A private memo from the federal Centers for Disease Control and Prevention (CDC) to employees based abroad has confirmed what global health advocates have long feared: the CDC will be shrinking its epidemic prevention and response project in all but ten of the 49 countries where they were established in the aftermath of the 2014 Ebola crisis. The US$600 million 5-year emergency fund that supports these programmes will be depleted next year and will most likely not be replenished.

That news, first reported by The Wall Street Journal, coupled with the administration’s proposed reductions in the CDC’s budget, has fuelled concerns that global health security is not a top priority for the Trump administration, which could leave some global hot spots poorly prepared for future infectious disease outbreaks that experts say are inevitable.

“Just when these programmes were getting up and running in more than 30 countries, if funds are not found, the rug will be pulled out from under them”, said Tom Frieden, former CDC director who served for 8 years under President Barack Obama. In 2014 and 2015, he managed the most intensive emergency response in the agency’s history involving more than 3000 CDC employees during the Ebola virus epidemic that swept across west Africa and eventually reached the USA. “It’s better to stop an outbreak where it starts than to have to fight it at home”, he said.

“...the CDC will be shrinking its epidemic prevention and response project in all but ten of the 49 countries...”

The 39 countries expected to lose most of the CDC’s assistance for infectious disease prevention and responses include China, Pakistan, Haiti, Rwanda, and DR Congo. The CDC memo said the agency would instead focus on ten so-called priority countries after September, 2019: Guatemala, India, Jordan, Kenya, Liberia, Nigeria, Senegal, Thailand, Vietnam, and Uganda, according to news reports. The CDC would not provide a copy of the memo to The Lancet.

A senior government official said the temporary Ebola response fund has nearly accomplished its goals, to stop the immediate spread of Ebola virus and strengthen in-country capacity to respond to outbreaks. “The CDC has substantively delivered on both fronts”, the official said, citing successful local responses to a deadly outbreak of meningococcal disease in Liberia and an Ebola virus outbreak in DR Congo.

The USA has not only been the largest funder of global health efforts but it also has more expertise in this area than most other countries, said Jen Kates, vice president and director of global health and HIV policy at the Kaiser Family Foundation, a non-partisan health research organisation. If the USA pulls back from its commitment to address health threats in low- and middle-income nations, she said, other governments might also retreat.

The CDC’s domestic and global health work has earned bipartisan support in Congress in the past and it is responsible for finalising the federal budget. But that consensus may be tested as the Trump administration tries to implement its policies.

Agency in transition

Adding to the anxiety about the CDC’s future are recent changes at its parent agency, the Department of Health and Human Services (HHS) and questions about who will take over as CDC director. In July, 2017, Tom Price, a former Georgia congressman and then-HHS secretary, appointed Georgia’s health commissioner Brenda Fitzgerald to head the CDC. Price left the HHS in September, 2017, following reports by Politico that he used private aircraft for government trips that cost taxpayers an estimated $400 000.

Fitzgerald resigned after only 6 months on the job when Politico revealed she had investments in tobacco companies while she was CDC director. One of the agency’s many health promotion campaigns urges Americans to stop smoking.

Alex Azar, a former Eli Lilly drug company executive who became HHS chief last month, has yet to name Fitzgerald’s replacement. CDC veteran Anne Schuchat is currently serving as acting director. She had held the position after Frieden left the CDC.

CDC spokesperson Kathy Harben, said the agency remains committed to global health. “The CDC, along with its partners throughout the federal government, strongly supports the Global Health Security Agenda (GHSA) to prevent, detect, and respond to infectious disease threats”, she said. The GHSA, a multilateral initiative of more than 60 countries and non-governmental organisations, was
created in 2014 after WHO reported that 70% of countries were unprepared for epidemic threats. The USA wants to extend GHSA through 2024, she said.

