

Transforming Global Health: Building Resilient and Equitable Health Systems

A Vision for the
U.S. Global Health
Agenda



The year 2020 has reinforced something we already knew: global health is broken. COVID-19 has crippled countless health systems and deepened a rift that allows vulnerable people to slip through the cracks. But for many, this is not the first evidence of a dysfunctional system. A new approach to supporting global health was needed well before the pandemic struck. But, in the wake of COVID-19's health-related and socioeconomic impacts, the value of resilient, high-quality public health protections and primary care services cannot be overstated.

If we are to deliver on U.S. goals of saving lives and lifting countries out of poverty and meet the 2030 Sustainable Development Goals of improving health and livelihoods for all, the current system must be transformed and augmented with new funding. The global pandemic and discourse on race and health equity in 2020 has demonstrated shortcomings and emphasized the need to truly invest in countries and decolonize foreign aid moving forward. We need innovative thinking, new funding streams, and a renewed commitment to evidence-based solutions.

Our goal as a nation is to improve the health, stability, and longevity of populations in partner countries across the world, as well as those in the United States, through a

continued commitment to ending epidemics, and to the realization of affordable, resilient, self-reliant health systems. With a healthy population and increased system capacity, partner countries can be agile in addressing an increasingly dynamic global environment.

This will not be the last time the world's health is at risk, and this year has made it clear that today's tools are not equipped to tackle the challenges of tomorrow. Communities at home and abroad deserve better. Climate change, globalization, and the downstream effects of zoonotic spillover, natural disasters, and changing disease patterns threaten global health progress made over the past several decades. Additionally, current siloed funding models and fragmented infrastructure of global health programs limit the potential reach of efforts while preventing the realization of long-term goals such as country ownership and eventual downshifting of foreign assistance. The system is not only complex but is spread across multiple government entities with varying levels of oversight and Congressional approval (see **Figure 1**). This makes coordination – especially for rapid and nimble responses to emergencies – extremely difficult. The model and programmatic structure are outdated and no longer fit-for-purpose. A new approach is overdue.

