August 10, 2016

Shaun Donovan  
Director, Office of Management and Budget  
Eisenhower Executive Office Building  
1650 Pennsylvania Avenue, NW  
Washington, DC 20503

Dear Director Donovan:

Global Health Council, the leading alliance of non-profits, businesses, universities, and individuals dedicated to saving lives and improving the health of people worldwide, encourages continued support for global health, nutrition, and water and sanitation (WASH) programs, within the International Affairs budget, as you consider the budget for Fiscal Year 2018 (FY2018). These programs are some of the most critical, cost effective, and greatest successes of foreign aid.

For more than a decade, we have witnessed incredible success in tackling the world’s most deadly diseases and other threats to public health. In fact, many diseases that once threatened millions of people only a decade ago continue to decline because of the U.S. commitment to global health, nutrition, and WASH. And because of this strong commitment, we are in sight of reaching an AIDS-free generation and ending preventable maternal and child deaths.

Other achievements include:

- As of September 2015, PEPFAR had supported life-saving antiretroviral treatment (ART) for almost 9.5 million people. Additionally in FY2015 PEPFAR supported HIV testing and counseling for more than 68.2 million people, including 14.7 million pregnant women;
- Since its inception in 2000, Gavi, the Vaccine Alliance and partners have vaccinated half a billion children, averting over 7 million deaths;
- Between 1990 and 2013, attendance at birth by skilled providers increased from 26.9% to 51%, an increase that helped save countless lives of mothers and newborns;
- Since 2002, the Global Fund to Fight AIDS, Tuberculosis and Malaria has distributed 659 million insecticide-treated bed nets, treated 582 million cases of malaria, and protected 63.9 million structures through indoor residual spraying;
- As a result of assistance from USAID, in FY2013 more than 3.5 million people gained access to improved drinking water, and nearly 1.3 million people gained access to improved sanitation;
- To date, the President’s Malaria Initiative has distributed more than 133 million long-lasting insecticide treated nets, sprayed more than 5 million houses with insecticides (providing protection for over 18 million people), and provided 35 million preventative treatments for pregnant women;
- In the 24 priority countries where USAID has heavily invested in maternal and child health, child mortality declined an average of 4% each year from 1990 to 2011, and maternal deaths declined by more than half between 1990 and 2015;
- The CDC’s Field Epidemiology Training Program (FELP) has trained over 31,000 epidemiologists in 72 countries on how to detect and rapidly respond to infectious disease outbreaks, which greatly contributed to Nigeria’s ability to contain the 2014 Ebola outbreak;
• Between 2009 and 2014, eleven research and training Centers of Excellence for combating chronic disease have been established in low- and middle-income countries with U.S. support;
• USAID estimates that greater access to family planning each year has the potential to save the lives of 1.4 million children under the age of five in its priority countries;
• In the 27 USAID-supported tuberculosis (TB) focus countries, the TB death rate has fallen by 47%;
• Since its inception in FY2006, USAID’s Neglected Tropical Disease (NTD) Program has supported the delivery of more than 1.3 billion NTD treatments to over 560 million people across 25 countries;
• Existing investments by USAID in nutrition, maternal health, injury prevention, and health systems strengthening help address global non-communicable diseases (NCDs); and
• Between 2000 and 2010, more than 50% of all new global health products (vaccines, drugs, devices, and diagnostics) were developed with U.S. support.

Global health investments also benefit the U.S. economy – there is no better example of this than the funding used for global health research and development. In fact, approximately 64 cents of every dollar spent by the U.S. government on global health research and development goes directly to U.S.-based researchers and product developers. This funding creates jobs, builds U.S. research and technological capacity, and is a direct injection of investment into the U.S. economy – not to mention a health benefit to Americans.

Continued U.S. investment in global health is needed to build on these achievements and to ensure a health future for citizens around the world by funding new innovations, strengthening health systems, and taking on the next generation of the global disease burden like non-communicable diseases.

As such we ask that you support a total of $10.480 billion for global health programs for FY2018, which includes $6.195 billion for programs at the Department of State and $4.284 billion for USAID; $132.5 million for UNICEF; $78 million for UNFPA; a minimum of $34.01 billion for the National Institutes of Health; a total of $1.256 billion for the Centers for Disease Control and Prevention; and $425 million for water and sanitation in all accounts. GHC also supports a directive that existing (HHS, State Department, USAID, and Department of Defense) global health programs be leveraged to address NCDs, an emerging health priority. In addition, GHC supports the development of a comprehensive whole of government action plan to increase equitable access to health workers in developing countries.

These overall funding allocations reflect the need to recognize current budgetary constraints without jeopardizing the great advancements and outcomes that lay ahead with continued investment, such as the creation of a malaria vaccine and increasing progress in reducing neonatal mortality.

Moreover, while the appendix to accompany this letter outlines the specific programmatic requests contained within each of these accounts, strong overall funding helps meet several global health needs that cross-cut diseases and programs. First and foremost, robust U.S. commitment to global health strengthens developing countries’ own health systems and therefore their ability to care for their own citizens. This includes the training and deploying of essential frontline health workers who vaccinate; attend deliveries; and provide preventive and treatment care, medical information, and advice that keep families and communities healthy. The U.S. commitment also provides for continued investment in groundbreaking research and the development of new health technologies and more innovative and cost effective approaches to tackling difficult challenges – allowing U.S. taxpayer dollars to be used more effectively and help more of those in need.
We are excited for the opportunity of continued partnership with the administration in order to ensure that the U.S. maintains its leadership and continues its impressive record of success in addressing global health challenges. We look forward to working with you in the coming months to ensure the President’s FY2018 budget request reflects this continued commitment. Please find an appendix with specific programmatic request levels and justifications for each request below.

