



US Global Health Policy

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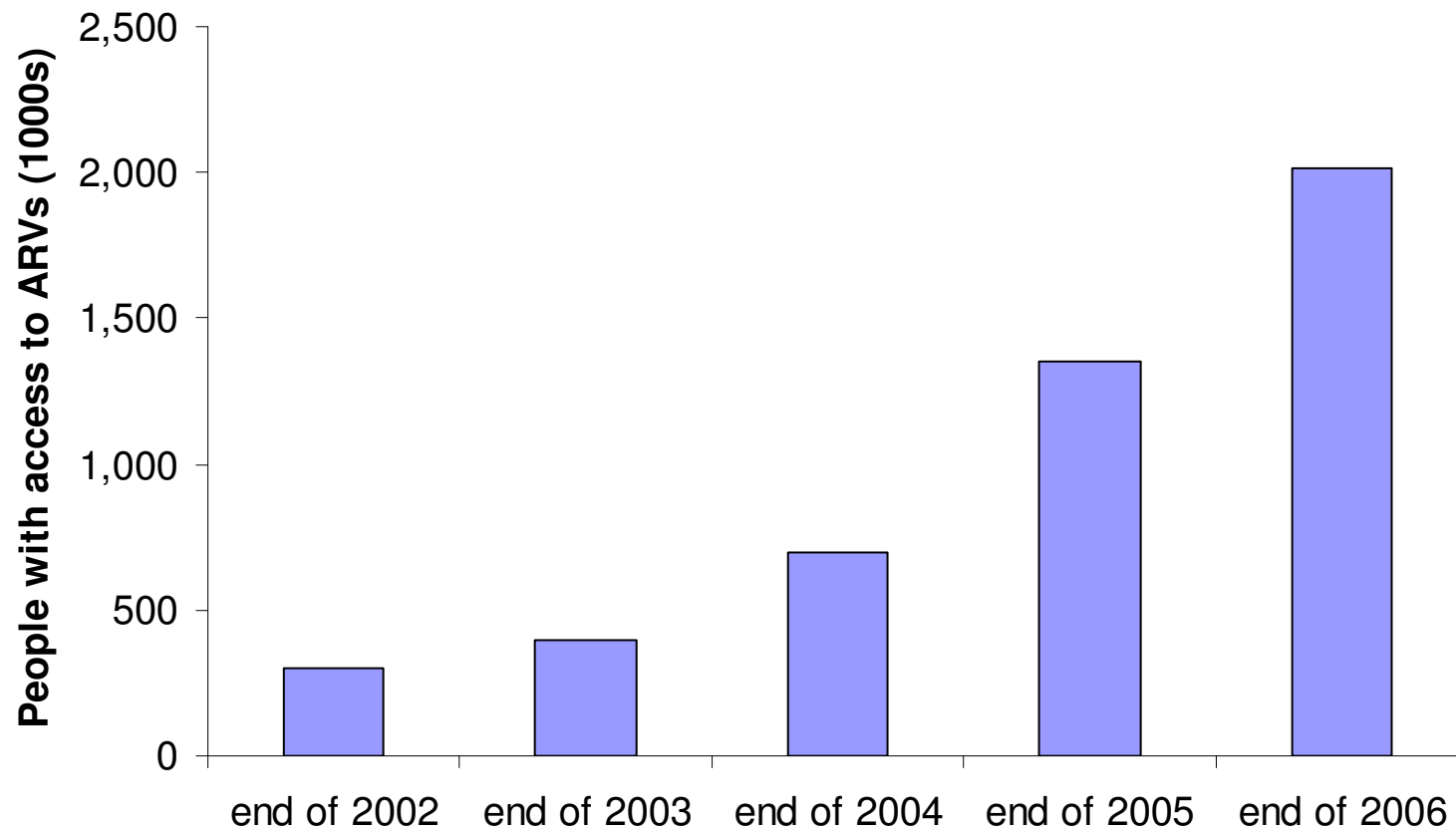
Global health begins here.

Global Health Council



- Established 1973
- 460+ organizational members
- 4,000+ individual members
- Primary functions
 - Service to membership
 - Advocate for members and global health community

