



September 6, 2019

Russell Vought
Acting Director, Office of Management and Budget
1650 Pennsylvania Avenue, NW
Washington, DC 20503

Dear Acting Director Vought:

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, sanitation, and hygiene (WASH) programs within the International Affairs (150) and HHS (550)-related global health budgets as you consider the budget for Fiscal Year (FY) 2021. 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 threatened millions of people only a decade ago continue to decline because of the U.S. commitment to bolster global health, nutrition, and WASH. Because of this strong commitment, we are in sight of reaching an AIDS-free generation and ending preventable maternal and child deaths. In addition, these investments help protect the health of Americans by strengthening capacity to better prevent, detect, and respond to infectious disease outbreaks that know no borders.

At a minimum, we recommend that you support Global Health Programs at the FY 2019 levels enacted by Congress. However, in order to achieve U.S. global health goals and commitments, we ask that you support a greater investment in global health programs for FY 2021, which includes \$7.06 billion for global health programs at the Department of State and \$4.761 billion for USAID; \$450 million for water in all accounts; and \$132.5 million for UNICEF. In addition, we recommend an investment of \$5.808 billion for the National Institute of Allergy and Infectious Disease (NIAID), \$3.45 billion for the Office of AIDS Research, and \$84.9 million for the Fogarty International Center at the National Institutes of Health (NIH); and an investment of \$699.3 million for the Center for Emerging Zoonotic and Infectious Diseases and no less than \$642 million for the Center for Global Health at the Centers for Disease Control and Prevention (CDC).

Additionally, Global Health Council supports the development of a comprehensive, whole-of-government action plan to increase equitable access to frontline health workers in low- and middle-income countries as part of a cross-agency global health strategy. The frontline health workforce action plan should align with the global Workforce 2030 strategy; leverage U.S. leadership to mobilize local and private resources through the Working for Health Action Plan; affirm a strategic focus on developing a team-based workforce of all cadres in areas of least access to health services and greatest risk of disease outbreaks; ensure accountability of investments across global health programs; and call to account deliberate attacks on medical facilities, health workers, and patients around the world.

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



- USAID has helped save the lives of more than 5 million children and 200,000 women,¹ and since 2012, has provided 85.2 million treatments to children for diarrhea and pneumonia, vaccinated 41.1 million children against deadly preventable diseases, trained 13.3 million health workers in maternal and child health and nutrition, and facilitated 12 million women giving birth at a health facility.² 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 and reduce maternal deaths by 30%;³
- U.S. international family planning assistance budget in FY 2019 made it possible to reach 24.3 million women and couples with contraceptive services and supplies, helping to prevent 14,700 maternal deaths and 7.2 million unintended pregnancies;
- The President’s Malaria Initiative (PMI) has supported distribution of more than 346 million long-lasting, insecticide-treated bed nets which benefited more than 600 million people at risk of malaria,⁴ and since 2006, has provided over 547 million antimalarial treatments and over 70 million preventative treatments for pregnant women.⁵ In 2018, PMI provided training to more than 40,000 health workers in malaria diagnostic and other critical prevention and treatment services;⁶
- Since 2002, the Global Fund to Fight AIDS, Tuberculosis and Malaria has saved over 27 million lives, supported antiretroviral treatment (ART) for 11 million people, including 4.3 million pregnant women to prevent the transmission of HIV to their unborn children, detected and treated 17.4 million cases of tuberculosis (TB), distributed 795 million insecticide-treated bed nets, and treated 668 million cases of malaria,⁷ contributing to a 62% reduction in the malaria mortality rate;⁸
- As of September 2018, PEPFAR had supported life-saving ART for 14.6 million people, prevented 2.4 million children from being born with HIV, provided care and support to 6.8 million orphans and vulnerable children, trained over 270,000 new health workers in HIV and other essential services, and supported HIV testing and counseling for more than 95 million people;⁹
- In the 23 USAID-supported TB focus countries, and the 54 countries receiving technical assistance, USAID’s investments have contributed to an estimated 53 million lives saved from 2000 to 2016; in 2018 USAID launched the Global TB Accelerator, which has tremendous potential to channel assistance to locally-driven TB initiatives and strengthen data sharing for better monitoring and evaluation; and USAID has led in assisting countries to scale up the use of TB innovations, including GeneXpert TB diagnostic technology, as well as providing crucial support for transitioning to all-oral regimens for the treatment of drug-resistant TB;¹⁰
- Since its inception in FY 2006, USAID’s Neglected Tropical Disease (NTD) Program has supported the delivery of more than 2.3 billion NTD treatments to over 1.1 billion people across 31 countries,¹¹ including treating more than 172 million people in FY 2017 alone;

¹<https://www.usaid.gov/actingonthecall>

²<https://www.usaid.gov/actingonthecall>

³<https://www.usaid.gov/global-health/health-areas/family-planning>

⁴<https://www.pmi.gov/docs/default-source/default-document-library/pmi-reports/pmi-by-the-numbers-2019.pdf?sfvrsn=6>

⁵<https://www.pmi.gov/docs/default-source/default-document-library/pmi-reports/2019-pmi-thirteenth-annual-report.pdf?sfvrsn=16>

⁶<https://www.pmi.gov/docs/default-source/default-document-library/pmi-reports/pmi-by-the-numbers-2019.pdf?sfvrsn=6>

⁷<https://www.theglobalfund.org/en/malaria/>

⁸<https://www.theglobalfund.org/en/>

⁹<https://www.pepfar.gov/documents/organization/287811.pdf>

¹⁰<https://www.usaid.gov/what-we-do/global-health/tuberculosis>

¹¹<https://www.neglecteddiseases.gov/docs/default-source/ntd-documents/2018-usaid-ntd-factsheet.pdf?sfvrsn=4>

- 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 current Ebola outbreak in the Democratic Republic of Congo, cholera outbreak in Cameroon, measles outbreak in Pakistan, and yellow fever outbreak in Uganda.¹² U.S. support of the GHSa has led to the development and implementation of the first-ever 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;
- Between 2008 and 2016, more than 7.3 million people have gained access to improved drinking water, and nearly 4.1 million people have gained access to improved sanitation, with more than 3 million receiving access to each service in 2016 alone due to the assistance of USAID. Of those reached with access to toilets in 2016, more than 50%, or 1.8 million, were women and girls;¹³ 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.¹⁴ Since 2001, the CDC's Field Epidemiology Training Program (FETP) has trained over 4,900 frontline field epidemiologists in 39 countries on how to detect and rapidly respond to infectious disease outbreaks and FETP graduates have investigated over 3,300 potential outbreaks from 2005 to 2016.¹⁵

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. Reducing investments for even a single program would likely have ripple effects for other global health investments and roll back this progress. Furthermore, U.S. investments provide critical capital on which corporations and low- or middle-income countries themselves make increasingly larger 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.

Americans consistently support global health and development assistance funding, and in addition, these investments 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 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.

¹²<https://www.ghsagenda.org/docs/default-source/default-document-library/global-health-security-agenda-2017-progress-and-impact-from-u-s-investments.pdf>

¹³ <https://www.usaid.gov/what-we-do/water-and-sanitation>

¹⁴ <https://www.frontlinehealthworkers.org/sites/fhw/files/uploads/2017/04/Global-Health-Security.pdf>

¹⁵https://www.cdc.gov/globalhealth/infographics/uncategorized/fetp.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fglobalhealth%2Finfographics%2Ffetp_graduates.htm





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 cut across diseases and other development areas. 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.