Sincerely,

Danielle Heiberg  
Courtney Carson  
Katie Coester

Advocacy Manager  
Co-Chair  
Co-Chair

Global Health Council  on behalf of the Budget Roundtable  on behalf of the Budget Roundtable
APPENDIX

Account/Program Recommendations for Fiscal Year 2018 (in thousands)

<table>
<thead>
<tr>
<th>Account/Program Recommendations</th>
<th>Amount</th>
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<tr>
<td>Global Health Programs (USAID and State)</td>
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Account/Program Justifications for Fiscal Year 2017

Global Health Programs (USAID and State)

Request: $10.480 billion

U.S. global health funding through the Department of State and USAID helps to reduce child mortality, slow the spread of diseases such as HIV/AIDS, address health emergencies, prevent malnutrition, and support initiatives such as the President’s Malaria Initiative (PMI) and President’s Emergency Plan for AIDS Relief (PEPFAR). Relatively modest investments by the United States have not only saved lives, but also improved the economic growth and stability of developing nations. And since national borders do not stop the spread of disease, addressing global health issues is also important to protect the health of Americans.
Global health efforts also focus on training capable health workers throughout developing nations in order to strengthen health systems abroad. Building the capacity of country health systems ensures healthier and safer populations, creates more prosperous economies and reduces dependency on foreign aid. Additionally, greater flexibility in global health funding allows resources to be used for emerging, integrated health priorities, such as non-communicable diseases.

Global health programs also develop and implement new technologies and tools to help countries get ahead of health challenges. Sustaining U.S. investments in global health is crucial so that they do not become more expensive and difficult to resolve in the future.

**Maternal and Child Health (MCH)**

*Request: No less than $900 million for Maternal and Child Health, including $290 million for Gavi, the Vaccine Alliance*

Investments in maternal and child health build the foundation for the U.S.-spearheaded global goal of ending preventable child and maternal deaths by the year 2035. The June 2014 launch of USAID’s “Acting on the Call: Ending Preventable Maternal and Child Deaths” report provided benchmark targets for that goal and an evidence-based roadmap across USAID’s 24 MCH focus countries to saving an additional 15 million children’s lives and 600,000 women’s lives by the year 2020. (In 2016, USAID added a 25th focus country – Burma – in recognition of its important steps toward democracy.) There is consensus among scientists and global health experts that this is possible, and the U.S. has led the charge in reaching this goal. But, reaching the goal of ending preventable child and maternal deaths (EPCMD) in an equitable way requires increased support for critical maternal and child survival and nutrition programs.

U.S. leadership and funding to improve the survival and health of women and children have delivered real and measurable progress. The global number of under-five deaths fell from 12.6 million in 1990 to 5.9 million in 2015, while during the same time period, maternal deaths decreased from 532,000 to 303,000 annually. Particularly, in USAID focus countries for maternal and child health programs, child mortality declined an average of 4% each year from 1990 to 2011. In these same focus countries, maternal deaths declined by more than half between 1990 and 2015.

While great strides have been made to improve maternal, newborn, and child health, much work needs to be done. Each day, over 16,000 children under five years old will die of preventable and treatable conditions such as prematurity, pneumonia, and diarrhea – with malnutrition being the underlying cause in 45 percent of those deaths. Newborn deaths are a growing proportion of child mortality with one million children dying on the day they are born. Strengthening and investing in care during labor, birth, and the first day and week of life, as supported by the Every Newborn Action Plan, are critical to driving down newborn deaths and stillbirths in vulnerable populations.

Furthermore, over 800 women each day, or one woman every two minutes, die from largely preventable pregnancy and childbirth-related complications. Of those deaths, 99% occur in developing countries. When a woman dies, her children...
also suffer. They are less likely to go to school, be immunized, and have access to good nutrition, and they are up to 10 times more likely to die in childhood than children with mothers. Increased access to skilled birth attendants, emergency obstetric care, and family planning information and counseling are proven ways to reduce unacceptably high maternal mortality rates.

Additionally, MCH funding supports cost-effective interventions such as vaccines; safe water, sanitation, and hygiene; nutritional supplements; and training for frontline health workers on basic prevention, treatment, and management of maternal and child illnesses, such as malaria, diarrhea, pneumonia, and malnutrition. Scaling up these programs is necessary to end child and maternal mortality. Support is also included for identifying, testing, and piloting new technologies and innovations that will allow even more progress to be made in the future.

MCH funding also fulfills U.S. commitments to the global plan for polio eradication and Gavi, the Vaccine Alliance, to increase access to new and underutilized vaccines for poor countries. U.S. support for Gavi is important for reaching the Acting on the Call goal of saving 15 million children’s lives, which can be met as countries roll out new vaccines. The pneumococcal and rotavirus vaccines in particular prevent two of the leading killers of kids – pneumonia and diarrhea. The U.S. commitment of $1 billion over four years to Gavi will support immunizing 300 million children by the year 2020, which will save 5-6 million lives. However, as Gavi scales up immunization to reach more countries and more children, the technical support provided by USAID’s bilateral support must also scale up to support these new roll outs and enable countries to provide more equitable access to new vaccines.

To complement bilateral and multilateral funding for MCH, USAID is working to identify innovative financing approaches that can crowd in resources from private capital and domestic sources, including through pay for performance mechanisms like development impact bonds, to improve child and maternal survival. For FY17, Senate appropriators supported the establishment of the first-ever development impact bond pilot for global health at USAID – a program worth evaluating for its potential for further use in MCH and broader global health programs.

