Solving for Global Health – When Others are Healthier, America is Safer - Pediatric Grand Rounds-5-8-2026-Meeting Recording

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38m 45s

Calderon, Delia started transcription

Kamat, Deepak M 0:06

Good morning and welcome to Pediatrics Grand Rounds. Dr. Seidner was supposed to introduce this morning's Grand Rounds speaker. I think he's caught up in traffic or stuck somewhere else in meeting. So I'm going to introduce this morning's speaker, Mr. Christopher Moore.

leads global health advocacy for a better work campaign. He previously spearheaded global, federal and state advocacy campaigns at top industry associations, including the Pharmaceutical Research and Manufacturers of America and the National Association of Manufacturers.

He has also held senior positions at World Food Programs, the US Department of State, and the Executive Office of President. Christopher is a graduate of Embry University and the London School of Economics. He serves on the boards of Less Cancer and helped

Ted Cieslak 0:57

And.

Kamat, Deepak M 1:04

Age USA. Mr. Moore, thank you very much for accepting our invitation. We are looking forward to your presentation. Thank you.

Christopher Moore 1:15

Thank you so much. It's a real pleasure to be here and to join you. This isn't a Broadway musical, but I'm going to start with the chorus and it goes like this. Global health is America's health. Our nation has a critical stake in eradicating infectious diseases abroad before they can reach our shores.

When others are healthier, we are safer. Why is that?
Welcome to the emergency room of a New York hospital. A mom walks into the hospital last year carrying this child in her arms. Something's very wrong. The child has a high fever and a terrible rash. But what does he have?

Leigh Shapleigh 1:55
Look.
The music.

Christopher Moore 1:59
It could be a drug reaction. It could be Roseola, 5th disease. While a child was being examined, an older doctor was passing through the emergency room on his way to the parking garage and home. He turned out to be, he happened to glance in the bay and remarked to the attending physician,

Leigh Shapleigh 2:15
Mazen.

Christopher Moore 2:19
Wow, that kid has measles. Haven't seen that in a long time. He turned out to be right on both counts. The kid did have measles. Thankfully, he was properly treated and recovered. And it had been a long time. Effective measles vaccines appeared in the 1950s. Measles cases haven't been at all common in this country since the early 1980s.
It takes a while to eradicate measles. If an unimmunized person is exposed to someone with measles, they have a 95% chance of being infected. But we finally did it. In 2000, the WHO declared the United States measles-free. Our Shot at Life campaign
is working to extend those results to all parts of the world. But now measles is back, including in South Carolina, which has seen nearly 1000 cases over the last year. That's the largest single outbreak in the United States since 2000.
A football player walks into the hospital. Meet Calvin Anderson, until very recently, an offensive tackle for the Pittsburgh Steelers. At the time he got sick, he had recently signed for Bill Belichick's New England Patriots. And he wasn't just sick, he was very sick. But with what?

He had flu-like symptoms. It could have been a viral infection, but it turned out to be malaria. Let's hear some of Calvin's story.

Brent Nagel 3:49
I felt a little bit off, but nothing, again, nothing crazy. I thought, I'm gonna go to sleep and I'll feel better. I said we had to go to the doctors and stuff. He's like, I have training camp starting. I can't go to the doctor. I don't have time for it. And I'm like, you do need to go to the doctor. When I got to the hospital, you know, I almost passed out.
They had to put me in a wheelchair, roll me to the back. They did testing and they're like, oh, he has malaria. So I was kind of relieved because now we knew what he had. But the bad part was that the doctor told me is that his organs started to fail already because we left it till so late. I was ripping all the heart monitor stuff off. I took my shirt off and, you know, I just, I couldn't see how I was going to get from it.

Leigh Shapleigh 4:09
Dinh.
Yeah.
I guess the silliness together; that's good. They're talking to her, but she's doing it all the time.
No, they show him talking.
Yeah.

Brent Nagel 4:33
from where I was to the next day even. I can't imagine what my wife was thinking again, because she's used to seeing me being this big, strong guy who's ready to do whatever's needed. And in that moment, that was all taken away from me.

