GHTC
global health technologies coalition

advancing **innovation** to save lives

February 18, 2026

The Honorable Neal Dunn
2233 Rayburn House Office Building
Washington, DC 20515

The Honorable Lori Trahan
466 Cannon House Office Building
Washington, DC 20515

Dear Representative Neal Dunn and Representative Lori Trahan,

The Global Health Technologies Coalition (GHTC) is pleased to see a bipartisan endeavor to reauthorize the Protecting Americans from all-Hazards Preparedness Act (PAHPA). Since the reauthorization lapsed in 2023, it has been clear that successfully advancing this critical pandemic preparedness legislation requires a bipartisan, bicameral process.

While BARDA's mission is to advance US national health security, the medical countermeasures (MCMs) developed routinely benefit people around the world. BARDA has advanced at least 93 innovations for antimicrobial resistance (AMR), at least 127 COVID-19 products, and 6 FDA-approved products for filoviruses like Ebola—many of which have been used around the world. As the leading advocacy coalition focused on global health research and development, GHTC wants to ensure the Biomedical Advanced Research and Development Authority (BARDA), through PAHPA, is equipped not only to respond effectively during public health emergencies, but also to make the proactive, forward-looking investments required to stay one step ahead of emerging pathogens.

GHTC Priorities for PAHPA Reauthorization

Require a new 5-year (2027-2031) Strategic Plan for BARDA

BARDA's current strategic plan ends in 2026, and a new plan is needed to reflect lessons learned from COVID-19, the US mpox response, and the recent outbreaks of Ebola and Marburg in Africa. Requiring BARDA to articulate its goals for the next five years will help ensure strategic alignment with evolving threats. To strengthen the effectiveness and credibility of this plan and ensure it is informed by the best available science and aligned with real-world preparedness needs, we recommend that Congress direct BARDA to develop it through an open, consultative process that includes input from scientific experts, product developers, and other external stakeholders.

Establish dedicated funding for BARDA's IEID Division

Although BARDA has created a dedicated Influenza and Emerging Infectious Disease (IEID) program, it lacks dedicated funding. Historically, investments in emerging infectious disease medical countermeasures have come primarily from emergency supplemental funding bills, like those for Ebola, Zika, and COVID-19— reinforcing a reactive, rather than proactive posture. This gap undermines preparedness.

We support the $10 million carve-out for Disease X in recent LHHS appropriations bills and appreciate prior report language that "supports robust funding for BARDA's naturally occurring infectious disease programs, including emerging infectious diseases, AMR, and pandemic influenza;" however, this remains insufficient to meet preparedness needs. We encourage Congress to authorize $775 million annually for the IEID program, a figure validated by both the agency and external experts as the amount needed to successfully run an EID Division.

Prioritize deliverability in low-resource settings

Limited refrigeration, inconsistent electricity, insufficient sanitation, and constrained health workforce and laboratory capacity can hinder MCM deployment in low-resource settings, both globally and within the United States. For example, these constraints impeded the global and US uptake of first-generation COVID-19 vaccines and therapeutics. Operation Warp Speed was successful at quickly developing safe and effective vaccines, but its leadership told GHTC that deliverability for low-resource settings was not being considered in vaccine portfolio decisions.

To rectify this oversight in future preparedness planning, we recommend that PAHPA:

- Require ASPR to conduct a study on factors limiting MCM deployment in low-resource settings in the United States and globally during public health emergencies
- Authorize BARDA to support national and global community engagement activities as part of MCM development, including support of clinical trial networks.

Highlight the necessary capabilities mRNA vaccines provide to BARDA

mRNA is a critical platform technology for advancing the next generation of vaccines and therapeutics, particularly for rapidly mutating pathogens and to enable rapid development when a new disease X emerges. A retreat from mRNA research risks leaving the United States behind other countries, such as China, the United Kingdom, Australia, Germany, and South Korea, who are actively expanding investments in mRNA technologies. It also risks leaving us behind other investing countries in our ability to procure next-generation vaccines for the American people during future pandemics, and could have a reverberating impact if private investors follow suit, widening the innovation gap in our biotechnology ecosystem.

