Global Health Council
The Collective Voice of the Global Health Community

September 6, 2017

Mick Mulvaney
Director, Office of Management and Budget
1650 Pennsylvania Avenue, NW
Washington, DC 20503

Dear Director Mulvaney:

Global Health Council, the leading alliance of non-profits, businesses, universities, and individuals dedicated to saving lives and improving the health of people worldwide, encourages continued support for global health, nutrition, and water and sanitation (WASH) programs within the International Affairs budget, as you consider the budget for Fiscal Year 2019 (FY2019). These programs are some of the most critical, cost effective, and greatest successes of foreign aid.

For more than a decade, we have witnessed incredible success in tackling the world's most deadly diseases and other threats to public health. In fact, many diseases that once threated millions of people only a decade ago continue to decline because of the U.S. commitment to global health, nutrition, and WASH. And because of this strong commitment, we are in sight of reaching an AIDS-free generation and ending preventable maternal and child deaths. Investments also help protect the health of Americans by strengthening countries' capacity to better prevent, detect, and respond to infectious disease outbreaks that know no borders. Moreover, Americans consistently support global health and development assistance funding.

Achievements in global health include the following notable returns on investment:

- As of March 2017, PEPFAR had supported life-saving antiretroviral treatment (ART) for 12.3 million people. Additionally in FY2016 PEPFAR supported HIV testing and counseling for more than 74.3 million people, including 11.5 million pregnant women;
- Since its inception in 2000, Gavi the Vaccine Alliance support has contributed to the immunization of close to 640 million children;
- Between 1990 and 2013, attendance at birth by skilled providers increased from 26.9% to 51%, an increase that helped save countless lives of mothers and newborns;
- To date, the Global Health Security Agenda (GHSA), with support from CDC, USAID, DoD, State Department and other departments and agencies, has assisted 31 countries and the Caribbean Community, with tangible examples of improved response, including the recent Ebola outbreak in the Democratic Republic of Congo, cholera outbreak in Cameroon, measles outbreak in Pakistan, and yellow fever outbreak in Uganda;
- U.S. funding to support the GHSA has led to development and implementation of the first-ever agreed set of global metrics for health security and national roadmaps for pandemic preparedness in at-risk countries, including specific milestones, metrics, and timetables for improvement across relevant sectors;
- Since 2002, the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) has saved over 20 million lives. Global Fund-financed programs have supported ART for 11 million people, including 4.3 million pregnant women to prevent the transmission of HIV to their unborn children. Additionally by the end of 2016, Global Fund-financed programs detected and treated 17.4 million cases of tuberculosis, distributed 795 million

insecticide-treated bed nets, and treated 668 million cases of malaria,[1] contributing to a 62% reduction in the malaria mortality rate;

- Between 2000 and 2010, more than 50% of all new global health products (vaccines, drugs, devices, and diagnostics) were developed with U.S. support;
- As a result of assistance from USAID, in 2015 more than 7.6 million people gained access to improved drinking water, and nearly 4.3 million people gained access to improved sanitation;
- To date, the President's Malaria Initiative has supported distribution of more than 227 million long-lasting insecticide treated nets, helping to protect over 454 million people from malaria infection since a net covers two people. PMI has also given over 421 million antimalarial treatments, and provided over 65 million preventative treatments for pregnant women since 2006;[2]
- In the 24 priority countries where USAID has heavily invested in maternal and child health, child mortality declined an average of 4% each year from 1990 to 2011, and maternal deaths declined by more than half between 1990 and 2015;
- The CDC's Field Epidemiology Training Program (FETP) has trained over 3,100 epidemiologists[3] in 72 countries on how to detect and rapidly respond to infectious disease outbreaks, which greatly contributed to Nigeria's ability to contain the 2014 Ebola outbreak;
- Between 2009 and 2014, eleven research and training Centers of Excellence for combating chronic disease have been established in low- and middle-income countries with U.S. support;
- USAID estimates that greater access to family planning each year has the potential to save the lives of 1.4 million children under the age of five in its priority countries;
- In the 27 USAID-supported tuberculosis (TB) focus countries, the TB death rate has fallen by 47%;
- Since its inception in FY2006, USAID's Neglected Tropical Disease (NTD) Program has supported the delivery of more than 1.3 billion NTD treatments to over 560 million people across 25 countries;
- Existing investments by USAID in nutrition, maternal health, injury prevention, and health systems strengthening help address global non-communicable diseases (NCDs);
- A greater emphasis on the frontline health workforce led PEPFAR to train 220,000 new health workers as of 2016, which has been crucial to realizing massive health gains like the 35% reduction in new annual HIV infections from 2000 to 2015 and fostering resilient and integrated health systems across the globe;[4] and
- USAID has supported African and Asian universities to develop courses and train more than 3,500 health workers and managers in the One Health approach, which examines the links between human health, animal health, and environmental health, bolstering health security for people everywhere.[5]

Reducing investments in global health programs would roll back this progress. Additionally, practitioners, as well as U.S. agencies, have worked to integrate global health programs and services in a way that leverages and maximizes U.S. investments and increases the efficiency and effectiveness of initiatives worldwide. Thus, reducing funding for even a single program likely would have ripple effects for other global health investments. Furthermore, U.S. investments provide critical capital on which corporations and low- or middle-income countries themselves make increasingly larger

[1] https://www.theglobalfund.org/en/malaria/
[2] https://www.pmi.gov/docs/default-source/default-document-library/pmi-reports/pmi-by-the-numbers.pdf
[3] https://www.cdc.gov/globalhealth/infographics/fetp_graduates.htm
[4] https://www.frontlinehealthworkers.org/wpcontent/uploads/2017/04/FHWs_HIV_AIDS.pdf
[5] https://www.frontlinehealthworkers.org/wp-content/uploads/2017/04/Global-Health-Security.pdf

contributions. Without this foundation, global health programs lose access to alternative sources of funding and technical assistance that would ultimately enable them to become self-sustaining.

Global health investments also benefit the U.S. economy. There is no better example of this than the funding used for global health research and development. In fact, approximately 89 cents of every dollar spent by the U.S. government on global health research and development goes directly to U.S.-based researchers and product developers. This funding creates jobs, builds U.S. research and technological capacity, and is a direct injection of investment into the U.S. economy – not to mention a health benefit to Americans.

Continued U.S. investment in global health is needed to build on these achievements and to ensure a healthy future for citizens around the world globe by funding new innovations, strengthening health systems, and taking on the next generation of the rapidly evolving global disease burden like non-communicable diseases and other neglected threats that are increasingly affecting the economies of key U.S. trading partners globally.

At a minimum we recommend that you support Global Health Programs at FY17 enacted levels. However, in order to achieve U.S. global health goals and commitments, we ask that you support a total of $11.103 billion for global health programs for FY2019, which includes $6.51 billion for programs at the Department of State and $4.593 billion for USAID; $425 million for water and sanitation in all accounts; $132.5 million for UNICEF; a minimum of $35.1 billion for the National Institutes of Health; and a total of $1.390 billion for the Center for Global Health and the Center for Emerging Zoonotic and Infectious Diseases at the Centers for Disease Control and Prevention.

