

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

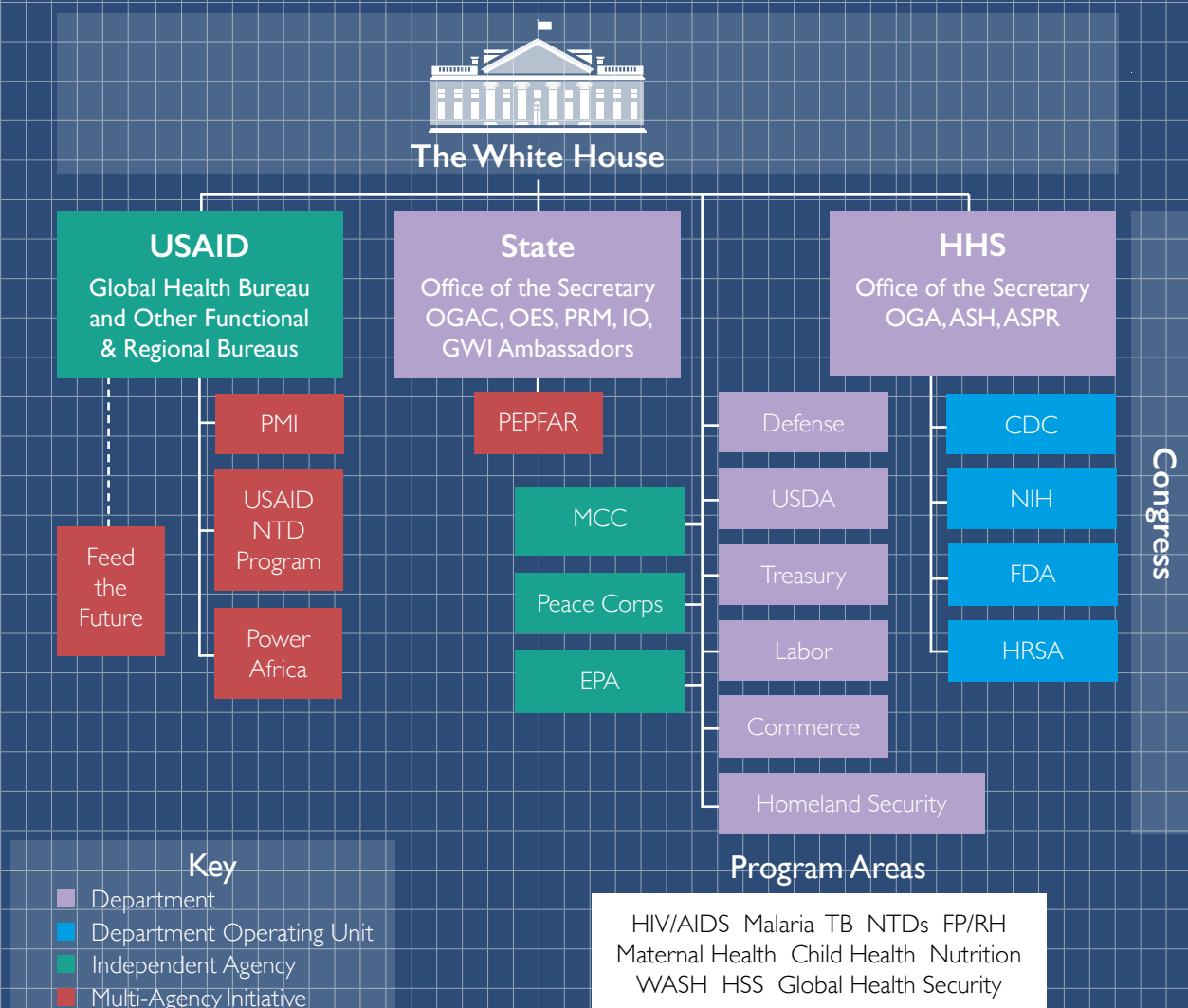


Figure 1: Organization of U.S. Global Health Efforts

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.

Static investment thinly spread across multiple agencies and organizations will not bring this bold, new vision into action.

7 in 10 Americans say the United States should participate in international efforts to improve health in other countries to ensure coordination and accountability.



