



August 3, 2022

Mr. 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 member organization devoted to advancing global health priorities by uniting advocates, implementers, policymakers, and other stakeholders. We strongly encourage the Biden-Harris administration's 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) 2024 appropriations.

Investments in these programs are cost-effective and support other U.S. foreign assistance priorities to reduce poverty and support stable, resilient, and democratic communities. It is estimated that for every \$1 invested in health, there is an economic return of between \$2 to \$4 across developing countries¹.

Prior to the onset of the COVID-19 pandemic, the world witnessed incredible success in combating deadly diseases and other public health threats, driving progress toward the United Nations Sustainable Development Goals. However, more than two years of the COVID-19 pandemic has put decades of progress in peril. For example, a recent report by UNICEF and the World Health Organization (WHO) showed that the COVID-19 pandemic has led to the largest decline in childhood vaccination in 30 years². U.S. investments are absolutely critical to prevent further backsliding on global health progress and will in turn help protect the health of Americans by strengthening our collective health security.

GHC strongly urges the Office of Management and Budget to ensure the FY24 budget reflects this urgent need. **We therefore 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 (NIH), the Centers for Disease Control and Prevention (CDC),**

¹ <https://www.brookings.edu/blog/future-development/2020/07/21/how-investing-in-health-has-a-significant-economic-payoff-for-developing-economies/>

² <https://www.who.int/news/item/15-07-2022-covid-19-pandemic-fuels-largest-continued-backslide-in-vaccinations-in-three-decades>

and the Department of Defense (DoD). We also support much needed investments in multilateral institutions, such as the WHO; UNICEF; the UN Population Fund (UNFPA); Gavi, the Vaccine Alliance; the Global Fund to Fight AIDS, Tuberculosis, and Malaria; and the Coalition for Epidemic Preparedness Innovations (CEPI), all of which leverage U.S. dollars to broaden impact and save more lives.

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 four new proposed funding lines for: a multisectoral pandemic prevention, preparedness, and response financing mechanism; a health worker initiative; a fund for global health research and development at USAID; and dedicated funding for noncommunicable diseases (NCDs). Funding for these four lines would: help the world establish a new fund to prevent, prepare for, and respond to future pandemics; enhance global health security by strengthening health workforces; accelerate the development and deployment of urgently needed tools for emerging and enduring health threats; and provide catalytic support to scale-up strategies to reduce morbidity and mortality from NCDs, respectively.

We look forward to continuing our strong partnership with the Biden-Harris administration to ensure the President's FY24 budget request reflects the United States' unmatched commitment to addressing the world's most pressing health challenges. Please find an appendix with specific programmatic request levels and justifications for each request below.

Sincerely,

A handwritten signature in black ink, reading "Elisha Dunn-Georgiou". The signature is fluid and cursive, with a large, sweeping flourish at the end.

Elisha Dunn-Georgiou
President & CEO
Global Health Council

Appendix I: Account & Program Recommendations for Fiscal Year 2024 (in thousands)

	FY 2024 Recommended Funding Level (in thousands)
Global Health Programs (USAID & State)	\$17,255,000
Maternal and Child Health	\$1,150,000
of which Gavi	\$340,000
of which Polio (all accounts including ESF)	\$165,000
Malaria (PMI)	\$1,000,000
Tuberculosis	\$1,000,000
Family Planning (all accounts)	\$1,740,000
including UNFPA (IO&P)	\$116,000
Nutrition	\$300,000
Vulnerable Children	\$35,000
Neglected Tropical Diseases	\$150,000
HIV/AIDS (USAID)	\$350,000
PEPFAR	\$5,140,000

Global Fund to Fight AIDS, TB, and Malaria	\$2,000,000
Pandemic Fund (all accounts)	\$2,000,000
Global Health Security	\$1,000,000
of which CEPI	\$200,000
Emergency Reserve Fund	\$300,000
SIGHT Fund for R&D	\$250,000
Health Worker Initiative	\$200,000
Noncommunicable Diseases	\$40,000
Development Assistance	
Water and Sanitation	\$600,000
International Organizations & Programs (IO&P)	
World Health Organization	\$109,000
UNICEF	\$175,000
National Institutes of Health (HHS)	
Fogarty International Center	\$116,100
National Institute of Allergy and Infectious Diseases	\$7,120,000
Office of AIDS Research	\$3,875,000
Centers for Disease Control and Prevention (HHS)	

