

September 19, 2018

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) 2020 budget, the undersigned organizations respectfully 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 U.S. 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. Although considered a low-incidence country, every state within the United States continues to report TB disease and the rate of the decline in cases is now stagnant. To combat both global and domestic TB, we recommend a request of \$400 million for USAID's global TB program, \$1.6 billion for the US contribution to the Global Fund, \$195.7 million for CDC's Division of TB Elimination (DTBE), \$21 million for global TB efforts at the CDC's Division of Global HIV and TB (DGHT), and boosting the total funding for TB research and development (R&D) across key U.S. research institutions to \$444.5 million.

TB is the leading global infectious killer, with 1.7 million deaths 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 rise of drug-resistant TB threatens to undo much of the progress made by the U.S. in the fight against HIV/AIDS, particularly in sub-Saharan Africa.

Within the U.S., TB remains a serious public health issue and 20 states reported TB case increases in 2017. The CDC estimates that in 2016 TB led to \$450 million in costs in the U.S. 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 can be over \$1 million per patient. The U.S. had 20 cases of XDR-TB between 2008 and 2016.

There are also an estimated 13 million people in the U.S. with latent TB infection (LTBI), the reservoir of future active TB cases. However, due to funding cuts, many state and city programs are unable to effectively develop and implement TB prevention 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 FY2020 budget for CDC's domestic TB elimination program, as authorized under the Comprehensive TB Elimination Act, S. 2567/H.R. 5794.

CDC's mandate is to protect Americans from public health threats at home and abroad. Yet its work on global TB is underfunded and is mostly transferred in through other accounts. Increasing CDC's Division of Global HIV and TB funding to \$21 million, 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. We request that this funding be provided directly through a new budget line for CDC's work on global TB. This direct funding stream would help strengthen TB elimination programs in highly burdened countries, focusing on countries contributing to the TB burden in the U.S. such as Mexico, Vietnam and the Philippines.

USAID's TB program is modestly funded in comparison with other health programs at the agency, yet it has proven to be highly effective. Between 2000 and 2016, the mortality rate from TB decreased by 37% and USAID's technical assistance to the 22 most highly burdened countries has been essential to this success. The TB program is 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 for Combating Multi-Drug Resistant TB* provides a comprehensive framework for these efforts; yet, it remains unfunded.

The U.S. contribution to the Global Fund is a crucial way to leverage more TB resources. The Fund provides more than 65% of international financing for TB programs worldwide. Since 2000, the number of deaths from TB has fallen 21% in countries where the Global Fund invests, and in 2017 alone, 5 million people were treated for TB in these countries. We recommend a funding level of \$1.6 billion for the US contribution to Global Fund, which will win burden-sharing from other donors in its 2020-2022 Replenishment. The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) also contributes to the fight against TB-HIV co-infection through its programs, and robust funding should be maintained.

The U.S. 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 through /NIAID, CDC, USAID, Biomedical Advanced Research & Development Authority (BARDA), FDA, National Science Foundation (NSF), the Department of Defense's Congressionally Directed Medical Research Programs (CDMRP), as well as PEPFAR. USAID's support for clinical trials of new TB treatments that are currently in the latter stages of development is essential. The TB Trials Consortium (TBTC) at DTBE continues to lead on critical research on LTBI treatment shortening. New, more effective vaccines that protect adolescents, adults and infants from TB, are crucial to TB elimination efforts, yet investment in TB vaccine product development is severely lacking. We recommend U.S. government boost contributions to TB R&D across the aforementioned agencies to at least \$444.5 million to advance current and prospective technologies and tools in the pipeline.

We welcome the opportunity to work with you and your staff on efforts to halt the global TB pandemic and protect U.S. 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,

American Lung Association
American Medical Student Association
American Thoracic Society
Association of Public Health Laboratories
Association of State and Territorial Health Officials
AVAC
Childrens AIDS Fund
Elizabeth Glaser Pediatric AIDS Foundation
FIND
Friends of the Global Fight Against Aids, Tuberculosis and Malaria
Global Health Council
Housing Works
Infectious Diseases Society of America
International Union Against Tuberculosis and Lung Disease
Management Sciences for Health
National Alliance of State and Territorial AIDS Directors
National Association of County and City Health Officials
National Tuberculosis Controllers Association
Partners in Health
Pediatric Infectious Diseases Society
RESULTS
Stop TB USA
TB Alliance
Treatment Action Group