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Global Health For A Globally Minded President

President-elect Obama can make strides toward global health engagement without undoing some of the work of the previous administration, especially regarding HIV/AIDS and malaria.

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ABSTRACT:

President-elect Barack Obama can build on historic initiatives championed by his predecessor in global AIDS and malaria. These should serve as the platform for a more comprehensive and evidence-based set of activities aimed at addressing the major causes of ill health and instability in low-income countries. Obama should launch a new Global Family Health Action Plan aimed at saving the lives of six million children and women annually in impoverished nations. Existing policies driven by U.S. domestic ideological battles, particularly those relating to sexual and reproductive health, should be revised and brought into line with solid science and evidence from the field. [*Health Affairs* 28, no. 2 (2009): w199-w204 (published online 16 January 2009; 10.1377/hlthaff.28.2.w199)]

Over the past four decades, the United States has been a world leader in advancing the cause of better health among the world's poorest people, yet millions continue to die needlessly, and hundreds of millions suffer from preventable and readily treatable diseases. Illness and death destroy families, destabilize entire societies, and pose global threats to security. Because of his unique personal history, President-elect Barack Obama is likely to understand the conditions of life and realities of disease among the global poor in ways that no number of policy briefing papers could match. Global health advocates are enthusiastic about what his administration could do to expand U.S. engagement in the health and well-being of people living in the world's poorest and sickest societies, in ways that are both strategic and responsive to human need.

While in the Senate and during his presidential campaign, Obama was a strong advocate for bolstering U.S. global health programs. Now comes the task of translating promises into real policies, programs, and investments in a world that looks very different than it did a few months ago, thanks to the global economic crisis.

The temptation in any new administration, particularly when power has transferred from one political party to another, is to assume that everything old must be scrapped. Particularly in the arena of global health, where the Bush administration has made a strong mark, this would be a serious error. Continuity and expansion of some of Bush's hallmark disease-fighting initiatives need to be coupled with key policy modifications and a new, more comprehensive commitment to improving the health of families everywhere. Through these actions, President-elect Obama could, by the end of his term in office, achieve the remarkable goal of saving more than six million lives each year among the world's poorest societies and could build the foundation for a truly healthier, more secure world.

Establish A Comprehensive Global Health Strategy

Although addressing the urgent needs driven by the AIDS pandemic and other transnational infectious threats must remain a central pillar of U.S. policy, it is high time to establish a comprehensive strategic framework for U.S. engagement in global health. This framework should explicitly address three important variables: (1) What are the major contributors to the burden of disease among the world's poorest two billion people, where are they found, and what are the most cost-effective ways to address them? (2) Where are the gaps in equity and coverage of essential health needs the greatest, and what approaches could do the most to resolve these inequities, both within societies and globally? (3) Where can U.S. investments make the biggest difference in promoting health and equity consistent with a commitment to human rights and dignity?

Current U.S. global health investment priorities are driven largely by disease labels and are often fragmented and competitive. The framework I recommend would put these diseases in context and would encourage the allocation of resources to accomplish the greatest good, as also recently recommended by the Institute of Medicine.¹ It would lead to greater coherence and coordination among agencies and programs, within the U.S. government and with the efforts of other important actors.

Such a strategic framework will lead the new administration to a set of high-value initiatives. The first of these should be a Global Family Health Action Plan to address the most important contributors to mortality and morbidity among women and children--still the largest readily remediable portion of the burden of disease among the poor. The goal would be to dramatically reduce deaths among the estimated nine million children who die each year, largely from preventable or treatable causes such as pneumonia, diarrhea, and vaccine-preventable diseases, as well as the half-million deaths among women annually from pregnancy- or childbirth-related complications, and the estimated seventy-six million unintended pregnancies each year.² This initiative would also illustrate how the delivery of a set of specific interventions can be coordinated with the vitally important task of building health workforces and strengthening health systems in low-income countries.