GHC also supports a directive that begins to address the primary causes of death and disability in the world, by beginning to integrate NCDs into existing (HHS, State Department, USAID, and Department of Defense) global health programs. In addition, GHC supports the development of a comprehensive, whole of government action plan to increase equitable access to health workers in low- and middle-income countries.

These overall funding allocations reflect the need to recognize current budgetary constraints without jeopardizing the great advancements and outcomes that lay ahead with continued investment, such as the creation of a malaria vaccine and increasing progress in reducing neonatal mortality.

Moreover, while the appendix to accompany this letter outlines the specific programmatic requests contained within each of these accounts, strong overall funding helps meet several global health needs that cross-cut diseases and programs. First and foremost, a robust U.S. commitment to global health strengthens developing countries' own health systems and therefore their ability to care for (and pay for) their own citizens' health needs in the future. This includes the training and deploying of essential frontline health workers who vaccinate; attend deliveries; and provide preventive and treatment care, medical information, and advice that keep families and communities healthy. The U.S. commitment also provides for continued investment in groundbreaking research and the development of new health technologies and more innovative and cost effective approaches to tackling difficult challenges – allowing U.S. taxpayer dollars to be used more effectively and help more of those in need.

We are excited for the opportunity of continued partnership with the administration in order to ensure that the U.S. maintains its leadership and continues its impressive record of success in addressing global health challenges. We look forward to working with you in the coming months to ensure the President's FY2019 budget request reflects this

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continued commitment. Please find an appendix with specific programmatic request levels and justifications for each request below.

Sincerely,

Loyce Pace
President and Executive Director

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APPENDIX

Account/Program Recommendations for Fiscal Year 2019 (in thousands)

	Minimum Funding Level *(FY17 enacted unless otherwise specified)*	**Recommended Funding Level**
Global Health Programs (USAID and State)		
Maternal and Child Health	$814,500 *(FY18 House)*	$900,000
of which GAVI	$290,000	$290,000
Polio (all accounts including ESF)	$59,000	$59,000
Family Planning (all accounts including ESF)	$607,500	$1,500,000
Nutrition	$125,000	$250,000
Vulnerable Children	$23,000	$32,000
Malaria (PMI)	$755,000	$755,000
Tuberculosis	$241,000	$450,000
Neglected Tropical Diseases	$100,000	$125,000
HIV/AIDS (USAID)	$330,000	$350,000
PEPFAR	$4,320,000	$5,160,000
Global Fund to Fight AIDS, TB, and Malaria	$1,350,000	$1,350,000
Emergency Pandemic Threats *	$100,000	$100,000
Emergency Response Fund *	$70,000	$72,500
Water (in all accounts)	**$400,000**	**$425,000**
UNICEF (IO&P)	**$132,500**	**$132,500**
NIH (HHS)		
Fogarty International Center	$73,353 *(FY18 House)*	$73,353
NIAID	$5,005,813 *(FY18 House)*	$5,005,813
Office of AIDS Research	$3,000,000	$3,255,000
CDC (HHS)		
Center for Global Health	$435,121	$691,000
of which Global Health Security Agenda *	*NA*	$199,000
Center for Emerging Zoonotic and Infectious Diseases	$584,922	At minimum $699,270

* For additional details on funding recommendations for global health security, please see the justification.

Account/Program Justifications for Fiscal Year 2019

Global Health Programs (USAID and State)
Request: $11.103 billion

U.S. global health funding through the Department of State and USAID helps to reduce child mortality, slow the spread of diseases such as HIV/AIDS, address health emergencies, prevent malnutrition, and support initiatives such as the

President's Malaria Initiative (PMI) and President's Emergency Plan for AIDS Relief (PEPFAR). Relatively modest investments by the United States have not only saved lives, but also improved the economic growth and stability of developing nations. And since national borders do not stop the spread of disease, addressing global health issues is also important to protect the health of Americans.

U.S. global health programs are providing antiretroviral treatment to 12.3 million people living with HIV and have prevented HIV transmission to millions more. Immunization programs save more than 3 million lives each year and since its inception, PMI has distributed more than 102 million long-lasting insecticide-treated mosquito and sprayed more than 5 million houses with insecticides (providing protection for over 18 million people), and provided 13 million preventative treatments for pregnant women. Programming also addresses diseases such as polio, tuberculosis, and neglected tropical diseases – as well as preventing malnutrition, decreasing maternal mortality, improving infant health, developing new health technologies and vaccines, and assisting women with the timing and spacing of pregnancies.

Global health efforts also focus on training capable health workers throughout low- and middle-income countries as the center of resilient health systems abroad, a critical investment that both enhances security from global health threats and has been shown to foster inclusive economic growth and reduce gender inequities. Building the capacity of country health systems ensures healthier and safer populations, creates more prosperous economies, and reduces dependency on foreign assistance. Additionally, greater flexibility in global health funding allows resources to be used for emerging, integrated health priorities, such as non-communicable diseases.

Global health programs also develop and implement new technologies and tools to help countries get ahead of health challenges. Sustaining U.S. investments in global health is crucial so that these challenges do not become more expensive and difficult to resolve in the future.

Maternal and Child Health (MCH)
Request: No less than $900 million for Maternal and Child Health, including $290 million for Gavi, the Vaccine Alliance

Investments in maternal and child health build the foundation for the U.S.-spearheaded global goal of ending preventable child and maternal deaths by the year 2035. The June 2014 launch of USAID's "Acting on the Call: Ending Preventable Maternal and Child Deaths" report provided benchmark targets for that goal and an evidence-based roadmap across USAID's 25 MCH focus countries to saving an additional 15 million children's lives and 600,000 women's lives by the year 2020. There is consensus among scientists and global health experts that this is possible, and the U.S. has led the charge in reaching this goal. In its 2017 Acting on the Call report, USAID demonstrated how country scale-up of evidence-based health activities across the core of the health system could help save the lives of 5.6 million children and 260,000 women over 2016-2020 – helping to realize USAID's ambitious goal. But, reaching the goal of ending preventable child and maternal deaths (EPCMD) in an equitable way requires increased support for critical maternal and child survival and nutrition programs as well as in family planning and malaria accounts.

U.S. leadership and funding to improve the survival and health of women and children have delivered real and measurable progress and are helping to contribute to strong, stable societies. The global number of under-five deaths fell from 12.6 million in 1990 to 5.9 million in 2015, while during the same time period, maternal deaths decreased from 532,000 to 303,000 annually. Particularly, in USAID focus countries for maternal and child health programs, child mortality declined an average of 4% each year from 1990 to 2011. In these same focus countries, maternal deaths declined by more than half between 1990 and 2015.

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While great strides have been made to improve maternal, newborn, and child health, much work needs to be done. Each day, over 16,000 children under five years old will die of preventable and treatable conditions such as prematurity, pneumonia, and diarrhea – with malnutrition being the underlying cause in 45% of those deaths. Newborn deaths are a growing proportion of child mortality with one million children dying on the day they are born. Strengthening and investing in care during labor, birth, and the first day and week of life, as supported by the Every Newborn Action Plan, are critical to driving down newborn deaths and stillbirths in vulnerable populations.

