Global Health Council
The Collective Voice of the Global Health Community

August 11, 2023

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 to pursue a bold vision for the future through increased 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) 2025 appropriations.

In the wake of the COVID-19 pandemic, the world has witnessed backsliding in progress towards global health goals. Strong U.S. leadership and commensurate investment is needed now, more than ever before, to turn the tide against this detrimental reversal in health outcomes in areas such as child immunization. For example, a recent report by UNICEF and the World Health Organization showed that the COVID-19 pandemic has led to the largest decline in childhood vaccination in 30 years.[1] It is through sustained funding provided by the U.S. that we can adequately address the health crisis and threat caused by decreased vaccination rates, as well as other global health challenges.

Flat or decreased funding to the U.S. global health budget would severely undermine decades of progress towards a healthier world and would serve as a dangerous signal that the U.S. is ceding leadership on the global stage. Moreover, the COVID-19 pandemic's lingering effects, along with the crisis in Ukraine and its concurrent impacts on food security and overall instability, have only reinforced the need for U.S. leadership and investment in global health and humanitarian aid programming. U.S. investment is absolutely critical to prevent further backsliding on global health progress, the ripple effects of which will help to protect Americans by strengthening our collective health security, and yields additional short- and long-term benefits that will help build more resilient and prosperous communities.

GHC strongly urges the Office of Management and Budget to ensure the FY25 budget reflects this urgent need for increased and sustained investment. **GHC and our partners therefore support increased investments for global health programs at the Department of State and**

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

the U.S. Agency for International Development (USAID), the National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC), and the Department of Defense (DoD). GHC also supports 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; the Pandemic Fund; and the Coalition for Epidemic Preparedness Innovations (CEPI), all of which leverage U.S. dollars to broaden impact, save more lives, and promote global health security.

We look forward to continuing our strong partnership with the Biden-Harris administration to ensure the President's FY25 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,

Elisha Dunn-Georgiou
President & CEO
Global Health Council

Appendix I: Account & Program Recommendations for Fiscal Year 2025 (in thousands)

	FY 2025 Recommended Funding Level (in thousands)
Global Health Programs (USAID & State)	**$15,715,000**
Maternal and Child Health	$1,150,000
of which Gavi	$340,000
of which Polio (all accounts including ESF)	$165,000
Malaria (PMI)	$925,000
Tuberculosis	$1,000,000
Family Planning (all accounts)	$1,740,000
Of which UNFPA (IO&P)	$116,000
Nutrition	$300,000
Vulnerable Children	$35,000
Neglected Tropical Diseases	$125,000
HIV/AIDS (USAID)	$350,000
PEPFAR	$5,140,000
Global Fund to Fight AIDS, TB, and Malaria	$2,000,000
Pandemic Fund (all accounts)	$1,000,000
Global Health Security	$1,000,000
of which CEPI	$200,000

Emergency Reserve Fund	$300,000
SIGHT Fund for R&D	$250,000
Global Health Worker Initiative	$200,000
Health Systems Strengthening	$200,000
Development Assistance (DA)	
Water and Sanitation	$600,000
Contributions to International Organizations (CIO)	
World Health Organization	$130,300
International Organizations & Programs (IO&P)	
UNICEF	$175,000
National Institutes of Health (HHS)	
Fogarty International Center	$116,100
National Institute of Allergy and Infectious Diseases	$7,840,250
Office of AIDS Research	$3,953,000
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	$456,400
of which Global HIV/AIDS	$128,900
of which Global Tuberculosis	$21,000
of which Global Immunization	$356,000

National 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 2025

Global Health Programs (USAID and State)

FY25 Recommended Funding Level: $15.715 billion

As the lingering effects of the COVID-19 pandemic continue to be felt and multiple crises, such as the Ukraine conflict and its devastating impacts on food security and over instability, occur around the world, U.S. global health leadership is of the utmost importance. U.S. global health funding through the Department of State and the U.S. Agency for International Development is critical to addressing a myriad of health issues and maintaining U.S. leadership in preventing, 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, the COVID-19 pandemic showed us that the cost of failure to do so is catastrophic with far-reaching health and economic implications. Sustained and increased investment and ambition 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)
FY25 Request: $1.15 billion
Of which $340 million for Gavi, the Vaccine Alliance and $165 million for Polio

In March 2023, USAID launched a new framework on preventing maternal and child deaths which focuses on scaling up proven, cost-effective interventions delivered via primary healthcare. Additional resources are needed to realize the framework's goals of reducing preventable child and maternal mortality and increasing coverage of lifesaving interventions across 25 priority countries. In 2021 alone, USAID reached 91 million women and children with essential, often lifesaving, interventions.[2] Increasing bilateral funding to $643 million could enable USAID to reach an additional 28 million women and children with services such as prenatal and antenatal care, immediate newborn care, and nutrition interventions.[3]

Recent data from UNICEF shows the largest sustained decline in childhood vaccinations in three decades. U.S. contributions to Gavi, the Vaccine Alliance, have helped immunize more than 1 billion children with routine vaccines. Over the last six years, the U.S. government has funded Gavi at $290 million per year. An increase of just $50 million in FY25 would allow Gavi to reach millions more children with vaccinations and regain lost ground in vaccine coverage, strengthen global health security by preventing outbreaks at their source, and support the roll out of the new malaria vaccine to address the third-leading infectious disease cause of death for children.[4] An additional $80 million to support USAID's bilateral polio program would expand disease surveillance and strengthen outbreak response. Additionally, the cost of doing business has increased and additional funding is needed to regain lost ground to reach maternal and child mortality reduction targets.

