THE U.S. GOVERNMENT'S GLOBAL HEALTH ARCHITECTURE & HOW AMERICANS VIEW GLOBAL HEALTH

National Health Policy Forum Session
As the World Turns: Evolving Global Health Thinking and U.S. Policy
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The USG Global Health Architecture
A Brief History of USG Involvement in Global Health

- More than 100 years (since late 1800s); motivated by both economic (trade) and health rationales
A Growing Engagement

- Growing engagement and funding, particularly in last decade
- Broad scope: basic and essential health; infrastructure/HSS; disease detection, response; maternal and child health; family planning/reproductive health; nutrition; water/sanitation; other
- Multifaceted role: donor, global health diplomacy, TA, program operation, international treaties/organizations, partnering
- Today, Many Departments & Agencies: 7 executive departments, 4 independent/quasi independent agencies, numerous departmental agencies, key initiatives that span agencies, more than 15 Congressional committees
- Numerous statutes/legislation govern US global health
- Bilateral operations in more than 80 countries
Two Main “Structures” of the U.S. Government Over Time

Foreign assistance  ⬅️  ↗️  ⬇️  ↘️  Public Health

[Department of State, USAID, CDC logos]
Schematic of the U.S. Government’s Global Health Architecture (pre-May 2009)

The White House

State
- OGAC
- OES
- Ambassadors Missions

USAID
- Bureaus for: Global Health; Economic Growth, Agriculture & Trade; Democracy, Conflict, Humanitarian Assistance

PEPFAR
- PMI
- NTD
- Water for Poor
- Avian Influenza Action Group

Defense
- USDA
- Homeland Security
- Labor
- Commerce

Peace Corps

HHS
- OGHA
- OPHS

CDC
- NIH
- FDA
- HRSA

Congress

MCC

Note: Programs include PEPFAR, TB, PMI, NTDs, MCH, FP, Polio, Water/Sanitation, Nutrition, and MCC.

Source: Kaiser Family Foundation analysis of data from the Department of State FY2011 Foreign Operations Congressional Budget Justification, U.S. Agency and Program documents.
What is The “GHI”? 

• Announced by President Obama on May 5, 2009
• $63 billion proposed over 6 years, FY 2009-2014
  • $51 billion for PEPFAR (HIV, TB, Global Fund) & Malaria
  • $12 billion for other global health priorities
• Integrated approach, government-wide strategy
• Continued commitment to PEPFAR
• Expanded focus to broader global health challenges, including MCH, FP/RH, NTDs
• Emphasis on health system strengthening (HSS)
• Emphasis on moving from process to outcomes, investing where significant returns can be achieved
• Brings together several different funding streams, many of which are Congressional earmarks
• GHI “Plus” countries

Proposed Funding for the GHI, FY 2009-2014

In Billions

Other Global Health Priorities
$12
(19%)

PEPFAR & Malaria
$51
(81%)

Total = $63 billion

# GHI Core Principles, Components, Target Areas

## GHI Core Principles, Implementation Components, and Target Areas

### Seven Core Principles
1. Women- and girl-centered approach
2. Strategic coordination and integration
3. Strengthen and leverage key multilaterals and other partners
4. Country-ownership
5. Sustainability through health systems strengthening
6. Improve metrics, monitoring and evaluation
7. Promote research and innovation

### Four Main Implementation Components
1. Do more of what works, promote proven approaches
2. Build on and expand existing platforms
3. Innovate for results
4. Collaborate for impact/promote country ownership

### Nine Target Areas
1. HIV/AIDS
2. Malaria
3. Tuberculosis
4. Maternal Health
5. Child Health
6. Nutrition
7. Family Planning/Reproductive Health
8. Neglected Tropical Diseases
9. Health Systems Strengthening

Funding for Programs in GHI, FY 2001-FY 2011*

*FY 2011 is President’s Budget Request to Congress.
Programs in the GHI & Other U.S. Global Health Investments, FY 2004-FY 2011*