Furthermore, over 800 women each day, or one woman every two minutes, die from largely preventable pregnancy and childbirth-related complications. Of those deaths, 99% occur in developing countries. When a woman dies, her children also suffer. They are less likely to go to school, be immunized, and have access to good nutrition, and they are up to 10 times more likely to die in childhood than children with mothers. Increased access to skilled birth attendants, emergency obstetric care, and family planning information and counseling are proven ways to reduce unacceptably high maternal mortality rates.

Additionally, MCH funding supports cost-effective interventions such as vaccines; safe water, sanitation, and hygiene; nutritional supplements; family planning information and counseling; and training for frontline health workers on basic prevention, treatment, and management of maternal and child illnesses, such as malaria, diarrhea, pneumonia, and malnutrition. Scaling up these programs is necessary to end child and maternal mortality. Support is also included for identifying, testing, and piloting new technologies and innovations that will allow even more progress to be made in the future.

MCH funding also fulfills U.S. commitments to the global plan for polio eradication and Gavi, the Vaccine Alliance, to increase access to new and underutilized vaccines for poor countries. U.S. support for Gavi is important for reaching the Acting on the Call goal of saving 15 million children's lives, which can be met as countries roll out new vaccines. The pneumococcal and rotavirus vaccines in particular prevent two of the leading killers of kids – pneumonia and diarrhea. U.S. commitments to Gavi will support immunizing 300 million children by the year 2020, which will save 5-6 million lives. However, as Gavi scales up immunization to reach more countries and more children, the technical support provided by USAID's bilateral support must also scale up to support these new roll outs and enable countries to provide more equitable access to new vaccines.

To complement bilateral and multilateral funding for MCH, USAID is working to identify innovative financing approaches that can crowd in resources from private capital and domestic sources, including through pay for performance mechanisms like development impact bonds, to improve child and maternal survival. For FY2017, Senate appropriators supported the establishment of the first-ever development impact bond pilot for global health at USAID – a program worth evaluating for its potential for further use in MCH and broader global health programs.

Despite the pledges, current levels of support for MCH are not on track to end preventable child and maternal deaths in a generation. Reaching that goal would require the world to "bend the curve," as experts at the 2012 Child Survival: Call to Action noted. To do so, the U.S. must lead with clear and strong commitments to reach those most at risk and to scale up proven, cost-effective solutions that address the underlying causes of child and maternal mortality, as outlined here and detailed in the Acting on the Call report, including maintaining and improving the concerted and coordinated effort across the global health accounts, particularly the funding and coordination of nutrition, family planning, and malaria efforts.

It is clear that funding for maternal and child health is among the most cost-effective, life-saving investments the U.S. can make. We must increase our investment in maternal and child health programs, both to accelerate progress in USAID focus countries, and to initiate MCH programs in high-risk countries in which we are already engaged, but that lack dedicated MCH programs.

We encourage the administration to fully fund the Maternal and Child Health line at no less than $900 million, including $290 million for Gavi, but not at the expense of other global health and poverty-focused development programs.

Bilateral and Multilateral Family Planning and Reproductive Health Programs
Request: $1.5 billion for bilateral and multilateral FP/RH programs with funding provided from the Global Health Programs account and the Economic Support Fund and from the International Organizations and Programs account. The administration should review and reverse the March 30, 2017 Kemp-Kasten determination, in order to restore funding to UNFPA at a level of $100 million; and the administration should reverse the reinstatement and expansion of the Mexico City Policy.

This recommended level positions the United States as a leader in the global effort to fulfill unmet need for modern contraception and deliver for 214 million women in developing countries – a game changing accomplishment to unleash the full power of women.[6] This burden-sharing agreement is calculated based on the targets included in the 1994 International Conference on Population and Development's *Programme of Action,* which specified that one-third of the financial resources necessary to provide reproductive health care should be furnished by donor countries and two-thirds by the developing nations themselves. By applying the U.S. percentage share of total gross national income (GNI) of the developed world to its assigned one-third contribution to the total funding required to address the unmet need for contraception, the U.S. share of the cost, based on relative wealth, equals $1.5 billion. Other donor governments and developing nations would be responsible for $9.5 billion.

U.S. investments in family planning and reproductive health (FP/RH) programs are cost-effective and deliver real results. In FY2017, the U.S. will invest $607.5 million in international FP/RH. These investments have a real impact and made it possible to achieve the following:

- 25 million women and couples receive contraceptive services;
- 7.4 million unintended pregnancies are averted;
- 3.1 million induced abortions are averted (the majority of which are provided in unsafe conditions); and
- 15,000 maternal deaths are averted.[7]

Moreover, every additional dollar spent on contraceptive services will save $2.22 in pregnancy-related care.[8]

Despite these investments, an estimated 214 million women in developing countries want to delay or avoid pregnancy but face significant barriers to using modern contraceptive methods. For every cut of $10 million in U.S. international family planning and reproductive health assistance, the following would result:

- 414,000 fewer women and couples would receive contraceptive services and supplies;

[6] https://www.guttmacher.org/fact-sheet/adding-it-up-contraception-mnh-2017
[7] https://www.guttmacher.org/sites/default/files/article_files/justthenumbersinternational2017.pdf
[8] https://www.guttmacher.org/news-release/2017/greater-investments-needed-meet-womens-sexual-and-reproductive-health-needs

- 123,000 more unintended pregnancies, including 55,000 more unplanned births, would occur;
- 52,000 more abortions would take place (of which the majority are provided under unsafe conditions); and
- 250 fewer maternal deaths would occur.[9]

Since 1995, U.S. financial assistance has severely eroded, declining by one-third when adjusted for inflation. The number of women of reproductive age in developing countries has grown by more than 350 million during the same time period.

Currently, an estimated 308,000 women in developing countries die each year from pregnancy-related causes, and unsafe abortion continues to be a major cause of these unacceptably high maternal mortality rates.[10] An integrated approach to addressing the demand for access to reproductive health services, including through the provision of a full range of effective contraceptive methods and accurate information about sexual and reproductive health and rights, will improve maternal and child health, reduce unintended pregnancies, lower HIV infection rates, promote women's and girls' rights and empowerment, enhance women's and girls' education, raise standards of living, and support more sustainable development.

Investments in FP/RH are integral to the future progress of U.S. global health programs, in particular achieving the goals of important initiatives to improve maternal, newborn and child health (Acting on the Call: Ending Preventable Child and Maternal Deaths) and combat HIV/AIDS (President's Emergency Plan for AIDS Relief (PEPFAR) and DREAMS). For example, scaling up voluntary family planning between 2013 and 2020 in the U.S. government's 24 priority countries would avert 7 million newborn and child deaths and 450,000 maternal deaths by preventing unintended and high-risk pregnancies.[11] The number of deaths averted by increased use of family planning would represent nearly half (47%) of the Acting on the Call initiative's goal for children's lives saved and over three-quarters of its goal of women's lives saved by 2020.

In countries with high HIV prevalence, where most new HIV infections are occurring in women and adolescent girls, it is particularly important that reproductive health services be integrated with programs addressing HIV/AIDS, as well as maternal and child health. Integration of FP/RH information and services with other sector programming, including those which aim to prevent and mitigate the negative impacts of child, early, and forced marriage; early pregnancy; and gender-based violence and advance gender equality and women's economic empowerment, ensure progress on a wide range of development goals shared by the United States and the international community.

