

2023 GLOBAL HEALTH BRIEFING BOOK

The Power of U.S. Investments in Global Health



GLOBALHEALTH.ORG

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MEETING THE MOMENT: U.S. Leadership in a Rapidly Changing Global Health Landscape

The U.S. has a long history of fighting diseases, developing effective programs, and building health systems throughout the world. This strong stewardship has helped spur incredible progress and innovation in global health. The long list of accomplishments includes, but is certainly not limited to, ground breaking health programs like the President's Emergency Plan for AIDS Relief and the President's Malaria Initiative; serving as a founding partner — and the largest contributor — to the Global Fund to Fight AIDS, Tuberculosis and Malaria; and leveraging U.S. programs, policies, and resources to decrease maternal and child mortality and increase equitable access to lifesaving vaccines and innovative treatments.

But the work is far from over, particularly in a rapidly changing global health landscape. The list of threats to global health progress is daunting: mass migration, zoonotic spillover, natural disasters, changing disease patterns, and, of course, three years of a destabilizing global pandemic. COVID-19, in particular, has resulted in a backsliding of progress across disease areas. This reversal of progress has been compounded by other crises including the war in Ukraine, conflicts in Ethiopia and Yemen, the rapidly worsening effects of climate change, and a global food shortage. Further regression remains a very real possibility.

Building on the U.S. legacy of global health leadership is more important than ever.

Through our more than 100 member organizations that, collectively, work across 150 countries and address a broad range of global health issues, Global Health Council (GHC) understands what must be done to safeguard the world against disease and build healthier, more sustainable communities. It begins with:

Well-resourced, effective U.S. global health agencies. As the largest donor to global health programs, the U.S. can help usher in a new era of investments to transform the current system and ensure a safer, healthier future. But sustained U.S. global health leadership requires adequately funded, operationally sound institutions that are able to develop and implement effective, equitable programs.

Strong, collaborative multilateral organizations. By leveraging the support of donors like the U.S., multilateral institutions protect the world against public health threats and help countries prevent, treat, and protect their citizens from disease.

A multidisciplinary and holistic approach to global health security. National security should not be the primary justification for global health security decisions; human rights, equity, dignity, and thriving development must be central to the process.

Global health equity. Health for some is not good enough; an equitable opportunity to be as healthy as possible is necessary for all. Achieving equity in global health requires a collective approach that reaches across sectors, communities, and countries, with health and social justice at its core.

In order to achieve these goals and offer life-saving return on U.S. investments, funding and policy decisions must be based on science, data, and evidence. That is precisely why, every two years, GHC produces the Global Health Briefing Book. Each brief contained within the book provides a snapshot of the current state of a particular disease or issue area and offers recommendations for action. As a second step in this effort, GHC will publish a Policy Index in the spring, detailing congressional action over the last two years and identifying where there is momentum and where we must pick up the pace.

A diverse group of global health experts contributed to compiling this information. While the opinions presented here do not necessarily represent the views of all GHC members, they do provide helpful consensus and guidance for both new and veteran champions of our cause.

This material is intended to support Congress in its work of building a stronger, more holistic, and more equitable global health advocacy agenda. We hope you find it of value. And we look forward to working with you to increase global health funding, enact equitable and inclusive policies, and ensure access to care for all people.



Elisha Dunn-Georgiou
President & CEO

GLOBAL HEALTH OVERVIEW

What You Should Know

U.S. leadership in global health has contributed to incredible progress against some of the world's most pressing health challenges and resulted in millions of lives saved, particularly in low- and middle-income countries. In partnership with countries and multilateral organizations, U.S. investment has helped build stronger health systems and improve the health of populations worldwide.

Together with U.S. humanitarian and development programs, global health programs reinforce U.S. foreign assistance priorities to reduce poverty, achieve gender equality, promote human rights, and improve national and global security by supporting stable, resilient, and democratic communities.

The U.S. invests bilaterally through programs at the Department of State, U.S. Agency for International Development, the Centers for Disease Control and Prevention, the National Institutes of Health, and the Department of Defense. Investments and partnerships with multilateral organizations, such as the World Health Organization; UNICEF; the Global Fund to Fight AIDS, Tuberculosis and Malaria; the UN Population Fund (UNFPA) and others further help the U.S. achieve global health goals.

Sustained U.S. investment in global health is crucial for building on existing achievements and accelerating progress toward the collective global goal of ensuring healthy lives and promoting well-being for all.

Congressional Calls to Action

Increase funding levels across all global health-related accounts.

Sustained, increased funding for global health; nutrition; and water, sanitation, and hygiene (WASH) programs across the International Affairs (150 Account) and Health and Human Services (550 Account) budgets are necessary to ensure progress against global disease threats. Investments in programs like the President's Emergency Plan for AIDS Relief (PEPFAR) and the research and development of innovative tools results in millions of lives saved.

Support U.S. leadership and support of global health-focused multilateral organizations.

Multilateral organizations like the World Health Organization; Gavi, the vaccine alliance; and the Global Fund to Fight AIDS, TB and Malaria leverage U.S. bilateral support to help countries address a range of health challenges. These organizations have extensive networks and the ability to access remote or unstable areas. Every U.S. dollar contributed is multiplied by other donors, making it a best buy for U.S. taxpayers.

Support policies and legislation that promote equitable, effective, and integrated programming across health areas.

Integrated U.S. global health assistance means holistic programming within and across disease areas that is created and implemented in collaboration and partnership with countries to best meet the needs of the populations they serve.

Why is this investment important?

U.S. global health programs and initiatives deliver improved health outcomes in countries around the world, resulting in social, economic, and security benefits for Americans and the world. These lifesaving investments help to slow the spread of infectious diseases, address health emergencies, reduce maternal and child mortality, and so much more.

The COVID-19 pandemic put decades of progress in peril, and compounding crises like the war in Ukraine, conflicts in Ethiopia and Yemen, rapidly worsening effects of climate change, and a global food shortage, have resulted in a backsliding across disease areas.

Robust U.S. investments are needed to ensure the gains made over decades are not lost and to ensure future global health progress. These investments will also help to protect the health of Americans and others worldwide by strengthening our collective health security.

This is a critical moment, and one in which the U.S. must continue its long legacy of global health leadership by sustaining strong investments in its programs to help safeguard communities against disease and build a healthier and more resilient world.



Together with U.S. humanitarian and development programs, global health programs reinforce U.S. foreign assistance priorities to reduce poverty, achieve gender equality, promote human rights, and improve national and global security by supporting stable, resilient, and democratic communities.

ANTIMICROBIAL RESISTANCE (AMR)

What You Should Know

Antimicrobial resistance (AMR) occurs when bacteria, viruses, fungi, and other microbes develop resistance to the medicines used to treat infections and diseases. This resistance is often caused by improper or overuse of antimicrobial drugs. AMR leads to prolonged illness and hospital stays, and increased mortality and healthcare costs.

The Centers for Disease Control and Prevention (CDC) cites AMR as one of the greatest public health challenges today. In the U.S., more than 2.8 million people contract an antimicrobial-resistant infection annually, leading to over 35,000 deaths annually.¹ Estimates show that, in 2019, over 1.27 million deaths globally could be attributed to AMR bacterial infections² and

by 2050, 10 million lives annually and \$100 trillion in economic output could be lost to AMR.³ Low- and middle-income countries will be most affected.

Combating AMR requires reduced antibiotics usage; improved infection prevention and control (IPC) measures, especially in healthcare facilities; greater access to water, sanitation and hygiene (WASH); and development of new medicines and tools. Unfortunately, research and development (R&D) has not kept pace with rising resistance. The market for new medicines and tools is not profitable, necessitating federal policies and public investment to incentivize development.

Congressional Calls to Action

Support increased investment in the development of new medicines, diagnostics, and vaccines.

Several U.S. government agencies support R&D of new tools to address and monitor AMR. These agencies—including the CDC, Biomedical Advanced Research and Development Authority, the U.S. Agency for International Development, and the National Institutes of Health—should be strongly funded and encouraged to coordinate and collaborate in accordance with the National Action Plan for Combating Antibiotic-Resistant Bacteria (CARB), 2020-2025.

Support One Health policies that reduce reliance on antimicrobials.

AMR is a One Health challenge — it affects the health of people, animals, and the environment. The usage of antibiotics in agriculture and livestock has led to antibiotic-resistant germs that can infect human populations. Addressing AMR will require solutions that are multisectoral and holistic.

Support programs that ensure sustainable access to safe WASH.

Access to WASH is critical to IPC measures, such as handwashing and wastewater management, which help to prevent and contain the spread of infections and other diseases.



Why is this investment important?

Without antimicrobials, common procedures, like routine surgeries, would be much riskier. A growing number of microbes are becoming resistant to multiple antimicrobials, causing infections that require toxic last-resort treatments. AMR increases the risk for many types of medical care and can disrupt even the most advanced health systems.

Investments that strengthen IPC measures in health-care facilities, households, schools, and markets are critical to preventing and containing the spread of diseases and infections, and reducing antibiotic use. Since many drug-resistant infections are acquired in healthcare settings, these facilities must have access to clean water, decent toilets, and good hygiene for healthcare workers to safely do their jobs.

Continued investment in the development of new antimicrobials is needed to stay ahead of AMR. Public investment can have strong returns. In 2016, the U.S. government—via BARDA and the National Institute of Allergy and Infectious Diseases—joined with Wellcome Trust to launch CARB-X, a global nonprofit partnership dedicated to accelerating antibacterial research. Since its inception, CARB-X has supported 92 projects and Phase 1 products. Its portfolio represents the world's most scientifically diverse, early development pipeline of new antibiotics, vaccines, rapid diagnostics, and other products to prevent, diagnose, and treat life-threatening bacterial infections.

Continued investment in the development of new antimicrobials is needed to stay ahead of AMR.

Photo: Gabe Bienczychi - PATH

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Contributors

Julien Rashid, Global Health Technologies Coalition
Danielle Heiberg, WaterAid America

Citations listed in Appendix

Resources

DC Antibiotic Resistance/AMR: <https://www.cdc.gov/drugresistance/index.html>

CLIMATE

What You Should Know

Climate change is the most significant health threat facing humanity. Climate change undermines the foundations of health, from clean air and water to nutritious food and shelter. It leads to wide-ranging health impacts, including injury and death from extreme weather events, malnutrition, and mental health deterioration, as well as causes a greater burden of noncommunicable and communicable diseases.¹

Climate change enhances pandemic risk. Most emerging infectious diseases are the result of spillover of pathogens from animals to people. Examples of emerging infectious diseases with such zoonotic origins include HIV infection, Ebola virus disease,

and monkeypox.^{2,3} Warming and land use change, especially deforestation, contribute to interspecies contact that increase the risk of such spillover events and future pandemics.^{4,5}

Climate change drives and exacerbates health inequities. The health impacts of climate change are disproportionately felt by those who contributed the least to the issue: people living in low-income countries and communities.⁶ These individuals bear the brunt of harms from extreme weather events, have higher rates of chronic illnesses due to exposure to fossil fuel pollutants, and are more likely to live in emerging infectious disease hotspots.

Congressional Calls to Action

Invest in climate-resilient health systems and water, sanitation and hygiene (WASH) at the federal and global level.

Support healthcare facilities to protect their operations as they often serve as linchpins during and after extreme weather events. These facilities also require sustainable WASH access to slow the spread of outbreaks, like flu or Ebola. With support, healthcare facilities can take preventive steps to keep vulnerable communities safe, which also protects Americans from health threats.

Support policies and legislation that help conserve tropical and sub-tropical forests.

These forests sequester about 25% of the world's carbon and also serve as a buffer against infectious diseases. Well-designed forest conservation can reduce the risk of zoonotic spillover of viruses from wildlife into people. By adopting sound legislation, such as AMAZON21, the U.S. government can help mitigate climate change and prevent future pandemics.

Support the transition away from fossil fuel reliance.

Reduced fossil fuel combustion for transportation, electricity, and heat⁷ can significantly improve health, particularly by lowering greenhouse gas (GHG) emissions and reducing air pollution. Valuation of GHG emissions, like the social cost of carbon, and costs associated with traditional air pollutants, like particulate matter, must include the value of their negative health impacts.



Why is this investment important?