Despite the pledges, current levels of support for MCH are not on track to end preventable child and maternal deaths in a generation. Reaching that goal would require the world to “bend the curve,” as experts at the 2012 Child Survival: Call to Action noted. To do so, the U.S. must lead with clear and strong commitments to reach those most at risk and to scale up proven, cost-effective solutions that address the underlying causes of child and maternal mortality, as outlined here and detailed in the Acting on the Call report, including maintaining and improving the concerted and coordinated effort across the global health accounts, particularly the funding and coordination of nutrition, family planning, and malaria efforts.

It is clear that funding for maternal and child health is among the most cost-effective, life-saving investments the U.S. can make. We must increase our investment in maternal and child health programs, both to accelerate progress in USAID focus countries, and to initiate MCH programs in high-risk countries in which we are already engaged, but that lack dedicated MCH programs.

We encourage the administration to fully fund the Maternal and Child Health line at no less than $900 million, including $290 million for Gavi, but not at the expense of other global health and poverty-focused development programs.
Bilateral and Multilateral Family Planning and Reproductive Health Programs

Request: $1.2 billion for bilateral and multilateral FP/RH programs with funding provided from the Global Health Programs account and the Economic Support Fund and from the International Organizations and Programs account in order to provide a $78 million voluntary contribution to UNFPA.

This recommended level is the U.S.’ fair share of the $9.4 billion estimated to be necessary to address the unmet need for modern contraception of 225 million women in the developing world. It is calculated by adopting the burden-sharing targets included in the 1994 International Conference on Population and Development’s Programme of Action, which specified that one-third of the financial resources necessary to provide reproductive health care should be furnished by donor countries and two-thirds by the developing nations themselves. By applying the U.S. percentage share of total gross national income (GNI) of the developed world to its assigned one-third contribution to the total funding required to address the unmet need for contraception, the U.S. share of the cost, based on relative wealth, equals $1.178 billion.

U.S. investments in family planning and reproductive health (FP/RH) programs are cost-effective and deliver real results. In FY2016, the U.S. invested $607.5 million in international FP/RH, including $32.5 million for UNFPA. These investments have a real impact and made it possible to achieve the following:

- 27 million women and couples receive contraceptive services;
- 6 million unintended pregnancies are averted;
- 2.3 million induced abortions are averted (2 million of them unsafe); and
- 11,000 maternal deaths are averted.

Despite these investments, an estimated 225 million women in developing countries want to delay or avoid pregnancy but face significant barriers to using modern contraceptive methods. For every increase of $10 million in U.S. international family planning and reproductive health assistance, the following would result:

- 440,000 more women and couples would receive contraceptive services and supplies;
- 95,000 fewer unintended pregnancies, including 50,000 fewer unplanned births, would occur;
- 38,000 fewer abortions would take place (of which 40,000 would have been unsafe); and
- 200 fewer maternal deaths would occur.

Since 1995, U.S. financial assistance has severely eroded, declining by one-third when adjusted for inflation. The number of women of reproductive age in developing countries has grown by more than 350 million during the same time period. The President’s budget request often sets the high-water mark for funding for FP/RH programs. Previously, low requests have limited the ability of House and Senate bipartisan champions to successfully advocate for increased funding.

Currently, an estimated 303,000 women in developing countries die each year from pregnancy-related causes, and unsafe abortion continues to be a major cause of these unacceptably high maternal mortality rates. Addressing the demand for access to reproductive health services, including through the provision of a full range of effective contraceptive methods and accurate information about sexual and reproductive health and rights, along with integration with other health services, will improve maternal and child health, reduce unintended pregnancies, lower HIV infection rates, promote women’s and girls’ rights and empowerment, enhance women’s and girls’ education, raise standards of living, and support more sustainable development.
Investments in FP/RH are integral to the future progress of U.S. global health programs, in particular achieving the goals of important initiatives to improve maternal, newborn and child health (Acting on the Call – Ending Preventable Child and Maternal Deaths) and combat HIV/AIDS (President’s Emergency Plan for AIDS Relief (PEPFAR) and DREAMS). For example, scaling up voluntary family planning between 2013 and 2020 in the U.S. government’s 24 priority countries would avert 7 million newborn and child deaths and 450,000 maternal deaths by preventing unintended and high-risk pregnancies. The number of deaths averted by increased use of family planning would represent nearly half (47%) of the Acting on the Call initiative’s goal for children’s lives saved and over three-quarters of its goal of women’s lives saved by 2020.

In countries with high HIV prevalence, where most new HIV infections are occurring in women and adolescent girls, it is particularly important that reproductive health services be integrated with programs addressing HIV/AIDS, as well as maternal and child health. Integration of FP/RH information and services with other sector programming, including those which aim to prevent and mitigate the negative impacts of child, early, and forced marriage; early pregnancy; and gender-based violence and advance gender equality and women's empowerment, ensure progress on a wide range of development goals shared by the United States and the international community.

Additionally, the world is facing unprecedented ongoing health and humanitarian crises, which negatively impact the health and lives of women and their families. The Zika outbreak, a both vector-borne and sexually-transmitted virus, is linked to maternal and newborn health complications including severe birth defects, while conflicts, such as those in Syria and the surrounding area, natural disasters and the resulting displacement can greatly limit women’s access to health services. Nearly 60% of maternal deaths today occur in humanitarian situations. These, and other crises, highlight the importance of all women being able to access the contraceptive services needed to plan their families and other critical sexual, reproductive, and maternal health services.