Leigh Shapleigh 4:36
Mhm.
No.

Christopher Moore 4:48
Like most malaria cases in the United States, Calvin got infected abroad on a trip to see his wife's father in Nigeria. But mosquitoes capable of carrying the disease are

present in over 30 U.S. states. And now we have a small but very worrying number of cases of locally transmitted malaria
including in Arkansas, Florida, Maryland, and Texas in 2023, and in New Jersey and Washington just last year. We recently celebrated World Malaria Day, a moment our United to Beat Malaria campaign marks every year with Calvin and his family. The disease nearly took his life.
the life of an otherwise healthy young adult in peak physical condition. But he got lucky. He was diagnosed relatively quickly, and he was treated at a major urban hospital. Not every hospital keeps malaria treatments on hand.
American medical doctors commonly focus on non-communicable diseases. In fact, of 89 pediatric infectious disease fellowships available last year, just 43, less than half were filled. Neurology, cardiology, and oncology typically figure among the most in-demand specialties.

Brent Nagel 5:47
I felt.

Christopher Moore 6:08
And that just makes sense. NCDs account for 8 out of 10 of the largest causes of death in the country. But whatever your area of work or research, get ready to see more emerging and re-emerging infectious disease cases in the United States in the years ahead. Why?
The number of infectious disease outbreaks is rising around the world, and some of those diseases are pretty terrifying. Take Hantavirus, which recently killed three people on a transatlantic cruise, or take Marburg, a viral hemorrhagic fever that destroys blood vessels, causing bleeding from the eyes, nose, and mouth.
Over the last five years, we've seen Marburg outbreaks across Africa, including in Equatorial Guinea, Ghana, Tanzania, Rwanda, and Ethiopia. Climate change is driving the spread of vector-borne diseases. Rising global temperatures, altered precipitation patterns, and more frequent extreme weather events
due to climate change are reshaping the ecological landscape that governs vector survival, reproduction, and geographic spread. The evidence is right in front of us. Dengue incidence has surged tenfold in the past two decades. Chikungunya has spread to over 119 countries as of 2024.
Each year, about 475,000 Americans are diagnosed with Lyme disease. Higher

temperatures and higher humidity increase in vector survival. Too much rain creates puddles of standing water. Too little rain creates standing water from flowing streams.
Both create fertile breeding grounds for disease vectors like mosquitoes and sand flies.
Americans who work, live, and serve abroad increasingly are at risk. So are we. Some exotic infectious diseases like Mpox, Zika, and dengue are already in the United States and spreading locally. Others are just a plane ride away.
Diseases arrive in an America less prepared than ever.
Vaccination rates have fallen. In some U.S. counties and jurisdictions, childhood vaccination rates have declined by more than 40% since 2019. 67% of counties and jurisdictions now have MMR vaccine rates below 95%. The level of herd immunity doctors and researchers say is needed to protect against an outbreak.
We are running out of infective antibiotics and inventing new ones too slowly. Antimicrobial resistance kills 10s of thousands every year in the United States and millions worldwide. And when infectious diseases do reach our shores, the cost is significant.
In fact, just a single polio case in the United States recently cost $1.6 million in treatment, contact tracing, and outbreak control. Compare that with how much it costs to prevent disease overseas. Less than $2 to protect a child from malaria with a long-lasting insecticide-treated net, less than $2 to vaccinate a child against polio, $3 for measles. Global health is America's health. Our nation has a critical stake in eradicating infectious diseases abroad before they can reach our shores.
When others are healthier, we are safer.
Our parents and grandparents saw that clearly. In the years immediately following World War II, childhood deaths from infectious disease were common. These 2 boys were witness. This picture was taken in the late 1940s in a leafy Detroit suburb. In the weeks that follow, both
would come down with polio. One boy died. The other, on the right, survived and recovered. He grew up to serve his country in the military. He had two sons of his own. I am one of them.
My dad and others of his generation knew the dangers of infectious disease firsthand. They grew up in a confident and capable nation. They believed they could find solutions. If disease is the villain, America has been one of the heroes. We helped found UNICEF in 1946.