Moreover, maintaining robust investments in global health, while also preserving funding for other critical humanitarian and development programs, will enable the U.S. to reach its goal of reducing poverty and supporting communities that are stable, resilient, and democratic.

We are excited for the opportunity of continued partnership with the administration to ensure that the U.S. maintains its leadership and 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 FY 2021 budget request reflects this continued commitment. Please find an appendix with specific programmatic request levels and justifications for each request below.

Sincerely,

Loyce Pace, MPH
President and Executive Director



APPENDIX

Account/Program Recommendations for Fiscal Year 2021 (in thousands)

	FY 2021 Minimum Funding Level <i>(Highest of FY 2019 enacted or House proposed FY 2020)</i>	Recommended Funding Level
Global Health Programs (USAID and State)		
Maternal and Child Health	\$850,000	\$900,000
of which GAVI	\$290,000	\$290,000
Polio (all accounts including ESF)	\$59,000	\$59,000
Malaria (PMI)	\$755,000	\$819,300
Tuberculosis	\$310,000	\$400,000
Family Planning (all accounts)	\$805,500	\$1,660,000
of which UNFPA (IO&P)	\$55,000	\$111,000
Nutrition	\$145,000	\$250,000
Vulnerable Children	\$25,000	\$25,000
Neglected Tropical Diseases	\$106,000	\$125,000
HIV/AIDS (USAID)	\$330,000	\$350,000
PEPFAR	\$4,370,000	\$5,500,000
Global Fund to Fight AIDS, TB, and Malaria	\$1,560,000	\$1,560,000
Global Health Security	\$100,000	\$172,500
Emergency Response Fund	\$100,000	\$100,000
Water (in all accounts)	\$435,000	\$450,000
UNICEF (IO&P)	\$132,500	\$132,500
NIH (HHS)		
Fogarty International Center	\$84,900	\$84,900
NIAID	\$5,808,300	\$5,808,300
Office of AIDS Research	\$3,200,000	\$3,450,000
CDC (HHS)		
Center for Global Health	\$523,600	\$642,000
of which Parasitic Diseases and Malaria	\$26,000	\$30,000
of which Global Public Health Protection	\$133,200	\$208,200
of which Global Tuberculosis	\$10,000	\$21,000
Center for Emerging Zoonotic and Infectious Diseases	\$644,600	\$699,300

Account/Program Justifications for Fiscal Year 2021

Global Health Programs (USAID and State)

U.S. global health funding through the Department of State and USAID helps to address diseases such as polio, tuberculosis, and HIV/AIDS; undertake health emergencies and global health security threats; expand access to voluntary family planning and reproductive health information and services; prevent malnutrition; develop new health technologies and vaccines; assist women with the timing and spacing of pregnancies and reduce maternal and child mortality; provide training to strengthen the frontline health workforce to create stronger health systems and enhance global health security; and support initiatives such as the President’s Malaria Initiative (PMI) and President’s Emergency Plan for AIDS Relief (PEPFAR). Investments in global health programs by the United States have not only saved lives, but also improved the economic growth and stability of developing nations.

Global health works, and returns on investments in global health are particularly impressive. U.S. leadership in global health has contributed to a halving of preventable child deaths, a 60% decrease in deaths from malaria, and a 45% reduction in maternal mortality since 1990. Programs are providing antiretroviral treatment to 14 million people living with HIV¹⁶ and have prevented HIV transmission to millions more. Immunization programs save more than 3 million lives each year¹⁷ and since its inception, PMI has distributed more than 346 million long-lasting, insecticide-treated mosquito nets, supplied 76 million preventative treatments for pregnant women,¹⁸ and sprayed more than 5.8 million houses with insecticides, providing protection for over 21 million people.¹⁹

Maintaining robust investments in global health, while also preserving funding for other critical humanitarian and development programs, will enable the U.S. to reach its goal of reducing poverty and supporting communities that are stable, resilient, and democratic.

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 (MCH) build the foundation for the U.S.-spearheaded global goal of ending preventable child and maternal deaths by the year 2030. 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 2020.²⁰ 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 to 2020 – helping to realize USAID’s ambitious goal.²¹ But, reaching the goal of ending

¹⁶ <https://www.pepfar.gov/documents/organization/273047.pdf>

¹⁷ <https://www.usaid.gov/results-and-data>

¹⁸ <https://www.pmi.gov/docs/default-source/default-document-library/pmi-reports/pmi-by-the-numbers-2018.pdf?sfvrsn=5>

¹⁹ <https://www.pmi.gov/docs/default-source/default-document-library/pmi-reports/2018-pmi-twelfth-annual-report.pdf>

²⁰ https://www.usaid.gov/sites/default/files/2018ActingontheCall_508.pdf

²¹ https://www.usaid.gov/sites/default/files/2018ActingontheCall_508.pdf



preventable child and maternal deaths in an equitable way requires increased support for critical maternal and child survival and nutrition programs.

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.²² Particularly, in USAID focus countries for maternal and child health programs, child mortality declined an average of 4% each year from 1990 to 2011, and in these same focus countries, maternal deaths declined by more than half between 1990 and 2015.²³

While great strides have been made to improve maternal, newborn, and child health, there are key areas where additional investments are needed to address remaining challenges, including treating and preventing pneumonia, reducing newborn deaths, and addressing long-stagnant rates of maternal mortality.

Each day, approximately 15,342 children under five years old will die of preventable or 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 7,000 newborns dying each day and one million children dying annually 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 to 6 million lives, and we anticipate continuing conversations regarding U.S. commitments for the next five-year strategic period.

²² https://www.usaid.gov/sites/default/files/2018ActingontheCall_508.pdf

²³ https://www.usaid.gov/sites/default/files/2018ActingontheCall_508.pdf

However, as Gavi bolsters 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 rollouts 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 and accelerate progress. For example, the Utkrisht Development Impact Bond launched in Rajasthan, India, which focuses on quality improvement of private health care facilities, uses a financing model where USAID pays for results after outcomes are achieved. Furthermore, the Government of Rajasthan has signed a Memorandum of Understanding to continue the project should it be proven successful, illustrating the long-term, catalytic power of U.S. government investments.²⁴

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.²⁵ 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, WASH, family planning, and malaria efforts.

It is clear that MCH funding is among the most cost-effective, life-saving investments the U.S. can make. We must increase our investment in MCH 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 programs.

Malaria

Request: \$819.3 million

In 2017 alone, there were an estimated 219 million new cases of malaria,²⁶ resulting in an estimated 435,000 deaths worldwide.²⁷ Children under the age of five account for 61% of these fatalities.²⁸ 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 87 countries,²⁹ malaria's economic impact is staggering as well.

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.

²⁴ <https://www.usaid.gov/cii/indiadib>

²⁵ https://www.unicef.org/childsurvival/index_62639.html

²⁶ <https://www.who.int/malaria/publications/world-malaria-report-2018/en/>

²⁷ <https://www.who.int/malaria/publications/world-malaria-report-2018/en/>

²⁸ <https://www.who.int/malaria/publications/world-malaria-report-2018/en/>

²⁹ <https://endmalaria.org/about-malaria/malaria-map>



To date, 19 PMI focus countries have seen reductions in all-cause childhood mortality rates, including malaria. Greater use of malaria interventions between 2000 and 2015 helped reduce malaria mortality rates by 62% and malaria incidence by 41% 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.