Number of People Receiving Antiretrovirals

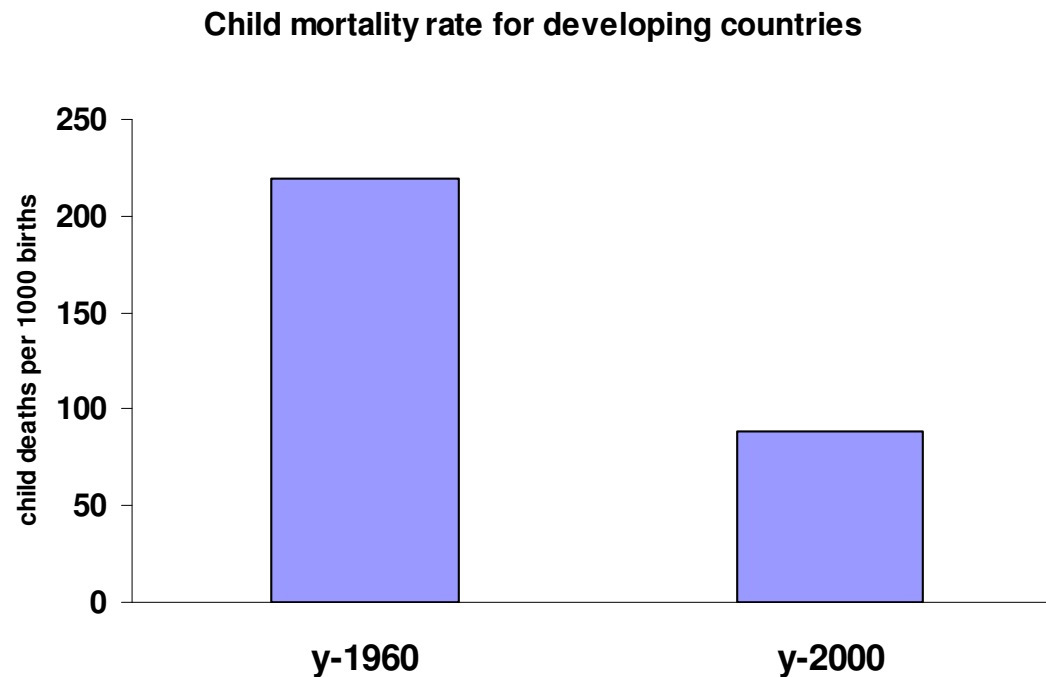


World Health Organization. 2007. Towards universal access. http://www.who.int/hiv/mediacentre/universal_access_progress_report_en.pdf

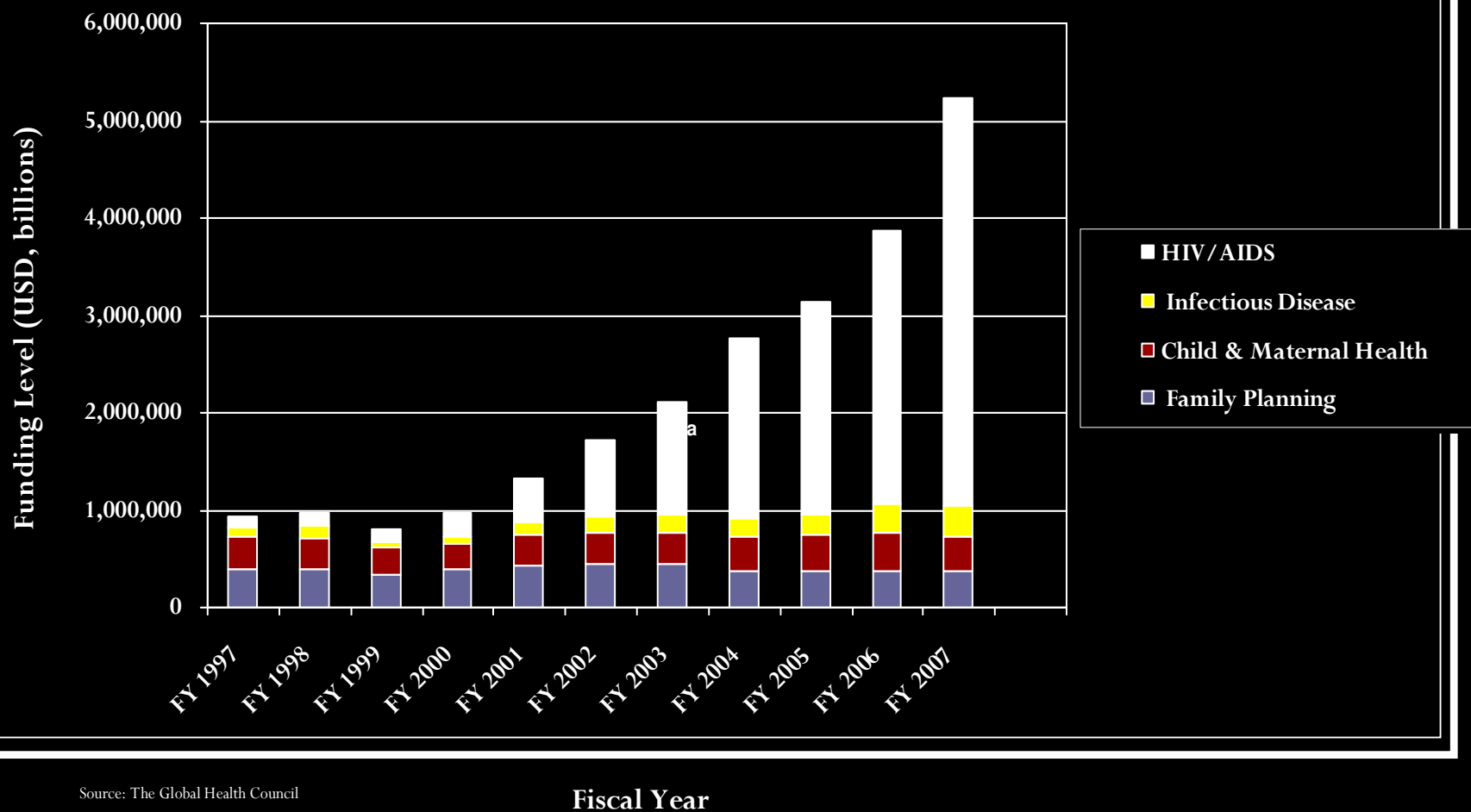
UNAIDS. 2006. Report on the Global AIDS epidemic. http://www.unaids.org/en/HIV_data/2006GlobalReport/default.asp

