

# Megatrends, Threats, and Opportunities in Global Health: The Future Role of the United States

**Victor J Dzau, MD**

President, National Academy of Medicine

April 7, 2017

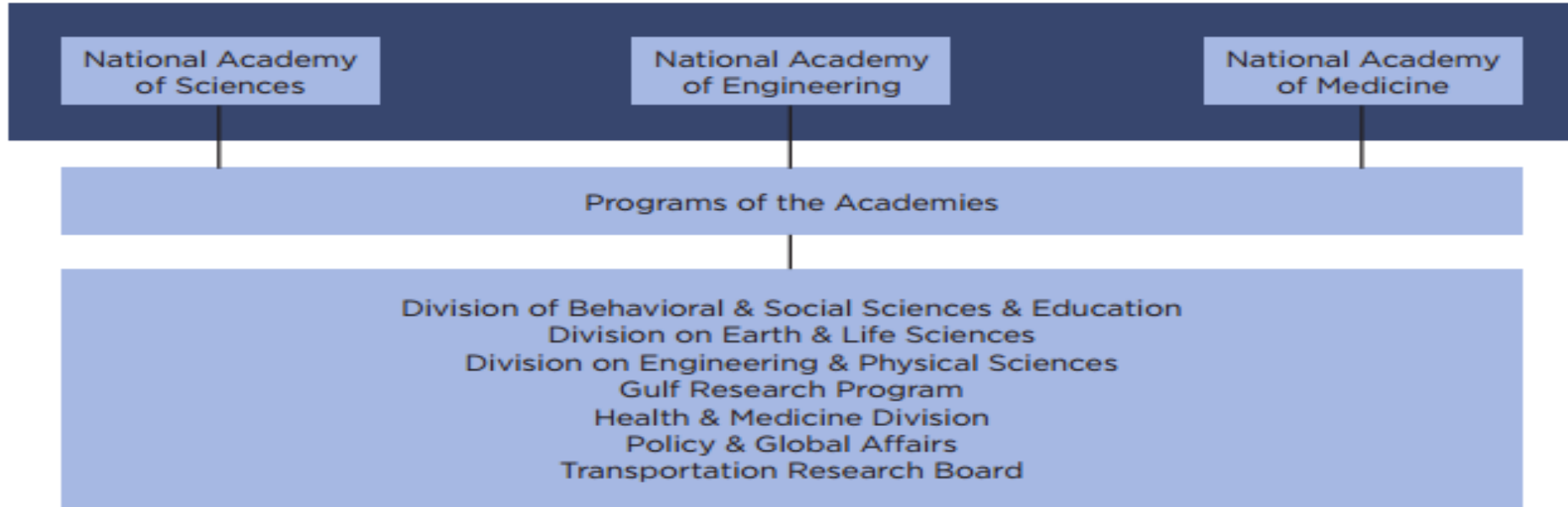
CUGH 8<sup>th</sup> Annual Conference



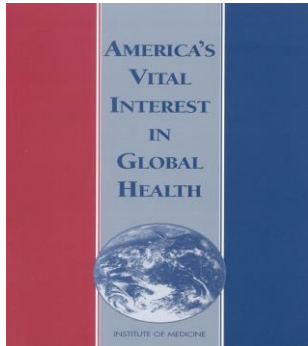
NATIONAL ACADEMY OF MEDICINE

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# Post-July 1, 2015 Structure: The National Academies of Sciences, Engineering and Medicine

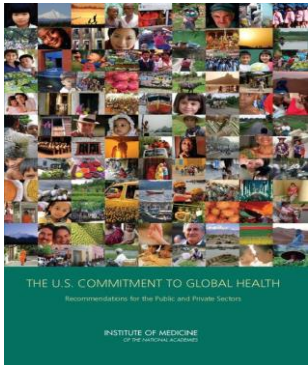


# Role of IOM in Shaping US Policy in GH



## 1997: America's Vital Interest in Global Health

- Themes: Protecting Our People, Enhancing Our Economy, and Advancing Our International Interests
  - Global Outbreak Alert and Response Network (GOARN) - 2000
  - International Health Regulations (IHR) revision 2005
  - (BARDA) – established 2006



## 2009: U.S. Commitment to Global Health

- Themes: Scale up existing interventions, Generate and share knowledge, Invest in capacity building, Increase U.S. financial commitments to global health, Engage in respectful partnerships