Global Health Center	\$1,002,300
of which Parasitic Diseases and Malaria	\$40,000
of which Global Public Health Protection, Global Disease Detection and Global Health Security	\$456,400
of which Global AIDS Program	\$128,900
of which Global HIV & TB	\$21,000
of which Global Immunization	\$356,000
Center for Emerging and Zoonotic Infectious Diseases	\$900,000
of which Global WASH	\$10,000
Infectious Diseases Rapid Response Reserve Fund	\$300,000
Department of Defense	
Biological Threat Reduction Program (within Cooperative Threat Reduction account)	\$250,000

Appendix II: Account & Program Justifications for Fiscal Year 2024

Global Health Programs (USAID and State)

FY24 Recommended Funding Level: \$17.255 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 a myriad of health issues such as COVID-19, preparing for and responding to other 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 health 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 (PEPFAR). While the ethical imperative to address the suffering of our global neighbors is undeniable, COVID-19 has shown that the cost of failure to do so is catastrophic with far-reaching implications. Increased investments in global health will also 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)

FY24 Request: No less than \$1.15 billion, including at least \$340 million for Gavi, the Vaccine Alliance and \$165 million for Polio across all accounts

FY22 Enacted	FY23 President’s Request	FY23 House	FY23 Senate	FY23 Enacted	FY24 Recommendation
\$890 million <i>(of which \$290 million for Gavi and \$75 million for polio)</i>	\$879.5 million <i>(of which \$290 million for Gavi and \$61 million for polio)</i>	\$890 million <i>(of which \$290 million for Gavi and \$75 million for polio)</i>	\$900 million <i>(of which \$290 million for Gavi and \$85 million for polio)</i>	\$910 million <i>(of which \$290 million for Gavi and \$85 million for polio)</i>	\$1.15 billion <i>(of which \$340 million for Gavi and \$165 million for polio)</i>

The COVID-19 pandemic significantly set back gains for maternal, newborn, and child survival by a number of years—if not decades—as a result of disruptions to the delivery of essential, lifesaving health services, such as routine immunizations, antenatal care, and breastfeeding counseling. In 2021, an estimated 25 million children missed out on one or more routine immunizations; 18 million of these children received no vaccines at all.

An increase of funding to \$1.15 billion would allow USAID’s bilateral maternal and child health program to expand its work and carry out the forthcoming Preventing Child and Maternal Deaths (PCMD) framework and ensure more women are able to access prenatal services, deliver in the presence of skilled birth attendants, and support more children to get immunized. Additional resources will also be used to strengthen surveillance and outbreak response for USAID’s polio program and to fund Gavi, the Vaccine Alliance.

Malaria

FY24 Request: \$1 billion

FY22 Enacted	FY23 President’s Request	FY23 House	FY23 Senate	FY23 Enacted	FY24 Recommendation
\$775 million	\$780 million	\$820 million	\$800 million	\$795 million	\$1 billion

Malaria, a preventable and treatable disease, still threatens half the world’s population, infecting 241 million people annually and causing 627,000 deaths in 2020. According to the 2021 World Malaria Report, deaths increased by 12% for the first time in many years; children under 5 now account for 77% of deaths from malaria; and the world is again seeing a child die from malaria every minute instead of every 2 minutes. We are seeking \$1 billion to strengthen and advance the ability of the President’s Malaria Initiative (PMI) to carry out programs effectively; to support the much-needed changeover to next generation bed nets necessary to combat insecticide resistant mosquitoes, decreasing the bed net gap by 44%; to invest in drug therapies for resistant parasites; and to provide training and support for community health workers to deliver lifesaving commodities by training 36,0000 and hiring an additional 69,0000 community health workers, which can also be utilized for the administration of COVID-19 rapid diagnostic testing and vaccine delivery services.