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.² 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.³ 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.⁴ 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.⁴ 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.³ 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.⁶ 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.

² For guidance on what type of funding is needed for global health annually, see https://globalhealth.org/wp-content/uploads/2020/06/GHCRcsFY21_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**).

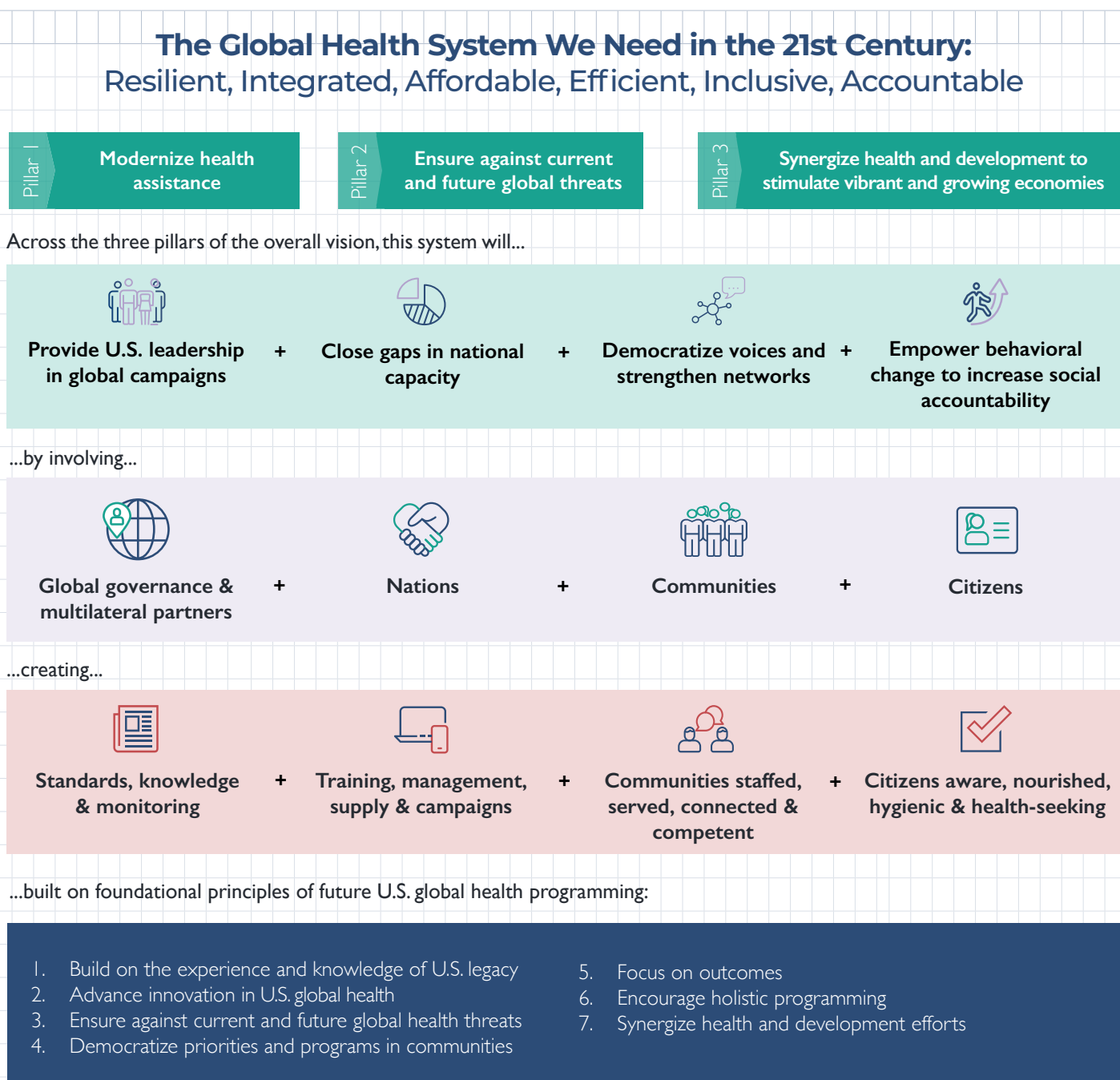


Figure 2: The Global Health System We Need in the 21st Century

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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Three Pillars Supporting the Next Phase of U.S. Global Health