Bilateral and multilateral family planning and reproductive health programs are among the most effective interventions in the history of public health, and we encourage the administration to increase investment in these vital programs.

Nutrition
Request: $250 million

Undernutrition is responsible for the deaths of nearly half, or about 3 million children, under the age of five each year. Micronutrient deficiencies contribute to pregnancy-related complications and maternal death. And for millions more children, undernutrition leads to stunting, which results in physical and cognitive impairments, and reduced productivity and earnings as adults.

But progress is possible. Globally, we have seen the number of under-five deaths cut in half since 1990. We now have strong scientific evidence and compelling economic data to suggest that a more rapid reduction in child deaths and stunting is within reach. But that requires continued U.S. global leadership and increased nutrition investments targeting the 1,000-day window between a woman’s pregnancy and her child’s second birthday.

Through integrated, high impact, and coordinated nutrition actions across multiple agencies and sectors, the U.S. can make progress toward its global commitments to save lives and reduce stunting.
Along with nutrition-related approaches in agriculture, food security, WASH, maternal and child health, and other sectors, a down payment of $250 million in the Global Health Programs account for nutrition interventions targeting the 1,000-day window is a step forward and a promise kept so that children can survive and thrive.

**Vulnerable Children**  
*Request: $32 million*

In December of 2012, the U.S. government launched the Action Plan for Children in Adversity, the first-ever whole-of-government global strategy for vulnerable children. The plan has three goals: (1) create strong beginnings for children; (2) ensure a family for every child; and (3) protect children from abuse, exploitation, violence, and neglect. The plan also includes establishing an evidence base of effective program models; increasing U.S. government interagency coordination and efficiency on behalf of vulnerable children; and partnering with host countries to support strengthening child welfare systems.

The requested $32 million for FY2018 – an increase of $10 million over enacted FY2016 spending levels – would allow the U.S. government to make progress toward developing strategies for pilots in six focus countries. Funding will be allocated to support the following objectives:

- Help children under 5 not only survive, but also thrive by supporting comprehensive programs that promote sound development of children through the integration of health, nutrition, and family support;
- Support and enable families to care for their children; prevent unnecessary child-parent separation; and promote appropriate, protective, and permanent family care;
- Facilitate efforts by national governments and partners to protect and respond to abuse, neglect, exploitation, and violence against children;
- Strengthen child welfare and protection systems;
- Promote evidence-based policies and programs; and
- Integrate this plan within U.S. government departments and agencies.

**Malaria**  
*Request: $874 million*

In 2015 alone, there were an estimated 214 million new cases of malaria, resulting in an estimated 438,000 deaths worldwide. Children under 5 account for 69% of these fatalities; one child dies every two minutes for lack of simple, cost-effective tools such as an insecticide-treated net or a course of treatment. Endemic in 96 countries, malaria’s economic impact is staggering as well. Direct costs such as school and work absenteeism, health care and treatment, and premature death have a negative economic impact of at least $12 billion per year, demonstrating the vital need to continue to invest in prevention and elimination efforts.

However, there has been considerable progress toward controlling and eliminating malaria. U.S. investments through the President’s Malaria Initiative (PMI) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) have significantly furthered efforts to eliminate the disease in several countries. PMI also collaborates with other U.S. agencies, including the Centers for Disease Control and Prevention (CDC) and the Department of Defense to improve existing interventions and create new tools and technologies to accelerate control and elimination.
Since its launch in 2005, PMI has distributed more than 133 million insecticide-treated bed nets to prevent infection, and more than 319 million life-saving antimalarial treatments. PMI has also provided protection for over 18 million people by spraying more than 5 million houses with insecticides and provided 35 million preventative treatments for pregnant women. To date, the original 15 PMI focus countries have seen reductions in childhood mortality from malaria ranging from 18-55%. As of December 2015, the Global Fund had distributed 659 million insecticide-treated bed nets to protect against malaria, and treated 582 million cases of the disease. Greater use of malaria interventions between 2000 and 2015 helped reduce malaria mortality rates by 60% and malaria incidence by 37% globally. Even greater reductions in malaria mortality were recorded in sub-Saharan Africa, were deaths among children declined by 71%. While this progress should be acknowledged, a recent report by the World Health Organization (WHO) indicates that more work is needed to sustain progress in the fight against this deadly disease, including the development of new tools, such as novel diagnostics, insecticides, and vaccines. In FY2016, the U.S. invested $674 million in PMI, now the largest channel for U.S. funding of malaria programs, followed by the Global Fund, which was allocated $1.35 billion in FY2016 for its efforts to combat HIV/AIDS, malaria, and TB. Additionally, in FY2017 the House Appropriations Committee allocated an increase of $171 million ($845 million total) to PMI, while Senate Appropriations Committee approved an increase of $71 million ($745 million total). As we push towards greater control and elimination of malaria in certain areas, it is crucial that funding be increased to achieve these goals. This funding request seeks to ensure that total U.S. support for malaria continues to increase. Malaria prevention and treatment programs have been a model of success. By sharing responsibility, we are saving millions of lives while simultaneously strengthening emerging economies and health systems. Malaria interventions provide a significant return on investment, costing between $5-8 per case and resulting in billions of dollars in savings. These benefits are increased with the attainment of certain milestones and could result in a 40-fold return on investment if the 2030 targets – a 90% reduction in malaria mortality and clinical case incidence rates globally, and elimination from at least 30 countries that had transmission of malaria in 2015 – are achieved. In addition to the financial return, these investments will help to reduce extreme poverty through increases in agricultural output, education, and women’s empowerment. Indeed, research from the UN Special Envoy on Malaria indicates that every $1 invested in malaria control in Africa, on average, returns $40 in economic benefits. The gains, however, are fragile, and retreating on investment now would not only stall the progress realized to date, but also allow malaria’s resurgence. Only with sustained use of existing tools and the research, development, and adoption of new ones will we be able to eradicate malaria altogether – the only reasonable course of action if we want to put an end to the recurring costs of fighting this disease indefinitely. Tuberculosis Request: $500 million Tuberculosis (TB) is a contagious, airborne disease that kills about 1.5 million people each year and infects approximately 9 million people annually, nearly one-third of whom are also living with HIV. TB is the third leading cause of death for women of reproductive age globally. It is estimated that in some countries, the loss of productivity attributed to TB is 4-7% of a country’s GDP.
USAID’s TB program provides programmatic and technical assistance to 23 of the most highly burdened countries to identify and treat TB, prevent the development of drug-resistant strains, and support the research and development of new tools to fight the disease. Significant progress has been achieved in fighting TB. With continued and sustained funds, by 2019, the United States will:

- Initiate appropriate treatment for at least 360,000 individuals with drug-resistant TB.
- Reduce TB incidence by 25% compared to 2015 levels.

However, serious challenges remain to halting the TB pandemic:

- Less than 25% of Multi-Drug Resistant (MDR) TB patients are detected and treated.
- 10 million more lives could be lost to TB over the next decade if funding is not sufficient to meet the challenge.

An airborne infectious disease, TB has no “borders” and can be found in all states in the U.S. Strong global TB control is therefore in our national interest in order to prevent a costly increase in domestic cases, particularly of MDR-TB, which can cost $100,000-$300,000 for treatment.

For FY2018, we recommend:

- $400 million from the 2008 Lantos-Hyde PEPFAR reauthorization ($4 billion for TB over 5 years) - based on lower 2008 TB prevalence and mortality numbers (9.2 million case prevalence, 1.3 million deaths). Funding is used to identify, diagnose, treat, and prevent TB in 23 of the most highly-burdened countries and conduct clinical and operational TB research. USAID provides financial and technical support to five main areas including DOTS (directly-observed treatment short course therapy) expansion and enhancement, scaling up management of MDR/XDR, addressing HIV/TB co-infection, strengthening health systems and human resource capacity, and developing new tools and improved approaches. The program has had notable success in addressing drug resistant TB and this work must be expanded to stop the spread of drug resistant TB. Priority countries are selected based on epidemiology of TB, including a high burden of TB cases, high HIV/AIDS prevalence, and prevalence for drug resistance, and lagging case detection and treatment success rates.

- $70 million for implementation of the President’s National Action Plan (NAP) for the diagnosis, treatment, and prevention of MDR-TB - The original estimate for NAP implementation was $140 million for FY2018 to treat 200,000 MDR-TB patients (NAP target) at a cost of $5,000 per patient. In May, 2016, the WHO announced a new MDR treatment regimen, which costs approximately $800-$1,000 per patient. However, it will take 9-18 months to introduce the new treatment in most highly-burdened MDR-TB countries and the WHO estimates that the new treatment regimen can be used to treat about two-thirds of MDR-TB patients globally. Due to drug resistance patterns, the remaining third of patients will continue to be treated with the older, more expensive regimen. Funding is also needed to scale-up country MDR diagnosis, including the purchase of Xpert machines and cartridges to enable timely diagnosis and treatment of MDR-TB. In total, first-year initial investment costs for the current Xpert machine, including associated commodities (such as the machine, cartridges [3,000/machine/year at full capacity], uninterrupted power supply, and printer), calibration, and other human resource needs are estimated at $61,000. Annual running costs for cartridges and calibration are estimated at about $32,000 per machine.\(^1\) It is estimated that approximately $70 million is now needed in FY2018 for implementation of the NAP for the diagnosis, treatment, and prevention of MDR-TB.

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\(^1\) Glob Health Sci Pract. March 1, 2013 vol. 1 no. 1p. 18-23.
• An estimated $15 million for USAID clinical and operational TB research and development. USAID supports TB late-stage clinical drug trials (such as the STREAM trial) and operational research to field test new TB diagnostic tests, treatment regimens, and other interventions for cost-effective introduction at country level.

• An additional $15 million to respond to TB’s new burden as the leading infectious killer (9.6 million cases and 1.5 million deaths)

**Neglected Tropical Diseases**  
*Request: $125 million*

Neglected Tropical Diseases (NTDs) are a group of 17 infectious diseases and conditions afflicting more than 1 billion of the world’s poorest people and threatening the health of millions more. NTDs are responsible for over 500,000 deaths each year. NTDs cause widespread physical disability and consequently billions of dollars in lost productivity. One of the most common NTDs, trachoma, is the second leading cause for preventable blindness globally.

The NTD program administered by USAID has made important and substantial contributions to the global fight to control and eliminate seven of the most common NTDs by 2020, providing direct funding support, technical assistance and training to 25 national NTD programs, while informing the global policy dialogue on NTDs. Since its start in 2006, USAID’s program has leveraged more than $11.1 billion in donated medicines. USAID has supported the distribution of 1.4 billion safe and effective NTD treatments to more than 687 million people in Africa, Asia, and Latin America. USAID’s support to eliminate trachoma and lymphatic filariasis has also included morbidity management and disability prevention with over 5,000 trachomatous trichiasis (TT) surgeries in Burkina Faso, Cameroon, and Ethiopia, the development of a surgical mannequin for hydrocele surgeon training globally, and strengthening epidemiological data collection for hydrocele, lymphedema, and TT.