Tuberculosis

FY24 Request: \$1 billion

FY22 Enacted	FY23 President’s	FY23 House	FY23 Senate	FY23 Enacted	FY24 Recommendation
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	Request				
\$371 million	\$350 million	\$469 million	\$400 million	\$394.5 million	\$1 billion

One million fewer people with TB had access to diagnosis and treatment in 2020 compared to 2019 in USAID’s 23 TB priority countries, a 23 percent decline, which will inevitably result in unnecessary disease progression and deaths.

Complementary COVID-19 and TB responses can assist in curbing both pandemics to save lives and build broader systems. There are opportunities to leverage each disease platform to prevent and detect both simultaneously including: support for bi-directional testing for both diseases, joint contact investigation and community screenings, and implementing infection prevention and control measures. In both diseases, frontline health care workers must be protected, well trained, equipped, supported and enabled to care for their patients. Strengthening the airborne infection platforms using a coordinated TB and COVID-19 response will be critical to preventing the next pandemic.

Bilateral and Multilateral Family Planning and Reproductive Health Programs

FY24 Request: \$1.74 billion, including \$116 million for UNFPA³

FY22 Enacted	FY23 President’s Request	FY23 House	FY23 Senate	FY23 Enacted	FY24 Recommendation
\$607.5 million <i>(including \$32.5 million for UNFPA)</i>	\$572 million <i>(including \$56 million for UNFPA)</i>	\$830 million <i>(including \$70 million for UNFPA)</i>	\$710 million <i>(including \$60 million for UNFPA)</i>	\$607.5 million <i>(including \$32.5 million for UNFPA)</i>	\$1.74 billion <i>(including \$116 million for UNFPA)</i>

An estimated 218 million women of reproductive age in low- and middle- income countries want to delay or avoid pregnancy but face considerable barriers to using modern methods of contraception. The inability to access contraception and other reproductive health services limits the capacity of individuals to exercise agency over their bodies, hinders their potential to pursue opportunities around education, economic and civic engagement and is a significant contributor to maternal mortality and unsafe abortion. The COVID-19 pandemic has compounded challenges to accessing contraception services around the world.

³ <https://pai.org/resources/just-the-math/>

Fully funding the U.S. fair share of meeting the global need for modern contraception would result in approximately:

- 77.9 million women and couples receiving contraceptive services;
- 34.4 million unintended pregnancies averted;
- 11.5 million unsafe abortions averted;
- 13 million unplanned births avoided;
- 55,240 maternal deaths prevented⁴.

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

Nutrition

FY24 Request: \$300 million

FY22 Enacted	FY23 President’s Request	FY23 House	FY23 Senate	FY23 Enacted	FY24 Recommendation
\$155 million	\$150 million	\$160 million	\$160 million	\$160 million	\$300 million

Global conflict, climate change, and ongoing disruptions from the COVID-19 pandemic are impeding health services and driving up food, fuel, and fertilizer prices, causing rates of severe malnutrition to increase dramatically. Severe malnutrition threatens millions of lives, stunts children’s potential, and jeopardizes the gains in global stability and prosperity that the United States has spent decades cultivating. Investing in proven, cost-effective interventions in development settings to prevent additional cases of severe malnutrition and treat children on the verge of starvation could protect hundreds of thousands of lives in the years to come. An investment of at least \$300 million in the Global Health Nutrition sub-account is critical to meet the growing need for nutrition programming and prevent rates of malnutrition from further multiplying. A \$300 million investment would also build on USAID’s recent commitment to ending child wasting and allow for the scale-up of nutrition interventions that can prevent severe malnutrition along with treating it.

Vulnerable

Children

FY24 Request: \$35 million

FY22 Enacted	FY23 President’s	FY23 House	FY23 Senate	FY23 Enacted	FY24 Recommendation

⁴ <https://www.guttmacher.org/just-numbers-impact-us-international-family-planning-assistance-2021>

	Request				
\$27.5 million	\$25 million	\$30 million	\$30 million	\$30 million	\$35 million

Over 10 million children have lost a primary or secondary caregiver due to the COVID-19 pandemic. Funding of \$35 million for the Vulnerable Children Account will allow USAID to plan and budget for activities that support these children – enabling them to remain in or return to the care of their families, or, when appropriate, other close family members or foster families. Increased resources would allow USAID to scale up implementation of the Global Child Thrive Law, which calls for the integration of inclusive early childhood interventions into U.S. foreign assistance programs serving vulnerable children and their families.

