December 14, 2020

Linda Etim, Team Lead
United States Agency for International Development

Elizabeth Littlfield, Team Lead
United States Agency for International Development

Dear Ms. Etim and Ms. Littlefield,

The Infectious Diseases Society of America and its HIV Medicine Association congratulate President-elect Biden and Vice President-elect Harris on their election. Thank you for volunteering your time and expertise to lead the International Development Agency Review Team. As infectious diseases physicians, scientists, and other public health and health care professionals practicing in the U.S. and abroad, we write to offer our assistance and recommendations for global health programs at USAID. We know firsthand how critical strong health programs and practices are for reducing poverty, improving standards of living, strengthening vulnerable communities and stabilizing fragile countries. We welcome the opportunity to work closely with the incoming administration to advance global health priorities and restore American leadership in international development.

The COVID-19 pandemic has profoundly impacted domestic and global public health in ways that will be felt for years to come. It has devastated healthcare systems in many resource-limited countries, further weakening already fragile health infrastructure and leaving countries more vulnerable to other infectious disease threats. The pandemic has profoundly impacted global efforts to address the longstanding HIV, TB and malaria epidemics. Disruptions in prevention, diagnosis and treatment efforts, coupled with the diversion of existing resources to address COVID-19, has set back progress against the biggest infectious disease killers globally.

Now more than ever, American leadership is urgently needed not only to control the pandemic but address its impacts on longstanding epidemics and prepare to respond to emerging future threats. USAID global tuberculosis, malaria and global health security programs have been important to the pandemic response in resource-limited countries and will continue to be critical for strengthening global health in a post-pandemic world but will need renewed support.
Global Health Security

USAID’s global health security program urgently needs greater support and increased resources to help partner countries respond to COVID-19 and prevent, detect and respond to emerging health threats before they reach American shores. An emerging infection is only a plane ride away from anywhere in the US. The COVID-19 pandemic puts into stark relief the need to better prepare for future pandemics by strengthening health systems and infectious disease surveillance and lab capacity, particularly for the detection of zoonotic disease outbreaks. In the 21st century, 70 percent of infectious disease threats originated from animals – including SARS, MERS, SARS-CoV-2, Ebola and Zika. As a key implementor of the Global Health Security Agenda, USAID plays a critical role in strengthening global capacity to control outbreaks at their source.

While implementation of the Global Health Security Agenda is conducted through an interagency, whole-of-government approach, USAID leads on supporting One Health initiatives to strengthen partner countries’ capacities to address zoonotic spillover and prevent pandemics. This includes strengthening national laboratory and surveillance systems, training health workers in One Health approaches, improving risk communication to educate the public and health workers on infection prevention and control, addressing the rising threat of antimicrobial resistance, promoting innovation in vaccine development and conducting critical research on new and emerging viruses.

While USAID’s global health security program conducts invaluable work in keeping America and the global health community safe from emerging infectious diseases, core funding has decreased in recent years as funding from emergency supplemental packages to address the Ebola outbreak have expired. Relying on emergency supplemental funding from one outbreak to the next does not provide the predictability needed for stable and effective preparedness activities and results in unnecessary disruptions to critical programs, setting back progress and putting us at greater risk of emerging infections.

We recommend:

- Increasing and sustaining core USAID global health security funding through the appropriations process
- Renewing U.S. support for the Global Health Security Agenda

USAID Global HIV Program

For decades, USAID has been a leader in combatting the deadliest infectious disease killers globally, including HIV, tuberculosis, malaria and other neglected tropical diseases. USAID’s work in providing essential health services for these and other infectious diseases has saved millions of lives, reduced poverty, helped stabilize fragile communities and strengthened human rights for vulnerable communities – all with flat or reduced funding in recent years. Critical HIV, TB, malaria and neglected tropical disease programs need increased resources immediately to counter the COVID-19 pandemic’s impacts on service disruptions and make headway on global disease elimination goals.
As a key implementor of the President’s Emergency Plan for AIDS Relief, USAID’s global HIV program provides invaluable technical support to PEPFAR partner countries on cost-effective, sustainable and integrated HIV/AIDS programming that harnesses the latest science and technological innovations to work towards global HIV control goals. The program has remained flat funded for over a decade and before then was subject to cuts, leaving the program to do more and more with fewer resources.

We recommend:

- Increasing funding for the USAID global HIV program to accelerate progress against the global HIV epidemic.

USAID Global Tuberculosis Program

USAID also leads the U.S. response to the global tuberculosis epidemic – the world’s biggest infectious disease killer and a driver of the global antimicrobial resistance crisis. Although TB kills more people than HIV and malaria combined, it receives the least funding of any USAID global infectious disease programs. USAID’s global TB program supports programs in 23 priority countries with high burdens of TB and provides key technical assistance to 55 countries, making it one of the largest contributors to global TB elimination efforts after the Global Fund to Fight AIDS, TB and Malaria. Over 80 percent of global TB funding comes from affected countries themselves, but many countries lack the technical and scientific expertise to scale-up innovations and accelerate progress. USAID works to improve care, strengthen TB services and provide diagnostics and drugs, including expanding the availability of new multidrug-resistant TB drugs and regimens – a key component of fighting the rising threat of antimicrobial resistance.

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 percent 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 burden countries – India, Indonesia and the Philippines – TB notifications fell between 25-30 percent between January and June 2020. If disruptions in case finding and treatment initiation continue to persist, the WHO estimates an additional 400,000 people will die from TB in 2020 – in addition to the 1.4 million who typically die from TB each year.

We recommend:

- Substantially increasing funding for the USAID Global TB Program to accelerate progress towards meeting global TB elimination goals, including the goals outlined in the United Nation High Level Meeting on Ending TB.
President’s Malaria Initiative

Similarly, the COVID-19 pandemic has derailed progress towards eliminating malaria, threatening to reverse two decades of progress against the disease that kills over 400,000 people – primarily children – each year. 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. We urge the administration to renew support for USAID malaria elimination efforts, including providing more resources for the President’s Malaria Initiative (PMI).

As the leader of PMI, USAID supports 27 countries in Africa and the Mekong subregion in Asia in delivering proven cost-effective and life-saving malaria interventions, including essential medicines and preventive therapy for pregnant women. USAID also provides technical and operational assistance to equip and empower partner countries to end malaria. The agency supports research and development of needed new tools, including the development of vaccines, novel insecticide-based vector control tools and new antimalarial drugs.

While the USAID malaria program received very modest increases in funding in recent years, funding increases have not kept up with needs.

We recommend:

- Prioritize malaria elimination efforts and substantially increase funding for the President’s Malaria Initiative to address the COVID-19 pandemic’s impact on malaria control efforts.

IDSA and HIVMA appreciate the opportunity to discuss critical global health priorities at USAID. We stand ready to serve as a resource to the transition team and incoming administration as our nation moves forward in addressing the pandemic and its impacts on global infectious diseases, while restoring America’s standing as the leader in global health and international development. If you have any questions or if we can be of any assistance, please feel free to contact us through Amanda Jezek, IDSA senior vice president for public policy and government relations at ajezek@idsociety.org or Andrea Weddle, HIVMA executive director at aweddle@hivma.org.

Sincerely,

Barbara D. Alexander, M.D., MHS, FIDSA  Rajesh T. Gandhi, M.D., FIDSA
President, IDSA  Chair, HIVMA