

Congress poised to protect funding for global health and medical research, establish new health R&D initiative at State

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Last week, the US House of Representatives passed a bicameral six-bill spending package that maintains significant global health assistance and increases spending for medical research. It also includes language instituting congressional oversight over new programs and policies the administration has sought to implement, as well as establishes a new global health research and development (R&D) initiative at the Department of State.

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Congress is advancing a six-bill spending package that would maintain significant global health assistance and increase funding for medical research, demonstrating continued bipartisan support for areas the administration previously targeted for cuts. The package also includes important provisions to limit recent changes to biomedical research grant policies, strengthen oversight of global health programs, and establish, for the first time, a new global health research and development (R&D) initiative at the State Department, a significant milestone consistent with longstanding GHTC advocacy.

Last Thursday, the House approved the fiscal year 2026 (FY26) package, which still needs to clear the Senate and be signed by the President before the January 30 deadline to avert another government shutdown. While initially this process appeared on track, the timeline for final passage has now become uncertain. Stalled negotiation surrounding the [bill's funding for the Department of Homeland Security](#), combined with severe winter weather limiting Senators' ability to return to Washington, DC, may delay action. As a result, the United States could be headed to a partial government shutdown, with only half of the twelve appropriations bills passed by the deadline.

Major wins for global health R&D at State Department despite topline reductions

The FY26 budget package provides \$9.4 billion for Global Health Programs, now housed at the State Department following the July integration of programs at the US Agency for International Development (USAID) into State. This represents a reduction of \$615 million from fiscal year 2025 (FY25) enacted levels. While a cut is rarely ever good news, the funding remains \$5.6 billion above the President's Budget Request (PBR) and includes resources for areas targeted for elimination by the administration, including reproductive health, neglected tropical diseases, and a US contribution to Gavi, the Vaccine Alliance.

Although the overall Global Health Programs budget declined, the bill contains several significant victories for the global health R&D community and opportunities to shape the State Department's expanding role in global health going forward.

A new \$50 Million Prevention, Treatment, and Response Initiative

The bill establishes for the first time a \$50 million Prevention, Treatment, and Response Initiative for the prevention and treatment of HIV/AIDS, malaria, and other infectious diseases in alignment with the [America First Global Health Strategy](#). This new initiative, which is intended to support the research, development, and delivery of technologies, closely mirrors a GHTC-led proposal to create a [disease-agnostic global health R&D fund at USAID](#) that was taken up in bipartisan legislation [introduced](#) in fall 2023. Given the termination of [almost all USAID's R&D work](#) early last year, Congress's decision to direct funding to State to explicitly support global health R&D activities is a major win.

Guardrails and oversight for the Innovation Fund and bilateral agreements

The package also introduces key guardrails, consistent with priorities long advanced by GHTC, to inform the State Department's implementation of a newly proposed Innovation Fund supporting biomedical and health systems innovation, in alignment with the *America First Global Health Strategy*. While the fund concept remains in a nascent stage, Congress is already exercising oversight to ensure funds are administered through a transparent, competitive process, approved by Congress, that includes a broad range of partners. Budget directives require a briefing from the Secretary of State outlining planned activities for the fund and encourage partnerships with both private companies and nonprofit organizations.

The inclusion of nonprofit organizations, who bring deep expertise as implementors of USAID global health R&D programs and a firm commitment to global access, is key to ensuring that technologies and approaches supported by the Innovation Fund are globally relevant and accessible.

To ensure visibility into the new bilateral country agreements being actively negotiated under the new global health strategy, the bill directs the State Department to report to Congress on the structure and content of the agreements and on all activities funded under Global Health Programs, safeguarding transparent and robust implementation of the strategy.

Strengthening coordination across the US government and multilaterally

Finally, the bill reinforces the importance of global health collaboration across the US government and with global partners. There are strong budget directives supporting State Department collaboration with the US Centers for Disease Control and Prevention (CDC) and other relevant agencies to ensure strong technical components in the implementation of the global health strategy.

Beyond the United States, the bill includes funds for US contributions to the Pandemic Fund and the Coalition for Epidemic Preparedness Innovations, the latter to advance vaccines to counter pandemic threats, and requires the department to brief Congress on its plans to maintain essential multilateral health engagement activities like disease monitoring and data sharing, among others. These provisions will hopefully help ensure that the State Department's global health activities are coherent, technically grounded, and not duplicative of other US government or multilateral efforts.

Medical research and global health funding protected at HHS

In contrast to the administration's funding proposal and the sweeping policy changes it has implemented across the Department of Health and Human Services (HHS) that have reshaped the US biomedical and public health apparatus, the funding package includes increased funding for HHS agencies to support medical research and global health technical assistance, as well as new budget directives to limit changes to the grantmaking process.

