



Healthy Foreign Policy: Bringing Coherence to the Global Health Agenda

by Ruth Levine

Faced with many urgent challenges, the next U.S. president may be tempted to let global health issues bubble along on the back burner and simply allow reasonably well-funded programs that garner bipartisan support to continue unchanged. This would be a mistake. Instead, the president should set an ambitious course to improve global health by leveraging the full range of U.S. assets to create a more just and safe world.

At a time when a pandemic like avian flu can cross borders with deadly effects and life-saving pharmaceuticals are traded internationally, the United States is both affected by and affects all other nations. Engagement in global health is a strategic imperative—and it reflects U.S. citizens' values of generosity and humanitarianism. By building on the impressive U.S. record of the past thirty years in combating diseases like polio and smallpox, the next president can help save lives and enhance U.S. credibility in the eyes of the world.

Not a blank slate

The last decade saw a significant increase in U.S. aid for health and the emergence of novel private-public partnerships to fight disease, such as the Global Alliance for Vaccines and Immunization (GAVI) and the Global Fund to Fight AIDS, Tuberculosis, and Malaria. The Bush administration allocated \$1.5 billion to establish the President's Malaria Initiative (PMI) and \$82 million for health programs in Afghanistan. In 2003, it announced an unprecedented \$15 billion over five years for the President's Emergency Plan for AIDS Relief (PEPFAR); in July 2008, PEPFAR was reauthorized at a potential spending level of \$48 billion over another five years.

The focus on HIV/AIDS, while vitally needed, was not matched by attention to traditional areas of U.S. leadership, including family planning and maternal and child health (see figure, next page). And within HIV/AIDS programs, the focus on expanded treatment has implications for resource flows long into the future. A new study estimates that AIDS spending could, under reasonable assumptions, consume half the entire U.S. foreign assistance budget by 2016.¹ Moreover, the United States has missed opportunities to prepare for the spread of avian influenza.

What should the next president do?

The next president must develop a coherent set of activities in support of global health goals, with the chosen priorities reflected in development assistance; in the allocation of resources for biomedical and behavioral research; in tax credits for pharmaceutical companies and other players; and (at least in a limited way) in domestic health policy itself.

To succeed, the president's health agenda must have three components: the first addressing overall structural change, the second relating to essential principles that must apply to all activities, and the third comprising a set of specific policy initiatives. These are discussed below in turn.



Ruth Levine, vice president for programs and operations and senior fellow, is a health economist and internationally recognized expert on global health policy with more than fifteen years experience designing and assessing the impact of social sector programs in developing countries. She is the author of *Millions Saved: Proven Successes in Global Health* and holds a Ph.D. from Johns Hopkins University.

The White House and The World

Each day brings fresh evidence that Americans' well-being is linked to the lives of others around the world as never before. Accelerating advances in technology and the creation of new knowledge offer undreamed-of opportunities. Yet global poverty, inequality, disease and the threat of rapid climate change threaten our hopes. How will the U.S. president elected in November 2008 tackle these global challenges?

The White House and the

World: A Global Development Agenda for the Next U.S. President shows how modest changes in U.S. policies could greatly improve the lives of poor people in developing countries, thus fostering greater stability, security, and prosperity globally and at home. Center for Global Development experts offer fresh perspectives and practical advice on trade policy, migration, foreign aid, climate change and more. In an introductory essay, CGD president Nancy Birdsall explains why and how the next U.S. president must lead in the creation of a better, safer world.

The White House and the World Policy Briefs present key facts and recommendations drawn from the book in a succinct form designed for busy people, especially senior policymakers in the executive and legislative branches of government. This brief is drawn from "Healthy Foreign Policy: Bringing Coherence to the Global Health Agenda" by CGD vice president for programs and operations and senior fellow Ruth Levine.