Increased funding is even more critical in light of the secondary impacts of the COVID-19 pandemic. Lockdowns and social isolation paired with 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.⁵ 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
 FY24 Request: \$150 million

FY22 Enacted	FY23 President’s Request	FY23 House	FY23 Senate	FY23 Enacted	FY24 Recommendation
\$107.5 million	\$114.5 million	\$112.5 million	\$114.5 million	\$114.5 million	\$150 million

USAID’s Neglected Tropical Disease (NTD) program is making substantial progress eliminating NTDs. Every \$1 invested by the U.S. leverages \$26 in donated medicines, totaling more than \$27.6 billion in donated medicines for 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; 151 million are no longer at risk for blinding trachoma; and 10 million are no longer at risk for onchocerciasis.

⁵ [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)

We recommend \$150 million for the program to continue its strong progress toward elimination. With U.S. support, 15 countries will eliminate at least one NTD as a public health problem within 5 years. 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; support greater integration with water, sanitation, and hygiene, nutrition, education, One Health, and vector control programs; and strengthen health systems to integrate and sustain the tremendous gains to date⁶.

HIV/AIDS

(USAID)

FY24 Request: \$350 million

FY22 Enacted	FY23 President’s Request	FY23 House	FY23 Senate	FY23 Enacted	FY24 Recommendation
\$330 million	\$330 million	\$350 million	\$330 million	\$330 million	\$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. 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)

FY24 Request: \$5.14 billion

FY22 Enacted	FY23 President’s Request	FY23 House	FY23 Senate	FY23 Enacted	FY24 Recommendation
\$4.39 billion	\$4.37 billion	\$4.39 billion	\$4.37 billion	\$4.395 billion	\$5.14 billion

The recent UNAIDS Global AIDS Report for 2022 shows we are in incredible danger of not achieving the global targets for 2025, and subsequently those for 2030, if we continue the status quo of investment. Additional prevention efforts are needed to target geographic areas and populations, like adolescents and young women, in which new HIV infection rates still remain

⁶ https://www.neglecteddiseases.gov/wp-content/uploads/2021/09/USAID-NTD-Fact-Sheet-9_2_2021_Web.pdf

high. Every week, around 4,900 young women aged 15–24 years become infected with HIV. Children are still falling woefully behind adults with treatment coverage, exacerbated by the fact that the disease progression is more rapid in children. Funding for PEPFAR has remained stagnant for over a decade in dollar amounts, resulting in an effective \$1.5 billion decrease in purchasing power from 2009-2021. With 1.5 million new infections each year, stagnant funding for PEPFAR simply cannot meet the demand imposed upon the program.

Global Fund to Fight AIDS, Tuberculosis and Malaria
 FY24 Request: \$2 billion

FY22 Enacted	FY23 President's Request	FY23 House	FY23 Senate	FY23 Enacted	FY24 Recommendation
\$1.56 billion	\$2 billion	\$2 billion	\$2 billion	\$2 billion	\$2 billion

It has been determined that at least \$18 billion total is needed globally over the Seventh Replenishment period for the Global Fund to continue to play its leadership role in putting the world back on track to end HIV/AIDS, tuberculosis, and malaria. \$2 billion each Fiscal Year is consistent with the U.S. continuing to provide 33% of total resources for the Global Fund and the resulting requirement of other donors that all U.S. contributions be matched two to one. This would constitute the second \$2 billion installment of a \$6 billion U.S. pledge to the Global Fund's Seventh Replenishment.

