

November 5, 2010

Jeffrey Zients
Acting Director
Office of Management & Budget
725 17th Street, NW
Washington, DC 20503

Dear Mr. Zients:

As you begin to finalize the President's fiscal year (FY) 2012 budget, the undersigned organizations would like to submit our recommendations on FY2012 funding levels for global and domestic tuberculosis (TB) programs at the U.S. Agency for International Development (USAID) and Centers for Disease Control and Prevention (CDC). We recommend a funding level of \$650 million for USAID's global TB program, as authorized under the Lantos-Hyde Global HIV/AIDS, TB and Malaria Act and \$231 million, as authorized under the Comprehensive TB Elimination Act, for CDC's Division of TB Elimination (DTBE).

TB is the second leading infectious disease killer in the world, claiming nearly 2 million lives annually. The emergence and spread of drug-resistant strains of TB has created a global health crisis that poses a serious threat to Americans. The continued TB pandemic threatens to undo much of the progress made by the U.S. investment in the fight against HIV/AIDS through PEPFAR, particularly in sub-Saharan Africa. Recent South African studies are showing that many people living with HIV who are on antiretrovirals are dying of TB.

TB is the third leading killer of women of reproductive age. In many developing countries, women have less access to TB diagnosis and treatment services than men, putting their children and families at risk. We ask you to ensure that the President's Global Health Initiative provides the resources to improve TB diagnosis and treatment among women and children.

Outbreaks of TB continue to occur throughout the U.S. and the disease is a significant public health problem for border states such as California and Texas. Drug resistant TB poses a particular challenge to TB control due to the very high costs of treatment and intensive health care resources required. Treatment costs for multi-drug-resistant (MDR) TB range from \$100,000 to \$300,000, which can cause a significant strain on state public health budgets. In 2009, 114 cases of MDR-TB were reported in the U.S.

The Lantos-Hyde Global HIV/AIDS, TB and Malaria Act of 2008 provided a historic U.S. commitment to global TB control through its support for the Global Plan to Stop TB and authorized funding for USAID's TB program of \$4 billion over five years, which includes support for the development of new TB diagnostic, treatment and prevention tools. The updated Global Plan, released October 2010, estimates that 5 million lives can be saved if funding requirements are met. We ask you to take the first step towards reaching this goal by providing \$650 million in the President's FY2012 budget for USAID's TB program. The provision of an additional \$50 million for CDC's global TB

activities, as originally authorized under the Stop TB Now Act, will provide the coordinated global TB investment envisioned under the Lantos-Hyde Act.

The Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria provides about 60% of international financing for tuberculosis programs. The Fund's expected global financing need for FY2012 is \$5.8 billion. We support an FY2012 funding level that will enable the U.S. government to meet its \$4 billion pledge to the Global Fund for fiscal years 2011-2013.

The Comprehensive TB Elimination Act (CTEA), also enacted in 2008, provided a historic commitment to the eradication of TB in the U.S. The CTEA provides targeted support to federal, state, and local health authorities to detect, treat, and prevent TB, including drug-resistant TB, including along the U.S.-Mexico border. We ask you to put the U.S. back on the path to TB elimination by providing \$231 million in the President's FY2012 budget for CDC's TB elimination program, as authorized under the CTEA.

The current TB detection, treatment and prevention tools are antiquated and we will never defeat TB without the introduction of new TB diagnostic tests, drugs and vaccines. For example, the standard TB diagnostic, sputum microscopy, is 100 years old and detects only half of cases. The CTEA as introduced included a separate authorization of \$100 million through CDC's TB program, which was eliminated in Senate negotiations, for the development of new TB tools to ease the global pandemic. We hope that this unique area of need can be considered in the President's FY2012 budget.

We urge you to strengthen U.S. leadership in the fight against TB as envisioned under the Lantos-Hyde Act and Comprehensive TB Elimination Act by investing in these critical global and domestic TB control programs at USAID and CDC. Thank you.

Sincerely,

Aeras Global TB Vaccine Foundation
AIDS Action
American Lung Association
American Public Health Association
American Thoracic Society
Association of Public Health Laboratories
Friends of the Global Fight
Global Alliance for TB Drug Development
Global Health Council
Infectious Diseases Society of America
Migrant Clinicians Network
National Alliance of State and Territorial AIDS Directors
PSI (Population Services International)
RESULTS
Stop TB USA
The AIDS Institute
Treatment Action Group