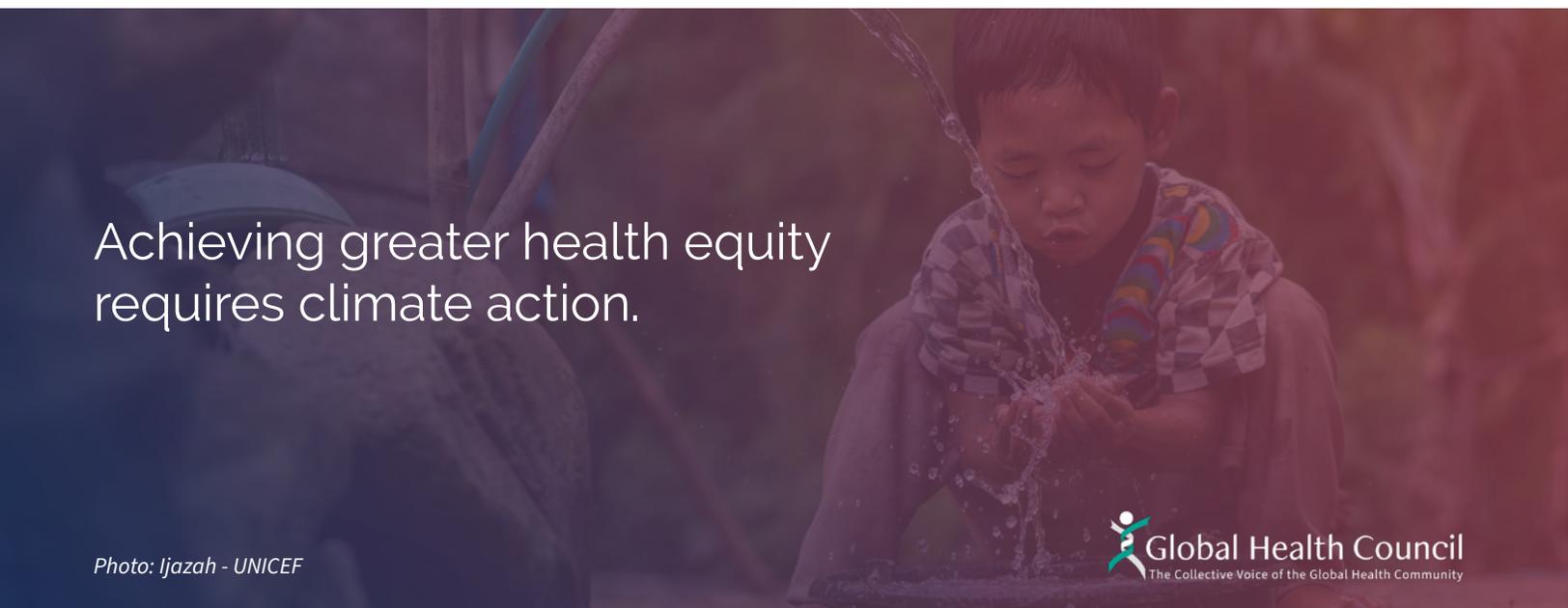
The World Health Organization estimates that over 13 million people die globally each year due to avoidable environmental causes.⁸ Addressing climate change represents an unprecedented opportunity to safeguard human health, including through decreasing the risk of future pandemics.

Meeting the goals of the Paris Agreement could save approximately one million lives per year worldwide by 2050 through reductions in air pollution alone.⁹ The U.S. has a crucial role to champion these gains, and the U.S. government aims to reduce national emissions from 2005 levels by 50-52% by 2030.¹⁰

In addition, achieving greater health equity requires climate action. The U.S. government is committed to

ensuring at least 40% of the benefits from climate and clean energy investments benefit under-resourced communities and the U.S. Agency for International Development has set up multiple programs focused on helping vulnerable populations adapt to climate change.

Despite the U.S. government's current efforts, enormous opportunities remain to reduce fossil fuel use, curb deforestation, and strengthen water resource management. This can safeguard American health and promote health equity, while simultaneously mitigating climate change and lowering the odds of future pandemics.



Achieving greater health equity requires climate action.

Photo: Ijazah - UNICEF

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Resources

Climate Change and Health (WHO): <https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health>

COP24 Special Report on Health and Climate Change (WHO): <https://www.who.int/publications/i/item/cop24-special-report-health-climate-change>

Lancet Countdown—2021 Policy brief for the United States on health and climate change: <https://www.dropbox.com/s/n2bmdt74fiw0xgu/USA%202021%20English%20-%20Lancet%20Countdown%20Policy%20Brief.pdf?dl=0>

“Call for Emergency Action to Limit Global Temperature Increases, Restore Biodiversity, and Protect Health.” (New England Journal of Medicine): <https://www.nejm.org/doi/full/10.1056/NEJMe2113200>

Contributors

Lina Dieudonné, Preventing Pandemics at the Source

Nigel Sizer, Preventing Pandemics at the Source

Neil Vora, Conservation International

Citations listed in Appendix

DIGITAL HEALTH

What You Should Know

Digital innovations are key to health emergency responses. Mature health information systems support better patient care and enable resilient health emergency responses. Digital technology proved critical for contact tracing, vaccine education, and vaccine tracking during COVID-19. Countries already adept at using digital technologies pivoted essential health services virtually and tracked population health needs for improved response.¹

U.S. global digital health leadership is critical to health system strengthening. By coordinating investments, the U.S. Agency for International Development (USAID) and other funders played a vital role in strengthening national digital health strategies, technology competencies, and validation of software

platforms.^{2,3} This forward-thinking approach enabled countries to procure and quickly adapt existing software⁴ for the pandemic response, which saved lives.⁵ Conversely, many countries with little prior investment struggled to manage during the pandemic⁶ and required substantial support to modernize their health information systems.

Digital technology is transforming healthcare. The U.S. must continue to be a reliable partner to sustain the gains from COVID-19 digital innovations to support the maturity of country health information systems, including interoperability. This will allow countries to be resilient in managing public health emergencies and self-reliant in strengthening health information priorities.

Congressional Calls to Action

Increase funding for digital health priorities.

USAID and the President's Emergency Plan for AIDS Relief (PEPFAR) require increased funding to improve digital health capacity in low- and middle-income countries. Underfunded areas include: national readiness for information communication technology; digital health competency training for leaders, managers, and health workforces; and development of funded national digital health strategies and architecture.⁷

Support global digital health policies and investments that align with national health strategies.

The Ethiopia Digital Health Activity, stewarded by the local USAID mission, is a great example of a scale-up model that works and enables countries to independently manage their health information systems.⁸ Congress should follow this example to ensure future investments align with national digital health strategies and encourage local stewardship to facilitate long-term ownership.

Encourage U.S. agencies to design new digital health procurement mechanisms that enable public and private partnerships.

Countries are being left behind in the data revolution in areas like interoperability, data science, and data protection and security. Congress must encourage USAID and PEPFAR to design agile procurement mechanisms that attract public and private partnerships that can provide cutting-edge technology products and services that countries cannot otherwise access today to address these gaps.

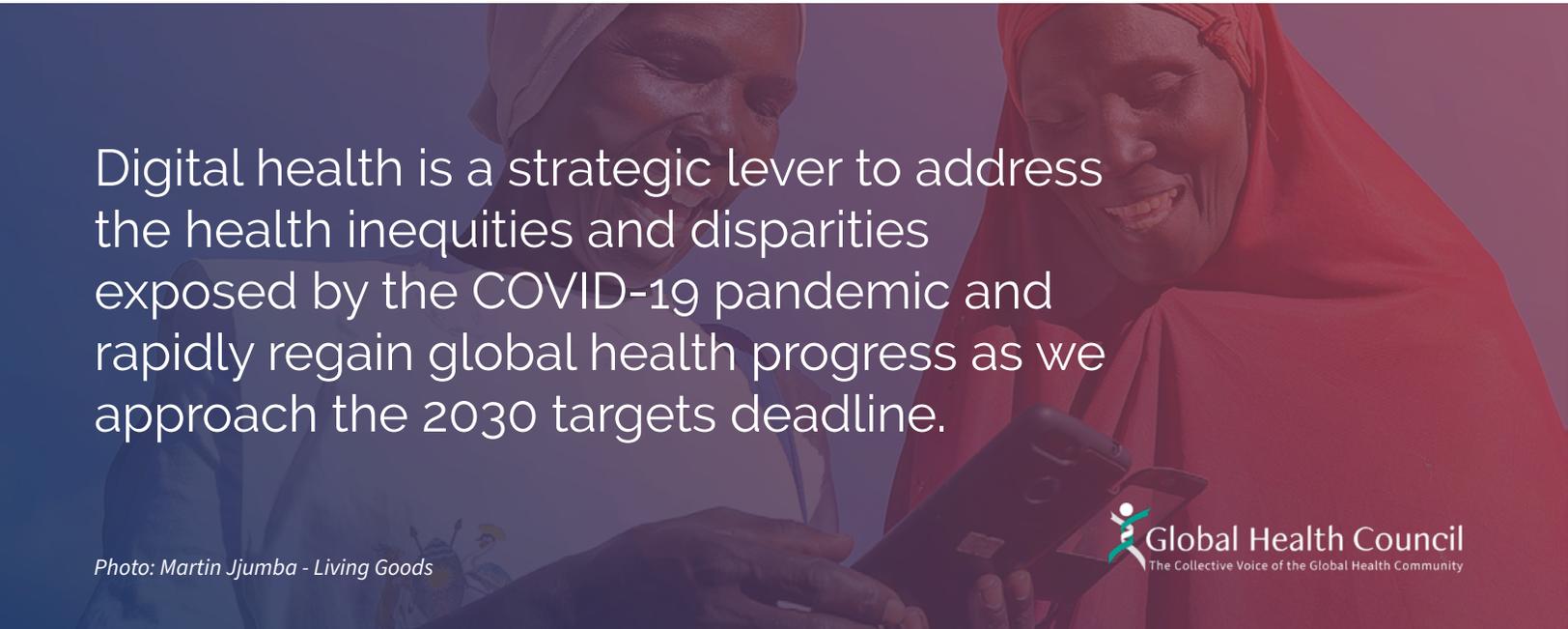
Why is this investment important?

Growing evidence shows that strategic use of digital solutions improves health outcomes and saves lives. Digital health is a strategic lever to address the health inequities and disparities exposed by the COVID-19 pandemic and rapidly regain global health progress as we approach the 2030 targets deadline.

To generate the highest return for U.S. taxpayers, digital health programs must be anchored in national health sector plans. This promises a much greater likelihood of institutionalization and local ownership. Softwares that can serve multiple uses across program areas should be prioritized since they have a broad health system strengthening impact and maximize the full potential that technology offers.

Digitally-skilled leaders and health workforces are needed to successfully implement technologies to transform their health systems. Global health agencies need to create inclusive ecosystems that attract new and diverse partners who bring unique technical expertise and technologies to tackle the world's most pressing health challenges.

U.S. leadership in modeling new ways of supporting digital and data innovations in global health programs can have multiplier effects by attracting co-investments from other global health partners to secure the financing needed to create resilient, sustainable, digitally transformed health systems.



Digital health is a strategic lever to address the health inequities and disparities exposed by the COVID-19 pandemic and rapidly regain global health progress as we approach the 2030 targets deadline.

Photo: Martin Jumba - Living Goods



Resources

A Vision for Action in Digital Health 2020-2024 (USAID): https://www.usaid.gov/sites/default/files/documents/USAID-A-Digital-Health-Vision-for-Action-v10.28_FINAL_508.pdf

Digital Health Global Goods (Digital Square). <https://digitalsquare.org/digital-health-global-goods>

2021 The State of Broadband (Broadband Commission for Sustainable Development). <https://broadbandcommission.org/publication/state-of-broadband-2021/rt>

Contributors

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Olivia Vélez, Chief Digital Health Officer, IntraHealth International

Citations listed in Appendix

FAMILY PLANNING & REPRODUCTIVE HEALTH (FP/RH)

What You Should Know

U.S. global family planning and reproductive health investments help achieve global health goals, advance equity, and save lives. Investments in family planning and reproductive health (FP/RH) are essential to empowering women and girls, advancing gender equity, and reaching U.S. global health goals, including ending preventable child and maternal deaths and achieving an AIDS-free generation. Despite progress, 299,000 women die annually as a result of pregnancy or childbirth, including from unsafe abortions.¹ Most of these maternal deaths were preventable and 94% occurred in low- and middle-income countries (LMICs).²

A global unmet need exists for contraception. Estimates show that more than 218 million women in

LMICs want to avoid pregnancy and have an unmet need for modern contraceptives.³ Fulfilling this need for contraception would enable women, youth, and couples to prevent unintended and high-risk pregnancies, resulting in an estimated 70,000 fewer maternal deaths each year.⁴

Ensuring sexual and reproductive health and rights for young people is critical. For young people worldwide, access to sexual and reproductive health information, tools, and services—including comprehensive sex education and contraception—is essential for remaining healthy, continuing their education, and developing skills to build more peaceful and prosperous communities.⁵

Congressional Calls to Action

Ensure increased funding for bilateral and multilateral global FP/RH programs.