Malaria
FY25 Request: $925 million

Malaria, a preventable and treatable disease, still threatens half the world's population, infecting 247 million people annually and causing 619,000 deaths in 2021. According to the 2022 World Malaria Report, children under 5 now account for 76.8% of deaths from malaria and the world is again seeing a child die from malaria every minute instead of every 2 minutes.[5]

In addition, layered humanitarian crises and climate change impede progress towards elimination goals. A funding level of $925 million will strengthen and advance the ability of the President's

[2] USAID (2023). Preventing Child and Maternal Deaths: A Framework for Action in a Changing World 2023 - 2030. Accessed at:https://www.usaid.gov/sites/default/files/2023-03/Preventing%20Child%20and%20Maternal%20Deaths%20A%20Framework%20for%20Action%20in%20a%20Changing%20World%202023-2030_508c.pdf
[3] These figures were calculated assuming that FY2019 dollars ($492.5 million in bilateral MCH) were used to achieve 2021 results and then adding in how many would be reached if we had $643 million in bilateral funding.
[4] UNICEF (2020). Malaria: Status Updates on Children. Accessed at: https://data.unicef.org/resources/malaria-snapshots-sub-saharan-africa-and-impact-of-covid19/.
[5] https://www.who.int/teams/global-malaria-programme/reports/world-malaria-report-2022

Malaria Initiative (PMI) to carry out programs that support the world's most vulnerable populations in their fight against malaria, including:

- Supporting the much-needed changeover to next generation bed nets necessary to combat insecticide-resistant mosquitoes;
- Decreasing the bed net gap;
- Investing in drug therapies for resistant parasites;
- Combating the invasion and spread of *Anopheles Stephensi* mosquitoes in Africa; and
- Training and supporting at least 100,000 community health workers to deliver lifesaving commodities, which help to strengthen health systems holistically to respond to any infectious disease threat.[6]

Tuberculosis
FY25 Request: $1 billion

Tuberculosis is reclaiming the shameful top slot of the leading infectious disease killer with 10.6 million sickened and 1.6 million killed by the disease in 2021.[7] But, these deaths are unnecessary and could be prevented entirely as TB is both treatable and curable.

Because of lack of investments and diverted resources due to COVID-19, 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.[8] This inevitably resulted in unnecessary disease progression and deaths. In total, WHO estimates that 4 million people with TB are now "missing" from treatment, going undiagnosed and untreated because of lack of access.[9]

The Stop TB Partnership estimates that failing to achieve the first UN High Level Meeting goals will mean 43 million people developing TB, leading to 6.6 million deaths by 2030. This inaction could cost upwards of $1 trillion in economic loss and 234 million disability-adjusted life years.[10] However, this could be rectified as the world presses the reset button at the second UN High Level Meeting on TB in September 2023, at which countries will set new bold global goals to fight TB, including financial targets and goals to find and treat all forms of TB. By scaling up research and development for new diagnostics, treatments, and immunizations and by doubling the U.S. investments in the fight against TB, the U.S. can lead the path forward in driving down this infectious killer.

[6] https://d1u4sg1s9ptc4z.cloudfront.net/uploads/2021/10/10.04Final_USAID_PMI_Report_50851.pdf
[7] https://www.who.int/news-room/fact-sheets/detail/tuberculosis
[8] https://www.usaid.gov/global-health/health-areas/tuberculosis/resources/news-and-updates/global-accelerator-end-tb/tb-recovery-plans
[9] https://results.org/wp-content/uploads/End-TB-Now-Act-One-Pager.pdf
[10] https://results.org/wp-content/uploads/End-TB-Now-Act-One-Pager.pdf

Bilateral and Multilateral Family Planning and Reproductive Health Programs
FY25 Request: $1.74 billion
O*f which $116 million for UNFPA*[11]

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.[12] 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.

International family planning and reproductive health (FP/RH) programs are central to achieving a number of U.S. global health goals, including reducing rates of unintended pregnancy; maternal, infant, and child mortality; and mother-to-child HIV transmission.

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

- 96.1 million women and couples receiving contraceptive services;
- 32.4 million unintended pregnancies averted;
- 10.6 million unsafe abortions averted;
- 12.7 million unplanned births avoided; and
- 54,000 maternal deaths prevented.[13]

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

Nutrition
FY25 Request: $300 million

Optimal nutrition builds resilient people, societies, and economies through greater health, immunity, and productivity, as well as reduced healthcare burdens. An investment of at least $300 million in the Global Health Nutrition subaccount is critical to meet the growing need for nutrition services to prevent, detect, and treat malnutrition. Unfortunately, rates of malnutrition are increasing at an alarming pace with roughly 148.1 million children under 5 suffering from the effects of chronic malnutrition, 45 million children under 5 suffering from the most deadly form

