Global Health Technologies Coalition Outside Witness Testimony for the Record
Subcommittee on Labor, Health and Human Services, Education and Related Agencies
Testimony Submission Addressing the National Institutes of Health, the Centers for Disease Control and Prevention, and the Biomedical Advanced Research and Development Authority

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On behalf of the Global Health Technologies Coalition—a group of more than 50 nonprofit organizations, academic institutions, and aligned companies advancing the development of new drugs, vaccines, diagnostics, and other essential tools for global health and health security—I respectfully submit testimony on fiscal year 2027 (FY27) appropriations for the National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC), and the Biomedical Advanced Research and Development Authority (BARDA). In this request, we are advocating for $103.44 million for Fogarty International Center (FIC) within NIH; $7.15 billion for the National Institute of Allergy and Infectious Diseases (NIAID) within NIH; $3.95 billion for the Office of AIDS Research within NIH; $781 million for the National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) at CDC; $692.84 million for the Global Health Center (GHC) at CDC; as well as robust and dedicated funding for BARDA's emerging infectious disease (EID) portfolio and antimicrobial resistance work. In addition to our requests for global health research and development we are increasingly cognizant of the gap in products for women's health concerns and for that reason we are also advocating for $1.933 billion for the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) and $115.7 million for the Office of Research on Women's Health (ORWH).

In 2024, tuberculosis (TB) claimed 1.23 million lives worldwide, 1.3 million people were newly infected with HIV, and 282 million people were infected with malaria. In 2021, at least 1.14 million people died from bacterial antimicrobial resistance (AMR), and 4.71 million deaths were associated with bacterial AMR. Drug resistance is currently a major threat to malaria control and elimination. More than 1 billion people worldwide are affected by neglected tropical diseases (NTDs), a group of 21 diseases caused by various pathogens. Women and children in low-resource settings are among the most vulnerable population groups.

At the same time, emerging threats like Ebola, measles, hantavirus, Marburg virus, and mpox illustrate the urgent need for preparedness. In an interconnected world, disease knows no borders. Through global travel, trade, and migration, a threat anywhere can quickly become a threat everywhere. As a leader in biomedical innovation, the United States plays a critical role in responding to and mitigating global health risks before they escalate into crises.

Sustained investments in global health research and development (R&D) strengthen our national security, protect Americans, and promote global stability. Yet these efforts face increasing pressure. Public funding is essential, particularly for diseases that disproportionately affect low-income communities where market incentives are insufficient. Continued support for global health R&D allows us to develop new tools that improve lives and prevent future pandemics. These investments also deliver broad benefits beyond global health. From 2007 to 2022, US government funding of $46 billion in global health R&D generated $104 billion in economic activity in the United States and supported over 600,000 American jobs. The long-

term economic returns in the United States from these investments are projected to exceed $255 billion, underscoring their value to the American economy.

In conjunction, we cannot discuss global health research without discussing women's health research. Women's health overall remains one of the most underfunded and under-explored areas in health research despite its profound impact on over half the world's population. Institutes and Centers under the NIH—including NICHD and ORWH—provide leadership and formulate research goals to address child and maternal health issues while addressing gaps in health innovation for women. NICHD and ORWH are well positioned to advance global health R&D by generating more inclusive evidence, accelerating innovation, and ensuring that research reflects all populations to improve health outcomes for women in the United States and around the world.

Equally important to funding is accountability and oversight. Over the past year and a half, we have worked with Congress to track how appropriations have been spent—and not spent – in relation to the congressional intent housed in report language and bill text. We welcome the FY26 LHHS Bill and Joint Explanatory Statement, which reinforce Congress's oversight role and provide important direction to the administration. We encourage the committee to continue to include similar language in future bills as it relates to multi-year funding, indirect costs, staffing at CDC and NIH, and the importance of global health coordination.

This year, some of the biggest challenges to advancing US leadership in global health R&D stem from ongoing uncertainty within the Department of Health and Human Services. At NIH, grant cancellations, strategic realignments, and a slowdown in grantmaking have led to lab closures across the country and created challenges for early-career researchers, including many women. CDC has experienced frequent leadership transitions and increased external pressures, which have complicated its ability to operate effectively and maintain public confidence. BARDA, a largely steady agency, had its mRNA vaccine research halted. That decision has sent ripple effects across the biotech industry, injecting uncertainty into what could have been the next generation of countermeasures for pandemic-level threats.

As the global leader in biomedical research, the United States can and should continue to drive innovation. With strategic investments, we can save lives, strengthen our health systems, and reinforce our international leadership. To preserve and build upon past gains, we must not allow funding uncertainty to undermine progress. Congress has an important role to play in ensuring consistent standards of accountability across federally funded research and its implementation.

We are grateful for this Committee's ongoing support and respectfully request continued investments in three key agencies advancing global health:

- **NIH:** We support an 8.7% increase in overall NIH funding including $103.44 million for FIC, $7.15 billion for NIAID, $1.933 billion for NICHD, $115.7 million for ORWH, and $3.95 billion for the Office of AIDS Research.
- **CDC:** We urge level funding of $781 million for NCEZID and $692.84 million for GHC.

