

## FY 2012 REQUESTS FOR FOREIGN OPERATIONS SUBCOMMITTEE LEADERSHIP

### House

Rep. Kay Granger, Chair  
Rep. Nita Lowey, Ranking Member

### Senate

Sen. Patrick Leahy, Chair  
Sen. Lindsey Graham, Ranking Member

## Global Tuberculosis

### FY12 Request: Provide \$650 million to for International TB Control

#### Global TB Funding History

Fiscal Year	FY06	FY07	FY08	FY09	FY10	FY11 House	FY11 Senate	FY12 President's Request	FY12 RESULTS' Request
Funding Level	\$92 million	\$92 million	\$163 million	\$162 million	\$225 million	\$240 million	\$230 million	\$236 million (including \$15 million for Global TB Drug Facility)	\$650 million

- Although usually treatable with a course of inexpensive drugs (\$16–20), tuberculosis (TB) kills 1.8 million people every year. TB is the leading curable infectious killer in the world.
- There were 9.4 million new TB cases in 2009, including 1.1 million cases among people with HIV.
- 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. It authorized \$4 billion over five years in bilateral TB funding, which is the U.S. share of the funding needed to implement the Global Plan to Stop TB and the WHO's drug-resistant TB response plan.

#### TB-HIV Co-infection

- TB is the leading killer of people living with HIV/AIDS in Africa. Worldwide one in four TB deaths is HIV-related. People with HIV are up to 50 times more likely to develop TB than people free of HIV infection.
- Without treatment, the vast majority of people with HIV and TB will die within a few months. TB is the leading killer of people with HIV/AIDS and accounts for half of HIV/AIDS deaths in some parts of Africa.

#### Drug-Resistant TB

- The emergence of drug-resistant TB poses a grave risk to global health. Multidrug-resistant and extensively drug-resistant TB — known as MDR and XDR — are the result of inconsistent and incorrect treatment of standard TB.
- MDR- and XDR-TB are far deadlier than normal TB and are much more difficult and expensive to treat. In a recent case, it cost \$500,000 to treat a young Peruvian student studying in Florida with a new highly resistant strain of TB.

- In 2008, there were an estimated 440,000 new cases and 150,000 deaths from MDR-TB.
- In 2010, the largest WHO MDR-TB survey reported the highest rates ever of MDR-TB, with peaks of up to 28 percent of new TB cases in some settings in the former Soviet Union.

### **Breakthrough for Accurate TB Diagnosis**

- The World Health organization recently endorsed a new technology (called “Xpert”) developed by an American company which has the potential to revolutionize the fight against TB. Xpert could replace the current diagnostic technique used throughout the developing world, which is over 100 years old.
- Xpert dramatically reduces the time it takes to obtain an accurate diagnosis from days or even weeks or months to just two hours. Because the machine is self-contained and easy to use, it requires little training. Xpert is already being successfully piloted in very poor settings, including South Africa’s largest slum.
- Xpert is more accurate than the current diagnostic technique (examining sputum under a microscope). It can detect whether TB is a drug-resistant strain so the patient is not given ineffective drugs. In studies Xpert improved diagnosis of MDR-TB by 300 percent. The microscope method also fails to detect most TB in people with HIV/AIDS, but Xpert provides an accurate diagnosis.

### **TB and Women**

- TB is the third leading cause of illness and death of adult women worldwide.
- In 2008, 3.6 million women developed TB and approximately half a million women died from it. Women with TB are often diagnosed late compared to men, for reasons including women's more limited access to health care, and the negative social stigma for women with TB.
- Pregnant women with TB who receive a late diagnosis are four times as likely to die in childbirth, and babies of women with TB are twice as likely to have low birth weight or be born prematurely.

### **TB and Poverty**

- People living in conditions of poverty (overcrowding, malnutrition, poor ventilation, etc.) are more susceptible to fall sick with TB and most likely to lack access to detection and treatment services.
- More than 75 percent of TB-related disease and death occurs among people between the ages of 15 and 54 — the most economically active segment of the population. Approximately 20 to 30 percent of annual income may be lost if the household’s breadwinner is struck down with active TB. Additionally, children may be removed from school when they contract TB or to help provide care when family members become sick.
- A study by the World Bank found that countries with a high incidence of tuberculosis could reap enormous economic benefits by investing more in TB control. The study found that by fully funding a global plan to halve TB deaths in the next decade, countries could see a return of nine times their investment in TB treatment and prevention.

### **For additional information, please contact:**

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