United States Contribution to Global Health:
How Our Dollars Are Saving Lives
April 2011
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Acknowledgements

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The Global Health Council (GHC) is the largest membership alliance for global health. It is comprised of 600 organizations and more than 5,000 individuals around the world with on the ground experience with global health issues. Our diverse membership includes health-care professionals and organizations such as NGOs, foundations, corporations, government agencies and academic and research institutions. The GHC’s primary areas of focus are: maternal and child health, reproductive health and family planning, HIV/AIDS, malaria, tuberculosis, and health systems strengthening. The GHC works to ensure that all who strive for improvement and equity in global health have the information and resources they need.

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United States Global Contributions to Global Health: How Our Dollars Are Saving Lives

- Introduction to Global Health
- HIV/AIDS
- Tuberculosis
- Malaria
- Maternal, Newborn and Child Health
- Reproductive Health and Family Planning
- Neglected Tropical Diseases
- U.S. Global Health Initiative
- Global Health and Multilateral Engagement
- References
Introduction to Global Health

“What is global health?

Global health...

■ Is inclusive of issues that directly or indirectly affect health and often transcend national boundaries;
■ Requires the development and implementation of solutions inclusive of a variety of actors and disciplines;
■ Embraces both prevention in populations and clinical care of individuals; and
■ Emphasizes health equity among nations and for all people.2

Why does global health matter?

It protects Americans

Global health affects everyone because health knows no borders. Infectious diseases such as avian influenza, tuberculosis, SARS and West Nile Virus can cause pandemics and threaten our national security.

“Our national security was tied directly to human suffering. Societies mired in poverty and disease foster hopelessness. And hopelessness leaves people ripe for recruitment by terrorists and extremists. By confronting suffering…America would strengthen its security and collective soul.”

—President George W. Bush, Decision Points, 2010

“America has the best chance to beat the war on terror and defeat the terrorists by enhancing our medical and humanitarian assistance to vulnerable countries.”

—Tommy Thompson, Former Secretary, U.S. Department of Health and Human Services

“When a child dies of a preventable illness in Accra, that diminishes us everywhere. And when disease goes unchecked in any corner of the world, we know that it can spread across oceans and continents.”

—President Barack Obama

It saves America money

“Development is a lot cheaper than sending soldiers”

“If you don’t want to use military force any more than you have to, count me in…State Department, USAID, all of these programs, in their own way, help win this struggle against radical Islam. The unsung heroes of this war are the State Department officials, the [Department of Justice] officials, and the agricultural people who are going out there.”

—Sen. Lindsey Graham (R-SC)

It helps build economic partnerships

Some health challenges such as HIV/AIDS and neglected tropical diseases can have a major global political and economic impact. Good health is part of the foundation for building a stable economy. Poor health hinders one’s ability to access educational opportunities or hold a job. Poor health undermines countries’ development and trade and can reinforce the cycle of poverty and political instability.

“[Development] returns probably a thousand times per dollar [more] than what we contribute in terms of the 1% of our budget that goes to diplomats, embassies, state departments and the meager foreign aid we provide to our essential military allies……….. who are helping us protect our vital sea lanes and economic lifeblood around the world.”

—Rep. Steve Rothman (D-NJ)

It demonstrates moral leadership and improves how other countries view America

U.S. leadership on global health issues provides us with a constructive opportunity in public diplomacy. As a world leader, the U.S. is positioned to assist developing countries through investment in health assistance and use this assistance to support constructive U.S. engagement with weak and failing states. No diplomatic initiatives can better serve the U.S. interest in winning people’s hearts and minds than investing in global health programs.

“As a human being, as part of this oneness of humanity, it’s the right thing for me to do, no matter what my station is in life, to be able to reach out and in this integrated fabric of humanity, to lift other people up if I can.”

—Sen. Bill Frist (R-TN), Former Senate Majority Leader

“Our work in the world is also based on a timeless truth: To whom much is given, much is required. We hear the call to take on the challenges of hunger and poverty and disease”

—President George W. Bush, State of the Union Address, January 23, 2007

Its support is bipartisan

Republicans and Democrats alike have continuously stressed the importance of U.S. support for global health programs. The general public also supports U.S. global health funding, with more than two-thirds of Americans saying the U.S. either spends too little or about the right amount on global health.”
“This is clearly not a Democratic or Republican issue; this is a nonpartisan issue that really comes from the heart of America. And our leadership in this field has been possible because of strong support on both sides of the aisle.”

—Hillary Rodham Clinton, Secretary, U.S. Department of State

“I’m also very grateful that when I go around the world — and I’m still going around the world — that people remember not just the war on terrorism but the compassion agenda… the work to increase foreign assistance and girls’ education and health programs in Africa is very well remembered.”

—Condoleezza Rice, Former Secretary, U.S. Department of State

**WHO ARE THE ‘MAIN PLAYERS’ IN GLOBAL HEALTH?**

There are many different actors in global health that function at different levels but all play a valuable role in improving the health and livelihoods of all.

