



September 17, 2021

Ed Meier
Associate Director for National Security Programs
White House Office of Management and Budget
1650 Pennsylvania Avenue NW
Washington, D.C. 20503

Dear Mr. Meier:

Global Health Council is the leading coalition of nonprofit organizations, private companies, and academic institutions 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 Health and Human Services (550)-related global health budgets as you consider Fiscal Year (FY) 2023 appropriations. These programs are some of the most cost-effective, critical, and greatest successes of U.S. foreign assistance.

For more than a decade, we have witnessed incredible success in combating the world's deadliest diseases and other public health threats, with an eye toward advancing progress on the UN Sustainable Development Goals. However, the COVID-19 pandemic has put that progress in peril. For example, between the onset of the pandemic and the second half of 2020 when essential health services began to recover, more than 30 million children missed routine vaccinations—10 million more because of the COVID-19 pandemic¹. U.S. investments are critical to stop backsliding on global health progress and will in turn help protect the health of Americans by strengthening our collective capacity to better prevent, detect, and respond to infectious disease outbreaks.

Responding to the COVID-19 pandemic and continuing the fight against other infectious diseases while maintaining access to high-quality, essential health services and working to create equitable, resilient health systems requires significant investment from the United States. ***GHC strongly urges the Office of Management and Budget to ensure the FY23 budget reflects this urgent need. We support increased investments for global health programs at the Department of State and the U.S. Agency for International Development (USAID), the National Institutes of Health, the Centers for Disease Control and Prevention (CDC), and the Department of***

¹ <https://www.gatesfoundation.org/goalkeepers/report/2021-report/#WhatTheDataShows>

Defense (DoD). This also includes investments in multilateral institutions such as UNICEF; the UN Population Fund; Gavi, the Vaccine Alliance; the Global Fund to Fight AIDS, Tuberculosis, and Malaria; and the Coalition for Epidemic Preparedness Innovations (CEPI).

The COVID-19 crisis has not only highlighted the need for robust funding of ongoing global health programs, but has also made visible critical gaps in the global health architecture. In this vein, GHC has included three new proposed funding lines for: a multisectoral global health security financing mechanism, dedicated funding for USAID's Office of Health Systems, and a dedicated fund for global health research and development at USAID. Funding for these three lines would: help the world establish a new fund to prepare for and respond to future pandemics; help to ensure resilient health systems and improve the reliability and quality of essential health services; and accelerate the development and deployment of urgently needed tools for emerging and enduring health threats, respectively.

Maintaining the necessary investments in global health, while also preserving funding for other important humanitarian and development programs, will enable the U.S. to reduce poverty and support stable, resilient, and democratic communities, even in the midst of the COVID-19 pandemic.

We are excited for the opportunity to build a strong partnership with the Biden-Harris administration to ensure the U.S. maintains its leadership and unmatched dedication to addressing the world's most pressing health challenges. We look forward to working with you in the coming months to ensure President Biden's FY23 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 that reads "Elisha Dunn-Georgiou". The signature is fluid and cursive, with a long horizontal stroke at the end.

Elisha Dunn-Georgiou
President & CEO
Global Health Council

Appendix I: Account & Program Recommendations for Fiscal Year 2023 (in thousands)

	FY 2022 House Funding Level	FY 2023 Recommended Funding Level
Global Health Programs (USAID & State)	\$11,276,450	\$17,445,000
Maternal and Child Health	\$879,950	\$1,100,000
of which Gavi	\$290,000	\$290,000
of which Polio (all accounts including ESF)	\$65,000	\$165,000
Malaria (PMI)	\$820,000	\$1,000,000
Tuberculosis	\$469,000	\$1,000,000
Family Planning (all accounts)	\$830,000	\$1,740,000
of which UNFPA (IO&P)	\$70,000	\$116,000
Nutrition	\$160,000	\$300,000
Vulnerable Children	\$30,000	\$35,000
Neglected Tropical Diseases	\$112,500	\$150,000
HIV/AIDS (USAID)	\$330,000	\$350,000
PEPFAR	\$4,520,000	\$5,020,000
Global Fund to Fight AIDS, TB, and Malaria	\$1,560,000	\$2,000,000
Global Pandemic Preparedness Fund (all accounts)	N/A	\$2,000,000
Global Health Security	\$1,000,000	\$1,000,000
of which CEPI	N/A	\$200,000

Emergency Reserve Fund	\$90,000	\$300,000
Water and Sanitation	\$475,000	\$600,000
SIGHT Fund for R&D	N/A	\$750,000
Office of Health Systems	N/A	\$100,000
UNICEF (IO&P)	\$134,000	\$134,000
NIH (HHS)		
Fogarty International Center	\$96,800	\$106,842
NIAID	\$6,557,803	\$7,036,523
Office of AIDS Research	\$3,290,000	\$3,845,000
CDC (HHS)		
Center for Global Health	\$842,821	\$1,142,621
of which Parasitic Diseases and Malaria	\$31,000	\$34,000
of which Global Public Health Protection, Global Disease Detection and Global Health Security	\$448,200	\$448,200
of which Global HIV & TB	\$128,421	\$128,421
of which Global Tuberculosis	\$9,200	\$21,000
of which Global Immunization	\$226,000	\$356,000
Center for Emerging Zoonotic and Infectious Diseases	\$674,272	\$900,000
of which Global WASH	N/A	\$10,000
Infectious Diseases Rapid Response Fund	\$35,000	\$300,000

Department of Defense		
Biological Threat Reduction Program (within Cooperative Threat Reduction account)	\$225,396	\$250,000

Appendix II: Account & Program Justifications for Fiscal Year 2023

Global Health Programs (USAID and State)

FY22 House Funding Level: \$11.276 billion

FY23 Recommended Funding Level: \$17.445 billion

As the COVID-19 pandemic continues to affect millions around the world, U.S. leadership in global health is more important than ever. U.S. global health funding through the Department of State and USAID is critical to addressing COVID-19 and other diseases, responding to health emergencies and global health security threats, expanding access to voluntary family planning and reproductive health information services, mitigating malnutrition, reducing maternal and child mortality, developing new health technologies and vaccines, training frontline healthcare workers and strengthening health systems, and supporting cornerstone programs like the President’s Malaria Initiative (PMI) and the President’s Emergency Plan for AIDS Relief. While the ethical imperative to address the suffering of our global neighbors is undeniable, the current pandemic has shown that the cost of failure to do so can be catastrophic with far-reaching, global implications.

