading cause of death among women of reproductive age and it is under-recognized health problem in children. As of 2009, there were 9.7 million children orphaned by TB around the world.

Improper or incomplete treatment has led to the emergence of multidrug-resistant (MDR) and extensively drug-resistant (XDR) strains of TB as well as recently-reported cases that may be totally resistant to all drugs currently available. In a globally connected world,

these dangerous and costly strains pose a direct threat to the U.S. Globally, there are about 640,000 MDR-TB cases each year.

As the leading infectious killer of people with HIV/AIDS, TB is undermining the substantial gains we have made through PEPFAR. In some sub-Saharan African countries, the proportion of people co-infected with TB and HIV can exceed 50 percent, and one in four AIDS deaths are related to TB. As the Subcommittee considers maximizing the impact of our global health dollars, we urge you to protect our PEPFAR investments and support funding to prevent, detect, and treat TB.

Scientific advances have led to progress in the development of new and better diagnostic tools that will transform the fight against TB, but research must be accelerated to develop shorter treatment regimens and effective vaccines. Current TB treatment is long and complex, using drugs developed almost 50 years ago. The TB vaccine, which is more than 90 years old, provides some protection against severe forms of TB in children but is unreliable against adult pulmonary TB, which accounts for most of the worldwide disease burden. U.S. investments can help provide continued support for the development of new tools to more effectively prevent, diagnose, and treat TB, and can then help take these much needed new technologies to scale, including through USAID. For example, the TB program's recent introduction of the Xpert diagnostic test to 25 countries is helping detect more people who are infected with both TB and HIV.

As you know, in 2008, Congress passed into law the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act. An allocation of \$400 million in FY14 would be consistent with this authorization and commensurate with the global burden of TB.

The Global Fund to Fight AIDS, TB and Malaria provides over 80% of all international financing for TB programs worldwide. We urge you to provide full support for President Obama's requested level of \$1.65 billion for the Fund for FY 2014.

We recognize that you face difficult choices in deciding to best fund the many foreign assistance programs that require support in FY2014. We urge you consider TB as an important priority in your FY2014 appropriations bill.

Sincerely,

Aeras  
American Lung Association  
American Thoracic Society  
Association of Public Health Laboratories  
Infectious Diseases Society of America  
Management Sciences for Health  
Migrant Clinicians Network  
National Tuberculosis Controllers Association  
Partners In Health

PATH

PSI

Public Health Institute

RESULTS

TB Alliance

Treatment Action Group

United Methodist Church, General Board of Church and Society

Washington Global Health Alliance