<table>
<thead>
<tr>
<th><strong>Donor Governments</strong></th>
<th>The majority of development assistance for health comes from high-income country governments, including the U.S. Donor governments also provide valuable contributions to multilateral organizations (such as the World Health Organization) and financing partnerships (like the Global Fund to Fight AIDS, Tuberculosis and Malaria).</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>National Governments</strong></td>
<td>National governments have the challenge of managing the various donor resource pipelines, in addition to providing their own financing for the health sector.</td>
</tr>
<tr>
<td><strong>Multilateral Organizations</strong></td>
<td>Multilateral organizations represent the collective interest of an array of stakeholders and operate at a global level, coordinating expertise, information and funding.</td>
</tr>
<tr>
<td><strong>Public-Private Partnerships</strong></td>
<td>The Global Fund and the Global Alliance for Vaccines and Immunization (GAVI) are two of the largest multilateral partnerships that function as efficient financing vehicles and provide an opportunity for governments to leverage additional resources from other governments.</td>
</tr>
<tr>
<td><strong>Foundations</strong></td>
<td>The Bill &amp; Melinda Gates Foundation and others provide additional philanthropic resources to address some of the major global health threats and challenges, such as polio eradication.</td>
</tr>
<tr>
<td><strong>Civil Society</strong></td>
<td>Civil society serves as a complementing body of resources, expertise, information and funding to help solve global health challenges.</td>
</tr>
<tr>
<td><strong>Corporations</strong></td>
<td>The private sector is the source of innovation and development of the tools required to confront HIV/AIDS, malaria, tuberculosis, neglected tropical diseases and other challenges.</td>
</tr>
<tr>
<td><strong>Non-governmental</strong></td>
<td>NGOs are often the front-line conductors of life-saving global health programs. In addition to serving as essential implementers, many receive charitable, private gifts from caring citizens.</td>
</tr>
<tr>
<td><strong>Research/Academic</strong></td>
<td>Research institutions, including universities, provide the required independent thinking about new technologies as well as new and existing policies and programs.</td>
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</table>
SOURCES OF U.S. GLOBAL HEALTH FUNDING

United States foreign assistance programs are an integral part of a broader U.S. foreign policy that aims to build a more secure and safer world. Global health is one tool for fostering healthy, productive, and stable societies around the world, particularly in developing countries. The current U.S. National Security Strategy highlights the importance of meeting basic human needs, in which pursuing a comprehensive global health strategy, promoting food security, and leading efforts to address humanitarian crises, are identified as pillars. Additional sections of the document place emphasis on supporting the rights of women and girls and improving maternal and child health and linkage to national security.

The U.S. government funds global health programs through a variety of accounts located within the budgets of the Department of State under the International Affairs (Function 150) Account and the Department of Health and Human Services.

Global Health and Child Survival

The Global Health and Child Survival (GHCS) account serves as the primary vehicle for the U.S.’ global health assistance. This account funds maternal and child health, family planning, infectious diseases, HIV/AIDS and other health-related activities. It also includes U.S. contributions to various multilateral accounts including The Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria and the United Nations AIDS program. The account is broken down into two sections: GHCS – USAID which provides funds for USAID global health programs & GHCS-State, which is primarily used for programs falling under the President’s Emergency Plan for AIDS Relief (PEPFAR) program.

International Organizations and Programs

In addition to bilateral programs through which the U.S. provides direct assistance to recipient governments, the U.S. is a major contributor to the United Nations (UN) and other multilateral agencies and partnerships. The U.S. provides support to the United Nations Children’s Fund (UNICEF), which helps ensure children have access to basic health services, and the United Nations Population Fund, (UNFPA) which supports reproductive health programs and policies in developing countries.

Region Specific and Special Initiative Accounts

The U.S. also provides health assistance through other accounts not specifically designated or designed for health. These accounts include the Economic Support Fund (ESF), Assistance for Europe, Eurasia, and Central Asia (AEECA), and the Development Assistance (DA) account. These accounts have historically supported region-specific efforts.

Labor–Health & Human Services Accounts

Within the domestic Labor–Health & Human Services budget, the U.S. supports global health programs through the Centers for Disease Control and Prevention (CDC) and the National Institutes
The current U.S. National Security Strategy highlights the importance of meeting basic human needs, in which pursuing a comprehensive global health strategy, promoting food security, and leading efforts to address humanitarian crises, are identified as pillars.

of Health (NIH). The CDC supports public health services in 46 countries around the world. These services include epidemiology and other disease detecting activities, as well as essential operational research for basic health interventions. The NIH supports basic science research for a host of global health challenges, such as new vaccine development, and invests in researchers in developing countries. The NIH budget has also provided a portion of the U.S. contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria.
HIV/AIDS

SUMMARY POINTS

- HIV/AIDS is a threat to overall development in many of the most vulnerable countries because it undermines efforts to reduce poverty, improve access to education and healthcare, address gender inequalities, and maintain national security.
- In 2009, approximately 33.3 million people worldwide, including 2.5 million children under 15, were living with HIV.
- The U.S. is the largest bilateral funder of global HIV/AIDS programs, largely supported through the President’s Emergency Plan for AIDS Relief (PEPFAR), which, launched under President Bush, is the largest commitment by but any nation to combat a single disease internationally.

THE BASICS

- HIV is an infectious disease transmitted through contaminated blood, reproductive fluid and breast milk. If untreated through drugs called antiretrovirals (ARVs), the virus causes AIDS, a disease that can be managed with existing treatment but not cured. In 2009, approximately 33.3 million people worldwide, including 2.5 million children under 15, were living with HIV.
- In the same year, 1.8 million people died of AIDS-related illnesses, and 2.6 million people were newly infected with HIV.
- The HIV/AIDS pandemic disproportionately affects sub-Saharan Africa, where two out of every three new infections occur. More than 90% of people with HIV live in the developing world.
- Women are biologically more susceptible to contracting HIV, and represent more than half of all current cases. Women also often have less power in relationships and during sexual encounters, leaving them vulnerable to coercion and gender-based violence.
- New infections continue to outpace the provision of treatment. For every two people who start antiretroviral therapy each year, another five become newly infected.
HIV/AIDS - A GLOBAL VIEW

- Sub-Saharan Africa continues to bear an inordinate share of the global HIV/AIDS burden. Although inhabited by only 10% of the world’s population, approximately 22.5 million people—more than 68% of the global total—are living with HIV infections.9

- The number of children orphaned by AIDS is growing. Almost 90% of children orphaned by AIDS live in sub-Saharan Africa.10

- Less than 40% of people living with HIV know they are infected.11

- HIV/AIDS is the leading cause of death among women of reproductive age.12

- HIV/AIDS was declared a development and security threat following the 2001 United Nations General Assembly Special Session on HIV/AIDS, the first such session for a single health issue.

