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“Combating Tuberculosis in Southern Africa”

Subcommittee on Africa, Global Health, Global Human Rights, and International Organizations

Rep. Chris. Smith (R-NJ), Chairman

July 12, 2018

Excerpts of Remarks

Today’s hearing will address the persistent and too-often underestimated threat to global public health posed by tuberculosis. This brutal, contagious disease killed 1.7 million people in 2016, the most recent data available – making it the deadliest infectious disease in the world – killing more than both HIV/AIDS and malaria combined.

TB is devastating for many people globally, but it impacts the people of Africa – especially southern Africa – disproportionately.

In 2016, 44 percent of all TB deaths occurred in the Africa region – in spite of accounting for only 25 percent of all new TB cases. Africans die at a rate of 72 per 100,000 infected, compared with 35 per 100,000 in Southeast Asia and 13 per 100,000 in the Eastern Mediterranean region. Those infected with HIV/AIDS are particularly vulnerable to TB, and nearly three-quarters of those co-infected with HIV and TB in 2016 lived in sub-Saharan Africa.

Thankfully, most cases of TB are curable if patients are diagnosed and adhere to a proper treatment regimen. However, millions of newly infected people go undiagnosed and without treatment each year, and the global spread of Multiple Drug-Resistant (MDR) and Extensively Drug-Resistant (XDR) TB, which emerges when patients receive inappropriate or incomplete treatment, poses an even greater and more costly threat. In

2016, roughly 490,000 people developed MDR-TB and an additional 110,000 new cases were resistant to the most effective treatment.

Not only is treating MDR and XDR TB a grueling process for the patient, it also costs far more to treat than the “garden variety” of the disease. One study by the Stop TB Partnership estimated that drug resistant TB could kill up to 2.5 million people annually and cost the global economy \$16.7 trillion if left unchecked.

The dangerous potential of a drug resistant TB outbreak is evident in the South African mining sector, where exposure to silica dust, crowded, poor living conditions and high HIV prevalence create an incubator for disease and heighten the risk of contracting TB. Further complicating the problem, approximately 40 percent of mine workers are migrants who frequently move across borders and don’t receive consistent medical treatment from public health systems in the region that do not coordinate sufficiently. This further increases the risk of MDR and XDR TB infections.

I am encouraged to see that the U.S. funding for combatting TB increased to \$261 million in 2018, which is \$20 million more than what was allocated in 2017 and more than \$82 million higher than the Administration’s request. This shows that my colleagues are taking this threat seriously, and I commend them.

But we must not stop there, or become complacent.

The WHO anticipates a \$7.4 billion budget shortfall for the *Global Plan to End TB* if the international community does not significantly increase funding. We must encourage our international partners to step up to this challenge, and take the opportunity of the U.N. General Assembly High-Level Meeting on Ending TB this September to do so; but even more, we must explore more innovative and holistic approaches to eliminating this disease. We must work from a regional perspective and increase coordination among health systems; we must pay special attention to the mines in South Africa; we must redouble our efforts to diagnose and treat every person infected with TB; and we must pull out all the stops when it comes to preventing MDR and XDR TB infections.

We also must encourage to World Health Organization to stop being overly bureaucratic when it comes to battling TB. There are bottlenecks in the WHO approval process for new treatments and new diagnostic tests which need to be fixed.

I am eager to hear from our distinguished witnesses, who can help us understand where we are in this fight against TB and what more we must do to eliminate it once and for all.