

May 5, 2020

The Honorable Lindsey Graham  
Chairman  
Subcommittee on State and Foreign Operations  
U.S. Senate  
Washington, DC 20510

The Honorable Nita Lowey  
Chairman  
Subcommittee on State and Foreign Operations  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Patrick Leahy  
Ranking Member  
Subcommittee on State and Foreign Operations  
U.S. Senate  
Washington, DC 20510

The Honorable Kay Granger  
Ranking Member  
Subcommittee on State and Foreign Operations  
U.S. House of Representatives  
Washington, DC 20515

Dear Honorable Chairs and Ranking Members:

Thank you for your leadership on the State and Foreign Operations Subcommittees and your dedication to global health. We, the undersigned organizations, deeply appreciate recently approved supplemental resources for the U.S. Agency for International Development, as well as the US Centers for Disease Control and Prevention, to address the COVID-19 emergency. This pandemic is putting unprecedented pressure on the health workforce, infrastructure and resources in developing countries, and it is in the interest of the United States to address the global nature of the crisis.

As implementers and advocates, we would like to draw your attention to the enormous impact that COVID-19 is already having on the delivery of basic health services, in particular the strain on tuberculosis (TB) programs globally. To rapidly adapt and restore critical TB services and prevent a dangerous reversal of progress, we urge you to provide at least \$200 million in additional funds for the USAID TB Program, and of this amount not less than \$35 million for the Global TB Drug Facility, in future emergency spending bills.

We believe these resources would be an essential complement to a U.S. contribution of \$1 billion to the Global Fund to Fight AIDS, Tuberculosis and Malaria's COVID-19 Response Mechanism, which we strongly support, since this bilateral funding will help to ensure rapid and effective use of Global Fund resources.

TB is the world's leading infectious disease killer, with 10 million new cases and 1.5 million deaths every year. Yet COVID-19 is already severely impacting tuberculosis services, putting hard-won gains in TB in jeopardy, including in the effort to combat TB drug resistance:

- A recent Stop TB Partnership survey of high TB burden countries found that more than half of TB facilities were being used for the COVID-19 response, and, in many countries, TB personnel are being redirected to the COVID-19 response, given their expertise in respiratory diseases. All countries cited a decrease in the number of people accessing TB services. In India, the country with the highest number of TB cases, the TB case notification rate has fallen 80%, indicating a massive drop in diagnosis and treatment. Indonesia has reported a 70% decrease in TB case notification, and in South Africa diagnoses using the Gene Xpert rapid diagnostic have fallen by 50%.

- While stringent COVID-19 responses may only last months, they will still have a catastrophic impact on TB in high-burden settings. Modelling developed by the Stop TB Partnership with Imperial College, Avenir Health, John Hopkins University, and USAID shows that with a long (3-month) lockdown and a protracted (10-month) restoration of services the world could see an additional 6.3 million cases of TB, and an additional 1.4 million TB deaths, between 2020 and 2025.
- TB programs are uniquely vulnerable to disruption because they normally rely on patient and health worker mobility. Individuals on TB treatment are often required to visit health clinics multiple times a week to receive their medication and social support over many months, 6 to 9 months for those with drug-sensitive TB, and up to two years for drug-resistant TB. Treatment interruption is extremely dangerous for patients and can lead to the development of drug resistance.
- With lockdowns, programs must rapidly adapt to long term dispensing of medication, telemedicine, and home visits by staff or volunteers, where feasible. After the lockdown measures are stopped, there will be lengthy period of “recovery” needed from the progress lost during the pandemic. During this time, TB response efforts will need to be accelerated.
- Since a consistent supply of medication is needed throughout the many months of treatment, TB programs are also vulnerable to supply chain problems. Pharmaceutical manufacturers throughout India are currently working at 25% capacity and the Stop TB Partnership’s Global Drug Facility is anticipating stockouts of TB medications over the coming months. USAID has also reported that freight costs for GDF commodities have increased by 30%, and, in some countries, there has been a 50% increase in distribution costs due to limited vendors.
- Critical research on treatment-shortening regimens for TB, funded by USAID, has also been impacted by pauses in the enrollment of study participants. These studies require increased funding to extend timelines for enrollment and to invest in building local TB clinical trials capacity, including laboratory infrastructure. Further, with the recent availability of new, effective treatments for drug resistant TB, additional funding is required for roll-out and optimization of such regimens in priority countries.