MAKING PROGRESS

- U.S. assistance for global HIV/AIDS has increased by $4.4 billion since 2004 and contributed to the massive scale-up of international resources for HIV/AIDS.

- In FY 2010 alone, U.S. assistance directly supported more than 3.2 million patients on life-saving antiretroviral treatment, and more than 33 million people with counseling and testing programs.13

- PEPFAR provided resources and funding for the prevention of mother-to-child HIV transmission for more than 600,000 HIV-positive pregnant women in fiscal year 2010, allowing more than 114,000 infants to be born HIV-free.14
U.S. RESPONSES AND POLICIES

In 2003, President Bush announced in his State of the Union Address a new multi-billion dollar commitment to combat the global HIV/AIDS pandemic, known as the President’s Emergency Plan for AIDS Relief (PEPFAR). The initial five-year, $15 billion commitment was authorized through the bipartisan supported United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003 (Leadership Act), which authorized U.S. global HIV/AIDS, tuberculosis and malaria programs (see later sections on tuberculosis and malaria), as well as U.S. contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria (see section on Global Health and Multilateral Engagement). Full implementation of PEPFAR began in 2004. In 2008, with bipartisan support, U.S. global HIV/AIDS, TB and malaria programs were reauthorized, with scaled-up commitments, through the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis and Malaria Reauthorization Act of 2008 (H.R. 5501, Lantos-Hyde Act). This law authorizes up to $48 billion between FY 2009 and FY 2013 to combat global HIV/AIDS, TB and malaria and includes provisions directing 50% of funding for HIV treatment programs, 10% for helping orphans and vulnerable children, and in countries with generalized epidemics, half of prevention funding should be for “activities promoting abstinence, delay of sexual debut, monogamy, fidelity, and partner reduction.”

Implemented through the Office of the Global AIDS Coordinator in the Department of State, (OGAC) PEPFAR is a multi-agency effort supporting HIV/AIDS programs through the Department of Defense, the Peace Corps, Department of Agriculture, USAID, and HHS and works in collaboration with other major bilateral and multilateral donors. PEPFAR is also a main pillar of the new U.S. Global Health Initiative (GHI), which seeks to build on the successes of PEPFAR and transition to greater country-led and sustainable approaches that build partner country capacities to respond to their HIV/AIDS challenges (see section on the U.S. Global Health Initiative).

U.S. Global HIV/AIDS Strategy

In 2009, OGAC released the PEPFAR Five-Year Strategy, a plan that defines the initiative’s goals within the GHI and sets out overall implementation goals and guidance. The main goals of PEPFAR are to:

- Transition from an emergency response to promotion of sustainable country programs.
- Strengthen partner government capacity to lead the response to this epidemic and other health demands.
- Expand prevention, care, and treatment in both concentrated and generalized epidemics.
- Integrate and coordinate HIV/AIDS programs with broader global health and development programs to maximize impact on health systems.
- Invest in innovation and operations research to evaluate impact, improve service delivery and maximize outcomes.

As mandated in the Lantos-Hyde Act, U.S. funding for HIV/AIDS was minimal until 2003 when the Leadership Act became law. Since then, funding to combat the global HIV/AIDS epidemic has increased considerably, until recent years where funding appears to be leveling off.

![Graph of Department of State HIV/AIDS Appropriations, FY 1998-2011 President’s Request](image)
Tuberculosis

SUMMARY POINTS

- Tuberculosis is a highly contagious infectious disease that infects roughly one-third of the world’s population and is responsible for more deaths than any other disease among adults.  
- TB is the leading cause of death among persons infected with HIV/AIDS.
- USAID is working with partner countries toward sustainability by training 16,000 health personnel and community volunteers and leveraging USAID resources with the Global Fund to gain additional resources for country-level TB activities.

THE BASICS

Tuberculosis (TB) is a highly contagious infectious disease that infects roughly one-third of the world’s population and is responsible for more deaths than any other infectious disease among adults.  

- There were 9.4 million new cases of TB in 2009, causing 1.7 million deaths, mostly in adults during their most productive years of life living in low-income countries.
- TB is the leading cause of death among persons infected with HIV/AIDS, yet only 37% of HIV-positive TB patients were enrolled on HIV treatment and half of TB patients in Africa and the Americas knew their HIV status.
- Drug Resistant TB (DR-TB) develops through poor adherence to treatment, resulting in diminished treatment effectiveness. In 2009, 3.3% of all new TB cases were drug resistant forms.

TB is treatable. The Stop TB Partnership’s Stop TB Strategy expands and enhances the widely accepted Directly Observed Treatment, Short course (DOTS) approach, which includes inexpensive drugs for treating TB.

TUBERCULOSIS—A GLOBAL VIEW

- Since 1995, 41 million people have been successfully treated and up to 6 million lives saved through DOTS, the standard TB treatment strategy. 5.8 million TB cases were notified through DOTS in 2009.
Drug resistance, including drug-resistant TB, is increasing globally. More cases of drug-resistant TB were reported in 2010 than any previous year. XDR-TB cases—a form of drug resistance that cannot be cured with existing second-line treatment—have been confirmed in 58 countries.

**MAKING PROGRESS**

- In FY 2007, USAID supported expanded and strengthened DOTS programming and other components of the STOP TB Strategy in 41 countries.
- USAID is working with partner countries toward sustainability by training 16,000 health personnel and community volunteers and leveraging USAID resources with the Global Fund to gain additional resources for country-level TB activities.
- In USAID-assisted countries, the rates of TB detection increased from increased by 10% in 2007, while the already high treatment success rate remained close to 80%.
- Afghanistan has reduced its TB deaths by more than half since 1990. More than 81% of health facilities in Afghanistan now provide DOTS, resulting in 97% treatment coverage.