Child Mortality Rate, 1960 - 2005

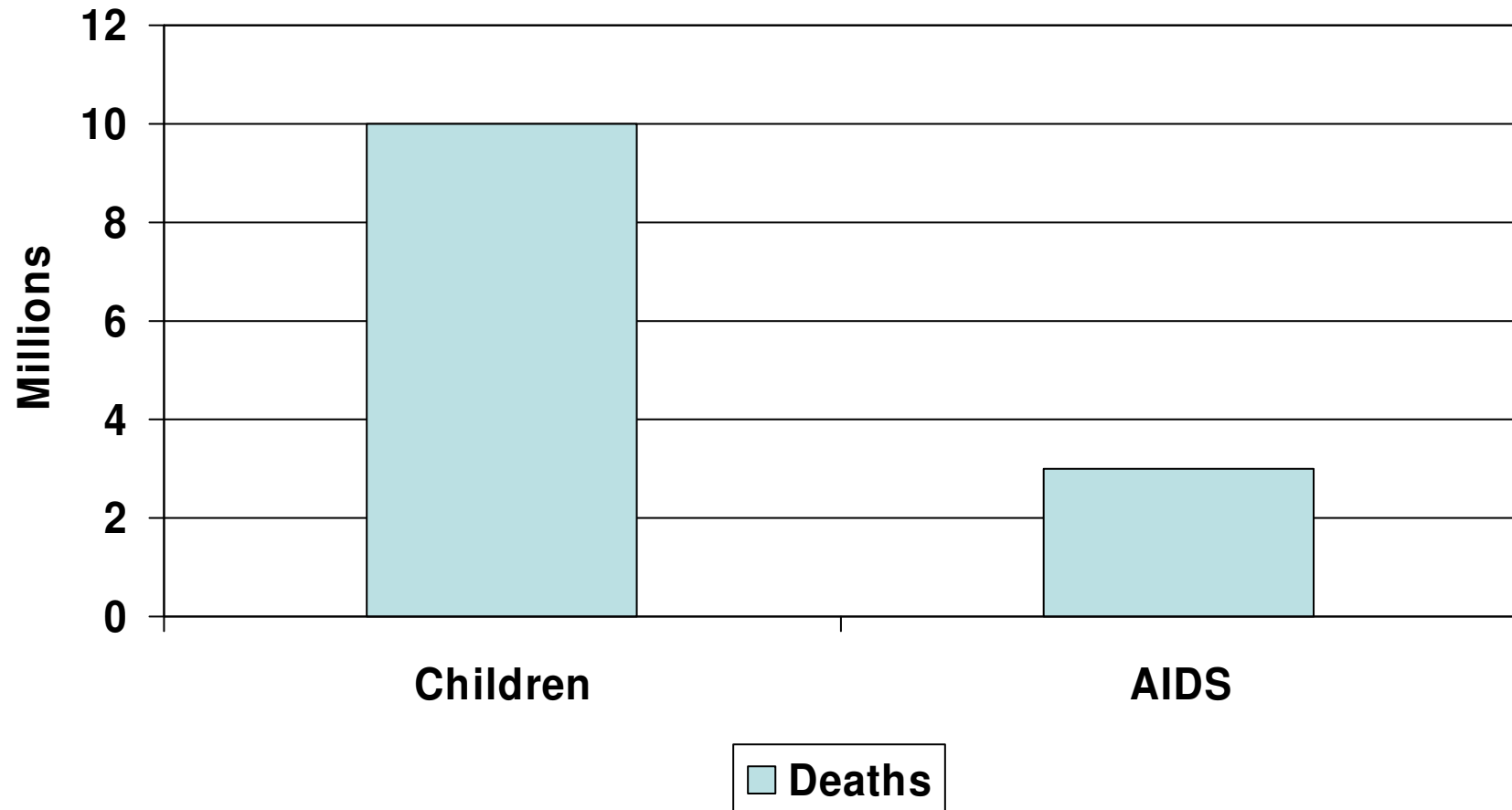
- Success is possible – the child mortality rate in developing countries was reduced by 60% between 1960 and 1990



USG Spending on Global Health, FY1997 – 2007



Child and AIDS Deaths, 2006



Murray C, Laakso T, Shibuya K, et al. 2007. Can we achieve Millennium Development Goal 4? *Lancet* 370:1040-54; UNAIDS. 2006 AIDS epidemic update. http://www.unaids.org/en/HIV_data/epi2006/

Cost Estimates



- Child health (2004) - \$2 billion spent on maternal, newborn and child health
 - every \$1 billion increment could save 1 million children
- HIV/AIDS (2006) - \$8.9 billion spent; \$14.9 billion needed

Powell-Jackson T, Borghi J, Mueller DH, et al. Countdown to 2015: tracking donor assistance to maternal, newborn, and child health. *Lancet*, 368:1077-87. 2006.

