



As the World Turns: Evolving Global Health Thinking and U.S. Policy

FORUM SESSION ANNOUNCEMENT

A DISCUSSION FEATURING:

Jennifer Kates

Vice President

Director, Global Health Policy & HIV

Kaiser Family Foundation

Jeffrey P. Koplan, MD

Vice President for Global Health

Director, Emory Global Health Institute

Emory University

Ambassador Eric Goosby, MD

United States Global AIDS Coordinator

U.S. Department of State

FRIDAY, MAY 7, 2010

12:30PM–1:00PM—Lunch

1:00PM–2:30PM—Discussion

LOCATION

Reserve Officers Association
One Constitution Avenue, NE
Congressional Hall of Honor
Fifth Floor

*(Across from the Dirksen
Senate Office Building)*

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Over the past decade, interest in global health has burgeoned, and the United States' investment in it has more than quintupled. HIV/AIDS, SARS, Avian Flu, contaminated medical products, outbreaks of food poisoning, and most recently the H1N1 (Swine) Flu pandemic all have added to a growing appreciation for the global nature of such things as determinants of health, threats to health, the evidence base for health practice, the health workforce, the food supply, and the marketplace for health products and technologies.¹ And although the funding for global health generally flows from the United States to low- and middle-income countries, there is increased recognition that knowledge and innovative approaches to solving health problems can flow both ways.² The field of global health, formerly known

as international health, has been expanding and evolving, increasing its emphasis on evidence-based programming and on careful monitoring and evaluation to learn how limited global health funding can be most effectively spent.

In the United States, the increasing focus and spending on global health has had bipartisan support. Both the original 2003 legislation³ that dramatically increased U.S. funding for global health and its reauthorization, the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008 (P.L. 110-293), attracted bipartisan sponsorship and support. The accomplishments of the programs authorized by this legislation—

particularly the groundbreaking President's Emergency Plan for AIDS Relief (PEPFAR)—are widely praised on both sides of the aisle.

In addition, a majority of Americans are supportive of U.S. funding for global health. A survey conducted by the Kaiser Family Foundation in the midst of the debate over domestic health reform found that about two-thirds of the Americans surveyed believe the United States is spending the right amount or too little on global health. The same survey found that, although Americans can lack enthusiasm for "foreign aid" generally, they are very supportive of spending on global health programs specifically.⁴

Both the Congress and the public have continued to demand results for these programs. A hallmark of PEPFAR is its focus on targets and congressionally mandated evaluation, and its reauthorization

One aim of the recently formed Consortium of Universities for Global Health is to redefine the field, and they have recently published for comment the following definition:

"Global health is an area for study, research, and practice that places a priority on improving health and achieving equity in health for all people worldwide. Global health emphasizes transnational health issues, determinants, and solutions; involves many disciplines within and beyond the health sciences and promotes interdisciplinary collaboration; and is a synthesis of population-based prevention with individual-level clinical care."

Source: Jeffrey P. Koplan et al., "Towards a common definition of global health," *Lancet* 373, no. 9679 (June 6, 2009): pp. 1993–95, available at www.lancet.com/journals/lancet/article/PIIS0140-6736%2809%2960332-9/fulltext.

and new five-year strategy include a greatly expanded emphasis on evaluation and demonstration of results. Increasingly the focus has shifted from targets, framed in terms of such things as numbers of people treated, to results like impact on mortality.

The latest development in U.S. global health policy is the Obama administration's Global Health Initiative, which proposes \$63 billion over six years to partner with low- and middle-income countries to improve their health outcomes by strengthening their health systems. Numerous federal agencies are involved in global health programming, and each has a representative on the Global Health Initiative Strategic Council that currently oversees the initiative. The administration is in the midst of the Quadrennial Diplomacy and Development Review⁵ and has not yet designated or created a lead agency for the initiative. It has, however, indicated that it sees global health as a critical component of its broader agenda for development, diplomacy, and national security.⁶

The administration released the implementation plan for the Global Health Initiative in the form of a consultation document in February 2010, seeking input from many quarters. It reports receiving more than 200 comments. Officials involved in the Global Health Initiative have said they plan to issue a revised plan this summer, but have found the consultation process so helpful that they plan to make it an ongoing one and to leave the comment box open indefinitely. The consultation document sets many goals and targets with respect to nine priorities: HIV/AIDS, malaria, tuberculosis, maternal health, child health, nutrition, family planning and reproductive health, neglected tropical diseases, and health systems strengthening. It also articulates several core principles of the Global Health Initiative:

- “Implement a woman- and girl-centered approach
- Increase impact through strategic coordination and integration
- Strengthen and leverage key multilateral organizations, global health partnerships and private sector engagement
- Encourage country ownership and invest in country-led plans
- Build sustainability through health systems strengthening
- Improve metrics, monitoring and evaluation
- Promote research and innovation.”⁷

The administration characterizes the implementation plan for the Global Health Initiative (as well as the new five-year strategy for PEP-FAR, the largest discrete global health program under the umbrella

National Health Policy Forum

2131 K Street, NW
Suite 500
Washington, DC 20037

T 202/872-1390
F 202/862-9837
E nhpf@gwu.edu
www.nhpf.org

Judith Miller Jones
Director

Sally Coberly, PhD
Deputy Director

Monique Martineau
*Director, Publications and
Online Communications*

Forum Session Manager

Michele J. Orza, ScD
Principal Policy Analyst

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of the initiative⁸) as building on previous successes and investments, but also taking U.S. global health policy in new directions. This plan and the PEPFAR strategy were developed in reference to a number of evaluations of PEPFAR and other global health programs, as well as recommendations from prestigious nonpartisan and bipartisan commissions regarding U.S. global health policy generally.⁹ Some see the differences as significant departures from existing policy, whereas others see them as more a matter of emphasis or degree. Similarly, there is a range of views about the extent and appropriateness of the plans' responsiveness to the various recommendations.

