Global Health Technologies Coalition (GHTC) Outside Witness Testimony for the Record Subcommittee on Labor, Health and Human Services, Education and Related Agencies Testimony Submission by Dr. Kristie Mikus, Executive Director, GHTC

On behalf of the Global Health Technologies Coalition (GHTC), a group of more than 45 nonprofit organizations, academic institutions, and aligned businesses advancing the development of new drugs, vaccines, diagnostics, and other tools for global health and global health security, I am providing testimony on fiscal year 2025 (FY25) 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).

I am testifying today because we still do not have the technologies that we need to achieve a future where pandemics are prevented and health is within reach for everyone. In 2022, **1.3 million** people were killed by tuberculosis, **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.

Today, more than 1 billion people worldwide are still affected by neglected tropical diseases. Unfortunately, it is women and children who are often the most underserved in the health sector. And as we look towards the future, we cannot afford to sit idle and wait for future pandemic threats with the potential to match or exceed the disruption of COVID-19.

To develop the innovations and technologies that we need to defeat these diseases and to prevent future pandemics, the US government needs to sustainably increase its investments in global health research programs. Public funding is critical for this sector because companies have little commercial incentive to invest in health areas that impact people in poverty. Not only are innovations and technology greatly needed, but they are also investments that yield incredible benefits outside of global health. Data from the past 16 years shows that investments in global health R&D lead 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 US government investment in global health R&D led to \$104 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 \$255 billion and counting for the US economy.

As the world's leader in biomedical research, the United States has both a responsibility and an opportunity: with relatively small public investments, we have the power to save and improve millions of lives.

Three agencies that support global health research are NIH, CDC, and BARDA, and we thank the Committee for its past support of these agencies. Still, there is a large hill ahead of us. To continue our progress toward developing lifesaving tools, we respectfully request:

- Increasing funding for 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.
- Fulfilling or appropriating higher than the President's Budget Request for 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 BARDA.

In addition to funding, we urge the Committee to request that leaders in the Department of Health and Human Services coordinate across the department's agencies and with other US departments, such as the Department of State, to ensure that US investments in global health research are efficient, coordinated, and streamlined.

NIH is a global leader in biomedical research. Within NIH, FIC accelerates science through international partnerships, technical assistance, and researcher trainings. The center delivers significant scientific results and foreign goodwill with less than one-quarter of one 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. FIC is positioned to expand its role in pandemic preparedness and global health research capacity-strengthening. 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. We urge Congress to provide \$116.1 million in funding for

FIC in FY25.

Also, within NIH, **NIAID** is the single largest funder of research on neglected and emerging infectious diseases in the world. As it seeks to establish a new five-year strategy, we urge Congress to include report language that emphasizes the importance of the institute's support for global health research and provide \$7.84 billion in funding for NIAID in FY25.

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 CDC's global health security efforts, provides technical support to the President's Emergency Plan for AIDS Relief and the US Agency for International Development's Neglected Tropical Disease Program. Additional funding is required to maintain and expand CDC's laboratory services, expand its public health workforce, and improve its global health security efforts.

Also at CDC, NCEZID develops diagnostics for global health threats and is an international reference hub for identifying and tracking known and unknown viral and bacterial diseases. NCEZID also now hosts the Division of Parasitic Disease and Malaria, which provides technical support for the President's Malaria Initiative, 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.

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. For example, \$25 billion in emergency funds supported the advancements made to combat COVID-19—more than 43 times its base fiscal year 2020 appropriations. This pattern produces a delayed response with every new outbreak of emerging or reemerging diseases like Ebola, Zika, and COVID-19. We urge Congress to appropriate \$775 million for BARDA's EID portfolio and

\$500 million total 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.

As we emerge from a global pandemic, it is clearer than ever that increases in investments for global health innovations are critical. Stronger global health R&D positions the United States to be better prepared for the next pandemic, saves lives, and bolsters health R&D capacity in the United States and abroad. Increased funding and an enabling policy environment that supports breakthrough innovation is an investment with documented benefits across multiple sectors and, ultimately, leads to a more accessible and equitable health for all. With increased public funding for global health research, we can achieve a world that is healthier and safer for everyone.

I thank you for this opportunity to provide testimony.