The United States must resume financial support to UNFPA by reversing the March 30, 2017 Kemp-Kasten determination. The determination was made absent a credible, thorough investigation and solely based on UNFPA's work with China's National Health and Family Planning Commission, despite evidence that UNFPA's activities in China are not coercive and in fact promote rights-based programming in China. UNFPA is the only multilateral institution with an explicit mandate to address the reproductive health needs of communities worldwide. UNFPA complements the U.S.'s bilateral international family planning program, expanding the reach of our assistance by working in more than 150 countries, including many in which USAID does not currently operate FP/RH programs, and in countries affected by conflict, natural disasters, and other humanitarian crises. As the world faces unprecedented ongoing health and humanitarian crises, UNFPA plays an indispensable and critical role in the provision of reproductive and maternal health

[9] https://www.guttmacher.org/sites/default/files/article_files/justthenumbersinternational2017.pdf
[10] https://www.guttmacher.org/fact-sheet/adding-it-up-contraception-mnh-2017
[11] https://www.usaid.gov/sites/default/files/documents/1864/USAID_ActingOnTheCall_2014.pdf

services in humanitarian settings. In 2016, the United States was the second largest contributor to UNFPA's humanitarian efforts, helping the agency to reach 38 million people (of which over 5.6 million are pregnant women) in 56 countries – including most notably Syrian refugee women in Jordan as well as refugees and internally displaced persons in Iraq, South Sudan, and Yemen.

The Mexico City Policy is an ill-conceived policy which denies foreign organizations receiving U.S. global health assistance the right to use their non-U.S. funds to provide legal abortion services, counseling, or referrals, or advocate for the reform of restrictive abortion laws in their own country. Reinstatement and expansion of the policy should be rejected on multiple grounds: it impedes women's access to health care by cutting off funding for often the most experienced health care providers; interferes with the doctor-patient relationship by restricting accurate provision of information by providers; and restricts the freedom of speech of local citizens. There is no evidence that this policy has reduced the incidence of abortion globally. In fact, study after study shows that when women have increased access to family planning services and supplies, such as contraceptives, the incidence of abortion decreases. This policy will negatively impact integrated, comprehensive health programs and strategies – and as a result, undermine the cost-effectiveness and efficacy of our aid dollars. Integration of health programs has long been recognized as a priority for the U.S. government because it improves program efficiency, reduces costs and waste, and improves quality and health outcomes.

Bilateral and multilateral family planning and reproductive health programs are among the most effective interventions in the history of public health, and we encourage the administration to support investment in these vital programs, and remove the policy barriers that impede their effectiveness.

Nutrition
Request: $250 million

Undernutrition is responsible for the deaths of nearly half, or about 3 million children, under the age of five each year. Micronutrient deficiencies contribute to pregnancy-related complications and maternal death. And for millions more children, undernutrition leads to stunting, which results in physical and cognitive impairments, and reduced productivity and earnings as adults.

But progress is possible. Globally, we have seen the number of under-five deaths cut in half since 1990. We now have strong scientific evidence and compelling economic data to suggest that a rapid reduction in child deaths and stunting are within reach. But that requires continued U.S. global leadership and increased nutrition investments targeting the 1,000-day window between a woman's pregnancy and her child's second birthday.

Improving nutrition during the 1,000 day window can reduce the loss of 11% of GDP caused every year by malnutrition in Africa and Asia. Nutrition is one of the most effectual aid buys, with every $1 invested resulting in $16 in economic returns through decreased healthcare costs and increased human productivity. Targeted U.S. investments in nutrition, combined with host-country and other global efforts, are yielding significant returns on investment. The development of the USAID Multi-Sectoral Nutrition Strategy and the commitment to reduce stunting by 20% over five years in Feed the Future focus regions have had significant results. For example, child stunting – a measure of chronic undernutrition – has dropped between 6% and 40% within eight Feed the Future focus countries. In addition, in 2015 through U.S. government programs, 18 million young children were reached with help to improve their nutrition and 2.5 million people were trained in child health and nutrition.

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A healthy, productive citizenry contributes to a stable society and serves as a reliable trading partner and consumer base for U.S. goods and services. Support for these programs is not just a reflection of American moral character, but it is vital to our economic and strategic interests.

$250 million for nutrition in the FY2019 Global Health Programs account would serve as a "down payment" toward the future health and economic prosperity of communities and entire countries. This smart and forward-looking investment would finance cost-effective, integrated activities such as nutrition education to improve maternal diets, proper nutrition during pregnancy, promotion of exclusive breastfeeding, improved infant and young child feeding practices, and treatment of acute malnutrition. As malnutrition requires a multi-sectoral response, the U.S. government also needs to ensure robust investments in other areas, including food security; agricultural development; water, sanitation and hygiene (WASH); and maternal, newborn and child health.

Vulnerable Children
Request: $32 million

In December of 2012, the U.S. government launched the Action Plan for Children in Adversity, the first-ever whole-of-government global strategy for vulnerable children. The plan has three goals: (1) create strong beginnings for children; (2) ensure a family for every child; and (3) protect children from abuse, exploitation, violence, and neglect. The plan also includes establishing an evidence base of effective program models; increasing U.S. government interagency coordination and efficiency on behalf of vulnerable children; and partnering with host countries to support strengthening child welfare systems.

The requested $32 million for FY2019 – an increase of $9 million over enacted FY2017 spending levels – would allow the U.S. government to make progress toward developing strategies for pilots in six focus countries. Funding will be allocated to support the following objectives:

- Help children under 5 not only survive, but also thrive by supporting comprehensive programs that promote sound development of children through the integration of health, nutrition, and family support;
- Support and enable families to care for their children; prevent unnecessary child-parent separation; and promote appropriate, protective, and permanent family care;
- Facilitate efforts by national governments and partners to protect and respond to abuse, neglect, exploitation, and violence against children;
- Strengthen child welfare and protection systems;
- Promote evidence-based policies and programs; and
- Integrate this plan within U.S. government departments and agencies.

Malaria
Request: $755 million

In 2015 alone, there were an estimated 212 million new cases of malaria, resulting in an estimated 429,000 deaths worldwide. Children under 5 account for 69% of these fatalities; one child dies every two minutes for lack of simple, cost-effective tools such as an insecticide-treated net or a course of treatment. Endemic in 96 countries, malaria's economic impact is staggering as well.

However, there has been considerable progress toward controlling and eliminating malaria. U.S. investments through the President's Malaria Initiative (PMI) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) have significantly furthered efforts to eliminate the disease in several countries. PMI also collaborates with other U.S. agencies, including the Centers for Disease Control and Prevention (CDC) and the Department of Defense to improve existing interventions and create new tools and technologies to accelerate control and elimination.

- Since its launch in 2005, PMI has supported distribution of more than 227 million long-lasting insecticide treated nets, helping to protect over 454 million people from malaria infection since a net covers two people.
- PMI has also given over 421 million antimalarial treatments, and provided over 65 million preventative treatments for pregnant women since 2006.
- To date, 18 of the 19 current PMI focus countries have seen reductions in all-cause childhood mortality rates, including malaria.
- As of December 2016, the Global Fund had distributed 795 million insecticide-treated bed nets to protect against malaria, and treated 668 million cases of the disease.