In May, 2017, then HHS secretary Price told fellow health officials at the World Health Assembly in Geneva, Switzerland, that “preparation for the possibility of cross-border infectious threats must be our top concern”. He promised that the USA “will work to enable all countries around the world to prevent, detect, respond to, mitigate, and control these outbreaks”.

**Global health budget**

However, President Trump’s proposed budget for fiscal year 2018, which ends Sept 30, would cut overall government funding for global health work by about 23%, or $2 billion, to $7·9 billion, the lowest amount in a decade, according to the Kaiser Family Foundation. The cuts would apply to programmes in the CDC, the Department of State, National Institutes of Health, and the US Agency for International Development (USAID). About half the cuts would be sustained by the President’s Emergency Plan for AIDS Relief (PEPFAR), established in 2003 by the administration of President George W Bush to address the HIV/AIDS epidemic in Africa. “Saving nearly 12 million lives is proof that PEPFAR works, and I urge our government to fully fund it”, Bush wrote in an op-ed article last year. “We are on the verge of an AIDS-free generation, but the people of Africa still need our help.”

According to the Trump administration’s 2018 budget explanation, cuts in global health HIV/AIDS prevention and treatment are based on “the expectation that other donors can and should increase their commitments to these causes”.

“While the [USA] will continue significant funding for global health programmes, even while refocusing foreign assistance, other stakeholders must do more to contribute their fair share to global health initiatives”, the president’s 2018 budget statement urged.

Although Congress has not yet finalised President Trump’s 2018 budget proposal, federal law requires the president to submit a budget to Congress for the following year every February. The president’s 2019 budget request, released on Feb 12, would cut funding for all global health programmes, including those at the state department, USAID as well as the CDC, said Kates. For example, state department and USAID money for PEPFAR would be cut to $3·85 billion, or 17% less than what Congress approved for fiscal year 2017. The Global Fund to Fight AIDS, Tuberculosis and Malaria would lose 31% of its 2017 funding. CDC funding would drop to $409 million or 6% below its fiscal year 2017 level. About $59 million of its 2019 funding would be allocated to the agency’s GHSA activities.

**Challenges ahead**

“The new administration has a very different view about the [USA’s] role in the world’...The change in vision...’has sent a bit of the shockwave through the global community’”

Kates, who led a recent analysis of the agency’s GHSA activities.

In addition to the agency’s international activities, it also works “to keep Americans safe and to help Americans live longer, healthier lives with lower health-care costs and higher productivity”, Frieden said. It distributes about 60% of its funding to state and local health departments, and provides about half of all childhood vaccines in the USA. It also investigates and stops food-borne illness, prevents birth defects, promotes cancer screenings, among other activities. And when there is a health crisis anywhere in the country, Frieden said the CDC “is there to be the backstop and provide protection”.

Among the key challenges for the next CDC director is the task of informing Congress and the Trump administration “that decisions about the budget are life-and-death decisions when it comes to the CDC”, said Frieden. But getting attention from Congress and the administration may not always be easy. The CDC is based in Atlanta, GA, not in the Washington, DC, area. It does not run facilities across the country and does not fund groups that can appeal to Congress for more money. Moreover, the CDC’s work often happens in the background.

“It’s very hard to understand the success that they have been able to realise because when they are doing their job, we rarely know about it”, said Joyce Pace, president and executive director at the Global Health Council, a coalition of organisations advocating for global health programmes. Last month, the council, along with the GHSA Forum, Next Generation Health Security Network, and the Global Health Technologies Coalition, wrote to Secretary Azar to ask him not to let the Ebola emergency fund expire. “History demonstrates that complacency in the wake of successful outbreak interventions leads to a cycle of funding cuts followed by ever more costly outbreaks”, they wrote.

There should be agreement on at least one thing, according to Frieden: “We don’t know what the next outbreak organism will be; we don’t know where it will come from, or when it will emerge”, he said. “But we are 100% certain there will be a next one and if we are not better prepared than we were during Ebola, shame on us.”

Susan Jaffe