Organization of U.S. Global Health Efforts

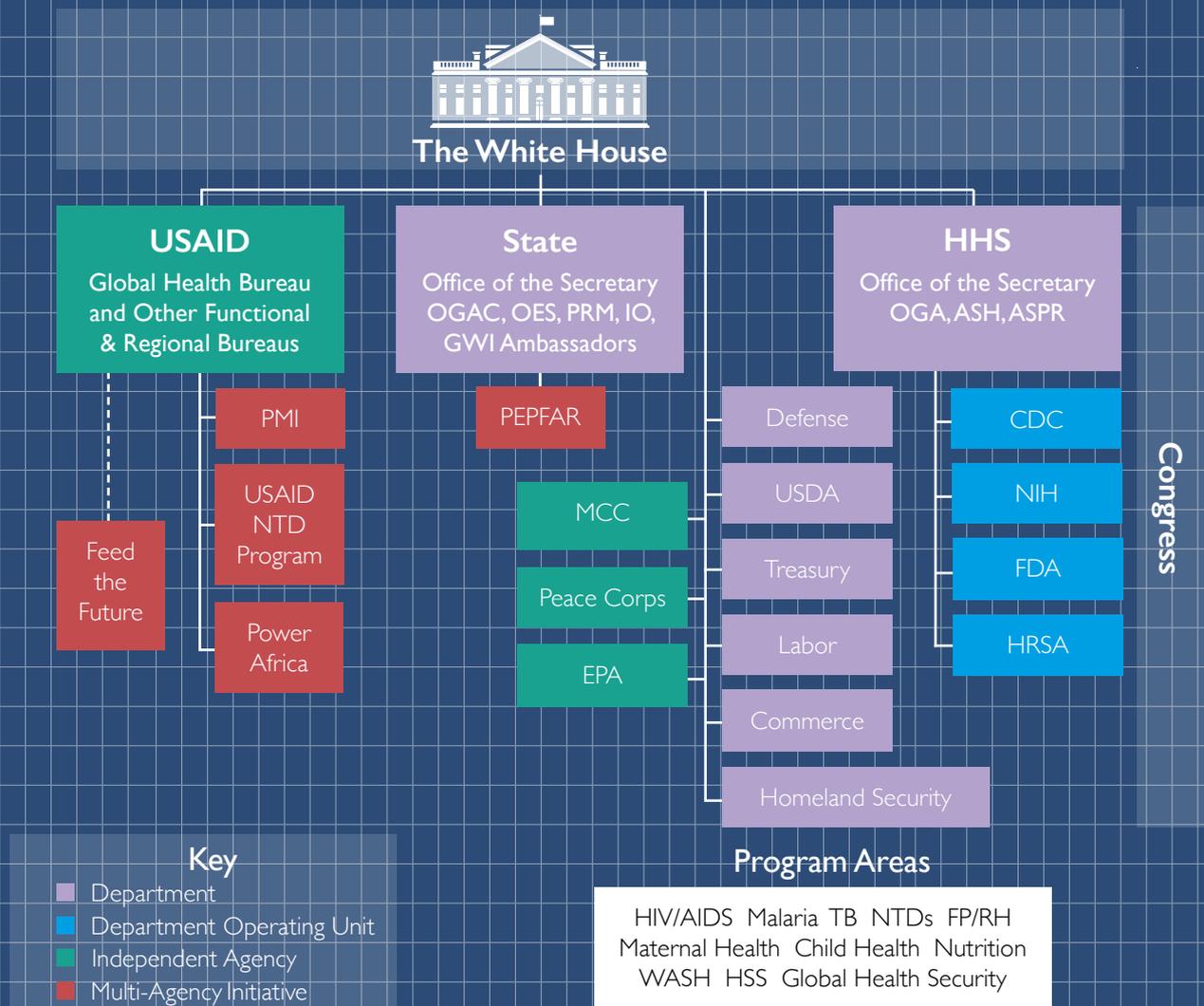


Figure 1: Organization of U.S. Global Health Efforts
Source: Adapted from Kaiser Family Foundation, 2019¹

Moving forward, resilient health systems and universal access to high quality primary care will be the overarching objectives driving the next era of U.S. global health assistance as all countries begin to reassess their strengths and weaknesses in the wake of COVID-19. What follows is a vision for U.S.

policyholders, developed by the Global Health Council and its members, to guide that transformation, building on the successes of previous years. U.S. efforts will be designed to accelerate progress while aligning with seven key principles developed and shared by the U.S. global health community (**Box 1**).