In Billions

<table>
<thead>
<tr>
<th>Year</th>
<th>Other Global Health</th>
<th>Components in GHI</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2004</td>
<td>$3.3</td>
<td>$1.1</td>
</tr>
<tr>
<td>FY 2005</td>
<td>$3.7</td>
<td>$1.5</td>
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<tr>
<td>FY 2006</td>
<td>$4.5</td>
<td>$1.8</td>
</tr>
<tr>
<td>FY 2007</td>
<td>$5.9</td>
<td>$1.4</td>
</tr>
<tr>
<td>FY 2008</td>
<td>$7.5</td>
<td>$2.2</td>
</tr>
<tr>
<td>FY 2009</td>
<td>$8.4</td>
<td>$1.9</td>
</tr>
<tr>
<td>FY 2010</td>
<td>$8.8</td>
<td>$1.8</td>
</tr>
<tr>
<td>FY 2011*</td>
<td>$9.6</td>
<td>$1.9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$11.42</td>
</tr>
</tbody>
</table>

*FY 2011 is the President’s Budget Request to Congress.
Note: The GHI was created as an initiative in FY 2009. All prior years represent the same programs and accounts which were not yet referred to as the GHI. Data may not sum to total due to rounding.
Distribution of Funding for Programs in the GHI, by Sector, FY 2001-FY 2011*

FY 2001 | FY 2004 | FY 2007 | FY 2010 | FY 2011*
---|---|---|---|---
$1.7b | $3.3b | $5.9b | $8.8b | $9.6b

- **MCH/Nutrition**
- **FP/RH**
- **NTDs**
- **Malaria**
- **TB**
- **HIV**
- **Global Fund**
- **Other**

*FY 2011 is President's Budget Request to Congress.
### Distribution of Funding for Programs in the GHI by Agency, FY 2001-FY 2011*

<table>
<thead>
<tr>
<th>Year</th>
<th>CDC</th>
<th>NIH+</th>
<th>State+</th>
<th>USAID+</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2001</td>
<td>77%</td>
<td>13%</td>
<td>13%</td>
<td>13%</td>
<td>13%</td>
</tr>
<tr>
<td>FY 2004</td>
<td>57%</td>
<td>17%</td>
<td>17%</td>
<td>17%</td>
<td>17%</td>
</tr>
<tr>
<td>FY 2007</td>
<td>33%</td>
<td>15%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>FY 2010</td>
<td>27%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>FY 2011*</td>
<td>32%</td>
<td>9%</td>
<td>9%</td>
<td>9%</td>
<td>9%</td>
</tr>
</tbody>
</table>

*Includes Global Fund appropriations provided through State, USAID, and NIH. *FY 2011 is President’s Budget Request to Congress.

Note: The GHI was created as an initiative in FY 2009 and FY 2009 and FY 2010 amounts are included in its proposal. All prior years represent the same programs and accounts which were not yet referred to as the GHI. Data may not sum to 100% due to rounding.

U.S. Global Health Initiative (GHI) as a Share of Federal Budget, FY 2011*

Federal Budget
$3.8 trillion

Global Health Initiative (GHI)
$9.6 billion
<1%

*FY 2011 is President’s Budget Request to Congress.
Key Issues on the GHI

1. How will the leadership and governance of the GHI be structured?
2. How much funding will be provided to the GHI and how will funding be allocated within the U.S. global health portfolio?
3. How can the GHI’s targets and impact be measured?
4. How can the U.S. best partner with recipient countries to promote “country ownership”?
5. How can U.S. engagement with other international actors, including multilaterals, donor governments, and the private sector, further support coordination, leverage resources and maximize shared impact?
6. How will the increased emphasis on women and girls be realized in U.S. global health programs?
7. How will the U.S. define, implement, and measure health systems strengthening?
8. How will the GHI be coordinated with and affected by broader U.S. foreign aid reform efforts?
U.S. Public Opinion Snapshot
Spending to Improve Health for People in Developing Countries

Do you think the U.S. is now spending too much, too little, or about the right amount on efforts to improve health for people in developing countries?

- 25% Too much
- 34% Too little
- 32% About the right amount
- 9% Don't know/Refused
- 66% too little + right amount

Source: Kaiser Family Foundation Survey on the U.S. Role in Global Health Update (conducted October 21-28, 2009)
Spending on Global Health in Hard Economic Times

Which of the following comes closer to your view? Given the serious economic problems facing the country and the world right now…

- The U.S. cannot afford to spend more money on improving health for people in developing countries
- It is more important than ever for the U.S. to spend more money on improving health for people in developing countries

**October 2009**
- 62% The U.S. cannot afford to spend more money on improving health for people in developing countries
- 33% It is more important than ever for the U.S. to spend more money on improving health for people in developing countries