Aspects of global health policy perennially debated and currently under discussion with respect to the U.S. Global Health Initiative include: the adequacy of global health funding and the appropriate distribution of funding across programs; the degree to which global health should be linked to diplomacy (reflected in the ongoing discussion of what should be the relationship of the U.S. Agency for International Development and the U.S. Department of State); the best balance of funding between programs that are directed toward specific diseases and those that seek to strengthen health systems generally; and the proportion of funding and programming that should be bilateral (for example, through PEPFAR) versus through multilateral international institutions (for example, the Global Fund to Fight AIDS, Tuberculosis and Malaria). This Forum session will examine the current challenges and opportunities for global health, how U.S. global health policy is evolving, and the U.S. Global Health Initiative consultative process.

KEY QUESTIONS

- What is global health today? How does it relate to domestic health? What are the arguments for and against making it a priority for the United States?
- What is the structure of U.S. global health policy? What agencies and programs are involved? How does it relate to domestic health policy? How does it relate to foreign policy? What is the history and current status of the funding?
- What is the Global Health Initiative? How does it relate to past global health policy and programming? In what respects is it a continuation of past policy, and in what respects does it head in new directions? Is it responsive to the evaluations of specific global health programs, such as PEPFAR and the Global Fund, and the recommendations of various commissions for global health policy generally?

- What has been the reaction to the Global Health Initiative's consultation document? On which aspects does there seem to be widespread agreement? What are the major sources of friction? What are the next steps?
- What challenges does U.S. global health policy face now and in the future?

SPEAKERS

Jennifer Kates is a vice president and the director of Global Health Policy & HIV at the Kaiser Family Foundation, where she oversees the foundation's highly respected resource for information on U.S. global health policy. She will provide an overview of the U.S. government's global health policy architecture, highlighting major aspects of its structure, programs, and funding, as well as key findings from the foundation's surveys of Americans' views of global health policy.

Jeffrey P. Koplan, MD, is vice president for Global Health and the director of the Emory Global Health Institute at Emory University. He served as a member of the Institute of Medicine (IOM) Committee on the U.S. Commitment to Global Health and is one of the founders of the Consortium of Universities for Global Health (CUGH). He will discuss the latest thinking about global health and provide an overview of the findings and recommendations of recent reports from the IOM, CUGH, the Center for Strategic and International Studies' Commission on Smart Global Health Policy, and others.

Ambassador Eric Goosby, MD, is the United States Global AIDS Coordinator in the U.S. Department of State. He oversees PEPFAR, the largest program in the United States' global health portfolio. He will provide an overview of the Obama administration's Global Health Initiative, discuss reaction to the initiative's consultation document and the new PEPFAR strategy, and describe next steps.

ENDNOTES

1. See the World Health Organization's work on the social determinants of health at www.who.int/social_determinants/en/; the Cochrane Collaboration's work on the global evidence base at www.cochrane.org/; and the International Conference on Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use at www.ich.org/cache/compo/276-254-1.html.
2. See the work of Shannon Hader, senior deputy director of the HIV/AIDS Administration in the District of Columbia Department of Health on the *Health Affairs* videocast, at www.healthaffairs.org/issue_briefings/2009_11_10_hiv_aids/2009_11_10_hiv_aids.php.

3. P.L. 108-25, "United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003."
4. Complete survey results can be found at www.kff.org/globalhealth/posr111209pkg.cfm.
5. For more information about the Quadrennial Diplomacy and Development Review, see www.state.gov/r/pa/prs/ps/2009/july/125956.htm.
6. See Secretary of State Clinton's remarks on World Health Day: "We understand that addressing global health challenges is not just a humanitarian imperative—it will also bolster global security, foster political stability and promote economic growth and development." World Health Day, April 7, 2010, available at www.state.gov/secretary/rm/2010/04/139594.htm.
7. "Implementation of the Global Health Initiative: Consultation Document," p. 6, available at www.pepfar.gov/documents/organization/136504.pdf.
8. PEPFAR's five-year strategy can be accessed at www.pepfar.gov/strategy/index.htm.
9. See Institute of Medicine, Committee on the U.S. Commitment to Global Health, "The U.S. Commitment to Global Health: Recommendations for the Public and Private Sectors." (Washington, DC: The National Academies Press, 2009), available at www.nap.edu/catalog.php?record_id=12642; and "A Healthier, Safer, and More Prosperous World: Report of The CSIS Commission on Smart Global Health Policy," (Washington, DC: Center for Strategic and International Studies, 2010) available at <http://smartglobalhealth.org/content/report>.