CDC Global Health

DESCRIPTION
The Center for Global Health (CGH) leads international programs and coordinates CDC’s global efforts with the goal of promoting health and preventing disease in the U.S. and abroad. CGH focuses on ensuring rapid detection and response to emerging health threats.

WHAT DOES THIS BUY?
Funding supports the surveillance and development, evaluation, and deployment of innovative health care interventions. This includes research, tests, immunizations, and treatments.

JUSTIFICATION FOR THE REQUEST
• CGH conducts vital surveillance and response activities to prevent epidemics and protect U.S. and global health. CDC monitors 30-40 potential health threats each day, and since 2006 has responded to over 2,000 disease outbreaks and health emergencies including Ebola, Zika, MERS-CoV, and avian influenza.
• CDC’s global polio immunization work has contributed to a 56% decline since 1990 in global mortality for children under 5 and a 99.9% decline since 1988 in polio cases.
• CGH is a key partner of the President’s Malaria Initiative (PMI) and PEPFAR, co-implementing programs on the ground and evaluating and improving the effectiveness of existing health interventions. Between 2001–2015, CDC helped save 6.8 million lives with malaria interventions including vector control, use of treated bed nets, and strategic use of antimalarial drugs.
• In 2017 funds provided lifesaving antiretroviral support to 7.33 million of the 13.3 million supported by PEPFAR. The CDC distributes bed nets, vaccines, and medication to control malaria and other endemic diseases.
• CDC’s global health security investments have helped reduce disease outbreak response time in Cameroon from eight weeks to just 24 hours. Without the CDC, global pandemics cannot be averted in time.
• CGH is developing new cost-effective innovations to address gaps in diagnostic testing and surveillance, including a rapid, point-of-care HIV test to distinguish new and long-term infection and a multiplex test that detects antibodies for more than 35 viral, bacterial, and parasitic diseases using a single drop of blood.

U.S. INTEREST
Given the increase in global infectious disease outbreaks and emerging threats, CGH resources build a comprehensive system of surveillance capabilities across countries and maintain a strong boots-on-the-ground workforce to respond to outbreaks at their source before they reach U.S. shores.
BOLD VISION

• Growing drug resistance threatens progress against global killers such as HIV/AIDS, malaria, and tuberculosis (TB). Insecticide resistance challenges our ability to combat malaria and other mosquito-borne diseases. Additional investment for disease surveillance and research is key to monitoring and understanding the scale of these problems and developing, evaluating, and deploying interventions.

• Additional investment could grow global health protection and disease detection and prevent the rollback of CDC prevention, detection, and response efforts in 39 priority counties.

• Additional investment could strengthen CGH’s partnership in implementing PEPFAR and the President’s Malaria Initiative, which are critical to expanding the number of patients receiving treatment and increasing evaluation, research, and development.

• Additional investment could strengthen CGH’s global tuberculosis program, which has no formal funding stream.

IMPACT OF CUTS

• 2015 Ebola supplemental funds expire in FY 2019 and currently support CDC’s efforts. Failure to replace them in FY 2020 would reduce CDC’s overseas presence and could cause significant delays in CDC’s response time to international disease outbreaks.

• Cuts could halt efforts and undermine important progress in:
  o HIV/AIDS: Reducing the number of new patients receiving treatment.
  o Polio: Halting efforts to develop new diagnostic tests, vaccines, and undermining progress toward its eradication.
  o Guinea worm: Eradication when the last remaining countries are close to eliminating the disease.


5 YEAR FUNDING HISTORY

<table>
<thead>
<tr>
<th>Year</th>
<th>House</th>
<th>Senate</th>
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</thead>
<tbody>
<tr>
<td>FY 2015</td>
<td>$498.67 M</td>
<td>$468.7 M</td>
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<tr>
<td>FY 2016</td>
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<td>FY 2017</td>
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<td>FY 2018</td>
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<tr>
<td>FY 2019</td>
<td>$488.6 M</td>
<td>$488.6 M</td>
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Funding levels may not accurately reflect those in the appropriations bills and/or reports due to rounding.