The package provides a one percent increase to the National Institutes of Health (NIH) budget from FY25, which also represents a \$21.21 billion or 77 percent increase from the PBR. The NIH National Institute of Allergy and Infectious Diseases, which supports critical research to advance technologies to address longstanding and emerging global infectious disease threats, also received a modest 0.35 percent boost, which represents a \$2.41 billion or 58 percent increase from the PBR. The Fogarty International Center, which advances international research training and collaborations; the Eunice Kennedy Shriver National Institute of Child Health and Human Development, which supports critical advancements in reproductive and women's health technologies; and the Office of Research on Women's Health, which supports research and cross-cutting approaches to advance the health of women—all of which were absorbed into other entities or outright eliminated in the PBR—received flat or increased funding from FY25. The Office of Research on Women's Health saw a significant \$30 million or 39 percent increase from FY25.

At the CDC, the spending package maintains flat funding for the Global Health Center, which provides critical technical assistance in implementing global health programs and tracking emerging threats. It was eliminated entirely in the PBR and cut significantly in the House's health spending bill. It also provides a 3 percent boost to the National Center for Emerging and Zoonotic Infectious Diseases, which supports the development of diagnostic technologies.

Finally, the Biomedical Advanced Research and Development Authority, which supports the development of medical countermeasures against emerging pandemic and epidemic threats, received a 3 percent increase from FY25, which is more than 50 percent above the budget proposed in the PBR.

It is encouraging to see that congressional appropriators are still strongly supportive of these offices and centers that lead and fund critical research on global health and women's health.

Bill language provides some guardrails on new funding limitations, hiring practices, and grant terminations

The package also introduces new guardrails to preserve the integrity of the research grantmaking process at NIH. During the funding negotiations, congressional appropriators raised concerns about a practice NIH deployed last year to forward fund grants by providing all funds for multiyear grants up front rather than on a yearly basis, which had the effect of reducing total awards made. In the conferenced bill, Congress limits NIH spending on forward funding to the percentage spent in 2025, which was 39 percent. This issue was a sticking point in negotiations, and the language ultimately represents a compromise outcome, with the Senate wanting stricter prohibitions on forward funding and the House more responsive to pushback from the administration.

The conferenced bill text also prohibits the administration's attempts to implement blanket changes on indirect cost rates, which support overall research infrastructure on which individual projects rely. The language highlights the importance of indirect costs in sustaining US scientific leadership and urges the agency to work with Congress to reform the indirect cost process.

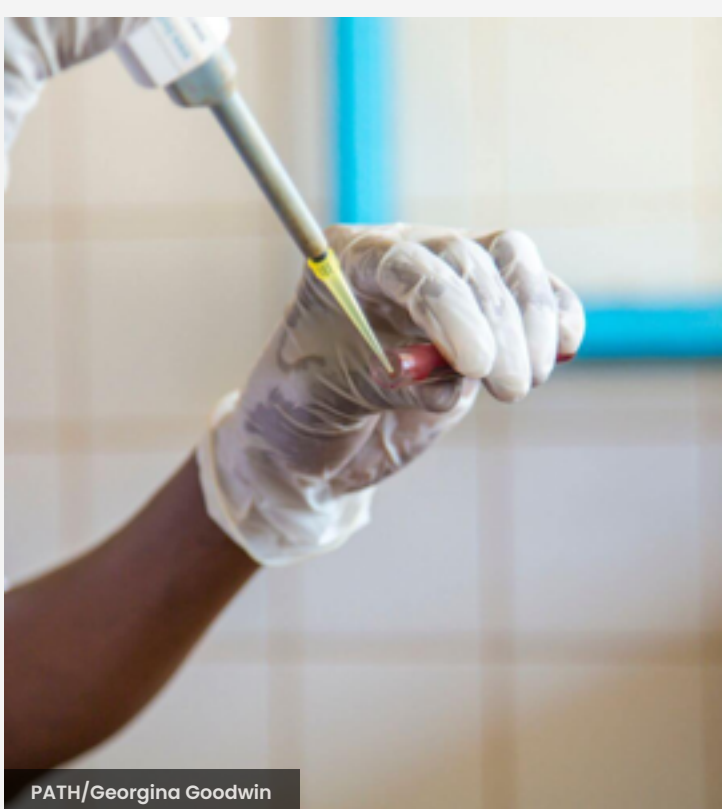
Similarly, the JES includes language responding to the large number of grant terminations that have taken place over the past year, directing HHS to consult with Congress prior to terminating grants and calling attention to the significant consequences of these actions.

Looking ahead

This spending package creates the foundation for restoring US leadership in global health innovation. If enacted, GHTC is eager to build on this momentum and will continue working closely with department officials and congressional appropriators to ensure these provisions and funding translate into meaningful action. While many unanswered questions remain as these new provisions take shape, utilizing the groundwork that has been laid out in this FY26 package to inform the road ahead in fiscal year 2027 will be essential.

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