[11] Just the Math: Methodology for Calculating the U.S. Share of the Cost of Addressing the Unmet Need for Contraception in Low- and Middle-Income Countries (PAI, May 2021) https://res.cloudinary.com/dhu2eru5b/images/v1/websites/pai2020/Just-the-Math/Just-the-Math.pdf
[12] https://www.guttmacher.org/report/adding-it-up-investing-in-sexual-reproductive-health-2019#:~:text=Approximately%20218%20million%20women%20of,111%20million%20annually%E2%80%94are%20unintended.
[13] Just the Numbers: The Impact of U.S. International Family Planning Assistance, 2022 (Guttmacher Institute, March 2023) https://www.guttmacher.org/sites/default/files/policy_analysis/file_attachments/2023_just_the_numbers_us.pdf

of undernutrition–wasting, and more than 1 billion adolescent girls and women worldwide suffering from malnutrition, impacting current and future generations.[14] Malnutrition is also costly with estimates showing that malnutrition costs the world $3.5 trillion in lost productivity and healthcare spending each year.[15] An investment of $300 million would bear dividends for generations to come by saving more than 30,000 child lives annually, providing lifesaving treatment for 3 million malnourished children, and curing more than 12 million women from anemia.[16]

Vulnerable Children
FY25 Request: $35 million

On January 1, 2021, the Global Child Thrive Law was enacted and increased funding is needed to support USAID's implementation of the law across foreign assistance programs serving vulnerable children and their families by integrating inclusive early childhood interventions into maternal and child health, nutrition, immunization, sanitation, clean water, education, and humanitarian assistance programs.

In 2021 alone, the vulnerable children account provided catalytic funding to help reach 28.7 million children with supportive services, such as family tracing and reunification or other child development, protection, safety, and well-being services and allowed 1.5 million parents and caregivers to receive psychosocial support and training in positive parenting practices.[17] Increasing funding to $35 million could enable USAID to reach an additional 22.4 million children and 687,500 parents and caregivers to receive supportive services.[18]

Funding at this level would also allow USAID to plan and budget for activities that enable children to remain in or return to the care of their families or, when appropriate, other close family members or foster families, and decrease the percentage of children living in institutions. In addition, these funds allow USAID to identify evidence-based practice priorities, indicators, outcomes and targets, particularly emphasizing the most vulnerable children, especially those outside family care, who have delays or disabilities or live in crisis-affected contexts.

[14] https://data.unicef.org/resources/sofi-2022/
https://www.unicefusa.org/stories/undernourished-and-overlooked-new-report-reveals-global-nutrition-crisis-women-and-girls#:~:text=More%20than%201%20billion%20adolescent,action%20to%20address%20the%20issue.
[15] UNICEF, WHO, and the World Bank (2023). Joint Malnutrition Estimates (JME) - Levels and Trends - 2023 edition. Accessed at https://data.unicef.org/resources/jme-report-2023/?utm_id=JME-2023.
UNICEF (2023). Undernourished and Overlooked: A Global Nutrition Crisis and Adolescent Girls and Women. Accessed at: https://www.unicef.org/media/136876/file/Full%20report%20(English).pdf
The Global Panel (2016). The Cost of Malnutrition: Why Policy Action is Urgent. Access at: https://glopan.org/sites/default/files/pictures/CostOfMalnutrition.pdf
[16] World Bank (2017). An Investment Framework for Nutrition: Reaching the Global Targets for Stunting, Anemia, Breastfeeding and Wasting. Accessed at: https://www.worldbank.org/en/topic/nutrition/publication/an-investment-framework-for-nutrition-reaching-the-global-targets-for-stunting-anemia-breastfeeding-wasting
[17] USAID (2023), The Proven Value of Nurturing Care: Advancing Protection and Care for Children in Adversity Annual Report to Congress. Accessed: https://www.childreninadversity.gov/wp-content/uploads/2023/05/APCCA-Report-Congress-2023.pdf
[18] These figures were calculated assuming that FY2019 dollars ($24 million for Vulnerable Children) were used to achieve 2021 results and then adding in how many children and parents/caregivers would be reached if funding was $35 million.

Neglected Tropical Diseases
FY25 Request: $125 million

USAID's Neglected Tropical Disease (NTD) program is making substantial progress eliminating NTDs. Since 2006, across more than 30 countries, six pharmaceutical companies have donated more than three billion treatments, which were distributed by health workers to 1.5 billion people with USAID's support. To date, 13 USAID-supported countries have eliminated at least one NTD, including Bangladesh, Benin, and Mali in 2023. A total of 341 million people no longer require treatment for lymphatic filariasis, 172 million people for trachoma, and 11 million people for onchocerciasis.

With sustained resources, USAID anticipates 15 additional countries eliminating at least one NTD within five years. Funding the USAID NTD program at a level of $125 million will continue its strong progress toward elimination. Funds will:

- Maximize the benefits of increased drug donations (every $1 invested by the U.S. leverages $26 in donated medicines);[19]
- Ensure countries can reach national scale and maintain progress towards 2030 targets;
- Allow for 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 date.

Not addressing NTDs traps individuals and communities in poverty, undermines growth and development, and impairs progress towards achieving global health and development goals.[20]

HIV/AIDS (USAID)
FY25 Request: $350 million

The HIV/AIDS funding allocated to USAID supports multi-country, cross-cutting initiatives critical to the success of the President's Emergency Plan for AIDS Relief (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 more 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, multipurpose prevention technologies, and development of an effective HIV vaccine–could be in jeopardy.