Many of the most common NTDs are combated using medicines that are safe, easy to use, and effective. USAID funding enables those medicines to reach people at-risk of the diseases, which contributes toward NTD prevention, control, and elimination. However, treatment options for the NTDs with the highest death rates, including human African trypanosomiasis; visceral leishmaniasis; and Chagas disease, are extremely limited. New investments are urgently needed to support research and development for new tools, including diagnostics, drugs, and vaccines, for all NTDs. Since 2014, the USAID NTD Program has been investing in research and development to ensure that promising new breakthrough medicines for filarial diseases can be rapidly evaluated, registered, and made available to patients.

We recommend a funding level of $125 million for FY2018, to maximize the benefits of increased drug donations received from pharmaceutical companies; to ensure that all countries supported by USAID’s program can reach national scale and maintain the great progress towards 2020 control and elimination targets; and to continue urgently needed investments in research and development for new tools – including diagnostics, drugs, and vaccines – for all NTDs to ensure that new discoveries make it through the pipeline and become available to people who need them most.

**Key Facts:**
- **Over 800 million children** are impacted by NTDs leading to blindness, deformities, and malnutrition.
- **NTDs kill as many as 534,000 people** every year.

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2 As of May 2016. Source: USAID
3 As of March 2016. Source: USAID
• Of the 336 new drugs approved for all diseases in 2000-2011, only **four (1%) were for neglected diseases**; none were for NTDs.
• As a result of USG funding for NTDs and other global support:
  o 92.5 million people are no longer at risk for lymphatic filariasis or elephantiasis *
  o 45.5 million people are no longer at risk for blinding trachoma *

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

USAID’s HIV/AIDS programs catalyze new interventions, translate research findings into programs, and stimulate scale-up of proven interventions. Funding also provides critical support for the Commodity Fund, which is used to increase condom availability, HIV vaccine development through the International AIDS Vaccine Initiative (IAVI), and major research with worldwide impact including microbicide research activities.

**HIV/AIDS (PEPFAR)**  
*Request: $4.845 billion*

The President’s Emergency Plan for AIDS Relief (PEPFAR) is the United States’ leading program to combat HIV/AIDS through prevention, treatment, care, and the strengthening of health systems through bilateral and multilateral programs. As of September 30, 2015, PEPFAR had supported life-saving antiretroviral treatment (ART) for almost 9.3 million people. Additionally, in FY2015 PEPFAR supported HIV testing and counseling for more than 68.2 million people, including 14.7 million pregnant women.

PEPFAR is also focusing investment on three special initiatives: the ACT (Accelerating Children’s Treatment) Initiative, which aims to double the number of HIV positive children on treatment in 9 countries; the DREAMS (Determined, Resilient, Empowered AIDS-free, Mentored, and Safe) partnership, the purpose of which is to reduce new HIV infections in adolescent and young women most at risk; and the new Key Populations Investment Fund to expand access to proven HIV prevention and treatment services for key populations.

Investments in the global AIDS response are working. The possibility of controlling this disease is within grasp but additional investments are needed to reach the ambitious goal of ending AIDS as a public health threat. Since 2000, new infections in children have decreased by approximately 70% – an impressive show of force against the spread of HIV and AIDS – and there are now 17 million people living with HIV who have access to ART globally. AIDS-related deaths fell by 45% from 2005 to 2015, including 13% alone in the last three years, in large part due to treatment scale up. New partnerships are based on the principles of shared responsibility and global solidarity – in 2015, 57% of the total resources available for AIDS in low- and middle-income countries came from domestic sources.

However, 20 million people around the globe still lack access to ART and annual new infections have remained static since 2010. This is particularly concerning considering science has demonstrated the significant health benefits for HIV-

* Indicator calculated by the population estimated to live in areas confirmed for disease prevalence below thresholds established by the World Health Organization
positive patients who initiate treatment immediately upon diagnosis. That is why 13 countries have already implemented the World Health Organization’s (WHO) new treatment eligibility guidelines recommending immediate initiation of treatment for all people living with HIV, regardless of their disease progression, with many more countries expected to expand eligibility by the end of this year.

In the 13 years since its inception PEPFAR has led the world in addressing the global AIDS epidemic. U.S. leadership is without a doubt the key reason that ending AIDS as a public health risk is an achievable rather than aspirational goal, but continued commitment over the next four years is needed to take full advantage of our progress to date. If we do not act, we may lose our best chance to end this epidemic.

Global Fund to Fight AIDS, Tuberculosis and Malaria
Request: $1.35 billion

Funding for the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) is critical to ensuring that we build on past successes and continue to provide care to the millions around the globe still waiting for access to antiretroviral therapies, tuberculosis treatments, and insecticide-treated nets to protect against malaria. Since 2002, programs supported by the Global Fund partnership have achieved extraordinary results, including: 9.2 million people living with HIV/AIDS on antiretroviral therapy treatment; 3.6 million HIV-positive pregnant women have received care to prevent mother-to-child transmission; 659 million insecticide-treated bed nets distributed to protect families against malaria; 582 million cases of malaria treated; and 15.1 million cases of tuberculosis detected and treated. To date, the Global Fund partnership has saved more than 17 million lives and is on track to reach 22 million lives saved by the end of 2016.

