



2019 World TB Hill Day Asks

RE-AUTHORIZATION OF THE COMPREHENSIVE TB ELIMINATION ACT (CTEA)

Please cosponsor Sen. Brown's (D-OH) Comprehensive TB Elimination Act (S.834). The House TB Caucus co-chairs, Reps. Engel (D-NY) and Don Young (R-AK), will be introducing the bill in the House within the next few months.

Comprehensive TB Elimination Act

Sen. Brown (D-OH) is introducing the Comprehensive TB Elimination Act (CTEA), which will help put the U.S. back on the path to TB elimination. It does the following:

- Strengthening of CDC and state TB programs and implementation of the National Action Plan to Combat MDR-TB through increased funding,
- Coordination of TB care services between community health centers and state TB programs,
- Encourages the federal Biomedical Advanced Research and Development Authority (BARDA) to support development of new TB diagnostic, treatment and prevention tools

CENTERS FOR DISEASE CONTROL AND PREVENTION

\$195.7 million for CDC's TB program in FY2020 through Labor-HHS Appropriations.

In the U.S., every state reports cases of TB annually, with California, Texas, Hawaii, and Alaska having the highest burdens. Many states also report deaths from TB, and there are up to 13 million people in the U.S. with latent TB infection. These individuals represent the reservoir of future active TB cases in the absence of a targeted prevention program for those at greatest risk of progressing to disease. TB outbreaks continue to occur across the country in schools, workplaces, prisons and other congregate settings. Preventing new infections and treating current infections require labor intensive efforts by public health TB program staff.

Drug resistant TB poses a particular challenge to TB control due to the high costs of treatment and intensive health care resources required. Treatment costs for multidrug-resistant (MDR) TB range from \$100,000 to \$300,000 per case and can be over half a million for treatment of extensively drug resistant (XDR) TB, which can outstrip state and local public health department budgets. Between 2005 and 2016, the U.S. had 1,292 cases of MDR-TB and 32 cases of XDR-TB. The National Action Plan for Combating Multi-Drug Resistant TB outlined many of the challenges the US encounters in treating MDR-TB and XDR-TB, and some of the steps that can be taken to address those challenges – steps which would be greatly supported by this funding increase.

\$21 million in dedicated funding for CDC's global TB efforts.

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.



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US AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID)

\$400 million for bilateral TB efforts in FY2020 State and Foreign Ops Appropriations.

TB causes more deaths worldwide than any other single infectious disease. A key goal of the National Action Plan for Combating Multi-Drug Resistant TB is to identify and treat an additional 200,000 patients with MDR-TB. It would also support vital technical assistance to 23 of the most highly-burdened countries, as well as support the development of new TB diagnostic, treatment, and prevention tools.

BIOMEDICAL ADVANCED RESEARCH AND DEVELOPMENT AUTHORITY (BARDA)

Include TB in BARDA's work in Emerging Infectious Diseases and Antimicrobial Resistance medical countermeasure development.

Although the medical community has made strides to combat TB, the threat of this epidemic is growing, in part because of the spread of dangerous strains of MDR-TB and XDR-TB around the world, which we are trying to fight with new public health tools. While MDR-TB is resistant to at least two of the key front-line drugs used to treat TB, XDR-TB is resistant to nearly all current drug options. The costs to treat MDR- and XDR-TB are enormous. In the U.S., a case of MDR-TB costs about \$160,000 to treat and a case of XDR can cost as much as \$500,000 and often requires about 20-26 months of treatment. BARDA is uniquely positioned to carry research done by the US government towards the development of new technologies including vaccines, diagnostics, and treatments.

TB RESEARCH & DEVELOPMENT AT THE DEPARTMENT OF DEFENSE

Include TB in the Congressionally Directed Medical Research Program's Peer Reviewed Medical Research Program.

Our military's global footprint means that American military men and women are posted in countries or regions that experience high rates of TB infection. For instance, in Europe, where 80,000 troops and dependents are stationed, there were 320,000 cases of TB and 72,000 cases of MDR-TB in 2014. In the Western Pacific region, 61,000 troops and dependents live amidst 1.4 million cases of TB and 71,000 cases of MDR-TB, according to the most recent WHO estimates.

GLOBAL FUND

\$1.56 billion for the United States' contribution to Global Fund in FY 2019.

The United States' contribution to the Global Fund is a crucial way to leverage more resources to combat TB and MDR-TB. The Global Fund is the largest provider of international donor funding for the fight against TB, providing more than 65 percent of financing for TB programs worldwide. The Global Fund partners with U.S. government agencies, such as the Centers for Disease Control and Prevention and USAID, to provide in-country assistance for TB programs.