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1 Structural change: Establish an interagency task force on global health

A new task force within the U.S. government is needed to articulate a coherent strategic framework and improve coordination among the multiple federal agencies involved in global health: the U.S. Agency for International Development, the Office of the Global AIDS Coordinator, the National Institutes of Health, Centers for Disease Control and Prevention, the Food and Drug Administration, the Department of Defense, and other agencies. This coordination mechanism is especially important where there is a strong connection between science and implementation such as in deploying HIV-prevention strategies based on successfully tested interventions, in global disease surveillance and the creation of scientific capabilities to identify new disease patterns, and in building clinical trial and regulatory capacities for neglected diseases.

2 Core "rules of engagement" for all U.S. health actions

The president should adopt four essential rules that favor realism and reliability over ideology and political games to apply to all U.S. actions in global health:

1. Forge genuine partnerships with multilateral partners. The U.N. agencies, development banks, and global health funds have invaluable expertise in low-income countries; supporting them financially is the most effective way for the United States to use its resources. Indeed, working with multilateral partners will require aligning U.S. actions under a coherent set of global health aims, distinct from domestic political agendas.

By 2012, when it becomes chair of the G-8, the United States should be a constructive and up-to-date dues-paying supporter of all the major U.N. health agencies, with at least 50 percent of its health aid channeled through multilateral institutions. The support to multilateral institutions should be the centerpiece in the U.S. funding of global public goods such as international disease surveillance efforts and the implementation of strategies to reduce the spread of drug resistance.

2. Focus on health impacts. An explicit metric of impacts over a ten- to fifteen-year period (rather than a simple accounting of dollars spent, drugs delivered, and health workers trained) should determine the choice of programs.

3. Be a reliable partner. Good results in health depend heavily on the predictability of resources, and the United States must be careful to earn a reputation for living up to its commitments. This means fulfilling not only current commitments for AIDS but also smaller commitments such as those for malaria and child health.

4. Make decisions based on scientific evidence. Health initiatives must be based on the best available scientific and technical evidence, combined with the findings from rigorous evaluations of program implementation. They should be insulated from narrow political concerns over such things as sex among unmarried people or the legality of drugs.

▣ Specific policy initiatives

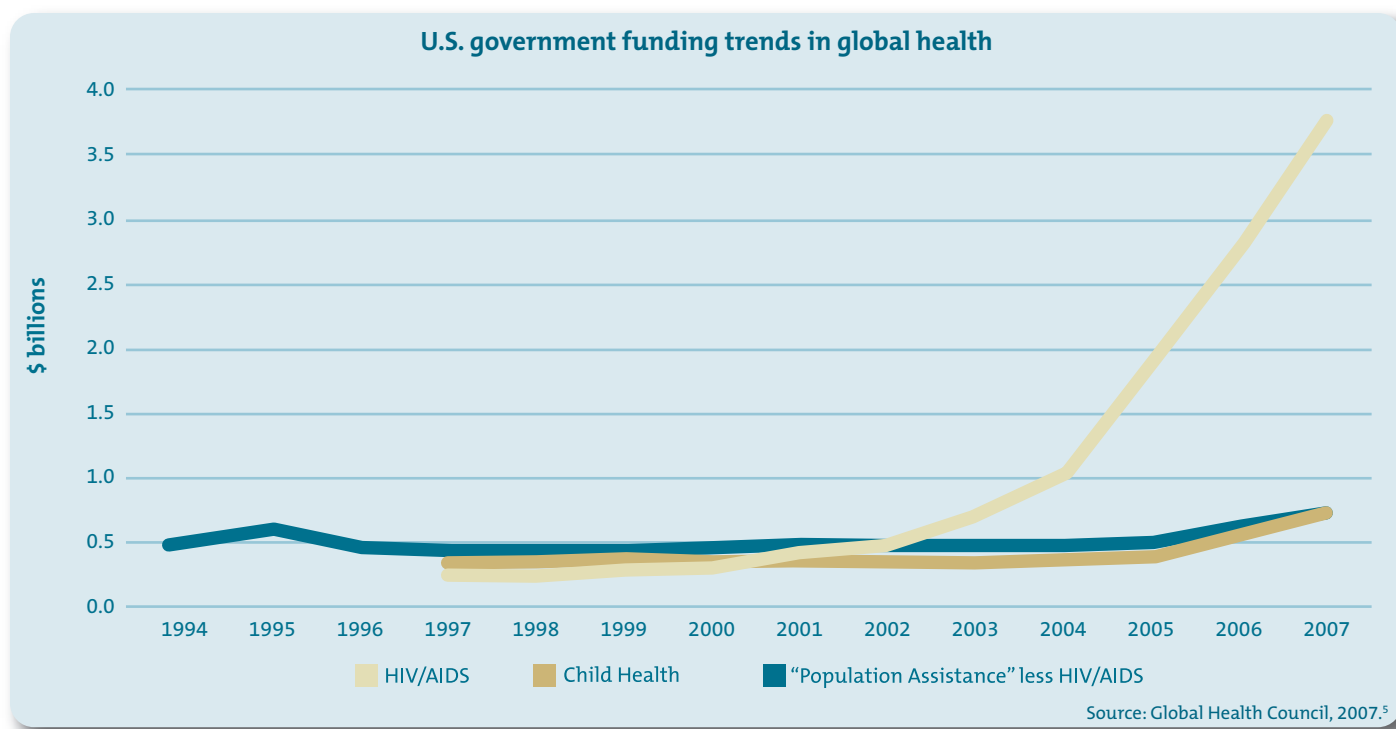
1. Reevaluate the balance in U.S. spending on HIV/AIDS. With an awe-inspiring allocation of \$15 billion to fight HIV/AIDS in fifteen “focus countries” over five years, PEPFAR has served as the Bush administration’s homage to a “soft power” agenda. The dollars have been tightly earmarked, with 55 percent for treatment, 20 percent for prevention, and so on. The reauthorization triples funding for the program and is targeted to prevent 12 million HIV infections and treat 3 million people over the next five years.