Box 1: Seven Key Principles for Future U.S. Global Health

- 1. Build on the experience and knowledge of U.S. legacy:** Building on successful programs and America's role as a leading donor and contributor in catalyzing forces for the biggest global health needs, U.S. government and implementing partners will identify ways to leverage bilateral and multilateral global health programming and platforms to develop and scale tangible products, rapidly respond to epidemics, and advance stronger systems for health. The knowledge base generated over the last four decades offers a wealth of expertise available to countries when they need it to help better implement strong country health programs primed to tackle chronic disease, primary health care, reproductive health, and infectious disease.
- 2. Advance innovation in U.S. global health:** As foreign assistance undergoes a transition worldwide, U.S. global health programs will employ different multidisciplinary approaches to "doing business" with goals of supporting countries in improving health outcomes and increasing efficiencies. This includes leveraging U.S. strengths such as market-focused sustainability initiatives, investments in data and technology accelerators, catalyzing financing and mobilizing country resources, and enlisting end-to-end research and development for medical products and system strengthening.
- 3. Ensure against current and future global health threats:** In response to the changing global dynamics, and new and reemerging threats of the 21st Century to all populations, the global health security focus will center around preventing pandemics of the future, and adapting to still unseen consequences of climate change, conflict, and migration. Humanitarian, disaster risk reduction, and global health professionals will learn from one another to optimize efforts and embrace sustainability. An actionable research agenda leveraging local expertise and community-based approaches will be needed.
- 4. Democratize priorities and programs in communities:** True community engagement and a platform for civil society voices will be prioritized and incorporated into all levels of decision-making for global health programs to avoid singular input from the national level. Human rights-based programming and a special focus on key populations will be fundamental.
- 5. Focus on outcomes:** With a commitment to equity, maintaining an emphasis on results-orientation will be augmented by data-driven programming, adaptability, and capacity building. Value will be redefined to prioritize improved health outcomes, increased efficacy, and reduced burden on providers. Markers such as tracer indicators, child health, and other non-health metrics will be followed to track overall health systems strength.
- 6. Encourage holistic programming:** Without losing focus on concrete outcomes in disease areas, holistic programming and integration will be supported to ensure the most appropriate front-line care available is matched with the need on the ground. Programs will be designed to more easily coordinate on goals, health outcomes, data sharing, and workforce task shifting.
- 7. Synergize health and development efforts:** Together with multilateral partners, the United States will make a major investment in helping countries advance their vision of the future. Global health efforts will be more closely linked with investment in development priorities such as education, gender equality, employment, agriculture, and human capital. Smart financing and public-private partnerships can ensure the strengths are maximized and weaknesses minimized.



A team of surveillance workers in the field

Building on Current U.S. Investments

U.S. global health assistance has transformed the idea of what is possible in low-resource health systems--proving that smart, targeted investments can save lives, especially when coordinated with global partners and with countries driving the delivery and oversight of assistance. Life expectancy has risen, global poverty rates have dropped, and life-threatening epidemics such as HIV/AIDS, tuberculosis, and malaria have slowed around the world. Much of this is due to intentional and targeted U.S. programs over the last 20 years, such as the President's Emergency Fund for AIDS Relief (PEPFAR), the President's Malaria Initiative (PMI), USAID's Acting on the Call to address women and children's health, as well as multilateral partnerships such as The Global Fund and Gavi, the Vaccine Alliance. Collectively, these efforts have created a legacy for the United States in global health work, building results-oriented health systems that countries can expand on, and increasing political and economic stability. But this work is not finished, and new circumstances mean we must evolve or lose the gains that have been made. Urbanization and zoonotic spillover bring a constant threat of infectious disease outbreaks, chronic disease burdens have been skyrocketing, and the downstream effects of climate change and mass migration demand global attention.

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These new and different threats cannot be overcome by the status quo of funding and programming. As others have noted, the efficiency and effectiveness of U.S. foreign assistance is compromised by fragmentation of goals, authorities, and funding streams across more than 20 agencies.³ Static investment thinly spread across these agencies and organizations will not bring this bold, new vision into action. To realize this vision and achieve our stated goals of country ownership and resilient health systems, new and significant investments will be necessary.⁴ Global health is American health – in terms of security, economic development, and health equity. Investments in infrastructure and workforce training can help countries improve their ability to respond to infectious disease outbreaks before they spread. Developing economies with sufficient education and employment opportunities for their citizens can create more stable countries for business and trade. As evidenced by the supply chain challenges seen during the COVID-19 pandemic, our health can be directly affected by illness, or indirectly by upstream factors outside the health sector. Many businesses rely on manufacturing internationally, making them dependent on the health of foreign workers and stability of other countries. Our foreign assistance investments help protect the health of Americans by strengthening capacities of systems to better prevent, detect, and respond to outbreaks. Additionally, the shared burden of chronic, noncommunicable diseases (NCDs) across the world is a strong justification for partnerships with other countries to develop diverse solutions to common problems.⁵ While the United States has not yet given a formal update on progress toward the SDGs since their adoption in 2015, American leaders at the state and local level across the country have embraced the framework, which reinforces American values.⁶ Continuing work in this area can enable national and global engagement with other populations experiencing similar challenges and create opportunities for new linkages across development sectors as the world jointly enters the last ten years of the SDG agenda.