Global Pandemic Prevention, Preparedness, and Response Fund
 FY24 Request: \$2 billion

FY22 Enacted	FY23 President's Request	FY23 House	FY23 Senate	FY23 Enacted	FY24 Recommendation
–	\$250 million	–	Up to \$550 million <i>(of the \$950 million in supplemental GHS funding)</i>	–	\$2 billion

No less than \$2 billion as an annual U.S. contribution to a new multilateral fund for Pandemic Prevention, Preparedness, and Response at the World Bank. The COVID-19 pandemic lays bare the consequences of chronically underfunding pandemic prevention and 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 recommendations were based on recent cost assessments by WHO, [McKinsey and Company](#), Georgetown University, and [Harvard University](#), and considered funding that should be covered by domestic budgets and the private sector. U.S. pledges to the Fund of \$450 million, to date have set the standard for other high-income governments to follow, with the European Commission and Germany aspiring to match U.S. contributions. Stepped up, fair-share U.S. contributions, on a sustainable, annual basis, will crowd in other investments in a race-to-the-top and allow the Fund to be transformative for global health security.

Global Health Security
 FY24 Request: \$1 billion, including \$200 million for CEPI

FY22 Enacted	FY23 President's Request	FY23 House	FY23 Senate	FY23 Enacted	FY24 Recommendation
\$700 million <i>(of which \$100 million for CEPI)</i>	\$745 million <i>(of which \$100 million for CEPI)</i>	\$1 billion <i>(of which \$100 million for CEPI)</i>	\$745 million <i>(of which \$100 million for CEPI in FY23 and \$100 million for CEPI in supplemental funding)</i>	\$900 million <i>(of which \$100 million for CEPI)</i>	\$1 billion <i>(of which \$200 million for CEPI)</i>

No less than \$1 billion for Global Health Security programs 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 FY23 and reflects the urgent need for increased, sustained funding for global health security.

As part of this funding, \$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. 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

FY24 Request: \$300 million

FY22 Enacted	FY23 President’s Request	FY23 House	FY23 Senate	FY23 Enacted	FY24 Recommendation
\$90 million	\$90 million	\$90 million	\$190 million <i>(\$90 million in FY23 and \$100 million in supplemental)</i>	–	\$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.

Supporting Innovative Global Health Technologies (SIGHT) Fund

FY24 Request: \$250 million

FY22 Enacted	FY23 President’s Request	FY23 House	FY23 Senate	FY23 Enacted	FY24 Recommendation
–	–	<i>Directed increase in funding for R&D (no number)</i>	<i>Directed increase in funding for R&D (no number)</i>	–	\$250 million

According to the Lancet Commission on Investing in Health, even if our current health technologies were scaled widely, the world could still not achieve our sustainable development goals for health. USAID has for decades invested in the development of new health products, but

funding for this critical work has declined as a proportion of total global health funding over the last 15 years and is now at less than 2 percent of global health spending at the State Department. Current funding levels are not enough for addressing both long-standing and evolving challenges, including antimicrobial resistance, emerging infectious diseases, and shifting disease burdens.

A new, dedicated fund for global health research and development (R&D) in the Global Health Bureau is needed to strengthen USAID’s work in supporting the development and deployment of new and improved drugs, vaccines, diagnostics, and other tools. Greater investment in innovation will produce the tools needed to address enduring and emerging global health challenges and to reach our global health goals.

Health Worker Initiative

FY24 Request: \$200 million

FY22 Enacted	FY23 President’s Request	FY23 House	FY23 Senate	FY23 Enacted	FY24 Recommendation
–	\$250 million <i>(in mandatory funding over 5 years)</i>	–	\$200 million	–	\$200 million

Inadequate health workforces and weak health systems have severely undermined our efforts to respond to COVID-19 globally. We must recognize that these challenges are systemic in nature and go beyond the current COVID emergency. Targeted, direct funding through a new Health Worker Initiative will build capacity to surge the health workforce when emergencies arise, advance the professionalization of community health workers, and increase the reliability and quality of primary health services. During emergencies, countries must be able to surge workers where needed. Yet, many countries lack adequate planning systems that provide rapid, accurate information on workers’ location, capacities, and job performance. Newly published data from WHO shows that the health workforce shortage has worsened in the WHO African Region since 2013 and that, at the current rate, it will not improve by 2030. The U.S. now has a critical opportunity to enhance our global health security by strengthening health workforces in partner countries and supporting regional efforts.

