What's on the Agenda in Global Health? The Experts' List for the Obama Administration

Lindsay Morgan, Policy Analyst
Center for Global Development

June 2009

CGD Notes

The many agendas prepared for the Obama administration constitute a consensus about the importance of—and need for improvement in—global health efforts.

The last few months have seen a bumper crop of "agendas" for the Obama administration on everything from climate change to education reform. In global health, some of the most influential American voices in development policy have advised the administration about where to focus U.S. global health efforts and how to spend aid for health effectively. The similarities across these missives are remarkable—they signify a level of technical consensus required for success.[1] Read carefully, they show what many in the U.S. global health community are thinking about why global health is important, where improvements are needed, and what the future holds. Differences (and there are some) tend to center on technical details, framing, and money.

In this note, I compare the statements prepared by global health experts under the auspices of the National Intelligence Council (NIC) and the Institute of Medicine (IOM); the Center for Global Development (CGD), the Center for Strategic and International Studies (CSIS), and the Council on Foreign Relations (CFR); Interaction, the Global Health Council (GHC), and ONE (see table, page 5). In the commonalities, the administration and Congress can find state-of-the-art guidance about where to focus.

How Do We Justify U.S. Investments in Global Health?

Two rationales underlie the U.S. commitment to deploy financial and technical resources to address health problems in low- and middle-income countries. The first is variously described as a moral imperative, a humanitarian impulse, or altruism and generosity. The second is enlightened self-interest, including both protection from health (and corresponding economic) threats and the enhanced international reputation (and national security) resulting from the use of "soft power."

The moral imperative

All of the global health agendas prepared for the Obama administration cite the moral imperative as a justification for U.S. investments—but not, as one might expect, with trumpets blaring. Instead it is mentioned rather hurriedly, quietly, almost in a whisper. Why? The global health community is sometimes reluctant to discuss the moral underpinnings of its work, and not without reason. For one, it is obvious (no one needs to be told that keeping people alive and healthy is the right thing to do, right?). In addition, pontificating about the transcendent dimension is a quick and effective way to annoy friends and alienate partners.

But there is another, more central reason experts shy away from justifying global health efforts on moral grounds: the real or potential tensions between passionate advocacy on the one hand, and reasoned scientific analysis on the other. Certainly these poles were sometimes at odds during the Bush administration, and part of the tenor of these documents reflects the community's efforts to respond to a new ascendancy of "evidence-based policymaking." Nevertheless, the

1 A look at large scale global health successes of the past, shows that a convergence of views among those in the expert community about the right approach was always present. See *Case Studies in Global Health: Millions Saved* (Jones and Bartlett, 2007).

This note was made possible by financial support from the Bill & Melinda Gates Foundation. The views expressed are those of the author and should not be attributed to the board of directors or funders of the Center for Global Development.

shared and essential impulse to respond to sickness and hunger and suffering is at the heart of each of these documents.

The "interests" argument

The authors of these global health agendas share a fundamental worldview that global interconnectedness means that the well-being of Americans is inextricably linked to the lives of people thousands of miles away. Touch one part of the spider web and you set the whole thing trembling. We should therefore invest in the health of others in part because it is in *our* interest.

Linking global health efforts to our own interests increases the likelihood that policymakers will support interventions, but leaning to heavily in that direction has consequences.

The line of argument goes something like this: health interventions are highly visible, incurring large reputational benefits for the United States. Health interventions can thus improve the image of the United States, generate goodwill, win friends, and appease adversaries.[2] These "hearts and minds" gains make Americans more secure. Some of the agendas take this argument further, saying that U.S. spending on global health interventions helps to fight terrorism.[3] The NIC report adds that investing in infectious disease research, for example, keeps U.S. soldiers healthy, thus improving war-fighting capabilities.

Investing in health also makes good economic sense. Health interventions are among the most cost-effective tools to improve the lives of poor people in developing countries, providing good "bang for our buck." They can even save us money in the long term: preventing infectious disease outbreaks, for example, can prevent economic losses in the United States that could reach as high as $100–$200 billion.[4]

2 CFR's Laurie Garrett and the National Intelligence Council both cite Cuba's health interventions in Latin America and Hamas's and Hezbollah's efforts in the Occupied Territories and Lebanon (respectively) as examples of the power of health interventions to buy political support.
3 CSIS, GHC, CFR and NIC.
4 World Bank, *East Asia Update: Countering Global Shocks* (Washington, D.C., 2005).