Greater use of malaria interventions between 2000 and 2015 helped reduce malaria mortality rates by 62% and malaria incidence by 37% globally, with the greatest progress occurring after 2005 when PMI was launched. Even greater reductions in malaria mortality were recorded in sub-Saharan Africa, where deaths among children declined by 71%. While this progress should be acknowledged, a recent report by the World Health Organization (WHO) indicates that more work is needed to sustain progress in the fight against this deadly disease, including the development of new tools, such as novel diagnostics, insecticides, and vaccines.

In FY2017, the U.S. invested $755 million in PMI, now the largest channel for U.S. funding of malaria programs, followed by the Global Fund, which was allocated $1.35 billion in FY2017 for its efforts to combat HIV/AIDS, malaria, and TB. However, the President's FY2018 budget proposed a $250 million cut to PMI. This cut would result in hindering PMI from distributing about 83 million nets, which would cover about 166 million people. As we push towards greater control and elimination of malaria in certain areas, it is crucial that funding be sustained to achieve these goals. This funding request seeks to ensure that robust U.S. support for malaria continues, and that the full amount of $755 million be allocated for PMI – without redirecting funding from other vital efforts, which would leave PMI with a gap in funding and programming when that money is no longer available and retracts from additional ongoing global health needs.

Malaria prevention and treatment programs have been a model of success. By sharing responsibility, we are saving millions of lives while simultaneously strengthening emerging economies and health systems. Malaria interventions provide a significant return on investment, in some settings costing only $5 to $8 per case averted and generating millions in health care savings. These benefits are increased with the attainment of certain milestones and could result in a 40-fold return on investment if the 2030 targets – a 90% reduction in malaria mortality and clinical case incidence rates globally, and elimination from at least 30 countries that had transmission of malaria in 2015 – are achieved. In addition to the financial return, these investments will help to reduce extreme poverty through increases in agricultural output, education, and women's empowerment.

The gains we've achieved globally, however, are fragile, and retreating on investment now would not only stall progress realized to date, but also allow malaria's resurgence. Any resurgence of malaria – as has happened recently in Venezuela and dozens of times in the last century – presents a risk to Americans traveling or working abroad, including any military personnel serving in malaria-endemic areas. Thus, inaction has the potential not only to reverse progress, but also to put

the health of more Americans and the world at risk. Further, with growing resistance to the current arsenal of drugs and insecticides used to fight malaria, a lack of continued investment to develop new technologies to address this challenge will also hamper progress.

Only with continued investment to control malaria and in the research, development, and adoption of new tools will we be able to eradicate malaria altogether – the only reasonable course of action if we want to put an end to the recurring costs of fighting this disease.

Tuberculosis
Funding Request: $450 million

Tuberculosis, an airborne disease, now kills more people than any other infectious pathogen. Nearly half a million people annually are now contracting strains of TB that are resistant to multiple antibiotics. In 2015, TB overtook HIV/AIDS as the leading global infectious killer, killing 1.5 million people annually, with a prevalence of 9.6 million cases.

For FY2019 we recommend:

- $400 million from the 2008 Lantos-Hyde PEPFAR reauthorization ($4 billion for TB over 5 years). The justification for this number is based on 2009 data which showcased 9.2 million case prevalence and 1.3 million deaths from TB in 2008. USAID funding is used to identify, diagnose, treat, and prevent TB in 23 of the most highly-burdened countries and conduct clinical and operational TB research. The program provides financial and technical support for the expansion and enhancement and scaling up management of drug resistant TB. Specifically there are five main areas for support, including DOTS (directly-observed treatment short course strategy), addressing HIV/TB co-infection, strengthening health systems and human resource capacity, and developing and implementing new tools and improved approaches. The program has had notable success in addressing both susceptible and drug resistant TB but this work must be expanded to prevent the further development and spread of both susceptible and drug resistant TB. Priority countries are selected to make an impact on the global epidemic including criteria based on epidemiology, the burden of susceptible and drug-resistant TB cases, prevalence and co-infection with HIV, and lagging case detection and treatment success rates. The approximate share of USAID and State Department bilateral global health programs is 6%. There are almost 500,000 cases of multi-drug resistant (MDR) TB developing each year which are much more difficult and expensive to treat. The prevention of new MDR-TB cases as well as finding and successfully treating current cases must be a top priority to reduce further spikes in morbidity and mortality.
- $70 million, of which $35 million is recommended for FY2019, for the implementation of the President's National Action Plan to combat, diagnosis, treat, and prevent MDR-TB (released December 2015). The original estimate for NAP implementation was $140 million for FY2018 to treat 200,000 MDR-TB patients (NAP target) at a cost of $5,000 per patient. In May 2016, the WHO approved the use of a new MDR-TB treatment regimen which is a suitable therapy for two-thirds of MDR-TB patients. Due to drug resistance patterns the remaining one-third will need to continue using the older, more expensive regimen. It is anticipated that the new regimen will cost substantially less than the old regimen, at about $800-$1,000 per regimen. However, introduction of this new regimen will require additional support for countries to assist with a number of activities ranging from the development of treatment guidelines for more individualized care to training health workers in its use and support for patients. Funding is also needed to scale-up the diagnosis of drug-resistant TB and improve quality among all care providers to prevent treatment with inappropriate drugs which results in unnecessary mortality and spread of the disease. Timely MDR- TB diagnosis and treatment will require developing appropriate

diagnostic systems to ensure rapid case finding including the purchase of Xpert machines and cartridges, as well as training. In total, first-year initial investment costs for the current Xpert model, including associated commodities (e.g., the device, cartridges [3,000/device/year at full capacity], uninterrupted power supply, and printer), calibration, and other human resource needs are estimated at $61,000. Annual running costs for cartridges and calibration are estimated at about $32,000 per machine.[12]

- $15 million for USAID clinical and operational TB research and development. USAID supports TB late-stage clinical drug trials (such as the STREAM trial) and operational research to field test new TB diagnostic tests, treatment regimens, and other interventions for cost-effective introduction at country level.
- $1.35 billion for the U.S. contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) in FY2019. The U.S. contribution to the Global Fund is a crucial way to leverage more resources to combat TB and MDR-TB. The Global Fund is the largest provider of international donor funding for the fight against TB, providing more than 70% of financing for TB programs worldwide. The Global Fund partners with U.S. government agencies, such as the Centers for Disease Control and Prevention and USAID, to provide in-country assistance for TB programs. As of mid-2015, Global Fund-financed TB programs have detected and treated 15 million TB cases, a 21% increase from mid-2014, and have successfully treated 11 million cases of TB.
- The President's Emergency Plan for AIDS Relief (PEPFAR) also contributes to the fight against TB-HIV co-infection through its programs, and robust funding should be maintained.