This includes investments in the U.S. Agency for International Development (USAID)'s international family planning and reproductive health programs and the essential reproductive and maternal health work of the United Nations Population Fund (UNFPA) in annual appropriations bills. Additionally, the U.S. should increase funding for contraceptive research and development to expand people's contraceptive choices.

Support permanent legislative repeal of the Mexico City Policy, also known as the global gag rule.

When in place, this policy requires foreign organizations receiving U.S. global health assistance to give up the right to use their non-U.S. funds to provide, counsel, refer, or advocate for abortion in their own countries. Permanently repealing the Mexico City Policy is critical to build back sustainable partnerships and accelerate progress on global health, human rights, and equity.

Oppose efforts to introduce new, expand, or codify existing policies that undermine access to sexual and reproductive health information and services.

Support the repeal of long-standing restrictions, such as the Helms Amendment to the Foreign Assistance Act, and language used to block funding to UNFPA in annual appropriations bills.



Why is this investment important?

USAID has funded FP/RH programs for more than 50 years and is the world's largest bilateral family planning donor, currently supporting reproductive health programs in nearly 40 countries.⁶

Investments in UNFPA support the U.S. global health goals by working in places where the U.S. does not. UNFPA's work complements the bilateral family planning program by expanding the reach of U.S. assistance to more than 150 countries.⁷ UNFPA also provides critical reproductive and maternal health services in humanitarian-crisis settings like Ukraine, Afghanistan, Syria, Haiti, Ethiopia, Bangladesh, and Yemen.⁸

In fiscal year 2021, Congress appropriated \$607.5 million for international FP/RH efforts, including \$32.5 million for UNFPA.

These investments made it possible to achieve:

- 27.2 million women and couples received contraceptive services.
- 12 million unintended pregnancies were averted.
- 4 million unsafe abortions were averted.
- 19,000 maternal deaths were averted.⁹

For every increase of \$10 million in U.S. international FP/RH assistance, the following could be achieved:

- 448,000 more women and couples would receive contraceptive services and supplies.
- 198,000 fewer unintended pregnancies.
- 66,000 fewer unsafe abortions.
- 320 fewer maternal deaths.¹⁰

Investments in family planning and reproductive health (FP/RH) are essential to empowering women and girls, advancing gender equity, and reaching U.S. global health goals, including ending preventable child and maternal deaths and achieving an AIDS-free generation.

Photo: Dato Koridze - TB Alliance



Resources

Adding It Up: Investing in Contraception and Maternal and Newborn Health, 2019 (Guttmacher Institute): https://www.guttmacher.org/sites/default/files/report_pdf/adding-it-up-investing-in-sexual-reproductive-health-2019.pdf

Just the Numbers: The Impact of U.S. International Family Planning Assistance, 2021 (Guttmacher Institute): <https://www.guttmacher.org/just-numbers-impact-us-international-family-planning-assistance-2021>

The U.S. Government and International Family Planning & Reproductive Health Efforts (KFF): <https://bit.ly/3kEqmpd>.

Seeing the Unseen: The Case for Action in the Neglected Crisis of Unintended Pregnancy, 2022 (United Nations Population Fund - UNFPA): https://www.unfpa.org/sites/default/files/pub-pdf/EN_SWP22%20report_0.pdf.

Citations listed in Appendix

The U.S. Government and International Family Planning & Reproductive Health: Statutory Requirements and Policies, 2022 (KFF): <https://www.kff.org/global-health-policy/fact-sheet/the-u-s-government-and-international-family-planning-reproductive-health-statutory-requirements-and-policies/>.

International Family Planning Assistance: USAID Has Faced Implementation Challenges Related to U.S. Policy and COVID-19, 2022 (U.S. Government Accountability Office - GAO) <https://www.gao.gov/products/gao-22-104228>

Contributors

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Caitlin Horrigan, PPFA

FRONTLINE HEALTH WORKERS

What You Should Know

The world faces a severe global health workforce shortage. There is an estimated shortage of 15 million health workers, particularly impacting the African region, which is constraining progress in maternal and child health and efforts to combat other diseases.^{1,2} According to surveys conducted by the World Health Organization (WHO), a lack of available health workers was a significant obstacle to maintaining services and last mile delivery of key COVID-19 tools.^{3,4}

Gender inequity in the health workforce makes the world less safe. Women make up 90% of health workers in patient-facing roles,⁵ but face a significant gender pay gap and hold just 25% of leadership roles.

In Africa, 86% of community health workers are volunteers with only some or no compensation.⁶ Despite their critical role in providing essential health services and responding to emergencies, poor working conditions and inadequate pay are leading many health workers to leave their professions.⁷

Supporting frontline health workers is key to achieving U.S. global health goals. The U.S. must work closely with partner countries to retain and support frontline health workers. However, to date, the U.S. has provided no funding to support them through a dedicated budget line.

Congressional Calls to Action

Fund and support the global health workforce.

Congress should provide funding to strengthen the global health workforce as the key to increasing access to high-quality primary care. Such funding should advance the professionalization of community health workers, and address violence against health workers and the barriers women health workers face, including in remuneration and leadership opportunities.⁸

Ensure U.S. global health security policies and programs include specific investments and targets for strengthening health worker emergency response capacities.

The U.S. should ensure that initiatives such as the Pandemic Fund at the World Bank support workforce capacities beyond disease detection and diagnosis. Global health security investments should support data-informed workforce planning capacity and community-based response, risk communication, and education.

Provide sufficient resources for global pandemic disease responses.

The U.S. must help the world respond to pandemic diseases, such as Ebola and COVID-19, to protect American and global health security. This funding should help ensure the continuation of essential health services during outbreaks and include provisions to protect and support frontline health workers, like access to appropriate personal protective equipment and water, sanitation and hygiene (WASH).



Why is this investment important?

Pandemics can only be defeated with motivated and supported health workers. To reduce the world's vulnerability to outbreaks, policymakers must be able to rapidly deploy health workers to deliver vaccines, tests, treatments, and care in an emergency. Yet, many countries lack planning systems that provide rapid, accurate information on workers' location and capacities.⁹

Political will to address long-standing health workforce challenges is intensifying. The African Union has initiated a Health Workforce Task Team to develop a comprehensive framework to build a full African healthcare workforce, in pursuit of economic recovery and global health security.¹⁰ The U.S. should

take advantage of the clear global consensus on supporting the health workforce and use new investments to leverage complementary action by other donors, countries, and regions.

An underpaid and under-supported workforce weakens health systems. At least six million women health workers are unpaid or grossly underpaid, leading to higher attrition, low morale, inefficiencies, strikes, and reduced quality of care.¹¹ For example, skilled birth attendants and midwives often face low salaries and inconsistent payments, poor supervision and training, lack of clean water, and low morale.¹² Such factors lead to acute staff shortages, which weaken health systems by making services unreliable.

To reduce the world's vulnerability to outbreaks, policymakers must be able to rapidly deploy health workers to deliver vaccines, tests, treatments, and care in an emergency.

Photo: Solidarity Bridge



Resources

Top Policy Recommendations to Build the Health Workforce Back Better (Frontline Health Workers Coalition): https://www.frontlinehealthworkers.org/sites/fhw/files/top_policy_rec_to_build_the_health_workforce_back_better.pdf

Building, Managing & Optimizing the Health Workforce: HRH2030 Global Final Report (Human Resources for Health in 2030 - HRH2030). <https://hrh2030program.org/hrh2030-final-report/>

Strengthening Primary Health Care Through Community Health Workers: Closing The \$2 Billion Gap. U.S. Agency for International Development (USAID): <https://www.usaid.gov/cii/strengthening-primary-health-care-through-community-health-workers-closing-2-billion-gap>

Global strategy on human resources for health: workforce 2030, Report by the Director-General (WHO): https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_15-en.pdf

Alarming increase in industrial action by nurses is a symptom of global crisis in healthcare systems (International Council of Nurses - ICN): <https://www.icn.ch/news/alarming-increase-industrial-action-nurses-symptom-global-crisis-healthcare-systems>

Citations listed in Appendix

Contributors

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GLOBAL HEALTH SECURITY

What You Should Know

U.S. investments in global health security protect American national security by rapidly detecting disease threats and stopping them at their source.

This includes investments in the frontline health workforce, field epidemiology training, data standardization and reporting, research and development (R&D) of medical countermeasures, and technical support—all of which strengthen health systems. The emergence of COVID-19, and its unabated spread, underscores the need to increase these investments.

Whole-of-government prioritization of global health security is vital to prevent, detect, and respond to infectious disease threats. U.S. global health security efforts take an interagency approach critical for bringing the right expertise and resources to the

table. Agencies involved include the Department of State, U.S. Agency for International Development, Department of Health and Human Services (including agencies like the Centers for Disease Control and Prevention, the National Institutes of Health, and Biomedical Advanced Research and Development Authority), and the Department of Defense.

U.S. leadership is critical to deliver political, diplomatic, and financial commitments for health security. U.S. investments incentivize partner countries to work collaboratively to tackle disease threats. Global cooperation across sectors and nations, working toward mutually agreed-upon measurable targets and goals, is essential.

Congressional Calls to Action

Translate lessons learned from COVID-19 into sustainable investments in global health security.

“Panic and neglect” funding, surging only when a crisis arrives and subsiding when political attention moves on, leaves the world vulnerable to future threats. Increased and sustained U.S. investments, including both bilateral and multilateral initiatives like the new Pandemic Fund at the World Bank, will increase preparedness worldwide and enhance U.S. national security.¹

Invest in capacity-building for both national and global health security systems.

Critical investments include supporting infrastructure for national immunization planning and delivery, data standardization and reporting, frontline workforce development, and technical assistance to reduce risk by identifying and filling critical gaps. These investments will ultimately strengthen health systems to be prepared for future health emergencies.

Prioritize R&D of new medical countermeasures for pandemic threats in domestic and global response strategies.

R&D for vaccines, drugs, and diagnostics is essential to stay ahead of emerging disease threats. Investments to support global, equitable access to new tools, and global partnerships like the Coalition for Epidemic Preparedness Innovations, are essential. Strengthening manufacturing capacities in low- and middle-income countries is also needed to ensure countermeasures are fit for purpose and rapidly deployed.



Why is this investment important?

Global health security is intrinsically linked with national security. Large-scale health emergencies contribute to geopolitical and economic insecurity, which threatens the health, safety, and livelihoods of Americans.

Investments in global health security also support critical building blocks of strong health systems that underpin economic resiliency and stability. Strong health systems with robust detection, prevention, and response capabilities — including sustained R&D investments; strong infection prevention and control measures, including access to water, sanitation and hygiene; and a well-trained workforce — are critical for preventing and mitigating public health crises, and for providing essential health services that

promote healthy, prosperous societies.

The COVID-19 pandemic, which has killed nearly 6.6 million people worldwide² and is projected to cost the global economy at least \$12.5 trillion,³ shows the devastating result of our collective failure to sustainably invest in global health security. U.S. investments in global health and support to partner countries gave many the foundational capacity needed to avert large-scale humanitarian crises. Increased investment is needed to respond to the threat of zoonotic spillover and to bolster domestic and international health resilience. However, investments in global health security must not come at the expense of other global health programs.

Strong health systems with robust detection, prevention, and response capabilities are critical for preventing and mitigating public health crises, and promoting healthy societies.