Working from data that provide a clear global picture of where and why children and women die and where critical gaps in family health care exist, the Global Family Health Action Plan would support a focused U.S. effort to extend proven, highly cost-effective interventions to millions, increase the numbers and impact of skilled community health workers, and systematically improve access to basic and urgent care for those most in need.

The action plan should encompass five-year strategies to reduce mortality among children under age five, respond to the very high unmet demand for contraception, and reduce maternal mortality by improving access to skilled care during pregnancy and surrounding the time of delivery. It should also be linked to U.S. programs for HIV/AIDS, malaria, TB, and neglected tropical diseases, and it should support and coordinate with other programs vital to family health, including nutrition, water, and sanitation and reducing family violence. Gender equity issues

deserve special emphasis, including advancing health interventions controlled by women themselves. The plan would require a robust increase in maternal health, child health, and family planning funding: \$2.2 billion for maternal and child health and \$1 billion for family planning for fiscal year 2010.

Build On Established Successes

This proposed new initiative must build on and complement, not compete with, some of the major global health accomplishments of the Bush administration that are making a difference in the lives of millions. The President's Emergency Plan for AIDS Relief (PEPFAR), widely viewed around the world as the single most positive international legacy of the Bush era, must now be transformed into a sustained commitment built on accumulating evidence and be expanded in ways that support the vital health needs of societies in which HIV/AIDS has established a grip.

President's Emergency Plan for AIDS Relief. PEPFAR has been responsible for the lion's share of a sevenfold increase in the overall level of U.S. government investment in global health. Recently reauthorized for five years as the Lantos-Hyde Act, at an authorized funding level of nearly \$40 billion, the new legislation includes some constructive policy modifications from the initial PEPFAR legislation passed in 2003. The hard spending earmarks for programs stressing abstinence and fidelity in the original PEPFAR bill were softened and made more flexible because of evidence from the field that they were actually counterproductive to the effective implementation of HIV/AIDS programs.

As we enter the next phase of U.S. global AIDS efforts, the Obama administration will face changing demands because of the progression of the HIV/AIDS pandemic, the development of new interventions, and PEPFAR's effects to date. It will need to direct more attention to rigorous, field-based operational research to maximize impact; find ways to further reduce the cost of high-quality treatment and care; and resist pressures to use funds authorized for PEPFAR to support other worthy needs that do not directly affect the spread of HIV/AIDS, looking rather to these resources to complement the comprehensive global health effort proposed in this paper. From an emergency response five years ago, PEPFAR today faces the challenge of maintaining millions on treatment indefinitely and at a potentially escalating cost, expanding coverage of programs to reach a larger proportion of those in need, and doing a much better job of preventing new infections.³ For lasting impact, care and treatment for those with HIV/AIDS must be fully integrated into mainstream health systems in the affected countries.

The Obama administration will not back away from committing to people who have come to depend on U.S.-supported programs and drugs for treatment, care, and their very survival. It must now match that commitment with the leadership needed to make adequate evidence-based investments in prevention.

However, prevention programs, although better-supported than before, still don't garner the focused attention needed to ensure that the annual number of new infections is less than the number of people who must begin treatment. This needs to be a clearly defined policy priority, consistent with the Lantos-Hyde goal of preventing twelve million new HIV infections from now through 2013, and it would be a necessary milestone to roll back the tide of HIV.

There is clear evidence that prevention programs work. But they are certainly not easy, nor are they free from controversy, since most rely on influencing the most sensitive of human activities, sex. President-elect Obama's oft-stated commitment to science as the basis for rational policy will be put to the test in addressing the continuing challenge of HIV/AIDS. All prevention efforts, including abstinence only, should be subject to rigorous evaluation. Needle-exchange efforts, which have been clearly proven to be effective, should be supported where this is an important part of transmission dynamics. The current law's mandated and counterproductive anti-

prostitution pledge should also be reviewed from both constitutional and practical grounds, and, at a minimum, made more practicable for those receiving U.S. funding to work with commercial sex workers and organizations striving to improve their lot, because this is a key to controlling the HIV epidemic.