**U.S. RESPONSES AND POLICIES**

U.S. policy and appropriations to combat tuberculosis globally are currently authorized under the Lantos-Hyde Act of 2008. U.S. TB programs are primarily conducted through USAID, though OGAC manages a critical TB-HIV co-infection program. The goal of USG TB programs is to contribute...
significantly to the reduction of TB transmission and deaths globally. The U.S. is committed to reducing TB deaths and disease burden by half of the 1990 country-specific baseline. The U.S. through USAID has endorsed the global targets of 70% case detection and 85% treatment success rates among patients with active TB, and is committed to helping countries achieve these targets. USAID has TB programs in about 40 countries that were selected based on the following criteria: high burden of TB; high incidence of TB; high HIV/AIDS prevalence (TB-HIV co-infection); high burden or prevalence of drug-resistant TB; and lagging case detection and treatment success rates.

**U.S. Global TB Strategy**

The U.S. five-year strategy to combat tuberculosis supports the WHO Global Plan to Stop TB 2006-2015 and includes the following activities:

- Accelerated detection and treatment of TB in up to 25 countries.
- Scaled-up prevention and treatment of drug-resistant TB.
- Expanded coverage of interventions for TB-HIV co-infection, in coordination with the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR)
- Strengthened health systems and human resource capacity

**Funding**—Funding for tuberculosis has steadily grown over the years, from $10 million in 1998 to $249 million in 2010.
Malaria

**SUMMARY POINTS**

- Globally, 225 million people in 109 countries were infected with malaria in 2009, causing 781,000 deaths.
- Malaria cases decreased by 19 million and the number of malaria deaths decreased from 985,000 in 2005 to 781,000 in 2009.
- The President’s Malaria Initiative (PMI) has procured almost 28 million ITNs (Insecticide-treated bednets) and 57 million life-saving antimalarial treatments since it began.

**THE BASICS**

- Malaria is a deadly infectious disease transmitted by five different species of mosquitoes, which act as the disease vector. Globally, 225 million people in 109 countries were infected with malaria in 2009, causing 781,000 deaths. Malaria is the fifth leading cause of death from infectious diseases worldwide, and second in Africa.

- Pregnant women and children are particularly vulnerable. Children under the age of five account for roughly 7% of all malaria deaths and 40% of pediatric clinic admissions in parts of sub-Saharan Africa.21

- Malaria affects 50 million pregnant women living in malaria-endemic countries every year.22 Malaria contributes to 25% of severe maternal anemia cases, increases the likelihood of stillbirth and miscarriage, and contributes to low birth weight and mortality among newborns.23

- Recent estimates show that in 109 countries or territories as many as 3.3 billion people live in areas where they are at risk of contracting malaria.

- Malaria control measures are making an impact. Malaria cases decreased by 19 million and the number of malaria deaths decreased from 985,000 in 2005 to 781,000 in 2009.24
In some African countries, as few as 16% of malaria cases were treated with the recommended regimen, which is 4 to 22 times more expensive than less effective and drug-resistant-prone monotherapies. Half of all malaria deaths could be prevented by ready access to rapid diagnosis and prompt treatment with appropriate medications.

Lost productivity is estimated to reduce gross domestic product growth by 1.3% per year in malaria-endemic countries in Africa.

Drug resistance has been documented in three of the five malaria species, which nullifies the effectiveness of malaria treatment. Drug resistance is associated with increased transmission of the disease and increases the global cost of control.

Production and procurement of ITNs continues to increase globally. An estimated 110 million ITNs were produced in 2008, with roughly 65 million of these procured through the Global Fund and UNICEF.

A malaria vaccine is not available, though one candidate in development was recently found to be 46% effective at preventing malaria in young children.

PMI has procured almost 28 million ITNs and 57 million life-saving antimalarial treatments since it began and is regarded by experts across the political spectrum as a valuable investment.
U.S. RESPONSES AND POLICIES

Under the leadership of President George W. Bush, the U.S. government announced the President’s Malaria Initiative (PMI) in 2005, a five-year, $1.2 billion commitment to protecting and saving lives from malaria in 15 highly affected countries in sub-Saharan Africa (PMI Focus Countries). Since PMI began, the initiative has procured more than 27 million bednets to prevent malaria and 57 million life-saving antimalarial treatments. U.S. policy and funding for malaria are currently authorized under the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis and Malaria Reauthorization Act of 2008. PMI is led by the U.S. Global Malaria Coordinator within USAID.

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<tr>
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<tbody>
<tr>
<td>Angola</td>
<td>130,592,000</td>
<td>Malawi</td>
<td>56,099,000</td>
</tr>
<tr>
<td>Benin</td>
<td>87,157,000</td>
<td>Mali</td>
<td>61,628,000</td>
</tr>
<tr>
<td>DR Congo</td>
<td>--</td>
<td>Mozambique</td>
<td>139,473,000</td>
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<td>Ethiopia</td>
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<td>Rwanda</td>
<td>108,540,000</td>
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<td>Senegal</td>
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<td>Uganda</td>
<td>64,922,000</td>
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<td>Liberia</td>
<td>39,098,000</td>
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<td>201,711,000</td>
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<tr>
<td>Madagascar</td>
<td>219,010,000</td>
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U.S. GLOBAL MALARIA STRATEGY

As directed in the Lantos-Hyde Act, the U.S. Government developed a five-year strategy that outlines specific targets and approaches by PMI, as well as how the initiative contributes to goals of the U.S. Global Health Initiative. An evaluation of PMI activities under this strategy will take place in 2015. The strategy focuses on:

