

April 30, 2024

The Honorable Patty Murray
Chair
Senate Appropriations Committee
154 Russell Senate Office Building
Washington, DC 20510

The Honorable Susan Collins
Ranking Member
Senate Appropriations Committee
413 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Tammy Baldwin
Chair
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
141 Hart Senate Office Building
Washington, DC 20510

The Honorable Shelley Capito
Ranking Member
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
170 Russell Senate Office Building
Washington, DC 20510

Dear Members of the Appropriations Committee:

As members of the Global Health Technologies Coalition (GHTC)—a group of more than 45 nonprofit organizations, academic institutions, and aligned businesses advancing the creation of new drugs, vaccines, diagnostics, and other tools for global health—we write to highlight the critical role of US programs that support global health research and development (R&D) and encourage your continued support for this important work.

Our request: In fiscal year 2025 (FY25), we strongly urge the Committee to support global health research by:

- Increasing funding for the **National Institutes of Health (NIH)**, including \$116.1 million for the **Fogarty International Center (FIC)**, as well as \$7.84 billion for the **National Institute of Allergy and Infectious Diseases (NIAID)** and \$3.95 billion for the **Office of AIDS Research (OAR)**.
- Fulfilling or appropriating higher than the President's Budget Request for the **Centers for Disease Control and Prevention's (CDC's) National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)** at \$900 million and the **Global Health Center (GHC)** at \$1.002 billion.
- Appropriating a new \$775 million line for emerging infectious disease (EID) R&D and \$500 million total across all relevant accounts for antimicrobial resistance (AMR) R&D for the **Biomedical Advanced Research and Development Authority (BARDA)**.

Global health R&D is a practical and moral imperative.

Why global health matters: Global health is a bipartisan cornerstone of US foreign policy. Supporting the public health of partner countries has practical and moral justifications:

- It protects Americans from national health security threats, increases global political stability, lifts economies, and most importantly, saves millions of lives.

- As an example, The US government's multiagency Operation Warp Speed supported the development of four globally distributed Food and Drug Administration-approved or -authorized COVID-19 vaccines. This helped to save 14 million lives in the first year of the pandemic. Additionally, the vaccines created an estimated \$895 billion of savings in direct health care costs between December 2020 and March 2022.
- Investments in global health R&D also led to economic gains in the United States and in partner countries. As told in a recent analysis conducted by a partnership between Policy Cures Research and GHTC, between 2007 and 2022, \$46 billion in global health R&D investment led to \$102 billion in economic activity and the creation of over 600,000 jobs countrywide. This is not to mention the follow-on effects of the innovations the United States invested in during that time period, which are projected to generate \$251 billion and counting for the US economy.

Still, millions of people die every year because we do not have the technologies to save them.

The challenge: In 2022, 1.3 million people were killed by tuberculosis (TB), 1.3 million people were newly diagnosed with HIV, and 249 million people were infected by malaria. In 2019, at least 1.27 million people were killed by antibacterial resistance. More than 1 billion people worldwide are affected by neglected tropical diseases (NTDs), a group of 20 diseases caused by a variety of pathogens. Women and children are often underserved in the health sector, especially in low-resource settings. In the future, the world is likely to face new pandemic threats.

The United States, as a biomedical research powerhouse, can change history through relatively small public investments.

New medical products are needed to overcome neglected diseases; to beat AMR; to replace outdated and toxic treatments; to defeat future pandemics; and to better reach low-resource, remote, and unstable settings. Examples of the technologies we need include:

- A vaccine and cure for HIV/AIDS.
- New treatments and prevention technologies for malaria.
- Shorter TB treatment regimens and a more effective vaccine.
- Better diagnostics and new treatments for NTDs.
- A universal pandemic vaccine.
- New antibiotics and other tools to address AMR.
- New tools to address insecticide resistance.
- And *many others*.

Why public investment is needed: US government support for this research is critical because the private sector typically does not invest in technologies that have limited profit potential.