[19] https://www.neglecteddiseases.gov/about/funding/#:~:text=Every%20%241%20invested%20by%20the,best%20buys%E2%80%9D%20in%20global%20health.
[20] https://www.neglecteddiseases.gov/what-we-do/eliminating-disease/
https://www.neglecteddiseases.gov/wp-content/uploads/2022/09/USAID-NTD-Fact-Sheet-August-2022.pdf

HIV/AIDS (PEPFAR)
FY25 Request: $5.14 billion

The recent 2023 UNAIDS Global AIDS Report shows the world is in incredible danger of not achieving the global targets for 2025, and subsequently those for 2030, if we continue the status quo of investment.[21] Additional prevention efforts are needed to target geographic areas and populations, such as adolescents and young women, in which new HIV infection rates remain high.

Every week, around 4,000 young women aged 15–24 years old become infected with HIV; however, only 42 percent of districts with high HIV incidence currently have prevention programs specifically designed for adolescent girls and young women.[22] Children are still falling woefully behind adults with treatment coverage, with 660,000 children living with HIV lacking treatment, made even more urgent by the fact that disease progression is more rapid in children.[23] 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.[24] With 1.3 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
FY25 Request: $2 billion

Since its inception in 2002, the Global Fund and its partners have saved more than 50 million lives.[25] Two billion each Fiscal Year (FY) is consistent with the United States continuing to provide 33 percent of total resources for the Global Fund and the resulting requirement of other donors that all U.S. contributions be matched two to one. Pledges from several major donors at the Global Fund's seventh replenishment matched the U.S. pledge increase, and FY23 appropriations matched the administration's request.

It's been estimated that a $2 billion contribution in FY25 would save 2.3 million lives, avert 51 million new infections and secure $58 billion in economic returns through health gains.[26] In addition to its monumental work to end HIV, TB and malaria and deadly epidemics, the Global Fund's core work also contributes heavily to health security around the world.[27]

[21] https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2023/july/unaids-global-aids-update
[22] https://thepath.unaids.org/
[23] https://thepath.unaids.org/
[24] https://www.kff.org/global-health-policy/issue-brief/key-issues-and-questions-for-pepfars-future/
[25] https://www.theglobalfund.org/en/about-the-global-fund/history-of-the-global-fund/
[26] https://www.theglobalfight.org/what-does-2-billion-buy-2/
[27] https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30420-4/fulltext

Pandemic Fund
FY25 Request: $1 billion

The COVID-19 pandemic brought to light the fragility of health systems everywhere. The total U.S. contribution of $700 million in the Pandemic Fund's first year has mobilized current commitments from 25 governments and philanthropic funders totaling $2 billion, an excellent leveraging of U.S. assistance.[28] Yet, a massive global funding gap remains for pandemic preparedness.

The WHO, World Bank, and a G20 panel of leading global financing experts have conservatively estimated that $10 billion must be invested in the Pandemic Fund annually to bolster global, regional, and national preparedness.[29] However, demand from low- and middle-income countries for Pandemic Fund grant investments far outstrips the available funding to date. In its first-ever request for proposals, the Pandemic Fund received 650+ Expressions of Interest from 100+ countries, totaling approximately $7.5 billion, 20 times the amount available in the funding envelope ($350 million).[30] The Pandemic Fund represents the way U.S. foreign assistance can and should work: to promote country ownership and domestic investment, and catalyze global burden-sharing to address shared challenges. Increased and sustained U.S. leadership will be essential to close this large global funding gap.

The National Defense Authorization Act of 2022 passed with strong bipartisan support for the authorization of U.S. participation in the Pandemic Fund of at least $5 billion over 5 years. Consistent with this authorization, the U.S. must follow through and support an annual investment in the Pandemic Fund of no less than $1 billion for FY25 and on an annual basis thereafter.

Global Health Security
FY25 Request: $1 billion
Of which $200 million for CEPI

USAID's Global Health Security programs strengthen global capacity to detect and control infectious diseases in animals and people, and align with the goals and commitments of the 2022 National Biodefense Strategy. USAID's global health security programs also work to strengthen partner country capacity to mitigate the growing risks posed by zoonotic spillover. Coupled with

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[28] https://www.google.com/url?q=https://www.worldbank.org/en/topic/pandemics/brief/factsheet-financial-intermediary-fund-for-pandemic-prevention-preparedness-and-response&sa=D&source=docs&ust=1689877419515932&usg=AOvVaw3yTBF_wp9AwP9gwhu_GRWP
https://airtable.com/shrJR2KQTDIs0dHHL/tblQPMLs4loyPnmUi

[29] https://www.google.com/url?q=https://www.usaid.gov/news-information/press-releases/may-19-2023-united-states-announces-250-million-planned-contribution-pandemic-fund-support-pandemic-prevention-preparedness-and-response&sa=D&source=docs&ust=1689877419519367&usg=AOvVaw1svvNEckrUIOHdEnEI098q

[30] https://www.worldbank.org/en/programs/financial-intermediary-fund-for-pandemic-prevention-preparedness-and-response-ppr-fif/brief/demand-for-funding-from-pandemic-fund-exceeds-expectations-with-requests-totaling-over-7-billion

USAID's Emergency Response Program, these investments help partner countries build the platforms to detect, prevent, and rapidly respond to urgent infectious disease outbreaks before they spread and become deadly and costly pandemics. This funding level reflects the urgent need for increased, sustained funding for global health security, remedies past underinvestment, and maintains needed funding to prevent another lethal and costly pandemic.[31]

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. President Biden upscaled commitment to CEPI in the FY24 Budget Request (from $100 million to $220 million). The administration should continue this commitment to CEPI in the FY25 Budget Request.

