On behalf of the Infectious Diseases Society of America (IDSA), I thank the Subcommittee for maintaining funding for global health programs in the fiscal year 2018 budget. IDSA is an organization representing more than 11,000 physicians and scientists specialized in infectious diseases and dedicated to promoting health globally through excellence in research, education, prevention and patient care. 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 advance U.S. leadership by addressing international infectious threats with robust funding for global health programs at the Department of State and USAID. The Trump Administration has proposed a budget that I urge you to reject resolutely as it calls for significant cuts to virtually every global health program at the Department of State and USAID.

PEPFAR is widely considered to be the most effective global health initiative in history, saving millions of lives and preventing millions of HIV infections. As of September 30, 2017, PEPFAR supports 13.3 million people on antiretroviral therapy, providing not only individual health benefits, but supporting public health by preventing transmissions, while preserving families, stabilizing communities and fueling economic growth. Since its inception, PEPFAR has prevented 2.2 million children from being infected with HIV and provides 6.4 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.

The goal of eliminating HIV as a global public health threat is within reach, but it will remain elusive if we reduce spending for these life-saving programs. Such budget cuts will squander the substantial investments made across the two prior presidential administrations. The fiscal year 2019 budget request by the Administration calls for a $470 million cut to the PEPFAR program and a $425 million cut to the Global Fund. These reductions, together with the Administration’s proposed elimination of USAID HIV response funding ($330 million) would reverse the United States’ progress to date. The human toll will be measured in lives lost and spikes in new HIV infections. I urge you to continue the bipartisan leadership that has characterized the U.S. led global HIV response. IDSA requests a funding level of $5.16 billion for PEPFAR and $350 million for the USAID HIV/AIDS program.

The Global Fund also has played a critical role in reducing illnesses and deaths from malaria and tuberculosis. These responses are essential, not only to preserving health but to limiting the spread of drug-resistant forms of these infections. In the last decade, we have seen significant increases in cases of tuberculosis that are resistant to the most commonly prescribed treatments, with the majority of those cases believed to be transmitted, rather than resulting from failures to
complete treatment. The Global Fund is the largest donor program funding tuberculosis treatment including treatment for drug-resistant tuberculosis. The upcoming United Nations High-Level Meeting on Tuberculosis provides an important opportunity for US leadership toward the goal of tuberculosis elimination, but the success of that effort hinges upon the availability of strong funding. **I urge you to provide at least $1.35 billion for the U.S. contribution to the Global Fund, which would meet the U.S. pledge.**

USAID’s global tuberculosis program has played 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 and help diagnose tuberculosis in challenging populations that include people living with HIV and young children. The Administration’s proposed 26-percent reduction in funding to this program is unconscionable and would set back our collective efforts to eliminate this ancient, air-borne, yet curable infection. Moreover, such cuts curtail efforts to develop even more effective drugs, diagnostics and ultimately a vaccine. **IDSA urges you to fund USAID’s global tuberculosis program at $400 million to stem the tide of growing TB drug resistance that poses a security threat not only to the United States but the entire world community.**

The Administration’s budget also slashes funding for other essential USAID global health programs by $2 billion, reducing funding for malaria responses by 11 percent and neglected tropical diseases by 25 percent. These recommendations are ill-considered. **IDSA urges the Subcommittee to reject them and to fund these programs at least at their current levels.**

The Administration’s budget would also eliminate USAID’s global health security budget and redirect Ebola-designated funds for global health security purposes. Over the last several years, emerging and re-emerging infectious diseases have caused substantial harmful impacts to communities, health systems, and governments. Severe Acute Respiratory Syndrome (SARS—a coronavirus), Middle East Respiratory Syndrome-Coronavirus (MERS-CoV), Ebola virus and Zika virus are examples. The threat of a new pandemic strain of influenza from Chinese avian flocks is another simmering concern that makes plain the ongoing need for solid investments in surveillance, laboratory infrastructure and well-trained human resources to ensure that the world will be better prepared for the next outbreak or pandemic. Such funding should be robust and reliable to allow for adequate defenses, and not be supplied at the expense of critical work that increases our understanding of the Ebola virus. **USAID global health security funding is also supporting global efforts to combat antimicrobial resistance -- efforts to which the U.S. recommitted last year at the first G20 Health Ministers meeting. In recent years, some of the deadliest multi-drug resistant threats have been initially discovered in China and India, and quickly made their way to U.S. patients, underscoring the need for a well-resourced, globally coordinated approach to antimicrobial resistance. I urge you to provide at least $172.5 million to USAID’s global health security efforts to sustain and build on the progresses made to protect the U.S. and global community from the threat of emerging infections.**

Infectious diseases know no borders. 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 a safe environment by confronting infectious diseases at their sources.
On behalf of IDSA, I ask that you please continue the leadership by supporting the urgently needed funding that protects and saves the lives of so many.