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Drug Resistant TB: The Next Global Health Crisis?

*Subcommittee on Africa, Global Health, Global Human Rights,
and International Organizations Briefing & Hearing
December 8, 2015
Excerpts of Remarks Hon. Chris Smith*

Our hearing today is extremely urgent, focused on addressing what may very well be the next global health crisis: drug resistant tuberculosis.

Just as Ebola surprised many at the ferocity with which it spread, all of us must be concerned that the world is not fully prepared to meet the threat from this highly contagious airborne disease which killed 1.5 million people last year alone. That translates to over 4000 people a day – 4000 lives that ended prematurely, including young children.

The World Health Organization released its Global Tuberculosis report just over a month ago and appealed to the world to beef up efforts to combat TB, and yesterday, in Cape Town South Africa, the International Union Against Tuberculosis and Lung Disease concluded its annual meeting, having gathered experts in fighting TB from all over the world. These are positive signs, showing that the global health community continues to surge toward ending TB by 2035 – or sooner.

While most TB is curable if diagnosed and patients strictly adhere to a treatment regimen, some 6 million new cases of TB were reported to WHO in 2014. However it is likely that the number of people who contracted TB far exceeds this number – and may be as high as 9.6 million people. These people need to be diagnosed with a diagnostic that is fast and reliable and able to detect drug resistances, and treated, so they can lead healthy productive lives.

On a myriad of fronts there is reason for hope. For example the Expert MTB/RIF can diagnose TB and resistance to rifampicin within two hours, an amazing breakthrough. As CDC's Tom Friedman will testify today, this new diagnostic holds great promise. This new diagnostic holds great promise in enabling rapid detection of drug resistance, and the U.S. Government has led the global effort to scale up access to this test. The increase in the proportion of drug-resistant TB cases diagnosed and started on treatment over the past several years is largely attributable to the scale-up of this test.

Yet the tragic fact remains that some 480,000 new cases of hard-to-treat cases of multidrug resistant TB – a disease which often hits the poorest of the poor – are estimated to have occurred in 2014, yet only about 25 per cent of these, or 123,000 cases were detected and reported, leaving a whopping 75 percent undetected and untreated.

Given the ease at which TB can spread through the air – especially through coughing – and the fact that people with weakened immune systems are more susceptible, one can see how left untreated MDR TB and its even more pernicious cousin, XDR or Extensively Drug Resistant TB can be catastrophic to individuals and wreak havoc on public health and public health systems.

To illustrate how fragile health systems can be overwhelmed, a course of treatment for normal, drug susceptible TB costs roughly between \$100 and \$500, depending on the country. For MDR TB, the cost is roughly between \$5,000 and \$10,000 per patient.

To respond fully to the TB crisis, the WHO estimates that some \$8 billion per year is needed. Unfortunately, there is a global budget shortfall of about \$1.4 billion. We need to lead not only in terms of providing funding, but also in terms of encouraging others – other countries, but also the private sector and foundations – in meeting this need by closing this gap.

Now is the time for a significantly enhanced response. A sustained focus on tuberculosis prevention today will save lives and money tomorrow, helping people the world over as well as protecting the homeland from what otherwise could become a global pandemic.

Our 3 witnesses today are extraordinary leaders in the health field and experts on TB. They – like many on the Subcommittee – believe we can at least mitigate TB in the short term and eliminate this deadly infectious disease by 2035, just as we have successfully fought polio. It takes political will, however, and an investment of resources that will pay dividends for healthier people in the long run.

This subcommittee will continue to work hard on combatting TB, along with members of the House Tuberculosis Elimination Caucus, [whose co-chair is my good friend from New York, Ranking Member Eliot Engel, who has joined us today.] We also have some very outstanding leaders in the global fight against TB who will brief us and give testimony today... .