Photo: Jane Hahn - PAI



Resources

Financial Intermediary Fund for Pandemic Prevention, Preparedness and Response (World Bank): <https://www.worldbank.org/en/projects-operations/products-and-services/brief/financial-intermediary-fund-for-pandemic-prevention-preparedness-and-response-engagement>

A Global Deal for Our Pandemic Age: Report of the G20 High Level Independent Panel on Financing the Global Commons for Pandemic Preparedness and Response: <https://pandemic-financing.org/report/foreword/>

Global Health Security Agenda: <https://www.ghsindex.org/ar/the-global-health-security-agenda/>

Global Health Security Index: <https://www.ghsindex.org>

Joint External Evaluation (WHO): <https://www.who.int/emergencies/operations/international-health-regulations-monitoring-evaluation-framework/joint-external-evaluations>

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Citations listed in Appendix

GLOBAL HEALTH & MULTILATERAL ORGANIZATIONS

What You Should Know

Multilaterals are key to global health progress. Multilateral organizations coordinate and leverage international support to advance global health goals. Partnerships with United Nations agencies; the Global Health Security Agenda; and other innovative organizations like the Coalition for Epidemic Preparedness Innovations, the Global Fund, and Gavi, allows the United States to deliver on its commitments to achieve the U.N. Sustainable Development Goals (SDGs) and meet U.S. global health objectives.

U.S. contributions to multilaterals are cost-effective. Every dollar the United States contributes to these organizations is multiplied by other donors, making it a best buy for U.S. taxpayers.

With U.S. support, multilaterals have an incredible impact. Together, United States and global partners

have helped to tackle the world's most pressing health challenges. For example,

- UNICEF-procured vaccines reach 45% of children globally, saving an estimated 2.5 million children annually.¹
- The World Health Organization (WHO) ACT-Accelerator coordinates the research, procurement, and delivery of COVID-19 tools for low- and middle-income countries in record time, including the delivery of 1.5 billion vaccine doses, 167.8 million tests, and over \$767 million worth of personal protective equipment.²
- UNFPA supports over 30 million women a year with sexual and reproductive health services.³

Congressional Calls to Action

Ensure high-level U.S. representation at global fora, like the World Health Assembly, the G7/G20, and the U.N. General Assembly.

The United States must continue to work collaboratively with international partners to advance global health goals. U.S. leadership in discussions—like those focused on creating a pandemic framework or consultations to launch a pandemic preparedness fund—will shape future global health security and preparedness for health emergencies.

Pay U.S. fair share for U.N. health agencies and other multilateral partners, ensuring consistent and flexible contributions.

The United States must ensure multilateral organizations have adequate funding to deliver on their mandates. Relevant U.S. agencies should also simplify funding streams and reduce reporting requirements to allow these institutions to rapidly respond to complex health challenges.

Support the launch of the Pandemic Fund

The new World Bank-managed fund aims to mobilize an additional \$10 billion annually to close critical gaps in global, regional, and national prevention, preparedness, and response efforts. The Global Health Security Agenda, established by the United States and others in 2014, could serve as a ready-made platform for countries to identify capacity gaps and inform how the fund could be leveraged.

Why is this investment important?

U.S. support for strong, effective, and fully funded multilateral organizations is critical to maintaining global health progress. U.S. investments help these organizations sustain their vital work and bolster U.S. bilateral efforts to eradicate diseases and save millions of lives annually.

Multilateral organizations help protect American lives and accomplish U.S. health priorities by

- Collaborating with U.S. agencies that safeguard American health and security at home and abroad.
 - Amplifying U.S. bilateral investments in global health to make populations healthier and to improve global health security.
 - Enhancing America's influence and agenda-setting ability on the international stage.
- Strengthening rapid, effective global response efforts to disease outbreaks and other health emergencies through research and development (R&D) coordination, capacity building, and data sharing.
 - Providing prevention, treatment, and care services for ongoing pandemics and health challenges such as HIV/AIDS, TB, malaria, measles, and neglected tropical diseases.

Multilateral organizations have unique credibility, convening power, and necessary organizational mechanisms to coordinate health work on a global scale. U.S. agencies rely on the extensive networks of these organizations to access remote or unstable areas, quickly respond to health crises, and advance strategic U.S. health priorities worldwide.



U.S. support for strong, effective, and fully funded multilateral organizations is critical to maintaining global health progress.

Photo: Eric Bridiers - U.S. Mission



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Citations listed in Appendix

GLOBAL SURGERY

What You Should Know

Surgical conditions represent a significant global disease burden. Surgical conditions represent nearly one-third of the global disease burden.¹ An estimated 17 million people die annually from surgically treatable conditions. Millions more suffer surgically preventable disabilities.² Globally, 5 billion people lack access to safe, timely, and affordable surgical care. Only 6% of surgical procedures benefit the poorest third of the world's population.³

Addressing surgical care can improve health and economic outcomes. Lack of access to surgical care perpetuates poverty, inequity, and economic instability. Without greater investment in surgical care, low- and middle-income countries could lose \$12.3

trillion in gross domestic product (GDP) by 2030 and as much as 2% of GDP annually.⁴

Surgical care is cost-effective and is essential to U.S. global health efforts. Surgical care addresses a wide range of health areas, including maternal health; cancer and other noncommunicable diseases (NCDs); injuries; infectious diseases; and congenital anomalies. Improving access to surgical care advances U.S. global health priorities and is essential to resilient health systems.^{5,6} Every dollar invested in surgical capacity generates an estimated \$10 in improved health and productivity, making surgical care a best buy in global health.^{7,8}

Congressional Calls to Action

Provide dedicated funding for U.S. global surgery efforts.

Commit funding for neglected surgical conditions under the State, Foreign Operations, and Related Programs appropriations for the U.S. Agency for International Development (USAID), supporting health system strengthening through development and implementation of national surgical, obstetric, trauma, and anesthesia plans.⁹

Support U.S. foreign assistance agencies and global health investments for surgical systems strengthening.

Ensure integration of surgical care and systems strengthening across development and humanitarian agencies to achieve progress on health and security priorities, including maternal and child health, HIV/AIDS, nutrition and food security, NCDs, health systems strengthening, and global health security.

Continue U.S. partnership with WHO and other multilateral organizations to strengthen global surgery efforts.

Ensure high-level collaboration with multilateral bodies, including the World Health Assembly (WHA) and the United Nations General Assembly. Support the World Health Organization (WHO) in monitoring implementation of the 2015 WHA Resolution for strengthening emergency and essential surgical and anesthesia care.¹⁰ Support WHO-recommended national and regional data collection and progress reporting; inclusion of surgical systems strengthening and surgical and anesthesia care in WHO's health systems and universal health coverage strategies; and coordinated funding for surgical systems strengthening in LMICs.¹¹

Why is this investment important?

Surgical care is not a single disease or issue—it is a tool for disease prevention and treatment. It is critical for strengthening health systems, health security, the global economy, and improving health outcomes. High-quality surgical systems include infection prevention and control (IPC) measures, including access to safe water, sanitation, and hygiene (WASH), which help strengthen the response to other health threats such as emerging infectious diseases and antimicrobial resistance.¹²

USAID has recognized the benefits of initial investments in surgical care capacity for maternal health.¹³ Additional investments in surgical care will scale the impact of U.S. government programs across health

systems globally. Targets for primary health care, children's health, the health workforce, NCDs, and health systems strengthening and resilience cannot be achieved without access to safe, timely, and affordable surgical care. Fortunately, surgery is one of the most cost-effective health interventions—and is achievable with today's knowledge and technology.

Nearly every person everywhere will require a surgical intervention during their lifetime. Integrating surgical care into global health and humanitarian programs will save millions of lives each year; contribute to economic growth, equity, and poverty alleviation; and help bridge the health care gap, especially for the poorest billion.¹⁴



Surgical care is critical for strengthening health systems, health security, the global economy, and improving health outcomes.

Photo: CURE International



Resources

Disease Control Priorities Third Edition: Essential Surgery (Disease Control Priorities - DCP3): <http://bit.ly/2zwndmE>
The Lancet Commission on Global Surgery: <http://bit.ly/2QYNQae>
Resources for National Surgical Systems Strengthening (G4 Alliance): <http://bit.ly/2lgdDXv>

Citations listed in Appendix

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HEALTH IN HUMANITARIAN RESPONSE

What You Should Know

Health crises exacerbate humanitarian needs. More than two years into the COVID-19 pandemic, 274 million people need humanitarian support (from 235 million in 2021), but by September 2022, just 36% of global humanitarian funding was secured,¹ even as needs have been exacerbated by global economic decline and conflict.

Humanitarian crises worsen key health indicators, particularly among vulnerable groups. The biggest decrease in childhood immunizations in a generation is occurring due to “an increased number of children living in conflict and fragile settings, increased misinformation, and COVID-19 related issues such as supply chain disruptions, resource diversion, and containment measures.”² This severely strains health systems as needs increase for vaccine-preventable

diseases. Additionally, health services become dysfunctional during conflicts: physicians flee, facilities are destroyed, and access to supplies and aid is restricted.³

Women and girls are particularly impacted during humanitarian and health crises. Crisis settings increase gender-based violence and movement restrictions impede access to health services. Sixty percent of preventable maternal deaths occur in conflict, displacement, and natural disaster settings.⁴ During the pandemic, 12 million women were unable to access family planning services,⁵ and deaths in children younger than 5 and malnourishment of mothers increased, reducing their ability to contribute to their communities.

Congressional Calls to Action

Provide timely, flexible investment in annual appropriations for global health and humanitarian accounts.

This type of investment enables adaptation to changing contexts, increased speed and effectiveness of interventions, and pre-positioning for future emergencies. Congress must also continue to consider funding needs for ongoing health challenges, such as the COVID-19 pandemic and other existing and emerging health threats.

Encourage U.S. government officials to include gender equality as a key component of global health policies and programs.

Gender equality is a precondition for health resilience and strong health systems in all contexts, particularly in fragile settings. The United States should ensure that pay, recognition, protection, and support for female health workers is included in health policies and programs.⁶ About 70% of health workers are women, yet half are unpaid or underpaid.

Facilitate locally led foreign aid programs that engage women, girls, and historically marginalized groups.

Fostering community ownership, promoting citizen-driven accountability mechanisms, and elevating the voices of marginalized groups leads to greater community trust in and engagement with health systems, and overall better health outcomes. Women and marginalized groups are uniquely and disproportionately impacted during crises, so their input in humanitarian and health responses is essential to ensure communities' needs are met.



Why is this investment important?

Health must be seen as an investment, rather than as a cost, with wider social and economic benefits for patients and their communities. COVID-19 cost the global economy trillions of dollars in losses. Each \$1 invested in global health leads to economic returns of at least \$2 to \$4.⁷ Supported, paid, and respected health workforces are more accountable, more efficient, and able to deliver a greater breadth of services to more people with better results.⁸

Public health emergencies are likely to emerge during other humanitarian crises, or they may trigger humanitarian crises of their own, as the COVID-19 pandemic has. Integrating preparedness activities into community-based approaches that center women and marginalized communities produces better

prevention, detection, and response to outbreaks.⁹ This prevents diseases from spreading within communities and beyond borders, particularly in fragile settings where unaddressed health challenges are often exacerbated.

Armed conflict, political unrest, and weather- and climate-related disasters increase barriers to accessing health services. The breakdown in social norms and protective structures during humanitarian crises increases women and girls' exposure to gender-based violence and its consequences. Access to strong health systems, including to reproductive, maternal, and mental health services, is necessary for saving lives in these difficult contexts.¹⁰



Integrating preparedness activities into community-based approaches that center women and marginalized communities produces better prevention, detection, and response to outbreaks.

