OBAMA-BIDEN TRANSITION PROJECT

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BILL & MELINDA GATES foundation

Controlling Tuberculosis

Leadership from the U.S. is advancing the global fight against tuberculosis (TB), one of the planet's oldest and deadliest diseases. The next administration and Congress can build on the progress to date, and help tackle new challenges such as the emergence of drug-resistant TB.

The U.S. has been a global leader in the fight against TB:

- The U.S. is the largest donor to the Global Fund to Fight AIDS, Tuberculosis, and Malaria, having disbursed more than $2.5 billion since its inception. Approximately 14% of Global Fund spending is dedicated to TB control. Global Fund-supported programs have treated 3.9 million additional cases of infectious TB, as of mid-2008.[1]
- The CDC and USAID work together on international TB control and treatment programs, focusing on expanding access to basic TB care, as well as the treatment of multidrug-resistant TB (MDR-TB) and those co-infected with TB and HIV.
- The U.S., through the National Institute of Allergy and Infectious Diseases, is the world's largest funder of basic TB research, paving the way to improved diagnostic tests, drugs, and vaccines that could dramatically improve TB prevention and control.

While new tools for TB control are needed, dramatic reductions in TB prevalence have been achieved using existing methods:

- With support from the World Bank, China's Directly Observed Therapy – Short course (DOTS) program helped reduce TB prevalence by 40% between 1990 and 2000 and dramatically improved the cure rate in half of China's provinces.[2]
- Before the DOTS program was launched in Peru in 1990, only 50% of people diagnosed with TB were treated. Of those, only half were cured. By 1997, the entire population was covered by the DOTS program and 90% of patients were being cured.[3] As a result of this, Peru was able to reduce TB deaths by 80% in just three years.[4]
- Over the past six years, the U.S. has helped to provide effective treatment for 10 million people with TB in 78 countries.[5]

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[1] The Global Fund to Fight AIDS, TB and Malaria, http://www.theglobalfund.org/en/about/tuberculosis/default.asp
[2] *Millions Saved: Proven Successes in Global Health*, Ruth Levine, Center for Global Development (2004).
[3] Health a Key to Prosperity: Success Stories in Developing Countries. WHO Communicable Diseases CDS, Geneva 2000, http://www.who.int/inf-new/
[4] T. Frieden, Ind. J Tub.; 2002,49,67, http://medind.nic.in/ibr/t02/i2/ibrt02i2p67o.pdf.
[5] http://www.usaid.gov/our_work/global_health/id/tuberculosis/index.html

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The next administration and Congress have an opportunity to show leadership during a critical time in the TB epidemic:

- **Create a TB Initiative.** To coordinate the existing U.S. commitment to TB, improve public-private partnerships, increase and coordinate efforts by international partners, and target relatively modest resources to fill critical gaps.
- **Maintain current resource commitments for basic TB control efforts** through continued support for the Global Fund, CDC, and the World Health Organization's (WHO) Stop TB Partnership.
- **Build upon the extensive work undertaken by U.S. agencies to support increased piloting and scale up of innovative technologies** and approaches to combat the spread of MDR-TB and extensively drug-resistant TB (XDR-TB).
- **Support increased public and private sector investments in research and development (R&D) of new tools.** Incentives for private sector R&D are crucial for the development of new drugs and diagnostics.

Frequently Asked Questions

How does support for global TB control affect the health and security of Americans?

The U.S. has recently seen a resurgence of TB, including episodes of MDR-TB. Addressing TB domestically needs to go hand in hand with improvements in global TB control. As an airborne disease, TB is an easily transmitted disease, as was demonstrated in May 2007 when an air traveler carrying MDR-TB was quarantined after traveling on two international flights. The development of effective tools to combat TB is critical to keep Americans safe, too.

Do the American people support spending on global health issues? Wouldn't these dollars be better invested here at home?

According to a 2006 Research!America poll, health is among Americans' top priorities for development. U.S. investments in global health save lives, contribute to economic growth in poor countries, and position the U.S. as a global leader in making the world a safer, more equitable place.

Why is TB a problem today?

Every second a new person is infected with TB bacilli and someone dies every 18 seconds from active disease. Despite this burden, the basis of global TB control is a diagnostic test that is 125 years old and misses half of the cases, an 80-year-old vaccine of dubious efficacy, and drugs that have not changed for 40 years. The scourge is becoming increasingly prevalent in Africa where high rates of HIV weaken immune systems and accelerate the spread of disease, and in Eastern Europe where decades of neglect have led to a growing epidemic of drug resistant strains.

Isn't the HIV/AIDS epidemic a bigger problem than TB?

Both HIV and TB present serious challenges to global health, and co-infection is increasingly a concern. In fact, HIV is driving much of the resurgence of TB. The WHO estimates 11.4 million people worldwide are infected with both *Mycobacterium tuberculosis* and HIV. In the U.S., health experts estimate about two out of 10 people who have TB are also infected with HIV. TB is increasingly recognized as an obstacle to the scale-up of anti-retroviral drugs (ARVs),

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particularly in Africa where it is estimated that one-fourth to one-third of patients who are taking ARVs are dying from undiagnosed TB.

What is MDR-TB? What about XDR-TB?

TB can usually be treated with a six-month course of four standard, or first-line, anti-TB drugs. However, if these drugs are misused or mismanaged MDR-TB can develop. MDR-TB takes longer to treat with second-line drugs, which are more expensive and have more side effects. XDR-TB can develop when these second-line drugs are misused or mismanaged and therefore also become ineffective. Because XDR-TB is resistant to first- and second-line drugs, treatment options are seriously limited. It is therefore vital that TB control is managed properly.

To learn more, see:

- The Stop TB Partnership: http://www.stoptb.org/
- World Health Organization: http://www.who.int/tb/en/