



February 11, 2020

Rob Fairweather
Acting Director, Office of Management and Budget
1650 Pennsylvania Avenue NW
Washington, D.C. 20503

Dear Acting Director Fairweather:

Global Health Council is the leading alliance of nonprofits, businesses, and universities dedicated to saving lives and improving the health of people worldwide. We encourage 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 Fiscal Year (FY) 2022. These programs are some of the most cost-effective, critical, and greatest successes of foreign assistance.

For more than a decade, we have witnessed incredible success in combating the world's most deadly diseases and other threats to public health. In fact, many diseases that once threatened millions continue to decline because of the substantial U.S. commitment over recent decades. Because of America's leadership, we are in sight of reaching the first AIDS-free generation and ending preventable maternal and child deaths. Further, these investments help protect the health of Americans by strengthening our capacity to better prevent, detect, and respond to infectious disease outbreaks, like COVID-19, which know no borders.

At a minimum, GHC recommends that you support Global Health Programs at the FY 2021 levels enacted by Congress. However, in order to achieve U.S. global health goals and commitments, we urge you to support a significantly greater investment for FY 2022. This includes at least \$15 billion for global health programs at the Department of State and USAID; \$540 million for water in all accounts; and \$134 million for UNICEF. In addition we must recommend an investment of \$6.356 billion for the National Institute of Allergy and Infectious Disease (NIAID), \$3.845 billion for the Office of AIDS Research, and \$91 million for the Fogarty International Center at the National Institutes of Health (NIH); and an investment of \$735 million for the Center for Emerging Zoonotic and Infectious Diseases and no less than \$898 million for the Center for Global Health at the Centers for Disease Control and Prevention (CDC).

Americans consistently support global health and development assistance funding and rightfully so -- these investments benefit the U.S. economy. There is no better example of this than the funding used for global health research and development. This funding creates jobs, builds U.S. research and technological capacity, and is an injection of investment into the U.S. economy - not to mention a health benefit to Americans. 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.

While the appendix to accompany this letter outlines the specific programmatic requests contained within each account, strong overall funding helps meet health needs that cut across diseases. The United States has unparalleled technical expertise that can help developing countries' improve and strengthen their health systems to help prevent and contain the spread of deadly diseases. 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 2022 budget request reflects this continued commitment. Please find an appendix with specific programmatic request levels and justifications for each request below.

Sincerely,

A handwritten signature in black ink, appearing to read "Loyce Pace", with a large, stylized initial "L" and "P".

Loyce Pace, MPH
President & Executive Director

Appendix

Account/Program Recommendations for Fiscal Year 2022 (in thousands)

	FY 2022 Minimum Funding Level <i>(Highest FY20 enacted or House or Senate proposed FY21)</i>	FY 2022 Recommended Funding Level
Global Health Programs (USAID & State)	\$9,761,500	\$15,151,500
Maternal and Child Health	\$865,000	\$984,000
of which GAVI	\$290,000	\$290,000
Polio (all accounts including ESF)	\$65,000	\$65,000
Malaria (PMI)	\$785,000	\$902,500
Tuberculosis	\$325,000	\$1,000,000
Family Planning (all accounts)	\$805,500	\$1,740,000
of which UNFPA (IO&P)	\$55,000	\$117,000
Nutrition	\$150,000	\$300,000
Vulnerable Children	\$25,000	\$30,000
Neglected Tropical Diseases	\$106,000	\$125,000
HIV/AIDS (USAID)	\$330,000	\$350,000
PEPFAR	\$4,370,000	\$5,120,000

Global Fund to Fight AIDS, TB, and Malaria	\$1,560,000	\$1,560,000
Global Pandemic Preparedness Fund		\$2,000,000
Global Health Security	\$275,000	\$675,000
Of which CEPI		\$200,000
Of which GHS Grand Challenge		\$200,000
Emergency Reserve Fund	\$100,000	\$300,000
Water (in all accounts)	\$450,000	\$540,000
UNICEF (IO&P)	\$134,000	\$134,000
NIH (HHS)		
Fogarty International Center	\$86,455	\$91,000
NIAID	\$6,142,540	\$6,356,000
Office of AIDS Research	\$3,200,000	\$3,845,000
CDC (HHS)		
Center for Global Health	\$523,600	\$898,000
of which Parasitic Diseases and Malaria	\$26,000	\$30,000
of which Global Public Health Protection, Global Disease Detection and Global Health Security	\$228,200	\$456,400
of which Global Tuberculosis	\$10,000	\$21,000

of which Global Immunization	\$226,000	\$226,000
Center for Emerging Zoonotic and Infectious Diseases	\$644,600	\$735,000
Infectious Diseases Rapid Response Fund		\$300,000

Appendix: Account & Program Justifications for Fiscal Year 2022

Global Health Programs (USAID and State):

FY22 Minimum Funding Level: \$9.76 billion

FY22 Recommended Funding Level: \$15 billion

U.S. global health funding through the Department of State and USAID helps to address diseases; undertake health emergencies and global health security threats; expand access to voluntary family planning and reproductive health information and services; prevent and treat 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 the frontline health workforce to create stronger health systems and enhance global health security; and support 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 saved lives, and improved the economic growth and stability of developing nations. As the COVID-19 pandemic continues to affect lives across the globe, these investments are more important than ever.

Global health works, and the return on investment is 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 15.7 million people living with HIV¹ and have prevented HIV transmission to millions more. Immunization programs save more than 3 million lives each year² and since its inception, PMI has distributed more than 346 million long-lasting, insecticide-treated mosquito nets, supplied more than 27 million preventative treatments for pregnant

¹<https://www.state.gov/wp-content/uploads/2020/09/PEPFAR2020ARC.pdf>

²<https://www.usaid.gov/reports-and-data>

women in FY 2019,³ and sprayed more than 5.8 million houses with insecticides, providing protection for over 21 million people.⁴

Continued dedication to investments in global health 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)

FY22 Request: No less than \$984 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. Despite the progress that has been made, reaching these goals will require the world to “bend the curve,” as experts at the 2012 Child Survival: Call to Action noted. Reaching the goal of ending preventable child and maternal deaths will require increased investment in critical maternal and child survival programs. The COVID-19 pandemic has severely disrupted essential services for maternal and child health, and additional investment to combat these impacts is desperately needed to protect progress made in the last 10 years.