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 since 1990², a 60 percent decrease in deaths from malaria since 2006³, and a 60 percent reduction in maternal mortality since 2000⁴. Programs are providing antiretroviral treatment to 17.2 million people living with HIV⁵ and have prevented HIV transmission to millions more. Immunization programs save more than 3 million lives each year⁶ with an estimated 1500 percent return on investment based on illnesses prevented.⁷ Since its inception, PMI has distributed more than 375 million long-lasting,

² <https://data.unicef.org/resources/levels-and-trends-in-child-mortality/#>

³ <https://www.pmi.gov/impact/>

⁴ <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>

⁵ <https://www.state.gov/wp-content/uploads/2021/02/PEPFAR2021AnnualReporttoCongress.pdf>

⁶ <https://www.usaid.gov/reports-and-data>

⁷ <https://www.ncbi.nlm.nih.gov/pubmed/26858370>

insecticide-treated mosquito nets, supplied more than 42 million preventative treatments for pregnant women,⁸ and sprayed more than 5.3 million houses with insecticides, preventing 1.5 billion malaria infections.⁹

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)

FY23 Request: No less than \$1.1 billion, including at least \$290 million for Gavi, the Vaccine Alliance and \$165 million for Polio across all accounts

Maternal and child health (MCH) funding is among the most cost-effective, life-saving investments the U.S. can make. Increased investment in MCH programs is essential to strengthen health systems, address backsliding due to COVID-19 disruptions to essential health services, and accelerate progress towards meeting the U.S.-spearheaded 2030 goal of ending preventable child and maternal deaths. The upcoming 10-year anniversary of the 2012 Child Survival Call to Action is an opportunity to reinvigorate global leadership and galvanize other donors with strong investment and a renewal of this commitment.

Investments in the maternal and child health account have lifesaving effects. Global 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.^{10 11} However, the pandemic disrupted access to lifesaving services like immunization, skilled assistance with 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. Increased investment to combat these impacts is desperately needed to protect progress made in the last 10 years.

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. Even before the global pandemic, maintaining the current pace of mortality reduction was not sufficient to achieve shared global goals for maternal and child survival. The “last mile” of progress requires intensified efforts, more targeted investments, and tailored solutions. 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.

⁸ <https://d1u4sg1s9ptc4z.cloudfront.net/uploads/2021/08/PMI-FY-2020-Annual-Report.pdf>

⁹

¹⁰ <https://www.pmi.gov/docs/default-source/default-document-library/pmi-reports/2018-pmi-twelfth-annual-report.pdf>

¹⁰ <https://www.usaid.gov/news-information/news/fact-sheet-call-action-sets-course-end-preventable-child-deaths>

¹¹ https://www.usaid.gov/sites/default/files/USAID_2020_Horizontal_TAG_V12_508optV3.pdf

Since 2001, the U.S. Government, through USAID, has contributed more than \$3 billion to Gavi's routine immunization programs. In addition, the U.S. Government is the largest contributor to COVAX, having provided \$4 billion to procure and deliver lifesaving COVID-19 vaccines to 92 lower-income countries. Through this partnership, Gavi has helped vaccinate more than 822 million children and supported more than 1.1 billion campaign vaccinations. These efforts have prevented more than 14 million future deaths, strengthened health systems in 69 countries, and generated \$150 billion in economic benefits. Routine immunization programs are 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.

USAID polio activities strengthen global health security through disease surveillance in developing countries, which benefits not just polio, but a range of other infectious diseases, both known and emerging. For instance, in many countries health workers and systems, supported by USAID polio funding, were the first to detect cases of COVID-19 and have continued to form the backbone of COVID-19 detection and response. Through these cross-cutting activities, FY23 funding for USAID polio disease surveillance and workforce would complement and support COVAX vaccine introduction and broader immunization systems in developing countries by investing in social mobilization (education and vaccine demand creation for COVID-19 vaccines), and by supporting integrated, intensive polio immunization campaigns in partnership with UNICEF, which will include COVID-19 vaccines. These investments will reach millions who missed out on routine immunizations in 2020, as well as vaccinate people against COVID-19, achieving two of President Biden's key objectives in Goal 7 of National Strategy for the COVID-19 Response and Pandemic Preparedness.¹²

In addition to bilateral funding, we recommend that the U.S. government contribute at least \$100 million to support the Global Financing Facility which aims to raise \$2.5 billion in new donor commitments in order to save an additional 5 million lives by 2025, and catalyze a total of \$18.5 billion to improve health outcomes for women, children and adolescents, support continued delivery of essential health services during the COVID-19 pandemic, and build stronger and more resilient health systems.

12

<https://www.whitehouse.gov/wp-content/uploads/2021/01/National-Strategy-for-the-COVID-19-Response-and-Pandemic-Preparedness.pdf>

Malaria

FY23 Request: \$1 billion

Malaria, a preventable and treatable disease, still threatens half the world's population, infecting 229 million people annually and causing 409,000 deaths in 2019.¹³ Although the COVID-19 pandemic threatened the execution of core malaria programs, including intervention delivery campaigns and commodity logistics, global progress had slowed in recent years due to evolutions in the parasite and vector like drug and insecticide resistance, respectively.¹⁴ In order for the President's Malaria Initiative (PMI) to effectively respond to the increased costs related to the COVID-19 pandemic and ensure U.S. malaria programming can recover from the subsequent impacts, we are seeking \$1,000,000,000. This increase in funding will functionally ensure PMI can effectively address the previous and ongoing costs related to the purchase and delivery of commodities, as well as ongoing challenges in testing and treatment, continue to deploy much needed next generation bednets effective in combating insecticide resistant mosquitoes, advance global health security and health systems by increasing digital surveillance of both malaria and other global health outbreaks, and, finally, support efforts to develop and deploy a malaria vaccine.

