

Global Health Council

Recommendations to President-elect Barack Obama on US Global Health Policy and Programs

Introduction

The Global Health Council (GHC), the world's largest membership alliance of organizations and professionals dedicated to saving lives through improving health, is honored to share with you information and recommendations for enhancing global health, during the Administration of President-elect Barack Obama.

The Obama Administration can send a strong signal to the world regarding the United States' commitment to saving lives throughout the world by demonstrating significant policy commitments to global health early. GHC presents recommendations for U.S. global health policy that will save millions of lives and greatly reduce the burden of disease on the poor; enhance U.S. security by addressing the threat of communicable diseases; stimulate economic growth among our developing world partners through a healthier, more productive work force; and reaffirm the role of a the United States as a powerful force for good in the world by projecting the values of the American people.

Section 1 outlines substantive recommendations for restructuring and enhancing the United States' overall approach to global health. Section 2 proposes executive orders and/or immediate policy guidance to key agencies during the first 100 days that will remove important obstacles to effectively implementing global health programs and makes recommendations for Fiscal Year 2010 global health appropriations.

If you have questions or would like to discuss these recommendations in more detail, please contact Maurice Middleberg, Vice President for Public Policy at mmiddleberg@globalhealth.org or 202-833-5900.

Thank you for your consideration.

Section 1: Major recommendations for global health policies and programs

Recommendations:

1. Create a 5-year comprehensive Global Health Strategy

The Obama Administration should quickly advance a comprehensive, 5-year global health policy framework. The U.S. commitment to combating disease emergencies and improving health in the developing world has resulted in respected programs, positive outcomes and long-term partnerships that have contributed greatly to strengthening our country's reputation abroad. Investing in global health programs is widely supported by the American people and benefits U.S. security and diplomatic interests. Unfortunately, most of our successful programs have not been fully leveraged as a part of sound U.S. foreign policy because investments in some program areas respond more to the strength of the constituency than an optimal allocation of resources and there is no overarching strategy that brings coherence to the portfolio.

The current U.S. approach to global health is a pastiche of programs and policies housed in various departments and agencies or presidential initiatives. Each disease issue has separate goals, objectives and targets, and separate lines of accountability and authority, yet these critical health issues often impact each other, such as HIV and tuberculosis (TB) infections. Most of the affected populations need health services for multiple diseases and conditions, but U.S. programs are fragmented in design and delivery – so a poor person in Africa could receive U.S.-funded AIDS treatment drugs and not be tested for the TB infection that will compound his or her illness



and may well prove fatal. Additionally, U.S. appropriations processes follow a bedlam of account and subaccount structures in several departments that obstruct the effort to obtain the most cost-effective U.S. investments in health interventions. The lack of an overarching global health policy framework with clear goals results in practices where progress in one area is often undermined by neglect in another and investments are not necessarily directed to the issues imposing the greatest health burdens or the populations in most need.

A 5-year comprehensive global health strategy must encompass, in a balanced and evidence-based manner, the array of critical health issues that place the greatest health burdens on the poorest and most marginalized people. These issues will certainly include the U.S. global HIV/AIDS program – a program recognized worldwide for making outstanding contributions in the fight against the AIDS pandemic. However, an informed analysis of the health needs of the developing world would underscore the necessity of raising the profile of two other major health issues: *infectious diseases* – including malaria, tuberculosis, neglected tropical diseases and pandemic diseases, such as avian influenza; and, *family health* – child health, maternal health, and reproductive health. A comprehensive global health policy framework that guided all U.S. global health programs also would integrate the vital elements of health system strengthening, health workforce issues, and capacity-building into all three areas so that assistance can be transformative. The strategy would recognize and make adequate provision for the evolving burden of disease among the poor, such as the terrible toll in chronic disease that tobacco will exact in the years to come.

