



# The American Society of Tropical Medicine and Hygiene

Advancing global health since 1903

## Public Policy Agenda 2<sup>nd</sup> Session, 111<sup>th</sup> Congress (2010)

The American Society of Tropical Medicine and Hygiene (ASTMH) plays an integral, unique role in advancing the field of tropical medicine and global health. ASTMH is the principal membership organization representing, educating, and supporting tropical medicine and global infectious disease scientists, physicians, clinicians, researchers, epidemiologists, and other health professionals dedicated to the diagnosis, prevention and control of global infectious and non-communicable tropical diseases. The Society's mission is to promote world health by preventing and controlling tropical diseases through research and education.

ASTMH works with Members of Congress, the Administration, and other stakeholders to advance policies and programs that prevent and control tropical diseases (e.g. malaria, dengue fever, leishmaniasis [aka "Sand Fly Fever" or "Bagdad Boil"], *Ebola*, salmonellosis, typhoid fever, *cholera*, and *tuberculosis*). *While these infections disproportionately afflict the global poor - killing one in five people worldwide and trapping millions in poverty - they pose potential threats to the United States and neighboring countries and impact the health of military personnel serving overseas as well as US citizens living here and abroad.*

### **Expanding Global Infectious Disease and Prevention Efforts: Malaria, Neglected Tropical Disease (NTDs), Emerging and Reemerging Arboviruses and Diarrheal Diseases**

Tropical medicine is an area of significant global impact. Although treatable and preventable, malaria remains one of the world's most menacing infectious threats, particularly to African populations. At least one billion people – one sixth of the world's population – suffer from one or more neglected tropical diseases including arthropod-borne viruses ("arboviruses") such as those that cause yellow fever and dengue fever. The pediatric death toll due to diarrheal illnesses exceeds that of AIDS, tuberculosis, and malaria combined.

The burden of all of these diseases on human health and well-being and upon economies is incredibly high. Furthermore, the most vulnerable and affected populations are the economically-disadvantaged residents of tropical and subtropical areas of the world. Provision of simple diagnostic tools, safe and effective vaccines and treatment regimens, and, in some cases, basic hygiene measures, such as clean water and distribution systems, can significantly reduce the threats posed by the world's most prevalent and insidious tropical diseases.

To help diminish the global impact of malaria, NTDs, arboviruses and diarrheal diseases, ASTMH urges Congress to boost its investment in federal and global disease control initiatives and fulfill its stated commitment to global health.

Specifically, in FY 2011 ASTMH urges Congress to:

- **Provide \$35 billion to the National Institutes of Health (NIH).** Specifically \$5.04 billion to the National Institute of Allergy and Infectious Diseases (NIAID) and \$78.5 million to the Fogarty

International Center, to support additional biomedical and clinical research, training, and capacity development related to malaria, neglected tropical diseases, diarrheal diseases and arboviruses.

- **Provide \$70 million to the Department of Defense (DoD) to support its infectious disease research efforts, including malaria and neglected tropical disease drugs and vaccines through the Army Medical Research Institute for Infectious Diseases, the Walter Reed Army Institute of Research, and the U.S. Naval Medical Research Center.** Presently, DoD funding for this important research is at about \$47 million. To keep up with biomedical inflation since 2000, FY 2011 funding must be about \$60 million. In order to fill the gaps that have been created by underfunding, ASTMH urges Congress to fund DoD infectious disease research at \$70 million in FY 2011.
- **Allocate \$924 million in FY 2011 for bilateral malaria efforts, including the President's Malaria Initiative (PMI).** This level of investment will help to ensure that fully-effective malaria therapies, preventive treatments and mosquito vector control are delivered to communities in need. This appropriation should be separate and above the funding for the Global Fund to Fight AIDS, Tuberculosis, and Malaria (the Global Fund).
- **Increase the United States' FY 2011 voluntary contribution to the Global Fund to \$1.75 billion.** This allocation should be separate and above the funding for the PMI and other bilateral malaria efforts.
- **Provide \$18 million to support the malaria control and prevention programs at the Centers for Disease Control and Prevention (CDC).** Increased funding for malaria research, program implementation and evaluation, technical assistance, and monitoring is necessary to ensure a comprehensive response to the global scourge of malaria. Adequate resources are required to allow the CDC to assist both PMI and non-PMI countries in Africa, Asia and the Americas in their malaria prevention and control efforts. A specific allocation of \$6 million should be set-aside to support monitoring and evaluation of the PMI and other malaria programs.
- **Support the President's budget request of \$155 million for bilateral neglected disease control efforts and invest in research and development of future tools at USAID.** This level of investment will allow USAID to integrate activities and health interventions for seven of the highly-prevalent NTDs. It is also important that USAID invest in new tools needed to treat and control all NTDs in the future.
- **Provide direct funding to the CDC for NTD work and support ongoing work on diarrheal diseases:** The CDC has had a long history of working on NTDs and diarrheal disease and has provided much of the science that underlies those global policies and programs in existence today. Directly funding CDC's work in this area will increase CDC's important contribution to these efforts.

### **Jobs Creation and Retention**

There always has been a shortage of physicians, nurses, and other health professionals who work in global public health. In 2005, an Institute of Medicine (IOM) report recommended the development of a "US Global Health Service" to include, among other programs, a federally-funded corps of health professionals with public health, as well as clinical skills, working in collaboration with host governments. The IOM report estimated the cost of a start-up U.S. Global Health Service to be approximately \$150 million a year.

ASTMH encourages the United States to develop a robust, sustainable, and effective health workforce capable of handling treatment, prevention, and other essential clinical and public health activities. To that end, ASTMH urges Congress to:

- **Provide new, specific FY 2011 funding to support jobs creation and retention of American health professionals working in global health.**

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