- Public investments often seed multisector-funded product development partnerships (PDPs): nonprofit organizations that convene government, science, private-sector, and community partners to develop and promote access to new global health technologies.

NIH's Fogarty: An underfunded supporter of global research collaboration

NIH's FIC accelerates science, partnerships, and technical assistance with partner countries to advance new technologies for pressing health challenges, delivering significant scientific results across diseases

ranging from Ebola to Alzheimer's, as well as foreign goodwill with less than one-quarter of one percent of the total NIH budget.

What is needed: We urge Congress to provide \$116.1 million in funding for FIC in FY25.

- Fogarty needs more resources for an expanded role in pandemic preparedness and global health research capacity-building.
- This funding would benefit reciprocal innovation; new global health innovations can benefit health care systems in rural and low-income areas of the United States to drive down health care costs, improve public health, and strengthen health security.

Why FIC matters: FIC has forged decades-long international partnerships and trained thousands of scientists around the world who now hold high-ranking academic and government positions and have moved the needle on neglected and EIDs, such as HIV/AIDS, COVID-19, Zika, and Ebola.

- These investments improve public health in the United States. They strengthen the world's ability to detect emerging and novel disease threats sooner and create platforms for partnerships between scientists in the United States and other countries.
- FIC investments lead to new tools or interventions designed for low-resource settings, and these innovations can be deployed back in the United States, where they can drive down costs and improve access to health care in rural settings.

NIH's NIAID: A major funder with incoming new leadership

NIAID is the world's largest funder of global health R&D and is undergoing a historic leadership change.

What is needed: We urge Congress to increase funding for NIAID so that the institute can continue to provide robust funding for poverty-related and NTD research programs. We urge Congress to provide \$7.84 billion in funding for NIAID in FY25.

Why NIAID matters: NIAID is the world's leading sponsor of research that leads to new global health technologies.

- NIAID supports basic research that expands our fundamental knowledge of HIV/AIDS, malaria, TB, and NTDs. This research leads to new ideas for how to defeat these diseases.
- NIAID also supports the early-stage development of vaccines, drugs, and diagnostics for poverty-related and NTDs, often in partnership with other US agencies and PDPs.

CDC: A global health technical hub

CDC's **GHC** and **NCEZID** track global diseases and support the development of new medical technologies important for global health.

What is needed: We urge Congress to increase funding for GHC and NCEZID to support CDC's global health research work.

Why GHC matters: **GHC** provides core technical support and validates tools for use by US global health initiatives such as the President's Emergency Plan for AIDS Relief, the President's Malaria Initiative, and the US Agency for International Development's NTDs Program. **GHC** monitors global drug and insecticide resistance.

- GHC leads global health security efforts. It monitors 30 to 40 international public health threats on average each day, has responded to more than 6,050 emergency outbreaks in more than 150 countries since 2005, and has discovered 12 previously unknown pathogens.
- GHC leads US engagements in the Global Health Security Agenda, an international mechanism for countries to coordinate and prepare for future pandemic threats.
- GHC recently uncovered the spread of an invasive mosquito species in East Africa that could accelerate the spread of malaria.

Why NCEZID matters: NCEZID provides expertise to track and prevent infectious disease threats.

- NCEZID serves as an international reference hub for identifying unknown viral and bacterial diseases and provides advanced laboratory services for CDC researchers to safely study hazardous pathogens.
- NCEZID now hosts the **Division of Parasitic Disease and Malaria (DPDM)**, which provides services to people in the United States and around the world. Until fiscal year 2023, DPDM had not received a substantial funding increase in 15 years. **Additional funding is needed to maintain DPDM's labs as the world's gold standard.**
- NCEZID supports early-stage research of vaccines for diseases like Nipah virus, dengue, and Lassa and Rift Valley fevers and develops rapid diagnostic tests for bubonic plague, rabies, Zika, Ebola, Lyme disease, and other parasites.
- NCEZID monitors the spread of diseases and emergence of new variants, indicating to developers when new technologies are needed.