Photo: CARE

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Resources

She Told Us So Again: Rapid Gender Analysis (CARE)

https://www.care.org/wp-content/uploads/2022/03/CARE-SheToldUsSo_3.2022-Rapid-Gender-Analysis.pdf

Women at the Last Mile: How investments in gender equality have kept health systems running during COVID-19 (CARE): https://www.care.org/wp-content/uploads/2022/06/CARE-Flagship-Report_Women-at-the-Last-Mile-Final.pdf

Global Humanitarian Overview for 2022 (United Nations Office for the Coordination of Humanitarian Affairs - OCHA): <https://gho.unocha.org/>

Subsidizing Global Health: Women's Unpaid Work in Health Systems (Women in Global Health): <https://womeningh.org/wp-content/uploads/2022/07/Pay-Women-Report-July-7-Release.pdf>

COVID-19 pandemic fuels largest continued backslide in vaccinations in three decades (WHO): <https://www.who.int/news/item/15-07-2022-covid-19-pandemic-fuels-largest-continued-backslide-in-vaccinations-in-three-decades>

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Citations listed in Appendix

HIV/AIDS

What You Should Know

AIDS deaths have declined, due in large part to U.S. investment. Deaths from AIDS have declined by 68% since their peak in 2004.¹ Much of the improvement can be traced to U.S. investments in the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, TB, and Malaria. In 2021, PEPFAR supported 20 million people on antiretroviral treatment (ART). Since PEPFAR's inception, 5.5 million babies have been born HIV-free as a result of the program.² Additionally, new HIV diagnoses among adolescent girls and young women have decreased by over 25% in 96% of regions where

PEPFAR's DREAMS program has been implemented. A subset of these regions (62 percent) has seen an even greater (40 percent) reduction of new HIV infections.³

Lack of access to treatment persists. However, 24% of adults and 48% of children still lack access to treatment. An estimated 5.9 million people still do not know they are living with HIV and currently 10.2 million people are not on treatment who need it.⁴ Africa alone accounts for almost two-thirds of new HIV infections globally and 470,000 of the 650,000 global AIDS-related deaths.⁵

Congressional Calls to Action

Increase funding levels for global HIV/AIDS programs, including PEPFAR.

Global HIV/AIDS programs funded by the United States have shown a consistently high return on investment—measured in lives saved, infections prevented, subsequent costs avoided, and goodwill generated among global partners. However, funding for PEPFAR has remained stagnant for over a decade in dollar amounts, resulting in an effective decrease in purchasing power from 2009 to 2021.

Support scientific research for the eradication of HIV/AIDS.

A vaccine or a cure could be on the horizon, and new technologies, prevention methods, and treatment options are game changers. U.S. support for HIV/AIDS research is crucial, not just for those suffering from and at risk for HIV/AIDS around the world, but also for the 1.2 million people currently living with HIV in the United States.

Continue to support the Global Fund to Fight AIDS, Tuberculosis, and Malaria.

Multilateral funding complements bilateral funding by leveraging investments from other donors, building country-level commitments, and strengthening capacity at all levels to implement programs. U.S. leadership is the most important tool for making investments from other countries available to the Global Fund.



Why is this investment important?

U.S. support of global HIV/AIDS programming is leading the world toward remarkable progress. Linking people living with HIV to care and treatment services is essential for continuing this progress, as scientific research has conclusively shown that putting individuals on treatment is not only good for their own health, but also reduces the likelihood of transmission to others. Additionally, current and former U.S. ambassadors report that these investments allowed for greater U.S. engagement with partner countries and strengthened diplomatic relationships.

PEPFAR represents the largest commitment ever made by a single nation to combat a specific disease

at more than \$85 billion in bilateral HIV/AIDS programs. As of March 2022, U.S. assistance supports more than 20 million patients on lifelong antiretroviral treatment.⁶

As a program dedicated to scientific innovation, PEPFAR has shown great resilience and dexterity in the face of challenges to program implementation, like the COVID-19 pandemic. In response to limitations on traditional programming methods, PEPFAR expanded distribution points and multi-month dispensing of lifesaving antiretroviral medications by 480% and scaled up self-testing by 200% since Fiscal Year 2019, with 4.3 million people using HIV self-tests in Fiscal Year 2021.⁷



Global HIV/AIDS programs funded by the United States have shown a consistently high return on investment—measured in lives saved, infections prevented, subsequent costs avoided, and goodwill generated among global partners.

Photo: Eric Bond - EGPAF

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Citations listed in Appendix

HEALTH SYSTEM STRENGTHENING (HSS)

What You Should Know

Health system strengthening comprises the policies and processes that improve equity, efficiency, quality, accessibility, or effectiveness within the health system. Health system strengthening (HSS) spans from the national to the community level and is central to countries' self-reliance. With a strong health system, countries can provide care for their citizens to thrive and engage in education and productive work that spurs economic development. U.S. resources focused on HSS amplify the impact of countries' own domestic resources and optimize the impact of other U.S. health investments.

Strong health systems provide access to affordable, essential, and quality services for all. Health systems are the institutions, resources, and people focused on improving health—including hospitals, health

workers, pharmaceuticals, supplies, governance structures, and financial and information systems. These systems bolster pandemic preparedness and response (PPR), reduce prolonged economic hardship, and provide high-quality, accessible, and affordable services to all, including vulnerable individuals and communities.

Resilient health systems promote global health security. Strong and resilient health systems promote American national security and global health security by ensuring that emerging health threats are detected early, disease outbreaks are contained, and pandemics are prevented, while ensuring the continuity of existing essential healthcare at all times.

Congressional Calls to Action

Require a 10% minimum of global health program funds be spent on HSS.

Mandate that all future global health investments and programs help strengthen partner country primary healthcare systems, scaling their capacity to deliver essential, quality health services to all communities. Investments should focus on advancing health equity, quality, efficient, and effective use of resources—allowing every individual to access high-quality and affordable essential health services when they need them to attain the highest level of health.

Encourage the U.S. government to integrate local community participation into HSS approaches.

Community participation is essential to well-functioning health systems. The U.S. government should actively include local communities in decision-making around HSS, particularly through social-accountability mechanisms.

Advise the U.S. government to prioritize HSS in global health security and PPR strategies.

By putting HSS at the heart of global health security and PPR programming, countries will be able to better prevent or stop outbreaks closer to the source, reducing negative outcomes and limiting economic and social hardships associated with epidemic and pandemic events. As the foundation of HSS, it is imperative that primary healthcare systems, with an adequately staffed health workforce, be included in all global health security and PPR strategies.



Why is this investment important?

With improved technologies and sustained investments, significant strides have been made to strengthen health systems globally and reduce deaths due to preventable causes. However, COVID-19 placed unprecedented stress on health systems and is reversing improvements made over the last decade. For example, routine childhood vaccination—a stalwart of a strong health system—declined in 2021, with 25 million infants missing out on lifesaving vaccines.¹ Severe inequities in access to health services, critical gaps in access to qualified health workers, weak information systems, irregular supply chains, inadequate public financing for health, and weak and non-functional governance structures are further impacting low- and middle-income countries.²

HSS efforts can address these challenges by focusing on access to safe medicines, increasing capacity to detect and contain infectious disease threats; strengthening financial management systems; and training and equipping frontline health workers, including community health workers, to deliver essential services. Additionally, investments in HSS have multiplier effects that enhance inclusive economic growth and create a path toward systems that provide timely and financially accessible essential health services.³ As the U.S. government continues to promote health system sustainability and self-reliance in low- and middle-income countries, HSS will continue to be a priority.



Investments in HSS have multiplier effects that enhance inclusive economic growth and create a path toward systems that provide timely and financially accessible essential health services.

Photo: Brendan Hoffman - TB Alliance

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Resources

Global Health Security Strategy (Office of the U.S. President, 2019): <https://www.whitehouse.gov/wp-content/uploads/2019/05/GHSS.pdf>

Recommendations for Strengthening Health Systems during the COVID-19 Pandemic and Beyond (USAID): <https://www.usaid.gov/global-health/health-systems-innovation/health-systems/resources/recommendations%20for-strengthening-health-systems-during-covid-19>

Vision for Health Systems Strengthening (USAID): <http://bit.ly/2DDoZWS>

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Citations listed in Appendix

MALARIA

What You Should Know

Malaria is a deadly mosquito-borne disease. Malaria is a serious and often fatal disease caused by a bite from a mosquito infected with the malaria parasite. People with malaria suffer from fevers, shaking, chills, flu-like symptoms and, in severe cases, meningitis or death. Malaria typically occurs in tropical and subtropical areas of the world, putting more than half of the world's population at risk.

Malaria deaths increased due to lack of simple, cost-effective tools. In 2020, there were an estimated 241 million new cases of malaria, resulting in approximately 627,000 deaths worldwide. Deaths increased by 12% for the first time in many years and children under age 5 accounted for 77% of these fatalities in

2020. One child now dies every minute instead of every two minutes due to lack of simple, cost-effective tools like an insecticide treated net or a course of treatment.¹

U.S. investments in malaria have saved millions of lives. Through the President's Malaria Initiative (PMI), the United States has saved 10.6 million lives and prevented 1.7 billion infections since 2000 by providing 421.8 million bednets, 766 million rapid tests, 838.5 million medicines, and 2.1 million health worker trainings.² Additionally, the U.S. contribution to the Global Fund to Fight AIDS, Tuberculosis, and Malaria has helped reduce malaria by 26% in countries where the Fund invests.³

Congressional Calls to Action

Ending malaria means the end of recurring costs for treatment and control of malaria, to missed school and workdays, and to the needless deaths and disability of millions. Renewed enthusiasm and funding are critical to reaching the long-term goal of disease eradication.

Maintain strong, bipartisan support for PMI and the Global Fund.

PMI partner countries have driven a 26% decline in malaria case rates and 43% decline in malaria death rates.⁴ Global Fund investment prevented an increase of malaria deaths by 84% over the same period in places where the Fund operates. With increased exposure to mosquito-borne diseases due to climate changes and setbacks to malaria programs due to COVID-19, robust continued support is necessary by the United States. While many of the 87 countries where malaria is endemic are progressing toward elimination, others are experiencing plateaued progress. Historically, gains made have proven fragile and backsliding is possible without sufficient support.⁵

Increased funding for programs that spur innovation for next generation tools necessary to combat insecticide-resistant mosquitoes.

Continuing to invest in the research and development (R&D) of new drugs, insecticides, and vaccines holds the promise of controlling and ultimately eliminating malaria. This support will also help recruit and train a community health workforce capable of delivering these lifesaving commodities.



Why is this investment important?

The U.S. is the global leader in the fight against malaria. U.S. support has facilitated the implementation of malaria prevention and treatment activities worldwide, as well as the development of malaria vaccines, antimalarial drugs, diagnostics, insecticides, and other related research. The remarkable progress achieved to-date in fighting malaria is the result of coordinated action between U.S. bilateral and multilateral programs, interagency cooperation, country-coordinating mechanisms, and private sector partners.

Malaria investments don't occur in a vacuum. They have secondary and tertiary effects on the greater

health system within an endemic country, all while elevating a people's economic and educational opportunities. Decreasing malarial infections means greater health system capacity, lower health care costs, higher productivity from a workforce, economic empowerment, and stability and increased educational access.⁶ It also creates a blueprint that can be used against other diseases or poverty and emergent disease outbreaks.

Only with sustained support from U.S. malaria programs, coupled with the use of existing tools and the creation of new ones, will we be able to eradicate malaria for good.



Malaria investments create a blueprint that can be used against other diseases or poverty and emergency disease outbreaks.

Photo: Sani Adamu Musa - United to Beat Malaria

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Resources

World Malaria Report 2021 (WHO): <https://apps.who.int/iris/handle/10665/350147>

PMI 16th Annual Report to Congress (U.S. President's Malaria Initiative - PMI): <https://www.usaid.gov/sites/default/files/documents/USAID-PMI-Report-2022.pdf>

Statistics on Malaria (Global Fund): <https://www.theglobalfund.org/en/malaria/>

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Citations listed in Appendix

MATERNAL AND CHILD HEALTH (MCH)

What You Should Know

Critical U.S. investments have improved maternal and child health. Children, newborns, and mothers have a greater chance of surviving today than they did just two decades ago, thanks in large part to strong investment in the Maternal and Child Health (MCH) program of the U.S. Agency for International Development (USAID). The number of preventable child and maternal deaths has been halved since 1990.

Mothers and babies continue to die from preventable causes. An estimated 300,000 mothers and 5.2 million children younger than five continue to die from preventable causes annually. Almost half of child deaths occur within the first month of life, with 1 million babies dying on the day of their birth.¹

Pregnancy and childbirth complications are the leading cause of death for adolescent girls globally.²

USAID improves accessibility to high-quality care for mothers and children. USAID's scale-up of basic interventions are lifesaving in countries where the burden of preventable maternal and child deaths is highest. These interventions include increasing access to skilled birth attendants; training and supporting health workers; preventing and treating life-threatening childhood illnesses like pneumonia, diarrhea, and severe acute malnutrition; and improving access to water, sanitation, and hygiene (WASH) in healthcare facilities.