Tuberculosis

FY23 Request: \$1 billion

TB is the second highest global infectious killer after COVID-19, causing 1.5 million deaths in 2019.¹⁵ But in the high-burden TB countries where USAID works, TB infections are still the leading disease killer and the TB programs are the first line of defense against airborne infectious diseases. It is clear the COVID-19 pandemic has only worsened the challenge of addressing TB as access to testing and treatment has plummeted, case notifications have dropped, and far more opportunities for TB transmission have gone unchecked. In a recent update, USAID reported one million fewer case notifications in 2020 as compared to 2019, a reflection of service interruptions that are estimated to set back the highest-burden countries by up to ten years in their fight to end TB.¹⁶ Worse yet, without sufficient funding and intervention, this trend will continue into 2021.¹⁷ This is particularly troubling as COVID-19 disease presents increased risks

¹³ 2020 World Malaria Report. Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO. https://cdn.who.int/media/docs/default-source/malaria/world-malaria-reports/9789240015791-double-page-view.pdf?sfvrsn=2c24349d_10

¹⁴ Ibid.

¹⁵ Global tuberculosis report 2020. Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO.

¹⁶ COVID-19 Impact on Global Tuberculosis Response. United States Agency for International Development; 2021.

¹⁷

http://www.stoptb.org/assets/documents/covid/TB%20and%20COVID19_Modelling%20Study_5%20May%202020.pdf

of morbidity and mortality for those with latent TB infection (LTBI) and active TB disease, especially in cases of pulmonary TB.

USAID's 2020 report on implementation of the National Action Plan for Combating Multidrug Resistant TB states that in 2019, the rate of expanding access to MDR-TB diagnosis and treatment was slow and "not on track to reach the Year 5 targets," stipulating that "additional resources, greater political will, and bold actions" will be required to reach further milestones.¹⁸ It is unlikely that this trend has improved throughout the COVID-19 pandemic, but with greater funding could be vastly improved upon using knowledge gained in pandemic response. More funding would also strengthen the TB Global Drug Facility's role to stabilize a fragile market and ensure access to quality-assured TB products to diagnose and treat drug-susceptible and drug-resistant TB, functions that are even more sorely needed in the context of current supply chain challenges, which will help avert further drug resistance and get us closer to meeting NAP goals.

Bilateral and Multilateral Family Planning and Reproductive Health Programs

FY23 Request: \$1.74 billion, including \$116 million for UNFPA

In order for the U.S. to meet its fair share contribution toward fulfilling 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, we request that bilateral and multilateral family planning and reproductive health programs be funded at \$1.74 billion, including \$116 million for UNFPA.¹⁹

The unmet need for contraception is a significant contributor to the unacceptably high global rates of maternal mortality and unsafe abortion. The inability to access contraception and other reproductive health services limits the capacity of individuals to exercise agency over their bodies and may hinder their potential to pursue opportunities around education and economic and civic engagement. During the first year of the COVID-19 pandemic, an estimated 12 million women may have been unable to access family planning services, with disruptions in services and supplies lasting an average of more than three months.²⁰ The burden of these challenges falls on Black and Brown women who face the most significant barriers to health care worldwide, due to systems that are rooted in and reinforce white supremacy, neocolonialism, and gender inequality.

¹⁸ https://www.usaid.gov/sites/default/files/documents/FINAL_USAID_NAP_2020_Report_DIGITAL_R4_508.pdf

¹⁹ PAI. Just the Math. <https://pai.org/resources/just-the-math/>

²⁰ UNFPA. https://www.unfpa.org/sites/default/files/resource-pdf/COVID_Impact_FP_V5.pdf

Family planning and reproductive health services are critical to advancing health and well-being. In FY 2021, U.S. funding of \$607.5 million in international FP/RH made it possible to achieve the following:

- 27.2 million women and couples received contraceptive services;
- 12 million unintended pregnancies were averted;
- 4 million unsafe abortions were averted; and
- 19,000 maternal deaths were prevented²¹

We encourage the administration to increase investment in these vital programs and eliminate policy barriers that impede their effectiveness.

Nutrition

FY23 Request: \$300 million

An investment of at least \$300 million in the Global Health Nutrition account is needed to meet critical nutrition needs around the globe, especially in the context of COVID-19. Even before the COVID-19 pandemic, malnutrition was a leading factor in child deaths, contributing to nearly 3 million child deaths each year.²² Pandemic-related disruptions to global food and health systems are predicted to double global malnutrition rates,²³ particularly for women and children. By 2022, COVID-19 could result in an additional 17 million severely malnourished²⁴ children. The secondary impacts of the COVID-19 pandemic on national economies, health systems, and food security are creating the very real risk that the world will lose decades of nutrition gains, with an increase in preventable deaths and untold lost potential.

2021 is the Nutrition Year of Action, offering critical opportunities for the U.S. to be a leader in addressing global malnutrition by announcing bold new commitments and investments to improve food security and nutrition. Two platforms for U.S. financial and political leadership include the UN Food Systems Summit²⁵ in September and the Nutrition for Growth (N4G) Summit²⁶ in December. In addition, the upcoming 10-year anniversary of the Child Survival Call to Action in 2022 is an opportunity to reinvigorate global leadership and galvanize other donors

²¹ Guttmacher. (2021) Just the Numbers.

<https://www.guttmacher.org/just-numbers-impact-us-international-family-planning-assistance-2021>

²² Black, R. E. (2013, June 6). *Maternal and child undernutrition and overweight in low-income and middle-income countries*. The Lancet. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)60937-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)60937-X/fulltext)

²³ United Nations World Food Programme. (2020, July 17). *New report shows hunger is due to soar as coronavirus obliterates lives and livelihoods*.

<https://www.wfp.org/news/new-report-shows-hunger-due-soar-coronavirus-obliterates-lives-and-livelihoods>

²⁴ <https://gh.bmj.com/content/5/11/e003023>

²⁵ <https://www.un.org/en/food-systems-summit>

²⁶ <https://nutritionforgrowth.org/about/>

in a renewal of commitment to child and maternal survival. Increased investment in global nutrition is critical to reaching the U.S.-spearheaded global goal of ending preventable child and maternal deaths by 2030.