However, the gains we have achieved globally are fragile, and retreating on investment now would not only stall the progress realized to date but create a pathway for the disease to return. In the WHO's *World Malaria Report 2018*, trends from both the 2016 and 2017 Report continued, showing a stagnation of progress in defeating malaria, although deaths by the disease continue to decrease.³⁰ Since the 1930s, the disease has proven an ability to return even after significant progress – as is currently happening in Venezuela and has occurred over 75 times in the last century. This presents a risk to Americans traveling or working abroad, including any military personnel serving in malaria-endemic areas, and the efforts of bilateral and multilateral initiatives working to alleviate the burden of the disease on those in endemic regions. 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.

In FY 2018 and FY 2019, Congress 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 FY 2018 and FY 2019 for its efforts to combat HIV/AIDS, malaria, and TB. However, the President's FY 2020 budget proposed an \$81 million cut to PMI (\$674 million) and a \$392 million cut to the Global Fund (\$958m + unmatched FY 2019 funds). These cuts would result in hindering PMI from distributing life-saving, cost-effective interventions and negate the ability for the U.S. to reach our pledge to the Global Fund at \$4 billion over three years.

As we push towards greater control and elimination of malaria, increased funding is crucial to achieve these goals and protect the fragile gains made against the disease. The additional funding requested will allow PMI to respond through innovation to critical issues emerging within the fight against malaria – namely the growing resistance of the mosquito to the insecticides used on treated bed nets. The investment will ensure PMI can utilize the latest technology for 35 million of the 41 million long-lasting insecticide treated bed nets procured. Using data collected through ongoing entomological studies, PMI will target the distribution of the upgraded nets protecting over 80 million people. This funding request also seeks to ensure that robust U.S. support for malaria continues, and that the full amount of \$819.3 million be allocated for PMI – without redirecting funding from other vital efforts.

Malaria prevention and treatment programs have been a model of success, but the parasite and vector are changing on a continual basis and require the response of bilateral and multilateral programs. 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

³⁰ <http://www.who.int/malaria/publications/world-malaria-report-2017/en/>



financial return, these investments will help to reduce extreme poverty through increases in agricultural output, education, and women’s empowerment.

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: \$400 million

Tuberculosis (TB) is an airborne pathogen that is easily spread and that now kills more people than any other infectious disease. TB is a leading cause of death among women of reproductive age in developing countries, and it is an under-recognized health problem in children. It is estimated that 10 million people globally have TB – yet only 6.4 million people are diagnosed and able to receive proper treatment. Additionally, nearly 90% of children with TB are going untreated.³¹

The global TB pandemic, including the rapid spread of drug-resistant TB, poses a serious global security threat, yet current USAID TB funding represents just 3% of the \$8.69 billion in funding provided to USAID and the State Department global health programs.

Increased USAID funding for TB is needed to achieve the goals set forth in the *National Action Plan for Combating Multidrug Resistant TB* (NAP), to build country capacity to address all forms of TB, including latent infection, and to increase its investment to develop new TB tools.

Expanded funding would allow USAID to build on its innovative business model, launched in 2018 called the “Global Accelerator to End Tuberculosis” which is designed to speed progress and build self-reliance through support for local organizations in priority countries.

Urgency of Drug Resistant TB

About 600,000 people per year develop a form of MDR-TB, and the disease leads to substantial health costs globally and in the U.S. Once on treatment, a patient quickly becomes non-infectious, yet only 22% of patients with drug resistant TB receive any treatment. Using the powerful new antibiotic bedaquiline (BDQ), dramatically increases patients’ chance of survival. But, because of funding constraints, USAID cannot reach the next milestones in expanded treatment access as laid out in the NAP.

The latest report from USAID on the NAP, issued in May 2018, states that the rate of increase in expanding access to MDR-TB diagnosis and treatment in 2017 has “remained relatively unchanged” compared to the *Year One* report.³² The report states that “additional resources will be required” to reach further milestones.

³¹ <https://www.bmj.com/content/361/bmj.k2345>

³² <https://www.usaid.gov/sites/default/files/documents/1864/NAP-MDR-TB-Year-Two-508.pdf>



The administration should request that Congress provide USAID with sufficient resources to close widening MDR-TB treatment gaps.³³

Taking advantage of new momentum to reach the unreached and end TB in all forms

In FY 2021, USAID faces major new opportunities to build capacity in affected countries to end all forms of TB, including drug sensitive TB. The agency should have the funding to make the most of these new opportunities.

Last year's United Nations High Level Meeting on TB provided an unprecedented political opening to address this long-neglected issue. With growing buy-in at the highest political level in key countries, USAID can do much more to strengthen national programs and support the grants of the Global Fund to Fight AIDS, Tuberculosis, and Malaria.

To find the missing cases, countries must use 21st century diagnostic methods. Molecular diagnosis, such as GeneXpert, is much more accurate than the microscope, but it is still greatly underutilized. Active TB case finding is resource intensive, and greater U.S. assistance will play a critical role in making it the norm rather than the exception.

The administration should propose an increase to USAID TB funding to permit USAID to:

- Increase the scale of support to Priority Countries that have a strong commitment to reaching the targets agreed to at last year's UN High level Meeting on TB, including to find the missing people with TB. This assistance should help expand access to TB diagnostic and treatment services, to ensure treatment for 40 million people with TB by 2022 and include such neglected areas as screening for and treatment of TB infection among all close contacts.
- Add a limited number of countries with a significant TB burden to the list of Priority Countries. For instance, Pakistan has a large TB burden and has shown clear signs of a commitment to addressing TB. USAID and CDC should also work together to expand assistance to Latin America and the Caribbean to ensure access to the latest TB innovations.
- Increase support for civil society, including through the Stop TB Partnership's Challenge Facility for Civil Society, as a complement to the USAID TB Accelerator's Local Organizations Network. This Facility provides small grants to support integrated, comprehensive responses to TB that are patient-centered and include strong partnerships with communities and civil society.
- Increase the U.S. contribution to the Global TB Drug Facility (GDF), given the increased need for forecasting and market interventions to ensure an uninterrupted supply of TB medication. Such an increase would help GDF establish a "safety net" to assist countries experiencing failed tenders or other issues as they improve their procurement policies and laws under domestic financing; expand the number of countries where GDF can provide the full range of technical assistance; and support an expansion of GDF's Flexible Procurement Fund to respond to emergencies by supporting pre-payment for TB commodities.

Invest in transformative research

USAID should boost support for TB research and development to at least \$48.9 million per year (less than a \$15 million increase from current USAID support for research). This includes greater support for product development partnerships and other public-private partnerships, academic researchers, and other research institutions and networks. At this pivotal

³³https://www.challengeforb.org/reportfiles/Challenge_TB_Year_4_QMR_1_Oct-Dec_2018.pdf



time for the development and scale up of new diagnostic, treatment, and prevention options including a promising vaccine candidate, USAID support would both bolster the field and help the U.S. meet its Fair Share target, setting an example for other countries to meet their targets.

Bilateral and Multilateral Family Planning and Reproductive Health Programs

Request: \$1.66 billion for bilateral and multilateral family planning and reproductive health (FP/RH) programs with funding provided from the Global Health Programs account and from the International Organizations and Programs account. The administration should review and reverse the July 12, 2019 Kemp-Kasten determination, to lift the prohibition of funding to UNFPA and increase it to a level of \$111 million. Additionally, the administration should reverse the reinstatement and expansion of the Mexico City Policy.

