

Disease Knows No Borders:

**Global Health
Security Investments
Make America Safer**





“ *Strengthening health security has to start from **tackling** the infectious diseases that are killing people **now**.*

– Peter Sands, Executive Director of the Global Fund



*Fundamental to U.S. leadership on global health is the recognition that an outbreak of infectious disease anywhere **poses a risk everywhere**.*

Key Takeaways

Investing in global health protects America from future health threats that arise abroad by:



Containing and **controlling** epidemics at their sources



Reducing the threat of Americans and military personnel contracting diseases while overseas



Bolstering health systems to respond to emergencies and **prevent** the spread of disease

The case for global health assistance typically focuses on the humanitarian imperative of helping those in need. But there is an equally important reason why the U.S. invests in global health programs: It strengthens the security and safety of the U.S. by protecting Americans from health threats that arise abroad. The importance of global health, development and diplomatic programs to the security of Americans prompted more than 120 retired senior military officers to urge House and Senate leaders to reject cuts in FY 2018 to State Department programs, including those focused on fighting HIV/AIDS, tuberculosis (TB) and malaria.

Infectious diseases have never recognized national borders, and this is certainly the case in our increasingly interconnected world. Every year, almost 80 million people from other countries visit the U.S. In 2016, Americans took more than 77 million international trips,¹ and as many as 9 million non-military American citizens live abroad.² The additional 300,000 U.S. military personnel who are stationed in foreign countries have an increased risk of contracting emerging epidemics.^{3,4}

These interactions with people of other countries markedly benefit the lives of tens of millions of Americans. But they also potentially expose Americans to life-threatening diseases, which can rapidly spread here unless they are checked through appropriate public health measures.

U.S. global health assistance helps protect America by addressing these health threats where they arise – before they reach our shores. By stopping epidemics at their sources, global health assistance reduces the likelihood that infectious diseases will undermine health security here at home.

Mitigating the Threat Posed by Existing Infectious Disease

Fundamental to U.S. leadership on global health is the recognition that an outbreak of infectious disease anywhere poses a risk everywhere.⁵ As Global Fund Executive Director Peter Sands has said, “strengthening health security has to start from tackling the infectious diseases that are killing people now.”⁶

Over the last two decades, U.S. global health assistance has focused on the diseases that pose the greatest risk. This includes bipartisan support for the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and bilateral programs such as the President’s Emergency Plan for AIDS Relief (PEPFAR), the President’s Malaria Initiative (PMI), and USAID’s TB program.

HIV / AIDS:

The global HIV epidemic has a clear impact here in the U.S., where 1.1 million people are living with the disease.⁷ Globally, 36.7 million people are living with HIV, and there are still 2 million new infections each year.⁸

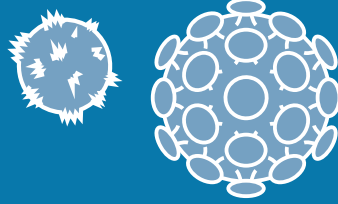
As the leading provider of HIV assistance,⁹ U.S. global health investments have been pivotal to historic gains in the HIV response. The annual number of new HIV infections fell by 56 percent from 1997 to 2016, and AIDS-related deaths were nearly halved from 1.9 million in 2005 to 1 million in 2016.¹⁰

These advances against HIV have been galvanized by sustained U.S. leadership. Through 2017, PEPFAR provided HIV treatment to 13.3 million people and prevented more than 2.2 million children from acquiring HIV at birth.¹¹ The Global Fund supports millions more people on treatment, and achieved an 8.5 percent increase in the number of people receiving antiretroviral therapy in the first half of 2016 alone.¹²

The Growing Threat of Drug Resistance in the Fight Against TB

Antimicrobial resistance (AMR) occurs when microorganisms, such as the bacteria that cause tuberculosis, are no longer susceptible to the drugs designed to destroy them.

Drug-resistant TB is responsible for about 29 percent of all AMR deaths today,¹³ representing a concerning and expensive health security threat on the rise.



