

May 5, 2026

The Honorable Shelley Moore Capito
Chair
Senate Appropriations Subcommittee on Labor,
Health and Human Services, Education, and
Related Agencies
U.S. Senate

The Honorable Tammy Baldwin
Ranking Member
Senate Appropriations Subcommittee on Labor,
Health and Human Services, Education, and
Related Agencies
U.S. Senate

The Honorable Robert Aderholt
Chair
House Appropriations Subcommittee on Labor,
Health and Human Services, Education, and
Related Agencies
U.S. House of Representatives

The Honorable Rosa DeLauro
Ranking Member
House Appropriations Subcommittee on Labor,
Health and Human Services, Education, and
Related Agencies
U.S. House of Representatives

Dear Chair Capito, Ranking Member Baldwin, Chair Aderholt, and Ranking Member DeLauro:

Thank you for your commitment to protecting public health through robust investments in essential infrastructure, workforce, and scientific expertise. As the Labor, Health and Human Services, Education, and Related Agencies (LHHS) Appropriations Subcommittee considers FY27 priorities, the undersigned organizations urge you to advance a bill that supports the Centers for Disease Control and Prevention (CDC)'s strategic engagement in global health with funding of **no less than \$692.84 million for the CDC Global Health account, level with FY26 enacted**. In an interconnected world where infectious diseases can travel from remote communities to global capitals within 36 hours, CDC's global health presence serves as America's first line of defense. With significant changes in U.S. participation in multilateral institutions and foreign assistance mechanisms, an adequately staffed and sustainably funded CDC Global Health Center, resourced both through direct appropriations in the LHHS bill and continued interagency transfers of foreign assistance funding, has never been more indispensable to protect American and global health security.

Within this topline of \$692.84 million, we request level funding for each sub-account, as follows:

Global Public Health Protection — \$293.2 million. CDC's Global Public Health Protection programs form the backbone of America's ability to prevent, detect, and respond to infectious disease threats before they reach U.S. shores. On prevention, CDC's embedded in-country experts build trusted relationships with national and local authorities, providing early awareness of emerging threats — sometimes before they become public knowledge — while sustainably strengthening partner country health systems. On detection, CDC has strengthened more than 50 global disease surveillance systems in the past three years and trained more than 25,000 field epidemiologists in partner countries. On response, CDC support for the global network of these same "disease detectives" enables immediate, coordinated action when outbreaks occur — a capability that has helped CDC stop more than 250 dangerous outbreaks in the past two years before they reached American shores.

Global Immunization — \$230 million (of which, \$180 million for polio and \$50 million for measles and vaccine-preventable diseases). CDC immunization investments have driven an 88% reduction in measles deaths globally, yet cases have sharply resurged over the past several years. The U.S. reported more than 2,200 measles cases across 44 states in 2025 — a 6-fold increase — with over 1,800 cases already reported in 2026. Recent domestic outbreaks alone are estimated to cost \$244 million, demonstrating that prevention of this highly contagious disease abroad is far more cost-effective than emergency response at home. On polio, CDC has helped achieve a 99% reduction in cases, with

fewer than 100 cases remaining in just two countries in 2025. However, if eradication efforts falter, modeling projects paralytic polio cases could surge to 100,000 annually within five years — a critical risk given that polio vaccination coverage has fallen below 40% in some U.S. communities.

Global HIV/AIDS — \$128.921 million. CDC serves as the primary public health implementing partner of the President's Emergency Plan for AIDS Relief (PEPFAR), working through an interagency agreement with the State Department to translate diplomatic commitment into on-the-ground results across 46 countries. This partnership model depends on timely and reliable PEPFAR funding transfers from State to CDC — without which continuity of care for millions of patients and decades of investment in workforce and public health infrastructure is at risk. In the past year, CDC's global HIV programs supported treatment for more than 14.5 million people, screened 10 million people with HIV for tuberculosis, and prevented 400,000 cases of mother-to-child HIV transmission. CDC has also helped more than 400 laboratories in low- and middle-income countries achieve international accreditation — networks that provide critical detection capacity for deadly pathogens including Ebola. The Subcommittee should ensure that interagency mechanisms enabling State-to-CDC PEPFAR funding transfers remain functional and timely, as both the appropriation and its delivery are essential to sustaining these results. Two-thirds of CDC's overseas staff are funded through the PEPFAR transfer from the State Department; should this transfer be scaled back or cancelled, the U.S. government risks losing vital institutional knowledge and frontline public health expertise critical not only to maintaining global progress on HIV/AIDS but also keeping us apprised of and ready to respond to a range of emerging infectious disease threats.

Global Tuberculosis — \$11.722 million. TB infects approximately 10.6 million people annually, including 1.3 million children, and drug-resistant strains affected roughly 410,000 people last year. The U.S. reported 10,260 domestic TB cases last year, and a single case of multidrug-resistant TB can exceed \$500,000 in treatment costs. CDC's genomic sequencing partnerships enable rapid detection of resistant strains at their source. Given the close epidemiological relationship between TB and HIV, coordinated funding for CDC's Division of Global HIV/TB remains critically important.

Parasitic Diseases and Malaria — \$29 million. CDC's technical leadership helps countries prevent malaria resurgence, monitor drug and insecticide resistance, and strengthen vector-control systems. Imported malaria cases continue to rise, and local transmission has reappeared in the U.S. after decades of elimination. While the work funded through this line has shifted to the National Center for Emerging Zoonotic and Infectious Diseases, Congress has historically appropriated these funds to the Global Health Center; continued robust funding is needed to maintain the workforce and scientific capacity underpinning CDC's work on parasitic diseases and malaria globally.

Taken together, these investments enable the CDC Global Health Center to monitor more than 40 health threats daily and conduct hundreds of outbreak investigations each year. Recent disruptions to global health infrastructure have eroded decades of expertise and operational readiness that keeps Americans safe. Sustained congressional investment in CDC is essential to stabilize and rebuild these capabilities. Maintaining the Global Health account at no less than FY26 enacted levels will preserve the frontline expertise, in-country presence, and surge capacity needed to protect American lives, national security, and economic interests. **In addition to direct appropriations through this account, the Subcommittee should also ensure that interagency PEPFAR funding transfers from the State Department to CDC remain timely and uninterrupted — the treatment and care of more than 14.5 million people depends on these mechanisms functioning as intended, as does CDC's ability to carry out its congressionally-intended role as the primary public health implementing partner of this multi-agency program.** We respectfully urge the Subcommittee to sustain these life-saving investments.

Sincerely,

American Academy of Pediatrics
American Society for Microbiology
American Society of Tropical Medicine and Hygiene
Association of Nurses in AIDS Care
Association of Public Health Laboratories
AVAC
CARE
First Focus Campaign for Children
Friends of the Global Fight Against AIDS, Tuberculosis and Malaria
Georgia Life Sciences
Global Communities
Global Health Council
Global Health Technologies Coalition
Health GAP
Infectious Diseases Society of America
International Association for Dental, Oral, and Craniofacial Research
Management Sciences for Health
Partners in Health
Project HOPE
Public Citizen
Resolve to Save Lives
RESULTS
Shot@Life
TB Alliance
Team fEMR
The Task Force for Global Health
Treatment Action Group
Trust for America's Health
United to Beat Malaria