



Global Health Security



To improve the health and security of all U.S. citizens—and to ensure sustainable thriving of the world population—the United States must maintain its leadership in global health through forward-looking policies, a long-term vision, and continued investment. Where should U.S. investments and attention be focused? The report *Global Health and the Future Role of the United States* highlights four priority global health challenges and identifies four opportunities to do business differently.

Why is Global Health Security a Priority?

Since 1997, each presidential administration has been faced with an emerging or reemerging infectious disease assuming high political priority, including SARS, pandemic influenza, and more recently, Ebola. Investing in global health security capacities and new tools to prevent, detect, and respond to infectious disease and growing antimicrobial resistance (AMR) threats saves lives and reduces economic losses.

By the numbers:

- If a severe pandemic were to occur today, resulting U.S. fatalities could **double the total number** of battlefield casualties sustained since the American Revolution.
- Increases in AMR can render current interventions ineffective. AMR results in **23,000 deaths** and an economic loss of **\$55-\$70 billion** annually in the United States alone.
- In response to the West Africa Ebola outbreak, and 4 cases domestically, the United States spent more than **\$5 billion**. Of that sum, **\$1.1 billion** was spent domestically.

What's the Big Picture?

The global community frequently suffers from a cycle of neglect and panic when health threats like infectious disease outbreaks and resistance arise. Wide-ranging threats are increasingly worsened by system vulnerabilities. Investments in preparedness for prevention, detection, and response globally are insufficient for the risks posed by infectious diseases and antimicrobial resistance. If a threat is not addressed at its source, it can pose a risk for the rest of the world. It is critical for the United States to take proactive measures in a sustainable and cost-effective manner with a focus both at home and abroad.



CASE STUDY FROM THE REPORT

DENGUE AND YELLOW FEVER RESURGENCE IN BRAZIL

Brazil spent much of the 20th century trying to eradicate the *Aedes aegypti* mosquito, responsible for carrying dengue fever, yellow fever, and now the Zika virus. While it declared success in 1958 and again in 1973, long-term eradication was not possible without regional cooperation of surrounding countries, including the United States. Following the reduction of mosquito control in the 1990s, Brazil suffered the worst outbreaks of dengue fever, and soon the Zika virus followed. In February 2017, Brazil also saw its worst yellow fever outbreak since the 1940s, due to low immunization rates, relaxed mosquito control, and other factors. If the outbreak spread to cities it could continue unchecked, spreading to other countries in the Americas without a sufficient vaccine supply to stop it.

Key U.S. Agencies and Programs

Assistant Secretary for Preparedness and Response (ASPR)

U.S. Agency for International Development (USAID)

U.S. Centers for Disease Control and Prevention (CDC)

U.S. Department of Agriculture (USDA)

U.S. Department of Defense (DoD)

National Institutes of Health (NIH)

RECOMMENDED ACTIONS

Improve International Emergency Response Coordination

Why?

Lack of coordination and fungibility of resources can delay an appropriate response and increase the costs, which was observed from the U.S. government during both the Ebola and Zika outbreaks.

How?

The administration should create a coordinating body for international public health emergency response. This body should have a budget and authority to coordinate multiple government agencies to respond to international health emergencies, increase preparedness, and develop critical medical products.

Combat Antimicrobial Resistance (AMR)

Why?

AMR not only costs human lives but also has economic implications. If the world is forced to return to a pre-penicillin era, the consequences are dire for not only the health care sector but well beyond.

How?

HHS, DoD, USDA, and USAID should continue to invest in national capabilities and accelerate the development of international capabilities to detect, report, and combat antibiotic resistance.

Build Public Health Capacity in Low- and-Middle Income Countries (LMIC)

Why?

As of 2014, 33% of WHO member countries were in compliance with the International Health Regulations to have core capacities in place to address infectious disease threats. The resulting deficiencies of the global community's ability to rapidly respond to health threats became evident during the 2002-03 SARS outbreak and the 2014 Ebola outbreak.

How?

CDC, NIH, DoD, and USAID should expand training and information exchange efforts to increase the capacity of LMIC to respond to public health emergencies and mass casualty disasters.

OTHER BRIEFS IN THIS SERIES

The report highlights four priority global health challenges and four key opportunities to do business differently.

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