Vulnerable Children

FY23 Request: \$35 million

The Vulnerable Children supports programs serving the most vulnerable children around the globe and funds programs that support early childhood development, keeping children in family-based care, and ending violence against children. Funding of \$35 million for the Vulnerable Children Account would allow the Children in Adversity Office to effectively implement the Global Child Thrive Act, which was enacted on January 1, 2021. The law calls for USAID to integrate early childhood development (ECD) interventions into existing foreign assistance programs serving vulnerable children and their families. Early childhood interventions are simple and cost-effective methods of building the brain architecture of young children and include training caregivers to provide age-appropriate mental stimulation and nurturing care, such as singing and reading.

Increased funding is even more critical in light of the secondary impacts of the COVID-19 pandemic. Lockdowns and social isolation paired, psychological and economic stressors accompanied by negative coping mechanisms have led to an increased risk of family violence. More than 7 million children lost a primary caregiver due to COVID-19 between March 2020 – February 2022 Putting already vulnerable children at further risk.²⁷ Funding at this level would allow USAID to plan and budget for activities that enable children to remain in, return to, or be placed in safe family care.

Neglected Tropical Diseases

FY23 Request: \$150 million

Neglected Tropical Diseases (NTDs) include 20 infectious diseases and conditions afflicting more than 1.5 billion of the world's poorest people²⁸ and are responsible for over 500,000 deaths annually. They impact over 836 million children,²⁹ leading to blindness, deformities, and malnutrition, and cause widespread physical disability and billions of dollars in lost productivity. All low-income countries are affected by at least five NTDs; 149 countries and territories are affected by at least one NTD.

²⁷ [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)01253-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01253-8/fulltext)

²⁸ http://www.who.int/neglected_diseases/diseases/en/

²⁹ <https://end.org/ntds-in-focus/>

USAID's NTD program is making substantial progress through funding support, technical assistance, and training. It has leveraged more than \$26 billion in donated medicines resulting in the delivery of 2.8 billion NTD treatments to more than 1.4 billion people. Ten countries have eliminated at least one disease. Over 315 million people are no longer at risk for lymphatic filariasis or elephantiasis; 151 million are no longer at risk for blinding trachoma; and 10 million are no longer at risk for onchocerciasis.³⁰

We recommend \$150 million for the program to reflect a 20 percent increase over Global Health Council's FY22 request (\$125 million) to continue the program's strong progress toward elimination, ensure that goals are met in areas where the U.S. and the United Kingdom had joint programs (following the loss of UK funding), and execute and operate programs during the COVID-19 pandemic. Funds will maximize the benefits of increased drug donations; ensure that countries can reach national scale and maintain progress towards 2030 targets; allow R&D investments, including but not limited to the operational research needed to ensure cost-effective and sustainable implementation; support greater integration with complementary programs necessary for the success of NTD prevention, control and elimination efforts, including water, sanitation, and hygiene, nutrition, education, One Health and vector control; and strengthen health systems to integrate and sustain the tremendous gains to date.

HIV/AIDS (USAID)

FY23 Request: \$350 million

The HIV/AIDS funding allocated to USAID supports multi-country, cross-cutting initiatives critical to the success of the PEPFAR. Funding from this account directly supports technical leadership and program assistance to field programs - efforts that will be even more critical as the PEPFAR program looks to build country-level capacity and transition HIV/AIDS programs to country-led counterparts. This account also promotes the scale-up of proven interventions within HIV/AIDS programs, as well as development of new innovations and best practices. Without strong funding for this account, USAID's investment in the next generation of game-changing interventions – including research on female controlled prevention options like microbicides and multipurpose prevention technologies and development of an effective HIV vaccine could be in jeopardy.

HIV/AIDS (PEPFAR)

FY23 Request: \$5.02 billion

³⁰ <https://www.neglecteddiseases.gov/about>

According to UNAIDS, the \$21.5 billion available in low and middle-income countries in 2020 is well short of the \$29 billion investment target for 2025 that was set in the recent 2021 United Nations Political Declaration on AIDS.³¹

PEPFAR is the cornerstone U.S. global health program, effectively addressing the global HIV and AIDS epidemic while also supporting countries to build sustainable, resilient health systems to address other health challenges, including tuberculosis and COVID-19. Despite remarkable progress, the colliding pandemics of HIV and COVID-19 remind us that success is fragile and increased U.S. investments are critical to put the world on track to end AIDS as a public health threat.

Increasing PEPFAR funding by \$650 million dollars in FY23 would demonstrate to countries and other bilateral funders alike that the U.S. is fully committed to ending AIDS and achieving the targets set by the 2021 UN Political Declaration on AIDS.

Global Fund to Fight AIDS, Tuberculosis and Malaria

FY23 Request: \$2 billion

As you develop the FY 2023 budget, we urge expanded support for the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). We encourage the Administration to announce an increased pledge to the Global Fund's Seventh Replenishment, with an FY23 budget allocation of at least \$2 billion. This funding will enable momentum towards ending the AIDS, TB, and malaria epidemics and will help mitigate the enormously disruptive impact that COVID-19 has had on these programs. The \$2 billion request is a preliminary figure that we may update based on the Global Fund's Results Report due in September 2021, which will provide data on the impact of COVID-19 on Global Fund programming. We also ask that, alongside the \$2 billion in core funding for the Global Fund, the U.S. direct significant additional and new funding to the Global Fund for pandemic preparedness and response (PPR) as part of Administration initiatives on financing PPR. The Global Fund, which provides more than 20 percent of all international financing for HIV/AIDS, has saved 38 million lives since its inception in 2002. Overall, the number of deaths caused by AIDS, TB, and malaria each year has been reduced by nearly one-half since 2002 in countries where the Global Fund invests.