Non-Communicable Diseases

FY24 Request: \$40 million

FY22 Enacted	FY23 President's Request	FY23 House	FY23 Senate	FY23 Enacted	FY24 Recommendation
–	–	–	–	–	\$40 million

Annually, 41 million people globally die from noncommunicable diseases (NCDs). Approximately 85% of these deaths, including among children and young adults, occur in low- and middle-income countries. Limited access to proven and effective prevention and treatment strategies continue to contribute, plunging families into poverty and further straining health budgets, health systems, and economic growth. Dedicated U.S. funding to NCDs would:

- Provide catalytic support to scale-up of strategies for reducing morbidity and mortality of NCDs and increasing access to quality services among the most vulnerable;
- Solidify U.S. leadership in supporting countries to strengthen primary health care systems; and
- Provide critical assistance to one of the most neglected populations, who have become even more vulnerable due to COVID and other threats to global health security.

We encourage the administration to increase dedicated investment in NCDs, further integrate NCDs within existing programs, and establish a monitoring mechanism to better track U.S. commitments to NCDs.

Development Assistance

Water and Sanitation (WASH)

FY24 Request: \$600 million

FY22 Enacted	FY23 President's Request	FY23 House	FY23 Senate	FY23 Enacted	FY24 Recommendation
\$475 million	\$378.28 million	\$500 million	\$475 million	\$475 million	\$600 million

Access to safe water, sanitation and hygiene (WASH) services plays an important role in protecting the health, security, resilience, and economic potential of individuals and communities around the world. Funding for WASH provides access to these basic services for millions that reduce morbidity and mortality from WASH-related illness and other infections. Increased investment helps to ensure WASH is supported at various points of care, including schools, healthcare facilities, and community settings. Strengthening WASH services directly contribute to the achievement of 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. WASH programs also contribute heavily to sustainable progress across other development sectors like child development, education, food security, agriculture, women’s empowerment, climate mitigation and adaptation, and poverty alleviation.

International Organizations & Programs (IO&P)

World Health Organization (WHO)

FY24 Request: \$109 million

FY22 Enacted	FY23 President’s Request	FY23 House	FY23 Senate	FY23 Enacted	FY24 Recommendation
\$123 million	\$103 million	\$103 million	\$103 million	\$109 million	\$109 million

The U.S. is assessed 22% of the World Health Organization (WHO)'s core budget, which represents just 16% of the total WHO budget. This budget, approved by the Member States, allows for the organization to operate in every corner of the world and amplifies critical U.S. global health priorities. The WHO has played a role in every major global health success over the last 75 years, from the eradication of smallpox to combatting the HIV/AIDS epidemic. Every major scientific review coming out of the COVID-19 pandemic has signaled a need to more sustainably finance the WHO and secure its ability to act. Fully funding our assessments, especially as the core budget of WHO will grow over the next five years, will be critical.

UNICEF

FY24 Request: \$175 million

FY22 Enacted	FY23 President’s Request	FY23 House	FY23 Senate	FY23 Enacted	FY24 Recommendation
\$139 million <i>(of which \$134 million for core resources and \$5</i>	\$135.5 million	\$145 million <i>(of which \$140 million for core resources and \$5</i>	\$139 million <i>(all core resources)</i>	\$142 million <i>(of which \$137 million for core resources</i>	\$175 million

<i>million earmarked to FGM)</i>		<i>million for FGM)</i>		<i>and \$5 million for FGM)</i>	
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The convergence of a global pandemic, conflicts and disasters, including the current drought in the Horn of Africa, creates severe challenges for children and for UNICEF. Over the past two years, UNICEF has seen setbacks in virtually every child development indicator. Core resources (flexible, un-earmarked funding) are essential to UNICEF's ability to respond to these challenges. UNICEF can use core resources wherever they will have the greatest impact for children. They allow UNICEF to respond to sudden and ongoing crises, to help rebuild, and allow UNICEF to support children not just in one moment, but throughout their entire childhood and adolescence.

