



March 18, 2020

Senator Richard Shelby  
Committee on Appropriations  
Room S-128, The Capitol  
Washington, D.C. 20510

Representative Nita Lowey  
Committee on Appropriations  
H-307, The Capitol  
Washington, D.C. 20515

Senator Patrick Leahy  
Committee on Appropriations  
Room S-128, The Capitol  
Washington, D.C. 20510

Representative Kay Granger  
Committee on Appropriations  
H-307, The Capitol  
Washington, D.C. 20515

Dear Chairwoman Lowey, Chairman Shelby, Ranking Member Granger, and Ranking Member Leahy:

We are thankful for the foresight you provided by including funding for global health security response and preparedness activities in last week's \$8.3 billion dollar supplemental. At the same time, we are increasingly cognizant that each week, we learn more about how this pandemic is unfolding and how it is affecting increasing needs around the world. For example, we know more this week about growing global needs for greater surveillance and reporting, for testing and laboratory capacity around the world, additional health workforce in countries with minimal existing workforce in place, and for community engagement in places where vulnerable communities are already isolated and unprepared for this level of pandemic. For these reasons, we are articulating additional needs and urge congressional appropriators to continue to prioritize the global response to COVID-19.

We would like to emphasize the following additional needs for global preparedness and response funding in the next COVID-19 emergency supplemental funding bill:

**Department of Health and Human Services (HHS):**

*Centers for Disease Control and Prevention (CDC):* We thank appropriators for providing roughly \$600 million last week as part of the \$8.3 billion supplemental. As the virus threatens the continent of Africa and other at-risk areas, **an additional \$500 million will be needed** to prevent, detect, and respond to the COVID-19 pandemic for the following activities on the continent:

- \$300 million of which should be allocated to the Global Disease Detection and Emergency Response activities within the Center for Global Health, Division of Global Health Protection, which will be key for regional surveillance, expanding local workforce capacity, and transition of recently-built Emergency Operations Centers (EOCs) to fight COVID-19;
- \$200 million of which should be for the Infectious Disease Rapid Response Fund for global activities, since the balance of the Fund is currently being used for domestic purposes;

**Department of State:**

*U.S. Agency for International Development (USAID):* We thank appropriators for providing roughly \$1.25 billion last week as part of the \$8.3 billion supplemental. As the virus threatens the continent of

Africa and other at-risk areas, **an additional \$500 million will be needed** to prevent, detect, and respond to the COVID-19 pandemic for the following activities on the continent:

- At least \$200 million for USAID's Global Health Bureau, Global Health Security, to continue scaling up emergency assistance to contain the epidemic, address humanitarian needs, and support the recovery of affected countries. Funding should support medical and non-medical management of treatment units and community care; provide supplies and personal protective equipment; establish logistical networks; address second-order effects and bolster community education critical to prevent the spread of disease;
- At least \$200 million for USAID project implementation geared at providing oxygenation and ventilators for global use in low-resource settings, and adequate funding for PPE manufacturing and test kit provision and supplies internationally;
- At least \$100 million for International Disaster Assistance to enable OFDA can deploy a Disaster Assistance Response Team (DART) to provide an optimal response in crisis-affected areas.

#### **Department of Defense:**

- At least \$500 million for disease surveillance and to protect U.S. troops through the Force Health Protection Programs;
- \$200 million for Cooperative Threat Reduction and Biological Threat Reduction Program to support safe and secure global inventory management of SARS-CoV-19.

#### **Additional Funding Opportunities:**

- \$300-500 million in additional funding for the World Health Organization (WHO);
- \$43 million for the United Nations International Children's Emergency Fund (UNICEF);
- \$100 million for the Coalition for Epidemic Preparedness Initiative (CEPI);
- Appropriations should be made for the Defense Advanced Research Projects Agency (DARPA) to support immediate efforts aimed at developing technologies that are relevant to fighting COVID-19 and the possibility of future pandemics;

*Public Health and Social Services Emergency Fund (PHSSEF):* Adequate funding to immediately respond to patients with COVID-19. Funding should include appropriate monies for the Biomedical Advanced Research and Development Authority (BARDA) for immediate response to manufacture vaccines and therapeutics for use in clinical trials.

*National Institutes of Health (NIH):* Funding for immediate response for advanced clinical trials to evaluate the safety and efficacy of investigational vaccines and therapeutics.

*Food and Drug Administration (FDA):* The legislation should include funding for immediate response for development, review, regulation, and post-market surveillance of COVID-19 vaccines and therapeutics.

Emergency supplemental funding for the items above is essential to mitigating the current and future effects of COVID-19 around the world. In addition to these categories, we must also ask appropriators to consider further funding assistance for domestic health concerns, the Infectious Disease Rapid Response Fund, and programming that supports the Global Health Security Agenda. Providing funding to these accounts will equip our communities and allies with the resources to address immediate threats, including COVID-19.

To help prevent catastrophic biological events like the COVID-19 pandemic from occurring in the future, Congress should also provide seed funding of at least \$400 million towards the creation of a Global

Health Security Challenge Fund -- with a call to international partners to add up to \$1 billion. This will provide technical assistance to match preparedness resources to needs and to ensure more countries are financing preparedness activities to prevent unmitigated spread of disease as opposed to having to allocate billions in response efforts.

With these additional requests in mind, we also caution against diverting funding from other public health and national security programs. These programs strengthen health systems, enhance social protection and ensure security in vulnerable communities, promoting stability. In the interconnected nature of our world, we cannot hope to eliminate this threat anywhere unless we eliminate it everywhere. Therefore, other global health programs must continue to operate as intended - the foundation that these programs provide when trying to temper the harsh effects of a pandemic are invaluable. The global situation is changing rapidly, and prompt action is needed to help mitigate these negative effects to health, security, and economic and political stability.

Thank you for your continued leadership and commitment to health security and protection of the health of the American people.

Sincerely,

Brandon Ball  
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Senior Lead, Congressional Relations, PATH

Beth Cameron  
Co-Chair, Global Health Security Roundtable, Global Health Council  
Vice President, NTI  
Former Senior Director of the Global Health Security and Biodefense Directorate, National Security Council Staff, the White House