

Dr. E. Anne Peterson, MD, MPH

World TB Day
National Press Club
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Thank you. I would especially like to thank Secretary Tommy Thompson, Secretary of the Department of Health and Human Services. I have learned to really appreciate his caring and compassion as I have traveled with him and in his new role Chairman of the Board for the Global Fund to for AIDS, TB and Malaria. Thank you also to all the panel members who show their dedication to TB by traveling here today: Dr. Kenneth Castro, Assistant Surgeon General, US Public Health Service, Division of Tuberculosis Elimination, National Center for HIV, STD, and TB Prevention, Centers for Disease Control, and Dr. Phil Hopewell Stop TB and the other partners in the global battle against TB. I would also like to acknowledge the National Coalition to Eliminate Tuberculosis – an important force for advocacy for TB control domestically and internationally. Diane Maple from the American Lung Association, another important domestic partner, is here representing ALA and NCET.

So why are we here? TB is a historical killer; the lingering decline of heroines in “consumption” of classical novels. We remember the sanitariums where victims were relegated for hopeful cures. Then in the middle of the last century, we had a drug treatment and saw declining incidence. Unfortunately, declining incidence was followed by declining interest and TB did what infectious diseases do when ignored, it resurged. Tuberculosis kills more people than any infectious agent in the world today. Of the estimated 2 billion people infected with tuberculosis, 8 million develop active TB each year and 2 million die. The developing world has 95 percent of the world’s TB cases and 98 percent of TB deaths.

The U.S. Agency for International Development is a proud partner in a broad international coalition of agencies, donors and groups in the battle against TB.

In 1998, as part of an expanding strategy in infectious and reemerging diseases, USAID began a significant and focused program in TB. Since then, resources available for TB have increased each year. The scale up of our TB efforts has been extraordinarily fast and widespread.

By 2002, the U.S. Agency for International Development worked in 35 countries, committing \$78 million to on international TB, in addition to the U.S. Government's contribution to the Global Fund for AIDS, TB, and Malaria. This includes many of the high burden countries including India, Philippines, Indonesia, Brazil, South Africa, Ethiopia, Russia and many others as well as those of great need like Mexico.

Besides our bilateral programs, USAID has played an important role in helping develop global initiatives such as the Global Partnership to Stop TB and the Global TB Drug Facility to rapidly and efficiently provide inexpensive essential TB drugs to countries in need.

It is a fundamental premise of the Global Plan to Stop TB that national governments and local communities take responsibility for planning and implementing their TB prevention and treatment programs. This does not mean, however, that each country has to face its TB problem in isolation. USAID and other donors have developed initiatives to help address all aspects of the DOTS strategy at both global and local levels. We are also providing direct support to the Stop TB Initiative Partnership at the regional and global levels. It has been exciting to be part of this international effort as I represent the US government on the Stop TB board. The Stop TB Partnership has done an outstanding job mobilizing attention and resources.

As a member of the Stop TB partnership, the heart of our strategy is focused on working with key countries to expand the application of the DOTS strategy.

Despite the effectiveness of DOTS, TB has spread, due to the fragility of public health systems, lack of complete access to DOTS, and the exploding HIV/AIDS epidemic. It also has developed new virulent strains resistant to previously effective drugs in some countries, largely due to the poor quality of TB programs – in part because patients stopped taking medication when symptoms disappeared, allowing the most virulent new strains to survive treatment.

Half of HIV-positive people are infected with TB and then 30 percent of AIDS victims in Africa and Asia die of their concurrent TB infection not AIDS directly. With the escalating HIV/AIDS epidemic and the critical link between TB and HIV/AIDS, we need to look for better ways to connect TB and HIV/AIDS programs, and to ensure that patients affected by both diseases receive appropriate care and support. This will require policy change, overcoming

stigma and improved quality of health care. The need for a reliable supply of TB drugs of assured quality, readily available to those in need, becomes even more imperative.

USAID is supporting the World Health Organization's "ProTEST" Initiative to assist patients struggling with TB and HIV infections through counseling and testing. Pilot project sites in South Africa, Malawi, and Zambia have served more than 70,000 patients over the past four years.

Poor availability and access to first-line TB drugs have resulted in treatment interruptions in many developing countries, often impeding DOTS expansion and creating the conditions for the emergence of drug resistance. Recognizing at the outset the importance of drug management to achieving objectives related to DOTS expansion, the Stop TB Partnership Initiative launched the Global Drug Facility last year. The GDF has already become an important tool in our efforts to improve disease control. USAID has been strongly committed to helping to make sure the GDF is successful, and has worked hard to make sure that GDF has access to USAID's long-standing expertise and programs in improving drug management – buying the drugs is not enough – we need to make sure that once purchased and shipped to countries, that national programs have the right tools to effectively manage the drugs. The link between poor access to vital TB drugs and weak health systems including pharmaceutical cannot be overemphasized.

USAID is also working to expand the organizations and partners involved in TB. We have long-standing relationships with the U.S. PVO community, who are extraordinarily effective at implementing health programs at the community level. With USAID support, PVOs are increasingly taking on TB – in coordination with the Stop TB Partners.

Today we commemorate 10 years and 10 million patients treated. Of these, more than 90% live in developing countries, where the disease continues to cause the greatest amount of suffering, economic loss and death. This is a landmark achievement as millions of productive lives have been saved, and it has helped reduce the spread of deadly infection.

On the 10th anniversary of World Health Organization's declaration of a Global TB Emergency this March, USAID reaffirms its commitment to addressing the global burden of TB in close collaboration with developing country, regional, and global partners.

Thank you.