Department of Health and Human Services

National Institutes of Health

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 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 to 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

FY24 Request: \$116.1 million

FY22 Enacted	FY23 President's Request	FY23 House	FY23 Senate	FY23 Enacted	FY24 Recommendation
\$86.880 million	\$96 million	\$99.622 million	\$89.574 million	\$95.162 million	\$116.1 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 global public health challenges such as HIV/AIDS, COVID-19, Zika, and Ebola. Many FIC-trained scientists now hold high-ranking academic and government positions around the world.

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 FY24, FIC is situated to develop and lead a network of modeling hubs and joint research programs to engage investigators in low- and middle-income countries to collaboratively train and prepare for future pandemics, strengthening global health security.

National Institute of Allergy and Infectious Diseases
 FY24 Request: \$7.12 billion

FY22 Enacted	FY23 President’s Request	FY23 House	FY23 Senate	FY23 Enacted	FY24 Recommendation
\$6.32 billion	\$6.268 billion	\$6.64 billion	\$6.44 billion	\$6.56 billion	\$7.12 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 many game-changing global health innovations. For example, NIAID 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. 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

FY24 Request: \$3.875 billion

FY22 Enacted	FY23 President's Request	FY23 House	FY23 Senate	FY23 Enacted	FY24 Recommendation
\$3.194 billion	\$3.832 billion	\$3.394 billion	–	\$3.294 billion	\$3.875 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. Furthermore, The HIV Prevention Trials Network (HPTN), a worldwide collaborative clinical trials network funded by the NIH, is dedicated to the discovery and development of game-changing breakthroughs including recently FDA-approved long-acting injectable Cabotegravir. This request is based upon the most recent analysis of need as part of OAR's congressionally-mandated FY23 Professional Judgment Budget⁷.

Centers for Disease Control and Prevention

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 of 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.

Global Health Center

FY24 Request: \$1.0023 billion

FY22 Enacted	FY23 President's Request	FY23 House	FY23 Senate	FY23 Enacted	FY24 Recommendation
\$646.843	\$747.83	\$757.843	\$760.843	\$692.843	\$1.0023 billion

⁷ <https://www.oar.nih.gov/about/directors-corner/fiscal-year-2023-nih-hivaids-professional-judgment-budget-focus-future>

million	million	million	million	million	
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Of which Parasitic Diseases and Malaria: \$40 million

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

Of which Global AIDS Program: \$128.9 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.

Division of Malaria and Parasitic Diseases

FY22 Enacted	FY23 President’s Request	FY23 House	FY23 Senate	FY23 Enacted	FY24 Recommendation
\$27 million	\$31 million	\$31 million	\$31 million	\$29 million	\$40 million

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. Increased funding will help modernize laboratories, boost epidemiology capacity and data systems, and improve prevention, diagnosis, and treatment of malaria in the U.S.

Division of Global Health Protection

FY22 Enacted	FY23 President's Request	FY23 House	FY23 Senate	FY23 Enacted	FY24 Recommendation
\$253.2 million	\$353.2 million	\$353.2 million	\$353.2 million	\$293.2 million	\$456.4 million

The Center for Global Health's Division of Global Health Protection (GHP) programs help detect and respond to outbreaks at their source and bolster health system capacities post-emergency. 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 during health emergencies through the Global Disease Detection Operations Center and the Global Rapid Response Team. Additional support will allow GHP to strengthen the development of local public health workforces, extend the reach of the Field Epidemiology Training Program and National Public Health Institute, 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.

Global AIDS Program

FY22 Enacted	FY23 President's Request	FY23 House	FY23 Senate	FY23 Enacted	FY24 Recommendation
\$128.9 million	\$128.421 million	\$128.5 million	\$128.4 million	\$128.921 million	\$128.9 million

The CDC Global AIDS program has provided 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 U.S. Government teams implementing PEPFAR.