Emergency Reserve Fund
FY25 Request: $300 million

No less than $300 million should be maintained 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 Emergency Reserve Fund will ensure USAID can move more quickly to control outbreaks before they spread and will 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 the Emergency Reserve Fund quickly at the onset of the outbreak was critical and provides a framework for success for tackling future pandemics.

Supporting Innovative Global Health Technologies (SIGHT) Fund
FY25 Request: $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.[32] 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 now represents less than 2 percent of global health spending at the State

[31] https://www.usaid.gov/global-health/health-areas/global-health-security
https://www.usaid.gov/global-health/health-areas/global-health-security/partnering
[32] http://www.globalhealth2035.org/sites/default/files/report/global-health-2035.pdf

Department and USAID.[33] Current funding levels are not enough to address both long-standing and evolving challenges, including antimicrobial resistance, emerging infectious diseases, and shifting disease burdens, such as non-communicable diseases.

A new, dedicated fund for global health research and development 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 that are fit-for-purpose for low-resource settings. There is currently an appetite in the House of Representatives to introduce a bill, the SIGHT Act, that would set up the authority, implementation structure, oversight, and funding line for the requested funds. Such a disease-agnostic funding line would give USAID greater resources and flexibility, outside of current disease-specific funding silos, to advance innovations needed to address enduring and emerging health challenges and reach the goals of the President's Malaria Initiative (PMI), the President's Emergency Plan for AIDS Relief (PEPFAR), and other U.S. government global health programs.

Global Health Worker Initiative
FY25 Request: $200 million

Every global health goal, including preventing and responding to pandemics, relies on the health workforce. A global shortage of health workers is undermining progress on reducing maternal mortality,[34] reversing the largest sustained decline in routine immunization in 30 years,[35] and every other health goal.

$200 million in targeted, direct funding through the Global 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.

Investing in the health workforce now reduces the need for much larger, short-term sums later to surge the health workforce in response to emergencies, including the ability to rapidly deploy health workers to deliver vaccines, tests, and treatments. Pandemics can only be defeated with motivated and supported health workers, two-thirds of whom are women.[36]

[33] Calculations done using data from
https://www.usaid.gov/sites/default/files/2023-01/GH-01%20-%20Updated%20-%20USAID%20Health%20Related%20Research%20and%20Development.pdf
https://www.congress.gov/bill/116th-congress/house-bill/133/text
2021 USAID GH R&D funding (from USAID FY22 R&D report appendix I; sum of development research FY21 budgeted): $165 million
2021 FY21 enacted all global health, State + USAID funding (Division K, Title I and Title II): $9,195.950 million
($165 million/$9,195.950 million)*100=1.79%
[34] https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(23)00518-4.pdf
[35] https://www.who.int/news/item/15-07-2022-covid-19-pandemic-fuels-largest-continued-backslide-in-vaccinations-in-three-decades
[36] https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-5th-global-forum-on-human-resources-for-health---3-april-2023

More than 43 million additional health workers are needed around the world,[37] with 55 countries now facing the most severe health workforce vulnerabilities.[38] Poor and unsafe working conditions, low morale, and inadequate pay are leading to increasing numbers of health workers abandoning their professions or emigrating.[39, 40]

Political will in low- and middle-income countries to address long-standing health workforce challenges is on the rise.[41, 42] Now is the moment for the U.S. to leverage the Global Health Worker Initiative to partner with these countries to achieve a strengthened health workforce.

Health Systems Strengthening
FY25 Request: $200 million

Strong and resilient health systems are crucial for achieving positive outcomes across all global health program areas. Health systems play a vital role in responding to ongoing and emerging health security threats, as well as addressing the significant impact that the COVID-19 pandemic has had on essential health services, such as routine vaccinations.

Efforts to strengthen health systems across various sectors, including improvements in the supply chain, pharmaceutical systems, data collection and utilization for decision-making, promotion of systems-focused thinking and practice, and advancements in governance and financing, will ensure that communities are better equipped to handle health challenges and provide equitable access to health services. Investing at a systems level will also build upon existing U.S. initiatives to strengthen the health workforce, enhance access to a broader range of critically needed healthcare services, and leverage sector-specific efforts to strengthen health systems and capacity.

The committee report for the FY22 House Appropriations Committee State and Foreign Operations budget directed USAID to ensure “no less than 10 percent” of each program line in the budget’s “Global Health Programs” table to be spent on cross-cutting health system strengthening. Supplementing this cross-cutting investment with dedicated funding will ensure more effective coordination across global health outcome areas, provide strategic direction and guidance to missions as they fund cross-cutting activities, and incentivize and catalyze additional investments above and beyond the 10 percent goal.

[37] https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00532-3/fulltext
[38] https://www.who.int/publications/i/item/9789240069787
[39] https://www.devex.com/news/mass-emigration-is-leaving-huge-gaps-in-africa-s-health-sector-105695
[40] https://www.icn.ch/sites/default/files/2023-07/ICN_Recover-to-Rebuild_report_EN.pdf
[41] https://www.president.go.ke/government-to-hire-community-health-workers-in-new-approach/
[42] https://africacdc.org/news-item/the-new-public-health-order-africas-health-security-agenda/

Development Assistance

Water and Sanitation (WASH)
FY25 Request: $600 million

In 2022, the U.S. government released its updated five-year whole-of-government U.S. Global Water Strategy, pursuant to Congressional requirement under PL 113-289. This new strategy sets the goal of improving health, prosperity, stability, and resilience through sustainable and equitable water resources management and access to safe drinking water and sanitation services and hygiene practices and services. The strategy also sets forward new priorities, funding for which will go to support strengthened sector governance, financing, and institutions; increased local leadership; integration of climate resilience; and efforts to anticipate and reduce water-related conflict.