It is also critical that the United States continues to contribute both financial and technical support to multilateral organizations that focus on accomplishing shared global goals. Without the coordinating power of the World Health Organization, there will be much more incoherence of efforts, leading to duplication and waste.⁵ Information sharing across countries and regions, aided by advancements in digital technology can accelerate the elimination and eradication of global diseases and contribute to new solutions and health improvements.⁷ This global engagement is widely supported by the American public. According to a 2016 Kaiser Family Foundation survey, 7 in 10 Americans say the United States should participate in international efforts to improve health in other countries to ensure coordination and accountability.⁸ Multilateral organizations possess different strengths and networks and can serve as meaningful partners to advance efforts toward improved outcomes. As the worst pandemic in nearly a century begins to fade, the next decade in global health will require a new level of global cooperation, and a new way of thinking.



³ For guidance on what type of funding is needed for global health annually, see https://globalhealth.org/wp-content/uploads/2020/06/GHCRecsFY21_OMB_FINAL.pdf

Implementing an Integrated Approach

Achieving this accelerated progress will require broader, more diverse approaches across sectors, multidisciplinary program design, and dual tactics of addressing urgent, acute priorities as well as more persistent, long-term challenges. Immediately, there is a dire need to address epidemic preparedness and response to strengthen the abilities of countries to respond to infectious disease outbreaks and other unexpected threats. Simultaneously, the groundwork must be laid for longer-term solutions of strengthening public health protections and health care systems while also ensuring access to high quality primary care for all populations. These short- and long-term goals can be achieved by leveraging U.S. strengths, financing tools, and expertise. Recent structures created through the Better Utilization of Investments Leading to Development (BUILD) Act of 2018 will be called upon to build a health economy and motivate local investment in countries, driven by health workers and the growing number of young people worldwide.

Stimulating the business of health care, with appropriate protections in place, and finding sustainable financing methods domestically can radically transform not only health in low- and middle-income countries (LMICs), but their economies as well. But it is imperative that this new approach is not taken from the same “business as usual” Western perspective. In addition to equalizing power dynamics between the Global North and Global South, this new approach also needs to “address the complex interdependence between histories of imperialism with health, economic development, governance and human rights.”⁷

The vision of *Transforming Global Health* will be built on three pillars of programming and activities that can interact with and support one another based on current needs within the global landscape to effectively contribute to the global health system we need (see **Figure 2**).