480

Pills required to treat drug-susceptible TB, as part of a broader regimen.^{14, 15}

14,000

Pills required to treat drug-resistant TB, as part of a longer, less successful, and more costly treatment regimen.¹⁶

Tuberculosis:

An airborne disease, TB in the U.S. is largely driven by TB transmission that occurs outside our borders. Globally, one-fourth of the world's population is infected with TB,¹⁷ and 10.4 million people developed active TB in 2016.¹⁸ TB is now the leading communicable cause of death worldwide and among the top 10 causes of death globally.¹⁹

For U.S. health security, the growth of multidrug-resistant TB (MDR-TB) is especially concerning. MDR-TB substantially increases the complexity and duration of TB treatment, with a success rate of only 54 percent due to low rates of follow-up and efficacy.²⁰ In 2016, there were 490,000 new cases of MDR-TB worldwide.²¹ If this rise is not halted, our drug arsenal could be rendered useless; the Centers for Disease Control listed MDR-TB among the top 18 drug-resistant threats to the U.S. in 2013.²²

The financial impact of drug resistance is also potentially devastating. The cost of treating MDR-TB is 25 times greater than the cost of treating drug-susceptible TB.²³ Investment in global TB prevention is therefore more cost-effective for the U.S.

government than waiting for a domestic epidemic to develop.²⁴

Effectively combatting TB abroad is essential to control in the U.S.²⁵ The Global Fund supplies 65 percent of all international financing for TB,²⁶ and has provided treatment to 17.4 million people,²⁷ while USAID's TB program aims to treat 13 million through its 2015-2019 strategy.²⁸ These efforts are bearing fruit, averting 53 million deaths from TB between 2000 and 2016.²⁹

Malaria:

Nearly half of the world's population is at risk of malaria in the 91 countries where the disease occurs.³⁰ In 2016, an estimated 216 million people developed malaria and 445,000 people died from the disease, 70 percent of which were children under age 5.³¹

Nearly all cases of malaria in the U.S. are contracted overseas, typically by travelers.³² U.S. malaria assistance, through PMI and the Global Fund, helps reduce the threat to Americans of contracting malaria while abroad. Through the end of 2016, Global Fund grants supported the distribution of 795

million insecticide-treated nets to prevent malaria transmission.³³ In addition, PMI has purchased more than 227 million insecticide-treated bed-nets, 306 million rapid diagnostic tests for malaria, and more than 421 million malaria treatments.³⁴ These investments are saving lives and diminishing the health threat by reducing malaria incidence and mortality.³⁵

Ensuring Early Identification and Response to Emerging Health Threats

Although the most prominent security threats in the minds of most Americans include a nuclear attack or terrorism, the rapid spread of a new infectious disease is among the most likely scenarios to result in the deaths of tens of millions of people.³⁶ The flu pandemic of 1918 caused up to 50 million deaths worldwide; – more than all the wars of the 20th century combined.^{37,38} The instability, uncertainty and travel restrictions triggered by frightening disease outbreaks also cause considerable economic damage. For example, the relatively contained 2003 epidemic of SARS cost the world \$54 billion in a matter of months. The World Bank estimates that a worldwide flu epidemic today would reduce global wealth by \$3 trillion.³⁹

Controlling emerging epidemics at the source is the most effective way to protect the U.S. from new health threats.⁴⁰ Indeed, U.S. health experts advise that the Ebola outbreak in West Africa in 2014 demonstrated that “we are only as safe as the most fragile states.”⁴¹

Global health assistance has proven critical in identifying and controlling previous health emergencies. For example, health workers stationed in Nigeria for global polio eradication efforts proved pivotal in Nigeria's successful campaign to prevent what could have been a catastrophic spread of Ebola virus



> 1/4 of 1%

*of the U.S. budget is invested in global health programs, helping to **save millions of lives**, bend the trajectory of epidemics, strengthen health systems, and prevent the spread of disease to American shores.*

from neighboring countries in 2014.⁴² CDC's training and capacity-building for epidemiologists in Haiti enabled health workers to quickly identify an emerging cholera epidemic, implement prevention interventions, and preserve other health services even while grappling with an epidemic previously unknown to Haiti.⁴³

Global health investments build health systems' capacity to swiftly respond to threats. Health infrastructure created through U.S. support for childhood immunization programs is now able to address other health problems, including emerging epidemics.⁴⁴ PEPFAR alone has trained nearly 250,000 health workers in low- and middle-income countries.⁴⁵

Steady Funding is Key to Global Health Security

Until we intensify the global response to epidemics, outbreaks will continue to claim millions of lives, drain billions of dollars from economies, and put our security at risk.

U.S. global health assistance – a mere quarter of 1 percent of the U.S. budget – has bent down the trajectory of epidemics, saving millions of lives, strengthening health systems, and helping to prevent the spread of disease to American shores. It is a critically important investment in our humanitarian goals and our safety.

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