This recommended funding level positions represents the United States' fair share and positions our country as a leader in the global effort to fulfill the unmet need for modern methods of contraception for the 214 million women of reproductive age who want to delay or avoid pregnancy in developing countries. Addressing the global unmet need for family planning would be a game-changing accomplishment to unleash the full power of women.³⁴ 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 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 \$1.66 billion. Other donor governments and developing nations would be responsible for \$10.44 billion.³⁵

U.S. investments in FP/RH programs are critical to promoting the health and well-being of women and girls around the world, are cost-effective, and deliver real results. In FY 2019, the U.S. investment of \$607.5 million in international FP/RH has a transformative impact on the lives of women and girls and made it possible to achieve the following:

- 24.3 million women and couples receive contraceptive services;
- 7.2 million unintended pregnancies are averted;
- 3.1 million induced abortions are averted (the majority of which are provided in unsafe conditions); and
- 14,700 maternal deaths are averted.³⁶

Moreover, every additional dollar spent on contraceptive services would save \$2.22 in pregnancy-related care.³⁷ Conversely, for every cut of \$10 million in U.S. international family planning and reproductive health assistance:

- 400,000 fewer women and couples would receive contraceptive services and supplies;
- 119,000 more unintended pregnancies, including 53,000 more unplanned births, would occur;
- 51,000 more abortions would take place (34,000 of which would be provided under unsafe conditions); and

³⁴ <https://www.guttmacher.org/fact-sheet/adding-it-up-contraception-mnh-2017>

³⁵ PAI. (2018). "Just The Math: Methodology For Calculating The U.S. Share Of The Cost of Addressing the Unmet Need for Contraception in Developing Countries." <https://bit.ly/2Am7AAG>.

³⁶ <https://www.guttmacher.org/article/2018/04/just-numbers-impact-us-international-family-planning-assistance>

³⁷ <https://www.guttmacher.org/fact-sheet/adding-it-up-contraception-mnh-2017>

- 240 fewer maternal deaths would occur.³⁸

The historic record for highest congressional appropriations for U.S. government FP/RH programs in constant dollars was set in FY 1995 and would amount to nearly a billion dollars today—\$975 million—when adjusted for inflation.³⁹ 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 period. In 2019 the House of Representatives took action to begin rebuilding U.S. leadership, passing a FY 2020 State-Foreign Operations bill that included \$805.5 million for family planning and reproductive health programs

In 2017, an estimated 308,000 women in developing countries died from pregnancy-related causes, and unsafe abortion continues to be a major cause of these unacceptably high maternal mortality rates.⁴⁰ An integrated approach to addressing the demand for access to reproductive health services, including through the provision of the 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 gender equality and women’s and girls’ rights and empowerment, enhance women’s and girls’ education and economic opportunities, 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 end preventable maternal and child deaths and combat HIV/AIDS, particularly among adolescent girls and young women. 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.⁴¹

In countries with high HIV prevalence, where a disproportionate number of 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. The U.S. cannot fully and successfully prevent and mitigate the negative impacts of child, early, and forced marriage; early pregnancy; and gender-based violence and advance gender equity; girls’ education; and women’s economic empowerment, without ensuring women and girls can access the family planning and reproductive health information and services that they want and need. Only 53% of females participate in the labor force, due in part to the greater burden of unpaid household work and caretaking responsibilities that fall on them, including bearing and raising children.⁴² Access to family planning helps empower girls to stay in school and allows women to be able to work outside the home. Additionally, studies have shown that access to family planning improves women’s earning potential, including one study from Bangladesh, which showed that women with access to reproductive health services had 40% higher wages.⁴³ Investing in FP/RH ensures progress on a wide range of development goals shared by the U.S. and the international community.

³⁸ <https://www.guttmacher.org/article/2019/04/just-numbers-impact-us-international-family-planning-assistance-2019>

³⁹ PAI. (2018). “Cents and Sensibility: U.S. International Family Planning Assistance from 1965 to the Present.” <https://pai.org/centsandsensibility/>.

⁴⁰ <https://www.guttmacher.org/fact-sheet/adding-it-up-contraception-mnh-2017>

⁴¹ https://www.usaid.gov/sites/default/files/documents/1864/USAID_ActingOnTheCall_2014.pdf

⁴² <https://data.worldbank.org/indicator/SL.TLF.TOTL.FE.ZS?view=chart>

⁴³ <https://www.ncbi.nlm.nih.gov/pubmed/22784535>

The U.S. must resume financial support to the United Nations Population Fund (UNFPA) by reversing the July 12, 2019 Kemp-Kasten determination. The determination, for the third year in a row, was made absent a credible investigation and was solely based on false claims related to 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. The United States was instrumental in the founding of UNFPA 50 years ago, and remains on UNFPA’s governing Executive Board. 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. UNFPA does not perform, promote or fund abortion, and works to achieve universal access to voluntary family planning, which helps prevent abortions from occurring. They work in 155 countries, including many in which USAID does not currently operate global health programs, including FP/RH, and in countries affected by conflict, natural disasters, and other humanitarian crises.⁴⁴ As the world faces unprecedented ongoing health and humanitarian crises, UNFPA plays an irreplaceable role in the provision of reproductive and maternal health services in humanitarian settings. UNFPA estimates that U.S. funds in 2016, the last year for which they were able to receive U.S. funding, helped to provide contraceptive services to approximately 3 million couples, averting 947,000 unintended pregnancies and 295,000 unsafe abortions. These funds enabled UNFPA to reach 9 million people in humanitarian settings and refugee camps with sexual and reproductive health services, including gender-based violence prevention services. Efforts to reach vulnerable populations—including in places like Syria, Yemen, and Venezuela—have been undermined by the administration’s decision to prohibit U.S. funding for UNFPA.

The Mexico City Policy is a harmful policy that 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. The reinstatement and expansions of the policy should be reversed on multiple grounds: the policy impedes access to health care by cutting off funding for often the most experienced and trusted, and only accessible 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 and organizations. In addition, the expansion of the Mexico City Policy affects all global health programs, beyond those offering family planning services. A recent study published in the *Lancet* found that when the policy was in effect (between 2001-2008), abortion rates increased about 40% among women in countries most affected by the policy. It also found a symmetric reduction in the use of modern contraception while the policy was enacted, coinciding with an increase in pregnancies. This pattern of more frequent abortions (many of which are unsafe in the impacted countries) and lower contraceptive use was reversed after the policy was rescinded in 2009.⁴⁵ The expansions of the policy, means it now impacts a wide number of people in countries served by foreign NGOs working in global health and even donors working in areas outside of global health. This vastly expanded policy threatens integrated, comprehensive health programs and strategies, as well as integration of these programs with other development efforts – and as a result, undermines 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. While the full impact and reach of this policy may not be known for years to come, many negative impacts are already being felt. One Nigerian organization, choosing not to comply with the policy, had to end a contraceptive commodities and clinics and community health worker training program related to long-acting reversible

⁴⁴ <https://www.unfpa.org/annual-report>

⁴⁵ [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(19\)30267-0/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(19)30267-0/fulltext)

contraceptives (LARCs) that would have served an additional eight million women through the end of this administration.⁴⁶ In Senegal, an organization described having lost funding for more than half of its mobile outreach teams, previously supported by the U.S., which means they will reach 20% fewer clients for family planning and will provide over 30% fewer cervical cancer screenings and sexually transmitted infections treatments.⁴⁷

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 and risk the health of women, girls, and communities across the world.

