

# TUBERCULOSIS

MINIMUM REQUIREMENT FY 2021

# \$316 MILLION

FY 2020 President's Request: \$261 Million

FY 2020 Enacted: \$310 Million

## WHAT IS TUBERCULOSIS PROGRAMMING?

Tuberculosis (TB) funding, in partnership with private and public donors, supports interventions that prevent, detect, and cure tuberculosis—an airborne, bacterial disease. The U.S. works in 23 countries to build the capacity of screening, diagnosis, and treatment services for millions of people affected by TB and multidrug-resistant tuberculosis (MDR-TB).

## WHAT DOES IT BUY?

Funds support efforts to prevent and treat TB and MDR-TB, including screening, diagnosis, infection control, and healthcare worker training, as well as critically needed research into new TB treatments. Funds also support the effectiveness of Global Fund investments in TB by providing targeted technical assistance.

## WHY IS IT IMPORTANT?

- ▶ Between 2000 and 2018, 58 million lives were saved from TB, and TB deaths fell by 38%.
- ▶ U.S.-developed innovations in TB diagnosis and treatment can now dramatically speed up diagnosis, shorten treatment, and save lives—provided they reach patients in time.
- ▶ In 2018, U.S. programs, in collaboration with each country's national program, detected 4,600,000 TB cases and achieved an 89% treatment success rate.
- ▶ Since 2017, U.S. backing for the Global TB Drug Facility (GDF) has resulted in a 33% drop in prices for MDR-TB treatment, with \$31 million in savings.
- ▶ Worldwide, TB is one of the top 10 causes of death and kills more people than any other infectious disease—more than HIV/AIDS.
- ▶ TB is curable, yet it is frequently devastating for families because of the cost and length of treatment. In response, USAID is helping countries increase access to social support for patients.
- ▶ TB control measures have stopped the epidemic from expanding; however, current efforts will not change the curve of incidence downward.
- ▶ In 2018, 10 million people fell ill with TB and 1.5 million died.

## WHY SHOULD AMERICANS CARE?

- ▶ TB presents a unique threat that knows no borders. Multidrug-resistant tuberculosis poses a special national security threat. Roughly 36% of people with active TB go untreated each year. One person with active, untreated TB can spread the disease to as many as 15 other people in one year. By acting in a concerted manner now, the U.S. can reduce the spread of TB and MDR-TB.



### WHY SHOULD AMERICANS CARE? (cont.)

- ▶ TB funding supports U.S. national security by reducing the number of cases and developing the global capacity to prevent, detect, and respond to dangerous outbreaks that threaten the health of Americans.

### WHAT MORE COULD BE DONE?

- ▶ The funding shortfall required from all sources for a full response to the global TB epidemic in low and middle-income countries is estimated at \$3.3 billion, excluding research and development. At least an extra \$1.2 billion per year is needed for research and development.
- ▶ Additional funding would increase the support to priority countries that have a strong commitment to reaching TB targets. This assistance could help expand access to TB diagnostic and treatment services and ensure treatment for 40 million people with TB by 2022.
- ▶ Greater U.S. support would add more countries with a significant TB burden to the list of priority countries. For instance, Pakistan has a large TB burden and has shown clear signs of a commitment to addressing TB.
- ▶ Increasing the U.S. contribution to the GDF would ensure an uninterrupted supply of TB medication and create a safety net to assist countries in improving their procurement policies and laws, expand the number of countries where the GDF can provide the full range of technical assistance, and support an expansion of the GDF's Flexible Procurement Fund to respond to emergencies.

### 6 YEAR FUNDING HISTORY

(In millions)

