

**Global Health Technologies Coalition 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, Global Health Technologies Coalition

On behalf of the Global Health Technologies Coalition—a group of 50 nonprofit organizations, academic institutions, and aligned companies advancing the development of new drugs, vaccines, diagnostics, and other essential tools for global health and health security—I respectfully submit testimony on fiscal year 2026 (FY26) 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). In this request we are advocating for \$103.7 million for Fogarty International Center within NIH; \$7.29 billion for the National Institute of Allergy and Infectious Diseases within NIH; \$3.95 billion for the Office of AIDS Research within NIH; \$760 million for the National Center for Emerging and Zoonotic Infectious Diseases at CDC; \$692.84 million for the Global Health Center at CDC; as well as robust and dedicated funding for BARDA’s emerging infectious disease portfolio and antimicrobial resistance work.

Despite tremendous progress, we still lack the technologies necessary to prevent pandemics and make good health attainable for all. In 2022, tuberculosis claimed **1.3 million** lives, **1.3 million** people were newly diagnosed with HIV, and malaria affected **249 million** people. Antimicrobial resistance contributed to at least **1.14 million** deaths in 2021. Without continued investment in prevention and innovation, these numbers are likely to rise, threatening lives in the United States and around the world.

Over 1 billion people continue to suffer from neglected tropical diseases, disproportionately affecting women and children. At the same time, emerging threats like H5N1, Ebola, Marburg virus, and strains of mpox illustrate the urgent need for preparedness. In an interconnected world, disease knows no borders. Through global travel, trade, and migration, a threat anywhere can quickly become a threat everywhere. As a leader in biomedical innovation, the United States plays a critical role in responding to and mitigating global health risks before they escalate into crises.

Sustained investments in global health research and development (R&D) strengthen our national security, protect Americans, and promote global stability. Yet these efforts face increasing pressure. Public funding is essential, particularly for diseases that disproportionately affect low-income communities where market incentives are insufficient. Continued support for global health R&D allows us to develop new tools that improve lives and prevent future pandemics.

These investments also deliver broad benefits beyond global health. From 2007 to 2022, U.S. government funding of \$46 billion in global health R&D generated \$104 billion in economic activity in the United States and supported over 600,000 U.S. jobs. The long-term economic returns in the United States from these investments are projected to exceed \$250 billion, underscoring their value to the American economy.

As the global leader in biomedical research, the United States can and should continue driving innovation. With strategic investments, we can save lives, strengthen our health systems, and reinforce our international leadership. To preserve and build upon past gains, we must not allow funding uncertainty to undermine progress.

We are grateful for this Committee's ongoing support and **respectfully request continued investments in three key agencies advancing global health:**

- **NIH:** We support a 9 percent increase in overall NIH funding including \$103.7 million for the **Fogarty International Center (FIC)**, \$7.29 billion for the **National Institute of Allergy and Infectious Diseases (NIAID)**, and \$3.95 billion for the **Office of AIDS Research**.
- **CDC:** We urge level funding of \$760 million for the **National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)** and \$692.84 million for the **Global Health Center (GHC)**.
- **BARDA:** We request dedicated funding for emerging infectious disease (EID) R&D and increased investment in antimicrobial resistance (AMR) R&D across all relevant accounts.

We also encourage Congress to request enhanced interagency coordination across the Department of Health and Human Services, as well as with the Department of State and the U.S. Agency for International Development (USAID). Cross-agency collaboration is essential to ensure efficient and effective use of taxpayer dollars and to prepare for emerging health threats.

FIC accelerates science through international partnerships, technical assistance, and researcher trainings. The center delivers significant scientific results deepening Americans' safety and foreign goodwill with less than one-quarter of 1 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, which have had direct implications in the global containment and prevention of these diseases. **FIC is positioned to expand its role in pandemic preparedness and global health research capacity-strengthening—two areas we know are important to invest in to protect and progress Americans' health.** 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—to maintain American national security and safety. We urge Congress to provide \$103.7 million in funding for FIC in FY26.

Also within NIH, **NIAID is the single largest funder of research on neglected and emerging infectious diseases in the world.** At a pivotal time for the agency amidst potential reform, new agenda setting, and shifting priorities, we urge Congress to include report language that emphasizes the importance of the institute's support for global health research and provide \$7.29 billion in funding for NIAID in FY26. While NIAID remains in the crosshairs of many legislators, it is imperative to maintain NIAID's role in basic research that expands our fundamental knowledge of HIV/AIDS, malaria, tuberculosis, and neglected tropical diseases. This research leads to new ideas for how to defeat these diseases. Recently, NIAID developed a monoclonal antibody Ebola treatment, mAb114—which was found to dramatically improve the

survival rate of infected patients in a clinical trial carried out amid an outbreak in the Democratic Republic of the Congo. We encourage the Committee to consider the integrity of this work and ensure funding for interconnected and interdisciplinary infectious disease research across NIAID is not lost in conversations regarding the reorganization of the NIH.

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 the center's global health security efforts and provides technical support to key USAID and State Department global health programs like the President's Emergency Plan for AIDS Relief. Sustained funding to GHC is required to maintain CDC's laboratory services, expand its public health workforce, and improve its global health security efforts necessary to combat the spread of diseases in the United States and abroad.

Also at CDC, NCEZID—a national security asset—develops diagnostics for global health threats and is an international reference hub for identifying and tracking known as well as unknown viral and bacterial diseases. NCEZID now hosts the Division of Parasitic Disease and Malaria which provides technical support for the President's Malaria Initiative—under threat by recent terminations from USAID—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. NCEZID supports early-stage research of vaccines for diseases like Nipah virus, dengue, and Lassa and Rift Valley fevers and develops rapid diagnostic tests for bubonic plague, rabies, Zika, Ebola, Lyme disease, and other parasites that threaten US citizens, servicemembers, and travelers.

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. This pattern produces a delayed response with every new outbreak of emerging or reemerging diseases like Ebola, Zika, COVID-19, and the current escalation of the H5N1 outbreak. We urge Congress to appropriate robust funding for BARDA's EID portfolio along with an increased investment 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.

In this moment of transition and reflection on our health and research infrastructure, it is more important than ever to preserve the progress we've made and invest boldly in the innovations of tomorrow. Global health R&D is a smart, strategic investment in a safer, healthier, and more prosperous America.

Thank you for the opportunity to provide this testimony.

