

Testimony of the Infectious Diseases Society of America
On the Fiscal Year 2018 Budget for the United States Agency for International Development and the
Department of State
Prepared for the United States Senate Appropriations Subcommittee on State, Foreign Operations,
and Related Programs
Submitted by William G. Powderly, MD, FIDSA, IDSA President
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On behalf of the Infectious Diseases Society of America (IDSA), an organization representing more than 11,000 physicians and scientists dedicated to promoting health through excellence in research, education, prevention and patient care, I urge the Subcommittee to advance U.S. leadership regarding international infectious threats with robust funding for global health programs at the Department of State and USAID. The Trump Administration's proposed budget, which I urge you to resolutely reject, calls for significant cuts to virtually every global health program at the State Department and USAID.

The President's Emergency Program for AIDS Relief (PEPFAR) is widely considered to be the most effective global health initiative in history, saving millions of lives and preventing millions of new HIV infections. By the end of 2016, PEPFAR supported 11.5 million people on antiretroviral therapy providing not only individual health benefits but also preserving families and fueling economic growth and stability in communities. Since its inception, PEPFAR has prevented nearly two million children from being infected with HIV, and provided millions of other 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 impacted countries in the world on a path to HIV epidemic control.

The goal of eliminating HIV as a global public health threat is within reach, but an AIDS-free generation will remain elusive if we reduce spending for these life-saving programs. This will squander the substantial investments made across the two prior presidential administrations. The Administration's fiscal year 2018 budget request calls for a \$470 million cut in the PEPFAR program and a \$225 million cut in the Global Fund. These reductions, together with the Administration's proposed elimination of USAID HIV response funding (\$330 million) would reverse the United States' supported progress made, with a human toll that 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 \$4.845 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 also critical, not only to preserving health but also to limiting the growth 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. The majority of drug-resistant tuberculosis is now believed to be transmitted, not acquired, as a result of ineffective treatment regimens or failure to complete treatment. The Global Fund is the largest donor program funding tuberculosis treatment, including treatment for drug-resistant tuberculosis. **I urge you to provide at least \$1.45 billion for the U.S. contribution to the Global Fund.**

USAID's global tuberculosis program has played a critical role in providing technical assistance that allows countries to develop high quality tuberculosis control programs. This program provides countries with access to improved diagnostics that can distinguish drug-susceptible from drug-resistant tuberculosis as well as help properly diagnose tuberculosis in challenging populations such as people

living with HIV and young children. The Administration's proposed 26 percent reduction in this program is unconscionable as it sets 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 which poses a security threat not only to the United States but the entire world community.**

The Administration's budget also slashes USAID's global health funding by half, including reducing funding for malaria by 44 percent and neglected tropical disease by 25 percent. These recommendations are ill-considered. The IDSA urges the Subcommittee to reject them and to fund these programs at least at their current levels. IDSA also objects to transferring Ebola funds to malaria programs, when the work to combat Ebola is not complete. The recent outbreak of Ebola in the Democratic Republic of Congo illustrates that continued work in preparation and control such as vaccine development, disease surveillance, and public health monitoring of Ebola contacts and survivors must remain high priorities.

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, a number of emerging and reemerging infectious diseases have caused substantial distress in 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 looming 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 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 month at the first every G20 Health Ministers meeting. In recent years, some of the most deadly 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.

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 by maintaining a healthy and a safe environment by confronting infectious diseases at their sources. On behalf of the IDSA, I ask that you please continue the leadership by supporting the urgently needed funding that protects and saves the lives of so many.