For its Fifth Replenishment, the three-year funding period beginning in 2017, the Global Fund is seeking to mobilize $13 billion from donor countries, the private sector, private foundations, and the faith community, among other sources, which will allow the Global Fund partnership to avert up to 300 million new infections across the three diseases and save up to 8 million more lives. Additionally, affected countries are continuing to dedicate more of their own domestic resources to this effort, which further leverages U.S. taxpayer dollars and helps to build more successful and self-reliant programs. The opportunity in front of us will allow the Global Fund partnership to accelerate change and move the world closer to realizing the target identified in the Sustainable Development Goals, ending these epidemics by 2030.

The Global Fund works in close partnership with the U.S. President’s Emergency Plan for AIDS Relief, the U.S. President’s Malaria Initiative, USAID, and a range of in-country partners in an effort to create highly successful collaborations around the world in high disease burden and low-resourced countries, and to leverage U.S. dollars in fighting HIV/AIDS, tuberculosis, and malaria.

An FY2018 budget request that includes $1.35 billion for the Global Fund and a U.S. matching challenge of $1 for every $2 contributed by other donors would be consistent with FY2016 enacted funding levels and Congress’ FY2017 State and Foreign Operations appropriations bills, and would continue to leverage other donors during the Global Fund’s Fifth Replenishment period (2017-2019).
Non-Communicable Diseases (NCDs)
Request: Integrate into existing programs and platforms

Today, two-thirds of all deaths worldwide are caused by non-communicable diseases (NCDs), and 80% of those occur in low- and middle-income countries. Premature deaths from NCDs now outnumber those caused by HIV/AIDS, tuberculosis, and malaria, even in U.S. priority countries. Currently, NCDs in developing countries are plunging families into poverty, damaging productivity, threatening economic growth and national economies, and further straining health budgets and health systems, as well as putting at risk our very substantial global health investments in maternal and child health and infectious diseases.

Despite the heavy burden of NCDs and the fact that much can be done that is safe, highly effective, and affordable, even in low-resource settings, the U.S. government has been slow to act. While not requesting an NCD-specific budgetary allocation, we call upon the administration to assure that U.S. government global health programs:

- **Integrate NCD-related objectives into existing health programs and platforms.** Such objectives may include smoke-free pregnancies, screening pregnant women for hypertension and gestational diabetes, and screening and treating of cervical cancer within the HIV population. At minimal cost, these interventions would increase access to some of the most proven, sustainable, and cost-effective global health interventions and save millions of lives.
- **Undertake a comprehensive analysis of the epidemiology and disease trends in U.S. priority countries,** including all causes of morbidity and premature mortality as reflected in the Global Burden of Disease (GBD), with a view toward directing global health investments to priority country needs while advancing U.S. security, diplomacy, and development interests.
- **Establish a public-private advisory group** to provide assistance and support for the administration’s efforts against global NCDs.

**UNICEF (IO&P)**
Request: $132.5 million

The United Nations Children’s Fund (UNICEF) acts as a global champion for children, and strives to ensure the survival and well-being of children throughout the world. The U.S. voluntary contribution supports UNICEF’s ability to partner in U.S.-supported efforts to eradicate polio and measles, immunize children, promote girls’ education, prevent mother-to-child HIV/AIDS transmission, improve nutrition, and protect children from violence, abuse, and exploitation. With strong U.S. support, UNICEF helped cut the number of under-five child deaths from 12 million a year in 1990, to 6.3 million a year in 2013.

**National Institutes of Health (HHS)**
Total Request: At least $34.1 billion

National Institutes of Health (NIH) Global Health funding supports basic and applied scientific research to identify new interventions and more effective ways to improve health and combat disease. These research activities are complemented by programs that train new researchers and scientists in partner countries so they can better undertake future global health research.

As the largest funder of global health research in the world, NIH conducts and supports a range of biomedical and behavioral research activities, as well as training for young scientists. Continued investments in medical scientific
research help lead to new, innovative, and lifesaving technologies and medicines that improve health and combat disease both in the United States and around the world.

Global health research at NIH spans 27 institutes and centers, which continue to lead in global breakthroughs to combat HIV/AIDS, malaria, tuberculosis, neglected tropical diseases, and various reproductive, maternal and child health conditions. NIH funding also supports the Fogarty International Center, which supports approximately 400 research and training projects with more than 100 U.S. universities that partner with other research institutions around the world.

NIH-supported research, which led to the discovery of HIV, has saved an estimated \textit{14.4 million years} of life since 1995 through AIDS therapies alone. NIH research has also led to other medical breakthroughs, such as treatments for HIV-associated co-infections, the development of the first microbicide gel effective for preventing HIV/AIDS, new leads for novel tuberculosis treatment regimens, steps to developing a malaria vaccine, and an increased focus on combating non-communicable diseases globally.

Sustained funding for NIH’s global health research and training activities is critical to identifying new cures, finding more efficient and effective interventions to combat disease, and facilitating the training of new researchers, all while supporting U.S. universities and research jobs. We recommend providing at least $34.1 billion for NIH’s total budget, with minimums of $4.96 billion for the National Institute of Allergy and Infectious Diseases (NIAID), $73.03 million for NIH’s Fogarty International Center, and $3.1 billion for the Office of AIDS Research. Additionally, we support at least $713 million for the National Center for Advancing Translational Sciences (NCATS).

**Centers for Disease Control and Prevention (HHS)**

*Center for Global Health Request: At minimum $556.72 million*

*Global Health Security Agenda (within CDC Center for Global Health): 11.57 million*

*Center for Emerging Zoonotic and Infectious Diseases Request: At minimum $699.27 million*

As one of the premier public health agencies in the world, the Centers for Disease Control and Prevention, and especially the Center for Global Health (CGH) and the Center for Emerging Zoonotic and Infectious Diseases (NCEZID), work in partnership with ministries of health, international organizations, and partners around the world to track diseases, strengthen foreign government’s research and laboratory infrastructure, train new health professionals, foster resilient health systems, and conduct research to develop new technologies to combat diseases around the world.