- Global knowledge networks WHO | WORLD BANK | Academic research centers
- USAID Health Systems 20/20 F  NATIONAL ACADEMY OF MEDICINE

# IOM Report: Evaluation of PEPFAR (2013)

- PEPFAR Reauthorization in the Lantos–Hyde Act of 2008 mandated that the IOM conduct an evaluation of PEPFAR to assess its performance and effects on health
- IOM report emphasized the importance of
  - shifting the program’s focus from emergency relief to long-term strategic planning and capacity building;
  - strengthening country ownership and leadership of its response to the epidemic; and
  - collecting and using data guide interventions
- IOM report recommended elimination of earmarks for abstinence and fidelity programs
- Program’s renewal reflected these findings and recommendations



# Changing Global Health Landscape

- Globalization/urbanization leading to infectious disease outbreaks/global health security
- Rising NCD burden
- Antimicrobial Resistance
- Unfinished Business “vs” New Global Health Challenges
- Planetary health/One health
- Universal Health Coverage: Healthcare quality and safety
- Structure and financing of global health aid
- New US administration



# ***2017 National Academies of Sciences, Engineering, and Medicine Study: Global Health & the Future of the US***

The Committee was asked to:

- Review previous global health reports from the IOM
- Assess the current global health landscape
- Assess how challenges, actions, and players have evolved over the last decade across a wide range of issues
- Provide recommendations on how to increase responsiveness, coordination, and efficiency – both within the US government and across the global health field



# Global Health and the Future Role of the United States: *A Report to Advise the Next US Administration*

New report coming soon:

[nationalacademies.org/USglobalhealth](https://nationalacademies.org/USglobalhealth)



# Committee

- **VALENTIN FUSTER** (Co-Chair), Mount Sinai Medical Center
- **JENDAYI FRAZER** (Co-Chair), Council on Foreign Relations
- **GISELA ABBAM**, Global Executive Director, GE Healthcare
- **AMIE BATSON**, PATH
- **FREDERICK BURKLE, JR.**, Harvard University
- **LYNDA CHIN**, University of Texas, Houston
- **LIA HASKIN FERNALD**, School of Public Health, University of California, Berkeley
- **STEPHANIE FERGUSON**, Stanford University,
- **PETER LAMPTEY**, FHI360, Accra, Ghana
- **RAMANAN LAXMINARAYAN**, Centers for Disease, Dynamics, and Policy,
- **MICHAEL MERSON**, Director, Duke Global Health Institute, Duke University,
- **VASANT NARASIMHAN**, Novartis
- **MICHAEL OSTERHOLM**, Center for Infectious Disease Research and Policy, University of Minnesota, Minneapolis
- **JUAN CARLOS PUYANA**, University of Pittsburgh





# Meeting & Workplan Timeline

Meeting 1: September 29-30th (Washington, DC)

- Information gathering

Meeting 2: December 6-7th (Washington, DC)

- Information gathering

Meeting 3: January 5-6th (Irvine, CA)

- Committee deliberations and report drafting

Meeting 4: February 2-3rd (Washington, DC)

- Deliberations
- Finalize report and recommendations

Report Review: February – April

Report Release: Early May



# Global Health Issues

- Global Health Governance
- Global Health Security
  - Pandemic Preparedness
  - Biosecurity
  - Antimicrobial Resistance
- Unfinished Business “vs” New Global Health Challenges
  - The Future of PEPFAR, Malaria, TB
  - Maternal & child health
  - NCD (CVD & Cancer)
- Financing Global Health
  - US Government Global Health Funding
  - Domestic Financing
- Leadership and Coordination of U.S. Programs