Neglected Tropical Diseases
Request: $125 million

Neglected Tropical Diseases (NTDs) are a group of 17 infectious diseases and conditions afflicting more than 1 billion of the world's poorest people and threatening the health of millions more. NTDs are responsible for over 534,000 deaths each year. NTDs cause widespread physical disability and consequently billions of dollars in lost productivity. One of the most common NTDs, trachoma, is the second leading cause for preventable blindness globally.

The NTD program administered by USAID has made important and substantial contributions to the global fight to control and eliminate seven of the most common NTDs by 2020, providing direct funding support, technical assistance, and training to 31 national NTD programs, while informing the global policy dialogue on NTDs. Since its start in 2006, USAID's program has leveraged more than $11.1 billion in donated medicines.[13] Since 2014, the USAID NTD program has been investing in research and development to ensure that promising new breakthrough medicines for filarial diseases can be rapidly evaluated, registered, and made available to patients. USAID has supported the distribution of 2 billion safe and effective NTD treatments to more than 935 million people in Africa, Asia, and Latin America.[14] USAID's support to eliminate trachoma and lymphatic filariasis has also included morbidity management and disability prevention with over 13,000 trachomatous trichiasis (TT) surgeries in Burkina Faso, Cameroon, and Ethiopia, the development of a surgical mannequin for hydrocele surgeon training globally, and strengthening epidemiological data collection for hydrocele, lymphedema, and TT.

Many of the most common NTDs are combated using medicines that are safe, easy to use, and effective. USAID funding enables those medicines to reach people at-risk of the diseases, which contributes toward NTD prevention, control, and

[12] Glob Health Sci Pract. March 1, 2013 vol. 1 no. 1p. 18-23
[13] As of April 2017. Source: USAID
[14] As of April 2017. Source: USAID

elimination. However, treatment options for the NTDs with the highest death rates, including human African trypanosomiasis; visceral leishmaniasis; and Chagas disease, are extremely limited. New investments are urgently needed to support research and development for new tools, including diagnostics, drugs, and vaccines, for all NTDs.

We recommend a funding level of $125 million for FY2019, to maximize the benefits of increased drug donations received from pharmaceutical companies; to ensure that all countries supported by USAID's program can reach national scale and maintain the great progress towards 2020 control and elimination targets; and to continue urgently needed investments in research and development for new tools – including diagnostics, drugs, and vaccines – for all NTDs to ensure that new discoveries make it through the pipeline and become available to people who need them most.

Key Facts:

- Over 800 million children are impacted by NTDs leading to blindness, deformities, and malnutrition.
- NTDs kill as many as 534,000 people every year.
- Of the 336 new drugs approved for all diseases in 2000-2011, only four (1%) were for neglected diseases; none were for NTDs.
- As a result of U.S. government funding for NTDs and other global support:
    - 198 million people are no longer at risk for lymphatic filariasis or elephantiasis *
    - 85 million people are no longer at risk for blinding trachoma *

HIV/AIDS (USAID)
Request: $350 million

USAID's HIV/AIDS programs catalyze new interventions, translate research findings into programs, and stimulate scale-up of proven interventions. Funding also provides critical support for the Commodity Fund, which is used to increase condom availability, HIV vaccine development through the International AIDS Vaccine Initiative (IAVI), and major research with worldwide impact including microbicide research activities.

HIV/AIDS (PEPFAR)
Request: $5.16 billion

The President's Emergency Plan for AIDS Relief (PEPFAR) is the United States' leading program to combat HIV/AIDS through prevention, treatment, care, and the strengthening of health systems through bilateral and multilateral programs. As of March 31, 2017, PEPFAR had supported life-saving antiretroviral treatment (ART) for 12.3 million people. Additionally, in FY2016 PEPFAR supported HIV testing and counseling for more than 74.3 million people, including 11.5 million pregnant women.

Investments in the global AIDS response are working. The possibility of controlling this disease is within grasp but additional investments are needed to reach the ambitious goal of ending AIDS as a public health threat. Since 2000, new infections in children have decreased by approximately 70% – an impressive show of force against the spread of HIV and

* Indicator calculated by the population estimated to live in areas confirmed for disease prevalence below thresholds established by the World Health Organization

AIDS – and there are now 19.5 million people living with HIV who have access to ART globally. AIDS-related deaths have been cut nearly in half since they peaked in 2005, in large part due to treatment scale up. New partnerships are based on the principles of shared responsibility and global solidarity – in 2016, 57% of the total resources available for AIDS in low- and middle-income countries came from domestic sources.

However, 17 million people around the globe still lack access to ART, and less than half of children living with HIV are accessing treatment. Science has demonstrated the significant health benefits for HIV-positive adults and children who initiate treatment immediately upon diagnosis, and current World Health Organization (WHO) treatment eligibility guidelines recommend immediate initiation of treatment for all people living with HIV, regardless of their disease progression.

Proposed cuts to the PEPFAR program in President Trump's FY2019 budget would have dramatic negative effects on both past successes and future progress. If President Trump's proposed cuts were to be enacted it is estimated that over 800,000 adults would see treatment interruptions, leading to over 130,000 additional AIDS-related deaths. What is especially chilling is the impact to children. Estimates from these proposed cuts show that the number of new orphans due to AIDS would rise by more than 250,000, new infections in children would rise by more than 7,000, and about 15,000 more children will die from AIDS-related causes in FY2019 alone.

In the 14 years since its inception PEPFAR has led the world in addressing the global AIDS epidemic. U.S. leadership is without a doubt the key reason that ending AIDS as a public health risk is an achievable rather than aspirational goal, but continued commitment over the next three years is needed to take full advantage of our progress to date. If we do not act, we may lose our best chance to end this epidemic.

Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund)
Request: $1.35 billion (same as FY2017 and FY2018)

Since it was established in 2002, the Global Fund has helped achieve extraordinary progress in the fight against the world's most deadly infectious diseases. The Global Fund represents an efficient and innovative model of U.S. health leadership and diplomacy. Working closely with governments, the private sector, and faith-based partners, the Global Fund has supported programs that have saved 20 million lives. In countries where the Global Fund invests, the rate of death from HIV declined more than 45% from 2004 through 2015. Deaths from TB declined 31% between 2000 and 2015 in Global Fund-supported countries, and malaria deaths are down 48% in that time period.

From 2017 to 2019, Global Fund-supported programs are expected to save an additional 14 million lives, avert 194 new million infections, and support economic gains of up to $230 billion. This remarkable progress has brought us to a tipping point in efforts to end AIDS, TB and malaria as epidemics, but there is a real possibility of backsliding without steady investment to reach the finish line.

Results-oriented and accountable. The Global Fund represents a new kind of funding approach that is transparent, results-oriented, and builds country ownership for the future. As the world's largest public health financier, the Global Fund has zero tolerance for corruption or fraud. Like the Millennium Challenge Corporation, the Global Fund requires evidence of results for continued support. In 2016, the United Kingdom released a new Multilateral Development Review, awarding the Global Fund the highest possible rating for results, value for money, transparency and

accountability. In 2017, the Multilateral Organization Performance Assessment Network (MOPAN) gave the Global Fund top ratings in organizational architecture, operating model, and financial transparency and accountability.