Pillar I

Modernize Health Assistance: Improve Efficiency and Outcomes

Building on historic programming and a successful legacy, these emerging global challenges demand a new way of operationalizing foreign assistance programs. This is a time for a bold approach in how to motivate investment and support countries in their path to country ownership, shifting mindsets to achieve optimal health and wellness outcomes. With these shifts, the U.S. global health community can help countries better implement strong national health programs primed to tackle primary health care, with increased capacity to address NCDs, reproductive health, and infectious disease. We need a high-level coordinated global development strategy with goals and objectives for collective foreign assistance.

As development aid worldwide undergoes a transition toward greater country ownership and financing of programs, coupled with the consequences of the COVID-19 pandemic, the role of U.S. global health programs will be newly defined. Many countries have seen their economies growing and domestic sources of revenue rising, but intentional action is needed to ensure health gains are not lost. Integrated policy coherence, more focused diplomacy, innovative financing partnerships, and domestic resource mobilization (DRM) incentives will be used to accomplish our shared goals, employing multidisciplinary approaches to "doing business" and partnering with countries on a path to greater country ownership and financial self-reliance in a sustainable manner.

Without losing focus on concrete outcomes in health areas, donors will support holistic programming and integration at all levels to ensure the most appropriate front-line care available is matched with the need on the ground. The desired outcomes of individual programs such as PEPFAR, PMI, and USAID's Acting on the Call can be broadened and augmented by addressing critical health challenges that threaten recent progress. Recognizing the impacts and consequences of the recent pandemic, flexibility in budgeting and decision-making is necessary to enable staff on the ground to rapidly respond to emergencies. Programs will be designed to more easily coordinate on goals, health outcomes, data sharing, and workforce task shifting. Maintaining a focus on results-orientation will be augmented by data-driven programming, adaptability, and creating capacity.

As the world continues to grapple with the economic consequences of the pandemic, and many partner countries begin to develop their own capacities, the role of the United States in R&D will also be adapted. This new role includes leveraging U.S. strengths such as employing market-focused sustainability initiatives, investing in data and technology accelerators, catalyzing financing, mobilizing country resources, and enlisting end-to-end research and development for medical products and system strengthening. A global response to COVID-19 may create new models for strengthened regulatory coordination which could, in turn, support the

broader global health architecture and products advanced for other diseases. These efforts will demand true community engagement, encouraging diverse civil society voices are woven into all levels of decision-making in pursuit of equity and transparency for end users with an eye for key populations, who are often not prioritized in national decision-making and unable to benefit from policies.

Pillar 2

Ensure Against Current and Future Global Health Threats

On the heels of the COVID-19 pandemic, and in the context of new and reemerging threats of this century, a new paradigm is needed to protect the health and security of all countries. Though the scale of COVID-19 was unprecedented, it will not be the last time the health of the world is threatened by an infectious disease outbreak or natural disaster. In addition, the world is facing the largest number of displaced populations in history, who are often uniquely left out of global health response and face additional barriers to care. Without addressing the drivers of climate change and migration, the catastrophic effects will continue, creating bigger challenges for global health programs worldwide. A 2018 World Bank report predicts more than 140 million people could be forced to migrate within their countries by 2050 because of climate change impacts.⁸ This is especially critical for fragile states that already lack strong governance and robust health systems. As they are further affected by health threats and natural disasters, any progress made in past decades is at risk of disappearing entirely. Planetary health challenges such as extended heat waves, drought, and floods, coupled with the continuous threats of zoonotic spillover due to rapid urbanization and biodiversity loss threaten our collective future. Global health programs need to be prepared to face these consequences and put infrastructure and mindset shifts in place for greater sustainability.

