



U.S. Leadership on Global Health

The U.S. has played a critical role in fighting diseases, developing effective programs, and building health systems throughout the world. Building on this legacy of leadership is more important than ever.

THE ISSUE

The United States has a long history as one of the largest donors to global health. Through its commitment to ending epidemics and to developing affordable, resilient, self-reliant health systems, the U.S. seeks to improve the people's health and well-being, both domestically and around the world.

U.S. leadership in global health has transformed the idea of what is possible in low-resource health systems and has proven that smart, targeted investments can save lives. By coordinating with global partners, and with countries driving the delivery and oversight of assistance, the U.S. has been able to increase the impact of its investments.

Through its leadership, significant investment, and targeted programs, the U.S. has contributed to enormous progress:

- Contributing to a significant drop in global poverty rates
- Helping to found, and serving as a key donor to multilateral health organizations including the Pan American Health Organization, WHO, GAVI, and The Global Fund
- Allocating over \$9 billion in global health programs, in addition to almost \$16 billion in emergency supplemental funding for COVID-19 in 2021
- Saving more than 21 million lives through the President's Emergency Fund for AIDS Relief (PEPFAR)
- Investing \$770 million in the President's Malaria Initiative (PMI) in 2020, reaching nearly 60 million people with malaria treatment
- Contributing to over 400 million children being vaccinated against polio each year
- Committing up to \$11 billion over three years towards global malnutrition
- Working with partners on key global health priorities including childhood immunization, nutrition, and human resources for health
- Working with partners to develop equitable health systems that deliver for the most vulnerable and hardest-to-reach.

WHAT'S AT STAKE

Climate change, mass migration, zoonotic spillover, natural disasters, and changing disease patterns threaten global health progress.

Increasing threats are threatening to roll-back decades of global health progress. COVID-19 has been a wakeup call to scale up and prioritize investments in health system strengthening (HSS), advance health security and pandemic preparedness, and re-imagining the ways we work so that the world will be better able to withstand unavoidable future health shocks and respond to the new global health landscape, including the rise in non-communicable diseases.

As the largest donor to global health programs, U.S. leadership is crucial to ushering in a new era of investments to transform the current system and ensure a safer, healthier future.

The Biden Administration has set ambitious global health ambitions, but to deliver it must learn from the pandemic lessons and use the COVID-19 response and recovery to make fundamental changes in its leadership for global health.

The current levels of global health funding, and the way funding is delivered, is ill-adapted for the needs.

U.S. global health investments have remained stagnant over the last decade, with \$10 million allocated to global health in 2011 and \$11.4 million in 2021. Despite the U.S. helping to found and serve as a key donor of several global multilateral organisations, funding for these organizations has fluctuated over time and remains unpredictable. At the moment, the vast majority of U.S. global health funding is directed to bilaterals. More than 80% of all funding is provided bilaterally, with less than 20% allocated to multilaterals. While there are different avenues to supporting global health, funding to multilaterals is as important as supporting bilateral efforts.

The U.S. has consistently been the largest donor to WHO. However, U.S. financial contributions to the agency fell by 25% during the pandemic, causing the country to lose its spot as WHO's top donor. U.S. funding is set to increase again in WHO's next two-year budget, with new pledges made in December 2021 — including \$280 million by the Biden administration. But the U.S. has raised doubts about its long-term support to the agency.



The U.S. continues to rely on a vertical approach to global health financing and programming.

Although the U.S. invested resources in HSS, its core area of financing remains disease specific programming. Approximately 50% of U.S. funding goes towards HIV/AIDS which has received the most funding from the government since 2001. What we have learned from the COVID-19 pandemic is that we cannot divert all resources to one disease; funding must be expanded so that we are able to address multiple challenges in tandem. The status quo severely undermines the government's commitments to HSS and does not reflect countries' needs and priorities. It supersedes the need for an integrated approach to delivering equitable health for all. Furthermore, it reinforces an outdated dynamic of "recipients" versus "donors," instead of cultivating a true collaborative, cooperative system where decisions are being made with the meaningful participation of national governments, civil society, and communities.

U.S. institutions for health are fragmented and uncoordinated.

Traditionally, U.S. health and development programs within foreign assistance are spread across more than 20 agencies and operate separately, each with distinct goals, funding streams, expertise, and fragmented congressional authority and oversight.

This fragmentation without clear leadership compromises the efficiency and effectiveness of U.S. foreign assistance. It also makes coordination – especially for rapid and nimble responses to emergencies – extremely difficult. In addition, the U.S. government is represented by different agencies at each of the main multilaterals with little coordination. For example, the department of Health and Human Services leads U.S. engagement with WHO while USAID leads with Gavi, PEPFAR at the Global Fund. This piecemeal approach leads to incoherent, disjointed policies and missed opportunities.



Sustained U.S. global health leadership requires well-resourced, operationally sound institutions that are able to develop and implement effective, equitable programs.



RECOMMENDATIONS

The U.S. has a unique opportunity to elevate its global health leadership and drive an equitable agenda, focused on investing in HSS across the world. This will position the U.S. to better fight the current COVID-19 pandemic and prepare for new global health threats — including non-communicable and emerging infectious diseases — through a united vision and strategy.

To do so, the U.S. government must:



SCALE UP INVESTMENT IN GLOBAL HEALTH FUNDING.

- Increase funding towards existing and new global health threats, including non-communicable diseases.
- Step up multilateral funding for GAVI, the Global Fund, CEPI, and health-related United Nations programming including WHO, UNICEF, the World Food Program, UN Refugee Agency, and UNFPA.
- Ensure flexible and predictable funding towards UN global health initiatives to facilitate rapid response for emergencies and improve their ability to tackle global health challenges.



INCREASE COORDINATION AND REFRAME GLOBAL HEALTH AS A WHOLE OF GOVERNMENT APPROACH.

- Appoint U.S. global health leadership that has the authority and mandate to lead a high-level coordinated, cross-sectoral (education, gender equality, agriculture, climate change, zoonotic diseases), and overarching global health strategy with goals and objectives for collective foreign assistance. Break down existing siloes across health priorities and set an agenda for action centered on primary health care.
- Scale-up and implement a coherent approach to U.S. multilateral engagement that will be critical for supporting low- and middle-income countries during COVID-19 and beyond. Engage more systematically and coherently with multilateral agencies through a multilaterals engagement coordination mechanism.



MOVE BEYOND VERTICAL GLOBAL HEALTH FUNDING AND PROGRAMMING TOWARDS AN INTEGRATED AND HSS FOCUSED APPROACH.

Shift the approach towards building robust, resilient, holistic, and integrated health systems that can not only address existing and emerging global health challenges, but also maintain and scale up lifesaving services including family planning, immunization, malaria prevention, and nutrition for the most vulnerable.

Join us in working to achieve equity in global health.
To learn how, visit: www.globalhealth.org

