



APPROPRIATIONS REQUEST

Tuberculosis

As reported in 2015, tuberculosis (TB) is now the leading global infectious killer, surpassing HIV/AIDS. Caused by a bacterium and spread mainly by a cough, this airborne disease disproportionately affects people in poor and vulnerable communities. As with other public health threats, such as Ebola or Zika, TB knows no border and respects no wall.

FY18 FUNDING REQUEST:

- Tuberculosis in Global Health (USAID) at \$450 million

With U.S. leadership, progress has been made to fight TB where it most often occurs. In the 23 countries with bilateral USAID TB funding, the rate of new cases of TB has fallen by almost 20 percent since 2000. There is growing political will to overcome TB; the world has agreed to end the epidemic by 2030.

However, TB now kills 1.8 million people globally each year – that’s 4,900 people each day; in 2015 it sickened a total of 10.4 million people. While TB is curable, its treatment is lengthy. The average TB patient will lose up to 4 months of work and up to 30 percent of their annual income. Drug-resistant TB provides an additional complication. Most patients are treated for TB without being checked for drug-resistance, and most people with drug-resistant TB go untreated.

To drive back this deadly disease, we must build capacity to prevent TB and rapidly diagnose and cure people affected. We must also improve tools for faster TB diagnosis, earlier treatment, and more successful prevention – tools that are crucial for global health security.

Recently, in response to an increase in deadly drug-resistant strains of TB, a U.S. interagency plan was developed by technical experts to battle the disease. The “National Action Plan for Combatting Drug-Resistant Tuberculosis” promises to scale up access to life-saving treatment and improve disease prevention, focusing on 10 high-burden countries and providing treatment to 560,000 people. It’s up to Congress to ensure full implementation of the plan, support prevention of the disease, and save more lives.

Why Funding Matters

U.S. investments in tuberculosis are saving lives and building capacity. USAID TB grants:

- **Implement patient and community-centered approaches:** Many patients go undiagnosed and untreated, or may receive poor quality care. USAID supports patient-centered approaches to make it easier for patients to get proper treatment.
- **Support the Global Fund to Fight AIDS, Tuberculosis, and Malaria:** USAID supports countries to develop strong applications to the Global Fund and better manage their grants.

- **Strengthen the system:** Bilateral resources strengthen health systems and laboratories in affected countries, as well as reduce TB risk in health care facilities. USAID helps countries adopt new tools, many developed by the U.S.
- **Crucial research and lower costs:** Some treatments for drug-resistant TB can cause permanent nerve damage and hearing loss. USAID is investing in research on improved, faster-acting medications and seeing good early results. Also, through its contribution to the Global Drug Facility, USAID has lower medication costs for drug-resistant TB by 32 percent.
- **Stop drug-resistant TB in the U.S.:** The U.S. reports TB cases every year in every state. 620 cases of multi-drug resistant TB (MDR-TB) occurred in the U.S. from 2009 to 2014, severely straining state public health budgets. Treating just one case can devastate the budgets of a state health department. We cannot end TB in the U.S. until we stop it globally.

Advanced Medication for MDR-TB

Bedaquiline is the first new antibiotic to be approved by the U.S. Food and Drug Administration (FDA) in more than 40 years. It boosts a MDR-TB patient's chance of survival from 50 percent to 80 percent. USAID helps countries access bedaquiline through a partnership with Johnson & Johnson. So far, almost 7,000 patients are receiving this new medication, but many more are in urgent need of it. One patient receiving the new, life-saving medication said, "My heart is full of hope; I believe that this medicine will cure me: my doctor explained to me that for many years there was no new medicine for TB treatment and bedaquiline is the one. And now, kind people are trying to make this medicine available worldwide for patients like me."



Doctors in Peru are working to respond to MDR-TB.
Photo Credit: Aeras

RESULTS' Request and Funding History

As members of Congress submit annual personal appropriations requests forms, they should protect critical funding for anti-poverty programs in the International Affairs account. RESULTS asks Members to also specifically show their support for ending the TB epidemic by requesting funding in the State and Foreign Operations Appropriations bill for the TB program within Global Health.

To do so, please submit a formal appropriations request form for the USAID TB account to Senators Graham and Leahy or Representatives Rogers and Lowey as Chairs and Ranking Members of the State and Foreign Operations Subcommittees of Appropriations. Contact RESULTS' staff Crickett Nicovich for support: cnicovich@results.org.

| Fiscal Year | FY14 | FY15 | FY16 | FY17 | President's FY18 Request | RESULTS' FY18 Request |
|-------------------------------|---------------|---------------|---------------|---------------|--------------------------|-----------------------|
| Bilateral Tuberculosis | \$236 million | \$236 million | \$236 million | \$241 million | \$178.4 million | \$450 million |