2. Elevating and managing global health programs: NSC Special Assistant for Global Health and Global Health Director

Reinvigorate the role of the Special Assistant for International Health Affairs at the National Security Council. The US role in global health is now affected by the policies and programs of organizations in many different departments and agencies, including State, Defense, USAID, Health and Human Services, Commerce, Treasury, Agriculture and others. No one and no office in the US government has a “big picture” view of the role of these many actors. No office is engaged in the necessary analytics to provide the Secretary of State, the President and other senior leaders with the portrait of what the US is doing in global health and what needs to be done. No office is helping to synthesize, distill and communicate the work, findings and input of the many agencies engaged in global health. A strengthened Special Assistant for Global Health could synthesize input from the many agencies, develop policy options for the senior foreign policy leadership in a systematic fashion, and help communicate the President’s global health agenda to the rest of the government.

Create the position of Global Health Director with ambassadorial rank who reports to an empowered USAID Administrator or Secretary of International Development. There is currently much discussion and multiple proposals regarding foreign assistance reform. Whichever reform is chosen by the President and Congress, global health will remain a major component of US foreign assistance. The Global Health Director would play a major role in developing and implementing the US global health strategy and would ensure coordination across the three primary divisions of global health programs (HIV/AIDS, infectious disease, and family health), as well as programs addressing chronic health issues, health system strengthening and capacity-building. The HIV/AIDS Office would embody the Office of the Global AIDS Coordinator, which is currently housed separately under the Department of State. The Infectious Disease Office would incorporate the President’s Malaria Initiative (PMI), the tuberculosis program and the Presidential Initiative for Neglected Tropical Diseases. The Family Health Office would include maternal and child health programs and reproductive health programs. Each office would be headed by a coordinator who would ensure program efficiencies and outcomes, as well as manage public/private partnerships, ensure coordination among U.S. bilateral and multilateral programs, and manage relations with other donor programs in their sphere of responsibility.



3. Balance the global health portfolio: Establish a Family Health Initiative to save women's and children's lives.

During the first 100 days of the new administration, the President should propose a Family Health Initiative that would dramatically reduce deaths among the more than 9.5 million children and women who die each year, largely from preventable or treatable causes. This initiative would deploy proven, highly cost-effective interventions that have already yielded tremendous progress and now need to be extended to those not yet reached. The Family Health Initiative should be linked to the existing initiatives for HIV/AIDS, malaria, neglected tropical diseases and TB. The need for this initiative has never been more pressing or important. Achieving a two-thirds reduction in the number of maternal and child deaths can be the enduring global health legacy of President Obama—providing long-term benefits to millions of people and enhancing the U.S. reputation around the world.

The Family Health Initiative should include a five-year strategy for:

- Reducing mortality among children under five with explicit benchmarks in existing USAID-defined focus countries, as well as an expansion of U.S. missions' engagement in other countries with high child mortality;
- Reducing maternal mortality through a program based on the three pillars of maternal health: skilled birth attendants, emergency obstetric care and access to contraceptives;
- Responding to the very high unmet demand for contraception.

The Family Health Initiative should encompass, support and coordinate related programs vital to family health, including nutrition, water and sanitation and reducing family violence. Special attention should be given to issues of gender equity, including advancing women-controlled health interventions, such as microbicides.

4. Invest wisely and consistently in global health.

Effective implementation of a comprehensive global health policy that includes HIV/AIDS, Infectious Disease and Family Health requires sound policy guidance *and* resources. The United States commitment to improving health and saving lives is a vital strategy for advancing US national interest and American values. Advancing global health will require increased resources even in tough economic times. During its first 100 days, the Obama Administration will be reviewing the FY 2010 budget requests put forth by the Bush Administration. We respectfully request that the Obama Administration carefully review the President Bush's proposed global health priorities and consider the recommendations from the global health community in this document. The Global Health Council stands ready to work with Obama Administration to achieve sustainable and efficient investments that will address the needs of the world's poorest people, while taking into account the challenging fiscal environment.

We ask that the Obama Administration consider **requesting \$13.2 billion for global health.** This request includes funding for maternal and child health, reproductive health, infectious diseases, and HIV/AIDS. In this request, we are particularly seeking significant increases for maternal, child and reproductive health.

The total global need for achieving key targets and outcomes in combating global health challenges is about \$52 billion. The one-third U.S. share of this global need is \$17 billion. A \$14 billion ask is well below the global needs numbers.

We recognize the existing fiscal challenges. However, investments in global health have huge return on investments in the long run, both globally and for the United States. We therefore ask that serious consideration be given to this request as an installment toward achieving global peace and security.