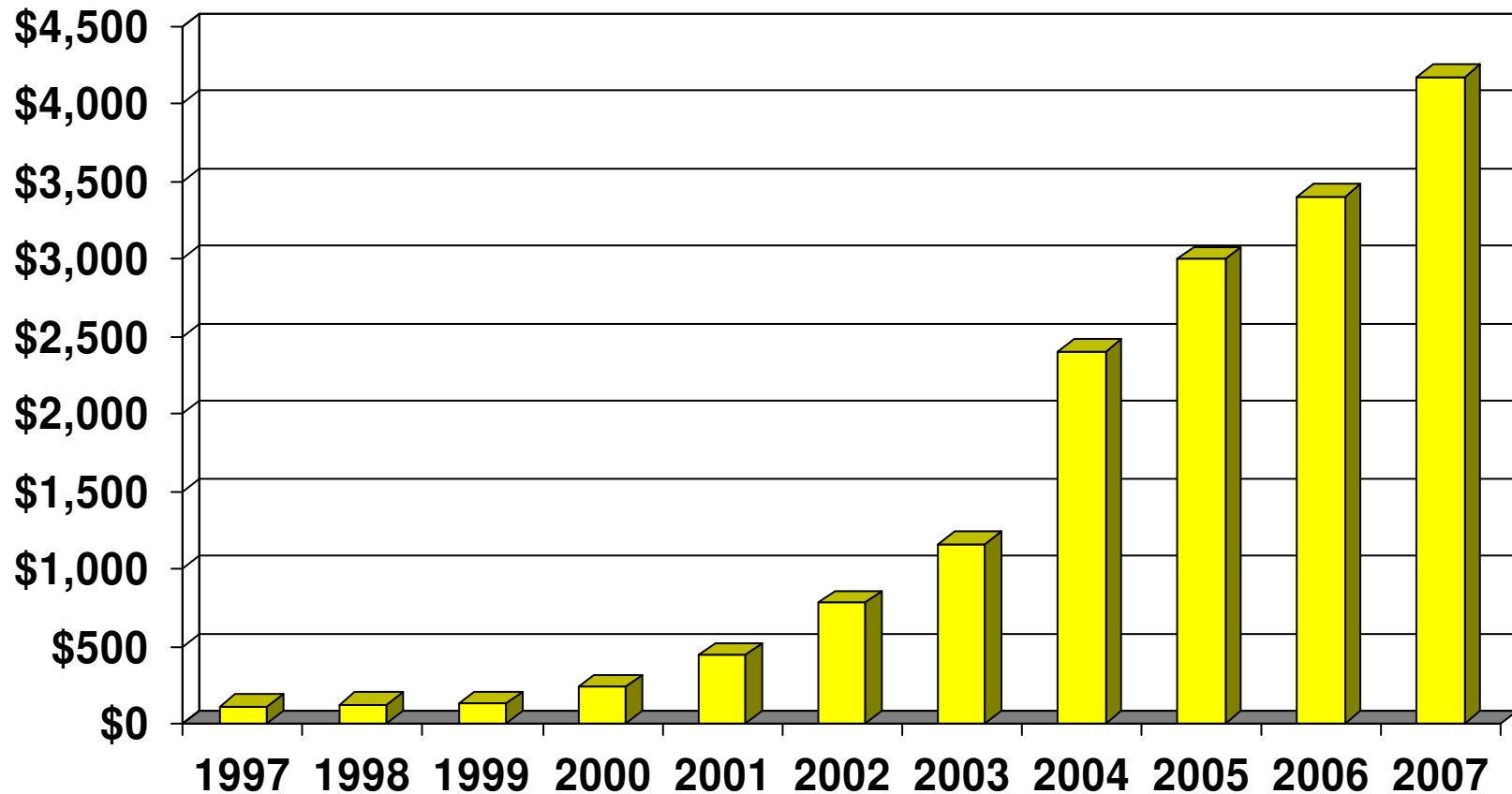
Lawn JE. A price tag for newborn and child survival. Available from: <http://cs.server2.textor.com/alldocs/40%20Joy%20Lawn.ppt>. (accessed May 9, 2007)

OECD. Development aid from OECD countries fell 5.1% in 2006 (accessed April, 2007) <http://www.oecd.org/>

UNAIDS. 2006b. Report on the global AIDS epidemic. http://www.unaids.org/en/HIV_data/epi2006