The more ways we can think of to justify investments in global health (beyond the humanitarian concern), and the more closely we link it to the national interest, the more likely policymakers will support health interventions—right? But leaning too heavily on the "interests" argument has consequences. If improved health is about the narrow, short-term, and ever-changing political interests of the United States, then our health programs will probably be narrow, short-term, and ever-changing.

The Top Ten To-Do List

While the framing and language may differ, ten common strands cross all of the recent global health agendas.

1) Take the Lead

Maintaining support for current programs, particularly in hard economic times, and getting the greatest reputational benefit from them requires visible White House leadership. The president should highlight the importance of investing in global health early on in his presidency.

2) Coordinate

Improved coordination and coherence across the many U.S. agencies involved in global health is essential after a period of increased fragmentation. The Institute of Medicine and Center for Global Development call on the new administration to establish an interagency task force to increase coordination, preferably led by the White House, while the Center for Strategic and International Studies suggests establishing a Global Health Corporation.

3) Be Results-Driven

Health priorities should be established on the basis of achieving health gains most effectively rather than on short-term strategic or tactical U.S. interests. The United States should intensify efforts to measure program outcomes and achieve higher

efficiencies in the use of current resources. Congress and the administration should require that aid be accompanied by rigorous country- and program-level evaluations to measure the impact of global health investments (such as deaths avoided or HIV infections prevented). This is particularly important for PEPFAR; prevention efforts, including abstinence only, should be subject to rigorous evaluation.

4) Ramp Up HIV Prevention

PEPFAR is widely regarded as a success of the Bush administration, and those in the global health community uniformly acknowledge its unprecedented level of funding and program performance. At the same time, there is agreement that the program must be cognizant of the fiscal burden associated with HIV treatment efforts and expand and improve the effectiveness of HIV prevention. While this is mentioned as a priority in all the documents, the Center for Global Development offers the most specific recommendations: maintaining funding for (and maximizing the success of) antiretroviral treatment is essential, but the number of PEPFAR focus countries should not be expanded. By 2012, the United States should aim to prevent 90 percent of annual infections in focus countries, and prevention efforts must be guided by what is proven scientifically to work. This includes expanding condom distribution and access to circumcision; integrating family planning services with HIV testing and AIDS treatment; reorienting HIV testing toward in-home services for couples rather than facility-based testing of individuals; and needle-exchange efforts where intravenous drug use is an important part of transmission dynamics.

5) Expand beyond AIDS and Malaria

The global health portfolio should be balanced in support of a wide range of health issues, including nutrition, disease surveillance, water and sanitation, child and women's health, family planning and reproductive health, chronic and noncommunicable diseases, and—fundamental to success in all areas—health system strengthening. Even disease-specific funding should contribute to health system and workforce strengthening. Several agendas call on the United States to commit to train local health care providers; others for more research to analyze, experiment, manage, and test health systems innovations. ONE recommends that the United States discuss donor coordination of health system strengthening at the 2009 G-8 Summit, and support the creation of a Global Health Care Partnership to coordinate efforts and fund national health system plans in at least 19 countries by 2010.

6) Respond to Country-Defined Objectives

Aid should be allocated and delivered in ways that recognize the importance of "country ownership." Priority should be given to aligning U.S. aid priorities in health with the priorities of national governments and local stakeholders to avoid donor-driven interventions and ensure sustainability, ownership, and capacity building. Interaction recommends that, in at least 15 countries, the United States create a coordinated strategy in collaboration with governments and NGOs to meet identified health care needs.

7) Use Multilateral Channels

No single country has the resources to go it alone, and the lack of harmony hinders recipient countries and creates program duplication. The conclusion: multilateral cooperation is essential. Linkages should be strengthened between the United States, the European Union, the African Union, G-8 member states, and multilaterals. CGD recommends that the United States channel at least 50 percent of development assistance for health to multilateral institutions by 2012,and be an active and dues-paying member of the UN agencies involved in global health. The United States should support a careful, multinational, external review of the World Health Organization to ensure the organization—the world's premier multilateral global health institution—

Multilateral cooperation is essential: no single country has the resources to go it alone; lack of harmony across programs hinders countries receiving health assistance.

is appropriately structured and funded to meet the global health challenges of the 21st century.