Investments are working but face severe setbacks due to COVID-19

Investments in the maternal and child health account have lifesaving effects. In 2019 alone, investment through the MCH account helped more than 84 million women and children gain access to essential—and often life-saving care.⁵ The global number of under-five deaths fell from 12.6 million in 1990 to 5.3 million in 2019, while during the same time period, maternal deaths decreased from 532,000 to 295,000 annually.⁶

COVID-19 has put this progress at risk. The pandemic has resulted in mothers and children around the world being unable to access lifesaving services like immunization, skilled assistance with infant delivery, and prenatal and postpartum care—and as a result, preliminary data shows that maternal and child mortality rates around the world are increasing rapidly. A recent WHO Pulse Survey estimates that almost every country (90%) experienced disruption to its health services due to COVID-19, with low- and middle-income countries reporting the greatest difficulties.⁷ With disruptions to service delivery, an additional 2.3 million children could die in

³<https://www.pmi.gov/docs/default-source/default-document-library/pmi-reports/pmi-by-the-numbers-2018.pdf?sfvrsn=5>

⁴<https://www.pmi.gov/docs/default-source/default-document-library/pmi-reports/2018-pmi-twelfth-annual-report.pdf>

⁵ https://www.usaid.gov/sites/default/files/USAID_2020_Horizontal_TAG_V12_508optV3.pdf

⁶https://www.usaid.gov/sites/default/files/USAID_2020_Horizontal_TAG_V12_508optV3.pdf

⁷<https://www.who.int/news/item/31-08-2020-in-who-global-pulse-survey-90-of-countries-report-disruptions-to-essential-health-services-since-covid-19-pandemic>

a year—that’s the entire population of Houston, Texas, equivalent to 20,800 children every day. These disruptions would also lead to over 100,000 additional maternal deaths in 2020 alone.⁸

Additionally, USG maternal and child health programs are critical in delivering essential routine immunizations that prevent child death, and experts estimate that the cost of delivering routine immunization during COVID-19 could double due to costly socially distanced door-to-door campaigns.⁹ Not only will routine immunization campaigns cost almost twice as much, with limited funding they could potentially reach less children and mothers.

Increased investments to maintain progress and bend the curve

In addition to stemming disruptions due to COVID-19, 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. In many countries, maintaining the current pace of mortality reduction will not be sufficient to achieve shared global goals for maternal and child survival. Even before the global pandemic, it was clear that the “last mile” of progress will be the hardest to achieve, and requires intensified efforts, more targeted investments, and tailored solutions.

Eradicating Polio and Gavi, the Vaccine Alliance

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. Polio cases have decreased by over 99% since 1988, and as of 2008, only parts of four countries - Afghanistan, Pakistan, India and Nigeria - remain endemic for the disease. This is largely thanks to USAID’s collaboration with WHO and other partners to achieve global polio eradication.

Since 2001, the U.S. Government, through USAID, has contributed nearly \$2.5 billion to Gavi. Through this partnership, Gavi has helped vaccinate more than 822 million children in the world’s poorest countries, preventing more than 14 million future deaths.¹⁰ Investing in routine immunization programs is a global health “best buy,” but the pandemic has resulted in costly disruptions to immunization. Gavi will be essential not only in maintaining and restoring routine immunizations, but in ensuring the equitable access to COVID-19 vaccines via COVAX. As Gavi bolsters efforts to continue routine immunization and deliver COVID-19 vaccines to lower-income countries, USAID’s technical support is essential to support these efforts and enable more equitable access to vaccines.

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 avoid further slide back from COVID-19 disruptions to essential lifesaving health services, and to accelerate progress towards meeting 2030 goals.

⁸ [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30229-1/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30229-1/fulltext)

⁹ <https://thinkwell.global/wp-content/uploads/2020/07/Cost-of-outreach-vaccination-in-the-context-of-COVID-19-20-July-2020.pdf>

¹⁰ <https://www.gavi.org/our-alliance/about>

Malaria

FY22 Request for USAID: \$902.5 million

According to the World Health Organization's (WHO) *World Malaria Report 2020*, there were an estimated [229 million new](#) cases of malaria, resulting in an estimated [409,000](#) deaths worldwide in 2019. Children under 5 account for [66%](#) of these fatalities; one child dies every two minutes for lack of simple, cost-effective tools such as an insecticide-treated net or a course of treatment. Endemic in [87 countries](#), over half the world's population lives at risk of contracting malaria, while sub-Saharan Africa bears the greatest burden with 93% of cases and 94% of deaths.

Since the world came together in 2000 to combat malaria, progress has been staggering and over 7.6million lives have been saved and over 1.5 billion cases averted. However, both the vector and parasite continue to evolve in order to survive the interventions used against them. This manifests primarily through drug and insecticide resistance seen throughout Southeast Asia and Africa, respectfully. Such evolution requires research and development on behalf of organizations like the President's Malaria Initiative (PMI), the Centers for Disease Control and Prevention (CDC), and the Department of Defense (DoD) to ensure the battle stays on course and the disease is defeated.

While there has been considerable progress toward controlling and eliminating malaria, several factors – including the current global COVID-19 pandemic – threaten the gains achieved since 2000. Programs like the PMI and the Global Fund have responded quickly, adjusting intervention delivery to accommodate safety parameters set in response to COVID-19, all while remaining persistent in their efforts to defeat this disease and alleviate its burden globally. Although the gains achieved in the fight against malaria are under threat, with continued U.S. leadership and investment, the world can still reach the goal of elimination in our lifetime.

What started with 15 program countries in 2005, PMI has been expanded under three Administrations to 27 program countries in sub-Saharan Africa and the Greater Mekong Subregion. Since its inception, PMI has supported the distribution of more than 393 million long-lasting insecticide treated nets, helping to protect over 750 million people from malaria infection, as a net covers two people. PMI has also given over 626 million antimalarial treatments, 461 million rapid diagnostic tests, and provided over 97 million preventative treatments for pregnant women since 2006. To date, 22 PMI focus countries have seen reductions in all-cause childhood mortality rates, including malaria. But these investments have proven to ripple throughout other sectors of malaria-endemic countries; fewer malaria cases mean stronger, more resilient families and economies, more days spent in school, and more capable health systems to respond to other emergent diseases like COVID-19.

PMI has invested not only in significant new malaria treatments and vaccines to bring to bear in the fight against malaria and drug resistance, but also in surveillance networks throughout program countries. Currently, PMI is utilizing data to ensure areas affected by insecticide resistance are getting treated nets with the latest technology and are better equipped to fight against resistance. As a trusted steward of U.S. tax-payer dollars, PMI has proven its targeted investments in new technologies or therapeutics have a high return on investment ([40 to 1](#)).

However, since the 1930s, malaria has rebounded even after significant progress was made, noted on more than 75 different occasions. This resurgent capability 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. As COVID-19 continues to devastate the continent of Africa, the WHO has warned that impediments to intervention delivery for malaria programs could lead to a doubling of deaths. Any further inaction on behalf of the United States has the potential not only to reverse progress but negate it entirely.

In FY20, Congress invested \$770 million in PMI, the largest channel for U.S. funding of malaria programs, to best equip them with the ability to respond to issues like insecticide and drug resistance using new technologies, heightened surveillance, and increased health system capacity. In FY22, an increase would allow PMI to best respond to global supply chain disruptions caused by COVID-19 and continue the transition to next generation bed nets necessary to combat insecticide resistant mosquitoes. The increase also allows PMI to train and support additional community health workers to deliver life-saving commodities.

As aforementioned, the effects of the current pandemic on the fight against malaria has the potential to undo two decades of progress. COVID-19 shares 7 of 10 primary symptoms with malaria; most notably, fever. In a significant percentage of cases, COVID-19 can develop into severe pneumonia and respiratory infection, requiring inpatient ICU capacity and intubation, both of which are extremely limited in sub-Saharan Africa. Moreover, Africa faces a catastrophic double-jeopardy. Social distancing and infection prevention measures to flatten the COVID-19 curve may disrupt malaria prevention and treatment. A pause in malaria programming - like bed net distribution - resulting from COVID-19 guidance may lead to a surge in severe malaria cases requiring hospitalization, which could diminish capacity for dealing with the pandemic entirely. By accelerating malaria prevention and control, instead of decreasing it, health system capacity can be expanded to address severe COVID-19, particularly given the similarity in symptoms. Bending both curves simultaneously increases the ability to stay on track defeating either.