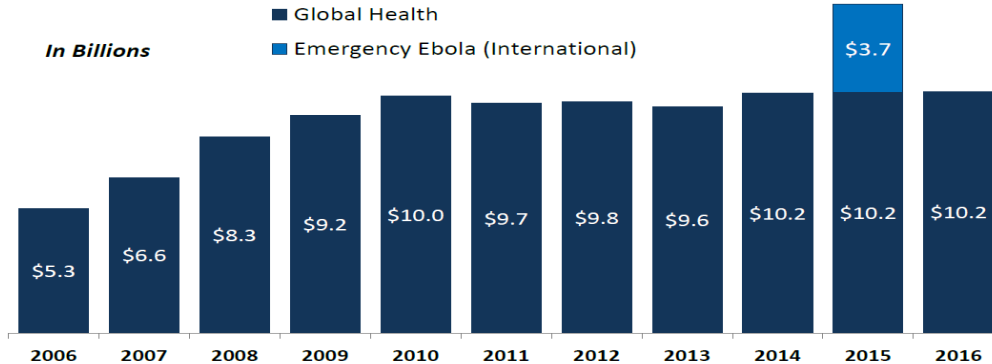
# Opportunities

- Strengthening health systems (moving from vertical to horizontal)
- Rethinking the way we finance health aid to other countries
- Harnessing innovation and technology to address global health challenges
- Investing in digital health infrastructure and data driven approaches
- Leverage multilateral organizations and the private sector



# US global health funding has been relatively stable

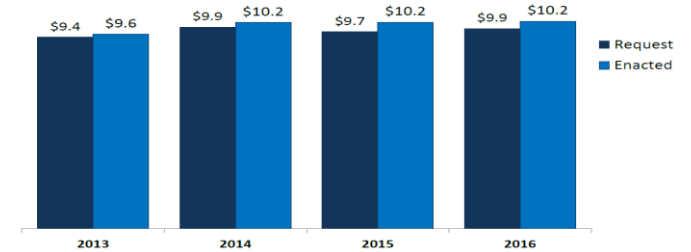
**U.S. Global Health Funding, FY 2006-FY 2016**  
(Includes FY15 Emergency International Ebola Funding)



NOTES: Represents total known funding provided through the State Department, USAID, CDC, NIH, and DoD. FY13 includes the effects of sequestration. Some global health funding that is not specified in the appropriations bills and is determined at the agency level is not yet known for FY15 and FY16, and is assumed to remain at the prior year level. Total emergency Ebola funding in FY15 was \$5.4 billion, of which \$3.7 billion was provided for international activities. SOURCE: Kaiser Family Foundation analysis of data from the “Consolidated Appropriations Act, 2016” (P.L. 114-113) and accompanying explanatory reports, the Office of Management and Budget, and U.S. Foreign Assistance Dashboard.



**U.S. Global Health Funding, Request and Enacted, FY 2013-FY 2016**



NOTES: Represents total known funding provided through the State Department, USAID, CDC, NIH, and DoD. FY13 includes the effects of sequestration. Some global health funding that is not specified in the appropriations bills and is determined at the agency level is not yet known for FY15 and FY16, and is assumed to remain at the prior year level. SOURCE: Kaiser Family Foundation analysis of data from the Office of Management and Budget, Agency Congressional Budget Justifications, Congressional Appropriations Bills, and U.S. Foreign Assistance Dashboard.



# The Future of Global Health under the Trump Administration

- No clear policy direction articulated, so far
- Reinstatement of Mexico City Policy
  - Policy prohibits foreign aid from the U.S. to be given to any NGO abroad that discusses abortion as a family-planning option
- “Skinny” budget blueprint indicates high priority for defense & reductions in foreign aid
  - Fuller budget with funding recommendations for specific accounts and programs is expected in May



# The Future of Global Health :

## 2018 Trump Budget Outline and Global Health

- NIH cut \$5.8 B with elimination of Fogarty Center (\$69.1M)
- CDC cut 20% with elimination of CDC Prevention & Public Health Fund (\$1B, 12% of total).
  - Jeopardize GHSA, Global HIV & TB prevention & Rx, Global immunization
- State Department cut \$20 B (37%)- USAID is 1% of total budget
- EPA cut 31%
- NOAA cut 16%



# The Future of Global Health :

## 2018 Trump Budget Outline and Global Health

### HHS

- New Federal Emergency Response Fund to rapidly respond to public health outbreaks, such as Zika

### Department of State

- Provides sufficient resources on a path to fulfill the \$1 billion U.S. pledge to GAVI, the Vaccine Alliance
- Provides sufficient resources to maintain current commitments and all current patient levels on HIV/AIDS treatment under the PEPFAR and maintains funding for malaria programs.
  - The Budget also meets U.S. commitments to the Global Fund for AIDS, Tuberculosis, and Malaria by providing 33 percent of projected contributions from all donors, consistent with the limit currently in law.