Congressional Calls to Action

Increase funding for USAID's maternal and child health account.

This account supports evidence-based interventions for children younger than 5 and pregnant women to ensure they survive and thrive. Additional investments could scale-up MCH interventions, strengthen health systems, and deliver childhood immunizations, including through direct support to Gavi, the Vaccine Alliance, and polio vaccination campaigns. Additional investments, particularly in immunizations, will allow USAID to commit to making up for disruptions to these essential services during the COVID-19 pandemic.

Expand investment for the CDC's Global Immunization work.

Immunizations are among the most cost-effective ways to improve health and, by extension, strengthen global health security. Childhood vaccinations prevent an estimated 4 million deaths worldwide every year.³ Additional investments are needed to make up for backsliding as new data shows global vaccination coverage continued to decline in 2021, with 25 million infants missing out on lifesaving vaccines.

Advance policies that expand access to evidence-based interventions for preventing child and maternal deaths and reject any attempts to restrict access to lifesaving services.

These policies include ensuring adequate skilled care during the prenatal period, childbirth, and postpartum; expanding access to family planning and contraception; and providing care for all small and sick newborns.



Why is this investment important?

Preventing child and maternal deaths is one of three priority global health investments for the U.S. government. These investments have proven to be among the best buys for the United States, supporting the health, wellbeing, and economic security of an entire generation of women and children. The total number of child deaths declined from 12.6 million in 1990 to 5 million in 2020, showing the real possibility of ending preventable maternal and child deaths.

The United States invests its resources bilaterally through the U.S. Agency for International Development (USAID) and multilaterally through Gavi, the Vaccine Alliance, and UNICEF. These collective efforts

have saved millions of lives while driving down health costs, reducing newborn deaths, and improving immunization rates. USAID focuses its programming in countries where the burden of maternal and child deaths is the highest. In the past 10 years, USAID has helped save the lives of more than 9.3 million children and 340,000 women.⁴ USAID outlines a roadmap for success in its Acting on the Call initiative, which supports the scale-up of high-impact interventions to fight the leading causes of death for women and children, including access to high-quality antenatal, labor, delivery, and postpartum care and saving newborns from severe infections.



Bilateral efforts have saved millions of lives while driving down health costs, reducing newborn deaths, and improving immunization rates.

Photo: Wateraid



Resources

Acting on the Call: Preventing Child and Maternal Deaths 2021 (USAID): https://www.usaid.gov/sites/default/files/documents/USAID_2021_AOTC_v10_508_1.pdf

Children: Improving Survival and Well-being. World Health Organization (WHO): <https://www.who.int/news-room/fact-sheets/detail/children-reducing-mortality>

Maternal Mortality (WHO): <https://www.who.int/en/news-room/fact-sheets/detail/maternal-mortality>

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Citations listed in Appendix

NONCOMMUNICABLE DISEASES (NCD)

What You Should Know

The global noncommunicable disease burden is growing, particularly in low- and middle-income countries. Noncommunicable diseases (NCDs), non-infectious health conditions such as cardiovascular diseases (heart disease and stroke), cancer, diabetes, and chronic respiratory disease are currently the leading cause of disability worldwide, killing 41 million people annually. In low- and middle-income countries, approximately 17 million deaths of individuals under the age of 70 are caused by NCDs, which account for 86% of premature deaths.

Access to prevention and treatment strategies must be addressed. Limited access to proven and effective

prevention and treatment strategies contribute to the global NCD and mental health burden, plunging families into poverty and further straining health budgets, health systems, and economic growth.

NCDs are moving higher on the global agenda, but funding lags. There have been increasing efforts since 2011 to elevate NCDs and mental health in global development agendas, including Sustainable Development Goal (SDG) 3.4, which calls for a one-third reduction of premature mortality from NCDs by 2030. Yet countries are far from achieving this target, and currently less than 4% of Development Assistance for Health goes to NCDs.

Congressional Calls to Action

Integrate NCD interventions across U.S. global health programs and provide dedicated funding.

Congress must hold the U.S. Agency for International Development (USAID) accountable for integrating NCD interventions across global health programs and increasing access to sustainable and cost-effective interventions. The United States must provide dedicated NCD funding as part of the State, Foreign Operations, and Related Programs report language to address NCDs that affect children and disproportionately impact underserved communities.

Mandate USAID to improve NCD data collection and analysis.

Congress should mandate USAID to establish a monitoring mechanism to better track U.S. commitments to health systems strengthening, child health, global health security, HIV/AIDS, and other programs that benefit NCD populations. The U.S. should also encourage its partners to strengthen data collection and research related to the global NCD and mental health burden, particularly among vulnerable populations.

Congress should invest in complementary NCD initiatives.

Such initiatives include the Multipartner Trust Fund, which catalyzes country action for NCDs and mental health, as well as PEN-Plus, which is an integrated care delivery strategy focused on alleviating the NCD burden among the poorest children and young adults.

Why is this investment important?

A modest investment by the U.S. government in reducing the burden of avoidable death and suffering due to NCDs and mental health would solidify U.S. leadership in addressing the full continuum of global health needs for the world's most vulnerable populations—and ensure that USAID's 2030 Vision for Health Systems Strengthening is met.

Dedicated NCD support and leadership would:

- Provide catalytic support to scale up NCD prevention and treatment strategies for reducing morbidity and mortality and to increase access to quality services among the most vulnerable.
- Reduce the substantial economic impact NCDs have on society and governments, which place a high burden on families, threaten economic growth and damage productivity.
- Solidify U.S. leadership in supporting countries to strengthen one of the largest gaps in primary health care and reinforce ongoing U.S. investments in addressing infectious diseases and maternal and child health.
- Improve pandemic preparedness and provide critical assistance to one of the most neglected populations throughout the COVID-19 pandemic.
- Better inform treatment, management, and evidence-based practices for U.S.-based populations that are underrepresented in clinical trials through contributions to global data networks and research in NCDs.

U.S. investment in reducing the burden of avoidable death and suffering due to NCDs would solidify U.S. leadership in addressing global health needs for the world's most vulnerable populations.

Photo: Jonathan Torgovnik - TB Alliance



Resources

Impacts of COVID-19 on people living with NCDs (NCD Alliance): https://ncdalliance.org/sites/default/files/resource_files/COVID-19_%26_NCDs_BriefingNote_27April_FinalVersion_0.pdf

Invest to Protect: NCD financing as the foundation for healthy societies and economies (NCD Alliance): <https://ncdalliance.org/resources/invest-to-protect-ncd-financing-as-the-foundation-for-healthy-societies-and-economies>

Invisible numbers: the true extent of noncommunicable diseases and what to do about them. (WHO): <https://apps.who.int/iris/handle/10665/362800>

United Nations multi-partner trust fund to catalyze country action for non-communicable diseases and mental health (WHO): <https://apps.who.int/iris/handle/10665/341905>

PEN-Plus – Integrated chronic care for severe NCDs in poor, rural areas (NCDI Poverty Network): <http://www.ncdipoverty.org/penplus-1>

Contributors

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Citations listed in Appendix

NEGLECTED TROPICAL DISEASES (NTD)

What You Should Know

Neglected tropical diseases affect poor and marginalized populations. Neglected tropical diseases (NTDs) are a group of 20 infectious diseases and conditions that disproportionately affect poor and marginalized populations. NTDs coexist with poverty because they thrive in places with limited access to clean water, sanitation, and hygiene (WASH) and limited protection from carriers and transmitters of disease.

Neglected tropical diseases threaten the health of billions of people worldwide. NTDs afflict more

than 1.6 billion of the world's poorest people and threaten the health of millions more.¹ More than 1 billion children are affected by NTDs, which can lead to blindness, deformities, and malnutrition. NTDs are responsible for over 170,000 deaths each year and cause widespread physical disability, and consequently, billions of dollars in lost productivity.²

Low-income countries suffer an immense burden of neglected tropical diseases. One hundred percent of low-income countries are affected by at least five NTDs simultaneously.

Congressional Calls to Action

Maintain strong, bipartisan support and increased funding for the NTD program at the U.S. Agency for International Development (USAID).

With U.S. support, 15 countries will eliminate at least one NTD as a public health problem within five years.

Leverage U.S. funding to multiply NTD efforts.

Every dollar invested by the United States leverages \$26 in donated medicines, totaling more than \$27.6 billion in donated medicines for the delivery of 2.8 billion NTD treatments to more than 1.4 billion people since the program's inception.

Support cross-sector research and development efforts to continue improving NTD outcomes.

Build on the success of the USAID NTD programs by supporting research and development investments and greater integration with water, sanitation, and hygiene (WASH); nutrition; education; One Health;³ vector control programs; and health system strengthening efforts to integrate and sustain the tremendous gains to date.



Why is this investment important?

Among children, NTD infections lead to malnutrition, cognitive impairment, stunted growth, and the inability to attend school. Studies show that NTD treatment is the single most cost-effective means of improving children's attendance and increasing capacity to learn and concentrate in school. Many people afflicted with NTDs are unable to provide for themselves or their families and are left in a cycle of poverty because of social isolation and physical ailments which make working difficult. Just 50 cents can fund a rapid impact package of medication to treat an individual for the five most common NTDs, making it a best buy in public health.

Since the USAID NTD program's inception in 2006, it has supported the distribution of 2.8 billion safe and effective treatments to more than 1.4 billion people.

The results are impressive:

- 315 million people no longer require treatment for a parasitic disease called lymphatic filariasis, or elephantiasis.
- 151 million people no longer require treatment for blinding trachoma, a bacterial infection of the eye spread through personal contact and by flies.
- 10 million people no longer require treatment for onchocerciasis, or river blindness.
- 10 countries have eliminated at least one disease.⁴

NTD treatment is the single most cost-effective means of improving children's attendance and increasing capacity to learn and concentrate in school.

Photo: Biju Boro - UNICEF



Resources

Neglected Tropical Diseases (WHO): <https://www.who.int/newsroom/questions-and-answers/item/neglected-tropical-diseases>

Neglected Tropical Diseases (CDC): <https://www.cdc.gov/globalhealth/newsroom/topics/ntds/index.html#:~:text=100%25%20of%20low%2Dincome%20countries,least%20one%20neglected%20tropical%20disease.>

NTDs in Focus (The End Fund): <https://end.org/ntds-in-focus/>

NTD Fact Sheet (USAID): <https://www.usaid.gov/global-health/health-areas/neglected-tropical-diseases>

Contributors

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Citations listed in Appendix

NUTRITION

What You Should Know

Malnutrition is a leading cause of child death and disability. Roughly 3 million children die annually because they are malnourished (one child every 11 seconds).¹ Those who survive severe malnutrition in early childhood are more likely to suffer permanent physical and mental stunting that impairs their health, educational attainment, and earning potential.²

Malnutrition is preventable. Scientists have identified a suite of clear, proven, and affordable nutrition interventions that are ready to be scaled today.³ Models show that even if only a percentage of those in need received these interventions, millions of children's lives could be saved over the next five years.⁴

Nutrition interventions are a “best buy” in global development, yet are severely underfunded. Leading economists consistently rank nutrition interventions among the most cost-effective ways to save and improve lives around the world, with an extremely high return on investment: every \$1 invested in nutrition yields up to \$35 in economic returns.⁵ U.S. nutrition funding is not commensurate with the severity or scale of the problem. Every year, malnutrition kills more children under 5 than AIDS, malaria, COVID-19, and tuberculosis combined, yet the nutrition account received under 2 percent of U.S. global health funding in fiscal year 2022.⁶

Congressional Calls to Action

Increase funding for high-impact nutrition interventions.

Increased funding for Interventions like the Power 4, especially through the Nutrition sub-account within the Global Health Programs account at the United States Agency for International Development (USAID), will help build the nutrition resiliency that communities need to withstand ongoing global shocks, like pandemics, climate emergencies, and conflict, that increase rates of malnutrition.⁷

Use global moments like Nutrition for Growth to make bold, high-profile commitments to nutrition that inspire similar commitments from other actors.

Spearhead or join calls for U.S. leadership and ensure funding is available to maintain the U.S. government's position as a leading nutrition donor and leverage more financial and political support for nutrition from multilaterals, other governments, and the private sector. Ensure all existing U.S. government commitments to nutrition are allocated and disbursed.