Tuberculosis

Funding Request: \$1 billion

Tuberculosis (TB) is an airborne pathogen that is easily spread and which killed 1.5 million people in 2019, more 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. An estimated 10 million people globally have TB – yet only 7 million received treatment in 2018.

Because of widespread and persistent disruptions to TB care caused by COVID-19, the annual toll of TB disease and death is projected to worsen significantly, and USAID funding should be increased dramatically to get the TB fight back on track. According to recent modeling, the world could see an additional 6.3 million cases of TB, and an additional 1.4 million TB deaths, between 2020 and 2025, setting the fight against TB back 10 years or more.

Many high TB burden countries have reported substantial reductions in the diagnosis of TB, even after the relaxation of COVID-19 related lockdowns, resulting in far fewer people starting treatment for the disease. Shortages of some medications and overtaxed health personnel have made it difficult to maintain treatment for existing patients or provide essential preventive therapy.

Current USAID TB funding represents just 3.4% of the \$9.09 billion in funding provided to USAID and the State Department global health programs for FY20. The US contribution to the Global Fund is vital to the effort to end TB, yet only 18% of Global Fund resources are channeled to TB programs. Much greater USAID funding for TB is urgently needed to assist countries in restoring country capacity to address all forms of TB as well as to provide essential support for the development of TB vaccines, diagnostics and treatments.

Expanded funding would allow USAID to support countries in faster implementation of innovations that are proving crucial in the context of COVID-19. These include community-based screenings using portable diagnostics, bi-directional screening for TB and COVID-19, home delivery of TB medications with multi-month dispensing, and telemedicine approaches to keep patients on track during the six to nine months of daily TB treatment.

USAID training and technical support is crucial for the success of these adaptations. USAID can provide training on new approaches required due to COVID-19, digital health, improving infection control, strengthening mobile and community-based service delivery, and enhanced engagement of the private sector. TB diagnostic networks are already being used for COVID-19 as well as TB, and with greater resources USAID can support appropriate integration by training staff on distinguishing COVID-19 from TB and by ensuring adequate diagnostic equipment and facilities.

USAID's "Global Accelerator to End Tuberculosis" is building self-reliance through support for local organizations fighting TB, including faith-based organizations, which are well-positioned to reach people affected by TB in the context of COVID-related disruptions and restrictions on movement. Only 30 out of 300 applications have been approved to date, but with greater funding more high-quality applications could be approved.

Urgency of Drug Resistant TB

About 484,000 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 one in three are accessing treatment. Powerful new antibiotics can now dramatically increase patients' chance of survival, and it can be given without painful injections. Progress has been made, however, countries are still off-track in scaling up diagnosis and treatment, along with essential support, such as nutrition.

The US must act now to help prevent a dangerous reversal of progress on TB. The administration should propose an increase to USAID TB funding to \$600 million to allow the agency to:

- **Increase the scale of support to Priority Countries** that have a strong commitment to reaching the targets agreed to at the UN High level Meeting on TB in 2018. This assistance should cover neglected areas including screening for and treatment of TB infection among all close contacts, as well as expanding social support to all patients, including nutrition, now even more critical given the effects of COVID-19 on access to food and income.
- **Add a limited number of countries with a significant TB burden to the list of Priority Countries.** For instance, USAID and CDC should also work together to expand assistance to Latin America and the Caribbean to ensure access to the latest TB innovations including among migrants and other vulnerable populations and in areas where services have been disrupted by COVID-19.
- **Provide greater support to countries to apply for and implement grants from the Global Fund,** using experts embedded in ministries of health through the Global Fund Tuberculosis In-Country Advisors Project, funded by USAID. These resident advisors are now working in approximately 50 countries, and an expanded presence would help ensure rapid and effective use of Global Fund resources.
- **Increase support for civil society implementers,** 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. In the most recent round over 900 proposals were submitted, but, because of insufficient resources, less than 50 proposals were approved, showing enormous untapped capacity.
- **Double the U.S. contribution to the Global TB Drug Facility (GDF),** given the increased need in the context of COVID-19 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.

- **Boost support for TB research and development** to at least \$48.9 million per year. This includes greater support for product development partnerships and other public-private partnerships, academic researchers, and other research institutions and networks. At this pivotal time for the development and scale up of new diagnostic, treatment, and prevention options, including a promising TB vaccine candidate, USAID support would help get TB research back on track after COVID-related disruptions and help the U.S. meet its Fair Share target, setting an example for other countries.

Bilateral and Multilateral Family Planning and Reproductive Health Programs

FY22 Request: \$1.74 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. This topline request does not include the \$230 million in bilateral FP/RH funding and \$81.4 in funding for UNFPA that is required to address the conservative estimate of a 10% reduction in access to FP/RH services due to COVID-19. Additionally, following the administration’s restoration of funding to UNFPA, the administration should increase the U.S. contribution to UNFPA to a level of \$117 million. Furthermore, the administration should support congressional efforts to permanently repeal 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 218 million women of reproductive age who want to delay or avoid pregnancy in low- and middle- income countries.¹¹ Addressing the global unmet need for family planning would be a game-changing accomplishment to unleash the full power of women. 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 low- and middle- income 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 \$1.74 billion. Other

¹¹ <https://www.guttmacher.org/fact-sheet/adding-it-up-investing-in-sexual-reproductive-health>

donor governments and low- and middle- income nations would be responsible for \$10.86 billion.¹²

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 2020, the U.S. investment of \$607.5 million in international FP/RH has a transformative effect on the lives of women and girls and made it possible to achieve the following:

- 27.4 million women and couples receive contraceptive services;
- 12.2 million unintended pregnancies are averted;
- 4.1 million unsafe abortions are averted ; and
- 20,000 maternal deaths are averted.¹³

Moreover, every additional dollar spent on contraceptive services would save \$3.00 in pregnancy-related care.¹⁴ Conversely, for every cut of \$10 million in U.S. international family planning and reproductive health assistance:

- 451,000 fewer women and couples would receive contraceptive services and supplies;
- 200,000 more unintended pregnancies, including 53,000 more unplanned births, would occur;
- 67,000 more unsafe abortions would take place ; and
- 320 fewer maternal deaths would occur.¹⁵

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.¹⁶ 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. They continued that trend in 2020, when they again appropriated \$805.5 million for the following fiscal year.

¹²<https://pai.org/resources/just-math-methodology-calculating-u-s-share-cost-addressing-unmet-need-contraception-developing-countries/>

¹³<https://www.guttmacher.org/article/2020/07/just-numbers-impact-us-international-family-planning-assistance-2020>

¹⁴<https://www.guttmacher.org/fact-sheet/adding-it-up-investing-in-sexual-reproductive-health>

¹⁵<https://www.guttmacher.org/article/2020/07/just-numbers-impact-us-international-family-planning-assistance-2020>

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 lead to a number of improved health and development outcomes.