Division of Global HIV & TB

FY22 Enacted	FY23 President's Request	FY23 House	FY23 Senate	FY23 Enacted	FY24 Recommendation
\$9.722 million	\$9.222 million	\$14.722 million	\$14.722 million	\$11.722 million	\$21 million

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.

Division of Global Immunization

FY22 Enacted	FY23 President's Request	FY23 House	FY23 Senate	FY23 Enacted	FY24 Recommendation
\$228 million <i>(of which \$178 million for polio and \$50 million for measles)</i>	\$226 million <i>(of which \$176 million for polio and \$50 million for measles)</i>	\$230 million <i>(of which \$180 million for polio and \$50 million for measles)</i>	\$233 million <i>(of which \$183 million for polio and \$50 million for measles)</i>	\$230 million <i>(of which \$180 million for polio and \$50 million for measles)</i>	\$356 million <i>(of which \$276 million for polio and \$80 million for measles)</i>

No less than \$356 million for the Division of Global Immunization (GID) polio and measles activities is required to achieve interruption of endemic polio transmission and to combat extensive global measles outbreaks. FY24 funding would support CDC GID's lead role driving wild polio eradication through the Global Polio Eradication Initiative (GPEI), strengthen CDC polio and measles surveillance as the world's premier reference lab, and improve disease outbreak response and mass vaccination campaigns in high-risk, high-burden countries. CDC

GID is developing lists of “consequential geographies” in Africa focused on polio and measles outbreak control, where investments will have the greatest impact while also strengthening routine immunization. Increased FY24 funding for polio and measles will also support regaining lost ground from the COVID-19 pandemic. Over the past two years, over \$100 million in polio and measles resources were utilized to effectively respond to the pandemic, as well as tens of thousands of polio and measles personnel. This funding is essential to help mitigate the secondary impacts of the pandemic and reach the 25 million children who missed basic vaccines in 2021, 18 million of whom did not receive a single vaccine that year.

Center for Emerging Zoonotic and Infectious Diseases

FY24 Request: \$900 million

Of which Global WASH: \$10 million

FY22 Enacted	FY23 President’s Request	FY23 House	FY23 Senate	FY23 Enacted	FY24 Recommendation
\$693.272 million	\$703.272 million	\$799.272 million	\$793.772 million	\$750.772 million	\$900 million <i>(of which \$10 million for Global WASH)</i>

No less than \$900 million for the National Center for Emerging Zoonotic and Infectious Diseases (NCEZID). NCEZID’s work deepens scientific understanding of infectious diseases, builds public health capacity to detect, prevent, and respond to outbreaks, and provides flexibility to address urgent public health needs as they arise. The Center leads important R&D for rapid diagnostics, which has been leveraged for COVID-19 as well as 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 FY24 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 Reserve Fund
 FY24 Request: \$300 million

FY22 Enacted	FY23 President’s Request	FY23 House	FY23 Senate	FY23 Enacted	FY24 Recommendation
\$20 million	\$35 million	\$35 million	\$35 million	\$35 million	\$300 million

Maintain no less than \$300 million in the 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.

Department of Defense

Biological Threat Reduction (within Cooperative Threat Reduction account)
 FY24 Request: \$250 million

FY22 Enacted	FY23 President’s Request	FY23 House	FY23 Senate	FY23 Enacted	FY24 Recommendation
\$229 million	–	\$124 million	–	\$235 million	\$250 million

The Department of Defense (DoD)’s Cooperative Threat Reduction (CTR) biological threat reduction program explicitly seeks to prevent and detect emerging threats, including accidental misuse or deliberate abuse of biological agents. The program is critical in leveraging and driving other international donors toward funding biosecurity We have seen an encouraging rebound in funding levels within the DoD Cooperative Threat Reduction biological threat reduction program

with Congress increasing the funding to \$229 million in FY22 despite a worrying low President's Budget Request. We continue to recommend \$250 million as the baseline funding. This is critically important given the increasing biological risks associated with ongoing global health emergencies (i.e., COVID-19 and monkeypox), as well as emerging risks associated with dual use research. These risks are driven by advances in technology and rapid spread of hazardous information, making it easier, cheaper, and faster to make and modify pandemic agents.