and the World Health Organization in 1948. In the years following World War II, we trained and deployed an army of virologists, microbiologists, and epidemiologists. The Office of Malaria Control in War Areas in Atlanta became the Communicable Disease Center, and later the Centers for Disease Control and Prevention.
We established the Peace Corps and USAID in 1961 with a mandate to combat communicable diseases, among other things. American medical researchers gave the world powerful tools to conquer childhood disease. Jonas Salk invented the polio vaccine in 1955.
In 1963, John Enders and others brought us the first measles vaccine. The MMR vaccine followed. We helped lead the charge to finally eradicate smallpox from the earth in 1980, giving a healthy start to children around the world
was the work of thousands of federal employees and many more outside government. But before 2001, US investments in global health around the world were relatively modest, peaking at about $1.5 billion in 2000. For context, that was about 8 one hundredths of a percent.
Of total federal spending that year.
Four things came together to change that.
First, 911.
The Cold War and competition with the Soviet Union drove the expansion of America's foreign assistance in the 1960s. Now we were fighting a global war on terror. We needed allies across Africa, Asia, and Latin America. Second, we had new tools. AIDS, tuberculosis, malaria,
had been around for decades, centuries, thousands of years. Now we had antiretrovirals, seasonal prophylaxis, and insecticide-treated bed nets that revolutionized the fight against infectious disease. New money flowed in, including from philanthropy's newly founded
by Bill Gates, Bono, George Soros, and others. They brought 10s of billions to the fight and a new focus on impact, cost effectiveness, and return on investment. A global logistics revolution led by FedEx, UPS, and others, and advances in cold chain monitoring
made it easier and cheaper than ever before to bring health supplies to nearly every corner of the world. So we had the will and we had the way. We launched powerful new institutions, including GAVI, the Vaccine Alliance, and the Global Fund to Fight HIV, TB, and Malaria.
Between 2001 and 2014, America's investments in global health foreign assistance

increased by more than 750% to $12.5 billion. And those commitments leverage billions more in contributions from other rich countries and from private philanthropy.
And even that $12.5 billion was far less than 1% of the federal budget. So what did we get for the money? Well, we got dramatic gains against disease. So far, 47 countries in one territory declared malaria-free.
154 million lives saved by global immunization programs. Nearly 8 million babies with HIV-infected mothers born HIV-free. Wild polio now found in just two countries on Earth. Death rates from infectious disease plummeted around the world.

Bonilla, Javier Arturo 14:33
Next one.
Really, everybody.

CM

Christopher Moore 14:38
and the results have been particularly profound in Africa. Death rates dropped by 70% in Ethiopia and Tanzania and by more than 55% in the Congo. 90 million deaths were averted, according to a study in The Lancet.

Bonilla, Javier Arturo 14:39
The ties here, yeah.
Working for it.

Hackett, Bryce Allan Masahide 14:55
Plus.

CM

Christopher Moore 14:56
The beat did not go on. On January 20th, 2025, the president signed an executive order pausing all U.S. foreign assistance.

Flores, Meredith 15:03
The President signed an executive order pausing all U.S. foreign assistance.

CM

Christopher Moore 15:07
In early February, USAID went into the wood chipper. More than 10,000 jobs

vanished.
The human toll has been profound. Hundreds of thousands of lives lost according to an estimate from the Center for Global Development. The dead are moms and kids. They are the poorest, the most desperate, the most vulnerable. We're seeing hard-won gains lost. I'm particularly worried about malaria,
Because of the nature of this disease, quick onset of symptoms, death possible just days from infection, we are likely to see any setbacks fastest there.
Last year, Brent and I traveled to the Afar region of Ethiopia to see the impacts of cuts firsthand. Let's hear from Yasin Ahmed, the head of Regional State Health Bureau.

Brent Nagel 16:05
This district have 113,000 people. The government established a different system of health. They built the health center. They deployed the health workers. There was support from the US, more than 30 mobile health team, but now 16 of them is suspended. Around 80 outreach sites already closed. If we come to the malaria program, the previous years we was receiving more than...
Than 1 million bed nets, but now only we received 250,000 bed nets. The pregnant moms and the children are really vulnerable. We are trying to fill that gap, but this kind of things you cannot, you know, replace immediately.