# FY 2017 Proposed Budget Cuts

FY 2017: Proposed Global Health Budget Cuts to Offset Additional Defense Spending (~\$600 million)

- HHS/CDC: Global HIV: \$50 million cut
- HHS/CDC: Public Health Preparedness and Response Grants (PHEP): \$49 million cut
- DOS: PEPFAR: \$242 million cut
- DOS/USAID: Family Planning/Reproductive Health: \$62 million cut
- DOS/USAID: Global Health Security: \$72 million cut
- DOS/USAID: Specified Other Global Health Programs at USAID: \$90 million cut
  - Tuberculosis
  - Polio eradication
  - Nutrition
  - Vulnerable children
  - Neglected tropical diseases





# The Case for Continued Investment in Health

- Moral imperative
- National security
- Economic security
- Diplomacy/soft-power



# Emergency Preparedness: Pandemics Pose Threats to Global Security and Economic Stability

- During the 21st century, global pandemics could cost in excess of **\$6 trillion, an expected loss of more than \$60 billion per year**
- At the Munich Security Conference, Bill Gates said: “epidemiologists say a fast-moving airborne pathogen could kill more than 30 million people in less than a year. there is a reasonable probability in the next 10 to 15 years.”
- Larry Summers: Economic cost of global pandemics is comparable to that of climate change (long term annual cost of 0.2-2% of global income)
  - World Bank: A repeat of the 1918 flu pandemic could lead to a 10 per cent reduction in global GDP



# Needs for Future US Global Health Policy

US Government should continue to support but also rethink and reevaluate global health aid

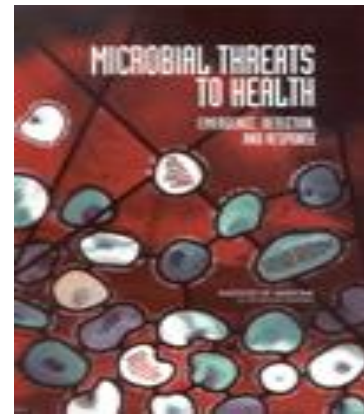
- Accountability
- Results-oriented
- Responsive to changing global health priorities
- Facilitate country ownership
- Leverage other resources and innovations



“No country can live to itself  
in disease prevention ...

Failure of one is a failure of  
all”

*Wilbur Sawyer, Presidential Address  
American Society of Tropical Medicine and Hygiene, 1944*



# Thank you

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# ***Integrating Clinical Research into Epidemic Response: The Ebola Experience***

Watch the release live **April 12 at 11:00AM ET,**  
**[nationalacademies.org/EpidemicClinicalTrials](http://nationalacademies.org/EpidemicClinicalTrials)**



# Global Health is a National Security Issue

## Global Health Crises

- Global health crises do not respect national borders
- Global health crises cause devastation to human lives and livelihoods much as do wars, financial crises, and climate change
- Global health crises lead to threats to global security and economic stability

## Investing in Health

- Healthy nations are more stable politically
- Healthy nations are better economic partners