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. Annually, an estimated 299,000 women in low- and middle- income countries died from pregnancy-related causes, and unsafe abortion continues to be a major cause of these unacceptably high maternal mortality rates.¹⁶ However, meeting the contraceptive needs of all women seeking voluntary family planning could reduce maternal deaths by 23%.¹⁷

The U.S. cannot fully and successfully prevent and mitigate the negative effects 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.¹⁸ 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.¹⁹

The U.S. must resume and increase financial support to the United Nations Population Fund (UNFPA); we applaud action on January 28, 2021 by President Biden directing the Secretary of State to begin the process of restoring funding for UNFPA. UNFPA is the only multilateral institution with an explicit mandate to address the reproductive health needs of communities worldwide. The United States was instrumental in creating UNFPA 50 years ago, and remains on UNFPA's governing Executive Board. UNFPA does not perform, promote or fund abortion, and works to achieve universal access to voluntary family planning, which helps prevent abortions from occurring. UNFPA complements the U.S.'s bilateral international family planning program, expanding the reach of U.S. assistance. They work in more than 150 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.²⁰As the world faces an unprecedented pandemic and numerous humanitarian crises, UNFPA plays an

¹⁶ <https://www.guttmacher.org/fact-sheet/adding-it-up-investing-in-sexual-reproductive-health>

¹⁷ <https://www.guttmacher.org/report/adding-it-up-investing-in-sexual-reproductive-health-2019>

¹⁸ <https://data.worldbank.org/indicator/SL.TLF.TOTL.FE.ZS?view=chart>

¹⁹ <https://www.ncbi.nlm.nih.gov/pubmed/22784535>

²⁰ <https://www.unfpa.org/annual-report>

irreplaceable role in the provision of reproductive and maternal health services in humanitarian settings. In humanitarian crises and conflict affected areas, UNFPA has taken a lead role in responding to reproductive and community health needs. In Yemen, UNFPA is the sole provider of reproductive health supplies and medicines and leads the UN's Rapid Response Mechanism on behalf of UNICEF and the World Food Program.

Supporting access to family planning and reproductive health through bilateral and multilateral programs has never been more important than during the COVID-19 pandemic. Even a 10% decline in the use of sexual and reproductive health service in low and middle income countries is estimate to result in an additional 49 million women with an unmet need for modern contraceptives, an additional 15 million unintended pregnancies, and an additional 1,000 preventable maternal deaths due to unsafe abortion. The COVID-19 pandemic is placing countries at greater risk of shortages and stock-outs of essential reproductive health supplies.²¹ For example, under Uganda's COVID-19 lockdown, contraceptives and other reproductive health supplies – such as HIV tests, pregnancy tests and mama kits, which contain the supplies for clean, safe childbirth – have been in short supply. Due to funding from UNFPA, now these items can be ordered through the popular ride-hailing app SafeBoda, and they will be delivered directly to the individual's doorstep. UNFPA is working with UN partners to rapidly scale up health system capacity to prevent, treat and track the COVID-19 pandemic. UNFPA is providing contraception, personal protective equipment (PPE), lifesaving maternal health medicines and helping health systems contact, trace and maintain essential maternal and perinatal care. Reproductive health agencies, like UNFPA, and providers are serving an essential role in the pandemic response.

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. President Biden took the critical action of rescinding this policy on January 28, 2021, a vital first step in reversing the harm of the policy's expansion during the last four years. The Mexico City 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 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

²¹<https://www.guttmacher.org/journals/ipsrh/2020/04/estimates-potential-impact-covid-19-pandemic-sexual-and-reproductive-health>

and lower contraceptive use was reversed after the policy was rescinded in 2009.²² The expansion of the policy, means it now affects 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, as well as worsen health outcomes. While the full effect and reach of this policy may not be known for years to come, many negative effects are already being felt and will take significant time to reverse. The State Department’s own implementation review released August 18, 2020 clearly outlines disruptions in care spanning global health programs, and specific disruptions to international family planning programs in Sub-Saharan Africa. For example, in Liberia and Togo, USAID was unable to identify any partners who could take over integrated family planning programs through mobile outreach and local clinics.²³ In Burkina Faso, new providers complying with the Mexico City Policy were unable to provide services in two regions previously reached by integrated family planning and nutrition programs. In Senegal, a country the State Department identified as needing significant time to find new partners to provide mobile outreach services for family planning, 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. This administration must support congressional action to permanently repeal the Mexico City Policy to ensure critical access to services and future progress in global health is not reversed under a future administration.

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

FY22 Request: \$300 million

Undernutrition contributes to the deaths of about 3 million children every year, or nearly half of child deaths. Seventeen million children suffer from wasting, a life-threatening condition where children lose too much weight and are up to 11 times more likely to die than their well-nourished peers., Micronutrient deficiencies like anemia 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

²² [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)

²³ <https://www.state.gov/wp-content/uploads/2020/08/PLGHA-2019-Review-Final-8.17.2020-508.pdf>

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 when interventions have an outsized impact on a child's life-long health and wellbeing. .

Nutrition is one of the most effective aid buys, with every \$1 invested resulting in up to \$35 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.

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 \$237 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

FY22 Request: \$30 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.

Funding of \$30 million for the Vulnerable Children Account would allow the US government to further its goal of ensuring that every child has the conditions for healthy growth, nurturing family-based care, development and learning, and protection from violence, exploitation, abuse and neglect in alignment with the strategy of Advancing Protection and Care for Children in Adversity (APCCA), launched in 2019. These funds allow USAID to integrate early childhood interventions into international US government maternal and child health, immunizations,

nutrition, sanitation, clean water, education, and humanitarian programs serving young children and their families. In addition, USAID can identify evidence-based practice priorities, indicators, outcomes and targets, particularly emphasizing the most vulnerable children, especially those outside family care and who have delays or disabilities. Funding at this level would also allow USAID to plan and budget for activities that enable children to remain in or return to the care of their families, or when appropriate, other close family members or foster families, and decrease the percentage of children living in institutions.

Neglected Tropical Diseases

FY22 Request: \$125 million

Neglected Tropical Diseases (NTDs) are a group of 20 infectious diseases and conditions afflicting more than 1.5 billion²⁴ of the world's poorest people and threatening the health of millions more.²⁵ NTDs are responsible for over half a million deaths each year. Over 836 million children are affected by NTDs²⁶ 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 five of the most common NTDs. The program provides direct funding support, technical assistance, and training to 27 national NTD programs, while informing the global policy dialogue on NTDs. Since its start in 2006, USAID's program has leveraged more than \$26 billion in donated medicines resulting in the delivery of 2.8 billion NTD treatments²⁷, with treatments provided to more than 1.4 billion people. Ten countries have eliminated at least one disease.

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 68,915 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.