- halving the burden of malaria in 70% of at-risk populations in sub-Saharan Africa;
- Limiting the spread of drug resistance in Asia and the Americas;
- Integrating malaria interventions with maternal and child health, HIV/AIDS, neglected tropical diseases, and tuberculosis programs;
- Strengthening host country health systems to ensure sustainability;
- Linking U.S. Government strategies with those set by host country National Malaria Control Programs; and
- Ensuring malaria prevention and treatment activities are women-centered.
USAID Malaria Appropriations, FY1998-2011 President’s Request

Spending ($USD Millions)

100.0  200.0  300.0  400.0  500.0  600.0  700.0  800.0


Fiscal Year
Maternal, Newborn and Child Health

SUMMARY POINTS

- About 8 million children die each year—greater than the number of adults who will die from AIDS, malaria and tuberculosis combined.
- Pregnancy and childbirth are particularly dangerous for young women and their children. Maternal mortality is the leading cause of death for girls between the ages of 15 and 19, and perinatal deaths are 50% higher in this age group compared to women over the age of 20.
- Funding for MNCH activities through USAID has been increasing in recent years however the global need remains unmet. It is estimated that a total global investment of US$30 billion is needed to achieve Millennium Development Goals (MDGs) 4 and 5 by 2015.

THE BASICS

- About 8 million children die each year—greater than the number of adults who will die from AIDS, malaria and tuberculosis combined.\(^{35,36}\)
- Approximately 350,000 women die every year as a result of childbirth and 15 million more suffer life-long complications.\(^{37}\)
- Pregnancy and childbirth are particularly dangerous for young women and their children. Maternal mortality is the leading cause of death for girls between the ages of 15 and 19, and perinatal deaths are 50% higher in this age group compared to women over the age of 20.\(^{38}\)
- The vast majority of these deaths (more than 90% of maternal deaths) occur in developing countries and most are preventable.

MATERNAL, NEWBORN AND CHILD HEALTH—A GLOBAL VIEW

- Every year, 536,000 women die from pregnancy-related causes—more than 10 million women per generation. Almost all—99%—are in developing countries.\(^{39}\)
Mothers are at the greatest risk of death within the first 48 hours after delivery. Hemorrhage and hypertension are major causes of all maternal deaths, and are most common in South Asia and sub-Saharan Africa.40

Each year, about 3.6 million newborns die in the first month of life, roughly equivalent to the number of children born annually in the U.S. Pneumonia and diarrhea are the leading killers of children over a month old, accounting for a third of all deaths among children under five years old.41

Maternal infections may be transmitted from mother to child during pregnancy, delivery, or breastfeeding. Of the 430,000 children newly infected with HIV the same year, more than 90% were infected through vertical transmission from their mothers.42

Undernutrition is the underlying cause of 3.5 million maternal and child deaths. Maternal undernutrition increases the risk of maternal death during delivery, and is associated with intrauterine growth restriction, low birth weight, and other neonatal conditions.43

**MAKING PROGRESS**

- In 10 USAID-assisted countries, maternal mortality has been reduced by 21%, including a 26% reduction in Latin America/the Caribbean, and a 20% reduction in Asia.44
- There are 22 USAID-supported fistula repair centers in 11 countries in Africa and Asia; 2,500 women assisted in 2006 with fistula repair surgery.
Countries utilizing USAID-supported communications campaigns have seen substantial increases in knowledge and positive health behaviors including taking vitamin A and iron supplements and hand-washing, resulting in healthy pregnancy and reduced obstetric complications.

**U.S. RESPONSES AND POLICIES**

Maternal, newborn and child health activities have been indicated as a high priority in President Obama’s Global Health Initiative (GHI). GHI intends to act as a business model that will help countries improve health outcomes through strengthening. The significance of maternal and child health is also realized in Feed the Future (FTF), which is the U.S. strategy to combat global hunger. FTF also emphasizes women and children, aiming to reduce the prevalence of undernourished women and children as a primary objective.

The U.S. Government is one of the major donors to international assistance for maternal, newborn and child health programs. U.S. funding for MNCH activities is allocated primarily through USAID-GHCS which accounts for nearly 70% of U.S. MNCH funding, with additional sources of funding coming from Economic Support Fund, CDC and International Organizations & Programs (IO&P) global health programs.

U.S. financial support for MNCH activities is channeled through three primary routes: USAID, UNICEF and GAVI. Funding for MNCH activities through USAID has been increasing in recent years however the global need remains unmet. It is estimated that a total global investment of U.S.$30 billion is needed to achieve Millennium Development Goals 4 and 5 by 2015.
Reproductive Health and Family Planning

SUMMARY POINTS

• By helping women space births at least three years apart, bear children during their healthiest years, and avoid unplanned pregnancies, family planning could prevent 25% of maternal and child deaths in the developing world.

• Reliable access to family planning and the ability to decide when and how many children to have allows women to overcome traditional gender roles (it may not be immediately clear to conservatives in particular why overcoming traditional gender roles is a good thing) and increase their level of education, which most often leads to better health.

• There are 56.4 million women in the developing world using modern contraception methods as a result of USAID programs.

THE BASICS

- Births that are too close together, too early, or too late in a woman’s life threaten both the mother and the child’s life.49

- 215 million women in developing countries seek to postpone childbearing, space births, or stop having children, but 137 million use no method of contraception at all, and 64 million use less-effective traditional methods.50

- Reliable access to family planning and the ability to decide when and how many children to have allows women to overcome traditional gender roles and increase their level of education, which most often leads to better health.51

REPRODUCTIVE HEALTH AND FAMILY PLANNING—A GLOBAL VIEW

- By helping women space births at least three years apart, bear children during their healthiest years, and avoid unplanned pregnancies, family planning could prevent 25% of maternal and child deaths in the developing world.