Fortunately, USAID’s Tuberculosis program is well-positioned to provide immediate assistance for TB programs to rapidly adapt, driving the introduction of technological advances and new tools:

- USAID can assist countries in training staff on new approaches required due to COVID-19, digital health, improving infection control, strengthening mobile and community-based service delivery, and enhanced engagement of the private sector. TB diagnostic networks are already being used for COVID-19 as well as TB, and with greater resources USAID can support expanded integration by training staff on distinguishing COVID-19 from TB and by ensuring adequate diagnostic equipment and facilities.
- USAID can support countries to apply for and implement grants from the Global Fund, using experts embedded in ministries of health through the Global Fund Tuberculosis In-Country Advisors Project, funded by USAID. These resident advisors are working in approximately 50 countries.
- USAID can channel additional resources to local, community-based organizations, which are now even more important in maintaining and improving TB services. USAID’s Local Organizations Network provides two-year awards to local partners in target countries, including faith-based organizations and community groups. To date, while approximately 300 local organizations have submitted proposals, resources have been sufficient to fund only about 30 of these proposals.

- USAID can channel additional resources through the Stop TB Partnership’s Challenge Facility, a competitive grant mechanism for TB-affected community and civil society organizations. In the most recent round, over 900 proposals were submitted, but because of insufficient resources less than 50 proposals were approved, showing enormous unmet demand and capacity.
- USAID can address urgent procurement and supply challenges now affecting access to TB medications, as well as diagnostics needed for both TB and COVID-19, through the Global TB Drug Facility (GDF). GDF has a clear mandate and capacity to support procurement, using global and regional staff as well in-country supply officers who work day-to-day with country programs. Congress should provide substantial supplemental funding to permit immediate expansion of the GDF’s global safety net for key commodities, while leveraging this investment to ensure fair pricing and equitable access to testing in low- and middle-income countries.

We believe USAID’s work would be effectively complemented by supplemental support to PEPFAR, which carries out vital work on TB-HIV, as well as additional support to the CDC and its TB-specific programs. This includes CDC’s Division of HIV and TB (DGHT), as well as its Division of TB Elimination (DTBE). For global HIV and TB, CDC DGHT plays a vital role given the agency’s close relationships with ministries of health and its ability to target assistance to countries with close ties to the US, including in our hemisphere.

We welcome the opportunity to work with you and your staff on this very important and timely issue. We must not allow COVID-19 to derail the valuable investments the US has made in TB across the globe.

If you need additional information or if you or your staff would like to arrange a call to discuss TB, please contact Nuala Moore ([nmoore@thoracic.org](mailto:nmoore@thoracic.org)) or David Bryden ([dbryden@results.org](mailto:dbryden@results.org)).

Sincerely,

American Association of Physicians of Indian Origin (AAPI)  
 American Lung Association  
 American Thoracic Society  
 Americas TB Coalition  
 Association of Public Health Laboratories  
 AVAC  
 Elizabeth Glaser Pediatric AIDS Foundation  
 Friends of the Global Fight Against AIDS, Tuberculosis and Malaria  
 Fund for Global Health  
 Global Health Council  
 Global Health Technologies Coalition  
 HIV Medicine Association  
 IAVI

Infectious Diseases Society of America  
 International Union Against Tuberculosis and Lung Disease  
 Management Sciences for Health  
 National Tuberculosis Controllers Association  
 Partners in Health  
 Planet Aid, Inc  
 RESULTS  
 STOP TB USA  
 TB Alliance  
 The Borgen Project  
 Treatment Action Group  
 University Research Company, LLC (URC)  
 We are TB  
 Zero TB Initiative