

Testimony of Spencer Knoll  
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Fiscal Year 2026 Outside Witness Testimony  
House Appropriations Committee  
Subcommittee on National Security, Department of State, and Related Programs

Chairman Diaz-Balart, Ranking Member Frankel, and members of the Subcommittee on National Security, Department of State, and Related Programs, my name is Spencer Knoll, and I am the Director of U.S. Policy and Advocacy at Malaria No More, an international non-profit dedicated to ending one of humanity's oldest, deadliest diseases. On behalf of Malaria No More, I respectfully request that the subcommittee in its Fiscal Year (FY) 2026 appropriations bill provide level funding for the bilateral malaria account, \$2 billion for the U.S. contribution to the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and continue the U.S. government's longstanding support of Gavi.

Ending malaria is the cornerstone of an approach to global health that has enjoyed 20 years of broad bipartisan consensus—one which places saving children and supporting families at the core. In 2023, malaria killed 597,000 people. 74 percent of these deaths were children under the age of five. Pregnant women are particularly susceptible, and malaria during pregnancy is a leading cause of complications for both mother and child, including premature birth and stillbirth.

Ending malaria is also consistent with the Trump administration's framework for assessing U.S. foreign assistance, in which programs must be judged on whether they make America safer, stronger, and more prosperous. Secretary Rubio expressed this view in his confirmation hearing, stating that "the cost benefit of an investment, leveraging private partnerships to deal with things like malaria pays extraordinary dividends" and that these activities "could, as part of an overall approach to Africa, be included in things that you could argue are improving our prosperity [and] our security." U.S. investments in programs to end malaria provide security, strategic, and economic benefits for the United States, keeping Americans safe, strengthening our position vis a vis our adversaries in key regions, and unlocking economic growth in emerging markets while facilitating U.S. access to those markets.

**U.S. funding for malaria programs makes America safer.**

Efforts to prevent, diagnose, and treat malaria are the early warning system that keep infectious diseases from reaching U.S. shores. The world's most dangerous infectious diseases – including Ebola, Marburg, and pandemic influenza – often present first as fevers, and malaria detection programs can stop outbreaks in their tracks. The next deadly global pandemic is likely to start as an outbreak of fever, and malaria programs are America's first line of defense: in 2019, frontline health workers tested 267 million fever cases, ultimately treating 190 million people for malaria and reporting cases into vital infectious disease surveillance systems. The rural, forested hot spots where malaria transmission thrives are also often the blind spots where deadly infectious diseases can spill over from animals to humans.

**U.S. funding for malaria programs makes America stronger.**

Malaria also poses a significant threat to the stability of a strategically important region for the U.S. In 2023, more than half of all malaria-related deaths occurred in just four countries—Nigeria, the Democratic Republic of the Congo, Tanzania, and Niger—each of which plays a crucial role in the continent’s security, critical mineral supply, and trade dynamics. These nations are also key targets for influence by the People’s Republic of China, Iran, and North Korea. Additionally, malaria presents a severe public health risk in Africa’s Sahel region, where a series of military coups in recent years has led to instability and provided a haven for extremist groups. This area has become the global epicenter of terrorist violence, which, if not addressed, could further destabilize the African continent and eventually pose a threat beyond the region, including to the United States.

China is poised to take a global leadership role on malaria if the U.S. falters. Between 2000 and 2021, China provided anti-malaria assistance to 36 sub-Saharan African countries with 279 projects and an estimated sum of \$320 million. The Democratic Republic of Congo, the Central African Republic, and Uganda were the countries with the highest number of medical teams from China. And China’s efforts in Africa are bearing diplomatic fruit. A Gallup report released in April 2024 found that for the first time, China’s favorability on the continent exceeded that of the United States. Among the four global powers on which Gallup polls, the US was the only one to lose standing with the African public during the period which the report examined.

Iran and North Korea, too, continue to make inroads in key African countries and regions; Iran is using military exports as a way of pursuing objectives such as acquiring uranium in Niger, and has held meetings with Zimbabwean officials as well as two continental trade summits. And North Korea is active in African arms trade, including supporting the construction of Uganda’s largest arms manufacturing facility.