²⁴ <https://end.org/ntds-in-focus/>

²⁵ http://www.who.int/neglected_diseases/diseases/en/

²⁶ <https://end.org/ntds-in-focus/>

²⁷ <https://www.neglecteddiseases.gov/about>

Many of the most common NTDs are combated using medicines that are safe, easy to use, and effective. USAID funding enables those medicines to reach people at-risk of the diseases, which contributes to NTD prevention, control, and elimination. As a result of U.S. government funding for NTDs and other global support, 315 million people are no longer at risk for lymphatic filariasis or elephantiasis; 151 million people are no longer at risk for blinding trachoma; and 10 million people are no longer at risk for onchocerciasis.²⁸

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 2030 control and elimination targets; strengthen health systems to sustain the tremendous gains to date; and to continue urgently needed investments in research and development – including diagnostics, drugs, and vaccines – for NTDs to ensure tools and strategies are available to overcome emerging challenges.

HIV/AIDS (USAID)

FY22 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 effects.

HIV/AIDS (PEPFAR)

FY22 Request: \$5.120 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, 2020, PEPFAR had supported life-saving ART for 17.2 million people. Additionally, in FY 2020 PEPFAR supported HIV testing and counseling for more than 50 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.²⁹ Since 2010, new infections in children have decreased

²⁸ <https://www.neglecteddiseases.gov/results/>

²⁹ http://www.unaids.org/sites/default/files/media_asset/miles-to-go_en.pdf

by approximately 52% – an impressive show of force against the spread of HIV and AIDS – and there are now 26 million people living with HIV who have access to ART globally. AIDS-related deaths have been cut by 60% 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, 12 million people around the globe still lack access to ART, and only 53% 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. New HIV infections are not declining at a pace to meet global targets, and while new research and science is expanding prevention options they do not come without a cost.

The PEPFAR program is the cornerstone global health program but the COVID-19 pandemic reminds us that results are fragile. In 2020 HIV testing was down nearly 40% and new treatment initiations were down about 25%. The Program has been able to adapt to stop progress from completely backsliding but only because a strong infrastructure has been in place. The program is also an integral part of the health systems supporting 3,000 labs and over 280,000 healthcare workers which will be crucial to responding to the pandemic.

Additional investments in PEPFAR will ensure continued U.S. leadership in global efforts to end HIV and push countries closer to controlling the epidemic for good.

Global Fund to Fight AIDS, Tuberculosis and Malaria

FY22 Request: \$1.56 billion

Since its establishment in 2002, the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund) has achieved 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 38 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. In 2019, the Global Fund partnership made progress against some of the biggest challenges in the three diseases: 9.9 million people reached with HIV prevention services, 5.7 million people treated for TB, and 124 million cases of malaria treated. U.S. investment in the Global Fund will continue to accelerate progress toward ending the three epidemics for good, and lead to graduations from aid by winning much-sought burden-sharing from other donors during its 2020-

2022 grant cycle, 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 2020, the AID Transparency Index ranked the Global Fund as 'very good' for overall transparency for their commitment to tracking health investments and providing quality data.

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 effect 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 38 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. In an effort to mitigate the effect of COVID-19 pandemic, the Global Fund created a new [COVID-19 Response Mechanism](#) to quickly direct funding to help countries address COVID-19 and [mitigate damage to their AIDS, TB and malaria programs](#). This accountable partnership is a central asset in larger emergency international funding.

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 2019, the whole world stepped up, pledging \$14 billion for the Global Fund's hugely successful sixth Replenishment – an unprecedented 15 percent increase over the previous fundraising cycle. Leadership from the U.S. was instrumental and encouraged other donors to commensurately increase their commitments to get the world back on track to ending AIDS, TB, and malaria. The FY 2022 budget request for sustained funding of \$1.56 billion will

continue to fast-track progress toward ending HIV, TB, and malaria as public health threats for good. Additionally, we ask for a U.S. emergency contribution of \$4 billion over two years for the Global Fund's COVID-19 Response Mechanism to prevent, respond to, and mitigate the effects that COVID-19 will have on HIV/AIDS, tuberculosis and malaria programs as part of a global response to the pandemic.

Global Pandemic Preparedness Fund

FY22 Request: \$2 billion

The repeated failure to prioritize and sustain high-level U.S. and global political leadership and investments in pandemic preparedness left the world highly vulnerable to the novel coronavirus. Even as we fight this pandemic, the U.S. must also support urgent global action to ramp up preparedness for emerging pandemic threats, as America will not be safe until every country is safe.

National Security Directive 1, Section 4 calls for establishment of a new, enduring, international, catalytic financing mechanism - the Global Pandemic Preparedness Fund (also known as the [GHS Challenge Fund](#)). This dedicated, disease-agnostic, multilateral, catalytic financing mechanism will rapidly accelerate pandemic preparedness by providing new funding and technical assistance to partner countries to develop and accelerate implementation of their National Health Security Action Plans, close critical gaps in their preparedness for potential pandemics, promote compliance with the International Health Regulations, and stimulate “a global race to the top” to spur national prioritization, budgeting, and accountability for preparedness. This new mechanism must support bolstering a range of essential country preparedness capacities, including strengthening health systems, frontline health workforce and working conditions, laboratories, disease surveillance and early outbreak warning systems, infection prevention and control, ready supply chains for PPE and lifesaving tools, and other critical preparedness needs. Underinvestment in public health systems and in pandemic preparedness has been a major factor in the inadequate control of COVID-19 around the world. [Recent estimates](#) point to at least a \$5-10 billion annual global funding gap over the next 10 years to make the world better prepared for future pandemics; this represents a small fraction of the trillions that the U.S. has spent to date on COVID-19 stimulus packages, vaccines, and other pandemic response measures. In addition to increasing support for the bilateral global health security programs through USAID and CDC, this moment also calls for launching a bold new multilateral effort to supercharge global preparedness. Just as nearly two decades ago, the U.S. led the way in responding to the global AIDS crisis by creating PEPFAR and the Global Fund, now is the time for the United States to mount the next big global initiative commensurate with the threat and crisis of preparedness. While a growing number of countries, supported by the Global Health Security Agenda (GHS) and WHO, have developed national action plans for health security, most of these plans lacked sufficient funding for implementation prior to COVID-19, and they must now be revisited given how the pandemic has further weakened

already fragile health systems in many of the poorest countries. With growing fiscal space constraints, many governments have few incentives to prioritize domestic investments in preparedness over other urgent development needs. A new multilateral financing mechanism focused on preparedness will address a strategic gap in the existing global health financing architecture. U.S. leadership to establish this mechanism will also promote burden sharing with other donor nations and will attract and leverage new private and public financing to advance pandemic preparedness as a global public good.

The current COVID-19 pandemic will not be the last. COVID-19 has underscored the urgency to dramatically increase and accelerate global investments in pandemic preparedness and response. Low- and middle-income countries face acute gaps in frontline capacities to detect, prevent, and respond to pandemic threats. A year into the pandemic, global supply chains remain highly fragile and fragmented; too many countries still lack sufficient PPE; sustainable access to water, soap and other cleaning supplies; diagnostics; and other lifesaving medical tools to mount an effective response. As COVID-19 vaccines, therapeutics, rapid diagnostics, and other tools come online, equitable and affordable access for low-and middle-income countries hangs in the balance. WHO estimates that even just vaccinating 20% of the global population against COVID-19 (targeting health and care workers and people at risk) will require about 1.1 million full-time-equivalent health workers, yet we are seeing widespread understaffing and poor working conditions, resulting in strikes by health workers in 84 countries in 2020 alone.