Nutrition

Request: \$250 million

Undernutrition is responsible for the deaths of about 3 million children, or nearly half of deaths of those under the age of five each year. Seventeen million children suffer from severe acute malnutrition, also known as wasting, and it is the direct cause of death for about two million children 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. However, this 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.

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. 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. 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.

Breastfeeding boosts a child's immune system, protects from diseases, increases cognitive ability (IQ), and is essential for healthy growth. Scaling up breastfeeding to a near universal level could save over 800,000 lives per year. Research estimates the global cost of lower cognitive ability associated with *not* breastfeeding is more than \$300 billion each year. For every dollar invested in achieving the breastfeeding target, it is estimated that \$35 in economic benefits could be generated.

⁴⁶ <https://pai.org/wp-content/uploads/2018/07/So-Far-So-Bad-the-wide-ranging-Impacts-of-the-GGR-revised-7-17-18.pdf>

⁴⁷ <https://pai.org/wp-content/uploads/2018/07/So-Far-So-Bad-the-wide-ranging-Impacts-of-the-GGR-revised-7-17-18.pdf>

Anemia affects half a billion women of reproductive age worldwide – impairing their health and economic productivity. In pregnant women, anemia can lead to maternal death and have serious health consequences for infants including stillbirths, prematurity, and low birth weight. The return on investment in anemia is \$12 for every \$1 spent.

An investment of \$250 million would sustain current nutrition programs and contribute to meeting global targets on breastfeeding and anemia (iron folic acid supplementation), as well as allowing for increasing our investments in addressing severe acute malnutrition and stunting. To catalyze progress against malnutrition, priority should be given to the most cost-effective interventions which are ready to be scaled-up immediately. This smart and forward-looking investment would serve as a “down payment” toward the future health and economic prosperity of communities and entire countries, and additionally, 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: \$25 million

The Vulnerable Children account covers implementation of Public Law (PL) 109-95: The Assistance to Orphans and Other Vulnerable Children in Developing Countries Act of 2005 and the work of the Displaced Children and Orphans Fund (DCOF), supporting the care and protection of vulnerable children around the globe, specifically those who have been separated from their families or are at risk of separation. USAID has given particular attention to children in institutional care, those affected by war, or those living and working on the street, as well as children with disabilities and other highly vulnerable children.

The politically appointed U.S. Government Special Advisor for Children in Adversity, with support from the DCOF team, leads a whole-of-government response to the world's most vulnerable children, as required by PL 109-95. USAID is currently working with interagency partners to update the whole-of-government strategy, which is also required by PL 109-95. The strategy supports national governments and partners to foster opportunities in which all children can grow up within safe, stable, and nurturing family care and in environments free from deprivation, exploitation, and danger.

Funding will be allocated to support the following objectives:

- Ensuring that children get off to the right start by supporting comprehensive early childhood programs that integrate health, nutrition, responsive caregiving, safety and security, and early learning;
- Supporting and enabling families to care for their children, prevent unnecessary family-child separation, and promote nurturing, protective, and permanent family care; and
- Supporting national governments and partners to prevent, respond to, and protect children and youth from violence, exploitation, abuse, and neglect.

Neglected Tropical Diseases

Request: \$125 million

Neglected Tropical Diseases (NTDs) are a group of 20 infectious diseases and conditions afflicting more than 1.5 billion⁴⁸ of the world's poorest people and threatening the health of millions more.⁴⁹ NTDs are responsible for over 534,000 deaths each year. Over 836 million children are impacted by NTDs⁵⁰ leading to blindness, deformities, and malnutrition. NTDs cause widespread physical disability and consequently billions of dollars in lost productivity. One hundred percent of low-income countries are affected by at least five neglected tropical diseases simultaneously. Worldwide, 149 countries and territories are affected by at least one NTD. Individuals are often affected with more than one parasite or infection. 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 \$22.3 billion in donated medicines resulting in the delivery of 2.6 billion NTD treatments⁵¹ across 25 countries, including treating more than 172 million people in FY 2017 alone in Africa, Asia, and Latin America.⁵²

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's support to eliminate trachoma and lymphatic filariasis has also included morbidity management and disability prevention with over 13,000 trachomatous trichiasis (TT) surgeries conducted in Burkina Faso, Cameroon, and Ethiopia; the development of a surgical mannequin for hydrocele surgeon training globally; and has strengthened epidemiological data collection for hydrocele, lymphedema, and TT. As a result of U.S. government funding for NTDs and other global support, 280.3 million people are no longer at risk for lymphatic filariasis or elephantiasis; 114.1 million people are no longer at risk for blinding trachoma;⁵³ and 3 million people are no longer at risk for onchocerciasis.⁵⁴

Many of the most common NTDs are combated using medicines that are safe, easy to use, and effective. Of the 336 new drugs approved for all diseases from 2000 to 2011, only four (1%) were for neglected diseases; none were for NTDs.⁵⁵ USAID funding enables those medicines to reach people at-risk of the diseases, which contributes to NTD prevention, control, and elimination. However, treatment options for NTDs with the highest death rates – including human African trypanosomiasis, visceral leishmaniasis, and Chagas disease – are extremely limited.

We recommend securing \$125 million 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. This funding in FY 2021 would allow USAID

⁴⁸ <https://end.org/ntds-in-focus/>

⁴⁹ http://www.who.int/neglected_diseases/diseases/en/

⁵⁰ <https://end.org/ntds-in-focus/>

⁵¹ <https://www.neglecteddiseases.gov/about>

⁵² As of April 2017. Source: USAID

⁵³ <https://www.neglecteddiseases.gov/about>

⁵⁴ <https://www.neglecteddiseases.gov/docs/default-source/ntd-documents/2018-usaid-ntd-factsheet.pdf?sfvrsn=4>

⁵⁵ <https://www.dndi.org/2013/media-centre/press-releases/fatal-imbalance-2/>

to support 5-7 countries that have 3-5 of these diseases, invest in new diagnostics to inform program operations, and provide 20-30 million more treatments in Africa by leveraging an estimated \$1 billion more in drug donations.

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), microbicide development through the International Partnership for Microbicides (IPM), and major HIV research with worldwide impact.

HIV/AIDS (PEPFAR)

Request: \$5.5 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 September 30, 2018, PEPFAR had supported life-saving ART for 14.6 million people. Additionally, in FY 2018 PEPFAR supported HIV testing and counseling for more than 95 million people.

Investments in the global AIDS response are working. The possibility of controlling this disease is within grasp, but it is estimated that current investments fall 20% short of what is needed to fully address this disease globally and make progress towards advancing key goals such as ending AIDS as a public health threat.⁵⁶ Since 2000, new infections in children have decreased by approximately 63% – an impressive show of force against the spread of HIV and AIDS – and there are now 23.3 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, and in 2016, 57% of the total resources available for AIDS in low- and middle-income countries came from domestic sources.

However, more than 14 million people around the globe still lack access to ART, and only 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 WHO treatment eligibility guidelines recommend immediate initiation of treatment for all people living with HIV, regardless of their viral load or disease progression.