Supporting the success of U.S. bilateral health programs. The Global Fund and U.S. bilateral programs such as PEPFAR, the President's Malaria Initiative, and USAID's TB programs reinforce each other's work across the globe, working hand-in-hand to avoid duplication, increase efficiency, and scale up innovative programs. PEPFAR and USAID officials have said, "Our partnership with the Global Fund helps maximize the impact and efficiency of our bilateral investments targeting AIDS, tuberculosis, and malaria by enabling the United States to strategically deploy our resources... We can't have one without the other."

Economic and security benefits for America. U.S. investment in global health helps expand economic growth and trade, and strengthen U.S. security and diplomatic relations. The 20 million people whose lives have been saved through Global Fund-supported programs live mainly in developing countries that are increasingly critical to the U.S. economy. Containment and prevention of epidemics are national security matters. U.S. investments in programs like the Global Fund support strengthened health infrastructure to help prevent future deadly threats like Ebola and Zika from spreading.

Leveraging funds from other donors and implementing countries. U.S. law requires a two-thirds match from other donors – for every $1 the U.S. invests in the Global Fund, other countries and private sector partners must invest $2 more. The Global Fund also incentivizes recipient countries to increase ownership of their disease programs over time by requiring countries to meet at least a minimum threshold of spending on their own health programs, with threshold requirements varying based on a country's income status.

Global Health Security Agenda
Request: Ensure strong U.S. capability to stop outbreaks at the source
CDC: $64 million for Global Public Health Protection and $199 million for GHSA (new line)
USAID: $100 million for Emerging Pandemic Threats, including GHSA implementation and $72.5 million for Emergency Response Fund
Department of Defense: $250 million for Cooperative Biological Engagement and $50 million for Defense Health Programs
State: $50 million for State Biosecurity Engagement Program (within NADR/GTR account)

The Global Health Security Agenda (GHSA) is an irreplaceable and proven mechanism for promoting measurable change to prevent, detect, and respond to infectious disease threats. Infectious diseases – whether naturally occurring, deliberate, or accidental – kill millions, costs billions, and exacerbate political and economic instability. Over the last decade, global biological risk has been magnified by international travel; emerging disease threats in regions of instability; terrorist interest in weapons of mass destruction; regional conflict, migration, urbanization, and environmental degradation; and enhanced ability to manipulate pathogens with pandemic potential. When calculated in terms of lives lost, economic consequences, and global instability, infectious disease outbreaks pose an immeasurable cost when not stopped at the source.

The United States is currently assisting 31 countries and the Caribbean Community to achieve specific global metrics associated with capability to stop outbreaks at the source. Unfortunately, the only dedicated United States support for

implementing the GHSA is tied to CDC and USAID funding under the Ebola emergency supplemental, which will expire in FY2019. Base appropriations within the CDC Global Health Protection, USAID Emerging Pandemic Threats, DoD Cooperative Biological Engagement Program, provide some support for this effort; however, the GHSA imperative to national biodefense, as well as global health security, warrants a strong and steady future appropriation.

We recommend critically needed funding to key GHSA programs at CDC, USAID, DoD, and State to: maintain and grow the U.S. cadre of deployed disease detectives stopping outbreaks at the source; reduce the threat posed by pandemic influenza and ensure a One Health focused approach to reduce the threat of emerging zoonotic diseases; and maintain strong global programs focused on preventing terrorists from accessing biological agents that could be misused.

Global Water and Sanitation Programs
Request: $425 million

U.S. funding for safe drinking water, sanitation, and hygiene (WASH) provides WASH to millions and helps to reduce water- and sanitation-related morbidity and mortality across Africa, Asia, and Latin America. WASH programs also contribute heavily to sustainable progress across many development sectors: global health, education, food security, agriculture, nutrition, child survival, women's empowerment, environmental conservation, and poverty alleviation. However, 844 million people still lack access to safe drinking water and 2.3 billion lack access to improved sanitation. Additionally, in low- and middle-income countries 38% of health care facilities lack an improved water source, 19% do not have sanitation, and 35% do not have water and soap for handwashing. With a return of $4 for every $1 invested, WASH is one of the most cost-effective priorities and impactful priorities Congress could set. Estimates are that achieving universal access to safe water and sanitation would return $220 billion to the global economy each year, by increasing productivity and reducing WASH-related illnesses and their associated costs.

The U.S. Congress and both the Bush and Obama administrations have recognized the substantial progress made on water and sanitation since President George W. Bush signed the Senator Paul Simon Water for the Poor Act into law in 2005. USAID's first Water and Development Strategy, annual WASH appropriations by Congress, increasing USAID mission-level interest and support for WASH, and the Senator Paul Simon Water for the World Act of 2014 (amending and updating the Water for the Poor Act) have all contributed toward more sustainable WASH programming and private-public sector partnerships. By October 1, 2017, a single government-wide Global Water Strategy is due to Congress that addresses WASH, water resource management, and transboundary issues.

Thanks to USAID assistance since 2008, more than 34 million people gained access to safer drinking water, and nearly 21 million people gained access to improved sanitation. Investment in WASH also improves global economic stability and helps prevent threats identified in the 2012 Intelligence Community Assessment on Global Water Security, which noted that "water problems will contribute to instability in states important to U.S. national security interests." It also highlighted the importance of U.S. leadership in moving developing countries toward sound water management policies at the local, national, and regional levels.

An FY2019 appropriation of $425 million for water, sanitation, and hygiene could:

- Provide long-term, safe drinking WASH services to an additional 25,000 people in Africa, Asia, and Latin America;
- Increase foreign aid effectiveness by equipping people in developing countries with the tools and capabilities to solve their own water, sanitation, and health challenges on an ongoing basis; and

- Create progress toward universal coverage by providing WASH to often-overlooked health care facilities and schools, thereby strengthening resilience to disease outbreaks and improving pandemic preparedness that protects Americans at home.

Additionally, contributions from NGOs, faith-based organizations, and corporations multiply and amplify the impact of these funds.

Non-Communicable Diseases (NCDs)
Request: Integrate into existing programs and platforms

Today non-communicable diseases (NCDs), kill 40 million people each year, equivalent to 70% of all deaths globally, and 80% of those occur in low- and middle-income countries (LMICs). Deaths from NCDs now outnumber those caused by HIV/AIDS, tuberculosis, and malaria, even in U.S. priority countries. NCDs in developing countries are plunging families into poverty, damaging productivity, threatening economic growth and national economies, further straining health budgets and health systems, and putting at risk the U.S. government's very substantial global health investments in maternal and child health and infectious diseases.

Despite the heavy burden of NCDs and the fact that much can be done that is safe, highly effective, and affordable, even in low-resource settings, the U.S. government has been slow to act, effectively disregarding more than two-thirds of all deaths in LMICs. Because current budgetary constraints do not easily facilitate disease-specific funding for cardiovascular disease, cancer, diabetes, or other NCDs, we are not requesting an NCD-specific budgetary allocation. Still, the U.S. assistance program must increase its understanding of the impact that NCDs have upon global health and development, integrate NCD activities where they make sense, and thereby increase the benefits from existing global health investments. We call upon the administration to assure that U.S. government global health programs:

- **Integrate NCD-related objectives into existing health programs and platforms.** At a minimum, every woman should be screened for hypertension, gestational diabetes, and use of and exposure to tobacco and second-hand smoke. Every adolescent girl should have access to HPV vaccination and all women (especially those that are HIV+) should have access to screening and preventive treatment for cervical cancer. At minimal cost and within existing resources, these interventions would increase access to some of the most proven, sustainable, and cost-effective global health interventions and save millions of lives.
- **Undertake a comprehensive analysis of the epidemiology and disease trends in U.S. priority countries**, including all causes of morbidity and mortality as reflected in the Global Burden of Disease (GBD), with a view toward directing global health investments to priority country needs while advancing U.S. security, diplomacy, and development interests.
- **Establish a public-private advisory group** to provide assistance and support for the administration's efforts against global NCDs.