The effective use of this money, however, remains in question. PEPFAR operated in “emergency mode” with rapidly expanded

services and access to drugs but relatively little attention to prevention. For every one person on treatment there are four or five new infections, which means that PEPFAR must provide expensive life-saving medicines to more and more patients instead of reducing future infections. The United States should therefore take the following steps to create a better balance in its AIDS spending:

- Strengthen prevention to reduce AIDS deaths and lower the projected burden of treatment costs.
- Aim for an AIDS transition whereby the rate of new infections become as low as or lower than the AIDS-related death rate so that the number of people living with AIDS will decline over time.
- Work toward ensuring that the disease is no longer fatal and can be managed like a chronic condition.
- Reduce the unit cost of treatment through donor and other agency collaboration.²

A new balance is required not only between treatment and prevention within AIDS programs but also between AIDS and other types of health priorities. In expanding the development assistance agenda, the United States should regain leadership in both traditional areas like family planning and child health, and also in supporting stronger delivery of a broad range of health services in low-income countries.





Global Health Corps

Mead Over, Center for Global Development³

Like the Peace Corps, which President Kennedy launched only thirty-nine days after his inauguration, we recommend that the next president create a “Global Health Corps” (GHC) as a tangible demonstration of U.S. commitment to world peace and development. First proposed by the Institute of Medicine in 2005 in response to the AIDS epidemic, a GHC would give enthusiastic young doctors and health workers an opportunity to receive training in the health care systems of developing countries and apply their skills there for a year or more.

Starting with 200 recruits in the first year, a GHC could increase to 2,500 recruits per year by 2016. Compensation would include a modest stipend plus forgiveness of a portion of student loans. As with the Peace Corps, recruitment would be matched to specific country programs. Based on the budget of Doctors Without Borders, we anticipate a budget requirement of \$341 million for the first four years of the new presidency, increasing to approximately \$1.23 billion for the next four years.

2. Establish exchange programs for training, research, and practice.

The next administration should develop, finance, and implement a set of professional exchanges between middle- and low-income countries and U.S. institutions involved in health service training, research, and practice. Such exchanges already exist but are piecemeal and poorly funded. Strengthening connections between health professionals in the United States and those overseas would improve health service delivery and create the trust required to address challenges such as global pandemics. See the box above for an example of such an exchange.