From 2017-2022, USAID aimed to reach 15 million people with access to sustainable drinking water services and 8 million with access to sanitation by 2022, exceeding those goals as early as 2020.[43] Yet, the latest statistics show 1 in 4 people still lack safe drinking water in their homes and nearly half the world's population lacks safely managed sanitation.[44] In these next five years, USAID seeks to reach 22 million people with new or improved access to water and sanitation, half of whom have never before had access to basic water and/or sanitation. These investments in WASH access in homes, health care facilities, and schools directly contribute to other U.S. global health priorities, including:

- Improving child nutrition and reducing acute malnutrition;
- Ending preventable child and maternal deaths;
- Containing the spread of infectious diseases such, as the flu, cholera, and coronaviruses; and
- Controlling and eliminating neglected tropical diseases.

Contributions to International Organizations (CIO)

World Health Organization (WHO)
FY25 Request: $130.3 million

The WHO plays a pivotal role in extending the reach of U.S. global health investments as a lead technical partner and implementer in key U.S. programs, such as the President's Emergency Plan for AIDS Relief (PEPFAR), global immunizations, health system strengthening, and pandemic preparedness and response. The U.S. is assessed 22 percent of WHO's core budget.[45] This budget, approved by the Member States, allows for the organization to operate in every corner of

[43] https://washdata.org/
[44] https://www.who.int/publications/m/item/progress-on-household-drinking-water--sanitation-and-hygiene-2000-2022---special-focus-on-gender
[45] https://apps.who.int/gb/ebwha/pdf_files/EB152/B152_29-en.pdf

the world and amplifies critical U.S. global health priorities. With direct relationships in over 150 health ministries throughout the world, the WHO engages with countries in ways no single country can. It 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. At the 76th World Health Assembly in 2023, Member States agreed to a gradual increase in assessed contributions to increase predictability in financing to address pressing global health challenges. Fully funding our assessments, especially as the core budget of WHO grows to achieve sustainable financing, will be critical to ensure a fit-for-purpose WHO that improves health for all and ensures maximum impact of U.S. government health investments.

International Organizations & Programs (IO&P)

UNICEF
FY25 Request: $175 million

UNICEF's work around the world has continued to expand in response to growing needs. UNICEF reported that the 67 million children missed out on routine immunization between 2019-2021, in part due to disruptions from the COVID-19 pandemic.[46] Immunization services have rebounded but, particularly in low-income countries, coverage still falls short of pre-pandemic levels, putting children at grave risk from disease outbreaks.[47] Simultaneously, rapidly rising rates of severe acute malnutrition have resulted in 25 percent increase in the number of pregnant and breastfeeding adolescent girls and women suffering from acute malnutrition in 12 countries hardest hit by the ongoing global food and nutrition crisis.[48]

Amid escalating conflict, insecurity, displacement, and poverty, UNICEF draws upon its scale, extensive network, and technical expertise to achieve measurable gains in children's health and development. UNICEF procures more than 2 billion doses of vaccines annually for routine immunization—reaching 45 percent of the world's children under 5 years old[49]—as well as 75-80 percent of the world's Ready-to-Use Therapeutic Food (RUTF), which is used to treat wasting.[50] In 2022, UNICEF also helped 26 million people gain access to basic sanitation services and 30.6 million people access to safe water.[51]

Core resources are flexible funds that UNICEF relies on to ensure it can provide direct support to areas of greatest need and where it will make the most impact for children across their entire

[46] https://www.unicef.org/reports/state-worlds-children-2023
[47] https://www.unicef.org/press-releases/childhood-immunization-begins-recovery-after-covid-19-backslide
[48] https://www.unicef.org/reports/undernourished-overlooked-nutrition-crisis
[49] https://www.unicef.org/supply/stories/transforming-global-access-vaccines
[50] https://www.unicef.org/supply/media/17331/file/Ready-to-Use-Therapeutic-Food-Market-and-Supply-Update-May-2023.pdf
[51] https://www.unicef.org/reports/unicef-annual-report-2022

childhood and adolescence. These resources allow UNICEF's experts to be on the ground and equipped to respond immediately when a crisis occurs and to be there to rebuild.

Department of Health and Human Services

National Institutes of Health

Fogarty International Center
FY25 Request: $116.1 million

The Fogarty International Center (FIC) serves as a critical link between researchers in the United States and low- and middle-income countries, 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 FY25, 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
FY25 Request: $7.84025 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, 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 research and development priorities and continue progress on key priorities, steady funding growth for NIAID is critical in FY25.

Office of AIDS Research
FY25 Request: $3.953 billion

The Office of AIDS Research (OAR) has led the NIH's groundbreaking work in HIV/AIDS research and development 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 using HIV/AIDS therapies developed through NIH-funded research.[52] 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 recently including Food and Drug Administration-approved long-acting injectable Cabotegravir. Today, as we seek to accelerate progress toward the end of HIV/AIDS in the United States in this decade and stem the tide of the disease globally, continued investment in NIH HIV research will pay dividends by increasing the effectiveness of our prevention and treatment tools—the need for which has increased exponentially as COVID-19 has derailed global goals to end the HIV epidemic. This request is based upon the most recent analysis of need as part of OAR's congressionally-mandated FY25 Professional Judgment Budget.

