NIH research: Think globally

The U.S. National Institutes of Health (NIH) has for more than 60 years supported research to improve the health and prolong the lives of people in the United States and around the world. Mean life expectancy worldwide has doubled to more than 70 years, due in large part to medical and public health interventions developed with NIH funding. Now, in the face of serious fiscal constraints, the idea has reemerged from some congressional leaders and disease constituency groups to more closely align NIH funding for disease research with disease burden in the United States. Although the nation must maintain robust research support for diseases that cause illness and death among large numbers of Americans, it would be unwise to de-emphasize diseases that exact their largest toll elsewhere in the world. The United States has a vital interest in the health of people around the globe, rooted in an enduring tradition of humanitarian concern as well as in enlightened self-interest. Engagement in global health protects the nation’s citizens, enhances the economy, and advances U.S. interests abroad.

People from all walks of life understand and appreciate the moral imperative to alleviate human suffering, regardless of where it occurs. Polls show that Americans support efforts to improve health in developing countries, both for the sake of those individuals and for the sake of Americans exposed to infectious diseases that transcend national boundaries. The recent outbreak ofEbola virus disease in West Africa, which quickly found its way to the United States, is one more reminder of how global health challenges can become domestic. The concept of medical diplomacy—winning the hearts and minds of people in poor countries by exporting medical interventions, expertise, and personnel to improve their health—also resonates with many Americans, as does reducing instability in places where the United States has substantial economic and political interests.

The U.S. government, the largest funder of global health research and development, has played a central role in developing medical interventions that have saved countless lives in the world’s poorest countries. Smallpox has been eradicated, polio nearly eliminated, and important infectious diseases of childhood controlled with vaccines. An extraordinary 7.6 million AIDS deaths were averted in low- and middle-income countries between 2003 and 2013 by the development and distribution of antiretroviral drugs to treat HIV infection. Future products, including improved drugs for tuberculosis, treatments for parasitic diseases, vaccines for malaria, and new strategies to prevent and treat HIV infection could save millions more lives. Also, studying such complex diseases provides new insights that can advance how we diagnose, treat, and prevent other health challenges, including many commonly seen in the United States. For example, the treatment of hepatitis B virus infection has been revolutionized by antiviral drugs originally developed to treat HIV infection.

History shows that the tools of modern biology offer the opportunity to practically eliminate major diseases that sap human health and exacerbate instability in areas where the United States has substantial interests. It is imperative that the nation sustain momentum and work with its global partners to deliver the fruits of global research to the people who need them most, both at home and abroad. Without such a commitment, we may miss opportunities to curtail or even eliminate important diseases such as AIDS and also risk the resurgence of major global health threats such as drug-resistant bacteria, tuberculosis, and malaria, for which new interventions are badly needed.

In 1940, President Franklin D. Roosevelt noted that “NIH speaks the universal language of humanitarianism... [it] has recognized no limitations imposed by international boundaries and has recognized no distinctions of race, of creed, or of color.” The NIH—and the United States—must continue to live by these words.

– Anthony S. Fauci and Francis S. Collins

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