

Subcommittee on Africa and Global Health
The Global Threat of Drug-Resistant TB:
A Call to Action for World TB Day

March 21, 2007

Statement by Rep. Christopher H. Smith

I would like to thank Chairman Payne for calling this hearing on the important and timely global health issue of drug-resistant tuberculosis. It is shocking that this disease which is curable continues to kill about 2 million people each year. Perhaps the reason for this apparent contradiction is that the vast majority of those who die from TB – 98% - live in the developing world, and are from the poorest and most marginalized sectors of society. TB is particularly pernicious in that it targets young adults who are just starting to form their families and who are the producers and sustainers of their societies. The emergence in recent years of drug-resistant TB has raised the specter of higher death rates, more children who will lose their parents, and communities that will fall deeper into poverty and despair.

Combined with the fact that TB is the leading cause of death of persons with HIV/AIDS, this disease is having a particularly devastating impact on Africa. However, it is important to note that no region – indeed no country, including our own – is immune from the effects of tuberculosis. We should all be alarmed that strains that are resistant to a single drug have been documented in every country surveyed by the World Health Organization. Given the ease with which TB can be spread, TB is truly a

disease without borders, and it is in our national as well as humanitarian interest to seek its eradication.

Therefore, it is highly appropriate that this subcommittee on global health commemorate World TB Day 2007 this March 24th with the rest of the world, and raise our voices with that of others for an emergency response to this increasingly dangerous threat to global health. I agree with my colleagues here in Congress who are advocating for significantly more resources to be directed towards TB prevention, detection and treatment, and research for new drugs. In addition, this hearing provides us with the opportunity to examine the best means for directing our resources.

The World Health Organization recently came out with an interesting study entitled: “Appreciating Assets: The Contribution of Religion to Universal Access in Africa.” The study was focused on the treatment of HIV/AIDS, and utilized Zambia and Lesotho as the two study sites, but the findings provide useful indications for addressing other health issues, including tuberculosis, throughout Africa. The study found that approximately 30 - 40 percent of national health services were provided by faith-based organizations. In some areas, those percentages went as high as 65 – 70 percent.

The benefits of a faith-based infrastructure for addressing HIV/AIDS would seem to apply also to tuberculosis. For example, assisting and monitoring adherence to the drug regimen could be overseen by the volunteer community, as well as education of the general public. Since churches, mosques and synagogues are being encouraged to undertake

HIV/AIDS initiatives, TB can readily be included. I look forward to our witnesses' views on additional means by which the faith-based infrastructure in Africa and elsewhere might be utilized, as well as supported and further strengthened by donors.

It is well-known that the Global Fund is a major contributor to TB detection and treatment programs around the world. The United States has given over \$2 billion to the Global Fund, or just over 30 percent of the Fund's revenues. I was disturbed to read reports earlier this month that the Global Fund has permanently terminated two grants to Uganda for malaria and tuberculosis. When I visited Uganda in January 2006, a suspension of five Global Fund grants due to gross mismanagement had just been lifted and I was informed that the problems appeared to have been resolved. The fact that this now turns out not to have been the case, and that several other countries have also had Global Fund grants terminated, raises serious questions about how the Global Fund is operating.

I know from my visits to Africa and from the numerous reports we receive in Congress how well our bilaterally-funded PEPFAR programs are performing. The information and accountability that Congress has come to take for granted through these bilateral programs are not available through the Global Fund. And yet many of the primary recipients of Global Fund grants are governments with a history of corruption and fraud, and/or limited capacity to properly manage large sums of money in their health sectors. One could argue that the absence in the Global Fund of a robust reporting and monitoring mechanism at both the primary and sub-recipient levels is an open invitation for waste in these countries, and a tragic loss of opportunity

to save lives. The implementation of a system that provides accountability and transparency would seem vital to continued and expanded donor support of the Global Fund in the future.

I look forward to exploring these questions further, and to learning more about what we can do to address TB from with our witnesses.