@Body Text - 2col = Operationally, the next phase of PEPFAR must address the reality that under this program, parallel structures have at times been put in place to address AIDS in those very countries with the weakest health systems, rather than addressing those weaknesses systemically in ways that could strengthen the delivery of all vital health services. Using the age-old physician's dictum, first do no harm, the Obama administration must assure that U.S. global AIDS efforts leave partner countries more capable of dealing with their full spectrum of health needs. Therefore, it must assure that well-resourced HIV/AIDS programs are developed as an integral part of larger health systems, rather than as stand-alone efforts that compete for limited staff and host-country policy attention.

President-elect Obama's commitment to a more multilateral and consultative approach to the world's problems bodes well for a growing collaboration between PEPFAR and the Global Fund to Fight AIDS, TB, and Malaria as well as an expanded engagement with UNAIDS, the United Nations coordinating agency; this is essential to making the most of very limited resources. It also holds promise for a much-needed greater emphasis on local conditions to drive country-tailored strategy in nations receiving U.S. assistance, vital to addressing the micro-ecologies in which HIV is able to thrive, instead of relying on blanket, formula-driven directives from Washington.

The Obama administration can also make an important gesture in its first 100 days by expediting regulations allowing U.S. entry for travelers who are HIV-positive; although such changes were endorsed by the Bush administration and passed into law, implementation has lagged. With these new regulations in place, the opportunity for the United States to host a major international conference on HIV/AIDS during the next few years would be a global testament to the leadership role President-elect Obama would be willing to take to end stigma and discrimination based on HIV status.

U.S. initiative on malaria. The 2005 creation of the President's Malaria Initiative (PMI) and its expedited implementation is another justifiable point of pride for the Bush administration. Under this initiative, twenty-five million people have received life-saving prevention and treatment services against this deadly disease, and the dynamics of malaria infection and death in Africa have begun to change. Strategies have proved to be most effective in the context of regular and reliable health services for women and children.

Malaria is a particular threat to pregnant women and young infants; is the third-leading cause of child deaths globally; and is the leading cause in some African countries, accounting for the loss of an estimated million African children each year. During his campaign, then-Senator Obama pledged to end these deaths. The Obama administration's global health strategy should see through this ambitious goal in the broader context of the proposed Global Family Health Action Plan, while coordinating with the national malaria control plans of partner countries and expanding public-private partnerships aimed at reducing malaria's toll.

Bring TB out of the shadows. TB affects one-third of the world's people, causes illness in nine million people each year and kills nearly 1.7 million.⁴ Yet it has not received the same attention as AIDS and malaria. It should, particularly in light of the fact that an estimated 5 percent of these cases are resistant to first-line drug regimens--a clear global threat to poor and rich alike.⁵

The Obama administration can strengthen U.S. global TB programs by moving forward with the direction set in Lantos-Hyde and creating a more results-oriented five-year strategy for reducing the number of TB deaths and improving case detection. It should work toward a target of

detection and treatment of 4.5 million TB cases annually and a special treatment target of at least 90,000 cases of multidrug-resistant TB.

Expand efforts to address neglected tropical diseases. Diseases such as lymphatic filariasis, onchocerciasis, ascariasis, and schistosomiasis affect a billion of the world's poorest and keep hundreds of millions from being able to care for themselves and their families. Although they are not often fatal, their cumulative health and economic impacts are enormous.

Under the Bush administration, the United States made a five-year, \$350 million commitment to address seven major neglected tropical diseases (NTDs). The Obama administration should follow through with this worthy initiative and should encourage other donor nations to follow suit. If successful, the NTD initiative could serve as a model, since its framework follows an integrated approach that builds upon existing infrastructure and other global health initiatives in target countries, and should integrate smoothly with maternal and child health programs.