- **BARDA:** We request dedicated funding for EID R&D and increased investment in AMR R&D across all relevant accounts.

We also encourage Congress to request enhanced interagency coordination across HHS, as well as with the Department of State. Cross-agency collaboration is essential to ensure efficient and effective use of taxpayer dollars and to prepare for emerging health threats. Each of these investments plays a distinct role in the US global health R&D ecosystem:

FIC accelerates science through international partnerships, technical assistance, and researcher training. The center delivers significant scientific results deepening Americans' safety and foreign goodwill with less than one-quarter of 1 percent of the total NIH budget. Many FIC-trained scientists have led their countries' responses to COVID-19, Zika, and Ebola, as well as to long-standing challenges such as HIV/AIDS, which have had direct implications in the global containment and prevention of these diseases. FIC is positioned to expand its role in pandemic preparedness and global health research capacity-strengthening—two areas we know are important to invest in to protect and progress Americans' health. With additional funding, the center could improve global disease surveillance, coordination, and training of scientists in fields that strengthen pandemic preparedness—such as disease transmission modeling—to maintain American national security and safety. We urge Congress to provide $103.44 million in funding for FIC in FY27.

Within NIH, NIAID is the world's largest funder of research on neglected and emerging infectious diseases. At a pivotal time for the agency amidst potential reform, new agenda setting, and shifting priorities, we urge Congress to include report language that emphasizes the importance of the institute's support for global health research and provide $7.15 billion in funding for NIAID in FY27. While NIAID remains in the crosshairs of many legislators, it is imperative to maintain NIAID's role in 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. Recently, NIAID developed a monoclonal antibody Ebola treatment, mAb114—which was found to dramatically improve the survival rate of infected patients in a clinical trial carried out amid an outbreak in the Democratic Republic of the Congo. We encourage the Committee to consider the integrity of this work and ensure funding for interconnected and interdisciplinary infectious disease research across NIAID is not lost in conversations regarding the reorganization of the NIH.

Finally, NICHD and ORWH provide the NIH with a critical mission to ensure that women's health priorities are central to the NIH's work plan and strategy for years to come. For more than 50 years, NICHD has led research on the processes of human development and how they affect health, from pre-pregnancy through adulthood. And for more than 30 years ORWH has served as the focal point for women's health research at NIH. Situated within the NIH Office of the Director, ORWH works in partnership with the other NIH Institutes, Centers, and Offices to promote the prioritization of women's health across research portfolios, the inclusion of women in research populations, and the consideration of sex as a critical factor in health and disease. We urge Congress to fund NICHD at $1.933 billion and ORWH at $115.74 million in FY27 to protect recent gains that strengthen and sustain women's health research.

CDC tracks the spread of diseases and supports the development of new global health technologies, including diagnostics and vaccines. This research happens across several centers, including GHC and NCEZID. CDC's GHC leads the center's global health security efforts and provides technical support to key State Department global health programs like the President's Emergency Plan for AIDS Relief (PEPFAR). While GHTC's primary focus is on advancing R&D for lifesaving health technologies, we are concerned about the potential downstream implications that significant disruptions to CDC's global platform could have for broader global health systems and US preparedness. Recent proposals to transition from the longstanding PEPFAR interagency funding transfer model to a more transactional fee-for-service structure have raised questions among stakeholders about the long-term sustainability and operational continuity of CDC's overseas footprint. Reports indicating potential reductions in staffing and country presence beginning in FY27 underscore the importance of carefully assessing how changes to US global health architecture could affect surveillance systems, laboratory capacity, workforce expertise, outbreak response, and implementation infrastructure that support the effective development, evaluation, and delivery of health technologies. At a time of continued global infectious disease threats, maintaining stable and effective global health partnerships and operational capacity remains important to both US and global health security.

Also at CDC, NCEZID—a national security asset—develops diagnostics for global health threats and serves as an international reference hub for identifying and tracking known as well as unknown viral and bacterial diseases. NCEZID now hosts the Division of Parasitic Disease and Malaria which provides technical support for the President's Malaria Initiative—under threat by recent terminations from USAID—and develops and validates tools such as insecticides to prevent malaria. NCEZID also hosts a gold standard parasitic diseases laboratory that serves as a reference for scientists around the world. The center has a leading role in the National Strategy for Combating Antibiotic-Resistant Bacteria to prevent, detect, and control outbreaks of antibiotic-resistant pathogens. 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 that threaten US citizens, servicemembers, and travelers.

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. To date, however, BARDA's work in advancing tools for EIDs has mostly been funded through emergency supplemental appropriations. This pattern produces a delayed response with every new outbreak of emerging or reemerging diseases like Ebola, Zika, COVID-19, and the current escalation of the H5N1 outbreak. We urge Congress to appropriate robust funding for BARDA's EID portfolio along with an increased investment for AMR across all relevant accounts and support BARDA's efforts against EIDs. Such funding will enable the agency to prepare for—rather than react to—future pandemic threats.

The progress we have made in global health R&D is real, measurable, and at risk. This is a critical moment to sustain and build on progress. It is the moment for Congress to reassert its commitment to the science, the institutions, and the researchers that keep Americans safe. Thank you for the opportunity to provide this testimony.