Christopher Moore 16:48
Over the last year, our global health campaigns focused on three things. Getting the administration to adopt global health as one of its priorities, getting Congress to fully fund global health, and getting the administration to spend those resources.
We pushed malaria and childhood immunization back on the table in the president's budget request and as part of the State Department's new America First global health strategy. U.S. funding is back. Congressional appropriators passed a new spending bill in January that fully funded global health programs.
But getting the administration to spend those resources will be a continuing effort. A couple weeks ago, we learned that some $2 billion of last year's money will go to help cover the cost of canceling more than 5,000 USAID contracts. Dubai has long been an essential transit hub.
for vaccines and other cold chain products typically shipped by air cargo. Now the Iran war has scrambled that calculus, disrupting millions in humanitarian shipments

to more than two dozen countries. And while U.S. funding is holding up, other countries like the UK, Germany, and Japan
are slashing their aid budgets and shifting priorities away from global health. You can see on this slide there are cuts to just one global health organization, the Global Fund. France and Japan cut their contributions by more than half. And those lower contributions also affect the U.S. contribution.
By statute, we can give no more than $1 for every $2 that others give. So in the future, there will be less total money, and maybe much less, available for global health than there is today. But global health is still America's health.
Our nation still has a critical stake in eradicating infectious diseases abroad before they can reach our shores. When others are healthier, we are safer. Disease is still the villain, and Americans can still be heroic. So what do we do?
Our global health campaigns are focused on five things now. First, getting more money for health. That means advocating for continued U.S. investment in global health. And it means working with the World Bank and others to help enable partner countries to shoulder a greater share of the health care costs for their own people.
Second, we're trying to get more health for the money. If we believe there will be fewer resources in the future than there are today, we need to make sure every dollar spent delivers maximum impact. That means improving disease detection and response. Right now, governments don't have the right incentives to report outbreaks quickly.
There are labs around the world that test for just one pathogen.
There isn't a global framework to share specimens and disease surveillance data. All that needs to change. It means focusing on the highest impact interventions, things like vaccines and pre-exposure prophylaxis. Our advocacy is focused traditionally on the top line.
the amount of money US and other governments spend on global health. Now we're also talking about where the money goes. Third, getting more health for the money also means driving down production and distribution costs. It means more production in Africa, for example, where the products will be used.
American companies like SC Johnson are already leading the way.
Third, we're integrating programs and building and strengthening health systems. Before 2001, most U.S. investment in global health went to health systems strengthening. After 2001, it went largely to specific disease verticals like HIV-AIDS, TB, malaria, and polio.

As an advocate, I can tell you it's far easier to lobby for a disease than for a system, but that can't be how aid is delivered. U.S. global health programs organized around specific diseases have been highly effective, but they could also duplicate and dissipate effort.
There are clinics across Africa with one system to record HIV data, another to record malaria data, and so on. We need a better way. Fourth, deploying new innovations. It's amazing what inventors in the United States and elsewhere are discovering. There are new malaria vaccines, new advances like lencapavir, Gilead's injectable prep taken every six months rather than every day. California-based drone delivery company Zipline is revolutionizing last mile delivery of health supplies. Let's see a little bit of their work in action.

BN **Brent Nagel** 22:01
Wow.

CM **Christopher Moore** 22:03
S.

BN **Brent Nagel** 22:15
The.
When people are in urgent need, when their life is on the line, and the hospital might not have the blood or medicine they need to stay alive, we're able to get that medicine to them in 15 to 20 minutes by sending a drone and air dropping a package of medicine to the hospital.
Yeah.
No.