Prioritize women and children in the critical 1,000-day window in Congressional responses to ongoing global food insecurity crises.

Congress should prioritize nutrition security in policies and funding required to address global food insecurity. Children must have the nutrients, not just the calories, they need to grow and develop to their full potential.⁸



Why is this investment important?

Good nutrition can cost-effectively build resilience to future pandemics and other global shocks. Malnourished individuals are more likely to contract and die from infectious diseases, allowing these diseases to spread more easily.⁹ Good nutrition provides the building blocks for long-term immunity and is key to improving global health security. Nutrition investments will also help prevent some of the worst impacts of extreme weather, which is diminishing crop yields and nutritional quality.¹⁰

The benefits of improved nutrition extend beyond global health, with a significant impact on women and girls. Nutrition interventions are under-leveraged in the fight for women's rights.¹¹ Well-nourished women and girls are healthier, more productive, more likely

to finish school, be economically independent, and have healthy babies. Investing in nutrition could also help grow the economies of low- and middle-income countries, increasing country ownership and opening new markets for American businesses.¹²

By prioritizing nutrition investments, the U.S. could lead the next frontier of the child survival revolution and make bold strides toward ending preventable maternal deaths. The U.S. already saves and improves countless lives by fighting severe malnutrition through high-quality, evidence-based nutrition programs, but millions of women and children are still waiting for this essential care.¹³



Good nutrition provides the building blocks for long-term immunity and is key to improving global health security.

Photo: Alive & Thrive

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Resources

2021 Global Nutrition Report: <https://globalnutritionreport.org/reports/2021-global-nutrition-report/>

Nourish the Future Five-Year Proposal (End Malnutrition): <https://www.endmalnutrition.org>

Maternal and Child Nutrition Series (The Lancet, June 2013): <https://www.thelancet.com/series/maternal-and-child-nutrition>

Severe Malnutrition Learning Hub (1,000 Days): <https://thousanddays.org/resource/severe-malnutrition-resource-hub/>

Contributors

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Citations listed in Appendix

RESEARCH & DEVELOPMENT

What You Should Know

R&D is a prerequisite for global health progress. Past research and development (R&D) investments produced the drugs, vaccines, diagnostics, and other innovations currently used to address long-standing and emerging health challenges. Examples include HIV antiretroviral drugs; tuberculosis diagnostics; and vaccines for malaria, Ebola, and COVID-19. Despite these investments, health innovation gaps persist. Even if current global health technologies were widely scaled, our global health goals could not be achieved by 2030.¹

U.S. public financing is essential for neglected and emerging disease product development as there are limited incentives for industry investment. Scientists and product developers depend on U.S. public

financing to make new discoveries and advance products to market that have helped shape the global health innovation sector. This support comes from agencies across the government, including the U.S. Agency for International Development (USAID), the National Institutes of Health (NIH), the U.S. Centers for Disease Control and Prevention (CDC), the Biomedical Advanced Research and Development Authority (BARDA), and the Department of Defense (DOD).

U.S. leadership in health innovation must continue through sustained funding. A supportive policy environment is required for the discovery and development of next generation health innovations needed for global health progress.

Congressional Calls to Action

Sustain or increase funding for global health research and product development.

Policymakers should provide strong funding for global health R&D across U.S. agencies, including USAID, NIH, CDC, BARDA, DOD, and the U.S. Food and Drug Administration (FDA)—and to multilateral partnerships, such as the Coalition for Epidemic Preparedness Innovations (CEPI). U.S. agencies should prioritize support for global health R&D where they have discretion.

Direct U.S. agencies to improve coordination, alignment, and transparency of global health R&D efforts across the government and with international partners.

This includes providing agency reports on global health R&D activities, as well as creating and maintaining interagency global health R&D strategies.

Support inclusive innovation policies.

Inclusive innovation means product development that is led, guided, or informed by affected communities and local researchers at every stage, from priority setting to product rollout. This should include support for programs that strengthen the capacity of affected communities and local researchers to apply for funding and conduct health research. New tools should always be developed through a health equity lens, designed from the beginning for distribution, affordability, and use in low-resource settings.



Why is this investment important?

Millions of people living in low-resource settings are burdened by neglected diseases and everyone, everywhere is threatened by future global health security risks, including emerging infectious diseases and antimicrobial resistance. Often when new health products are developed, such as the first-generation COVID-19 mRNA vaccines, they are not designed for use in low-resource settings, where limited access to refrigeration, electricity, running water, health care expertise, laboratory equipment, and other resources can limit access to effective products. Global inequities are only exacerbated when these communities are not considered from the beginning of product design.

U.S. investment has historically been a powerful

catalyst for the development of global health products that are designed specifically for use in low-resource settings. Since 2000, U.S. investments have helped advance over 100 products through the research pipeline. Many of these products have been approved by regulators and achieved significant impact. For instance, a child-friendly malaria drug, Coartem® Dispersible, the development of which was supported by USAID, has been delivered to over 50 countries and saved an estimated 926,000 lives.²

Through sustainable investment and supportive global health R&D policies, we can build a healthier future for everyone while preparing the world for future health threats.



Scientists and product developers depend on U.S. public financing to make new discoveries and advance products to market that have helped shape the global health innovation sector.

Photo: Patrick McKern - PATH



Resources

Meeting the moment, fueling the future: Policy recommendations for a new era of US leadership in global health R&D (Global Health Technologies Coalition – GHTC, 2021): <https://www.ghtcoalition.org/resources-item/meeting-the-moment-fueling-the-future-policy-recommendations-for-a-new-era-of-us-leadership-in-global-health-r-d>

Global Health R&D Across the U.S. Government (GHTC): <https://www.ghtcoalition.org/resources-item/us-agency-series-global-health-r-d-across-the-us-government>

Contributors

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We need breakthrough technologies to reach the Sustainable Development Goal targets for health (Brookings Institution, 2018): <https://www.brookings.edu/blog/future-development/2018/10/05/we-need-breakthrough-technologies-to-reach-the-sustainable-development-goal-targets-for-health/>

Citations listed in Appendix

TUBERCULOSIS (TB)

What You Should Know

TB is the second largest global infectious disease killer. Tuberculosis (TB) is the second-leading infectious disease killer globally, killing 1.5 million people in 2020. Nearly all these deaths are preventable with antibiotics.¹ Drug-resistant TB (DR-TB) is a leading cause of death from antimicrobial resistance globally, and only 1 in 3 people with DR-TB have access to care. This proportion is even smaller for those with multidrug-resistant (MDR) or extensively drug-resistant (XDR) TB.²

Negative impacts to TB prevention and care from COVID-19 will continue without increased resources. Many TB clinics and laboratories were temporarily or permanently closed or reassigned to COVID-19

response, leading to over 1 million fewer TB diagnoses and linkages to care in just one year.³ Delayed diagnosis can complicate TB, making it difficult to treat or even fatal.⁴

TB research and development requires more funding. Innovations in TB prevention, diagnosis, and treatment offer significant promise but need increased funding to realize their full benefits. Shorter treatment regimens for latent TB infection, drug-susceptible TB, and DR-TB are increasing cure and survival rates—but many still lack access.⁵ Greater investments are also needed to develop an effective TB vaccine for all ages.⁶

Congressional Calls to Action

Increase funding for U.S. global TB efforts.

Increase funding for the U.S. Agency for International Development (USAID)'s global TB program and the U.S. Centers for Disease Control and Prevention (CDC)'s Division of Global HIV and TB. USAID's presence in countries with the highest global TB burdens saves lives. Their work, in tandem with country programs, allows governments and communities to increase their capacity and resilience to TB.⁷ CDC's focus on countries whose TB epidemics contribute most to cases in the U.S. help keep our communities safe and healthy.

Fulfill the U.S. funding commitment to the Global Fund.

Fully fund the U.S. pledge to the Global Fund to Fight AIDS, TB, and Malaria (GFATM). GFATM is one of the world's largest funders of TB response and helps coordinate between country programs addressing TB and comorbidities, thereby stretching each dollar to save as many lives as possible.⁸

Co-sponsor and pass the End TB Now Act.

This bipartisan legislation directs USAID to boost its bilateral TB programs and activities to account for new goals established by the international community, requiring greater coordination with multilateral partners and support for TB research and development.⁹



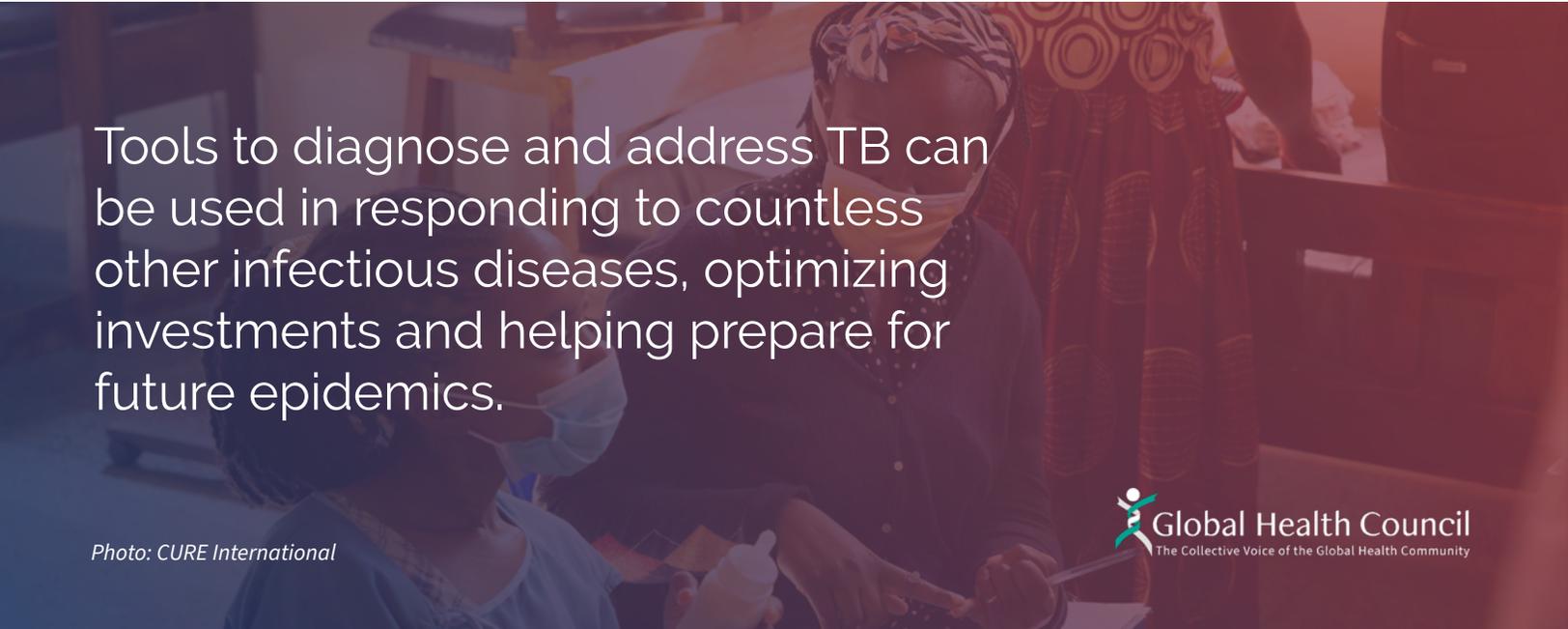
Why is this investment important?

Addressing TB will have health and economic benefits. Increased investment in TB prevention and response would reduce suffering, save lives, and increase participation in the global workforce and economy. Access to newer, shorter treatment regimens will also allow people to more quickly secure housing, support their families, and invest in the future.¹⁰

Tools to diagnose and address TB can also be repurposed to address other diseases. These tools can be used in responding to countless other infectious diseases, optimizing investments and helping prepare for future epidemics. TB contact tracing resources,

diagnostic machines, and research networks mobilized quickly in response to COVID-19, saving time and money.¹¹

USAID's impact on TB can be furthered with more investment. USAID's Global Accelerator to End TB has leveraged annual country roadmaps and partnership statements with 20 Ministries of Health in some of the most highly burdened countries to improve program results and sustainability.¹² With sufficient investment, the Accelerator will help reach the updated goals of enrolling millions more people on TB treatment and preventive therapy.¹³



Tools to diagnose and address TB can be used in responding to countless other infectious diseases, optimizing investments and helping prepare for future epidemics.

