

**Testimony of the Infectious Diseases Society of America
On the Fiscal Year 2022 Budget for the Department of State and the United States Agency
for International Development
Prepared for the U.S. House Appropriations Subcommittee on State, Foreign Operations
and Related Programs
Submitted by Barbara Alexander, MD, FIDSA, IDSA President
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On behalf of the Infectious Diseases Society of America (IDSA), I urge the Subcommittee to provide robust funding for global infectious disease programs in the fiscal year 2022 budget. The COVID-19 pandemic has made clear the urgent need to strengthen global capacities to prevent, detect and respond to emerging and re-emerging infectious disease threats, and the need to strengthen U.S. leadership in global health. Increased funding is urgently needed to respond to the pandemic globally and counter the impacts of COVID-19 on vital global HIV, tuberculosis and malaria programs, while equipping resource-limited settings with the tools they need to prevent infectious diseases outbreaks before they reach American shores. IDSA is an organization representing more than 12,000 physicians, public health specialists, health care providers and scientists specialized in infectious diseases and dedicated to promoting health globally through excellence in patient care, prevention, research and education. For years, the United States has been the leader in global health, funding programs that include the President's Emergency Plan for AIDS Relief (PEPFAR), the Global Fund to Fight AIDS, Tuberculosis and Malaria, and USAID global health programs. I urge the Subcommittee to further advance U.S. leadership by addressing international infectious threats with robust funding for global health programs at the Department of State and USAID. While we were pleased to see the President's budget proposal includes some funding increases for global health security programs at USAID, we were disheartened to see flat funding proposed for other global infectious diseases programs. Global health programs work in concert, and the goal of strengthening global health security cannot be realized unless we also provide the increased funds necessary to effectively confront longstanding threats like HIV, TB and malaria.

PEPFAR is widely considered to be the most effective global health initiative in history, saving millions of lives and preventing millions of HIV infections while building capacity in countries with limited health resources. As of February 2021, PEPFAR supports more than 17.2 million people on lifesaving antiretroviral therapy, providing individual health benefits and establishing a cornerstone for public health by preventing HIV transmission. The PEPFAR platform has been mobilized to respond to numerous infectious disease outbreaks, from Ebola in West Africa and the Democratic Republic of the Congo to COVID-19 in many PEPFAR partner countries. PEPFAR preserves families, stabilizes communities and fuels economic growth. Since its inception, PEPFAR has prevented 2.8 million children from being infected with HIV and has provided 6.8 million children orphaned by HIV with essential health and social services. Together with the Global Fund to Fight AIDS, Tuberculosis and Malaria, PEPFAR investments

have placed many of the most heavily affected countries worldwide on a path to HIV epidemic control.

While significant strides have been made in the fight against HIV globally, the world is not on track to meet global targets toward HIV elimination. Progress has stalled, and the COVID-19 pandemic's impact on HIV testing, prevention and treatment access sets progress back even further. PEPFAR has reported a 25% reduction in new HIV treatment initiation since the start of the pandemic. As HIV treatment prevents HIV transmission, such a significant reduction in treatment initiation will not only result in worse health outcomes for people with HIV but will also increase the number of new infections.

The goal of eliminating HIV as a global public health threat is within reach, but it will become impossible unless we increase funding and accelerate efforts, including expanding testing, treatment and prevention services. **I urge you to continue the bipartisan leadership that has characterized the U.S. led global HIV response. IDSA requests a funding level of \$5.12 billion for PEPFAR and \$350 million for the USAID HIV program, which provides essential technical assistance to partner countries to optimize HIV programming.**

The Global Fund has also played a critical role in reducing illness and death from malaria and tuberculosis. The Global Fund's programs are essential to preserve health and to limit the spread of drug-resistant forms of these infections. In the last decade, we have seen a significant increase in cases of tuberculosis resistant to the most commonly prescribed treatments, with most of these cases believed to be transmitted, rather than resulting from failures to complete treatment. Growing resistance to malaria drugs further complicates the global response to these mosquito-borne infections. The Global Fund is the largest donor program funding malaria control efforts and tuberculosis treatment, including treatment for drug-resistant tuberculosis. **I urge you to provide at least \$1.56 billion for the U.S. contribution to the Global Fund, maintaining the U.S. pledge made at the Fund's 6th replenishment in 2019.**