- Between 100 million and 140 million women have undergone genital mutilation.52
One in three of all deaths related to pregnancy and childbirth could be avoided if women who wanted effective contraception had access to it.53

It is estimated that the global cost of maternal and newborn deaths is U.S.$15 billion per year in lost productivity.54

The need to control family size and access reproductive health services and modern contraceptives disproportionately affects the poor. In 56 of the world’s developing countries, the poorest women average six births, compared to 3.2 births among the wealthiest women.55

Fewer than 20% of sexually active young people in Africa use contraception. Apart from lack of money, barriers include insufficient knowledge, fear of social disapproval, side effects and misperceptions about the partner’s opposition.56

**MAKING PROGRESS**

- The U.S. is an acknowledged leader through USAID in implementing population programs at an international level.
- USAID Family Planning programs have resulted in an increase from 10% to 40% of individuals utilizing modern family planning methods.
- The average number of children per family has decreased from 6 to 4 in countries implementing USAID-sponsored family planning programs.
- There are 56.4 million women in the developing world using modern contraception methods as a result of USAID programs.
- Brazil, Mexico, Korea and Thailand were former recipients of USAID family planning assistance and have since stabilized their population growth which has strengthened them as U.S. trading partners. Today, these countries are donors of aid.
- Jamaica and Indonesia have graduated from USAID family planning assistance programs to develop and sustain their own country programs.

**U.S. RESPONSES AND POLICIES**

Reproductive health and family planning have long been integral components of USAID’s global health and development programs. Such interventions remain at the heart of U.S. global health programs, especially under the GHI, which realizes women and girls as key vehicles to catalyzing broader development. Healthy women means healthy families and healthy communities, which provides the basis for GHI’s women- and girl-centered approach.

One of the most pressing concerns about international reproductive health and family planning programs is the extent to which these include the provision of abortion services. The Helms
Amendment (an amendment that was introduced and passed in 1973) and other provisions, which are attached to annual appropriations bills, prohibit the use of federal funds for both domestic and international abortion programs. Other amendments have been enacted to ensure restrictions on the use of federal funds for abortion services do not impede reproductive health programs offering a broad range of family planning services. These services are essential to protecting women’s lives, by enabling them to adequately space births and postpone the age at which women begin families.

The Obama Administration rescinded what is known as the Mexico City Policy, an executive order established under President Reagan that prohibits USAID support of foreign NGOs that performed or promoted voluntary abortion services—including counseling or disseminating information, regardless of whether these activities were performed through the use of non-U.S. funding streams. A number of close observers of this policy contend that current law already provides adequate safeguards for U.S. funding and its use for abortion services.

Up until 2008, U.S. contributions to reproductive health and family planning programs remained fairly constant. Only recently, with President Obama taking office and the announcement of the GHI has funding begun to increase. The emphasis of women and girls in realizing health, development and security policy objectives has brought about a steady increase in funding since 2008.
Neglected Tropical Diseases

SUMMARY POINTS

- Roughly 1 billion people are currently infected with one or more NTDs and an additional 2 billion are at risk; mostly concentrated in sub-Saharan Africa, Asia and Latin America and the Caribbean, but also in a number of U.S. diplomatic “hot spots.”
- NTDs have a significant negative impact on economic productivity. Controlling hookworm alone could improve future wage earnings by up to 43%; in Kenya, deworming could raise per capita earning by 30% at a cost of only US$0.49.
- Available drugs that can treat more than 15 different types of helminthic and parasitic infections cost as little as $0.02 per tablet. Other drugs that treat NTDs cost between $0.06 and $0.52 per tablet.
- In 2008, President George W. Bush announced the five-year, US$350 million Neglected Tropical Diseases Initiative, increasing the political awareness for NTDs and taking considerable strides to fight these diseases in a number of high-burden countries.

THE BASICS

- Neglected tropical diseases (NTDs) are a collection of 17 individual diseases that primarily affect poor, disadvantaged populations who lack access to safe water, sanitation, international visibility or political influence.
- Roughly 1 billion people are currently infected with one or more NTDs and an additional 2 billion are at risk; mostly concentrated in sub-Saharan Africa, Asia and Latin America and the Caribbean, but also in a number of U.S. diplomatic “hot spots.”
- NTDs claim roughly 534,000 lives every year, but they disable many more, resulting in educational setbacks and lost economic productivity. For example, absenteeism among Brazilian workers affected by Chagas disease results in $5.6 million in lost income per year.
NTDs infect more than 400 million school-aged children throughout the developing world, leading to reductions in cognitive development and educational attainment.52

Controlling hookworm alone could improve future wage earnings by up to 43%; in Kenya, deworming could raise per capita earning by 30% at a cost of only U.S.$0.49.53, 64

SUCCESS STORIES

Available drugs that can treat more than 15 different types of helminthic and parasitic infections cost as little as $0.02 per tablet. Other drugs that treat NTDs cost between $0.06 and $0.52 per tablet.13

Pharmaceutical companies—including GlaxoSmithKline, Johnson & Johnson, Merck and Pfizer, have contributed to drug donation programs for decades—providing a pipeline of essential drugs to reach those affected by NTDs. These donations are valued at hundreds of millions of dollars each year, and may reduce the estimated cost for other program components to between 40 cents and slightly more than $1 per person per year in Sub-Saharan Africa.

The Carter Center leads a guinea worm eradication program in partnership with the U.S. Centers for Disease Control and Prevention, UNICEF and WHO, which has reduced cases by 99% and has eliminated the disease in all but six countries.14
U.S. RESPONSES AND POLICIES

The United States continues to be a global leader in supporting NTD control programs. The USAID NTD Control Program, launched in 2006 and bolstered with the announcement of President Bush’s NTD Initiative, is one of the best examples of effective public-private partnership and achieving impressive results with limited resources. The program aims to control and eliminate the seven most common NTDs—ascariasis, trichuriasis, hookworm, schistosomiasis, lymphatic filariasis, trachoma, and onchocerciasis, which make up 90% of the disease burden and the U.S. Government recognizes them as the easiest to tackle. The program uses a successful strategy of mass drug administration, which in some cases can be integrated into childhood immunization, HIV/AIDS and/or malaria programs. During the first three years of the program, the NTD Control Program supported 222 million treatments and leveraged drug donations that totaled more than $1.4 billion during the same time period.