Even as America is justifiably proud of its global health achievements, it also needs to appreciate that global health has changed dramatically in recent decades. U.S. global health programs must modernize to strengthen health systems and to keep pace with changing epidemiology and emerging infectious and non-infectious threats to global health.

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UNICEF (IO&P)
Request: $132.5 million

The United Nations Children's Fund (UNICEF) acts as a global champion for children, and strives to ensure the survival and well-being of children throughout the world. The U.S. voluntary contribution supports UNICEF's ability to partner in U.S.-supported efforts to eradicate polio and measles, immunize children, promote girls' education, prevent mother-to-child HIV/AIDS transmission, improve nutrition, and protect children from violence, abuse, and exploitation. With strong U.S. support, UNICEF helped cut the number of under-five child deaths from 12 million a year in 1990, to 6.3 million a year in 2013.

National Institutes of Health (HHS)
Total Request: At least $35.1 billion

The National Institutes of Health (NIH) leads the world in global health research and development (R&D). Through work conducted at over 27 institutes and centers, NIH advances basic and applied scientific research to identify new interventions and more effective ways to improve health and combat disease. These research activities are complemented by programs that train new researchers and scientists in partner countries, and build international research partnerships to advance both global and American health. Continued investments in NIH-supported global health R&D are critical to developing innovative and lifesaving technologies and partnerships for unmet and emerging health needs that target low-resource settings – and increasingly the United States.

Global health research at the NIH has led to game changing breakthroughs in global efforts to combat HIV/AIDS, malaria, tuberculosis, neglected tropical diseases, and various reproductive, maternal and child health conditions. NIH-supported research, which led to the co-discovery of HIV, has saved an estimated 14.4 million years of life since 1995 through AIDS therapies alone. NIH research has also led to other medical breakthroughs, such as treatments for HIV-associated co-infections, the development of the first microbicide gel effective for preventing HIV/AIDS, new leads for novel tuberculosis treatment regimens, steps to developing a malaria vaccine, and an increased focus on combating non-communicable diseases globally.

NIH global health work also includes the Fogarty International Center, which supports approximately 400 research and training projects with more than 100 U.S. universities and works to build scientific capacity and partnerships in partner countries around the world. These trainings and partnerships have been essential in curbing the spread of infectious diseases, including containing the spread of Ebola in West Africa during the 2014 outbreak.

Sustained funding for NIH's global health research and training activities is critical to identifying new cures, finding more efficient and effective interventions to combat disease, and facilitating the training of new researchers, all while supporting U.S. universities and research jobs. We recommend providing at least $35.1 billion for NIH's total budget, with minimums of $5 billion for the National Institute of Allergy and Infectious Diseases (NIAID), $73.35 million for NIH's Fogarty International Center, and $3.22 billion for the Office of AIDS Research.

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Centers for Disease Control and Prevention (HHS)
Center for Global Health Request: $691 million
Of which Global Health Security Agenda: $199 million
Center for Emerging Zoonotic and Infectious Diseases Request: At minimum $699.27 million

As one of the premier public health agencies in the world, the Centers for Disease Control and Prevention, and especially the Center for Global Health (CGH) and the Center for Emerging Zoonotic and Infectious Diseases (NCEZID), work in partnership with ministries of health, international organizations, and partners around the world to track diseases, strengthen foreign government's research and laboratory infrastructure, train new health professionals, foster resilient health systems, and conduct research to develop new technologies to combat diseases around the world.

The Center for Global Health is home to the Global HIV/AIDS, Global Immunization, Parasitic Disease and Malaria, Global Disease Detection and Emergency Response, and Global Public Health Capacity Development programs. These programs are unique, critical to the CDC's global health mission, and position the Center for Global Health as a leader in global immunization, disease detection, prevention, and response, and public health capacity building.

- The Center for Global Health is a key partner in PEPFAR in over 75 countries and provides technical assistance on how to use scientific advances to improve HIV/AIDS health outcomes, such as scaling up HIV treatment and preventing mother-to-child transmission.
- CDC CGH immunization programs have helped reduce the number of new polio cases globally by more than 99% between 1988 and 2010, and the CDC-led global campaign to eradicate Guinea worm disease has helped reduce the disease burden from 3.5 million cases per year in 1986 to near eradication today.
- CDC Malaria and Parasitic Disease programs play a key role in developing new tools and diagnostics for malaria and neglected tropical diseases, including conducting research to refine the use of proven interventions to maximize effectiveness and overcome lingering challenges.
- CDC's Global Disease Detection program monitors 30-40 public health threats each day. Between March 2014 and February 2016, the Global Disease Detection Operations Center tracked over 235 outbreaks in 137 countries, in addition to Ebola outbreaks, keeping Americans and the global community safe from infectious disease threats.
- The CDC's Field Epidemiology Training Program (FETP) through the Public Health Capacity Building program has trained over 3,100 epidemiologists in 72 countries on how to detect and rapidly respond to infectious disease outbreaks, which greatly contributed to Nigeria's ability to contain the 2014 Ebola outbreak.

Additionally, the CDC Center for Global Health is leading the administration's engagement on the Global Health Security Agenda (GHSA), an international effort to accelerate progress toward a world safe and secure from infectious disease threats. In this effort, CDC is collaborating with national governments, international organizations, and civil society to prevent and reduce the likelihood of disease outbreaks, detect potential and emerging threats, and coordinate a rapid, effective response. As demonstrated by the recent outbreaks of Ebola and Zika, prioritizing funding and implementation of global health security objectives are critical to protecting the health and security of citizens around the world.

The National Center for Emerging Zoonotic and Infectious Diseases (NCEZID) also plays a vital role in global health and the research and development of new global health tools and technologies. Ongoing work at NCEZID includes new rapid diagnostic tests for plague and rabies, and the center serves as an international reference center for vector-borne viral and bacterial diseases.

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Our funding request for CDC Center for Global Health budget reflects a 10% increase from FY2017 enacted levels to recognize CDC's growing and critical role in detecting, preventing, and responding to global health threats. It also includes $14 million to be dedicated to global TB programming – an expanding area of work for the center without a dedicated funding stream – and dedicated funding of at least $199 million for continued implementation of the Global Health Security Agenda, for which temporary, Ebola funding will expire in FY2019. In a time when drug resistance and the global spread of disease are increasingly in the spotlight, CDC's role to prevent, detect, and respond to global health threats – including through robust R&D for new and improved interventions – is of utmost importance and requires increased, sustainable funding.