

## *Blue Marble Health: Recommendations for Responding to Global Poverty-Related Diseases*

by Peter J. Hotez, M.D., Ph.D.

A major victory in American global health policy has been the progress on the United Nations Millennium Development Goals (MDGs), especially MDG 6 “to combat AIDS, malaria, and other diseases.” Over the last decade, through US-led support for mass treatment programs and other measures, there have been great gains in reducing global mortality and morbidity from HIV/AIDS, malaria, and the neglected tropical diseases (NTDs) component of the MDGs’ “other diseases.” Moving forward, the current and future presidential administrations have unprecedented opportunities to build on this momentum and track record in order to eliminate some of the most important poverty-related diseases worldwide.

### **Recommendation 1: Create pilot programs to link NTD control initiatives with HIV/AIDS and malaria control initiatives.**

US support for the major poverty-related diseases—AIDS, malaria, and NTDs—is often in silos. There are few intersecting initiatives that address co-infections between these illnesses. For example, female genital schistosomiasis is now a major co-factor in Africa’s AIDS epidemic and yet mass treatment for schistosomiasis is not currently a component of AIDS control programs. Linking the NTD programs with other initiatives will lead to better health outcomes and disease control.

### **Recommendation 2: Direct 2 percent of the US global health budget annually toward a robust pipeline of antipoverty products.**

There is an urgent need for new global health products, including new “antipoverty” vaccines and drugs for the MDG 6 targets. The Ebola virus outbreak highlighted the need to create new mechanisms for making these lifesaving products available. Such a stimulus could alter the current product development landscape and promote links between pharmaceutical companies and the 16 major nonprofit product development partnerships (PDPs), which bring together the public, private, academic and philanthropic sectors to quickly and cheaply develop and deliver safe, effective drugs to the people who need them most.

### **Recommendation 3: Pressure the G20 member countries to take greater responsibility for reducing their own indigenous disease burdens, as well as those in neighboring countries.**

The term “blue marble health” describes high rates of poverty-related diseases among the poor living wealthy countries. New findings reveal that more than half of the world’s NTDs and other poverty-related diseases occur in high- and middle-income countries, including the group of 20 countries (G20) and the BRICS (Brazil, Russia, India, China, and South Africa). Given the

anticipated fiscal constraints in the coming decades, a new role for the US Department of State should be to highlight the impact of poverty-related diseases in the G20, and to encourage these countries to move toward reducing, controlling, and eliminating these diseases among their own citizens.

**Recommendation 4: Create a center of excellence for NTDs and poverty-related infections indigenous to the United States.**

More than 12 million Americans live with NTDs and other poverty-related infections. While recent media attention focused on the threat of the Ebola virus to the United States, widespread diseases among the poor are still ignored. The End NTD Act, introduced in Congress in 2014, proposed modifying existing USAID programs, including establishing a research and development program to address NTD and poverty-related infections in the United States.

**Recommendation 5: Build capacity for producing new vaccines and drugs in the Middle East and North Africa (MENA) region using a program of science and vaccine diplomacy.**

The 2014 Ebola outbreak highlighted the roles of conflict and post-conflict in promoting NTD epidemics. The MENA region could become the next “shoe to drop” in terms of NTD outbreaks, especially in ISIL-occupied Syria and Iraq. Resources from the US science envoy program, USAID, and the US Department of State should be used to help build collaborative vaccine programs in regions of greatest need.

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