8) Invest in Research

The United States should strengthen its leadership role in research and development, including by empowering the National Institutes of Health (NIH). The Fogarty International Center should analyze investments in global health at NIH and identify priority areas for spending. CGD recommends that Congress channel 10 percent of all AIDS research funding through the National Science Foundation to examine how HIV/AIDS prevention and treatment services can best be delivered in a manner that complements, rather than undermines, other locally needed health care services. Exchanges for training, research, and practice should be established and institutional partnerships with universities and other research organizations in developing countries strengthened.

9) Promote Service

ONE recommends doubling funding for the Peace Corps by 2011, and CGD recommends establishing a Global Health Corps to give American doctors and other health workers the opportunity to serve the poor of developing countries. Such efforts symbolize the spirit and values of U.S. foreign policy and are tangible demonstrations of the U.S. commitment to world peace and development.

10) Put Your Money Where Your Mouth Is

Most of these documents call for various increases but there is a pervasive sense, a recognition just beneath the surface, that increased funding levels are unlikely, given the global economic crisis and the relative growth of global health spending in recent years. Indeed, the emphasis on achieving measurable results reflects a desire to see efforts save lives and improve health, but also an understanding that as the budget is squeezed, programs will be more closely scrutinized. CGD and CSIS refrain from calling for funding increases.

The (Mostly) Unmentionables

The impressive level of agreement among the global health agendas sends a strong, clear signal. It also reflects a tactic of overlooking some potentially controversial topics in which the right answers are harder to come by and potentially more subject to diverging views. These include, for example, the extent to which PEPFAR should modify its goals with respect to AIDS treatment coverage; the wisdom of untying aid and moving away from dependence on a relatively small set of government contractors to implement global health programs; the role of faith-based organizations; the value of embracing the "alignment and harmonization" agenda promoted by many European donors; and the vulnerabilities associated with the significant influence of a single philanthropic entity, the Bill & Melinda Gates Foundation.

The Bottom Line

With key appointments still to be made and budget proposals and debates on the horizon, I don't know how closely the future global health programs of the United States will conform to the vision set out by the close observers who have developed the recommendations discussed in this note. What we do know is that the global health policy community in the United States has rarely been as united as it now is about the challenges and opportunities facing the country and the world. At least at the level of big-picture agendas, the messages are clear.

When the responsible appointees are named in the State Department and the U.S. Agency for International Development, in PEPFAR and the President's Malaria Initiative, in the Centers for Disease Control and Prevention, the National Institutes of Health, the Department of Health and Human Services, and the Department of Defense, they will—in every way—have their work cut out for them.

The global health policy community in the United States has rarely been as united as it is now. The calls for a smarter, more harmonized, results-based global health agenda are clear.