The U.S. NTD program was first launched by Congress in 2006 through a $15 million earmark to USAID. Since then, U.S. federal funding for NTDs has been channeled through USAID. NTDs received relatively flat funding for a number of years, but have seen a sharp increase in recent appropriations bills following commitments by President Bush and President Obama.

<table>
<thead>
<tr>
<th>NTD Initiative Countries</th>
<th>Diseases</th>
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<tbody>
<tr>
<td>Bangladesh</td>
<td>Ascariasis</td>
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<td>Nepal</td>
<td>Lymphatic filariasis</td>
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<td>Burkina Faso</td>
<td>Trichuriasis</td>
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<td>Niger</td>
<td>Trachoma</td>
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<td>Democratic Republic of Congo</td>
<td>Hookworm</td>
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<td>Sierra Leone</td>
<td>Onchocerciasis</td>
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<td>Ghana</td>
<td>Schistosomiasis</td>
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<td>Uganda</td>
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In May 2009, President Obama announced a six-year (FY 2009-FY 2013), $63 billion Global Health Initiative (GHI) to build on previous global health investments and improve health outcomes and health systems through effective, efficient and country-led platforms.71,72 The GHI fits within a broader global development policy of the Obama Administration emphasizing innovation, selectivity, high-impact high-return program areas, accountability, and country-ownership, while also contributing to the overall vision of the National Security Strategy.73,74 President Bush set forth a strong precedent for global health funding, establishing PEPFAR, PMI and an NTD Initiative, and the emphasis that global health requires effective partnership and cooperation with host countries.73 GHI aims to continue this focus in HIV/AIDS, malaria, TB and NTDs, while also incorporating maternal and child health, reproductive health and family planning, nutrition, water supply and sanitation, and health systems strengthening. GHI acts as an overarching structure to respond to global health needs more comprehensively and efficiently, reflecting individual health needs.

GHI is led by a joint Operations Committee including the U.S. Global AIDS Coordinator, the Director of the U.S. Centers for Disease Control and Prevention, and the USAID Administrator, who establish the overall direction of the initiative in consultation with key White House offices. The Operations Committee is supported by the GHI Strategic Council, which includes representatives of multiple departments operating global health programs and provides policy guidance and advice.
to the Operations Committee. The first Quadrennial Diplomacy and Development Review (QDDR), released in December 2010, outlined several leadership changes to GHI.

- USAID will assume leadership of the GHI following the successful completion of 10 benchmarks by FY 2012. The GHI Operations Committee will develop specific metrics related to each benchmark.

- USAID’s leadership will not alter the role of the GHI Operations Committee, the GHI Strategic Council, or the positioning of the Office of the Global AIDS Coordinator, which will remain in the Department of State as codified in existing law.

- A GHI Executive Director position will be created within the Department of State and will report to both the Secretary of State and the GHI Operations Committee. Secretary Clinton has since appointed Lois Quam to serve in this role.

**GHI Principles**

- Focus on women and girls and gender equality
- Increase impact through strategic coordination and integration
- Strengthen and leverage key multilateral organizations, global health partnerships and private sector engagement
- Encourage country ownership and invest in country-led plans
- Build sustainability through health systems strengthening
- Improve metrics, monitoring and evaluation
- Promote research and innovation

**GHI Operational Components**

- Do more of what works
- Build on and expand existing platforms to foster stronger health systems and sustainable results
- Innovate for results
- Collaborate for impact

**GHI Goals and Targets for Assisted Countries**

- **HIV/AIDS**—Through PEPFAR, the GHI will support 4 million people on treatment, the prevention of 12 million new infections, and support care for 12 million people.

- **Malaria**—Through PMI, reduce the burden of malaria by 50% for 70% of the at-risk population in Africa.

- **TB**—Reduce the prevalence of TB by 50% to save approximately 1.3 million lives.

- **Maternal Health**—Reduce maternal mortality by 30% to save approximately 360,000 mothers.

- **Child Health**—Reduce under-five mortality by 35% to save 3 million children, including 1.5 million newborns.

- **Nutrition**—Reduce child under-nutrition by 30%.
- **Reproductive Health and Family Planning**—Prevent 54 million unintended pregnancies to help women adequately space births and plan for children.

- **Neglected Tropical Diseases**—Reduce the prevalence of the seven most common NTDs by 50% among 70% of those affected.

## GHI Funding

The GHI continues to prioritize HIV/AIDS, TB and malaria, which received exponential increases in U.S. support under President Bush. More than 80% of all GHI funding will continue to support programs combating these three diseases. In addition, to try and build more efficient and effective health systems, the GHI provides smaller, but relatively significant, increases to other global health program areas, such as maternal and child health, nutrition and neglected tropical diseases, which are all the sources of considerable mortality and morbidity.

### Learning Through GHI Plus Countries

A subset of eight countries receiving U.S. global health assistance was designated as GHI Plus Countries (see table below) meaning they will receive additional technical, management and financial resources to test and learn from the GHI approach. Country strategies have been developed for each country and will be supported through a Strategic Research Fund, which will draw resources from global health programs through USAID and the Department of State. Through their designation, GHI Plus Countries will receive up to an additional $50 million annual in program funding.

GHI Plus countries will also be a primary focus of USAID’s new evaluation policy, where accountability and learning for effectiveness in all development programs will be applied to examine the GHI principles. Specifically, evaluations will examine the “value-added” by using the GHI approach to better target programmatic investments and maximize cost-effectiveness.