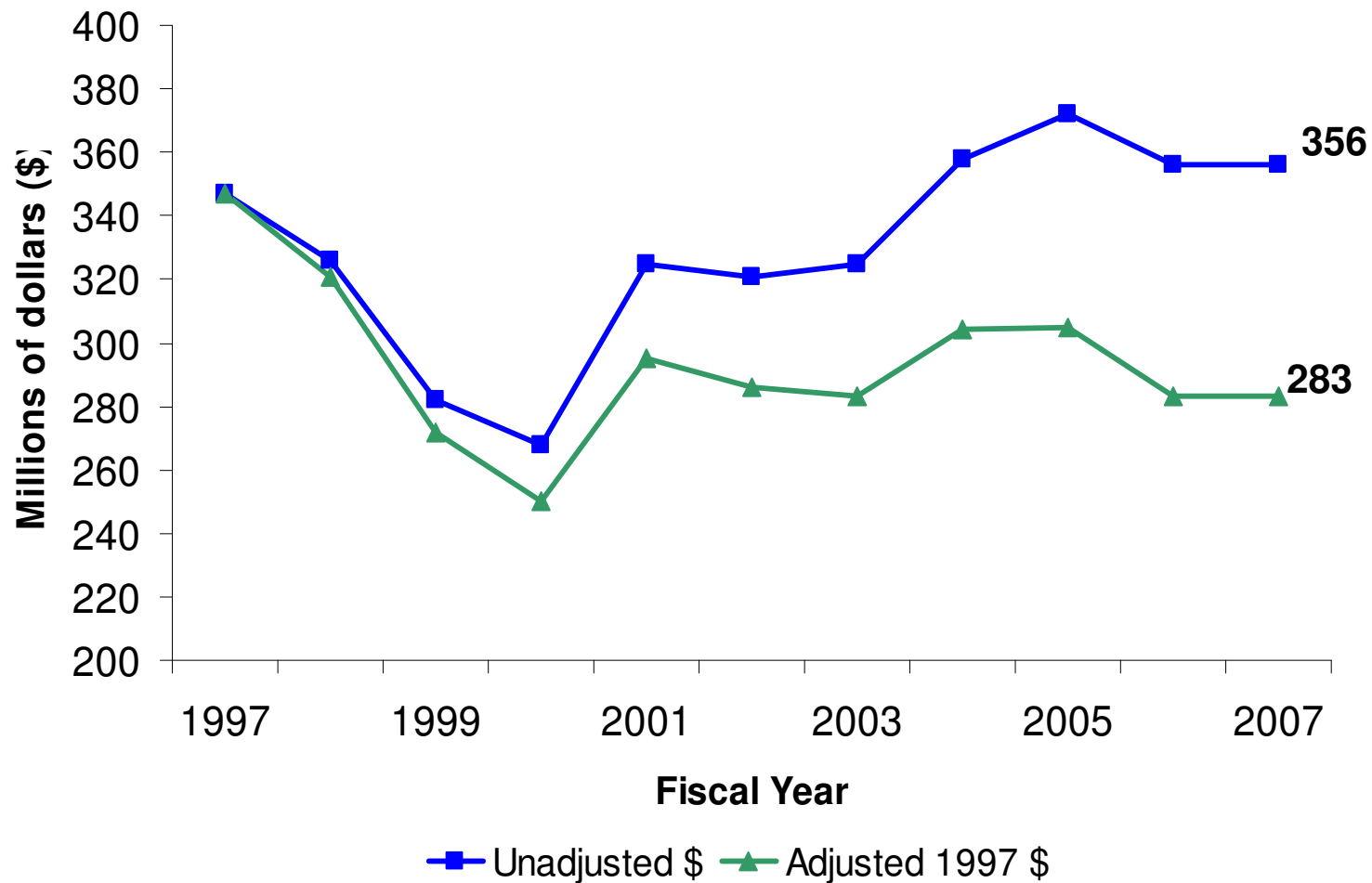
USG HIV/AIDS Funding, 1997-2007

(millions of \$)



U.S. Appropriations 1997-2006. (accessed March 12, 2007) <http://www.thomas.gov/>