Section 2: Immediate global health policy changes by the President

Executive Orders

1) Rescind the Global Gag Rule

The Global Gag Rule (GGR) irrationally restricts access to contraceptive services and integration of family planning with other US health programs. Ostensibly intended to limit abortion, the GGR has the perverse effect of limiting access to the contraceptives that prevent unintended pregnancies that ultimately end in abortion. The GGR's strict restrictions for *foreign* organizations creates confusion for implementing program partners and has a chilling effect for all organizations engaged in comprehensive reproductive health services. Due to mixed signals from the previous Administration, organizations that receive US funding for family planning and HIV/AIDS have been uncertain whether GGR applies to PEPFAR funding (which it does not). In fear of losing desperately needed U.S. assistance, missions, cooperating agencies and contractors often either shy away from greater integration of family planning and HIV prevention services, or require staff and sub-contractors to maintain burdensome financial paperwork to ensure funds are kept separate. President Obama should immediately repeal the GGR, allowing for greater access to family planning and HIV prevention services around the world and saving countless lives. We also urge President Obama to seek a long term, bipartisan legislative solution to endless conflict over the GGR.

Instructions to Various Agencies

1) HIV Travel Ban

Instruct the Department of Health and Human Services to revise the necessary rules to allow all individuals living with HIV to travel to the United States for longer than 30 days without a burdensome waiver process and to allow them to apply for immigration set forth in H.R. 5501.

2) HIV Prevention Guidance

a) Flexible interpretation of the "50 percent A/B reporting requirement"

Instruct the Office of the Global AIDS Coordinator to exercise flexibility in interpreting the legislative requirement in H.R. 5501 regarding abstinence and be faithful programs so that comprehensive prevention programs that emphasize a multitude of behavioral tools (abstinence, monogamy, negotiating skills, and condoms) are counted as meeting the requirement.

b) Mitigate the harms of the refusal clause

Instruct the Office of the Global AIDS Coordinator to clarify guidance that the refusal clause in H.R. 5501 to ensure there is no delay, disruption, or diminished quality of care in the provision of services for HIV/AIDS prevention, treatment, or care.

3) InterAgency Working Group within the Office of the Global AIDS Coordinator

Instruct the Office of the Global AIDS Coordinator to convene the Interagency Working Group, as required by H.R. 5501, to review the FY09 Country Operational Plans, compact selection process, and the feasibility of "wrap around" programs, as well as to plan for FY10 country operational plans to increase the efficiency and cost-effectiveness of U.S. investments in HIV programs.

4) Restore UNFPA funding

An Executive Order is needed to restore UNFPA Funding. Currently, the US does not support the work of the UNFPA to promote voluntary family planning and HIV prevention in 150 countries, and its role as a co-sponsor of UNAIDS. The Kemp-Kasten law was used as justification for this cut-off of UNFPA funding, despite the fact that there is no evidence that UNFPA is in violation of Kemp-Kasten. The US is not among the 180 countries that contributed to UNFPA in 2007.

UNFPA programs include family planning, pre- and post-natal care, treatment of obstetric fistula, prevention of HIV/AIDS and other sexually transmitted infections and promotion of gender equity in health care, among other health services.

5) *Mitigate the Harm of the Anti-prostitution Pledge in PEPFAR*

The global AIDS law requires funding recipients to have a policy opposing prostitution. In August 2008, a federal court found it unconstitutional to compel organizations to adopt the U.S. government's position and found that existing guidelines did not provide adequate avenues to exercise free speech rights including the right not to have a position at all. USAID and HHS should revise their guidelines as applied to domestic and foreign NGOs to comply with the Court ruling and allow for the most effective organizations to partner with the United States in the fight against AIDS.

6) *Halt the Partner Vetting System*

Instruct USAID to eliminate the Partner Vetting System that gives USAID unlimited power to demand personal information about the board members, employees, and sub-grantees of non-governmental organizations (NGO) for purposes of "security screening". This system is dangerous and counter-productive. Instruct USAID to work collaboratively with representatives of the NGO community, such as Interaction and GHC, to construct an effective approach that meets legitimate security concerns, while protecting the autonomy and privacy of USAID's NGO partners and their boards, employees and sub-grantees.