



Global Health

**FY 2012 Labor HHS Appropriations Bill
Centers for Disease Control and Prevention – Global Disease Detection**

Program	2010	2012 President	2012 TFAH
Global Disease Detection	\$44,100,000	\$44,191,000	\$64,000,000

Background:

Having the ability to rapidly identify and respond to emerging health threats is essential to maintaining global health security. Through integrated disease surveillance, prevention and control activities, the Global Disease Detection (GDD) Program aims to recognize infectious disease outbreaks faster, improve the ability to control and prevent outbreaks, and to detect emerging microbial threats, in support of the International Health Regulations. The core activities are based on five basic principles: outbreak response, 2) surveillance, 3) pathogen discovery, 4) training, and 5) networking.

In collaboration with host countries and the World Health Organization, CDC has established seven GDD Regional Centers (located in China, Egypt, Guatemala, India, Kazakhstan, Kenya, and Thailand), and is in the process of establishing an 8th Regional Center, located in South Africa. In 2010, GDD formalized a Memorandum of Understanding with the government of India and began ramping up activities in that Center and selected and began building capacity in South Africa. The Regional Centers strengthen our capacity to detect and respond to infectious disease outbreaks, such as respiratory syndromes, diarrheal diseases, food-borne illnesses, and zoonotic diseases. Funding also supports other capacities, such as training in field epidemiology and laboratory methods; pandemic influenza preparedness and response, including improving and expanding global surveillance networks, increasing virus isolation and epidemiological data collection through expansion of capacity; zoonotic disease research and containment; health communications; and laboratory systems. New funding in FY12 would be used to enhance geographic coverage of the GDD program by establishing initial activities at a 9th Regional Center and to increase capacity at existing GDD Regional Centers not yet at full capacity.

Accomplishments:

Since 2006, some of CDC’s significant GDD accomplishments include the following:

- 55 new pathogens have been discovered, and 182 new diagnostic tests have been established in country, enabling sustainable disease detection capability and expediting the identification of appropriate interventions;
- 292 global health leaders have been trained in Field Epidemiology, many of whom now hold public health leadership positions in their countries;
- GDD Centers have assisted in the response to 661 disease outbreaks and public health events. These responses have resulted in appropriate interventions and policy changes to control outbreaks and prevent new ones.

- Over 48,500 individuals have been trained through GDD Center workshops, trainings, and rapid response drills

Each Regional Center has broad regional influence through partnerships with neighboring countries, yet gaps remain in our global coverage:



Recommendation:

A total of \$64 million for the Global Disease Detection Program would enable CDC to increase the number of GDD centers and expand capacity at existing Centers. Funding would bring Thailand, Kenya, China and Guatemala to full capacity, support Egypt, Kazakhstan, India, and South Africa as basic Centers and establish two new developing Centers. It will take approximately three years to fully establish a new regional center, hire staff and establish infrastructure needed to operate the Center. However, critical start up activities, such as developing host country agreements, providing start-up funding and hiring initial staff, could begin immediately.

To begin to build toward that level, a \$6 million increase for the GDD Program in FY 2012 would add at least two new Regional Centers, and enhance capacity at two existing Regional Centers. Even just a \$3 million increase would enable the program to add one new Regional Center, and enhance capacity at one existing Regional Center.

Implication of Cuts:

According to CDC, reverting to 2008 funding levels would result in the loss of two existing Regional Centers and eliminate the startup of the newest regional center in South Africa. In addition to the loss of geographic coverage caused by closing a Regional Center, the diplomatic impacts could be damaging. Establishing a Center requires years of negotiation, training, and nurturing of partnerships between CDC and local health and governmental officials. Closing a Center could result in that nation or even region remaining closed to CDC access for many years to come.