



American Public Health Association

Working for a Healthier World

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Testimony of the American Public Health Association
“Multidrug Resistant Tuberculosis:
Assessing the U.S. Response to an Emerging Global Threat”
House Committee on Foreign Affairs
Subcommittee on Africa and Global Health
Submitted for the Record
February 27, 2008

The American Public Health Association (APHA) is the oldest and most diverse organization of public health professionals in the world. APHA represents a broad array of health officials, educators, environmentalists, policy-makers, and health providers at all levels working both within and outside government organizations and education institutions. We are pleased to submit our views on global control of tuberculosis (TB) and drug resistant TB.

Many countries have contributed to global TB control with positive results including noticeable economic benefits. However, greater support for global TB control is urgently needed for several reasons: the number of TB cases is growing dramatically, TB inflicts a considerable economic burden on families and government budgets, strains of multidrug resistant TB (MDR-TB) and extensively drug resistant TB (XDR-TB) are emerging and spreading internationally, and TB has become one of the leading causes of death among people living with HIV/AIDS.

In 2005, there were 8.8 million new cases and 1.6 million deaths attributable to TB. Without treatment, two-thirds of infected individuals die within five to eight years, most of which die within 18 months of being infected. The death rate is significantly higher for cases of MDR-TB and XDR-TB. Even though TB can usually be cured through a six-month antibiotics regimen, it remains the number two cause of adult deaths among infectious diseases worldwide, second only to HIV/AIDS.

TB is strongly linked to poverty. Most TB cases occur among working-age adults, killing them or making them unable to work. Children also are vulnerable and TB could force them out of school, limiting their future employment prospects. According to the World Bank, the economic cost of TB-related deaths in sub-Saharan Africa from 2006-2015 is expected to be about \$519 billion without effective TB control. If these countries are able to halve the prevalence and death rates by 2015 relative to 1990 figures, as prescribed in the World Health Organization’s Stop TB Strategy, they could obtain about a nine-fold return on investments in TB diagnosis, treatment and control. Countries like China and India, which together account for 36 percent of all estimated new TB cases each year, could reap even greater economic returns.

Drug resistant TB represents a serious challenge to global TB control and is associated with worse treatment outcomes. MDR-TB develops when anti-TB drugs are misused, become ineffective and must be treated with second-line drugs, which are more expensive and have more side-effects.

XDR-TB can develop when these second-line drugs are also misused and treatment options are seriously limited.

Today's global economy provides TB and drug resistant TB ample opportunities to spread among populations and across borders. Elimination of TB in the United States is dependent on control of the disease in developing countries. In addition, TB treatment and program costs abroad are significantly cheaper making investing in global TB control a cost-effective strategy to reduce TB cases domestically.

Finally, TB is among the leading killers of people living with HIV/AIDS causing 12 percent of deaths globally and up to half in some settings. According to the World Health Organization, about 630,000 new TB/HIV cases were diagnosed in 2005. However, TB in people living with HIV/AIDS is curable and treatment can prolong and improve their quality of life.

We support a strong U.S. commitment to international efforts to control TB including participation and support of the Stop TB Partnership and the Stop TB Strategy lead by the World Health Organization. The Stop TB Partnership is a network of over 500 international public and private organizations working to eliminate TB. The Stop TB Strategy builds on the Directly Observed Treatment Short-course (DOTS) program, which is one of the most cost-effective health interventions available today, and works to implement TB and HIV collaborative activities; prevent and control drug resistant TB; strengthen health systems; disseminate the International Standards for Tuberculosis Care; empower individuals with TB and communities; and support research.

In addition, we support programs at the Centers for Disease Control and Prevention that assist countries with a high burden of TB. These programs help implement the TB control strategies recommended by the World Health Organization and conduct clinical and operational research to identify and evaluate new diagnostics, treatments and strategies.

We thank the House Committee on Foreign Affairs, Subcommittee on African and Global Health for its commitment to the global effort to combat TB and the opportunity to present our views on this serious public health threat.