



April 29, 2020

Senator Richard Shelby
Chairman
Committee on Appropriations
Room S-128, The Capitol
Washington, D.C. 20510

Representative Nita Lowey
Chairwoman
Committee on Appropriations
H-307, The Capitol
Washington, D.C. 20515

Senator Patrick Leahy
Vice Chairman
Committee on Appropriations
Room S-128, The Capitol
Washington, D.C. 20510

Representative Kay Granger
Ranking Member
Committee on Appropriations
H-307, The Capitol
Washington, D.C. 20515

Dear Chairwoman Lowey, Chairman Shelby, Ranking Member Granger, and Ranking Member Leahy:

During this global crisis, we are heartened by the level of cooperation and coordination between countries battling the COVID-19 pandemic. We are grateful for your responsiveness to the needs of Americans and affected communities around the world, including the more than \$1.5 billion in programmatic funding included in the initial supplemental funding bills to help low- and middle-income countries prevent, respond to, and mitigate the effects of COVID-19.

As the pandemic spreads globally, we are learning from our partners in affected countries about urgent needs for greater surveillance, equipment, personnel, testing, and laboratory capacity to save lives and contain the spread of the virus in the immediate term. Health workers in the field, at risk of infection themselves, have already begun to see this pandemic magnify and exacerbate existing inequalities and strain weak infrastructure in the medium term. As we focus on responding to this health emergency, it is critical that we not lose sight of the need for essential health services such as routine immunization; reproductive, maternal, and child health; and nutrition or water and sanitation services as well as efforts to address epidemics like HIV/AIDS, tuberculosis, and malaria in the long term. Our response to COVID-19 must protect global health and development commitments and avoid backtracking on the significant progress made. Without a holistic approach, country partners will be less likely to achieve desired program sustainability and transitions critical for our shared goals.

Global Health Council strongly urges you to allocate at least \$5 billion in new emergency supplemental resources for global health and health security programs and accounts to support the global response to COVID-19. This will help vulnerable populations prepare for and respond to the evolving pandemic and maintain essential health services. Our response to this outbreak must not only protect existing U.S. investments, but strengthen them—both to protect our legacy of global health leadership and protect the

Global Health Council | 703-717-5200 (local) | 800-836-4620 | globalhealth.org



twitter.com/globalhealthorg



facebook.com/globalhealthcouncil



globalhealth.org/linkedin

United States from a resurgence of COVID-19 cases. Above all else, we recognize the interconnected nature of global health. No one issue surpasses another in importance; they are all essential in achieving our common goal. Therefore we request robust emergency supplemental support across all existing U.S. programs and for health systems priorities fundamental to addressing the COVID-19 pandemic.

STATE, FOREIGN OPERATIONS, AND RELATED PROGRAMS

- The **State Department** and **U.S. Agency for International Development (USAID)** global health activities should be given additional resources to scale up efforts to prevent, detect, and contain the pandemic, engage vulnerable communities, support recovery, and advance and deliver COVID-19 tools designed for delivery in very low-resource settings.
- Complementing bilateral efforts, U.S. engagement in **multilateral fora** is essential to galvanizing global efforts. As such, we urge Congress to consider additional support for international institutions, especially those that are leading the global response to fight COVID-19, including the World Health Organization (WHO); United Nations Children's Fund (UNICEF); United Nations Population Fund (UNFPA); the Global Fund to Fight AIDS, Tuberculosis and Malaria and their COVID-19 Response Mechanism; and Gavi, the Vaccine Alliance. We also urge the U.S. to contribute to the Coalition for Epidemic Preparedness Initiative (CEPI) to support their efforts to advance vaccines candidates for COVID-19, which are the exit strategy for this pandemic.

LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES

- The **Centers for Disease Control and Prevention (CDC)**'s **Center for Global Health (CGH)** should be provided additional funding to back-fill resources across health divisions as funds and staff are diverted away from working on existing global health programs to respond to COVID-19. The **Center for Emerging Zoonotic and Infectious Diseases (NCEZID)** should be resourced to provide technical and laboratory capacity support for the global response to COVID-19 and emerging health threats, including deployment of their advanced molecular detection (AMD) capabilities to improve diagnostic capacity, manufacturing, and protocols.

DEPARTMENT OF DEFENSE

- The Defense Threat Reduction Agency's **Cooperative Threat Reduction and Biological Threat Reduction Program** should be provided additional resources to support safe and secure global inventory management of SARS-CoV-19, mitigate potential risks of accidental or deliberate release of dangerous biological agents, and implement mechanisms to oversee potentially risky research, especially those risks enabled by advances in technology.

INTEGRATED APPROACHES AND CROSS-CUTTING NEEDS

Given the interconnected nature of this crisis, we must be mindful of its effects across critical global health programs. Cross-cutting needs include:

- **Backstopping other global programs** that have shifted funds towards the COVID-19 response, including those across humanitarian and development assistance that are critical for fighting the

secondary impacts of the disease. As we saw during the West Africa Ebola outbreak, second-order effects from the loss of health workers and regular health service delivery system access can exacerbate the effect of the immediate crisis at hand.