A multifaceted approach, with a broader view of the diverse issues that threaten populations will center around preventing pandemics of the future, combating antimicrobial resistance, and adapting to still unseen consequences of climate change, conflict, and migration. Bilateral and multilateral partners, together with the private sector, will employ a joint effort in broadening public health protections and workforce training in surveillance and epidemiology. To improve medical product development for health threats, mitigating the adverse health and economic outcomes, a greater investment will be made in building capacity for R&D in countries with high disease burden where outbreaks often begin, led by local leaders and scientists. To do this well, quality-assured local manufacturing capacity for global health products needs to be built and regulatory harmonization strengthened between high-income countries and LMICs.⁹ Push and pull mechanisms from the U.S. government can catalyze academia, industry, and others to add to the pipeline of needed medical products to address persistent global health threats without sufficient vaccines or therapeutics such as emerging infectious diseases and antimicrobial resistance.

Recognizing the looming challenge of climate change and the numerous downstream consequences, USAID can also scale up and broaden the climate risk management component to its programs to improve effectiveness and sustainability

and reduce vulnerabilities to climate disasters and adverse effects. Humanitarian, disaster risk reduction, and global health professionals can coordinate and learn from one another to optimize efforts and reduce duplication. More holistic programming with cross-cutting themes and multidisciplinary approaches can ensure coordination across threat areas with an increased ability to be flexible and pivot where needed. An actionable research agenda leveraging local expertise and community-based approaches will also be employed to determine where public health protections and broader interventions can have the most impact. These findings can be rapidly disseminated to inform other similar regions and populations.

Pillar 3

Synergize Health and Development to Stimulate Vibrant and Growing Economies

Given the changing global dynamics, such as the rise and fall of country economies, and the population growth in many countries, global commissions and multilateral partners have outlined concerns for the slow progress to achieve the 2030 SDGs.¹⁰ Additionally, even before the COVID-19 pandemic began, many countries lacked sufficient economic opportunities to meet the needs of their population and the International Labour Organization projected a worsening global employment outlook over the next five years.¹¹ LMICs will have this challenge compounded due to rapidly growing populations and the largest generation of young people our world has ever seen.

Traditionally, health and development programs within foreign assistance often operate within siloes, with separate goals, funding streams, and expertise. Yet, numerous studies and international reports have more recently called attention to the strong bidirectional linkages between health and economic growth.^{7,13} High quality jobs have been found to be a key factor in positively influencing and contributing to sustainable development – when appropriate payment, protections, and job satisfaction are considered. The United Nations (UN) High Level Commission on Health Employment and Economic Growth argues that health employment in particular offers a new opportunity to accelerate inclusive economic growth and the health sector overall is an important contributor to exports and employment.¹⁰

With the continued upward trend of the health economy, the creation of health jobs can address multiple needs as health systems are redesigned to achieve high quality care systems and public health protections. COVID-19 has demonstrated the lack of investment in health systems in emerging economies, but the current context presents a new chance for a more sustainable fix. The largest global generation of young people worldwide and their innovation and familiarity with digital technologies and the globalized world offers the potential to break through historical system barriers, increase public-private partnership, and solve geographical problems such as lack of access to health care and specialist shortages. Much innovation is already occurring in many low-resource countries, and additional guidance and support can help bring elements to scale.

In addition to building a health economy, there is an opportunity for the United States to combine rather than

separate its investments in health and broader development issues to accelerate economic growth and better strengthen health systems to meet the needs of populations in LMICs. Creative and multifaceted development programs can catalyze additional investment. For example, Power Africa mobilized more than \$40 billion in private sector commitment after just a \$7 billion investment.¹⁴ These programs are poised to affect root causes and influence the health of populations but should be more coordinated with global health programs both on the ground and in overarching structure at the headquarters level to maximize the impact. Similarly, future global health efforts can be more closely linked with investment in the social determinants of health and development priorities such as education, equality of women and girls, employment, agriculture, and human capital. The power of these societal factors is enormous compared with the power of health care to counteract them.¹⁵ This process of investment and alignment in the most productive interventions can be accelerated through multilateral cooperation and compiling multiple country and donor efforts for analysis on the most effective methods and approaches. Human rights-based programming and a special focus on equity and key populations must be foundational to ensure there is true democratic engagement and representation at the community level to influence decision-making and to enhance social accountability, minimizing corruption and waste. Smart financing and public-private partnerships can ensure the strengths are maximized and weaknesses minimized.

