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Closing the NIH's Fogarty Center threatens US and Global Health

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Declaration of interest

All authors have been Fogarty International Center trainees and / or grantees.

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The Trump administration's budget for the 2018 fiscal year^[1] proposes cutting about \$6 billion from the National Institutes of Health (NIH) budget and specifically plans to eliminate the John E. Fogarty International Center, which currently receives 0.2% of the NIH's current budget of \$31.7 billion. Despite its modest size, the Fogarty Center has become a critically important contributor to health research capacity globally over 50 years, through funding the training of over 6,000 developing country scientists, including many of the world's foremost infectious diseases scientists^[2].

The development of scientific expertise in developing countries is essential to ensure sufficient local capacity to detect and rapidly respond to epidemics at their point of origin, so that outbreaks can be quickly contained and their impact minimised, thereby directly protecting the health and safety of others, including Americans, across the globe.

The 2014 Ebola outbreak is a sobering reminder of the need to strengthen developing country capacity to detect, respond to, and prevent the spread of health threats. Severaclinician-scientists involved in the local response in Africa were Fogarty Center trainees. The Fogarty Center is now leading an initiative aimed at strengthening scientific expertise in Guinea, Liberia and Sierra Leone to enhance the local response to the next fatal infectious disease outbreak^[3, 4]. This builds on the Fogarty Center's experience and key role in building capacity to respond to the bird flu and SARS outbreaks that began in China and subsequently spread to several countries, including the U.S.

Research by Fogarty trainees has often benefited the U.S. directly. For example, a clinical trial^[5] conducted in South Africa by several Fogarty Center trainees and grantees on the management of HIV and tuberculosis co-infection is saving lives in many countries, including in the US. The trial's results contributed to the revision of the U.S. Department of Health and Human Services' ^[6] and World Health Organisation's policies and guidelines on the treatment of HIV-tuberculosis co-infection. Implementation of the trial's treatment approach is preventing many deaths across Africa, Asia and the Americas.

Infectious disease threats have no nationality and respect no borders, even in countries with restricted immigration. Global health involves and benefits all countries. As a major beneficiary of global health initiatives, the U.S. should value and expand the work of the Fogarty Center as a major contributor to global health capacity within the US and internationally and to safeguarding the U.S. and the world against future epidemics.

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