The Center for Global Health is home to the Global HIV/AIDS, Global Immunization, Parasitic Disease and Malaria, Global Disease Detection and Emergency Response, and Global Public Health Capacity Development programs. These programs are unique, critical to the CDC’s global health mission, and position the Center for Global Health as a leader in global immunization, disease eradication, and public health capacity building.

- The Center for Global Health is a key partner in PEPFAR in over 75 countries and provides technical assistance on how to implement the latest science, such as scaling up HIV treatment and preventing mother-to-child transmission.
- CDC CGH immunization programs have helped reduce the number of new polio cases globally by more than 99% between 1988 and 2010, and the CDC-led global campaign to eradicate Guinea worm disease has helped reduce the disease burden from 3.5 million cases per year in 1986 to near eradication today.
- CDC Malaria and Parasitic Disease programs play a key role in developing new tools and diagnostics for malaria and neglected tropical diseases, including conducting research to refine the use of proven interventions to maximize effectiveness and overcome lingering challenges.
- CDC’s Global Disease Detection program monitors 30-40 public health threats each day. Between March 2014 and February 2016, the Global Disease Detection Operations Center tracked over 235 outbreaks in 137 countries, in addition to Ebola outbreaks, keeping Americans and the global community safe from infectious disease threats.
- The CDC’s Field Epidemiology Training Program (FETP) through the Public Health Capacity Building program has trained over 3,100 epidemiologists in 72 countries on how to detect and rapidly respond to infectious disease outbreaks, which greatly contributed to Nigeria’s ability to contain the 2014 Ebola outbreak.

Additionally, the CDC Global Health Center is leading the administration’s engagement on the Global Health Security Agenda (GHSA), an international effort to accelerate progress toward a world safe and secure from infectious disease threats. In this effort, CDC is collaborating with national governments, international organizations, and civil society to prevent and reduce the likelihood of disease outbreaks, detect potential and emerging threats, and coordinate a rapid, effective response. As demonstrated by the recent outbreaks of Ebola and Zika, prioritizing funding and implementation of global health security objectives is critical to protecting the health and security of citizens around the world. To date, there is no explicit funding for the GHSA, and on-going efforts have been financed through existing emergency Ebola funds. This funding stream is insufficient to implement GHSA in the thirty pre-determined target countries, and expires in 2019. To ensure CDC’s global health security efforts are prioritized and effectively leveraged to protect the health of Americans, additional funding for GHSA is vital.

In collaboration with the Center for Global Health, the Center for Emerging Zoonotic and Infectious Diseases plays a vital role in the research and development of new global health tools and technologies. Ongoing work at NCEZID includes new rapid diagnostic tests for plague and rabies, and the center serves as an international reference center for vector-borne viral and bacterial diseases.

The CDC’s efforts address critical global health issues while also protecting the health of Americans. These efforts are critical to protecting lives and should be fully supported by the administration.

**Global Water and Sanitation Programs**

*Request: $425 million*

U.S. funding for safe drinking water, sanitation, and hygiene (WASH) provides WASH to millions and helps to reduce water- and sanitation-related morbidity and mortality across Africa, Asia, and Latin America. WASH programs also contribute heavily to sustainable progress across many development sectors: global health, education, food security, agriculture, nutrition, child survival, women’s empowerment, environmental conservation, and poverty alleviation. However, 650 million people still lack access to safe drinking water and 2.3 billion lack access to improved sanitation. Additionally, in low- and middle-income countries 38% of health care facilities lack an improved water source, 19% do not have sanitation, and 35% do not have water and soap for handwashing. With a return of $4 for every $1 invested, WASH is one of the most cost-effective priorities and impactful priorities Congress could set. Estimates are that achieving universal access to safe water and sanitation would return $220 billion to the global economy each year, by increasing productivity and reducing WASH-related illnesses and their associated costs.
The U.S. Congress and both the Bush and Obama administrations have recognized the substantial progress made on water and sanitation since President George W. Bush signed the Senator Paul Simon Water for the Poor Act into law in 2005. USAID’s first Water and Development Strategy, annual WASH appropriations by Congress, increasing USAID mission-level interest and support for WASH, and the Senator Paul Simon Water for the World Act of 2014 (amending and updating the Water for the Poor Act) have all contributed toward more sustainable WASH programming and private-public sector partnerships.

Thanks to USAID assistance since 2005, approximately 34.5 million people gained access to safer drinking water, and 13.3 million people gained access to improved sanitation. Investment in WASH also improves global economic stability and helps prevent threats identified in the 2012 Intelligence Community Assessment on Global Water Security, which noted that “water problems will contribute to instability in states important to U.S. national security interests.” It also highlighted the importance of U.S. leadership in moving developing countries toward sound water management policies at the local, national, and regional levels.

An FY2018 appropriation of $425 million for water, sanitation, and hygiene could:

- Provide long-term, safe drinking WASH services to an additional 25,000 people in Africa, Asia, and Latin America;
- Increase foreign aid effectiveness by equipping people in developing countries with the tools and capabilities to solve their own water, sanitation, and health challenges on an ongoing basis; and
- Create progress toward universal coverage by providing WASH to often-overlooked health care facilities and schools, thereby strengthening resilience to disease outbreaks and improving pandemic preparedness that protects Americans at home.

Additionally, contributions from NGOs, faith-based organizations, and corporations multiply and amplify the impact of these funds.