



HIV/AIDS, Tuberculosis, and Malaria



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 are HIV/AIDS, Tuberculosis, and Malaria a Priority?

In 2002, AIDS was the leading cause of death worldwide among those ages 15 to 59. In the years since, medical innovation and global commitment have seen the death sentence shift to a chronic disease, with more than 18 million people now on life-saving treatment. Likewise, global mortality rates from malaria have declined by 62 percent.

Yet these threats persist:

- **2 million people** still get infected with HIV, with 1.1 million HIV/AIDS deaths per year.
- Women and girls who are victims of gender-based violence are **3 times** more likely to be HIV positive than men of the same age.
- Tuberculosis has not had the same type of global commitment and investment, and it now kills **more people** each year than HIV/AIDS.
- Treating drug-resistant tuberculosis can be **100 times** more expensive than nonresistant tuberculosis, illustrating the importance of halting resistant strains and careful treatment regimens.
- Malaria is one of the most widespread parasitic diseases. Globally, **212 million** new cases caused 429,000 deaths in 2015 alone, with nearly 70 percent of those deaths occurring in children under five.

What's the Big Picture?

Though emerging infectious diseases, such as Ebola or Zika, often dominate media attention, the global community should not ignore the persistent global health threats of HIV/AIDS, tuberculosis, and malaria. Global commitments to these diseases, led by U.S. agencies such as PEPFAR; the Global Fund to fight AIDS, Tuberculosis, and Malaria; and the President's Malaria Initiative have contributed to considerable global declines in morbidity and mortality. Yet progress is being threatened by resurgence and rising rates of resistance. Political and financial commitments must be sustained, if not strengthened, to address these threats.



CASE STUDY FROM THE REPORT

CORPORATE INVESTMENTS IN MALARIA

The private sector has played a vital role in malaria control and elimination, appreciating the burden that the disease places on business and workforce in low- and middle-income countries. Corporate investments in malaria include direct financing of interventions, in-kind donations, and workforce capacity support.

For example, following worker absenteeism and low productivity from malaria cases, AngloGold Ashanti developed its own malaria control program focused on indoor spraying in the Obuasi District, Ghana, in 2005. It contributed to a 74% reduction in malaria cases, leading to \$600,000 of annual savings for the company by 2013. Kinross Gold Corporation launched a \$3.2 million, 4-year malaria program in the western region of Ghana. Their vector control interventions and treatment services resulted in a 45% reduction of malaria incidence in the community.

Key U.S.
Agencies and
Programs

U.S. Agency for International Development (USAID)

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

National Institute of Allergy and Infectious Diseases (NIAID)

President's Emergency Plan for AIDS Relief (PEPFAR)

RECOMMENDED ACTIONS

Envision the Next Generation of PEPFAR

Why?

As a result of global commitment, 18.2 million people living with HIV are now receiving anti-retroviral treatment and can treat HIV as a chronic disease. New infections have decreased globally by 35 percent. Yet the rate of new infections continues to outpace the number on treatment, and with only 60 percent of people with HIV knowing their status, global progress is at risk.

How?

Congress should fund PEPFAR at current levels without restrictive, specific funding targets for all program areas. Key areas of focus should include country ownership, adapted care delivery for chronic disease, continued support of the Global Fund, and emphasis on multidisciplinary primary prevention—with special focus on gender-based violence.

Confront the Threat of Tuberculosis

Why?

With 10.4 million new cases and 1.4 million deaths in 2015, tuberculosis is the leading cause of death from infectious disease. Its global threat is fueled by diagnostic challenges in low-resource settings, treatment length, frequent co-infection with HIV, dearth of medical products in the pipeline, and rising rates of multi-drug resistance—as resistant strains can now be spread person-to-person.

How?

CDC, NIAID, and USAID should conduct a thorough global threat assessment of rising tuberculosis levels, including resistant strains, followed by execution of a plan of action, including investment and development of new medical product tools.

Sustain Progress Toward Malaria Elimination

Why?

Malaria suffers from cycles of commitment and complacency. When incidence and mortality fall, funding for interventions is often withdrawn. This results both in resurgence of malaria, which occurred in Venezuela, and resistance to drugs and insecticides, which occurs globally but is especially pronounced in the Greater Mekong Subregion.

How?

Relevant agencies should continue their commitment to the fight against malaria through the President's Malaria Initiative, operating under USAID, toward elimination of the disease.

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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