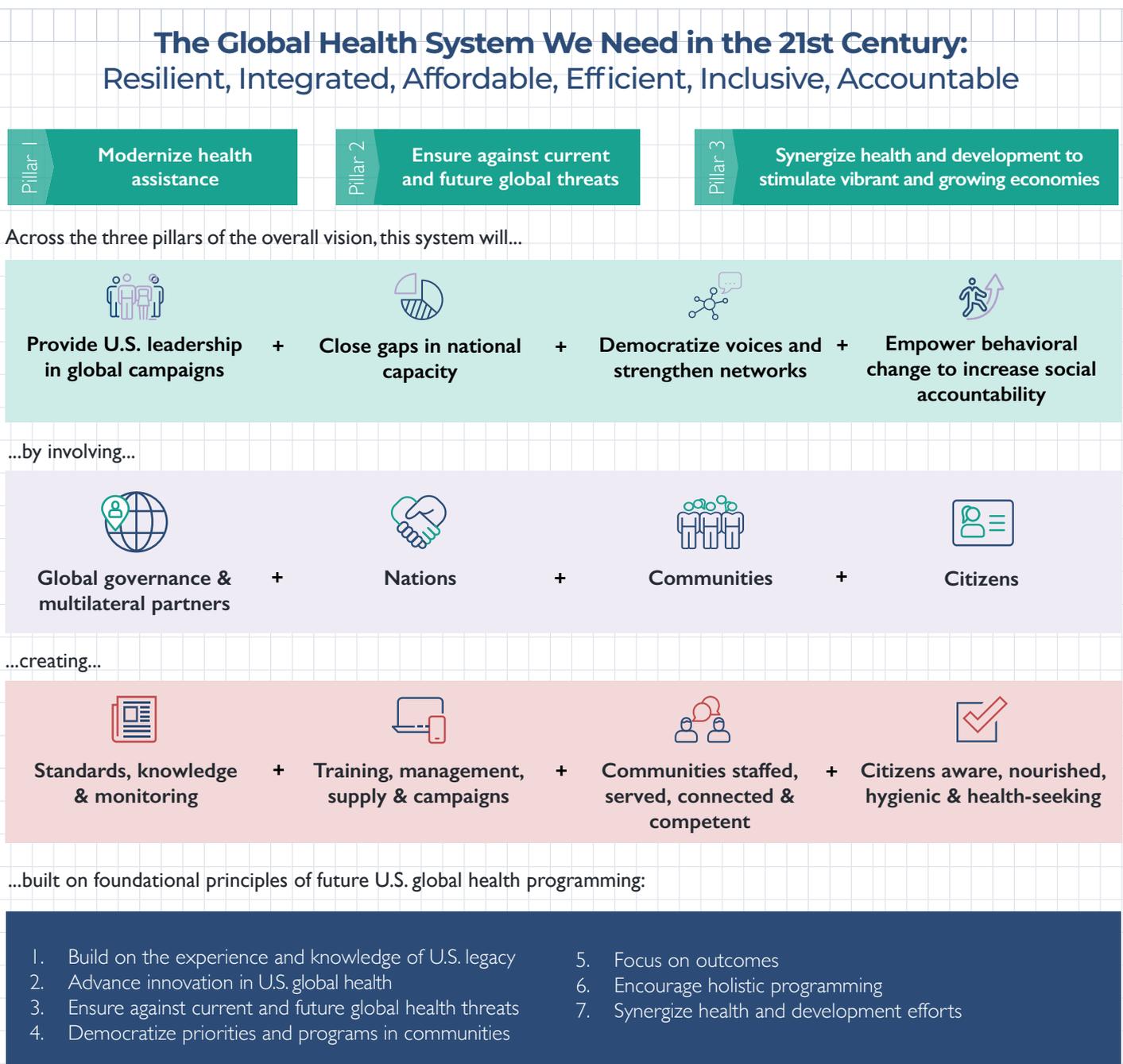


Figure 2: The Global Health System We Need in the 21st Century

The first pillar centers on modernizing health assistance and improving efficiency and outcomes. The knowledge base generated over the last four decades offers a wealth of expertise available to help countries better implement strong national health programs primed to tackle primary health care. But to increase efficiencies and effectiveness, strategic reorganization of foreign assistance and new ways of doing business will be necessary. The second pillar of ensuring against global threats recognizes that many of the world's poorest populations live within the nexus of climate change, health, and security interactions. While COVID-19 was a result of zoonotic spillover, the next global threat may look very different, reinforcing the critical importance of fundamental capabilities such as surveillance, workforce capacity, and research and development (R&D) to protect and respond to all threats. Many LMICs, such as Senegal and Vietnam, executed exemplary responses, building on lessons from previous outbreaks and resulting in positive outcomes. Their successes and remaining gaps can inform future response designs. However, efforts must be holistic in nature, or we risk causing more harm than good. Persistent problems such as maternal mortality and domestic violence, often overlooked, surged in response to numerous national lockdowns during the COVID-19 pandemic. Additionally, as outbreak response policies were put in place, many became shut out of access to routine services, tragically leading to unnecessary deaths of marginalized populations. Finally, the third pillar will address the historical separation of foreign assistance for health and development efforts, identifying social determinants of health that can be holistically targeted through joint investment and coordination while also growing the economy. Civil society engagement with a focus on equity and inclusion of key populations can assure accountability and optimize outcomes.