As noted above, the Global Fund works closely with PEPFAR, as well as USAID's TB program and the President's Malaria Initiative, to accelerate efforts to end the AIDS, TB, and malaria epidemics. The Global Fund works in partnership with governments, faith-based organizations, civil society, the private sector, and people affected by the three epidemics. It is the largest multilateral funder of global health programming in the world and plays a critical role in

³¹ https://www.unaids.org/en/resources/documents/2021/2021_political-declaration-on-hiv-and-aids

supporting global health programming in low- and middle-income countries. Since its inception in 2002, the Global Fund and its partners have saved more than 38 million lives. As the Global Fund heads into its Seventh Replenishment in the fall of 2022, the COVID-19 pandemic has had devastating impacts on AIDS, TB, and malaria response efforts. Prevention, testing and support for people living with HIV are still the most impacted, with testing for HIV falling by 41 percent. Nearly two thirds of countries are experiencing disruptions in HIV service delivery, with 10 percent of countries still experiencing high level disruption. The Global Fund has demonstrated agility, speed, and accountability in addressing this disruption through its COVID-19 Response Mechanism. The Global Fund has pronounced, scalable competencies for pandemic preparedness and response, such as health systems (workforce and labs), surveillance, and antimicrobial resistance, as documented in *The Lancet*.³²

The investment of \$2 billion in annual appropriations to the Global Fund will provide critical antiretroviral therapy, TB care and treatment, and distribution of mosquito nets to protect children and families from malaria. In addition, this investment supports women on treatment to prevent passing HIV to their babies. Funding for the Global Fund also results in billions created in broader health gains and economic returns. U.S. investments in global health, including the Global Fund, advance the health security of all Americans by helping to build health infrastructure in countries around the world, enabling them to quickly identify and respond to new disease threats, and prevent them from spreading to other countries, including the United States. Global health investments also help nurture trade relationships with other countries with healthier workforce and stronger buying power.

Global Pandemic Preparedness Fund

FY23 Request: \$2 billion

No less than \$2 billion as an annual U.S. contribution to a new multilateral financing mechanism, or Fund, for global health security and pandemic preparedness. The COVID-19 pandemic lays bare the consequences of chronically underfunding pandemic preparedness. The G20 High Level Independent Panel on Financing the Global Commons concluded that governments must commit to increasing international financing for pandemic prevention and preparedness by at least \$75 billion over the next five years, or \$15 billion each year, and of this, at least \$10 billion per year should be pooled in a new multilateral Global Health Threats Fund. U.S. fair-share contributions follow at least 20 percent, or \$2 billion, out of a global \$10 billion per year. Funding

³² Boyce, M. R. (2021, February 1). Global Fund contributions to health security in ten countries, 2014–20: mapping synergies between vertical disease programmes and capacities for preventing, detecting, and responding to public health emergencies. *The Lancet Global Health*, 9(2), E181-E188.
[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30420-4/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30420-4/fulltext)

recommendations were based on recent cost assessments by WHO, McKinsey and Company³³, and Georgetown University, and considering funding that should be covered by domestic budgets and the private sector. An array of other leading global health and finance experts have also all concluded that the world needs a new multilateral financing mechanism, or Fund, for global health security, zoonotic disease spillover prevention, and pandemic preparedness. These include: the Independent Panel for Pandemic Preparedness and Response (IPPPR)³⁴, the Global Health Security Index³⁵, Center for Strategic and International Studies (CSIS) Commission on America's Health Security³⁶, the Global Preparedness Monitoring Board (GPMB)³⁷, and Pandemic Action Network.³⁸ In addition, U.S. President Biden issued National Security Memorandum 1³⁹, which instructs his Administration to create a new multilateral financing mechanism, and bipartisan legislation advanced in the U.S. House of Representatives⁴⁰ and U.S. Senate⁴¹ authorizes U.S. participation in and funding for a new global Fund for Global Health Security and Pandemic Preparedness.

Global Health Security

FY23 Request: \$1 billion, including \$200 million for CEPI

No less than \$1 billion for Global Health Security programs (including Emerging Pandemic Threats program (EPT) at USAID to strengthen global capacity to detect and control infectious diseases in animals and people. This funding level matches President Biden's request for FY22 and reflects the urgent need for increased, sustained funding for global health security.

As part of this funding, at minimum \$200 million should be allocated for a U.S. contribution to the Coalition for Epidemic Preparedness Innovations (CEPI), as part of a longer term \$1 billion U.S. commitment over 5 years to CEPI's \$3.5 billion replenishment. CEPI plays an unmatched role in advancing development and global access to new vaccines for emerging infectious diseases with pandemic potential. While not built or resourced to lead R&D for a pandemic, during the COVID-19 pandemic CEPI has been a leader in vaccine development and manufacturing as part of COVAX and the Access to COVID-19 Tools (ACT) Accelerator,

³³ [Preventing pandemics with investments in public health](#)

³⁴ <https://theindependentpanel.org/mainreport/#download-main-report>

³⁵

https://www.ghsindex.org/wp-content/uploads/2019/10/GHSIndex_FindingRecommendationsTable_Oct2019_FINAL.pdf

³⁶ <https://healthsecurity.csis.org/>

³⁷ https://apps.who.int/gpmb/assets/annual_report/2020/GPMB_2020_AR_EN_WEB.pdf

³⁸ <https://pandemicactionnetwork.org/>

³⁹ [National Security Memorandum on United States Global Leadership to Strengthen the International COVID-19 Response and to Advance Global Health Security and Biological Preparedness](#)

⁴⁰

<https://www.congress.gov/bill/117th-congress/house-bill/391?q=%7B%22search%22%3A%5B%22global+health+security+act%22%5D%7D&s=1&r=1>

⁴¹ <https://www.congress.gov/bill/117th-congress/senate-bill/2297?r=1&s=1>

accelerating investment in COVID-19 vaccine development as soon as the pathogen was sequenced. Its work complements and bolsters U.S. efforts to end the COVID-19 pandemic by explicitly taking a global approach, advancing research to optimize the use of current vaccines in all geographies and expanding the availability of new vaccines necessary to address the threat from emerging variants.

