

October 24, 2019

The Honorable Richard Shelby
Chairman
Committee on Appropriations
U.S. Senate
Washington, DC 20510

The Honorable Nita Lowey
Chair
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

The Honorable Patrick Leahy
Vice Chair
Committee on Appropriations
U.S. Senate
Washington, DC 20510

The Honorable Kay Granger
Ranking Member
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Chairmen Shelby and Lowey, and Vice Chair Leahy and Ranking Member Granger:

Thank you for your leadership in supporting domestic and global tuberculosis (TB) programs and research at the U.S. Agency for International Development (USAID) through State and Foreign Operations appropriations, Centers for Disease Control and Prevention (CDC) through the Labor, Health and Human Services, Education, and Related Agencies appropriations and the Peer Reviewed Medical Research Program (PRMRP) through the Department of Defense appropriations subcommittee.

TB causes more deaths than any other single infectious disease agent, with 1.6 million deaths globally in 2017. Drug resistant TB is a serious global health security threat. In the U.S., every state reports cases of TB annually and in 2018, twenty-three states reported TB increases. In addition, there are up to 13 million people in the U.S. with latent TB infection (LTBI), the reservoir of future active TB cases.

State, Foreign Operations, and Related Agencies (SFOPS)

The undersigned organizations, thank the Senate and House SFOPS subcommittees for providing \$310 million for USAID's global TB program and urge the adoption of this funding level in final FY2020 appropriations.

Additionally, we thank the subcommittees for their continued support of the Global Fund to Fight AIDS, Tuberculosis and Malaria with a contribution of \$1.56 billion for FY2020. In its FY20 appropriations bills, both the House and Senate made clear that all funds appropriated in FY20 should be disbursed up to the 33 percent ceiling as long as there is sufficient match from other donors. A clear U.S. commitment indicated in both FY20 appropriations bills—on increased funding and full disbursement of funding up to the 33 percent limit—has prompted other countries' increased pledges for the 6th Replenishment.

Labor, Health and Human Services, and Education (LHHS)

We urge the committees to support the House's allocations for CDC's domestic and global TB programs— funding increases of \$10 million each, totaling \$20 million and ensure that the full \$10 million increase provided for the domestic TB program, the Division of TB Elimination (DTBE), remains with that program.

A targeted prevention program for those at greatest risk of progressing from LTBI to active TB disease in the U.S. is urgently needed to prevent future active TB cases. This TB prevention program could be initiated with the proposed increase to CDC's domestic TB program and would move the United States towards elimination.

Current FY2019 funding for CDC's domestic TB program is at the FY 2005 level. We remain very concerned that this stagnant funding level is eroding state TB programs' capacity to effectively protect the public's health, leaving communities vulnerable to this airborne disease. The FY2020 House Labor-HHS bill's funding level of \$152 million for the DTBE would help to support a critically needed national TB prevention initiative, address ongoing TB drug supply issues, further domestic implementation of the National Action Plan for Combating MDR-TB, and support the development of urgently needed new TB diagnostic, treatment, and prevention tools to support domestic and global TB elimination.

CDC's global TB program in the Division of Global HIV and TB (DGHT) plays a critical role in the U.S.'s global TB response. While CDC receives PEPFAR funding for TB-HIV, it needs more funding to expand its TB-specific work, considering that most TB cases globally are unrelated to HIV. CDC DGHT currently relies on funds transferred in through other accounts, primarily from the DTBE, for this work.

Drug resistant TB is an issue for global health security, and CDC assistance is urgently needed to help countries address this expanding threat, including in Southeast Asia where the US has close ties. CDC's scientific expertise brings credibility with health officials in countries impacted by TB and provides a unique ability to support countries to address drug resistant TB with greater urgency. The House's provision of \$10 million in new line-item funding for the program would allow the agency to use its unique technical expertise to address the nexus between the global TB epidemic and the incidence of TB in the U.S.

Department of Defense (DoD)

We urge the committee to restore TB as a disease eligible for funding in FY2020 under the PRMRP. TB has been included on the eligible disease list since FY 2016 and since then, over \$23 million has been awarded to TB research and development institutions around the US. The DoD—and PRMRP in particular—is a critical part of the overall TB research infrastructure through the US government. TB is a concern for the DoD. Our military's global footprint means that American military men and women are posted in countries or regions that experience high rates of both active TB infectious disease and TB infection. For instance, in the Western Pacific region, 74,000 U.S. troops and dependents live amidst 1.6 million cases of TB and 100,000 cases

of MDR-TB, according to the most recent WHO estimates. We respectfully ask that as the final FY2020 Defense Appropriations bill moves forward, the committee include TB in the PRMRP.

Thank you for your consideration of these requests.

Sincerely,

American Lung Association

American Medical Student Association

American Public Health Association

American Thoracic Society

Association of Public Health Laboratories

Association of State and Territorial Health Officials

AVAC

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

Global Health Technologies Coalition

IAVI

Infectious Diseases Society of America

International Union Against Tuberculosis and Lung Disease

Management Sciences for Health

Medical IMPACT

National Alliance of State & Territorial AIDS Directors

National Association of County and City Health Officials

National Tuberculosis Controllers Association

RESULTS

Stop TB USA

TB Alliance

Treatment Action Group

We are TB