

Bilateral Tuberculosis Background Information

Why is investing in TB important?

Today tuberculosis (TB) is the leading infectious killer in the world.ⁱ In 2017, there were 4,900 TB deaths globally each day.ⁱⁱ In the same year, 234,000 children died of TB.ⁱⁱⁱ TB is also a leading cause of death among people living with HIV.^{iv} TB is highly infectious, spreading mainly by cough, sneeze or saliva. However, TB is preventable and curable: no one should die of TB in the 21st century. Effective treatments have existed for close to 50 years – yet the disease remains one of the top 10 causes of death worldwide.^v

Treatment for the most common forms of TB is typically comprised of 4 drugs over the course of 6 months, however if the treatment is interrupted, it can become ineffective as the bacteria can mutate into drug resistant strains (multi-drug resistant TB, or MDR-TB). People can be exposed to TB or MDR-TB from a person with active disease. People with TB can lose months of work and income, while enduring a difficult treatment regimen that can take as long as 24 months in the case of MDR-TB. Without treatment, the TB mortality rate is high, as high as 70% within 10 years, according to studies cited by the World Health Organization (WHO).^{vi} With treatment, the mortality rate globally is 16%, though it varies by country.^{vii} In a 2015 study, researchers found that the mortality rate of MDR-TB could be up to 8.5 times more than TB.^{viii}

The brunt of the medical, social and economic impact of TB is largely felt in low- and middle-income countries, particularly in 22 countries where the rates of TB are the highest.^{ix} While the low rates of TB found in developed nations serve as a testament to humanity's ability to control the spread of the epidemic, proven tools and techniques- including new technologies- are often not available and applied where they are needed most. There are several obstacles to a comprehensive approach to driving down rates of TB, including: (a) weak or under-resourced health systems (b) lack of patient social support, such as food, making treatment less effective and harder for people with TB to continue (c) improper treatment regimens inadvertently creating resistant strains for which first-line drugs are not effective.

What has PIH done to redefine what's possible for TB treatment?

For more than two decades, PIH has treated and prevented TB, MDR-TB and HIV/TB in some of the poorest and most vulnerable communities in the world. To increase the impact of our approach, we partner with local governments to provide direct patient care while also providing technical assistance to national TB control programs. Three of our original MDR-TB pilot projects have successfully been handed over to national Ministries of Health, where they can be scaled up nationally and provide training and technical assistance to other countries in their regions.^x Additionally, our community-based approach to care has resulted in some of the highest cure rates and lowest treatment default rates. These results prove that health problems once thought to be untreatable can be addressed effectively, even in poor and geographically remote settings.



Along with partners at Harvard University, PIH has deployed clinical, observational, and operational research to make breakthroughs in TB prevention and treatment. PIH has contributed to extensive publications and the growing body of knowledge in the TB field. For example, with support from USAID's TB CARE II, we published the second edition of [*The PIH Guide to the Medical Management of Multidrug-Resistant Tuberculosis in 2013*](#) which is still used widely among the TB clinical community globally. Our staff has also been involved in multiple iterations of the World Health Organization (WHO) guidelines on the management of MDR-TB.^{xi}

The endTB project, a PIH-led coalition effort, has expanded access to less toxic, more effective TB medications across 17 countries, through access to new drugs, via clinical trials and advocacy at national and global levels.^{xii} Our goal, through our partnerships, is to share the success of our approach on a broad scale.

What does the US government do to fund TB efforts? What is needed to close the gap between burden & interventions?

Comprehensive TB prevention, detection, treatment, and social supports for those affected must be scaled up, particularly in countries or regions with high rates of TB. One of the most important areas of focus is proactive detection and connection with care, given that “missing” cases, patients that go undiagnosed, lead to both unnecessary suffering and new TB exposures. Bilateral USAID TB programs, funded by the US government via the US Agency for International Development (USAID), support and strengthen local health systems to ensure that laboratories are equipped to accurately diagnose new cases and people with TB have access to proper treatment.

Since the late 1990s, the U.S. is one of the largest donors to global TB funding.^{xiii} USAID supports national efforts to address TB in 22 “priority countries”. U.S. TB activities reach more than 50 countries (including at least 20 of the 30 high burden countries where newest cases are occurring). USAID also works in concert with the Global Fund to Fight AIDS, Tuberculosis, and Malaria, helping countries develop and manage Global Fund grants. To find out more about USAID's work on Tuberculosis, please visit their website: <https://www.usaid.gov/global-health/health-areas/tuberculosis>

World leaders have adopted the goal to end the tuberculosis epidemic by 2030 as part of the Sustainable Development Goals and reiterated this commitment during last year's UN General Assembly High Level Meeting on Tuberculosis. In order to achieve this goal, we as the global community need to increase TB funding to enable scale-up of comprehensive prevention, diagnosis, treatment, and social supports programming worldwide. We request, along with other advocates, for Congress to allocate \$400 million in TB funding in the FY20 budget. Every dollar invested in finding and treating people with TB has an estimated return on investment of \$85 USD in social and economic impact.^{xiv} By increasing global TB investments, we would dramatically decrease new cases and thus reduce long-term costs.^{xv}



Annual Congressional Appropriations^{xvi}

Fiscal Year	FY17	FY18	FY19	FY20 Trump Administration Proposal	FY20 House Bill
Bilateral TB Appropriations	\$244 million	\$265 million	\$306 million	\$265 million	\$310 million

Current Request:

PIH Engage requests \$400 million from Congress for bilateral global tuberculosis programs through USAID. For Fiscal Year 2020, the House has already allocated \$310 million, a modest increase from last year. If the Senate, which has yet to release a Fiscal Year 2020 bill, allocates a larger (or smaller) amount, then the two chambers will work to resolve the discrepancies, and we can advocate for the higher amount.