USAID Funding for MCH 1997-2007



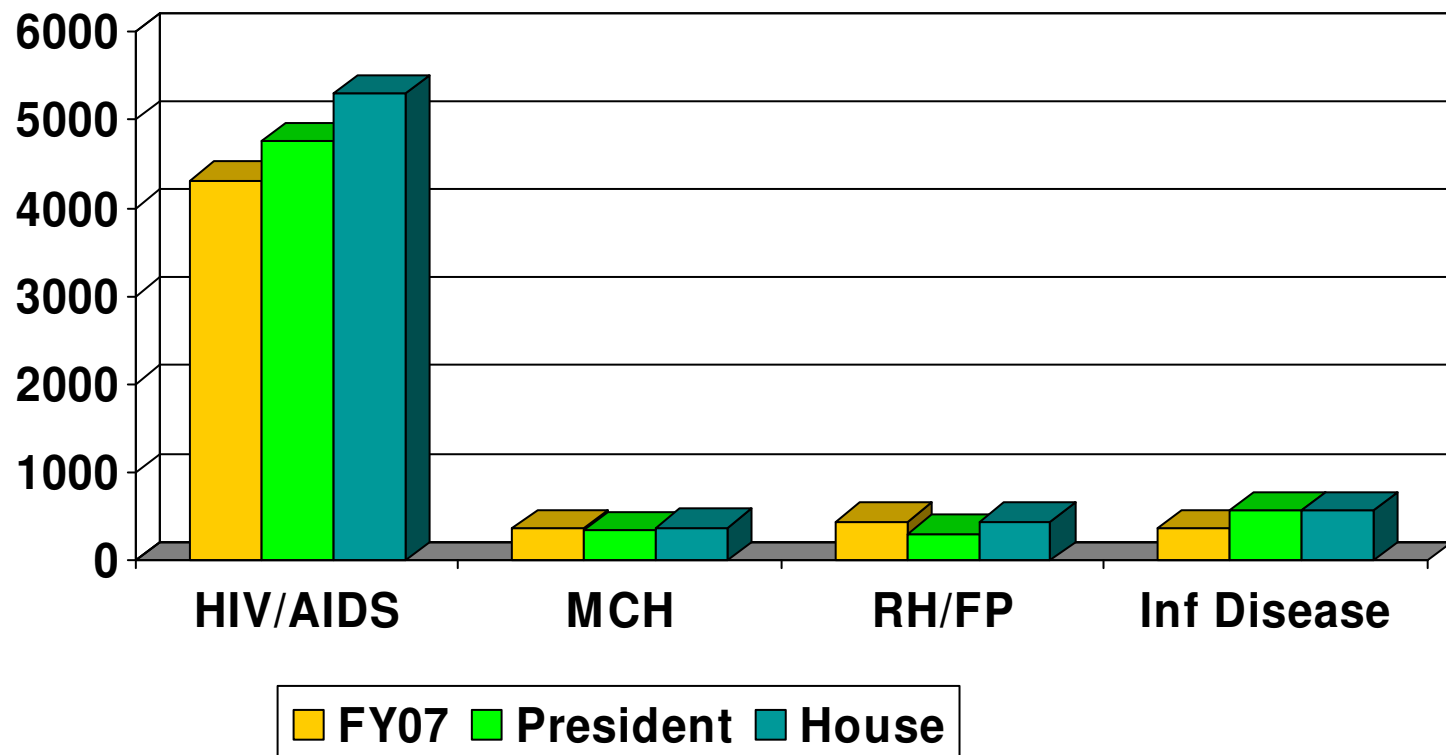
MCH – Maternal and Child Health

U.S. Appropriations 1997-2007. (accessed June 20, 2007) <http://www.thomas.gov/>

FY08 Budget

(millions of \$)

USG Funding for Global Health



USG Priorities & Disease Burden

Top 15 causes of disease burden in low- and middle- income countries

1. Perinatal conditions
2. Lower respiratory infections
3. Ischemic heart disease
4. HIV/AIDS
5. Cerebrovascular disease
6. Diarrheal disease
7. Unipolar depressive disorders
8. Malaria
9. Tuberculosis
10. COPD
11. Road traffic accidents
12. Cataracts
13. Adult onset hearing loss
14. Congenital anomalies
15. Measles

Health Systems



- Critical to all programs
 - Health care worker shortage
 - Weak infrastructure
 - Poor resource allocation
 - Weak management systems
- Under-investment

The Politics of Global Health



- Perceived threat (avian flu)
- Clarity of goal (ban landmines)
- Perceived solution (polio vaccine)
- Demonstrated success (family planning)
- Moral high ground (tobacco)
- Leadership (Jim Grant)
- Powerful coalition (AIDS)
- Effective communications (trafficking)
- Resources

Health and Diplomacy



- What the diplomat hears: “Health is an important arena for advancing our national interests.”
- What the health advocate hears: “Advancing health is in our national interest.”

Allocation Among Countries



- Consolidation of power at State
- Country allocations take precedence
- Implications for global health
 - Weak to no relationship between national health indicators and allocation of USAID health funds
 - Expanding definition of “health” to meet other needs

Structural Issues



- Many government agencies
- Private actors now critical
- Policy coordination weak and highly politicized