- **Frontline health workforce capacity and safety:** More than 10% of COVID-19 infections in several countries have been among health workers, and there is a severe lack of personal protective equipment (PPE) worldwide. Given many of these countries had severe shortages of frontline health workers before COVID-19, all current global health programs and the COVID-19 response itself is at major risk without crosscutting support to surge and protect the frontline health workforce.
- **Long-term investments in Water, Sanitation, and Hygiene (WASH)** that will ensure critical preventive and sustainable / measures are in place in healthcare facilities, schools, and communities to better contain an infectious disease outbreak at its source.
- The rise of all forms of **gender-based violence (GBV)** during times of crisis is a critical health concern. People experiencing GBV or other forms of violence are more isolated and face even greater barriers to accessing support, services, and legal protections.
- **Effective Partner Guidance:** Ensuring that U.S. policy does not hinder the ability to work in affected communities with effective partners. A review of policies that may undermine these efforts and access to care based on reporting from partners and implementers may be necessary.

When disaster strikes, the United States leads. Reducing human suffering and helping people around the world is a cornerstone of U.S. foreign policy. On average, USAID alone responds to roughly 65 disasters in more than 50 countries every year providing lifesaving assistance to millions of people. CDC monitors an average of 30-40 global public health threats every day. The global effort to end the COVID-19 pandemic will be a long road, but an investment in the global response now is a down-payment on **maintaining American progress** against the pandemic. Acting now will save lives and mitigate the effects of this pandemic among those most at risk around the world in the weeks and months to come.

This current crisis also challenges us to adopt even better policies and practices for U.S. global health. An evolution of our longstanding investments and architecture will position us to be even more effective in those efforts. Therefore, beyond addressing immediate emergency needs, we look forward to opportunities to propose new approaches to U.S. global health programs that can accelerate impact. Now is the time to be bold in pursuit of objectives that save lives worldwide, and demonstrate a strong ambition and commitment to our end goals.

Thank you, again, for your tireless work, continuing leadership, and commitment to global health programs that serve millions.

Sincerely,

1,000 Days

Action Against Hunger

Alliance of Baptists

American College of Nurse-Midwives

HarvestPlus

Health GAP

HIV Medicine Association

Infectious Diseases Society of America

American Heart Association	InterAction
American Jewish World Service	International Partnership for Microbicides
American Society of Tropical Medicine & Hygiene	International Rescue Committee
American Thoracic Society	International Women's Health Coalition
AVAC	IntraHealth International
Bread for the World	Ipas
Build A Movement 2020	Islamic Relief USA
CARE USA	John Snow, Inc. (JSI)
Catholics for Choice	Management Sciences for Health
Center for Biological Diversity	Medicines for Malaria Venture
CHANGE (Center for Health and Gender Equity)	Nothing But Nets
Elizabeth Glaser Pediatric AIDS Foundation	PAI
EngenderHealth	Partners In Health
Food for the Hungry	PATH
Foundation for Innovative New Diagnostics (FIND)	Pathfinder International
Friends of the Global Fight Against AIDS, Tuberculosis and Malaria	PCI, a Global Communities Partner
Friends of UNFPA	Pediatric Infectious Diseases Society
Fund for Global Health	Planet Aid Inc.
Global Communities	Planned Parenthood Federation of America
Global Health Council	Population Connection Action Fund
Global Health Technologies Coalition	Population Institute
Global Network of Black People working in HIV	Project HOPE
Global Water 2020	Resurge International
Guttmacher Institute	The United Methodist Church - General Board of Church and Society
RTI International	Treatment Action Group
Sabin Vaccine Institute	UNICEF USA
Save the Children	Union for Reform Judaism
Seed Global Health	Washington Global Health Alliance
Shot@Life	World Vision
Smile Train	
TB Alliance	

cc:

The Honorable Lindsey Graham, Chairman, Senate Appropriations Subcommittee on State, Foreign Operations, and Related Programs

The Honorable Roy Blunt, Chairman, Senate Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies

The Honorable Patty Murray, Ranking Member, Senate Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies

The Honorable Richard Shelby, Chairman, Senate Appropriations Subcommittee on Defense

The Honorable Richard Durbin, Ranking Member, Senate Appropriations Subcommittee on Defense

The Honorable Hal Rogers, Ranking Member, House Appropriations Subcommittee on State, Foreign Operations, and Related Agencies

The Honorable Rosa DeLauro, Chairwoman, House Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies

The Honorable Tom Cole, Ranking Member, House Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies

The Honorable Peter Visclosky, Chairman, House Appropriations Subcommittee on Defense

The Honorable Ken Calvert, Ranking Member, House Appropriations Subcommittee on Defense