Proposed cuts to the PEPFAR program in President's FY 2020 budget would have dramatic negative effects on both past successes and future progress. If the proposed cuts were to be enacted, it is estimated that over 2,119,000 adults would see treatment interruptions, leading to over 480,00 additional AIDS-related deaths. 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 950,000; new infections in children would rise by more than 31,000; and more than 15,000 children under age two would die from AIDS-related causes in FY 2020 alone.⁵⁷

⁵⁶ http://www.unaids.org/sites/default/files/media_asset/miles-to-go_en.pdf

⁵⁷ Updated calculations by amfAR



In the 15 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 two 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

Request: \$1.56 billion

Since its establishment in 2002, the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund) has helped achieve extraordinary progress in the fight against the world's most deadly infectious diseases. The Global Fund represents an efficient, innovative model partnering with governments, the private sector, and faith-based groups to finance programs that have saved over 27 million lives. Overall, the number of deaths caused by AIDS, tuberculosis (TB), and malaria each year has been reduced by one-third since 2002 in countries where the Global Fund invests. 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. An increase in U.S. investments in the Global Fund will accelerate progress toward ending the three epidemics for good, and lead to graduations from aid by winning much-sought burden-sharing from other donors in its 2020-2022 Replenishment, because they know U.S. law requires a two-to-one match to unlock U.S. funding.

The Global Fund's exemplary funding approach 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, successfully recovering 98% of any misused resources. Like the Millennium Challenge Corporation, the Global Fund requires evidence of results for continued support. The United Kingdom's most recent *Multilateral Development Review* awarded 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.

The Global Fund and U.S. bilateral programs such as PEPFAR, PMI, and USAID's TB programs reinforce each other's work, working hand-in-hand to avoid duplication 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, TB, and malaria by enabling the United States to strategically deploy our resources. We can't have one without the other."

U.S. investments in global health help expand economic growth and trade and strengthen U.S. security and diplomatic relations. The over 22 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, and 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.

U.S. law caps contributions at 33% of all Global Fund funding, creating a de facto 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 successfully incentivizes recipient countries to increase ownership of their disease programs by requiring countries to exceed a minimum threshold of spending on their own health programs, withholding extra funding if unmet. In advance of the Sixth Replenishment conference in Lyon, France in October, other donors have already pledged increased contributions, including a 16% increase from the United Kingdom and a 25% increase from Germany. The FY



2021 budget request of \$1.56 billion (flat from the FY 2020 House Appropriations bill) will fast-track progress toward ending HIV, TB, and malaria as public health threats for good.

Global Health Security

To ensure strong U.S. capability to stop outbreaks at the source:

CDC: *No less than \$208.2 million for the Division of Global Public Health Protection (both for the division’s programs and GHSA), and maintain no less than \$100 million in the Infectious Disease Rapid Response Fund*

USAID: *No less than \$172.5 million for Global Health Security programs (including Emerging Pandemic Threats and GHSA implementation), and maintain no less than \$100 million in the Emergency Reserve Fund*

Department of Defense: *No less than \$250 million for biological threat reduction (within the DoD Cooperative Threat Reduction account) and no less than \$70 million for Global Emerging Infections Surveillance (within the DoD Defense Health Program account)*

Department of State: *No less than \$50 million for Department of 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, cost billions, and exacerbate political and economic instability and insecurity. The GHSA, and specific U.S. support for its goals, is endorsed by the 2019 United States Government Global Health Security Strategy and the 2018 National Biodefense Strategy. 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 Government Global Health Security Strategy delineates, “It is in the national security interest of the United States to strengthen global health security and manage the risk of infectious disease outbreaks.” In keeping with this goal, the U.S. must continue to provide global leadership and appropriate resources to:

- 1) Ensure partner nations have the capabilities to prevent, detect, and respond to biological threats before they become global pandemics that adversely affect national and global security;
- 2) Model a metrics-driven approach across sectors of government for health security assistance that promotes protection against deliberate and accidental releases of biological agents, as well as naturally occurring disease outbreaks; and
- 3) Leverage U.S. commitments to secure assistance contributions from other nations, coordinating efforts toward common health security targets.

The United States has committed to assist priority countries to achieve specific global metrics associated with the capability to stop outbreaks at the source. U.S. funding, and the U.S. focus on metrics-driven funding, has leveraged significant contributions and commitments from other countries and organizations, including Australia, the Republic of Korea, Canada, Nordic countries, Johnson & Johnson, and others. U.S. leadership in line with this metrics-driven approach is vital to the success of the GHSA, and the GHSA itself has embraced this strategy. With strong U.S. government support, the GHSA was recently renewed until 2024. The new five-year, measurable target for GHSA is: “By

2024, more than 100 countries that have completed an evaluation of health security capacity will have undergone planning and resource mobilization to address gaps, and will be in the process of implementing activities to achieve impact. These countries will strengthen their capacities and demonstrate improvements in at least five technical areas to a level of ‘Developed Capacity’ or comparable level, as measured by relevant health security assessments, such as those conducted within the WHO IHR Monitoring and Evaluation Framework.” U.S. government leadership remains essential to achieve this goal and to provide the impetus for other countries to join and/or mirror our effort by providing their own national resources to assist and ensure sustainability.

U.S. Government support for the GHSA is provided largely through accounts within the CDC, USAID, DoD, and State Department. GHSA-related programs at CDC, USAID, DoD, and State Department are vital to: maintain and grow the U.S. cadre of deployed disease detectives stopping outbreaks at the source – a critical element of U.S. national biodefense, as well as global health; reduce the threat posed by pandemic influenza and ensure a One Health focused approach to reduce the threat of emerging zoonotic diseases that threaten the global economy; and maintain strong global programs focused on preventing terrorists from accessing biological agents that could be misused.

- From FY 2015-FY 2019, **CDC and USAID** support for the GHSA was largely funded through an emergency supplemental provided by Congress in response to the 2014-2016 Ebola epidemic in West Africa. This dynamic has shifted with additional funding from Congress for both agencies in FY 2018-FY 2019, but not enough to close the gap between supplemental and annual appropriations.
- **CDC and USAID global health security programs remain vital** in providing support to priority countries to improve capabilities to stop outbreaks at the source, and before they become international crises that further impact global peace and security and U.S. national security.
- **DoD and the State Department** support for international biosecurity and biosurveillance capacity building efforts has been dwindling and must instead remain strong. The DoD Cooperative Threat Reduction’s biological engagement program, DoD Global Emerging Infections Surveillance Program, and State Biosecurity Engagement Program explicitly seek to prevent and detect emerging threats, including misuse of biological agents and deliberate use of biological weapons. These DoD and State Department programs are also critical to leverage and drive other international donors toward funding biosecurity using an approach that can track and measure improvements – thereby holding global partners accountable for preventing bioterrorism, as well as stopping naturally occurring infectious disease threats.
- Maintaining an **emergency reserve** is also important. The CDC and USAID reserve accounts should be continuously topped up at \$100 million to ensure a quick response to outbreaks is resourced properly.

In light of the strong relationship between global health security and U.S. national security, adequate funding for these vital global health security accounts within CDC, USAID, DoD and the State Department should be regularized as part of the budget process for FY 2021 and beyond. The GHSA imperative to national biodefense warrants strong and steady future appropriations for CDC, USAID, DoD, and State Department global health security programs.

Non-Communicable Diseases (NCDs)

Request: Support and integrate into existing programs and platforms

Non-communicable diseases (NCDs) kill 41 million people each year, equivalent to 71% of all deaths globally, and 85% 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 NCDs have upon global health and development; integrate NCD prevention, management, and treatment 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 secondhand smoke. Every adolescent girl should have access to HPV vaccination and all women, especially those living with HIV, should have access to screening and preventive treatment for cervical cancer. With a high value and low-cost, these interventions would increase access to some of the most proven and sustainable global health interventions, save millions of lives, and complement the goals of existing priority health programs.
- **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, disaggregated by age, gender, and SES, with a view toward directing global health investments to priority country needs and vulnerable populations 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.

