



September 24, 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:

We, the 51 undersigned global health organizations, write to you with an urgent request for emergency supplemental funding to support U.S. bilateral and multilateral investments in the global response to COVID-19. U.S. leadership has been instrumental to global health progress over the past two decades, bringing the best of American science, ingenuity, and generosity to reduce suffering and death in poor communities. Millions of lives have been saved from enduring health threats like HIV/AIDS, malaria, tuberculosis, and the leading causes of preventable maternal and child deaths, thanks to leaders like you who recognized urgent opportunities to leverage modest U.S. funding in service of global needs. **Yet today, well over six months into an unprecedented global health emergency, funding for U.S. global health programs—programs with strong bipartisan support and a long track record of success—has been alarmingly absent from the emergency bills Congress has passed to date.** Months into the response that has stretched the American health system to its limit, health systems in less-developed countries are similarly at a breaking point, and there is no more time to lose: Congress must act now to allocate emergency supplemental support across all existing U.S. global health programs to fight the COVID-19 pandemic everywhere.

This is both a moral and a practical obligation: leaving our global health partners to fend for themselves in the face of this unprecedented global health emergency will only further elongate the deadly course of the COVID-19 pandemic. Americans will not be truly safe from COVID-19 until the disease has been vanquished in every community around the globe. Beyond this immediate impact, as the pandemic continues to wreak havoc on vulnerable health systems, each day of inaction will further erode hard-won gains against enduring global health threats and stretch the timeline to reach global health milestones years into the future, with unnecessary suffering and death marking the way.

As the pandemic continues to rage on, we are learning from our partners and our on the ground experience in affected countries about urgent and growing needs for greater surveillance, equipment,

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personnel, testing, and laboratory capacity to save lives and contain the spread of the virus. Health workers in the field, at risk of infection themselves, are seeing this pandemic magnify and exacerbate existing inequalities and strain weak infrastructure. Estimates show that 1 in 7 COVID-19 infections are in health workers and in some countries it is as high as 1 in 3. 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. The response to these “everyday emergencies” was already stretched thin by years of flattening funding, with programs asked to do more and more with stagnant resources. The additional “cost of doing business” in global health is rising fast as programs adapt to adhere to social distancing guidelines, equip health workers with adequate personal protective equipment, and ensure proper infection prevention and control measures are followed. An infusion of funds is needed immediately so our response to COVID-19 can protect global health and development commitments and avoid backtracking on the significant progress fueled by decades of U.S. investment.

Global Health Council strongly urges you to allocate at least \$20 billion in emergency funding for programs funded through the International Affairs Budget, including at least \$11 billion for bilateral global health programs and the multilateral response to support a holistic global response to COVID-19. This level of funding, while not insignificant, is the floor of what is needed to help vulnerable populations 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 preserve our legacy of global health leadership and protect the United States from a resurgence of COVID-19 cases. Above all else, we recognize the interconnected nature of global health. Therefore we call on you to allocate robust emergency supplemental support across all existing U.S. programs and for health systems priorities fundamental to addressing the COVID-19 pandemic.

A topline of at least \$11 billion for global health must meet several interconnected needs:

- Sufficient funding must be allocated to the State Department, USAID, and CDC Global Health Programs to safeguard bilateral investments in long-standing health threats and, as possible, build upon the infrastructure, workforce, and tools developed for a range of global health threats to be part of the solution to COVID-19.
- Dedicating a portion of funding for USAID to advance COVID-19 innovations specifically designed for use in low-resource settings will pay dividends by ensuring that global partners have the tools they need to fight this pandemic even when basic resources like electricity and clean water are in short supply. Innovations funded with previous emergency supplementals for Ebola and Zika are today ready to be repurposed for the COVID-19 response—with emergency funding to scale up production and delivery.
- Funding for Gavi, the Vaccine Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria and their COVID-19 Response Mechanism are critically important.
- Contributing to the UN Global Humanitarian Response Plan, to target poorest countries in the world, and support the World Health Organization in their efforts to coordinate the response. The U.S. should also enter into the Access to COVID-19 Tools (ACT)- Accelerator, especially the COVAX facility.
- Supporting vaccine development through partners like the Coalition for Epidemic Preparedness Innovations (CEPI), and support for vaccine distribution through leaders like Gavi is a key pillar of the exit strategy from the COVID-19 pandemic, while in the immediate term, diagnostics,

therapeutics, PPE for frontline health workers, and health tools specifically designed for use in low-resource settings are essential needs.

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 U.S. led the establishment of the Global Health Security Agenda, developed life-saving vaccines for Ebola and Zika, trained disease detectives in countries around the globe to detect outbreaks and deploy a rapid response, and has made countless other contributions to strengthening global health security. By mounting Grand Challenges for Ebola, Zika, and Saving Lives at Birth, we have ensured that American innovation is put to use to solve global challenges. Now is the moment to ensure that these resources can be brought to bear for the global response to COVID-19 through the allocation of emergency funding—at a price tag that is modest in comparison to the cumulative investment in global health. 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.

In our interconnected world, a strong global response to global challenges is critical. Now is the moment for the nearly two decades of bipartisan consensus on the importance of investing in global health to bear fruit. We urge you to recognize that **investing now in global health is not an aside to the U.S. response to COVID-19: it is part and parcel of ending this global pandemic and ensuring a return to a safe, strong, and prosperous America.**

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

Sincerely,

1,000 Days

American Heart Association

American Jewish World Service

American Society of Tropical Medicine & Hygiene

American Thoracic Society

AVAC

Better World Campaign

Build A Movement 2020

CARE USA

Center for Biological Diversity

CHANGE (Center for Health and Gender Equity)

Elizabeth Glaser Pediatric AIDS Foundation

Food for the Hungry

Friends of the Global Fight Against AIDS, Tuberculosis and Malaria

Frontline Health Workers Coalition

Fund for Global Health

Global Communities

Global Health Council

Global Health Technologies Coalition

Global Water 2020

Gutmacher Institute

Health GAP

HIV Medicine Association

Infectious Diseases Society of America

InterAction

IntraHealth International	Project HOPE
Ipas	RESULTS
John Snow, Inc. (JSI)	ReSurge International
Management Sciences for Health	Sabin Vaccine Institute
Nothing But Nets	Save the Children
PAI	Seed Global Health
Partners In Health	Shot@Life
PATH	TB Alliance
Pathfinder International	Treatment Action Group
Planet Aid	UNA-USA
Planned Parenthood Federation of America	UNICEF USA
Population Institute	Universal Access Project
Project Concern International, a Global Communities Partner	World Vision

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