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## CDC's DOMESTIC AND GLOBAL TB FUNDING NEEDS FOR FISCAL YEAR 2006 (Sources: WHO, CDC, NCET)

### TB: A Global Health Emergency with Major Implications for the U.S.

- TB kills over two million people each year, and is the greatest curable infectious killer worldwide.
- One-third of the world's population is infected with the TB bacterium.
- Nearly nine million people become sick with active TB each year.
- TB is the leading cause of death among people who are HIV-positive.
- TB is today the single greatest infectious killer of women of reproductive age.
- Although a full six-month supply of TB drugs to treat a case of standard TB costs just \$12, TB treatment reaches less than one-third of those sick with TB.

### Domestic TB Funding Needs

Despite the immensity of the global TB epidemic and its impact domestically, the U.S. appropriated only \$140 million in FY 2005 for domestic TB control efforts. CDC developed a formula for redistributing funds to States with highest numbers of the most complicated TB cases. Congress approved this approach and provided a modest increase to bolster funding for states that were slated for cuts. However, modest increases are not enough – for many states, a TB outbreak can still easily overwhelm its ability to find and treat all infections. The 2004 report by the National Coalition for Elimination of Tuberculosis (NCET) recommended an additional \$105 million for CDC to carry out critical work to address TB in the U.S.. Specific recommendations put forward by NCET include increased funding to:

1. Reduce/eliminate racial disparity in the incidence of TB among the African American community. [This racial group continues to carry a disproportionate burden of TB in the U.S.];
2. Support the four U.S. border states to increase efforts to prevent, detect and treat TB among foreign-born persons in the U.S.. [The incidence of TB along the U.S.-Mexico border is more than 50 percent higher than national rates in either Mexico or the U.S.];
3. Expand use of DNA fingerprinting for all reported TB cases in the U.S.. [DNA fingerprinting or universal genotyping is an important new technology for identifying patterns of transmission in order to control outbreaks.]; and
4. Intensify research into new tools for diagnosis and treatment of TB. [Funding would help support CDC to continue its existing clinical trials into new drug regimens and studies on new diagnostic tests for latent and active TB.]

For FY 2006, the U.S. should maintain the FY 2005 level of funding of \$140 million for domestic TB efforts with an additional \$105 million to increase states' capacity to fulfill the recommendations by NCET for a *total of \$245 million for domestic TB in FY 2006.*

### Global TB Funding Needs

CDC works closely with the World Health Organization (WHO), the International Union Against TB and



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Lung Diseases and the U.S. Agency for International Development (USAID), as well as TB control programs of numerous countries to control the spread of the disease globally. Efforts are focused on improving the quality of TB control programs in countries with a high burden of TB, TB-HIV co-infection and multi-drug resistant TB (e.g. Brazil, Cambodia, Ethiopia, India, Kenya, Mozambique, Philippines, Russia, South Africa, Tanzania, Thailand, Uganda and Viet Nam) or those that contribute most to the U.S. epidemic. To complement U.S. TB efforts along the U.S.-Mexico border, CDC is also collaborating with the national TB program (NTP) in Mexico to strengthen the NTP and to coordinate and improve referral systems between both countries.

In addition to \$245 million for CDC's domestic TB program, Congress should provide a separate line item for ***an additional \$30 million for CDC's international TB activities for FY 2006***. Despite Congressional urging to increase CDC's involvement in international TB control, despite CDC's immense expertise in TB and the importance of its existing role in overall TB efforts worldwide, CDC cannot provide its full value to the global TB fight because it does not have its own funding for international TB activities and to expand diagnostic, vaccine, and operational research that will help prevent TB and build sustainable programs in developing countries. Current legislation does not designate specific funds for CDC to carry out global TB control work, such as has been provided for CDC's Global AIDS Program, and CDC receives only a few million dollars a year for this critical work. A relatively small amount of money to expand CDC's role in fighting TB globally could have an immense impact.