Water, Sanitation, Hygiene (WASH)

Request: \$450 million

U.S. funding for safe drinking water, sanitation, and hygiene (WASH), allocated through Water in All Accounts, provides access to these basic services for millions and helps to reduce morbidity and mortality from WASH-related illness and other infections across Africa, Asia, and Latin America. Improvements in WASH contribute to the achievement of other U.S. global health priorities including improving child nutrition and reducing acute malnutrition, ending preventable child and maternal deaths, and controlling and eliminating neglected tropical diseases. WASH programs also contribute heavily to sustainable progress across other development sectors like education, food security, agriculture, nutrition, women's empowerment, environmental conservation, and poverty alleviation.

Currently, 785 million people still lack access to safe drinking water and 2 billion lack access to improved sanitation.⁵⁸ Globally, 31% of schools lack access to clean water and up to 443 million school days are lost every year because of water-related illnesses.⁵⁹ Additionally, in low- and middle-income countries 50% of health care facilities lack a piped water source, 33% do not have improved toilets, and 39% do not have water and soap for hand washing.⁶⁰ This creates an enormous obstacle to achieving the GHSA and hinders USAID's efforts to improve human resources for health and enhance public health security worldwide and national security at home.

However, significant progress has been made as a result of U.S. investments in WASH programs. In 2016 USAID helped 3.6 million people gain access to improved water and 3.2 million people gain access to improved sanitation; within these numbers, more than 1.5 million women and girls gained access to improved sanitation in 27 countries and the Sahel Region. As a result of USAID assistance, 1.7 million women and girls gained access to improved water sources and 1.9 million women and girls gaining access to improved sanitation.⁶¹ These gains contributed to safety by reducing the need for women to walk long distances for water; improved health and reduced caregiving demands by mitigating common, water-related illnesses; and freed time for women to engage in productive work.

WASH is one of the most cost-effective interventions available for improving development and global health. According to the World Health Organization, for every \$1 invested in sanitation there is a return of \$5.50 in lower health costs, more productivity, and fewer premature deaths.⁶² At current levels of WASH access, countries in South Asia and sub-Saharan Africa lose up to 5% of their GDP each year due to WASH-related illness and water collection burdens, which can result in loss of access to education, lack of engagement in productive labor, and limited lifetime earning potential. It is estimated 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.⁶³

Investment in WASH 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."⁶⁴ 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.

Congress and both the Bush and Obama administrations have long recognized the critical importance of water, sanitation and hygiene as part of overall U.S. development policy. In 2005, President George W. Bush signed the *Senator Paul Simon Water for the Poor Act* into law, making WASH a priority of U.S. foreign policy. 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 – which amended and updated the *Water for the Poor Act* – have all contributed toward more sustainable WASH programming and private-public sector partnerships.

⁵⁸https://www.who.int/water_sanitation_health/publications/jmp-report-2019/en/

⁵⁹ <https://washdata.org/sites/default/files/documents/reports/2018-11/JMP%20WASH%20in%20Schools%20WEB%20final.pdf>

⁶⁰ Environmental conditions in health care facilities in low- and middle-income countries: Coverage and inequalities Author links open overlay panel Bartram, Jamie and Cronk, Ryan. April 2018. <https://www.sciencedirect.com/science/article/pii/S1438463917303760>

⁶¹ https://files.globalwaters.org/water-links-files/USAID_Global%20Water%20and%20Development%20Report_FY%202017.pdf

⁶² <https://www.who.int/en/news-room/fact-sheets/detail/sanitation>

⁶³ Global costs and benefits of drinking-water supply and sanitation interventions to reach the MDG target and universal coverage. WHO 2012.

http://www.who.int/water_sanitation_health/publications/2012/globalcosts.pdf

⁶⁴ https://www.dni.gov/files/documents/Newsroom/Press%20Releases/ICA_Global%20Water%20Security.pdf



In late 2017, the first-ever whole-of-government U.S.-Global Water Strategy was released by the administration, pursuant to Congressional requirement under the *Senator Paul Simon Water for the World Act*. Focusing on WASH, water security, and sector governance and finance, this strategy and its associated Agency plans is now in early stages of implementation. Congressional support for Water in All Accounts will help to ensure this strategic and coordinated approach to protecting U.S. national security, safeguarding natural resources, and meeting basic infrastructure and health needs worldwide can be fully leveraged.

An FY 2021 appropriation of \$450 million for water, sanitation, and hygiene could:

- Provide long-term, safe drinking water services to an additional 15,000 people in Africa, Asia, and Latin America from the previous fiscal year;
- Promote girls' school attendance with the provision of separate sanitary facilities;
- Strengthen local capacity and 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, in accordance with the journey to self-reliance;
- Create progress toward universal health 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; and
- Amplify the impacts of cross-sectoral work USAID is doing in other areas related to WASH, including food security, livelihoods, and nutrition programming.

Additionally, contributions from NGOs, faith-based organizations, and corporations multiply and amplify the impact of these funds. In FY 2016, more than \$103 million in private sector partner commitments were added to Congressional allocations, amplifying the impacts of tax dollars and increasing impact worldwide.

UNICEF (IO&P)

Request: \$132.5 million

Since its creation in 1946, the United Nations Children's Fund (UNICEF) has helped to save more children's lives than any humanitarian organization in the world. In partnership with the U.S. government and the American people, UNICEF has helped to cut the world's child mortality rate by 62% since 1990.

Despite the gains made by UNICEF, every year 5.4 million children under five (15,000 each day, including 7,000 newborns) die from mostly preventable causes. Malnutrition contributes to nearly half of all child deaths. Every minute, a child dies from diarrhea due to unsafe drinking water, poor sanitation, or poor hygiene. 262 million children are out of school, including 27 million children in 24 conflict-affected countries.

UNICEF's long-term presence in 190 countries and territories enables it to reach children and youth in the greatest need and at greatest risk. The U.S. voluntary contribution helps UNICEF continue to provide vaccines to protect 45% of the world's children under age five from deadly diseases, and to partner with the United States in fighting vaccine-preventable diseases in 102 countries, including polio and measles. This support also enables UNICEF to respond to humanitarian crises: in 2018, UNICEF and partners responded to 285 humanitarian emergencies in 90 countries, reaching millions of vulnerable children and their mothers.





U.S. government support for UNICEF leverages funding from corporations, foundations, and other governments. UNICEF receives no direct funding from the United Nations – all of UNICEF’s funds come from voluntary contributions from both public and private sources. Without the U.S. contribution to UNICEF, critical global health and development programs would be put at risk, such as polio eradication, basic education, immunizations, malaria bed nets, pediatric HIV/AIDS interventions, and protecting children from violence and abuse. As such, UNICEF needs a U.S. contribution to its core resources of at least \$132.5 million in Fiscal Year 2021.

National Institutes of Health (HHS)

National Institute of Allergy and Infectious Diseases (NIAID): \$5.808 billion

Office of AIDS Research: \$3.450 billion

Fogarty International Center: \$84.9 million

National Institutes of Health (NIH) leads U.S. government work in global health research and development (R&D), excelling in basic research that advances new drugs, diagnostics, and other tools for neglected diseases and conditions. We have seen the incredible success of NIH-funded studies for research on HIV/AIDS interventions, including the use of HIV/AIDS drugs as a form of prevention as well as treatment.