Goals, Outcomes, and Tactics

To meet the needs of the growing world population and have the strongest impact on the health and well-being of citizens in every country, the global health system needs to be resilient, integrated, affordable, efficient, inclusive, and accountable. Building this type of system in every country and assisting bilateral partners as they take on greater levels of ownership over their system as their capacity grows should be our overarching goal. The outcomes we expect to see in the process of achieving these goals include reductions in mortality, lower rates of disease, and improved health and wellness of infants, children, and adults. Additionally, we hope to spark shifts in mindsets, with communities democratizing who contributes to health discussions, and citizens becoming empowered to take ownership over their own health and demand accountability from systems. These critical improvements will translate to more stable countries with stronger economies. But to reach these broad and ambitious goals will require a large amount of leadership, alignment, and integration across agencies and organizations. Interventions are not done in isolation, so we recognize that each aspect needs appropriate financing and coordination, service delivery and assistance, and research and evaluation in order for this multifaceted effort to be successful and sustainable. This section highlights goals within each of the three pillars, as well as a range of tactics to help achieve them, recognizing that many will be interdependent and cross-cutting.

Pillar I

Modernize Health Assistance: Improve Efficiency and Outcomes

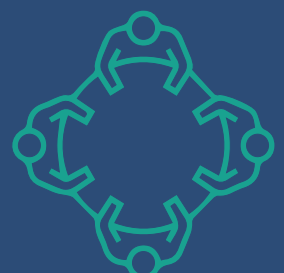


Adopt a coherent strategy and unified voice for U.S. international health and development programming.



Tactics:

- Reorganize U.S. foreign assistance programs.^{3,16}
 - Harmonize country development engagement strategies by convening a formal process for coordinating investments across USAID, Millennium Challenge Corporation (MCC), PEPFAR, International Development Finance Corporation (DFC), Centers for Disease Control and Prevention (CDC) and others, and work with country leaders to implement them.
 - Develop an assessment framework to inform optimized distribution of funding through multilateral partnerships.
 - Create a seat on the National Security Council for the USAID administrator.
- Create a holistic U.S. government development strategy, cutting across all relevant agencies, that encompasses physical and mental health and well-being of populations, protection of vulnerable groups, and economic advancement.
 - Develop joint measurement indicators and desired outcomes that cut across health and development sectors and ensure accountability.
 - Complete integrated country operation plans across health areas, in partnership with U.S. government staff in country and Ministry of Health partners, and in consultation with diverse civil society.
 - Examine existing impactful programs such as Power Africa, PEPFAR, Feed the Future, and others to assess their cross-cutting effects and linkages to health and economic outcomes.
- Reestablish and strengthen multilateral relationships and concrete mechanisms for all global health programs to facilitate civil society consultation.
- Improve coordination and alignment of U.S. global health research and development activities.⁷
- Develop clear criteria for global health program phase-out and country transition as the U.S. role shifts from donor to partner for certain middle-income countries.





Increase efficiency of U.S. government funded programs and diversify financial investments.



Tactics:

- Leverage the new U.S. DFC through the BUILD Act to unlock additional sources of capital through front-loading investments, risk based financing, and other innovations aligned with country and U.S. priorities.
- Align the DFC, USAID, and MCC in their efforts to enhance efficiencies and outcomes and drive sustainability. This includes:
 - USAID and MCC using grant resources to blend financing approaches to derisk investments and ensure returns.
 - DFC using concessional finance to ensure returns on investment for private investors.
- Create an enabling environment in partner countries for private sector investment.¹⁷



Empower those at the mission and country level to make decisions that align with top country priorities, while ensuring equity in delivery of services.



Tactics:

- Consult with local civil society organizations and key populations on community level needs to build new holistic programs.
- Work with country partners and ministries of health on health system redesign or improvement.
 - Engage on national health priorities, model expansion, return on investment analysis.
- Facilitate the creation of structures and initiatives in countries to enhance participation in contextual priority setting, social accountability, and youth engagement.



Build workforce capacity across public health and healthcare research and practice in low- and middle-income countries.