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
FY25 Request: $1.0023 billion
Of which Parasitic Diseases and Malaria: $40 million
Of which Global Public Health Protection: $456.4 million
Of which Global HIV/AIDS Program: $128.9 million
Of which Global Tuberculosis: $21 million

[52] https://sti.bmj.com/content/sextrans/86/Suppl_2/ii67.full.pdf

Of which Global Immunization: $356 million

The *Global Health Center* 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 percent since 1988, and in August 2020 celebrated the certification of the eradication of wild poliovirus in Africa.[53] 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. Additionally, the Global Health Center 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

The Division of Malaria and Parasitic Diseases plays a key role in the fight against malaria and parasitic disease, and protects Americans through its efforts to detect, prevent, and respond to infectious diseases 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, support technical assistance to identify and treat parasitic disease around the world, and improve prevention, diagnosis, and treatment of malaria in the U.S.

Division of Global Public Health Protection

The Division of Global Public Health Protection (DGPHP)'s programs help detect and respond to outbreaks at their source and bolster health system capacities post-emergency. These programs help build sustained capacity in nearly 60 partner countries to detect and prevent outbreaks, grow compliance with GHSA Joint External Evaluations, and develop zoonotic disease prevention and response plans.[54] 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 DGPHP to strengthen the development of local public health workforces, extend the reach of the Field

[53] https://www.cdc.gov/polio/global-polio-eradication.html#:~:text=Since%20the%20launch%20of%20GPEI,two%20countries%3A%20Afghanistan%20and%20Pakistan.
https://www.afro.who.int/news/progress-polio-eradication-africa
[54] https://www.cdc.gov/globalhealth/healthprotection/about.html#:~:text=CDC%27s%20Division%20of%20Global%20Health,don%27t%20reach%20our%20shores

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. Increased funding 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 HIV/AIDS Program

The Global HIV/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 the President's Emergency Plan for AIDS Relief (PEPFAR). The Global HIV/AIDS program funding line provides the foundation for PEPFAR to partner with the CDC, maintaining the innovative and effective whole-of-government approach.

Division of Global Tuberculosis

TB is the leading killer of people living with HIV globally and remains a life-threatening co-infection for those with other chronic diseases.[55] A leading driver of antimicrobial resistance worldwide, almost half a million people each year fall ill with multidrug-resistant TB (MDR-TB), but the World Health Organization (WHO) reports that fewer than 30 percent are being identified and treated.[56] High incidence of TB globally also affects the U.S., where every state reports cases of TB and many report deaths from TB.

CDC's mandate is to protect Americans from public health threats at home and abroad. Increasing CDC's Division of Global Tuberculosis funding to $21 million would allow the agency to use its unique technical expertise to address the nexus between the global TB epidemic and the incidence of TB in the U.S. This funding would help strengthen TB elimination programs in highly burdened countries, focusing on countries contributing the most to the TB burden in the U.S. such as Mexico, Vietnam, and the Philippines.

Division of Global Immunization

No less than $356 million is needed for the Global Health Center's Division of Global Immunization (GID) polio and measles activities to achieve interruption of endemic polio transmission and to combat extensive global measles outbreaks. FY25 funding would support GID's lead role in driving wild polio eradication through the Global Polio Eradication Initiative (GPEI), strengthen CDC polio and measles surveillance as the world's premier reference lab,

[55] https://www.who.int/news-room/fact-sheets/detail/tuberculosis
[56] https://www.who.int/activities/tackling-the-drug-resistant-tb-crisis
https://www.who.int/news-room/fact-sheets/detail/tuberculosis

and improve disease outbreak response and mass vaccination campaigns in high-risk, high-burden countries. GID has developed a map of "consequential geographies" in Africa focused on polio and measles outbreak control, where investments will have the greatest impact while also catching up on routine immunization rates set back by the COVID-19 pandemic.[57] During the pandemic, over $100 million in polio and measles resources were utilized to effectively respond to COVID-19, as well as tens of thousands of polio and measles personnel temporarily shifted to the pandemic response.[58] This funding is essential to help mitigate the secondary impacts of the COVID-19 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.

National Center for Emerging Zoonotic and Infectious Diseases
FY25 Request: $900 million
Of which Global WASH: $10 million

The National Center for Emerging Zoonotic and Infectious Diseases (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 research and development for rapid diagnostics, which has been leveraged for COVID-19 and diseases like bubonic plague, Zika, and Ebola. It also serves as an international reference hub for vector-borne and viral diseases. 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.[59] 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 FY25 request is $10 million to support the Global Water, Sanitation and Hygiene (WASH) program within the Global Health Center and NCEZID. WASH is a key intervention for infection prevention and control, which is critical to containing infectious diseases, such as cholera and Ebola. In addition, the Global WASH program works to address other WASH-related diseases, like neglected tropical diseases, hepatitis, 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 that can help prevent the next outbreak. Global WASH funding should be additive and not taken from existing global health programs.