How do we get the US Government to fund TB efforts? Advocacy!

Advocating to decision makers throughout the federal budgeting process is an important way to advocate for TB efforts. Below is a summary of the federal budget process, and how to take action now:

- **October – November:** USAID (and other) programs submit requests to Cabinet secretaries
- **November:** Secretaries send budget requests to the President of the US (POTUS)
- **December – January:** POTUS consults the Office of Management and Budget (OMB) to decide budget numbers
- **February:** POTUS submits the budget request to Congress
- **Late Winter/Early Spring:** House and Senate members submit their requests for specific program funding to the Appropriations Committee/Subcommittees.
- **Spring-Summer:** The [Senate](#) and [House](#) subcommittees on State and Foreign Ops Appropriations, which oversees the funding for TB efforts under USAID, and the general foreign aid budget, conducts hearings and vote the budget for the areas they oversee.
- **End of September/Early October:** The final budget must be passed and the President must approve or veto. If Congress and the President do not agree on a budget in time, Congress must pass a “continuing resolution” to extend the deadline, otherwise the government is “shut-down,” closing/furloughing non-essential programs and federal employees.

Throughout this process, global health advocates can impact the budget process by meeting with or calling their representatives, attending/participating in hearings and sending letters of support articulating why USAID Bilateral TB funding is an important global health priority for the United States.

Current Action:

Connect with federal elected officials and/or staff as soon as possible to ask that Senate and House members reach out to their colleagues on the respective SFOPS Appropriations Subcommittees to communicate the crucial importance of funding USAID’s TB efforts at the \$400 million level. For the



Senate, this \$400 million request is still for FY20, whereas in the House, this same request is currently for the FY21 budget.

Current State and Foreign Operation Subcommittee Members^{xvii}

Senate Subcommittee members	House Subcommittee members
<ul style="list-style-type: none"> • Roy Blunt (R – Missouri) • John Boozman (R – Arkansas) • Christopher Coons (D – Delaware) • Steve Daines (D – Montana) • Richard Durbin (D – Illinois) • James Lankford (R – Oklahoma) • Mitch McConnell (R – Kentucky) • Jeff Merkley (D – Oregon) • Jerry Moran (R – Kansas) • Chris Murphy (D – Connecticut) • Marco Rubio (R – Florida) • Jeanne Shaheen (D – New Hampshire) • Chris Van Hollen (D – Maryland) 	<ul style="list-style-type: none"> • Jeff Fortenberry (R – Nebraska) • Lois Frankel (D – Florida) • Barbara Lee (D – California) • Nita Lowey, Chairwoman (D – New York) • Grace Meng (D – New York) • David E. Price (D – North Carolina) • Martha Roby (R – Alabama) • Hal Rogers (R – Kentucky) • Norma Torres (D – California)

ⁱ <https://www.cdc.gov/globalhealth/newsroom/topics/tb/index.html>

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ⁱⁱⁱ <https://www.tbfacts.org/deaths-from-tb/>

^{iv} <https://www.who.int/news-room/fact-sheets/detail/tuberculosis>

^v <https://www.who.int/news-room/fact-sheets/detail/tuberculosis>

^{vi} https://www.who.int/tb/publications/global_report/en/

^{vii} https://www.who.int/tb/publications/global_report/en/

^{viii} Chung-Delgado K, Guillen-Bravo S, Revilla- Montag A, Bernabe-Ortiz A (2015) Mortality among MDR-TB Cases: Comparison with Drug-Susceptible Tuberculosis and Associated Factors. PLoS ONE 10(3): e0119332. doi:10.1371/journal.pone.0119332

^{ix} <https://www.tbfacts.org/countries-tb/>

^x Partners in Health, TB Capacity Statement

^{xi} Partners in Health, TB Capacity Statement

^{xii} <http://www.endtb.org/>

^{xiii} <https://www.kff.org/global-health-policy/fact-sheet/the-u-s-government-and-global-tuberculosis-efforts/>

^{xiv} https://www.un.org/sg/sites/www.un.org.sg/files/files/HLP_P2015_Report.pdf

^{xv} http://www.stoptb.org/assets/documents/global/plan/GlobalPlanToEndTB_TheParadigmShift_2016-2020_StopTbPartnership.pdf

^{xvi} <https://www.kff.org/global-health-policy/fact-sheet/the-u-s-government-and-global-tuberculosis-efforts/>

^{xvii} Senate: <https://www.appropriations.senate.gov/subcommittees/state-foreign-operations-and-related-programs>

House: <https://appropriations.house.gov/subcommittees/state-foreign-operations-and-related-programs-116th-congress>