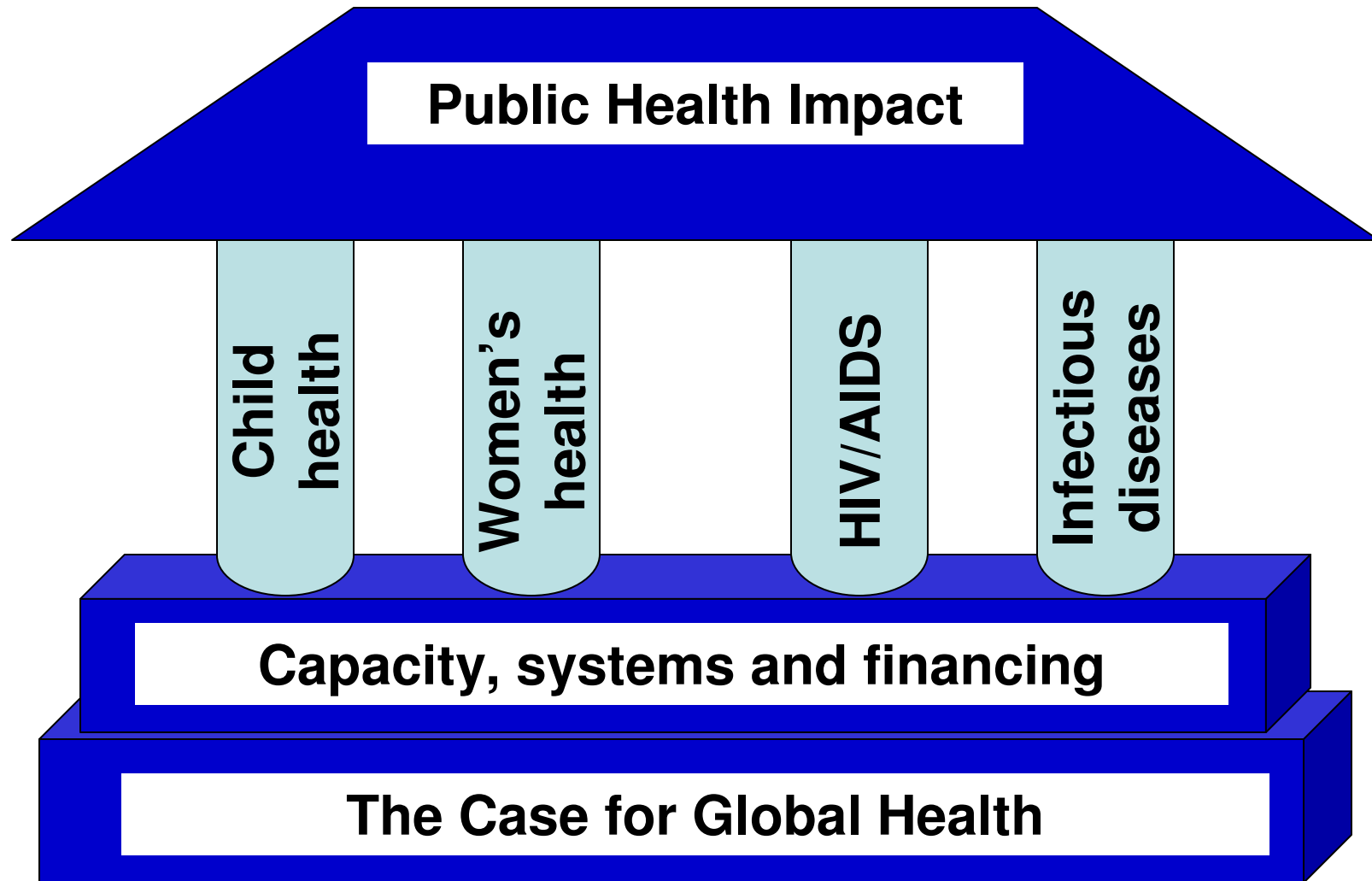
GHC Advocacy Agenda

US Vital Interest in Global Health



- Protects American people
- Essential to poverty alleviation
- Vital to constructive engagement
- Projects widely shared American values
- Enormously successful

Advocacy Framework



Public Health Impact

**Child
health**

**Women's
health**

HIV/AIDS

**Infectious
diseases**

Capacity, systems and financing

The Case for Global Health

Advocacy Goals

- Rationalize US global health policy
- Increase resources for global health
- Align policy content with best evidence
- Allocate resources to those countries and populations most in need
- Optimize regulations and guidance directing policy implementation