Emergency Reserve Fund

FY23 Request: \$300 million

Maintain no less than \$300 million in the USAID Emergency Reserve Fund. This represents a tripling of the current account, and applies lessons learned from the large and continuing needs of the global COVID-19 response. 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. In both USAID's response to the West Africa Ebola Outbreak and COVID-19, the need to tap into funds quickly at the onset of the outbreak was critical.

Water and Sanitation (WASH)

FY23 Request: \$600 million

Safe water, sanitation, and hygiene (WASH) are essential to and amplify other critical work by the U.S. government in global health, economic development, gender equality, food security/nutrition, and responding to the climate crisis. Improving global access to WASH would significantly decrease morbidity and mortality, build resilient communities, improve economic productivity, avert backsliding in other U.S. development priorities, and prevent instability and conflict. Notably, as the global climate crisis escalates, climate adaptation and mitigation cannot advance without WASH at their center. In FY 2018-2019, USAID WASH activities in 51 countries helped 11.6 million people⁴² gain access to improved water and 10.6 million gain access to improved sanitation.

While some progress has been made, 1 in 4, or 2 billion people, still live without access to safe drinking water, 1.7 billion people do not have a toilet of their own, and 2.3 billion people still lack basic access to wash their hands.⁴³ WASH is critical to the prevention, response to, and recovery from the COVID-19 pandemic, particularly in many parts of the world where vaccines are still difficult to access; yet, 31 percent of schools lack access to clean water,⁴⁴ and 45 percent of healthcare facilities do not have basic water services. Further, every day, more than 1,400

⁴² <https://www.usaid.gov/what-we-do/water-and-sanitation>

⁴³ <https://washdata.org/report/jmp-2021-wash-households-LAUNCH-VERSION>

⁴⁴ <https://washdata.org/sites/default/files/2020-08/jmp-2020-wash-schools.pdf>

children under 5 die from preventable diarrheal diseases,⁴⁵ including cholera, caused by contaminated water and poor sanitation. WASH is one of the first lines of defense in slowing the spread of most infectious disease outbreaks such as the flu, diarrhea, coronaviruses, and Ebola, as well as protecting communities, patients, and health workers over the long-term.

Supporting Innovative Global Health Technologies (SIGHT) Fund

FY23 Request: \$750 million available through FY25

A new, dedicated fund for global health research and development (R&D) at USAID is urgently needed to accelerate the development and deployment of new and improved drugs, vaccines, diagnostics and other tools for emerging and enduring health threats—right-sizing investments in the development of new tools alongside scaled-up delivery of existing tools and yielding long-term cost-savings and accelerated progress towards U.S. global health goals. For decades, USAID has invested in the development of affordable health products, but funding for this critical work has stagnated, shrinking as a proportion of overall funding for global health over the past 15 years—and, at under 2% of overall global health spending, far outstripped by the growing needs for new tools in the face of antimicrobial resistance, shifting disease burdens, and emerging disease threats.

A new source of flexible, multi-year funding for R&D, independent of any one disease funding line, could increase the net proportion of USAID Global Health Bureau spending on R&D without siphoning funds for immediate implementation needs; provide more flexibility and predictability for leaders who make R&D investment decisions, allowing them to plan investments across research stages; and increase investment in multi-purpose health technologies. An initial appropriation of \$750 million in FY23, available through FY25, to launch this new Fund would help catalyze progress towards the most desperately needed global health innovations. Investing in R&D today will ensure we have the right tools in our toolbox to diagnose, treat, and prevent enduring and emerging global health challenges for years to come.

Office of Health Systems

FY23 Request: \$100 million

No less than \$100 million to establish a new line item to fund the Office Of Health Systems (OHS), whose work is critical to ensuring the resilience of health systems in the face of public health emergencies and improving the reliability and quality of health services. A sustained and effective response to a public health emergency, as well as to maintaining health services to meet ongoing needs, requires a strong, functioning health system with adequately supported

⁴⁵ <https://data.unicef.org/topic/child-health/diarrhoeal-disease/>

human resources, effective supply chains, monitoring and evaluation, and financial management. OHS supports cross-cutting investments to improve these capacities, which are foundational to the success of all U.S. global health programs. However, there is currently no dedicated budget line for health system strengthening and OHS has little funding available to make direct awards. A 2021 USAID report to Congress stated that the agency is unable to provide centralized strategic direction or incentives to Missions to make cross-cutting investments in health. It states that OHS has little direct influence over these programming decisions and shows that Missions draw 72 percent of funding for this purpose from just two programs, family planning and maternal/child health. With dedicated funding, OHS could strategically drive impact in the field, build self-reliance, and lay the foundation for high quality services, including primary care.

Non-Communicable Diseases & Mental Health

FY23 Request: Support and integrate existing programs and platforms

Non-communicable diseases (NCDs) kill 41 million people each year, equivalent to 71 percent of all deaths globally, and 85 percent of those occurring 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.

As a result of 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 an opportunity to make a commitment to the new catalytic Multipartner Trust Fund on NCDs and Mental Health. This small and targeted investment will help accelerate action on the leading causes of death in LMICs. Moreover, 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 continue to call upon the administration to ensure that U.S. government global health programs integrate NCD-related objectives into existing health programs and platforms.

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 their current programming to strengthen health systems in a post-COVID-19 world and be ready for emerging infectious and non-infectious threats to global health.

UNICEF (IO&P)

FY23 Request: \$134 million

Despite the gains made by UNICEF, every year 5.2 million children under five⁴⁶ (nearly 15,000 each day, including 6,700 newborns) die from mostly preventable causes. Malnutrition contributes to nearly half of all child deaths. More than 700 children under five die every day⁴⁷ from diarrhea and other illnesses related to unsafe drinking water and poor sanitation and hygiene. In 2020, due to disruptions in routine immunization services, 23 million children missed out on basic vaccines – the highest number since 2009.

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 percent of the world’s children under age five from deadly diseases, and to partner with the United States in fighting vaccine-preventable diseases in 99 countries, including polio and measles. Additionally, in 2020, UNICEF and partners responded to 455 new and ongoing humanitarian crises in 152 countries.⁴⁸

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 bednets, 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 FY23.