Change Policies That Work Against Better Global Health

Another critical area of focus for the Obama administration should be rescinding existing policy directives that work counter to the aim of improved global health. This is especially important in family planning and reproductive health. During the Bush administration, family planning as a key intervention in U.S. international development and global health efforts was progressively marginalized. This was a serious mistake; it ignored the realities of life and health among hundreds of millions of people living in poverty and their own desires for smaller, healthier families. The new administration has the opportunity to dramatically reverse this course, and it should do so promptly.

The so-called culture warriors who played a central role in the Bush administration worked hard to equate family planning and reproductive health with abortion. Unable to change the legal status of abortion in the United States, many abortion opponents have focused their efforts on U.S. international family planning efforts, despite the fact that the United States has not funded any abortion programs overseas for more than thirty years. President-elect Obama should work to disentangle domestic abortion politics from international efforts that are vital to building healthy, stable societies.

Fortunately, Congress has continued to support international family planning efforts at a baseline level of \$453 million, but this has not kept pace with either inflation or the growing cohort of young couples in the developing world, currently estimated at 200 million, who would like to have smaller families but who lack access to reproductive health services.⁶

President-elect Obama needs to make it clear early in his administration that family planning is an essential component of healthy families; that every person who wishes to avoid pregnancy should have access to safe and effective contraceptives and the services needed to make them available and usable; that the United States will expand support for such demand-driven programs with a focus on empowering women; that countries should make their own decisions about what set of services are appropriate to meeting the valid reproductive health needs of their people without being subject to U.S. politics; and that a free and open dialogue with indigenous civil society and the national political process is something the United States will encourage rather than curtail.

Toward this end, President-elect Obama should rescind the Global Gag Rule, also known as the Mexico City Policy. Ostensibly intended to limit abortion, the rule has had the perverse effect of limiting access to means of preventing unintended pregnancies, making recourse to abortion more likely, even in dangerous and illegal circumstances. By rescinding the Global Gag Rule and

working to settle this destructive quarter-century political battle, the new administration can exhibit real leadership by ensuring that family planning is treated as the effective health intervention it is.

The new administration should also reverse the expanding interpretation of the Kemp-Kasten Amendment. First enacted in 1985, this law denies federal funding to organizations or programs that support or participate in coercive abortion or involuntary sterilization. Its aims are laudable. However, determination is made by the president and his administration, and in recent years this law has been used to justify withholding appropriated funds from the United Nations Population Fund (UNFPA) and to keep African governments from working with such nongovernmental organizations (NGOs) as Marie Stopes International, a U.K.-based NGO operating globally to provide a wide range of reproductive health services. There is no credible indication that either of these organizations supports or condones coercive practices, and the misapplication of this law should be ended.

It is wrong to prevent the world's poorest people from gaining access to desperately needed contraceptive services. The new administration should end the ideological bullying of countries that rely on U.S. assistance for the health of their people and once again allow resources and commodities to flow through those organizations and agencies that address important health needs and that do not violate U.S. or host-nation laws.

Look To The Future

Finally, the incoming Obama administration must look to the future as it charts its course in global health. American-led scientific discoveries have played a vital role in past global health advances. The premier U.S. biomedical research institution, the National Institutes of Health, should be empowered, and funded, to expand its research work on the determinants of diseases of poverty and creative new solutions to benefit the health of billions of the world's poor. And as the new administration addresses the unfinished business of infectious and reproductive health issues, it must begin to plan for the coming wave of chronic diseases. Such efforts will require the robustly functioning and adequately staffed health systems that this paper's proposed global health strategy would help engender. The Global Health Council estimates that the total U.S. contribution to such a global effort should come to \$13 billion a year.⁷ The Institute of Medicine has recommended \$15 billion.⁸

The start of a new presidential administration is an ideal time to establish new directions. It is equally important as a time to make sure that positive efforts are maintained and expanded. During the transition period, President-elect Obama has shown a proclivity for both, and a remarkable agility. Building on the strengths developed by his predecessor in the areas of AIDS and malaria, his administration could set and achieve historic targets that demonstrate America's true commitment to the value of human lives, no matter how poor or remote.

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