For over six decades, the National Institute of Allergy and Infectious Diseases (NIAID) has supported research to better understand, treat, and prevent infectious diseases of global health importance. For example, through a public-private partnership, NIAID supported the development of an innovative, automated diagnostic for TB – the Cepheid Xpert® MTB/RIF test – which is simple to use and provides results in less than two hours, compared to traditional methods which can take weeks. It also supported the developing and testing of the investigational Ebola vaccine deployed during the 2018 Ebola outbreak in the Democratic Republic of the Congo (DRC). In 2018 at the UN High-Level Meeting on TB, NIAID announced an ambitious 5-year strategic plan to prioritize and overcome crucial gaps in TB research including basic sciences and strengthen support for emerging technologies across diagnostics, therapeutics, and vaccines to address TB. NIAID supported preclinical research that contributed to the development of pretomanid, a new drug recently approved by the U.S. Food and Drug Administration for use as part of a combination therapy for highly-drug resistant forms of TB. NIAID also developed an Ebola treatment, mAB114, which was found to dramatically improve the survival rate of infected patients in a clinical trial, also conducted by NIAID, carried during the ongoing outbreak in the DRC. NIAID also supported the development and testing of investigational Ebola vaccines being used to stem the ongoing outbreak.

The Office of AIDS Research has led the NIH’s groundbreaking work in HIV/AIDS R&D for the past 30 years. NIH researchers first identified the HIV virus as the cause of AIDS, developed the first blood test for HIV/AIDS, and created strategies to prevent mother-to-child transmission of the disease. One study estimates that 14.4 million life-years have been gained since 1995 by the use of HIV/AIDS therapies developed as a result of NIH-funded research.

The Fogarty International Center serves as a critical link between researchers in the United States and the developing world, supporting collaboration in research, training, and fellowships to address critical health challenges in more than 100 countries.

If funding for NIH’s global health R&D activities is cut, the impact will be significant. Cuts of the magnitude proposed in the President’s FY 2020 budget proposal could result in some of the following backslides:

- Any cuts to the Fogarty International Center will affect critical research partnerships overseas that have been vital to addressing global health security threats like Ebola and building a scientific knowledge base to develop effective Zika countermeasures.
- Cuts of nearly 14% to NIAID will threaten progress in basic research for neglected and infectious diseases, would limit pioneering research on vector-borne diseases that is pivotal to developing a Zika vaccine, innovative antimalarials, and research needed to develop new HIV/AIDS vaccine technologies aimed at stopping the virus before it can enter human cells.

With any increase in overall NIH funding, there should be a proportionate increase for NIAID, the Office of AIDS Research, and the Fogarty International Center.

Centers for Disease Control and Prevention (HHS)

Center for Global Health Request: \$642 million

Of which Parasitic Diseases and Malaria: \$30 million

Of which Global TB: \$21 million

Of which Global Health Security Agenda: \$208.2 million

Center for Emerging Zoonotic and Infectious Diseases Request: At minimum \$699.3 million

The Centers for Disease Control and Prevention (CDC) leads global disease surveillance, capacity building, and research in the development of new tools and technologies – such as diagnostics to identify global diseases, including Ebola and the bubonic plague. It is a lead implementer in the Global Health Security Agenda, a partnership of over 60 nations that works to build capacity in low- and middle-income countries to detect global health risks rapidly, prevent them when possible, and respond effectively when they occur.

The Center for Global Health is a world expert in global immunization, disease eradication, and public health capacity building, and is home to the Global HIV/AIDS, Global Immunization, Parasitic Diseases and Malaria, Global Disease Detection and Emergency Response, and Global Public Health Capacity Development programs. Its immunization program has helped reduce the number of new polio cases globally by more than 99% since 1988. The Field Epidemiology Training Program has trained more than 31,000 epidemiologists in 72 countries on how to detect and rapidly respond to infectious disease outbreaks, which has greatly contributed to the world's ability to deal with deadly infectious diseases, such as Ebola.

CDC is recognized globally for its expertise in tuberculosis (TB) identification, treatment, and prevention. Yet its work on global TB is financed primarily with transfers from other accounts. Increasing CDC's Division of Global HIV and TB funding for TB to \$21 million would allow the agency to use its unique technical expertise to address the nexus between the global TB epidemic and the incidence of TB in the U.S. This funding should be provided directly through a new budget line for CDC's work on global TB as provided in the House FY 2020 Labor-HHS bill. This direct funding stream would help strengthen TB elimination programs in highly burdened countries, focusing on countries contributing to the TB burden in the U.S. such as Mexico, Vietnam, and the Philippines.

Ongoing research and development (R&D) at the Center for Emerging Zoonotic and Infectious Diseases includes new rapid diagnostic tests for the plague and rabies. The center also serves as an international reference hub for vector-borne viral and bacterial diseases. If funding for CDC's global health R&D activities is cut, the impact will be significant.

Cuts of the magnitude proposed in the President's FY 2020 budget proposal could result in some of the following backslides:

- About one-third of the world's population has latent TB infection (LTBI), and implementation of CDC LTBI research – from diagnostics to treatment – is needed to prevent active TB disease from occurring. Cuts to CDC's TB program will stop the evaluation of novel diagnostics to detect LTBI and delay clinical research on a CDC-developed LTBI treatment that will reduce activation and transmission of TB in the United States.
- New diagnostics for drug resistant HIV are critical to identifying resistance to new classes of drugs and placing individuals on effective therapy. Cuts to CDC's global HIV/AIDS programming will halt the detection and study of HIV drug resistance and the development of new, superior diagnostic tests that can be used domestically and internationally. Without proper detection, drug resistant HIV strains will increase, which are costlier and more difficult to successfully treat.
- HIV cuts will also halt the development of new tests to simultaneously diagnose HIV infections and distinguish between recent and long-term HIV infection, and eliminate false positive HIV diagnoses. Identifying recent HIV infections is an important step toward targeting HIV treatment and HIV prevention approaches to the most at risk individuals.
- Since 2005, CDC's 10 Global Disease Detection Centers have discovered 11 previously unknown pathogens and organisms for the first time anywhere in the world. Cuts to CDC's global health protection and global disease detection accounts will stall innovation in diagnostic testing and the advanced laboratory services needed to identify new and emerging pathogens, including ending advanced laboratory collaboration in priority countries, which will allow new pathogens to spread undetected and lead to costly delays in the world's ability to detect them in new areas and populations.

It is also important to stress that cuts to CDC global health accounts in general will have a significant impact on global health and American health security. Some, but not all impacts, include:

- Affecting CDC's ability to co-implement global health programs with other agencies, such as their work to provide the scientific and technical expertise necessary to reduce rates of malaria in USAID's President's Malaria Initiative's 23 priority countries. Available resources also directly affect CDC's cutting-edge research for new anti-malarial tools, including evaluating new drugs, insecticides, and vaccines. This role is key to staying ahead of the curve on malaria.
- Stopping training of "disease detectives" in 17 priority countries, which will result in outbreaks that last longer, spread farther, and affect more people.
- Inability to mobilize emergency response support teams to provide technical assistance during disease outbreaks, services critical to containing Ebola in West Africa and preventing the spread of viruses such as Ebola to the United States.