

November 28, 2022

The Honorable Chuck Schumer
Majority Leader, United States Senate
322 Hart Senate Office Building
Washington, DC 20510

The Honorable Nancy Pelosi
Speaker, U.S. House of Representatives
1236 Longworth House Office Building
Washington, DC 20515

The Honorable Mitch McConnell
Minority Leader, United States Senate
317 Russell Senate Office Building
Washington, DC 20510

The Honorable Kevin McCarthy
Minority Leader, U.S. House of Representatives
2468 Rayburn House Office Building
Washington, DC 20515

Dear Majority Leader Schumer, Minority Leader McConnell, Speaker Pelosi, and Minority Leader McCarthy:

The Tuberculosis (TB) Roundtable and the undersigned research, public health and health professional associations working to support global and domestic TB control and research urge Congress to pass an end of year spending bill to avoid a long-term continuing resolution, which can be detrimental to health programs in this time of extreme need. We strongly urge you to include no less than the House side funding levels for both the global and domestic fight against TB in any end of year negotiated Fiscal Year 2023 (FY23) appropriations agreement, which includes \$140 million for CDC's Division of TB Elimination, \$21 million for CDC's Global TB program, \$469 million for bilateral TB at USAID, and \$2 billion for the Global Fund to Fight Against AIDS, TB, and Malaria.

TB is a curable, airborne infection and is still a leading global infectious disease killer. But just as COVID deaths are finally declining, TB is now back on the rise. The World Health Organization's (WHO) Global Tuberculosis Report released in October now estimates 1.6 million people died from TB in 2021. This mortality rate was on the decline in 2019 but increased sharply in the face of COVID as resources and attention were diverted. And now the WHO reports 10.6 million people fell ill with TB disease in 2021, up 500,000 cases in just one year. **This is the first time in decades that both TB deaths and incidence rates have increased.**

COVID-19 showed us that in the U.S. and globally, TB programs are the frontline for airborne pathogen control. TB is a labor-intensive disease, and many of the resources necessary to find, treat, and cure TB were diverted to COVID-19 efforts domestically and globally. The expertise in infection control, contact tracing, lab support, and human resources for health in TB truly led the efforts to fight COVID. **The strength of a local TB program continues to be central to the success of any health system's pandemic preparedness.**

This is also the case in fighting drug resistance globally. TB burden also continues to contribute significantly to global antimicrobial resistance, with an estimated 450,000 cases of multi-drug resistant (MDR) or rifampicin-resistant (RR) TB. MDR-TB is responsible for nearly one-third of all global deaths related to drug resistance. **The staggering number of lives impacted by TB**

demonstrates that significantly more must be done to prevent further backsliding in the fight against TB.

In 2018, the United States signed on to the United Nations High Level Meeting bold targets to find and treat more people with active TB disease and to treat latent TB infection. The October WHO report shows the global community falling short of these bold targets, partly due to funding challenges in concert with the COVID-19 pandemic. Enhanced funding for domestic and global TB programs will be critical to getting these efforts back on track. **We must recommit to ending the epidemic. To do so, we are making the following funding requests:**

We call on Congress to **maintain the House Appropriations Committee's (HAC) \$140 million in funding for the Centers for Disease Control and Prevention's (CDC) Division of TB Elimination, while providing \$21 million for the fight against global TB in the CDC's Division of Global HIV and Tuberculosis.** These two programs contribute significantly to research and public health both domestically and globally and require more investment to achieve program goals. TB programs domestically need strengthening to ensure that TB case rates in the U.S. do not rebound. The CDC's global TB efforts have also seen challenges due to the pandemic, and given the increasing case rates, require more funding to provide the public health assistance countries rely on to help control TB. As the pandemic has taught all of us, strong public health efforts globally can have a significant return on investment here in the United States.

For TB in Global Health at USAID, we urge Congress to include no less than the HAC's mark of \$469 million to fight against global TB in any final package for FY23. This will be a significant down payment on the \$1 billion annually needed to drive down the disease. The WHO's data shows that TB deaths are increasing globally because of reduced access to TB diagnosis and treatment during this COVID era. But, close to half of all estimated cases were not officially reported. That means we are still missing millions who are sickened and never even getting them access to the most basic care. USAID resources can bridge this reporting and treatment gap. Additionally, USAID funds critical research and development efforts for new tools to prevent, treat, and cure TB. This will lead to more people being treated and ultimately cured of TB in all its forms.

Additionally, we were grateful to see strong bicameral and bipartisan support for the United States' multi-year pledge to the Global Fund and the appropriations of \$2 billion for Global Fund in FY23. **We urge Congress to prioritize maintaining \$2 billion for the Global Fund in any year end agreement.**

Finally, we ask that **Congress include tuberculosis on the list of eligible topic areas for the Congressionally Directed Medical Research Program's (CDMRP) Peer Reviewed Medical Research Program (PRMRP).** Congress has previously included TB in this program, which led to \$5 million in funding for a TB vaccine candidate that is now in Phase III clinical trials. This candidate could benefit the men and women in uniform that rotate through high-burden countries like the Philippines if it proves safe and effective. We were grateful to see its inclusion in the Senate Chairman's Mark of the Defense Appropriations bill and respectfully request that Congress includes it in the final package.

Tuberculosis continues to be a driver of economic and disease burden globally due to lack of resources to properly identify, treat, and prevent all forms of TB and develop new, more effective tools to fight the disease. With the COVID-19 pandemic receding but TB becoming resurgent, there is an urgent need to implement national and global prevention initiatives, as well as build on the success of innovation by developing even shorter treatment regimens, faster diagnostics, and vaccines that are effective in preventing all forms of TB in children and adults. To achieve these goals, we ask for \$140 million for CDC's Division of TB Elimination, \$21 million for CDC's Global TB Division, \$469 million for USAID, \$2 billion for the Global Fund, and for tuberculosis to be included as an eligible topic area in the CDMRP.

Thank you for your consideration of these requests.

Respectfully,

American Thoracic Society
Association for Professionals in Infection Control and Epidemiology
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 Association of Providers of AIDS Care
Medical Impact
National Tuberculosis Controllers Association
Partners in Health
RESULTS
STOP TB USA
TB Alliance
Tuberculosis Roundtable
Treatment Action Group
We Are TB

CC: Chairman Patrick Leahy, Ranking Member Richard Shelby, Chairman Chris Coons, Ranking Member Lindsay Graham, Chairwoman Rosa DeLauro, Ranking Member Kay Granger, Chairwoman Barbara Lee, Ranking Member Hal Rogers, and Ranking Member Tom Cole