Department of Health and Human Services

National Institutes of Health (HHS)

The 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 have

⁴⁶ <https://data.unicef.org/topic/child-survival/under-five-mortality/>

⁴⁷ <https://www.unicef.org/wash>

⁴⁸ <https://www.unicef.org/reports/global-annual-results-2020-humanitarian-action>

dominated news headlines since the pandemic struck, 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. Furthermore, its ongoing investment in clinical trials for HIV/AIDS and, increasingly, trials for malaria and tuberculosis products, also makes it one of the biggest global funders of clinical development in each of these disease areas.

Fogarty International Center

FY23 Request: \$106.8 million

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. Today, FIC is facilitating critical international clinical trials for many NIH COVID-19 R&D 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 continues to deliver significant returns for American and global health.

COVID-19, however, has made it clear that serious gaps in global scientific capacity persist. With increased funding, FIC has the network, experience, and capability to close these gaps and catalyze global health research. With additional funding in FY23, FIC is uniquely situated to develop and lead a network of modeling hubs and joint research programs to engage low- and middle-income investigators to collaboratively train and prepare for future pandemics, strengthening our collective global health security.

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.

National Institute of Allergy and Infectious Diseases

FY23 Request: \$7.036 billion

For over six decades, the National Institute of Allergy and Infectious Diseases (NIAID) has been a global leader in research across a range of enduring infectious disease threats, including HIV/AIDS, malaria, tuberculosis, neglected tropical diseases, and influenza, and emerging threats like Zika, Ebola, and COVID-19. NIAID scientists, in partnership with Moderna, developed the first COVID-19 vaccine, mRNA-1273, and moved the vaccine to human clinical

trials just 65 days after the genome of the virus was shared—a record far shorter than any previous vaccine development timeline.

Beyond COVID-19, NIAID has contributed to several game-changing global health innovations. 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 provides results in less than two hours, compared to traditional methods which can take weeks, and supported preclinical research that contributed to the development of pretomanid, a new drug recently approved by the Food and Drug Administration as part of a combination therapy for highly-drug resistant 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.

To mitigate the impact of COVID-19 on a wide range of infectious disease R&D priorities and continue progress on key priorities, steady funding growth for NIAID is critical in FY23.

Office of AIDS Research

FY23 Request: \$3.845 billion

The Office of AIDS Research has led the NIH’s groundbreaking work in HIV/AIDS R&D since 1988. 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 through 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. This request is based upon the most recent analysis of need as part of OAR’s congressionally mandated [FY 22 Professional Judgment Budget](#).

Centers for Disease Control and Prevention (HHS)

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.

Center for Global Health

FY23 Request: \$1.14 billion

Of which Parasitic Diseases and Malaria: \$34 million

Of which Global Public Health Protection and Global Disease Detection: \$448.2 million

Of which Global AIDS Program: \$128.4 million

Of which Global HIV & TB: \$21 million

Of which Global Immunization: \$356 million

The *Center for Global Health* provides expertise on immunization, disease eradication, and public health capacity-building around the globe through the Divisions of Global HIV & TB, Parasitic Diseases and Malaria, Global Public Health Protection, and Global Immunization. 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 has trained more than 18,000 disease detectives in 80 countries on detecting and rapidly responding to infectious disease outbreaks, which has strengthened global capacity to address deadly infectious diseases. Today, 85 percent of these programs have trainees supporting their country's COVID-19 response. Additionally, CGH develops and evaluates new tools to combat global health threats. These tools are critical not only for tracking events of public health importance, such as emerging infectious diseases, but also for monitoring the impact of U.S. global health programs in settings that might otherwise have limited data collection capacity.

The Center for Global Health's *Division of Malaria and Parasitic Diseases* plays a key role in the fight against malaria and parasitic disease, and protecting Americans through its efforts to detect, prevent, and respond to infectious disease and other health threats. The Division also provides crucial monitoring and surveillance of transmission, evaluation of interventions for effectiveness and impact, development of key diagnostics, and testing of tools in a real-world setting that are critical to ensuring that our global health investments have maximum impact.

The Center for Global Health's *Division of Global Health Protection (GHP)* manages programs to detect and respond to outbreaks at their source, sustain and bolster health system capacities post-pandemic, and advance the goals of the Global Health Security Agenda (GHSA). GHP programs help build sustained capacity in partner countries to detect and prevent outbreaks, grow compliance with GSHA Joint External Evaluations, and develop zoonotic disease prevention and response plans. The division also facilitates the rapid deployment of technical support to partner countries during health emergencies through the Global Disease Detection Operations Center and the Global Rapid Response Team.

This request of no less than \$503.2.8 million represents an increase of \$46.8 million over the FY22 request. Additional support will enable CDC's Center for Global Health to bolster urgently needed programs to detect, prevent, and respond to disease threats around the world, which the COVID-19 pandemic demonstrates are vitally important. Increased funding will allow GHP to strengthen the development of local public health workforces across core disciplines for health security (surveillance and epidemiology, laboratory, emergency response) and extend the reach of the Field Epidemiology Training Program and National Public Health Institute. It will enable CDC to increase technical expertise to identify emerging threats and provide expertise to countries to address their health security gaps more rapidly. It will also allow CDC to expand capacity at headquarters and in partner countries to advance monitoring, early detection, and verification of global public health threats that pose potential risks to the U.S. and the world. The Global Disease Detection Operations Center monitors between 30-40 different significant public health events each year, globally, and staffing levels in the middle of a global pandemic are currently lower than they were during the 2014 Ebola outbreak response. Additional funding will also enable CDC to add more full-time technical experts available for long-term deployments to manage prolonged or complicated public health responses, and put in place regional emergency response coordinators for hands-on technical assistance and rapid response coordination.

The *Global AIDS Program* provides critical support by funding highly trained physicians, epidemiologists, public health advisors, behavioral scientists, and laboratory scientists working in countries around the world as part of the U.S. Government teams implementing PEPFAR.