### GHI Plus Countries

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<th>Country</th>
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<tr>
<td>Bangladesh</td>
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<td>Ethiopia</td>
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<td>Guatemala</td>
<td>Nepal</td>
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<td>Kenya</td>
<td>Rwanda</td>
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Multilateral cooperation has been a key component of U.S. global health policy, from its initial emphasis within PEPFAR to its increased prominence within the GHI. PEPFAR continues to collaborate with major multilateral entities to address the global HIV/AIDS pandemic, including the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), the Joint United Nations Program on HIV/AIDS (UNAIDS) and the World Health Organization (WHO) to leverage resources, leadership, and technical expertise. Building on this model, the GHI regards “multilateral engagement” as a key principle for all its global health programs and continues to emphasize leveraging key multilateral actors, both within the UN system and new multilateral public-private partnerships.

THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA

Created in 2002 following a commitment by 189 countries at the United Nations General Assembly Special Session on HIV/AIDS, the Global Fund has since mobilized $21.7 billion for more than 600 HIV/AIDS, TB and malaria programs in 150 countries. Global Fund-supported programs save 3,600 lives every day, including the provision of HIV/AIDS treatment for 2.5 million people through 2009, TB treatment for 6 million people, and distribution of 104 million ITNs to prevent malaria. Following an initial pledge in 2001 of $200 million by President Bush, the U.S. is the Global Fund’s largest contributor, committing roughly $5 billion between FY 2004 and FY 2010. U.S. investments are also matched two to one by other donors, a clause included in both the original PEPFAR legislation and its reauthorization bill.

Though already regarded as one of the most successful and transparent financing mechanisms for global health, the Global Fund continues to improve its internal processes, focused on ensuring its accountability and transparency, an effort reinforced by a newmultilateral public-private partnerships.

“We should celebrate the openness of the Global Fund…We should fight hard to support programs that improve global health AND governance and transparency.”

—Todd Summers, Former Deputy Director, US Office of National AIDS Policy
safeguarding investments and employing a performance-based financing system. Following the Fund's first five-year evaluation, a three-part independent assessment presented to its board of directors in 2009, the organization quickly put in motion a reform agenda to improve efficiency and effectiveness.85, 86

GAVI ALLIANCE

Started in 1999 through an initial grant from the Bill & Melinda Gates Foundation, the public-private GAVI Alliance partnership has prevented more than 5 million future child deaths by providing life-saving vaccinations for over 250 million children.87 Between 2001 and 2010 the U.S. has been the largest donor to GAVI, contributing $647 million in direct funding, followed by Norway and the United Kingdom who have contributed $523 million and $353 million, respectively.88 Similarly to the Global Fund, the GAVI Alliance has commissioned two independent evaluations, the most recent of which was presented to its board in 2010.89

UN ORGANIZATIONS AND PROGRAMS

The U.S. supports a number of UN organizations and programs that provide technical guidance and program implementation capacity in several global health areas.

-**WHO (World Health Organization)**—WHO is the primary global health technical organization of the UN system. The WHO Constitution, of which the U.S. is a signatory, entered into force in 1949 and provides WHO the mandate to set norms, standards, issue guidelines, monitor, provide technical support and negotiate treaties. The U.S. contributes to WHO through both regular assessed dues (about 25% of total budget), which all Member States are required to make, as well as extra-budgetary contributions (about 75% of total budget) that are earmarked for specific issue areas. In 2009, the U.S. assessed contribution was $107 million, $3.3 million of which, along with the entire 2010 assessment of $109 million, has yet to be paid.90

-**UNAIDS (Joint United Nations Program on HIV/AIDS)**—UNAIDS began operations in 1996, established as a joint program to coordinate the 10 UN organizations that address HIV/AIDS. The organization unites the broad range of actors committed to addressing HIV/AIDS and serves as a hub for political, technical, scientific and financial resources.

“We will focus on one of the best lifesaving investments USAID has ever made: the first public funding of GAVI...[which] has led to the prevention of more than 5 million childhood deaths, a mammoth return on investment by any account.”

—Rajiv Shah, USAID Administrator
UNICEF (United Nations Children’s Fund)—Created in 1946 UNICEF is devoted to protecting and promoting the health and welfare of children through such interventions as immunizations, oral rehydration for infants with severe diarrhea, promoting and protecting breastfeeding, fighting HIV/AIDS and essential micronutrient supplementation. In 2009, roughly 14% of contributions to UNICEF supported young child survival/development and HIV/AIDS programs. The U.S. is the largest donor to UNICEF, contributing a total of roughly $300 million in 2009, for both regular and emergency programs. The U.S. National Committee for UNICEF as well as private and individual donations are also important sources of funding.

UNFPA (United Nations Fund for Population Assistance)—Established in 1969 with strong involvement by the U.S., UNFPA supports programs in 154 countries that address reproductive health, women’s empowerment, and population and development strategies. The Netherlands and Japan are the largest government donors, with U.S. contributions averaging roughly 8% of UNFPA’s regular budget during years that contributions are made. U.S. funding for UNFPA is restricted by the Kemp-Kasten Amendment, which bars U.S. assistance to organizations that support or participate in the management of coercive family planning programs as determined by the president, and has been interpreted differently by political party. Between 2002 and 2008, the U.S. did not contribute to UNFPA due in large part to allegations (which were later disproved by a State Department investigation) of how funding was being spent in China. In 2009, President Obama reinstated U.S. funding for UNFPA with a $50 million contribution.
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The full list of benchmarks can be found in Appendix 2 of the QDDR report, pg. 217.


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The Global Health Council is the world’s largest membership alliance dedicated to saving lives by improving health throughout the world. GHC serves and represents public health organizations and professionals working in more than 140 countries on six continents.

www.globalhealth.org