In order to achieve our goal of building truly resilient health systems that positively influence the well-being of populations, we have to know what is working and what is not. To maintain ongoing monitoring and evaluation of efficacy across programming a learning agenda, centered on diverse sources of data and indicators will be employed to help reshape the architecture and build on the global health legacy and new principles. This agenda, informed by the countries themselves, will also help create a path towards true country-owned, sustainable health systems in which governments meet their responsibility to provide high quality, accessible health care for all citizens. To break down the siloes that have been built up over decades in foreign assistance and tap into the knowledge and expertise acquired in that time, this learning agenda will focus on outcomes, while employing diverse input to innovate and test best methods and applicability in different settings. Findings and lessons can be shared across sectors throughout the broader health and development network, encouraging transdisciplinary learning.

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Barriers and Contextual Factors

We understand that changing these well-established systems will not happen overnight, and like any transformation, will encounter roadblocks along the way. Many of the existing programs will require legislative action to alter, which demands broad support. There is also a challenge of how to best roll out and implement some of these program changes and activities that are fundamentally different from historical methods. Multiple sectors and players involved do not currently work together, and outlined goals between health, development, and humanitarian sectors are not synergized. Cross-cutting attribution of success and robust monitoring and evaluation are also difficult tasks for more horizontal programming such as health systems strengthening. Finally, fundamental interventions to increase employment, education, and human capital are not as well understood as the needed interventions to improve health.

Additionally, colonialism and racism in foreign assistance and global health are centuries old traditions that will not vanish overnight. Decolonizing global health will require paradigm shifts in systems, leadership, and knowledge.⁷ To be more inclusive and effective, and in order to meet the goals outlined in this vision, it will be critical for the United States and other donor countries to undergo a philosophical transformation in how they view LMICs and foreign assistance, dismantling the current ecosystem.

These challenges notwithstanding, we are hopeful that the COVID-19 pandemic has fully demonstrated the need for these types of changes and investments and will lead to more global and national momentum for change. As a note of caution, following catastrophic events there is often a tendency to "plan for the last disaster", which may restrict everyone's focus to preparing for another respiratory infectious disease pandemic. But this limits possibilities and diverse planning. What constitutes a "threat" will need to be defined and categorized for the second pillar of programs to be focused and effective. A wealth of emergency preparedness and international work on disaster risk reduction can guide this process.

Finally, we recognize that these changes and new investments will not be possible without new and dedicated funding, as well as an adaptation or merging of current programs. U.S. global health investments have remained at a stagnant plateau over the last several years. We could dramatically alter the future for numerous populations with a doubling down of our efforts and funding in global health. This would allow for the establishment of the fundamental infrastructure needed to achieve a goal of resilient health systems, across these three pillars. The economic challenges of increased funding are understandable, but we strongly view this important work as an investment towards preventing and mitigating future crises. Health systems in many countries are not prepared to respond to future waves of COVID-19 or other equally dangerous outbreaks and emergencies.

Conclusion

While a legacy of U.S. global health knowledge has been built over past decades, the world has evolved and become increasingly complex and interconnected. While this evolution has brought new knowledge, wealth, and opportunities to many, it has also revealed vast chasms separating certain populations, highlighting immense inequities in their health and

well-being. A new approach is overdue. This new effort will extend a results-oriented legacy while creating a path towards true country ownership, transitioning countries out of foreign assistance to improve the health and well-being of countless populations, while also leading to a thriving global economy that enables justice and equity for all populations.

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Baby being weighed at the Jorge Lingán health clinic in Lima, Peru