3. Draw on biomedical research and technical capacity in public health.

The United States spends more than \$28 billion on biomedical research annually, primarily through the National Institutes of Health (NIH). The Fogarty International Center at NIH, despite a miniscule budget, serves as a focal

point for important exchange programs in developing countries. This center should be charged by the next president with preparing an analysis of global health investments across NIH and identifying spending priorities, with an emphasis on diseases that particularly affect developing countries and on establishing institutional partnerships with research organizations in low- and middle-income countries. This should be included in the president’s budget message.

The president should also convene an independent, high-level commission to examine whether the best use is being made of the invaluable resources of the Centers for Disease Control and Prevention (CDC). Over the years, CDC has acquired a reputation built on formidable technical expertise and years of tireless effort containing disease outbreaks in the world’s poorest regions. But today about a third of its international spending goes toward managing and staffing PEPFAR programs in focus countries.⁴ Clear ground rules are needed on CDC’s involvement in development assistance programs to ensure that they are not squeezing out other more important contributions; these rules should apply to the next phase of PEPFAR.

4. Lay the groundwork for health-related support to Iraq.

The president should initiate the diplomatic and technical groundwork to provide health-related support to Iraq, working across U.S. agencies but as much as possible through multilateral channels such as the World Health Organization (WHO) and the World Bank and with international nongovernmental organizations that are able to work in Iraq.

The political and humanitarian imperative is acute, and the administration should be fully prepared to take on the health-related challenges systematically. The central aim should be to recover the dramatic losses to child welfare in the past decade and to increase the capacity of the Iraqi government—rather than of U.S. contractors—to respond effectively to citizens’ needs.

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Conclusion: An opportunity to build on fundamental assets and shine on the world stage

The next president will take the reins of a country that sees international health efforts as the best way of restoring its faltering image in the world. The president must set an ambitious and practical agenda to save lives and foster prosperity, building on the country's earlier distinguished record in global health. But to succeed, the next president must first forge a coherent strategic framework and ensure coordination between the multiple federal agencies involved. Health initiatives must be implemented with the help of multilateral agencies, and be based on science rather than narrow political agendas.

Among its most urgent actions, the United States should prepare for the eventual aftermath of the Iraq war with a particular focus on child welfare and reorient new PEPFAR spending to dramatically reduce the disease incidence.

The next president has an unprecedented opportunity to reshape the role of this country in fostering a more just and secure world.

Endnotes

¹ Mead Over, "Prevention Failure: The Ballooning Entitlement Burden of U.S. Global AIDS Treatment Spending and What to Do About It," Working Paper 144 (Washington, D.C.: Center for Global Development, 2008).

² For a fuller discussion of these topics, see Mead Over, "Opportunities for Presidential Leadership on AIDS: From an 'Emergency Plan' to a Sustainable Policy" in *White House and the World: A Global Development Agenda for the Next U.S. President* (Washington, D.C.: Center for Global Development, 2008).

³ Mead Over is a senior fellow at the Center for Global Development. This box draws on three sources: Institute of Medicine of the National Academies, *Healers Abroad: Americans Responding to the Human Resource Crisis in HIV/AIDS* (Washington, D.C., 2005); Paul Jolly, *Medical School Tuition and Young Physician Indebtedness* (Association of American Medical Colleges, 2004),

https://services.aamc.org/Publications/showfile.cfm?file=version21.pdf&prd_id=102&prv_id=113&pdf_id=21; and S. Sarfaty and L.K. Arnold, "Preparing for International Medical Service," *Emergency Medicine Clinics of North America* 23(2005):149-75.

⁴ Centers for Disease Control and Prevention (CDC), "FY2008 President's Budget: Detail Table" (Washington, D.C., 2007),

http://www.cdc.gov/fmo/PDFs/FY_2008_Presidents_Budget_Detail_Table.pdf.

⁵ Global Health Council, "Child Health Expenditures," *Global Health Opportunities Report: 2007 Update on Priorities and US Investments*,

http://www.globalhealth.org/images/gho/gho_ch_expenditures.pdf.

Further Reading

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.

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