USAID Global Health Security

FY22 Request: \$675 million

USAID's Global Health Security programs (including Emerging Pandemic Threats (EPT)) and global health security implementation, including through GHSA, play a unique role in helping strengthen global capacity to detect and bolster capacities in developing countries to prevent, detect, and control infectious diseases in animals and people with an emphasis on early identification of, and response to, dangerous pathogens from animals before they can become significant threats to human health. This amount represents maintaining the FY21 Senate-approved level for the EPT program.

Included in this amount is a request for no less than \$200 million with multi-year spending authority for a US contribution for the *Coalition for Preparedness Innovations (CEPI)*, which plays a key role in advancing development and access to new vaccines for emerging infectious diseases with pandemic potential. CEPI's leadership of vaccine development and manufacturing innovation as a part of COVAX and the Access for COVID Tools (ACT) Accelerator complements USG efforts by expanding the availability of new and existing vaccines necessary to defeat the COVID-19 pandemic. Innovations funded by CEPI benefit Americans by providing them access to these same innovations deployed globally. CEPI "de-risks" the marketplace and accelerates the availability of vaccines by driving development as well as

investing in manufacturing and production technology and capacity needed to produce more and additional vaccines, including ones that will provide immunity against new variants of SARS-CoV-2 vaccines other coronaviruses that infect humans. The spillover benefits among vaccine development efforts helps defend against future pandemic threats.

Also included in this amount is a request for \$200 million per year for USAID to launch a new *Grand Challenge* for Global Health Security. COVID-19 has again underscored differences between the health technology needs of low- and high-resource settings. During the Ebola and Zika emergencies, USAID funded the development of new technologies for these threats through Grand Challenges, a prize-competition model pioneered by USAID and replicated for other global health priorities. Both Grand Challenges yielded innovations that have now been redeployed for COVID-19, demonstrating that global health innovations can translate across new disease areas. New funding is needed to develop the health technologies needed for low-resource settings to combat COVID-19 and other emerging infectious diseases. We recommend that rather than create a one-off competition, Congress should establish a standing Grand Challenge program for global health security that is administered by USAID to develop technologies needed for future health security threats.

Congress should also maintain no less than \$300 million in the USAID *Emergency Reserve Fund*. This represents a tripling of the current account in light of the large and continuing global response needs. Increasing the size of the rapid response fund will ensure USAID can move more quickly to control outbreaks before they spread and minimize the need for supplemental emergency appropriations.

Non-Communicable Diseases (NCDs)

FY22 Request: Support and integrate 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 effect 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 and provide flexibility in its current programming to strengthen health systems and keep pace with changing epidemiology and emerging infectious and non-infectious threats to global health as COVID-19 has shown.

Water and Sanitation (WASH)

FY22 Request: \$540 million across all accounts

U.S. bilateral funding for safe drinking water, sanitation and hygiene (WASH)/ water security, sanitation, and hygiene (WSSH), is allocated through the Water and Sanitation directive, which pulls mostly from the Development Assistance account and Economic Support Fund. This funding provides sustainable access to basic services for millions and reduces morbidity and mortality from WASH/WSSH-related illness and other infections across Africa, Asia, and Latin America.

WASH/WSSH has enjoyed bipartisan support for decades thanks to its critical role in economic development, health security, and mortality reduction. WASH/WSSH investment support health systems and help to ensure water, sanitation, and hygiene are supported at various points of care, which can often be within community settings. Improvements in WASH/WSSH directly 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,

containing the spread of infectious diseases such as the flu and coronaviruses, and controlling and eliminating neglected tropical diseases. Resilient and sustainable WASH/WSSH programs also support economic development and progress across other development sectors such as education, food and nutrition security, agriculture, women's empowerment, environmental conservation, and poverty alleviation.

Currently, 2.2 billion people still lack access to safe drinking water, and 2 billion people lack access to improved sanitation.³⁰ As of 2019, 47 percent of schools in the world lacked access to basic handwashing facilities with soap and water, and 40 percent of the world's population do not have access to soap and water for handwashing at home.³¹ Additionally, in low- and middle-income countries, 50 percent of healthcare facilities in low-resource settings lack basic water services, which makes proper handwashing, as well as disinfecting medical instruments and examination rooms, nearly nonexistent.³²

The lack of safe WSSH creates enormous obstacles to achieving U.S. commitments to reducing preventable child and maternal deaths, strengthening global health security, improving nutrition, and building self-reliant communities.

The threat of poor WASH/WSSH is only growing. Climate change, increasing water scarcity, population growth, demographic changes and urbanization already pose challenges for water supply systems. By 2025, half of the world's population will be living in water-stressed areas.³³ Limitations to access to safe drinking water contributes to humanitarian emergencies. Children living in countries affected by protracted conflict are, on average, almost three times more likely to die from diarrhoeal diseases caused by a lack of safe WASH/WSSH than by direct violence.³⁴

The COVID-19 pandemic has emphasized the critical role of WASH/WSSH for global health security and pandemic response. WASH/WSSH is the best line of defense against COVID-19, especially in numerous communities around the world where practicing social distancing is not possible and where vaccine rollouts could be delayed as late as 2022. The increased focus on handwashing and its importance in slowing the spread of the current coronavirus, including emerging variants of the virus, underscores the importance of WSSH in infection prevention and control against outbreaks of other diseases, as well as protecting communities, patients, and frontline health workers over the long-term. However, the increase in handwashing and cleaning and disinfection, means water supplies are stressed, and some countries may face a new water supply crisis. In areas where service is available, utilities are kept on for those who cannot pay, and utility companies cannot financially withstand the crisis and keep operations running.³⁵

An MIT survey in 70 countries found that availability of a handwashing station was the number one factor in people's willingness to return to retail businesses, restaurants and places of

³⁰<https://data.unicef.org/resources/progress-drinking-water-sanitation-hygiene-2019/>

³¹ <https://data.unicef.org/resources/progress-on-drinking-water-sanitation-and-hygiene-in-schools-special-focus-on-covid-19/>

³² <https://data.unicef.org/resources/global-progress-report-on-wash-in-health-care-facilities-fundamentals-first/>

³³ <https://www.who.int/news-room/fact-sheets/detail/drinking-water>

³⁴ <https://www.unicef.org/lac/en/press-releases/children-living-protracted-conflicts-are-three-times-more-likely-die-water-related>

³⁵ <https://www.devex.com/news/utilities-struggle-to-keep-the-taps-on-amid-covid-19-97794>

worship, demonstrating the importance of WASH/WSSH in reopening economies.³⁶ This underscores the importance in prioritizing safe access to clean water, improved hygiene practices, and sanitation within U.S. global health security and health system strengthening strategies; WASH/WSSH is critical to containing COVID-19, as well as preventing the next infectious disease outbreak.