The *Division of Global HIV and TB* plays a key role in fighting TB in the countries whose epidemics most impact the United States, including those in Latin America that are not served by other US programs. The COVID-19 pandemic has wrought immense damages to the global TB response, which are estimated to cause an additional 1.4 million deaths from TB over five years. This is largely due to a dramatic drop in case notifications in 2020 as compared to 2019, TB staff and facility reassignment to COVID-19 response, TB program disruptions and reduced access to care during lockdowns, and reluctance of patients to seek care and risk potential exposure to SARS-CoV-2. In order to avert further unnecessary illness and death, increased funding is needed for program recovery and active case-finding. This need is particularly acute as COVID-19 morbidity and mortality rates continue to increase in the low- and middle-income countries where CDC DGHT provides TB programs, foreshadowing an ever-worsening impact on the ongoing TB pandemic.

The *Division of Global Immunization (GID)* is the CDC's lead office dedicated to protecting children around the world from vaccine-preventable diseases, including polio, measles, cholera, and typhoid. GID investments strengthen immunization systems and disease surveillance,

improve laboratory diagnostic capabilities that can rapidly detect and identify new and emerging diseases, promote the introduction of new and underused vaccines, such as for COVID-19, and expand immunization workforce, including training thousands of Stop Transmission of Polio (STOP) program professionals that provide a range of crucial health interventions beyond the polio vaccine. GID's immunization service expertise and technical assistance will be crucial to ensuring COVID-19 vaccines reach children in developing countries through integrated vaccine campaigns, multilateral engagement, and community partnership.

This FY23 request of no less than \$356 million for GID (\$276.0 million for polio eradication; \$80.0 million for measles elimination) represents an increase of \$100 million above FY21 enacted levels for urgent polio eradication funding needed to achieve interruption of endemic transmission by the end of 2023.⁴⁹ To respond to the COVID-19 pandemic, the polio program paused⁵⁰ campaigns in 30 countries and provided 30,000 program staff⁵¹ and over \$100 million to support COVID-19 response logistics in over 50 countries. This necessary pivot came at an immense cost: 40 million children in Pakistan alone missed vaccination, while outbreaks of polio virus variants in Africa and parts of Asia require the urgent introduction of the nOPV2 vaccine. This request also represents an increase of \$30 million above FY21 for GID activities to fight measles. The COVID-19 pandemic caused more than 160 million children in 38 countries to delay or miss measles vaccine delivery. FY23 funding will support urgent resumption of mass measles vaccine campaigns to prevent outbreaks in large areas of unvaccinated kids; the purchase of vaccines in high-risk, high-burden countries; coordinate outbreak response and preparedness activities; and strengthen disease data surveillance and collection to better guide program strategy.

Center for Emerging Zoonotic and Infectious Diseases

FY23 Request: \$900 million

Of which Global WASH: \$10 million

This request of no less than \$900 million for the *National Center for Emerging Zoonotic and Infectious Diseases (NCEZID)* will allow the Center to deepen its work on the scientific understanding of infectious diseases, build public health capacity to detect, prevent, and respond to outbreaks, and provide flexibility to address urgent public health needs as they arise. NCEZID leads important R&D for rapid diagnostics, which has been leveraged for COVID-19, as well as

⁴⁹

<https://polioeradication.org/wp-content/uploads/2021/06/polio-eradication-strategy-2022-2026-pre-publication-version-20210609.pdf>

⁵⁰ <https://www.nytimes.com/2021/06/09/health/polio-eradication-plan.html>

⁵¹ <https://polioeradication.org/wp-content/uploads/2020/11/Call-To-Action-20201105.pdf>

for diseases like bubonic plague, Zika, and Ebola. It also serves as an international reference hub for vector borne and viral diseases. NCEZID capabilities are leveraged for the COVID-19 response domestically and globally. For example, the Office of Advanced Molecular Detection is leading the SARS-CoV-2 Sequencing for Public Health Emergency Response, Epidemiology and Surveillance (SPHERES) initiative to track how the virus is evolving. Investments made before the COVID-19 pandemic in developing molecular diagnostics have played crucial roles in diagnosing and characterizing SARS-CoV-2 and assessing country-level pandemic responses.

Included in the NCEZID FY23 request is \$10 million to support the Global Water, Sanitation and Hygiene (WASH) program within CGH and NCEZID. WASH is a key intervention for infection prevention and control, which is critical to containing diseases, such as COVID-19 and Ebola. In addition, the Global WASH program works to address other WASH-related diseases, such as cholera, hepatitis, and typhoid fever, and the growing challenge of antimicrobial resistance. CDC lacks a dedicated stream of annual appropriated funding for its existing global WASH program. This lack of explicit federal funding hinders CDC's ability to respond to WASH-related requests from overseas governments in such areas as monitoring, surveillance, training, and health systems strengthening, critical measures that can help prevent the next outbreak. This should be new funding and not taken from existing global health programs.

Infectious Diseases Rapid Response Fund

FY23 Request: \$300 million

This request of no less than \$300 million in the *Infectious Disease Rapid Response Fund* will 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.

Department of Defense

Biological Threat Reduction (within Cooperative Threat Reduction account)

FY23 Request: \$250 million

The Department of Defense (DoD)'s Cooperative Threat Reduction biological engagement program and State Biosecurity Engagement Program explicitly seek to prevent and detect emerging threats, including misuse of biological agents and deliberate use of biological weapons. These DoD and State programs are also critical to leverage and drive other international donors

toward funding biosecurity using an approach that can track and measure improvements – thereby holding global partners accountable for preventing bioterrorism, as well as contributing to preparedness against naturally occurring infectious disease threats. We have seen an encouraging rebound in funding levels within the DoD Cooperative Threat Reduction biological engagement program, increasing from a low in FY19 of \$195 million up to \$227 million in FY21 thanks to strong congressional support for the program. We hope this request continues to increase toward our \$250 million recommended level to allow the program to maintain and expand its reach. This is critically important given the increasing biological risks associated with the COVID-19 pandemic, such as potential dual use research enabled by advances in technology and rapid spread of hazardous information, making it easier, cheaper, and faster to make and modify pandemic agents.