[57] https://polioeradication.org/news-post/2023-focus-on-consequential-geographies/
[58] https://polioeradication.org/news-post/covid-19-shows-value-of-polio-infrastructure-to-support-resilient-health-systems/
[59] https://www.cdc.gov/coronavirus/2019-ncov/variants/spheres.html

Infectious Diseases Rapid Response Reserve Fund
FY25 Request: $300 million

Maintain no less than $300 million in the Infectious Disease Rapid Response Reserve Fund (IDRRRF) to enable rapid global and domestic response to outbreaks. Prior to the COVID-19 pandemic, supplemental funding ranged between $400-$500 million through emergency appropriations, with a major spike in 2015 due to the West Africa Ebola outbreak.[60] In Fiscal Year 2019, the IDRRRF was established to serve as a standing emergency funds reserve; however, this fund was rapidly depleted for domestic COVID-19 response needs. Increasing the size of the IDRRRF 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)
FY25 Request: $250 million

The Department of Defense Cooperative Threat Reduction Biological Threat Reduction Program (BTRP) seeks to prevent and detect emerging biological threats, including accidental misuse or deliberate abuse of biological agents. BTRP works collaboratively alongside other global health programs to ensure the full spectrum of biological risks are minimized. This includes risks associated with advances in biotechnology, a rapidly developing field that demands global cooperation to ensure governance and oversight mechanisms keep pace with evolving threats. We continue to recommend $250 million as the baseline funding for the program to allow it to maintain and expand its reach. It is critically important to raise funding to this level and sustain it over the long term to allow for program planning and stability. Funding stability will allow the program to properly utilize and allocate threat reduction resources in a timely and efficient manner. Doing so will ensure BTRP is well-positioned to address emerging proliferation and deliberate use risks associated with ongoing geopolitical uncertainty, including internal instability in Russia and potential false flag operations associated with Russia's war in Ukraine.

[60] https://www.kff.org/global-health-policy/issue-brief/the-u-s-government-and-global-health-security/view/footnotes/

APPENDIX III. Funding Levels Comparing FY23 & FY24 President's Budget Requests to FY23 Enacted level (in thousands)

Program	FY23 President's Request	FY23 Enacted	FY24 President's Request	FY25 Recommendation
Global Health Programs (USAID & State)	**$6,620,000**	**$6,395,000**	**$6,870,000**	**$15,715,000**
Maternal and Child Health	$879,500	$910,000	$910,000	$1,150,000
of which Gavi	$290,000	$290,000	$300,000	$340,000
of which Polio (all accounts including ESF)	$61,000	$85,000	—	$165,000
Malaria (PMI)	$780,000	$795,000	$780,000	$925,000
Tuberculosis	$350,000	$394,500	$358,500	$1,000,000
Family Planning (all accounts)	$653,000	$607,500	$676,800	$1,740,000
Of which UNFPA (IO&P)	$56,000	$32,500	$57,500	$116,000
Nutrition	$150,000	$160,000	$160,000	$300,000
Vulnerable Children	$25,000	$30,000	$30,000	$35,000
Neglected Tropical Diseases	$114,500	$114,500	$114,500	$125,000
HIV/AIDS (USAID)	$330,000	$330,000	$330,000	$350,000
PEPFAR	$4,370,000	$4,395,000	$4,370,000	$5,140,000
Global Fund to Fight AIDS, TB, and Malaria	$2,000,000	$2,000,000	$2,000,000	$2,000,000
Pandemic Fund (all accounts)	$250,000	—	$500,000	$1,000,000
Global Health Security	$745,000	$900,000	$745,000	$1,000,000

of which CEPI	$100,000	$100,000	$220,000	$200,000
Emergency Reserve Fund	$90,000	—	$90,000	$300,000
SIGHT Fund for R&D	—	—	—	$250,000
Health Worker Initiative	$20,000	—	—	$200,000
Health Systems Strengthening	—	—	—	$200,000
Development Assistance				
Water and Sanitation	$378,280	$475,000	$323,070	$600,000
Contributions to International Organizations (CIO)				
World Health Organization	$103,000	$108,300	$108,730	$130,300
International Organizations & Programs (IO&P)				
UNICEF	$135,500	$142,000	$145,000	$175,000
National Institutes of Health (HHS)				
Fogarty International Center	$96,000	$95,160	$95,000	$116,100
National Institute of Allergy and Infectious Diseases	$6,268,000	$6,562,280	$6,562,000	$7,840,250
Office of AIDS Research	$3,832,800	$3,294,000	$3,673,000	$3.953,000
Centers for Disease Control and Prevention (HHS)				
Global Health Center	$747,840	$692,840	$764,800	$1,002,300
of which Parasitic Diseases and Malaria	$31,000	$29,000	$31,000	$40,000

of which Global Public Health Protection	$353,200	$293,200	$353,200	$456,400
of which Global HIV/AIDS	$128,421	$128,921	$128,921	$128,900
of which Global TB	$9,220	$11,720	$11,720	$21,000
of which Global Immunization	$226,000	$230,000	$240,000	$356,000
National Center for Emerging and Zoonotic Infectious Diseases	$703,270	$750,770	$846,000	$900,000
of which Global WASH	—	—	—	$10,000
Infectious Diseases Rapid Response Reserve Fund	$35,000	$35,000	$35,000	$300,000
Department of Defense				
Biological Threat Reduction Program (within Cooperative Threat Reduction account)	$225,000	$235,000	$228,000	$250,000