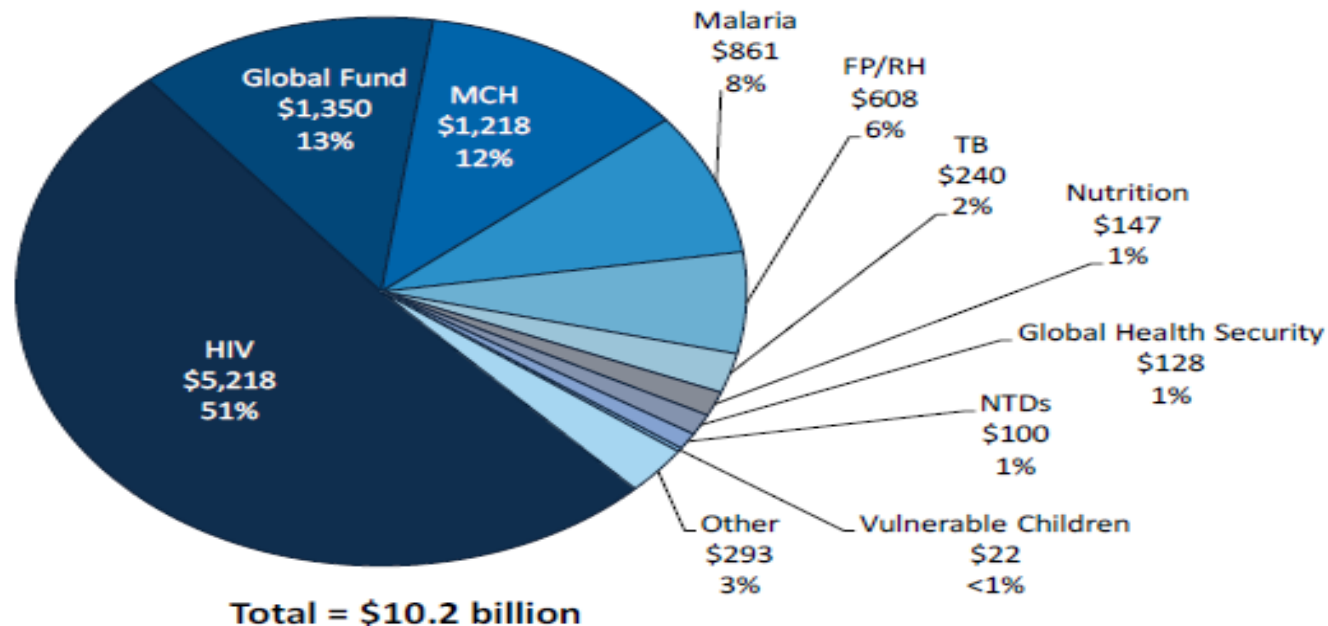
# Major Impact of Previous Reports

- **Surveillance**
  - CDC Country Partnerships for IDSR Implementation
  - Global Outbreak Alert and Response Network (GOARN) - 2000
  - International Health Regulations (IHR) revision 2005
- **Medical research and development**
  - ASPR's Biomedical Advanced Research and Development Authority (BARDA) – established 2006 through PAHPA.
  - Cost-sharing through CIADM
  - FDA's Priority Review Voucher program (since 2007)
    - Ebola added to the list in December 2014
- **Information Sharing**
  - Global knowledge networks – through WHO, World Bank, Academic research centers, and NGOs
- **Institutional Capacity Building**
  - CDC's GDD Program (2004)
  - USAID Health Systems 20/20 Project
- **Health System Strengthening**
  - CDC's GDD Program (2004)
  - USAID Health Systems 20/20 Project



# U.S. Global Health Funding, By Sector, FY 2016

*In Millions*



NOTES: Represents total known funding provided through the State Department, USAID, CDC, NIH, and DoD. HIV includes funding through State/OGAC, USAID, CDC, NIH, and DoD. Malaria includes funding through USAID, CDC, NIH, and DoD. TB, Nutrition, NTDs, and Vulnerable Children include funding through USAID. MCH includes funding through USAID and CDC as well as contributions to UNICEF. FP/RH includes funding through USAID as well as contributions to UNFPA. Global Health Security includes funding through USAID and CDC. "Other" includes funding through USAID, CDC, and NIH as well as contributions to WHO and PAHO. Some global health funding is determined at the agency level and is not yet known for FY16; for comparison purposes these amounts are assumed to remain at prior year levels.

SOURCE: Kaiser Family Foundation analysis of data from the Office of Management and Budget, Agency Congressional Budget Justifications, Congressional Appropriations Bills, and U.S. Foreign Assistance Dashboard [website], available at: [www.foreignassistance.gov](http://www.foreignassistance.gov).



# The Future of Global Health under the Trump Administration

## Reinstatement of Mexico City Policy

- Policy prohibits foreign aid from the U.S. to be given to any nongovernmental organization (NGO) abroad that promotes abortion as a family-planning option
- Expanded to an unprecedented degree: current reinstatement policy potentially affects all U.S. global health assistance
- Implementation unclear



# The Future of Global Health under the Trump Administration

- No clear policy direction articulated, so far
- “Skinny” budget blueprint indicates high priority for defense & reductions in foreign aid
  - OMB released additional details in late March
  - Fuller budget with funding recommendations for specific accounts and programs is expected in May
- Reinstatement of Mexico City Policy
  - Policy prohibits foreign aid from the U.S. to be given to any NGO abroad that discusses abortion as a family-planning option