BARDA: An EID funder without EID funding

BARDA sponsors the late-stage development of vaccines, drugs, diagnostics, and other medical devices for naturally occurring biothreats that lack a commercial market—including EIDs, pandemic influenza, and AMR. We urge Congress to provide BARDA with additional, dedicated funding for its EID work.

What is needed: We urge Congress to appropriate \$775 million for BARDA for EIDs through the IEID Division and \$500 million total for AMR across all relevant accounts.

Why it matters: BARDA prioritizes national health security, but many of the products it supports have global impact: at least 93 AMR innovations, at least 127 products for COVID-19, and 11 Food and Drug Administration-approved products for filoviruses like Ebola, and Zika.

- BARDA is the best mechanism for sponsoring late-stage development of EID products to prepare for future health security threats, **but, surprisingly, most of BARDA's EID work has only been funded through emergency supplemental appropriations. For example, \$25 billion in emergency funds supported the advancements made to combat COVID-19—more than 43 times its base fiscal year 2020 appropriation.**
- In 2019, drug-resistant bacteria killed 1.27 million people. BARDA supports AMR research through several mechanisms, including the Combating Antibiotic Resistant Bacteria Biopharmaceutical Accelerator, or CARB-X, a multisector partnership that hosts the most diverse research pipeline of AMR products in the world. Thanks to BARDA's funding, 19 CARB-X-supported projects have already advanced into or completed clinical trials; 12 remain active in clinical development, including late-stage clinical trials; and two diagnostic products have

reached the market. Additionally, there is an ongoing need for funding for early-stage AMR product development to replenish the antimicrobial clinical pipeline.

- First-to-market products for health emergencies are often difficult to use in low-resource settings in rural and low-income areas in the United States and around the world.

We strongly recommend that you support global health research through increased or sustained funding for NIH (including FIC, NIAID, and OAR), CDC (including GHC and NCEZID), and BARDA. This work is important for defeating the diseases and conditions the world faces today and the threats we may face in the future.

We stand ready to work with you to advance US leadership in global health and global health innovation and ask that support for global health R&D not come at the expense of other humanitarian assistance and development accounts.

Now more than ever, Congress must make smart budget decisions. Global health research that improves the lives of people around the world while supporting national health security and economic prosperity is a win-win federal investment.

Please do not hesitate to contact GHTC US Policy and Advocacy Officer Alex Long at along@ghtcoalition.org if you have questions or need any additional information.

Sincerely,



American Society of Tropical Medicine and Hygiene



AVAC



Social Innovation in Drug Resistance Program, Boston University



Coalition for Epidemic Preparedness Innovations, U.S.



Coalition for Health Research and Development



Drugs for Neglected Diseases initiative



**Elizabeth Glaser
Pediatric AIDS Foundation**
Fighting for an AIDS-free generation

Elizabeth Glaser Pediatric AIDS Foundation

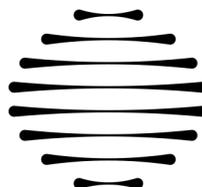
FIND 
Diagnosis for all

FIND



Global Health Council

Global Health Council



**Global Health
Investment
Corporation**

Global Health Investment Corporation



global health **technologies** coalition
Global Health Technologies Coalition



Translating **science**
into **global health impact**

IAVI



Medicines for Malaria Venture

Medicines for Malaria Venture



PATH

POLICY CURES RESEARCH.

Policy Cures Research



**POPULATION
COUNCIL**

Ideas. Evidence. Impact.

Population Council



Public Health Ambassadors Uganda

Prevent • Promote • Protect

Public Health Ambassadors Uganda



Treatment Action Group

Treatment Action Group



Washington Global Health Alliance



SpeakUpAfrica.

Speak Up Africa



TB Alliance



advancing **innovation** to save lives