**March 2009**
- 71% The U.S. cannot afford to spend more money on improving health for people in developing countries
- 23% It is more important than ever for the U.S. to spend more money on improving health for people in developing countries

Note: Don’t know/Refused responses not show.
Sources: Kaiser Family Foundation Survey on the U.S. Role in Global Health Update (conducted October 21-28, 2009); Kaiser Family Foundation Survey of Americans on the U.S. Role in Global Health (conducted January 26-March 8, 2009)
Knowledge About Foreign Aid and the Federal Budget

Which of the items on this list would you say are the two largest areas of spending by the federal government? [Adds up to more than 100% due to multiple responses]

- Defense: 54%
- Foreign aid: 45%
- Medicare: 33%
- Social Security: 33%
- Food Stamps: 17%
- Don’t know/Refused: 4%

Just your best guess, what percentage of the federal budget is spent on foreign aid? [Open-ended]

- 0-1%*: 3%
- 2-5%: 16%
- 6-10%: 9%
- 11-20%: 13%
- 21-30%: 9%
- 31-50%: 11%
- >50%: 8%
- Don’t know/Refused: 31%

Note: Asked of separate half-samples.
Source: Kaiser Family Foundation Survey of Americans on the U.S. Role in Global Health (conducted January 26-March 8, 2009)
## Priorities for Spending to Help Developing Countries

Percent saying each should be a TOP priority for the new president and Congress when it comes to helping developing countries.

<table>
<thead>
<tr>
<th>Priority</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fighting terrorism and promoting peace</td>
<td>59%</td>
</tr>
<tr>
<td>Improving education</td>
<td>55%</td>
</tr>
<tr>
<td>Reducing poverty</td>
<td>41%</td>
</tr>
<tr>
<td>Improving health</td>
<td>38%</td>
</tr>
<tr>
<td>Protecting the environment and fighting climate change</td>
<td>37%</td>
</tr>
<tr>
<td>Promoting the rights of women</td>
<td>34%</td>
</tr>
<tr>
<td>Promoting democracy</td>
<td>25%</td>
</tr>
</tbody>
</table>

Source: Kaiser Family Foundation Survey of Americans on the U.S. Role in Global Health (conducted January 26-March 8, 2009)
Priorities for Spending Within Global Health

Percent saying each should be a TOP PRIORITY for U.S. spending on health in developing counties:

1. Improving access to clean water: 61%
2. Increasing the number of children who get immunized for diseases like polio: 61%
3. Reducing hunger and malnutrition: 60%
4. Efforts to improve training and expand the supply of medical professionals: 48%
5. Preventing and treating HIV/AIDS: 45%
6. Improving access to prenatal health care for pregnant women: 43%
7. Building and improving hospitals and other health care facilities: 40%
8. Preventing and treating Malaria: 39%
9. Preventing and treating Tuberculosis: 38%
10. Providing access to family planning services: 35%
11. Preventing and treating heart disease and other chronic diseases: 28%

Source: Kaiser Family Foundation Survey of Americans on the U.S. Role in Global Health (conducted January 26-March 8, 2009)
How Should the U.S. Distribute Aid?

When it comes to efforts to improve health for people in developing countries, do you think the U.S. should or should not give money …

- Directly to governments in developing countries: 29% Should, 66% Should not
- Directly to local non-profit organizations in developing countries: 53% Should, 42% Should not
- To religious or faith-based organizations working to improve health in developing countries: 55% Should, 40% Should not
- To international organizations like the Global Fund to Fight AIDS, Tuberculosis, and Malaria: 74% Should, 22% Should not

Note: “Don't know/Refused” responses not shown.
Source: Kaiser Family Foundation Survey on the U.S. Role in Global Health Update (conducted October 21-28, 2009)
Fighting Disease or Building up Health Systems?

There is some discussion about how best to distribute U.S. aid for improving health in developing countries. Which do you think is more important?

- Emphasizing programs to help developing countries build up their overall health systems, because stronger health systems can better handle a variety of problems and not just one diseases (58%)
- Emphasizing programs that fight specific diseases like AIDS and malaria, because we have efficient methods for treating these diseases that can save large numbers of lives (36%)
- Don't know/Refused (6%)

Source: Kaiser Family Foundation Survey on the U.S. Role in Global Health Update (conducted October 21-28, 2009)