A Summary of Global Health Agendas by Organization

	How is investment in global health justified?	Level of development assistance for health	Priorities	U.S. government institutional arrangement	Multilateral engagement	Evaluation	HIV/AIDS	R&D
IOM	Humanitarian, political, security, financial crisis	Increase	Interagency coordination; results-based; health systems; HIV prevention; child and women's health; nutrition; chronic and noncommunicable disease; country ownership	Create interagency taskforce housed at the White House, possibly the NSC	Yes, with a focus on strengthening the WHO	Yes, country- and program-level evaluation to measure impact, such as deaths avoided, infections prevented	Maintain funding for treatment but expand prevention and fund research applicable to HIV/AIDS	Allocate funds for R&D into diseases that affect poor countries, and conduct research on health systems
CGD	Humanitarian, political, economic, financial crisis, build on Bush successes	n/a	Interagency coordination; health systems; focus on broader range of health issues beyond disease-specific initiatives; maximize success of HIV treatment; increase focus on prevention of HIV; create Global Health Corps; support health efforts in Iraq; fund advance market commitment	Create interagency taskforce	Yes, by 2012 U.S. should channel 50% of DAH through multilateral institutions and be active in the UN	Yes, especially in regards to HIV prevention	Supervise personnel in country; patient support groups; reduce cost of treatment; prevent 90% of annual infections in focus countries by 2012; 10% of all HIV/AIDS research funding should examine how prevention and treatment services can complement local health services	Establish exchanges for research; partner with universities and other research organizations in developing countries; Fogarty should analyze investments and identify priority areas for spending
CSIS	Political, humanitarian, economic, security, financial crisis, build on Bush successes	Increase	Create Global Health Corp to coordinate activities; measure program outcomes; health systems; reproductive health; malaria; TB; disease surveillance; data collection; water and sanitation	Create Global Health Corps	Yes, strengthen links to EU, AU, G-8, and other multilaterals, with focus on strengthening WHO	Yes, need to measure program outcomes	Focus on prevention that is proven to work; update TB and malaria treatment that address co-infection	More research into encouraging voluntary testing and treatment of HIV, as well as prevention and developing a vaccine
CFR	Political, security, humanitarian, financial crisis	Increase	Coordination, scientific evidence; HIV prevention; help countries become self-reliant in HIV treatment; health systems; reproductive health; country ownership; create a Global Health Corps; improve local disease surveillance; review role of DoD	Modernization of global health is best managed through overall reform of foreign assistance	Yes	Yes	Give PEPFAR flexibility to pursue prevention strategies that work in local contexts and build strategies for country self-reliance for treatment; NIH should conduct research into a vaccine	Maintain leadership role by continuing to fund NIH
NIC	Security, political	n/a	Broaden focus to tackle health issues beyond infectious disease; country ownership	n/a	Yes	n/a	n/a	n/a
Interaction	Security, political, humanitarian	Increase	Coordinate activities; health systems; country ownership	n/a	Yes	n/a	n/a	n/a
GHC	Humanitarian, economic, security, build on Bush successes	Increase	Coordinate activities; focus on women and children; health systems; PEPFAR (be evidence-based, support prevention, evaluate programs); malaria, TB, neglected tropical diseases; nutrition, water, and sanitation	Create a Global Family Health Action Plan to focus on women and children	Yes, growing collaboration between PEPFAR and Global Fund, expand engagement with UNAIDS	Yes	Link HIV/AIDS programs with other health programs; focus on prevention; evaluate programs; be evidence-based	Empower NIH to expand research into health issues that affect poor countries
ONE	Humanitarian, economic	Increase	Increase funding; health systems; lead on malaria; broaden focus to include water and sanitation, child and maternal health; encourage volunteerism	Create a Global Health Care Partnership to coordinate health systems strengthening plans of various donors	Yes	n/a	n/a	n/a

IOM: Institute of Medicine; CGD: Center for Global Development; CSIS: Center for Strategic and International Studies; Council on Foreign Relations; NIC: National Intelligence Council; GHC: Global health Council. n/a = not applicable

Further Reading

Richard L. Armitage and Joseph S. Nye Jr., co-chairs. 2007. A Smarter, More Secure America. Report of the Commission on Smart Power. Washington, D.C.: Center for Strategic and International Studies.

Nils Daulaire. 2009. "Global Health for a Globally Minded President." Health Affairs (January 16).

Laurie Garrett. 2009. The Future of Foreign Assistance Amid Global Economic and Financial Crisis: Advancing Global Health in the U.S. Development Agenda. Washington, D.C.: Council on Foreign Relations.

Committee on the U.S. Commitment to Global Health. 2008. The U.S. Commitment to Global Health: Recommendations for the New Administration. Washington, D.C.: Institute of Medicine.

Ruth Levine. 2008. "Healthy Foreign Policy: Bringing Coherence to the Global Health Agenda." In The White House and the World: A Global Development Agenda for the Next U.S. President, Nancy Birdsall, editor. Washington, D.C.: Center for Global Development.

Stephen Morrison and Phillip Nieburg. Forthcoming. "The United States' Big Leap on HIV/AIDS in Africa: What's the Next Act?" in Africa Policy in the George W. Bush Years: Recommendations for the Obama Administration. Washington, D.C.: Center for Strategic and International Studies.

Mead Over. 2008. "Opportunities for Presidential Leadership on AIDS: From an 'Emergency Plan' to a Sustainable Policy." In The White House and the World: A Global Development Agenda for the Next U.S. President,Nancy Birdsall, editor. Washington, D.C.: Center for Global Development.

National Intelligence Council. 2008. "Strategic Implications of Global Health." Intelligence Community Assessment. Washington, D.C.: National Intelligence Council.

Interaction. 2008. Foreign Assistance Briefing Book. Washington, D.C.: Interaction.

Global Health Council. 2008. Global Health Opportunities. http://www.globalhealth.org/gho/2008/.

www.cgdev.org
1800 Massachusetts Ave., NW
Washington, DC 20036
(202) 416-4000
(202) 416-4050 (Fax)