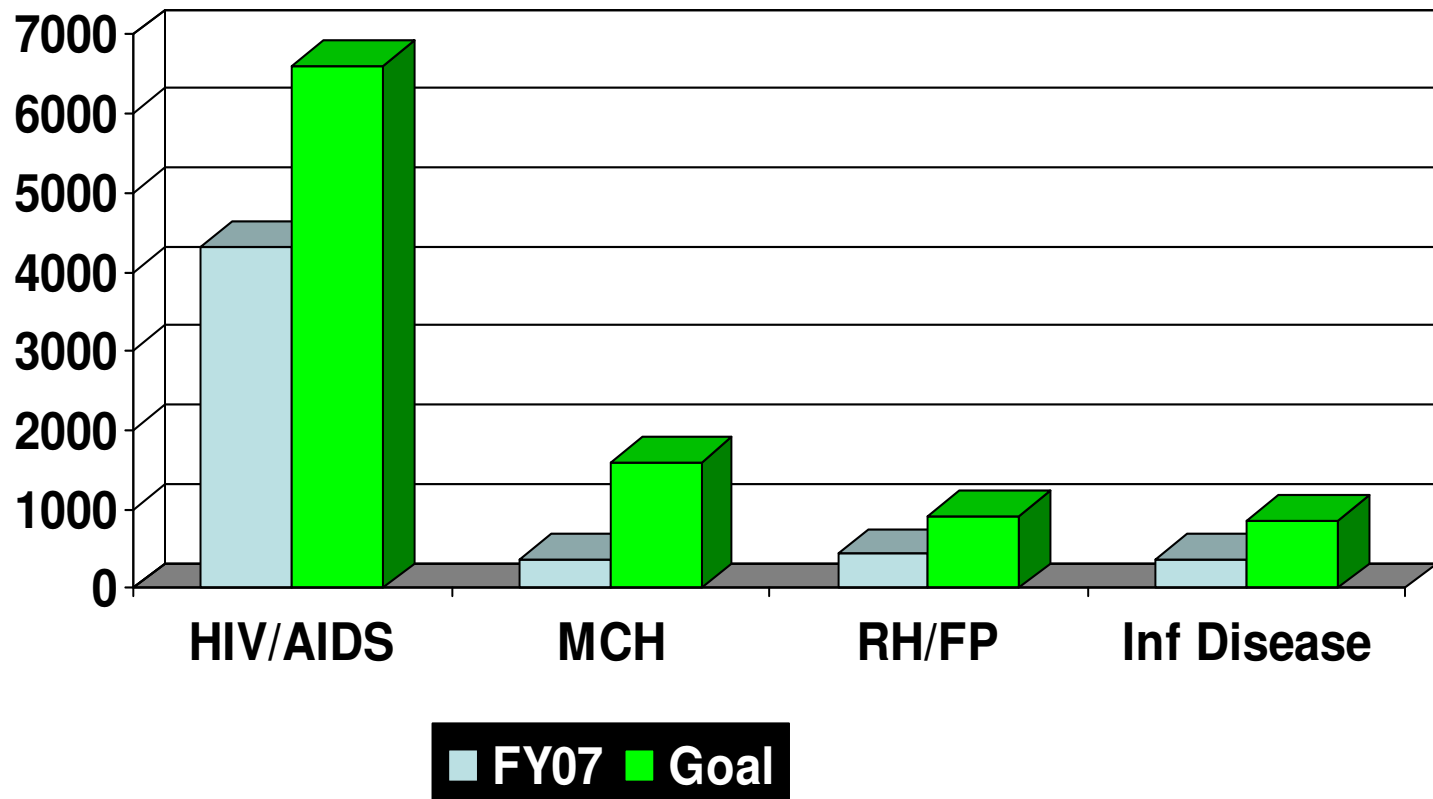


USG Global Health Strategy

Goals for USG Global Health Assistance



FY07 USG Funding vs Fair Share Funding



HIV/AIDS: The Future of PEPFAR

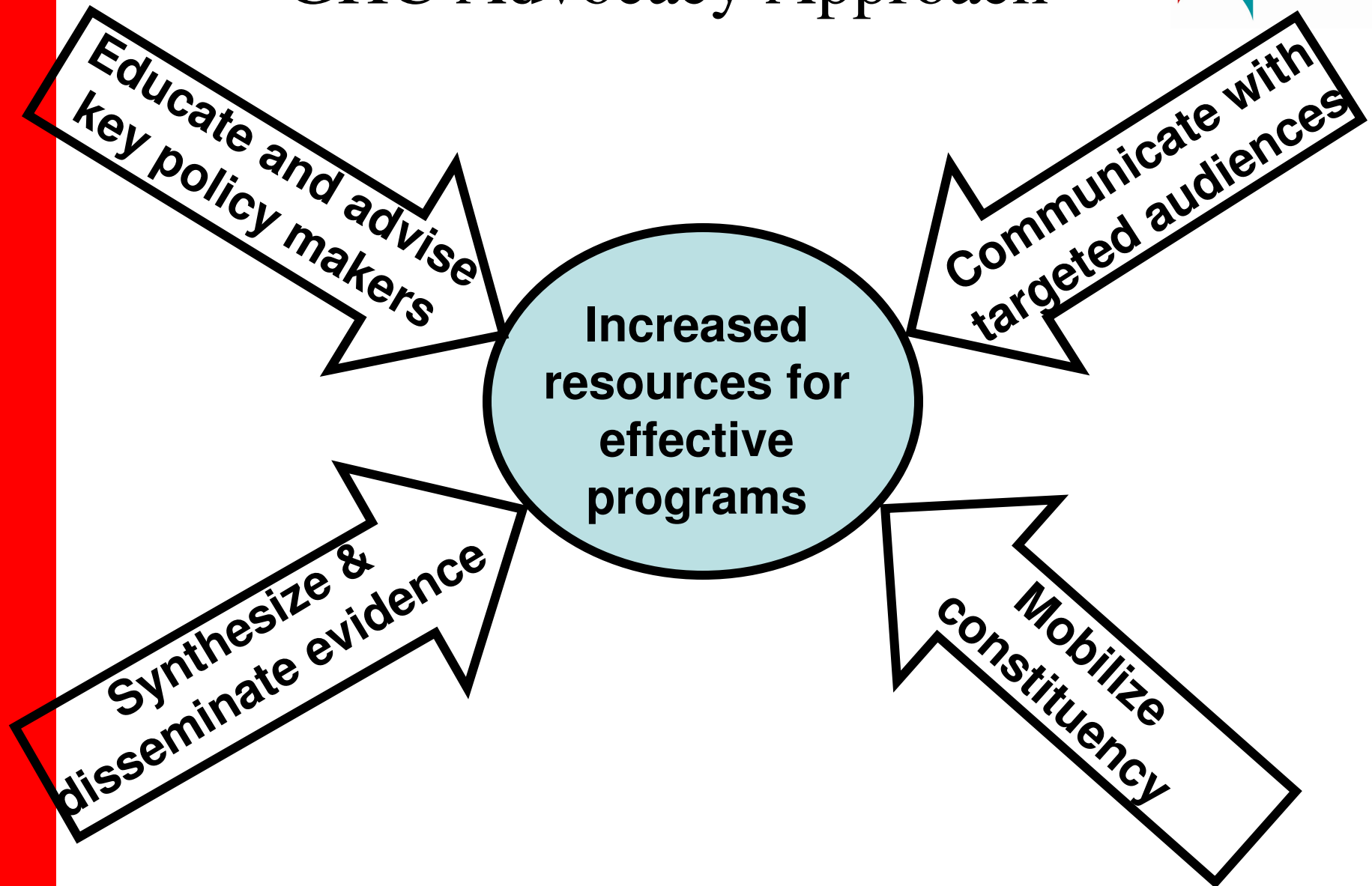
- Shift from “emergency” program to long term strategy
- Funding and financing
- Optimize flexibility to meet local needs
- Health workers and health systems
- Role in health and development portfolio

Legislative Agenda



- Global Health Resolution
- HIV/AIDS
 - PEPFAR re-authorization
 - HIV Prevention for Youth Act
 - Pathway Act
- Child health
 - Global Child Survival Act
- Reproductive health
 - Focus on Family Health Worldwide Act
 - Contraceptive Commodity Act
- Infectious diseases
 - Stop TB Now Act
- Health workers
 - African Health Capacity Investment Act

GHC Advocacy Approach



Key Messages

- Global health is in the US vital interest
- Rationalize US global health policy
- Increase US investment in global health
- Invest wisely

Thank You!

www.globalhealth.org