CM **Christopher Moore** 23:09
We need to make sure there is headroom for innovation and aid budgets. Not everything that's new is better, but if less money means we spend only on the cheapest products, we will miss potential game changers. Fifth and finally, we must do a better job of helping people in our country and abroad.
understand the value of today's tools, and get ready for new innovations in the pipeline. Polls consistently show majorities of Americans support childhood vaccination, but we need more of them to act. Vaccine misinformation spreads

quickly and can have a powerful poll
and our polarized and ever more connected, but ever more disconnected population. People are skeptical when they see new technologies like mRNA vaccines suddenly appear to save the day, and they don't trust experts. Before you know it, one of the simplest conversations a doctor can have with her patients
becomes one of the most difficult, time-consuming, and frustrating. When vaccine misinformation started trending online, countering misinformation felt like fanning the flames. It was too small, so why give it additional oxygen? Later, once it had spread,
It felt like boiling the ocean. Maybe it was hopeless to even try. But now pollsters and data mapping organizations like FRAME are helping us see a path. It turns out that one of the biggest determinants of whether someone gets a vaccine, let's say the flu vaccine,
is whether their neighbors intend to get that vaccine. New mapping tools are helping us see where vaccine intention deserts are. That helps us target messaging using trusted local messengers to areas where information is needed most. Our shot at life and United to Beat Malaria campaigns
spent years recruiting and organizing A grassroots army of more than 30,000 champions across the country. Now we're looking at how those champions, nurses, neighborhood pharmacists, military veterans, women's club leaders, students, can not only speak truth to Washington,
but also in their own communities.
Global health is America's health. Our nation has a critical stake in eradicating infectious diseases abroad before they can reach our shores. When others are healthier, we are safer. Americans can be heroic, heroic like all of you.
I have a wonderful Jewish friend in New York who's always quoting the Catholics. The other day she sent me some words of wisdom from Mother Teresa. They read, if you want to change the world, go home and love your family. If you want to change the world, go to work and do your job, protecting people,
treating patients, saving lives. Thank you for all you do, and thank you for listening this afternoon.
There's a QR code on the screen to access and join our fight. We'd love to count you as a champion and supporter. I think we've got about 30 minutes left, and I'd be happy to answer questions from the group.

Kamat, Deepak M 26:35

Thank you, Mr. Moore, for that wonderful, wonderful presentation on global health is America's health. Really enjoyed it. Let's see if anybody has any comments, questions. They can put them in the chat box or raise your hand and ask the questions directly.

Williams, Janet F (Dr.) 27:11

What do you think the most effective way to influence our legislators, the people making the funding cut decisions, might be?

Christopher Moore 27:27

Great question. It's one we think about a lot, and I think it's changing too. I think in the old Washington, there was a sense in which you could really run advocacy as sort of something that's done in Washington.

with people who are professional advocates and experts had a very powerful voice in policymaking. Today, we're finding that it's very important for members of Congress, as it always has been, but I think even more so now,

to be hearing directly from their constituents on this and to be hearing from them in their districts. So some of the work that we do in Washington, you saw the picture of our grassroots advocates. We bring them to DC once a year and they do a series of meetings with

probably about a third of the members of Congress. But we're increasingly turning that effort back into individual states and districts, doing events in local districts, reaching members of Congress directly in their districts with some of their local constituents. That's turning out to have a very powerful impact on how members of Congress are thinking about

about this. It's also been helpful to help members of Congress, other policymakers in Washington, understand the value of investments in global health for Americans and our stake in global health. We're no longer fighting a war on terror. We no longer have some of the same obligations overseas that once animated.

some of our spending in this area. But it continues to be crucial as a way to protect Americans. But it's also a valuable opportunity for American businesses, American innovators, American jobs. Many of the newest products, the best innovations that are developed,

in the health space continue to be developed and manufactured in the United States.

Helping policymakers understand the stake our country has in the world's health has also been very powerful.

Kamat, Deepak M 29:53

Thank you, Mr. Miller. There is a question by Dr. Lynch. I don't know if you can see it in the chart box, but I'll read it for you. Flip side, what backfires with arguments and how to regain public trust?

Christopher Moore 30:09

Yeah, I think we're we're particularly.

We're spending a lot of time thinking about this because when I came into this role about two years ago, one of the first things I asked my team was, please give me a copy of everything we're saying publicly about global health. And

Reading through it, it seemed like we might have been back in 2005. It always began with something about suffering overseas, which is very motivating to me and I know to many others working in this field.