USAID's global tuberculosis program plays a critical role in providing technical assistance that allows countries to develop high-quality tuberculosis control programs and giving countries access to improved diagnostics that can distinguish drug-susceptible from drug-resistant tuberculosis. These tools are particularly important in helping to diagnose tuberculosis in challenging populations such as children and immunocompromised individuals. The Administration's proposal to flat fund USAID's TB program in light of the pandemic's impacts on global TB control efforts would further set back our collective efforts to eliminate this ancient, air-borne, yet curable infection.

The COVID-19 pandemic has derailed progress against TB, with human, financial and other resources diverted away from TB programs to respond to the pandemic in many countries — including local TB programs in the U.S. The World Health Organization found that 78% of countries reported disruptions to TB services as a result of COVID-19, including TB case

notification, which has dropped significantly. In the three highest prevalence countries — India, Indonesia and the Philippines — TB notifications have fallen between 25-30 percent. If disruptions in case finding and treatment initiation continue to persist, WHO estimates an additional 400,000 people will die from TB this year — in addition to the 1.4 million who typically die from TB each year.

At the United Nations High Level Meeting on Ending Tuberculosis, convened at the UN General Assembly on Sept. 26, 2018, the U.S. joined all UN member states in signing onto a political declaration committing to accelerate efforts to end the tuberculosis epidemic. The success of this effort hinges upon the availability of strong funding. **IDSAs urges you to fund USAID’s global tuberculosis program at \$1 billion to respond to the pandemic’s impacts on global TB control efforts and to stem the growing tide of TB drug resistance, which poses a security threat not only to the United States but the entire world.**

The pandemic has also impacted other global infectious disease control efforts, including efforts to respond to malaria and other neglected tropical diseases. It is estimated that disruptions to essential services including bed net distribution, indoor residual spraying of insecticide and access to antimalarial treatment could double malaria mortality in Africa this year and impact malaria control efforts for years to come. **IDSAs urges the Subcommittee to fund malaria and other neglected tropical disease control efforts at the highest level.**

The COVID-19 pandemic underscores the urgent need to increase funding for the USAID global health security program to detect, prevent and respond to infectious disease threats. Over the last several years, emerging and re-emerging infectious diseases have caused marked harmful impacts to communities, health systems and governments. In addition to COVID-19, Severe Acute Respiratory Syndrome (SARS, a coronavirus aka CoV), Middle East Respiratory Syndrome (MERS-CoV), Ebola, Zika and Nipah viruses are examples. The unquantifiable global economic, social and health impact caused by the COVID-19 crisis makes plain the ongoing need for solid investments in infectious diseases surveillance, strengthening of health care systems, laboratory infrastructure and well-trained human resources to ensure the world will be better prepared for the next outbreak or pandemic.

USAID global health security funding also supports global efforts to combat antimicrobial resistance. In recent years, the sharp rise in the detection of multidrug-resistant threats such as drug resistant gonorrhea, extensively drug resistant typhoid and many other resistant bacterial organisms that have quickly made their way to the U.S. underscores the need for a well-resourced, globally-coordinated approach to antimicrobial resistance. **I urge you to provide at least \$975 million to USAID’s global health security efforts to sustain and build on the progress made to protect the U.S. and global community from the threat of emerging infections.**

Infectious diseases know no borders, and the COVID-19 pandemic has made this even clearer. IDSA is sincerely grateful for the years of bipartisan support from the Subcommittee. This U.S. leadership in global infectious diseases serves America, maintaining a healthy and safe environment by confronting infectious diseases at their sources. On behalf of IDSA, I ask that you please continue the United States' leadership by supporting the urgently needed funding that protects and saves the lives of so many.