WASH/WSSH is one of the most cost-effective interventions available for improving development and global health. Improving hand hygiene policies can generate savings in health expenditure up to 15 times the cost of intervention, resulting in increased productivity, and reduced premature deaths.³⁷ ³⁸ At current levels of WSSH access, countries in South Asia and sub-Saharan Africa lose up to 5% of their GDP each year due to WSSH-related illness and water collection burdens. It is likely that we will see this economic impact only deepen as COVID-19 exacerbates inequality caused by a lack of WASH/WSSH access. Excluding the impacts of the current pandemic, it is estimated that achieving universal access to safe water and sanitation would return \$220 billion to the global economy each year by increasing access to education, increasing productivity, and reducing WASH/WSSH-related illnesses and their associated costs.³⁹

Investments in WASH/WSSH improves global economic stability and helps prevent threats that were identified in the 2012 *Intelligence Community Assessment on Global Water Security*, which noted, “water problems will contribute to instability in states important to U.S. national security interests.”⁴⁰ 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.

U.S. investments in WASH/WHHS work, and significant progress has been made. In Fiscal Years (FY) 2018-2019, USAID helped 11.6 million people gain access to sustainable drinking water service and 10.6 million people gain access to sustainable sanitation service in 51 countries. During this time USAID assistance helped 2.3 million women and girls gained access to improved water sources, and 5.2 million women and girls gained access to improved sanitation.⁴¹ These gains have contributed to greater physical safety of women by reducing the need to walk long distances for water; improved health and reduced caregiving demands by mitigating common, water-related illnesses; and alleviated the burden of unpaid work.

The role of water, sanitation, and hygiene in U.S. development policy is a bipartisan issue. In 2005, President George W. Bush signed the *Senator Paul Simon Water for the Poor Act* into law, making WASH/WSSH a priority of U.S. foreign policy. USAID’s first Water and Development Strategy, annual appropriations by Congress, increasing USAID mission-level interest and support for WASH/WSSH, and the *Senator Paul Simon Water for the World Act* of 2014 – which amended the *Water for the Poor Act* – have all contributed toward more sustainable

³⁶ <https://covidsurvey.mit.edu/>

³⁷ https://www.google.com/url?q=https://www.unicef.org/sites/default/files/2020-06/Hand-hygiene-for-all-2020_0.pdf&sa=D&source=editors&ust=1612918624567000&usg=AOvVaw2unXCoKG-0_Ctd1pUx2niY

³⁸ https://www.who.int/water_sanitation_health/monitoring/economics/en/n

³⁹ http://www.who.int/water_sanitation_health/publications/2012/globalcosts.pdf

⁴⁰ https://www.dni.gov/files/documents/Newsroom/Press%20Releases/ICA_Global%20Water%20Security.pdf

⁴¹ https://files.globalwaters.org/water-links-files/USAID_Global%20Water%20and%20Development%20Report_FY%202017.pdf

WASH/WSSH programming and private-public sector partnerships. Contributions from NGOs, civic society organizations, faith-based organizations, and corporations multiply and amplify the impact of these funds. Federal leadership directly spurs partners such as civic groups, faith communities, foundations, universities, American schoolchildren, corporations, nonprofits, and others to substantially increase their own efforts to provide safe drinking water and sanitation, resulting in many more diseases prevented and lives saved.

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/WSSH and sector governance and finance, this strategy and its associated Agency plans has ensured water issues are addressed across U.S. development and diplomatic priorities. Congressional support for water and sanitation will help to leverage this strategic and coordinated approach to protect U.S. national security, safeguard natural resources, and meet basic infrastructure and health needs worldwide.

An FY 2022 appropriation of \$540 million for water security, sanitation, and hygiene could:

- Help support long-term water service continuity and prevent future utility disruption with loans and financial tools in areas where economic challenges from COVID-19 threaten consistent service provision;
- Provide resilient and sustainable safe drinking water services to an additional 900 million people in Africa, Asia, and Latin America from the previous fiscal year;
- Promote school attendance of girls and children with disabilities with accessible and/or 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 security, sanitation, and health challenges on an ongoing basis, in accordance with the journey to self-reliance;
- Scale-up evidence collection, analysis, and learning to support the expansion of proven WASH/WSSH interventions to enhance resilience, sustainability, and self-reliance by building local, long-term capacity; strengthening institutions and the rule of law; and sharing best practices and lessons learned;
- Contribute to the goal of universal WASH/WSSH access, which would prevent 9.1% of the global disease burden and up to 6.3% of all deaths, including the prevention of nearly 830,000 deaths from diarrheal diseases;^{42 43}
- Providing WASH/WSSH to often-overlooked health care facilities and schools, thereby strengthening resilience to disease outbreaks and improving pandemic preparedness that protects Americans at home; and
- Support cross-sectoral work USAID is doing in other areas impacted by WASH/WSSH, including maternal and child health; food security, livelihoods, and nutrition; and economic development programming. This multisectoral approach to development is more effective and resilient if WASH/WSSH is prioritized.

⁴²<https://www.cdc.gov/safewater/disease.html#:~:text=In%20fact%2C%20access%20to%20safe,6.3%25%20of%20all%20deaths%204.>

⁴³<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6593152/#:~:text=An%20estimated%20829%2C000%20WASH%20attributable,deaths%20in%20this%20age%20group.>

This request is based on the assumption that at least \$920 million will be urgently appropriated to integrate WASH/WSSH into all COVID-19 response efforts; if this supplemental funding is not appropriated, the needs for water and sanitation in FY 2022 appropriations will be significantly higher.

UNICEF (IO&P)

FY22 Request: \$134 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 \$134 million in Fiscal Year 2022.

National Institutes of Health (HHS)

FY22 Request: National Institute of Allergy and Infectious Diseases (NIAID): \$6.356 billion

FY22 Request: Office of AIDS Research: \$3.845 billion

FY22 Request: Fogarty International Center: \$91 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. This foundation of scientific excellence, strengthened by successive years of steady growth in NIH's budget, has enabled NIH to advance new technologies to combat COVID-19 at unprecedented speed. While the agency's contributions to the development of COVID-19 diagnostics, therapeutics, and vaccines dominated the headlines in 2020, NIH has been a leader in R & D for a range of enduring health threats for decades. For example, NIH-funded research has led the development of new and improved HIV/AIDS interventions, including the use of HIV/AIDS drugs as a form of prevention as well as treatment—a strategy that now forms the foundation of “Ending the HIV Epidemic: A Plan for America,” the goal announced by President Trump in the 2019 State of the Union to end the HIV epidemic in the United States within ten years.

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. 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 conducted during the recent outbreak in the Democratic Republic of the Congo. NIAID also supported the development and testing of investigational Ebola vaccines which proved critical to containing that 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. NIH has also supported development of a promising “mosaic” HIV vaccine candidate, designed to address several HIV strains simultaneously, which is now in large-scale clinical trials in sub-Saharan Africa.

The Fogarty International Center (FIC) serves as a critical link between researchers in the United States and the developing world, supporting collaborations in more than 100 countries. FIC strengthens international research and laboratory capacity, facilitates global research partnerships, improves surveillance of emerging infectious diseases, and trains scientists who

make critical contributions to long-standing global public health challenges such as HIV/AIDS and emerging threats like antimicrobial resistance, Zika, Ebola, and COVID-19. FIC is facilitating critical international clinical trials for many NIH COVID-19 initiatives, such as RADx and ACTIV. FIC-trained scientists embedded in scientific research agencies and ministries of health around the world are now on the frontlines of the COVID-19 response. With less than one-quarter of one percent of the total NIH budget, FIC delivers significant returns for American and global health.

