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World Tuberculosis Day 2011

Tuberculosis Elimination: Together We Can!

A Community Statement

In observance of March 24, 2011, as World Tuberculosis Day, and in recognition of the tremendous opportunities and challenges faced in eliminating Tuberculosis (TB) in the U.S. and around the world, we, the undersigned organizations, stand in support of the following statement.

The Challenge

Tuberculosis is a contagious and airborne disease that disproportionately affects young adults in their most productive years. According to the World Health Organization (WHO) one-third of the world's population is thought to be infected with the microbe that causes TB. Worldwide, TB is the third leading cause of death among women of reproductive age, who are more susceptible than men of the same age. TB is the leading cause of death among people living with HIV/AIDS (PLWHA), has been known to cause infertility and contributes to poor reproductive health outcomes. Yet, according to the World Bank and public health experts, TB prevention, treatment and control are among the most cost-effective public health interventions available.

The U.S. is not immune. TB remains a public health problem in the U.S., particularly for border states. California, Texas, Florida and New York all face serious problems with TB and drug resistant TB poses a serious challenge in all states due to extremely high treatment costs.

The problem continues to grow. In 2009, there were 9.4 million new TB cases globally – including 3.3 million new cases among women and 1.1 million new cases among people living with HIV/AIDS (PLWHA). In that same year, 1.7 million people died from TB – including 600,000 women and 380,000 people living with HIV/AIDS (PLWHA). The number of multidrug-resistant (MDR) and extensively drug-resistant (XDR) forms of TB continue to grow and threaten to undermine TB control efforts in both developed and developing nations.

Although most cases of TB are treatable with a 6-month course of antibiotics that costs about $20, improper or incomplete treatment has led to the emergence of drug-resistant strains. More than 5% of all current TB cases are multidrug resistant (MDR) – that is resistant to the most potent first-line antibiotic drugs used to treat the disease, and 10% percent of those cases are extensively drug-resistant (XDR), an even harder strain to treat, resulting in more deaths. Globally, there are about 500,000 MDR-TB cases each year. Even in the U.S. MDR-TB poses a particular challenge due to the high costs of treatment, estimated at $100,000 - $300,000 per patient. The current tools used to prevent, diagnose, and treat TB are outdated. It is critical that the public and private investment into new TB tools is increased in order to control the spread of the disease. Innovation and rapid scale-up in the use of new tools are needed to reach those most in need.

United States Leadership in Fighting Tuberculosis

The U.S. is the world's leading bilateral donor supporting TB control efforts in 40 countries around the globe. In 2008, the United States took a large step forward in the fight against TB by passing the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act (the Lantos-Hyde Act) and the Comprehensive TB Elimination Act (CTEA). The Lantos-Hyde Act authorizes funding commitments, including research, and calls for the development and oversight of a five-year global TB strategy that includes treating 4.5 million new TB patients and the diagnosis and treatment of 90,000 new MDR-TB cases, both by 2013. The CTEA aims to put the U.S. back on the path to TB elimination by strengthening federal and state TB control programs and investing in new diagnostics, treatment and prevention tools. The United States is now implementing the Obama Administration's Global Health Initiative (GHI) with a women- and girls-centered approach to combat TB in the developing world. The GHI's overarching goal of saving approximately 1.3 million lives by reducing TB prevalence by 50% supports the Global Plan to Stop TB 2006-2015 – a comprehensive assessment of the action and resources needed to implement the Stop TB Partnership's strategy towards reducing the global TB burden.

THE AIDS INSTITUTE

How to Win the Next Round in the Fight Against Tuberculosis

a. Increase funding to address TB domestically and globally:
Domestically, put the U.S. back on the path to TB elimination. If fully implemented and funded, the CTEA will strengthen state TB control programs so that they can pursue TB elimination rather than just control, prevent drug-resistant TB, and provide a needed reinvestment into new tools that will reduce the global disease burden. The U.S. is at a critical juncture to honor the moral commitment our country has made to help those abroad and at home who are afflicted by TB. The Lantos-Hyde Act provided a historic U.S. commitment to global TB control through its support for the Global Plan to Stop TB 2006-2015 and authorized funding for USAID's TB program of $4 billion over five years, which includes support for the development of new TB diagnostic, treatment and prevention tools. Furthermore, the Global Plan to Stop TB 2006-2015 sets ambitious targets to halve TB prevalence and death rates by 2015, but without adequate funding that goal will not be realized.

The U.S. is the largest contributor to the Global Fund to Fight AIDS, Tuberculosis and Malaria, which allocates 17.5% of its resources to TB. With every dollar committed by the U.S., the Global Fund has leveraged more than two dollars in contributions from other donors. The support of the United States is vital if the Global Fund is to continue its success in the fight against TB. The Global Fund provides 63% of all international financing for global TB programs, equaling more than $3.8 billion in 112 countries providing TB treatment for 7.7 million people, and supporting 2.4 million people with HIV/TB services. In many countries in which the Global Fund supports programs, TB prevalence is declining, as are TB mortality rates. In addition the U.S. is a major contributor to the WHO, Stop TB Partnership, regional collaborations and the Global Drug Facility, all of which provides important support to basic TB control worldwide.

b. Limit the number of people living with HIV who die from TB:
As demonstrated by the partnership between UNAIDS and Stop TB, lives saved through efforts to combat HIV/AIDS should not be lost to TB. An integrated approach must be taken to prevent HIV from leaving patients more vulnerable to TB infection and disease and hastening the progression of HIV. Countries must promote collaborative TB/HIV services, test new health delivery strategies and increase community-based care. Increased U.S. funding is critical to efforts to strengthen developing countries' capacity to respond to the TB/HIV co-epidemic and prevent the spread of drug resistance.

c. Address tuberculosis in women and children:
Women face special risk factors for contracting TB and poor women in developing countries are proper diagnosis and treatment. TB is particularly deadly for pregnant women, who are at greater risk for death during childbirth or giving birth to premature or low-weight babies. Women with TB who discontinue their medication may transmit the disease to others or develop drug-resistant TB. These challenges highlight the urgency of integrating TB control with efforts aimed at supporting maternal, child, and reproductive health in a woman- and girl-centered approach. Urgent action is also needed to address TB in children. Worldwide, at least 1 million TB cases occur each year in children under 15 years of age, and children with TB infection today represent the reservoir of TB disease tomorrow. Children are more likely to develop more serious forms of TB such as TB meningitis.

d. Develop new diagnostic tools, drugs and vaccines:
Scientific advances have led to significant progress in the development of new and better vaccines, drugs and diagnostic tools that will transform the fight against TB, but more must be done. The updated Global Plan to Stop TB 2011-2015 calls for $9.8 billion over the next five years for research and development of these much-needed new tools. New diagnostic tools are helping to determine if patients have drug-resistant strains and how to treat them if they do. Other promising new diagnostic tools are under development that could be used at point-of-care. New TB drugs are being developed that could shorten the course of TB treatment and be compatible with antiretroviral therapy, and new vaccines are in the pipeline that could more effectively prevent all forms of TB and be safe for people living with HIV/AIDS (PLWHA). New and better tools for populations most vulnerable to the disease would ease the burden of TB on patients and healthcare systems and prevent the spread of drug resistance. Investing in research and development could yield significant gains in the global fight against TB.