Tactics:

- Activate South to South learning networks facilitating peer-to-peer technical assistance and education.
- CDC, National Institutes of Health (NIH), and Department of Defense (DoD) can increase the number of people and institutions in partner countries capable of conducting clinical trials for global health priorities (e.g., through funding partnerships with academic institutions) including building skills of principal investigators.³



Improve the quality of health systems in partner countries.



Tactics:

- Protect key populations during rollout of universal coverage plans and increased access to care.
 - Ensure sexual and reproductive health and access to family planning are included in coverage schemes.
 - Employ gender and equity perspectives in development of social health protection schemes.
 - Remove barriers to care for people facing discrimination, such as those living with HIV/ AIDS, and lesbian, gay, bisexual, transgender, and intersex (LGBTI) populations.¹⁸
 - Ensure an adequate workforce is trained, deployed, and provided payment.
 - Leverage financing and health coverage mechanisms such as strategic commissioning and purchasing, selective contracting, accreditation, and value-based care.¹⁹
- Develop markers such as tracer indicators, child health, and other non-health indicators (such as the 17 established USAID self-reliance metrics) to track overall health systems strength.
- Strengthen supply chain partnerships globally to ensure quality of products.
- Align global, regional, and local regulators to mitigate inconsistent prequalification of emerging technologies.



Create a culture of continual learning and evaluation across health and development areas.



Tactics:

- Set up robust, multidisciplinary monitoring and evaluation mechanisms that look across sectors to determine values of interventions and programs. Investments in education may pay off in improved health or employment outcomes, or investments in health may result in improved student attendance.
- Establish bidirectional research efforts to better inform best practices and interventions related to improving health and development outcomes here in the United States and abroad.
- Translate lessons learned from partner countries through their own prioritization of challenges, ensuring health equity and social justice, and disseminate appropriately.
- Structure research partnerships to balance power symmetry between Global North and South, funders and recipients, and codevelop shared agendas.²⁰



Right-size global health innovation investments relative to need and value to the United States.



Tactics:

- Leverage and target R&D investments for health systems strengthening (i.e. building in-country clinical trials capacity has secondary benefits for building laboratory capacity, scientific and technical workforce, etc.).
- Prioritize true end-to-end product development by incorporating community-expressed needs into product profile / design.



Provide direct assistance to fragile states and regions experiencing migration and instability.



Tactics:

- Strengthen the delivery of critical health services in fragile states and conflict zones.
 - Align and coordinate strategies to reduce state fragility across USAID, State Department, MCC, and the Department of Treasury to counter violent extremism and reduce destabilizing effects of forced displacement.
- Expand the use of USAID competition waivers to enable rapid programming in fragile environments and transitional countries.²

Pillar 2

Ensure Against Current and Future Global Threats



Understand global health security from a holistic perspective and infuse programming with security and sustainability elements.



Tactics:

- Revitalize the Global Health Security Agenda in partnership with other signatories and ensure public health infrastructure and health systems in other countries are seen as strategic and international security issues.
 - Enable multiyear funding for the Global Health Security Agenda.²¹
- Establish robust “One Health” working groups and infrastructure across U.S. government agencies and global health partners through dedicated funding and leadership.
- Integrate planetary health and “One Health” concepts into global health security programs to maintain awareness of changing environments and potential zoonotic spillover.



Integrate sustainability into programming through enabled flexibility and mitigation tactics.



Tactics:

- Enable budget flexibility for program implementation to allow for emergency needs and rapid response.
- Invest in climate mitigation efforts as they relate to health programming, while also working with countries to align foreign assistance funding with their own national climate action plans.
- As a global leader, the United States can increase the percentage of total health aid from 0.43% in 2014¹⁴ to 3% by 2030 for climate adaptation, on par with other OECD countries.



Strengthen collective global health security of the world through international engagement and cooperation.



Tactics:

- Reaffirm commitments and funding to the World Health Organization, Gavi, the Vaccine Alliance, Coalition for Epidemic Preparedness, the Global Fund and other essential multilateral partners.
- Guide strategies, standards, evaluation, and reform of multilateral partners as needed and described by other allies and partners.
- Leverage pooled resources to focus funding on global public goods geared toward long-term investments with improved reporting on investment and outcomes.²²



Strengthen resilience and security of health systems.



