



December 4, 2008

Dear President-elect Obama,

The Global Health Council's TB Roundtable members, working worldwide to stop deaths from tuberculosis (TB) and to limit the spread of this disease, congratulate you and Vice President-elect Joseph Biden for your victory on November 4. We look forward to working with your Administration in fulfilling our shared goal of supporting the fight to stop the global spread of TB. In this context, we welcome your commitment to contribute to achieving the United Nations Millennium Development Goals on poverty and development, including health, and your pledge to double foreign assistance.

Below we describe several recommendations for a robust response to the TB threat in the upcoming years:

- **Craft and implement the 5-year global TB strategy;**
- **Increase funding to address TB globally**, beginning with \$650 million in bilateral funding and \$2.7 billion for the Global Fund to Fight AIDS, TB and Malaria (GFATM) in fiscal year 2010;
- **Continue to support international partnerships;**
- **Coordinate TB and HIV programs;** and
- **Support research and development of new diagnostic, treatment and prevention tools.**

TB is a contagious disease that can be spread from person to person when people cough, sneeze, talk or spit – propelling TB germs, known as bacilli, into the air. Even though TB is both preventable and treatable, it is responsible for nearly 1.7 million deaths each year, primarily in developing countries. Each year more than 9 million people develop active TB, and it is estimated that 5-10 percent of these cases are resistant to first-line drug regimens.<sup>1</sup> It is also important to recognize that TB is leading cause of death of those infected with HIV.

You and Vice President-elect Biden have both pledged to increase the United States' commitment to TB. In July, under the leadership of Senator Biden as Chairman of the Senate Foreign Relations Committee, the U.S. Congress passed and the President signed into law the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008. The Lantos-Hyde Act (P.L.110-293) authorizes the United States to significantly increase its policy and funding commitments to fight TB. This includes the ambitious target of treating 4.5 million people globally who are infected with TB.

We urge you to keep the U.S. commitments made in this law. The U.S. can send a strong signal to both donor and recipient countries that it is committed to reducing the burden of

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<sup>1</sup> WHO. 2008. Global tuberculosis control. Available from: <http://www.who.int/>



TB by meeting policy and funding targets as outlined by the Lantos-Hyde Act and by continuing to support these critical programs during this difficult financial period.

The TB Roundtable proposes the following priorities on TB for the new Administration. We appreciate your consideration of these five recommendations.

- **Craft and implement the 5-year global TB strategy as outlined in the Lantos-Hyde Act.** USAID should work closely with the Office of the U.S. Global AIDS Coordinator (OGAC), CDC and other relevant agencies to craft and implement a coordinated plan to meet global treatment and detection targets. The five-year treatment targets are 4.5 million successful treatments for common TB using the internationally recommended strategy called directly observed treatment, short-course (DOTS) and 90,000 treatments for cases of multi-drug resistant (MDR) TB. The case detection target is at least 70 percent for new smear-positive cases. Globally, the case detection rate reached only 61 percent in 2006.<sup>2</sup>
- **Significantly increase funding to address TB globally.** For 2008, the global TB resource need is \$3.8 billion-\$5 billion for basic TB control, plus \$1.3 billion for MDR-TB. Eighty percent of the funding is needed for direct service and 20 percent for technical support and research and development of new drugs, vaccines and diagnostics.<sup>3 4 5</sup> The Lantos-Hyde Act authorized \$4 billion dollars to support a TB global plan. We ask you to request \$650 million for TB programs from Congress for FY 2010, laying the groundwork for a five-year scale-up to the amount authorized in the Lantos-Hyde Act. Appropriations at the authorized level will help meet the Act's treatment and case detection targets outlined above. Strong U.S. support for the Global Fund, in particular, is important because it provides more than two-thirds of international financing for TB. By 2010, with increased demand demonstrated by strong country proposals, the Global Fund estimates its resource needs will grow in size to \$8 billion, requiring significant contributions from donors around the world, including the United States. To ensure that the U.S. maintains its one-third share for FY 2010, we urge you to request \$2.7 billion as a U.S. contribution to the Global Fund to renew existing, successful grants and for new funding rounds. Anything less than the recommended funding will reverse the significant gains already made against TB and put more lives at stake.
- **Continue to support international partnerships.** The Administration, through the OGAC, USAID and CDC, must continue and strengthen, where necessary, its support of the GFATM, World Health Organization Stop TB Department and

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<sup>2</sup> WHO. 2008. Global tuberculosis control. Available from: <http://www.who.int/>

<sup>3</sup> Global Fund. 2007. Resource needs for the Global Fund 2008-2010. Available from: <http://www.theglobalfund.org/>

<sup>4</sup> WHO. 2007. Tuberculosis: XDR-TB. Available from: [http://www.who.int/tb/challenges/xdr/facts\\_nov2007\\_en.pdf](http://www.who.int/tb/challenges/xdr/facts_nov2007_en.pdf)

<sup>5</sup> Stop TB Partnership. 2005. The global plan 2005-2015. Available from: <http://www.rbm.who.int/>



STOP TB partnership by providing resources, financing and to coordinate efforts to assist with country scale-up of TB control as outlined by the Lantos-Hyde Act.

- **Coordinate TB and HIV programs.** TB is the leading cause of death for people living with HIV in the developing world, yet WHO data suggest a mere 1 percent of people living with HIV/AIDS are screened for TB.<sup>6</sup> Failure to address the spread of TB is undermining the global response to HIV/AIDS. The President's Emergency Plan for AIDS Relief (PEPFAR) has made progress in coordinating TB-HIV efforts internationally, but programmatic scale-up has lagged and progress still falls far short of the need. We also recommend that OGAC should invest in operational research focused on HIV/TB program coordination, a project that was authorized in the Lantos-Hyde Act. It is also important to secure funding for the purchase and maintenance of necessary medical equipment, diagnostics and medical supplies needed to address TB/HIV co-infections.
- **Support new diagnostic, treatment and prevention tools.** Although drugs, diagnostics and vaccines for TB exist, these technologies are antiquated and are increasingly inadequate for minimizing the global epidemic. The TB vaccine, BCG, provides some protection to children, but it has little or no efficacy in preventing pulmonary TB in adults. There is an urgent need for new TB treatments, and particularly for a shorter drug regimen. A shorter drug regimen with new types of drugs active against common and drug-resistant strains would increase patient adherence, prevent development of more extensive drug resistance and save program costs by reducing the time required to directly observe therapy for patients. Treatments to address the needs of pediatric patients are also needed. And while there are very few contraindications between antiretroviral drugs for HIV and drugs to treat standard TB, there is a critical need for development of new drugs to treat drug resistant TB that can safely be taken concurrently with antiretroviral therapy for HIV. We also encourage the full funding for the Comprehensive TB Elimination Act (P.L. 110-392), which authorizes the expansion of TB tools research at the NIH and CDC.

We hope you will consider our organizations as resources as you move through the transition. Again, our congratulations, and we thank you in advance for your consideration of these early actions to fight TB.

Sincerely,

The Members of the Global Health Council TB Roundtable.

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<sup>6</sup> World Health Organization. 2008. Global Tuberculosis Control: Surveillance, Planning, Financing. WHO. Geneva Switzerland.