If funding for NIH's global health R&D activities is cut, the effects will be significant. Cuts of the magnitude proposed in the President's FY 2021 budget proposal could result in some of the following backslides:

- A proposed cut of nearly 9% to the Fogarty International Center will affect critical research partnerships overseas that have been vital to addressing COVID-19, mitigating other global health security threats such as Ebola, and building a scientific knowledge base to develop effective Zika countermeasures.
- Cuts of more than 7% 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 and innovative antimalarials; would limit research needed to develop new HIV/AIDS vaccine technologies aimed at stopping the virus before it can enter human cells; and would affect progress in developing new tools against new and emerging infectious disease threats beyond COVID-19.

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)

FY22 Request: Center for Global Health Request: \$898 million

Of which Parasitic Diseases and Malaria: \$30 million

Of which Global TB: \$21 million

Of which Global Public Health Protection and Global Disease Detection: \$456.4 million

Of which Global Immunization: \$226 million

FY22 Request: Center for Emerging Zoonotic and Infectious Diseases Request: \$735 million

FY22 Request: Infectious Diseases Rapid Response Fund Request: \$300 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, and global health security through 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, and in August 2020 celebrated the certification of the eradication of wild poliovirus in Africa. The Field Epidemiology Training Program, marking its fortieth anniversary in 2020, has trained more than 18,000 disease detectives in 80 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. Today, 85 percent of FETP programs have trainees supporting their country's COVID-19 response efforts.

The *Division of Global Public Health Protection* leads CDC's efforts to detect and respond to outbreaks at their source and advance the GHSA, including through the Global Disease Detection and Outbreaks Center, the Global Rapid Response Team, training and deployment of disease detectives in GHSA partner countries; bolster WHO's emergency response capacity, and investments needed to build back COVID-19 affected health security capacities. This request represents a doubling of the FY21 Senate-approved level. The request is for two-year spending authority to enable adequate time for workforce planning, effective implementation, and continuity of programming in partner countries, which is essential to ensure readiness for emerging pandemic threats.

With additional funding, CDC can improve and expand HQ-based disease surveillance / detection and surge capacity

- Global Disease Detection Operations Center (GDDOC) - GDDOC disease detection specialists work 24/7 using event-based public health surveillance to track and verify outbreak alerts across the globe. The GDDOC gathers, analyzes, and validates early warning signals of potential significant public health events. On any given day, disease experts in the GDDOC monitor between 30-40 different significant public health events globally.
- Enhance the electronic outbreak alert systems at headquarters and in an additional 10 countries per year. At headquarters expand the number of experts in the GDDOC to improve the early detection of global public health threats that pose potential risk to the U.S. In collaboration with the WHO support the expansion of the Epidemic Intelligence from Open Sources (EIOS) to build "Alert and Response Operations" for early warning and response in partner countries. EIOS is the leading global One Health Internet scanning system for conducting event-based surveillance and early detection of public health threats and events.

- Maintain CDC's leadership to the Global Outbreak Alert and Response Network (GOARN), the global partnership of institutions established in 2000 that provides rapid and expert responses to disease outbreaks and establishes preparedness programs and activities.
- Establish programs to support effective regional event-based surveillance systems to detect outbreaks earlier and support better decision making. Expand the scope of work with regional partners to provide low-cost WASH interventions to support improved health, reduced poverty, and improved socio-economic development as well as responding to global emergencies and outbreaks of life-threatening illnesses.

With the additional funding, CDC can core public health capacity building overseas through the following program areas:

- Country Office Expansion - Expand global health security (GHS) in-country staffing from the current 30 plus countries to all CDC Country Offices worldwide, currently just over 60 countries. The additional U.S Staff and Local Staff will build upon existing CDC Country Offices and allow CDC to identify emerging threats and provide on-the-ground expertise to address health security gaps in countries more rapidly
- Field Epidemiology Training Program - Initiate or strengthen all three levels of FETP (Frontline, Intermediate and Advanced) in 30 countries; training an additional 560 disease detectives annually and enhancing disease surveillance and response capacity at national and local levels; modernize the FETP curriculum to meet the demands of the contemporary field epidemiologist and expand options for virtual delivery of training courses; and expand and strengthen regional FETPs to train more disease detectives, reach countries without their own FETP, and enhance regional collaborations between disease detectives to better address cross-border outbreaks
- Develop National Public Health Institutes (NPHIs) abroad - Initiate NPHI development in 5 new priority countries; strengthen existing NPHIs in 5 countries, enhancing connections between NPHI's technical and operational functions and building linkages in global health security systems (surveillance, laboratory systems, emergency management, and public health workforce development); and accelerate Regional Public Health Institute development in partnership with CDC Regional Offices in Eastern Europe/Central Asia and Southeast Asia, and begin working with countries in Middle East/North Africa.
- Global Rapid Response Team (GRRT) - Expand GRRT to include and support an additional 15 full-time deployers available for long-term deployments to manage prolonged or complicated public health responses; and expand rapid response team trainings to help improve countries' abilities to respond effectively to public health emergencies within their region, place a regional emergency response coordinator in each identified region for hands on technical assistance and rapid response coordination

Congress should ensure no less than \$300 million in CDC's *Infectious Disease Rapid Response Fund* to enable rapid global and domestic response to outbreaks. This fund was rapidly depleted for domestic COVID-19 response needs. Congress has provided CDC with \$500 million - \$1

billion on average in emergency supplemental funding to respond to major outbreaks and pandemics. Increasing the size of the rapid response fund will ensure CDC can move more quickly to control outbreaks before they spread and minimize the need for supplemental emergency appropriations.

CDC is recognized globally for its expertise in tuberculosis (TB) identification, treatment, and prevention. The creation of a new Global TB budget line within the Center for Global Health in FY20 was a positive step towards strengthening 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. Yet the funding for this work remains just a fraction of what is needed: increasing Global TB to \$21 million would better support the use of CDC's unique technical expertise to address the nexus between the global TB epidemic and the incidence of TB in the U.S. .

In complement to CGH's work, the *National Center for Emerging Zoonotic and Infectious Diseases* (NCEZID) provides advanced laboratory services, including biosafety labs which enable CDC to study hazardous pathogens, and advanced molecular detection techniques that allow CDC to identify infectious diseases of unknown origin. These capabilities are today being leveraged for the COVID-19 response domestically and globally: NCEZID was instrumental in the development of the first COVID-19 diagnostic used in the US, and their Office of Advanced Molecular Detection is leading the SARS-CoV-2 Sequencing for Public Health Emergency Response, Epidemiology and Surveillance (SPHERES) initiative. NCEZID also leads important research and development of rapid diagnostic tests for known diseases such as the bubonic plague, rabies, Zika, Ebola, Lyme disease, and parasites; supports early-stage research and development of vaccines for infectious diseases such as Nipah virus and dengue, Lassa, and Rift Valley fevers; and serves as an international reference hub for vector-borne viral and bacterial diseases. As one example of NCEZID's unique global health influence, early in the 2016 Zika outbreak, NCEZID scientists developed a new diagnostic called the Trioplex that detects Zika virus, dengue, and chikungunya in a single test. If funding for CDC's global health R&D activities at NCEZID or CGH is cut, the effects will be significant.