But it was something that I think lawmakers in the United States of both parties were increasingly questioning. They would tell us, we have people suffering in the United States, too. We have people who are dying in Flint. We have people who can't get health care.

And so we needed some new messaging and a new way of framing this that can be very powerful in this moment. We've done a lot of different message testing around this, and including with voters of both political parties.

And what we're finding is that the compassion of America is still there. We're finding that the interest in helping others is still there. But there's a lot of misinformation and a lot of lack of awareness of what our programs are delivering.

And there seems to be a mismatch between what America is contributing and what other countries are doing for themselves. And so we're helping to demonstrate the benefits of this, what these programs are delivering.

both for the United States and for the world, and also increasingly the contributions that other countries are making, taking over these programs for themselves. And that's been very helpful. We're also finding that the messenger is very important. And There was a time when, you know, someone in the lab coat was the great messenger. They even brought them on television in the 1950s to sell cigarettes. Now that's very much less the case. People trust people they know. They trust people like them.

And so we are working now to engage many of our grassroots supporters, others across the country, to be messengers to people in their communities on social media, on other platforms, letters to the editor, local op-eds, things that have been been very effective in gaining trust, but also building understanding. If somebody isn't listening to your message, you can't have an impact. And so that's at least an important place to start and something where we're seeing some real value.

Kamat, Deepak M 33:35

Thank you, Mr. Miller. There is another question by Dr. Lipsitt. Are the private efforts in global health continuing?

CM

Christopher Moore 33:44

They definitely are. Maybe a little bit of background on the Better World Campaign and the United Nations Foundation, where we work. We were founded, we are a private entity. We were founded by Ted Turner almost 30 years ago.
who suddenly passed away earlier this week. At the time, he wanted to give a billion dollars to the United Nations, which was the amount of money that the US owed to the organization at the time. And he needed to establish this foundation as a pass-through. And of course, over the years, we found many ways to be
of assistance to America's role in the world and to the causes and programs of the United Nations, including on global health, and have raised and mobilized resources well in excess of the original bequest. We work very closely with other private philanthropies and organizations.
like the Gates Foundation, others that I mentioned, the Welcome Trust, a number of different organizations continuing to be involved in this space. You're seeing some of them also now commit to expend their entire resources within a certain period of time.
So they're increasing the funds that they are committing to global health and to a point where they will have exhausted those resources within 20, 25 years or so. So the commitment is not only continuing, but growing. We're seeing increasingly
Many faith-based organizations also playing a very powerful role in the space. Organizations like Samaritan's Purse, like the World Vision, like the Church of Jesus Christ of Latter-day Saints, a number of different organizations really contributing significantly on the ground and continuing this effort. So those private contributions will really continue and will be, we think, a very important bridge as we transition and

increasingly transition programs that had been funded largely by the U.S. government, by other governments,
to national governments and enabling them to take these programs on for themselves.

Kamat, Deepak M 36:19
Thank you. Many of our residents are listening to you this morning. What advice do you have for them to get involved in global health?

Christopher Moore 36:32
Great question. Well, you've got that QR code right on your screen still. Please, please join our fight. We'd love to have you as part of our Grassroots Champion Network. Your voices are extremely powerful. Your experiences are extremely powerful.
When we can go into to see policymakers, lawmakers, along with people like you, it is extremely helpful in sending the message, not only because you are voters back home in their state or district, but also because you
you are on the front lines. You know what this means firsthand. You're able to tell those stories that we cannot. And so we really encourage you to sign up, to let us know if you're interested. We're happy to train, equip, bring you into this effort. And we're building skills too for advocacy that can be used on other things as well. So would really encourage you to be part of that network.

Kamat, Deepak M 37:47
Thank you. Any other questions, comments?
Parts.
I don't say any. Thank you, Mr. Moore, for that wonderful presentation, encouraging us all to participate in global health. Thank you all for attending this morning's presentation. The CME code is in the chat box. Thank you all. Have a wonderful Friday and a wonderful weekend. We'll see you next Friday.
7:30 in the morning. Thank you.

Christopher Moore 38:31
Thank you.

◉ **Calderon, Delia** stopped transcription