While there is opportunity to improve mRNA vaccines to enhance the durability of protection and reduce side effects, achieving these advancements will require continued investment.

To realize mRNA's potential, we recommend that PAHPA:

- Explicitly authorize BARDA to invest in mRNA platform technology development.
- Include report language directing BARDA to prioritize mRNA-based countermeasures in its portfolio decisions.

Maintain BARDA's authority to prioritize products for at-risk populations.

The Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019 (P.L. 116-22) and previous reauthorizations enable BARDA to prioritize "children, pregnant women, older adults, and other at-risk individuals" (42 USC § 247d-7e(c)(6)) in the development of MCMs. At a minimum, this language should be maintained to ensure that every American, regardless of age, health status, or circumstance, can access lifesaving medical countermeasures.

Strengthen transparency requirements

BARDA's improved efforts in publicly reporting on its MCM research investments have been instrumental in supporting innovation, improving oversight, reducing duplication, and fostering collaboration with federal agencies and external partners in global health security. PAHPA should mandate and codify transparent reporting practices across all areas of BARDA investment, including chemical, biological, radiological, and nuclear (CBRN) threats, EIDs, and AMR. This will ensure consistent reporting, regardless of future BARDA leadership changes.

We recommend that PAHPA require BARDA to regularly and publicly report on its product-level investments to the greatest extent possible without compromising national security, and as part of that reporting, to detail the funding amount, threat area, product type, and phase of development for each MCM in its portfolio.

Eliminate the sunset for the Medical Countermeasure Innovation Partnership

The 21st Century Cures Act authorized BARDA to enter a partnership with a nonprofit entity to accelerate MCMs through venture capital practices. BARDA has since entered a successful partnership that has leveraged matched external funding to support at least eight promising innovations. This authority, however, expires on September 30, 2028 (42 USC § 247d-7e(c)(4)(E)(ix)). To ensure continued progress and impact, we urge Congress to eliminate the sunset clause for BARDA's medical countermeasures innovation partnership authority.

Authorize loan authorities

To support our national preparedness, we urge Congress to establish a BARDA loan authority program modeled after the US Department of Energy's successful approach. This decisive action would better enable BARDA to finance large-scale projects, such as innovative biomanufacturing facilities like those for microneedle patch vaccines. BARDA should mandate a BARDA feasibility analysis to expedite implementation.

Maintain BARDA's commitment to tackling AMR and advance complementary AMR legislation

AMR threatens the effectiveness of routine medical procedures and drugs critical for treating CBRN and infectious disease threats. Bacterial AMR was directly responsible for an estimated 1.14 million deaths in 2021, and was associated with a total 4.71 million deaths. Deaths attributable to AMR are projected to increase by almost 70 percent by 2050. Without action, annual deaths could reach 10 million globally by 2050, with significant deaths among children and newborns.

BARDA has provided critical support for development of AMR products at every stage of clinical development, but the pipeline of new antimicrobials and other products still remains insufficient to confront this rising threat.

To that end, we urge Congress to:

- Reauthorize BARDA's AMR programs.
- Leverage the "must-pass" nature of previous PAHPAs to attach and advance other complimentary legislation to spur and incentivize AMR R&D, including the PASTEUR Act and the SUPER BUGS Act if it is reintroduced in the 119th Congress.

Conclusion

The next pandemic is not a question of if, but when. PAHPA reauthorization presents a critical opportunity to ensure BARDA has the authorities, resources, and strategic direction needed to keep America—and the world—safer from emerging biological threats. The investments and policy decisions made today will determine whether the United States responds to the next crisis from a position of strength or struggles to catch up while lives hang in the balance.

GHTC appreciates your bipartisan leadership on this essential legislation and stands ready to support your efforts to strengthen America's health security infrastructure. We urge you to incorporate these priorities into the PAHPA reauthorization to ensure BARDA can fulfill its mission of protecting Americans and advancing global health security for years to come.

We welcome the opportunity to discuss these recommendations further and to continue partnering with you on this essential work.

Sincerely,

Kristie Mikus

Dr. Kristie Mikus, GHTC Executive Director