### **U.S. funding for malaria programs makes America more prosperous.**

Malaria also has deep economic implications. A recent analysis by Oxford Economics Africa commissioned by Malaria No More found that total U.S. malaria funding provided through the bilateral President’s Malaria Initiative and the U.S. contribution to the Global Fund over the past 20 years has produced a collective GDP increase of \$90.3 billion in recipient countries. This means that every dollar the U.S. invested in malaria control has generated 5.8 times the returns in economic benefits. Many of these countries are fast-growing trading partners and countries of diplomatic, strategic, and economic value to the United States. And the economic benefits of malaria reduction are not enjoyed solely by endemic countries that receive aid. A similar analysis by the same firm commissioned by Malaria No More UK found that achieving global malaria reduction targets by 2030 would increase international trade by \$80.7 billion and produce an additional \$1.5 billion in U.S. exports to endemic countries.

### **Investment in malaria works for America.**

We know what works. Tried-and-true tools to prevent, detect, and treat malaria such as low-cost insecticide-treated bed nets, indoor residual spraying, high-quality rapid diagnostic tests, and antimalarial drugs make it possible, with proper focus, to dramatically reduce malaria deaths in a short amount of time. And new mosquito technologies and vaccines could put the world on the

path to ending malaria within a decade. We also have cost-effective, proven ways to deliver these interventions.

There is no doubt that these programs can be improved—and we look forward to engaging with Congress in conversations about reform. A healthy discussion about how to improve our bilateral malaria program is absolutely necessary. Careful consideration should be given to how we can ensure that aid is more targeted and time-bound, with a clear roadmap for scaling up contributions from endemic countries and other donors and clear benchmarks for performance upon which U.S. aid is conditioned, and which facilitates the transition from aid to investment. The DFC, created during the first Trump administration, has already demonstrated how smart aid dollars can de-risk, crowd-in, and strengthen private investment through structures like the Open Doors African Private Health Initiative and the Transform Health Fund, which Malaria No More, through our Health Finance Coalition, has been proud to support. We should embrace American-led advances in AI, utilizing data to pinpoint outbreaks and target solutions; leverage best-in-class American medical products, such as high-sensitivity diagnostic tests, to bolster our efforts; and fast-track transformative technologies that prevent mosquitos from transmitting malaria and vaccines that prevent infections.

But even as constructed, these efforts deliver a strong return on investment while advancing American values and security and should be continued. And while we recognize the highly constrained budget environment in which the subcommittee will be tasked with writing its FY 2026 appropriations bill, continued support of these investments is critical. That is why we are requesting level funding for the bilateral malaria account and urging the subcommittee to continue U.S. support to Gavi, which plays a critical role in the fight against malaria by distributing the world's first malaria vaccines. We believe the evidence strongly supports sustaining U.S. investment in Gavi as a critical means of achieving U.S. national interests and the goal of ending deaths from malaria.

We are also requesting \$2 billion for the Global Fund. This year, donors around the world will pledge to replenish the Global Fund's next three-year funding cycle. The U.S. has traditionally contributed one-third of the Global Fund's resources, a limit that has been enforced by law and ensured that every dollar the U.S. contributes has been matched by two dollars from partner countries. To achieve the Global Fund's target of \$18 billion from all donors over the next three years—the same as the previous cycle—the U.S. should maintain its pledge of \$2 billion per year, understanding that actual appropriations may fluctuate, as they have in cycles past, in response to the amount of partner matching funds available. Fully funded, the Global Fund could save 23 million more lives and avert 400 million new infections between 2027 and 2029. A strong contribution will demonstrate American leadership, propel other countries to pay their fair share, and save millions of the world's most vulnerable people from these deadly diseases.

In conclusion, sustained U.S. leadership in the fight against malaria is a strategic, economic, and humanitarian imperative. Maintaining funding for bilateral malaria programs, Gavi, and the Global Fund will not only save lives but also strengthen global health security, advance U.S. geopolitical interests, and drive economic growth in emerging markets. These investments have consistently demonstrated a strong return, reinforcing America's role as a leader in global health while ensuring that our aid is both effective and efficient. As this subcommittee considers its FY 2026 appropriations bill, I urge you to continue supporting these life-saving programs and to reaffirm the United States' commitment to ending malaria.

Thank you for your time and consideration.