Tactics:

- Expand training and information exchange efforts for infectious disease in LMICs to include surveillance, epidemiology, and dissemination of findings.
- Assist low-income countries in improving infection control and antimicrobial stewardship, as well as surveillance to identify new resistant microbial strains.
- Harmonize humanitarian efforts with global health and development by incorporating cross-sectoral disaster risk reduction principles into U.S. government domestic and international health plans to reduce the level and cost of response necessary.^{25,26}



Enable a learning agenda to understand what interventions and preparedness efforts work best in various settings.



Tactics:

- Increase funding for R&D, with countries representing the Global South embedded in the design stage. Funding will prioritize:
 - Understanding impacts of rapid urbanization and biodiversity loss on zoonotic spillover.
 - Identifying public health practices and policies that influence infectious disease transmissibility, such as social distancing, closures of schools and businesses, and quarantine in various settings.
 - Developing innovative cross-cutting platform diagnostics and therapies that can be used in low-resource settings and easily adapted.
- Leverage the NIH and other research funders to support primary and implementation research to identify successful interventions and appropriate contexts to improve health outcomes in fragile states and conflict zones.¹⁹



Increase DRM investments in countries in a strategic and sustainable manner while ensuring goals of reduced poverty, gender sensitivity, and inclusiveness of historically marginalized populations.



Tactics:

- Align with identified country priorities while working across CDC, State, and USAID country offices and national ministries.
- USAID and the Department of Treasury lead in the development of an interagency DRM strategy that commits to improving accountable, public sector revenue generation in partner countries, while describing each agency's role and approach towards achieving ambitious metrics and outcomes.²⁷
- Identify the barriers to "localization" for countries on a path to self-reliance and determine what is needed for local capacity building and sustainable domestic financing.
- Engage citizens and other development stakeholders in developing DRM strategies to democratize global health with a goal of building tax systems, strengthening government financial management systems, and ensuring clear transparency and accountability.



Invest in building a health economy for the future with a focus on leveraging youth populations.



Tactics:

- Scale up efforts supporting workforce education and training for healthcare and public health needs, especially skills in data science and analytics, interpersonal skills for teamwork and person-centered care, and systems-based thinking.
- Work with the United Nations to develop data standards, norms, ethical frameworks, and guidance for modernized regulation and human resource capacity in preparation for transformative technologies in the health sector.¹⁹
- Engineer and design standards that emphasize interoperability, human factors, and human-centered design to align technologies and innovation.¹⁹
- Incentivize youth recruitment and participation through public-private partnerships as countries transition to digital health technologies.
- Reform regulatory frameworks to provide paying jobs and labor rights to health workers, including fair pay, social protection, gender equity and a safe and healthy work environment.¹⁰



Employ a framework of health equity and human rights in all global health efforts to ensure all voices are heard and protected.



Tactics:

- Assess persistent racism, sexism, and colonialism in workplaces, especially within health systems, and outline steps to address and remove biases and structural inequities.
- Require gender and racial analysis of U.S. global health projects.

Pillar 3

Synergize Health and Development to Stimulate Vibrant and Growing Economies



Increase coordination and synergy between global health and development efforts to address root cause issues of adverse health outcomes.



Tactics:

- Commit to monitoring and global collaboration on the framework of the SDGs, enabling U.S. cities and states to both share our lessons and learn from global progress.
- Work with development finance institutions and multilateral partners to understand gaps in social determinants of health that have not been historically addressed through health programs alone (i.e., employment, gender empowerment, leadership, education).
 - Support integration within program design to ensure better coordination on goals, health and well-being outcomes, data sharing, and task shifting.
- Based on findings from gap analysis, health and development sectors jointly invest in interventions that have cascading downstream effects on improving the health and well-being of populations.
 - Investments are augmented by expansions through the BUILD Act and catalyzing creative private sector investment.
 - Develop integrated country operational plans based on country national priorities aligned with U.S. programming goals.

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.



A community health worker during a home visit in Uganda

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