Photo: CURE International



Resources

S.3386 – End Tuberculosis Now Act of 2021 (117th Congress): <https://www.congress.gov/bill/117th-congress/senate-bill/3386/text>

Launched: Global Plan to End TB 2023-2030 (Stop TB Partnership, July 2022): <https://www.stoptb.org/news/launched-global-plan-to-end-tb-2023-2030>

Tuberculosis Research Funding Trends 2005 – 2020

(Treatment Action Group, December 2021): <https://www.treatmentactiongroup.org/resources/tbrd-report/tbrd-report-2021/>

The Personal Experience: More than Just a Disease (We Are TB): <https://www.wearetb.com/resume>

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Citations listed in Appendix

VACCINES & IMMUNIZATIONS

What You Should Know

Immunization is among the most effective public health interventions. Vaccines administered from 2000-2019 prevented 50 million deaths in low- and middle-income countries (LMICs).¹ Investing in strong health systems, the health workforce, and other professionals closest to the delivery of vaccines and vaccine information helps communities sustain high immunization rates and strengthens health security by stopping infectious diseases at their source. This reduces the risk of disease importation and protects Americans at home and abroad.

There is a concerning decline in global immunizations for a range of diseases. In 2021, the world saw the largest sustained decline in childhood

vaccinations in 30 years and 18 million children received no vaccine whatsoever.² This backsliding in coverage has resulted in avoidable outbreaks of measles, polio, and other diseases. Equitable COVID-19 vaccine distribution earlier in the pandemic could have saved millions of additional lives.

U.S. leadership is essential to the development and rollout of vaccines. The United States has played crucial role in the development and rollout of vaccines—such as for COVID-19, Ebola, and malaria—as well as research on vaccines to protect people against HIV/AIDS, malaria, tuberculosis, and neglected tropical diseases.

Congressional Calls to Action

Increase global immunization funding to stop backsliding.

To combat a large decline in childhood immunization, increased resources are needed for Gavi, the Vaccine Alliance, UNICEF, and the World Health Organization (WHO)—and bilaterally for the U.S. Agency for International Development (USAID) and the U.S. Centers for Disease Control and Prevention (CDC). These investments help prevent outbreaks of vaccine-preventable diseases while increasing access to primary health services, including reaching zero-dose children who have not received a single vaccine.

Increase U.S. investments in vaccine research and development.

Continued support across a wide range of agencies can transform today's promising research into future lifesaving vaccines, as it has for the new WHO-approved malaria vaccine. The COVID-19 pandemic has also demonstrated the need for more regional vaccine manufacturing capacity, which would also strengthen global health security.

Continue expanding U.S. support for mechanisms that strengthen health workforce, systems, and security.

Immunization access, acceptance, and demand are key indicators of strong, resilient health systems. U.S. support for innovative mechanisms, including the Pandemic Fund at the World Bank and the U.S. Global Health Worker Initiative, which may be key in responding to the next pandemic.



Why is this investment important?

Immunizations yield great returns. Every dollar invested in child immunization yields up to \$52 in savings for LMICs for health costs, lost wages, and lost economic productivity.³ Between 2011-2020, \$34 billion invested in LMIC immunization yielded \$1.53 trillion in economic benefits.⁴ Prior to COVID-19, child immunization in LMICs averted an estimated 2-3 million child deaths annually. In their first year of distribution, COVID-19 vaccinations saved an estimated 19.8 million lives worldwide.⁵

Immunizations improve health and humanitarian outcomes. U.S. support for child immunization enhances humanitarian outcomes by reducing the spread of infectious diseases in fragile settings.

Disease outbreaks destabilize economies, jeopardize trade and global investment, and are politically disruptive. A healthy country is typically a more stable country.

U.S. investment in global immunization and R&D is critical. The United States engages in global immunization and R&D efforts bilaterally across agencies and multilaterally through support for and investment in Gavi, UNICEF, and WHO. The United States also works alongside dedicated partners in the Measles & Rubella Initiative, the Global Polio Eradication Initiative, and through initiatives like the Immunization Agenda 2030 and the Global Action Plan for the Prevention and Control of Pneumonia and Diarrhea.



U.S. support for child immunization enhances humanitarian outcomes by reducing the spread of infectious diseases in fragile settings. A healthy country is typically a more stable country.

Photo: Duncan Graham-Rowe - GAVI

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Resources

CDC Global Immunization Division: <http://bit.ly/2hpG0XO>

UNICEF Immunization Programme: <http://uni.cf/2gOBwuZ>

Gavi, the Vaccine Alliance: <https://www.gavi.org/>

Vaccines (WHO): https://www.who.int/health-topics/vaccines-and-immunization#tab=tab_1

Contributors

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Citations listed in Appendix

WATER, SANITATION AND HYGIENE (WASH)

What You Should Know

Access to safe water, sanitation, and hygiene (WASH) services plays an important role in protecting the health, security, resilience, and economic potential of people worldwide. A lack of WASH is a driver of poverty and loss of life. Estimates show that access to WASH could have prevented 3.3% (1.9 million) of global deaths and 13% of deaths of children younger than 5 in 2016.¹

WASH is the first line of defense in preventing and slowing the spread of most disease outbreaks, such as flu, diarrhea, and Ebola. Development efforts are more effective and sustainable when they address WASH, as it is key to improving maternal and child

health, combating neglected tropical diseases, and addressing food and nutrition security.

Yet, 2 billion people lack access to safely managed water services and 3.6 billion lack access to safely managed sanitation services.² More than 802 million children lack access to basic handwashing facilities with soap and water in school,³ and half of healthcare facilities worldwide lack basic hygiene services.⁴ This exacerbates risks for disease, curtails the ability of people and communities to meet their basic needs for economic advancement, and deepens health inequities.

Congressional Calls to Action

Recognize the importance of water security to U.S. national security.

Support U.S. efforts to achieve equitable access to WASH and promote sustainable management of water resources to protect U.S. national security. WASH programming bolsters global economic prosperity and helps prevent conflicts. Estimates show that by 2050 water insecurity could cost some regions up to 6% of gross domestic product.⁵

Support increased WASH program funding and integrate WASH financing across sectors.

Provide robust funding for development assistance and economic support accounts, which fund U.S. Agency for International Development (USAID) water and sanitation programs and help integrate WASH in global health and development programs, emergency responses, and humanitarian crises. Also, support the U.S. Centers for Disease Control and Prevention (CDC) by increasing its capacity for preventing and responding to water-related health risks.

Improve aid effectiveness by supporting cross-sector WASH integration, conducting oversight, and leveraging the Senator Paul Simon Water for the World Act.

The Senator Paul Simon Water for the World Act coordinates WASH policy across the U.S. government and links indicators to positive health outcomes. WASH programming should give increased attention to the needs of women and girls, the differently abled, and other marginalized communities disproportionately affected by lack of WASH.



Why is this investment important?

Bipartisan leadership from the U.S. administration and Congress has helped to improve safe WASH access and water security for millions globally. In Fiscal Year 2020, USAID helped 3.9 million people gain access to sustainable drinking water and 4.1 million people gain access to sustainable sanitation services in 51 countries.⁶ U.S. WASH investments reduce morbidity and mortality from WASH-related illness and other infections and build water management practices that lead to economic growth. In addition, scaling up woman- and girl-friendly WASH facilities in communities and expanding menstrual health and hygiene programming support women's health and promote gender equity.

Climate shocks, increasing water scarcity, population growth, demographic changes, and urbanization pose increasing challenges for water supply and sanitation systems. By 2025, half the world's population will live in water-stressed areas. Limited access to safe drinking water worsens humanitarian emergencies. For example, children living in conflict areas are almost three times more likely to die from diarrheal diseases caused by a lack of safe WASH than by direct violence. WASH solutions are needed to support ongoing development programs and reach high-risk communities. These solutions establish more resilient and sustainable WASH systems and water supplies, leading to healthier populations.

WASH programming should give increased attention to the needs of women and girls, the differently abled, and other marginalized communities disproportionately affected by lack of WASH.

Photo: Mani Karmacharya- Wateraid

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Contributors

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Citations listed in Appendix

APPENDIX

Antimicrobial Resistance (AMR)

1. Murray, Christopher JL, et al. “Global Burden of Bacterial Antimicrobial Resistance in 2019: A Systematic Analysis.” *The Lancet*, vol. 399, no. 10325, 2022, pp. 629–655. [https://doi.org/10.1016/s0140-6736\(21\)02724-0](https://doi.org/10.1016/s0140-6736(21)02724-0)
2. Ibid.
3. Review of Antimicrobial Resistance. “Tackling Drug-Resistant Infections Globally: Final Report and Recommendations.” May 2016. https://amr-review.org/sites/default/files/160525_Final%20paper_with%20cover.pdf

Climate

1. World Health Organization (WHO). “Climate Change and Health.” October 2021. <https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health>
2. Jones, K. et al. “Global trends in emerging infectious diseases.” *Nature*. February 2008. <https://doi.org/10.1038/nature06536>
3. U.S. Centers for Disease Control and Prevention (CDC). “Monkeypox in Animals.” August 2022. <https://www.cdc.gov/poxvirus/monkeypox/veterinarian/monkeypox-in-animals.html>
4. Carlson, C. J. et al. “Climate change increases cross-species viral transmission risk.” *Nature*. April 2022. <https://www.nature.com/articles/s41586-022-04788-w>
5. Bernstein, A.S. et al. “The costs and benefits of primary prevention of zoonotic pandemics.” *Science Advances*. February 2022. <https://www.science.org/doi/10.1126/sciadv.abl4183>
6. WHO. “Climate Change and Health.” October 2021. <https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health>
7. Bernstein, A.S. et al. “The costs and benefits of primary prevention of zoonotic pandemics.” *Science Advances*. February 2022. <https://www.science.org/doi/10.1126/sciadv.abl4183>
8. WHO. “World Health Day 2022.” March 2022. <https://www.who.int/campaigns/world-health-day/2022>
9. WHO. “Health benefits far outweigh the costs of meeting climate change goals.” December 2018. <https://www.who.int/news-room/detail/05-12-2018-health-benefits-far-outweigh-the-costs-of-meeting-climate-change-goals>
10. The Lancet. “Policy Brief for the United States of America.” *The Lancet Countdown on health and climate change*, 2021. <https://www.dropbox.com/s/n2bmdt74fiw0xgu/USA%202021%20English%20-%20Lancet%20Countdown%20Policy%20Brief.pdf?dl=0>

Digital Health

1. Living Goods. “Story of Impact: community health saved lives during the crisis.” February 2021. <https://livinggoods.org/media/story-of-impact-community-health-saved-lives-during-the-crisis/>
2. United States Agency for International Development (USAID). “A Vision for Action in Digital Health 2020-2024.” https://www.usaid.gov/sites/default/files/documents/USAID-A-Digital-Health-Vision-for-Action-v10.28_FINAL_508.pdf
3. Digital Investment Principles. “Donor Alignment Principles in Digital Health.” <https://digitalinvestmentprinciples.org>
4. Digital Square. “Digital Health Global Goods. <https://digitalsquare.org/digital-health-global-goods>
5. Exemplars in Global Health. “Digital Health Tools.” <https://www.exemplars.health/emerging-topics/epidemic-preparedness-and-response/digital-health-tools>
6. A. Bouri, A. Mualiar, H. Schiff R. Bass, H. Dithrich. “Roadmap for the Future of Impact Investing: Reshaping Financial Markets.” Global Impact Investing Network. March 20, 2018. https://thegiin.org/research/publication/giin-roadmap/?gclid=Cj0KCQiA2ZCOBhDiARIsAMRfv9LZhr0tBVRsQ6PMa4u0PUiPRrK56jqEojg0Q47fnX7WfnWiKNQU7LoaAn-n6EALw_wcB
7. United States Agency for International Development (USAID). “A Vision for Action in Digital Health 2020-2024.” https://www.usaid.gov/sites/default/files/documents/USAID-A-Digital-Health-Vision-for-Action-v10.28_FINAL_508.pdf
8. JSI. Ethiopia Digital Health Activity (USAID). <https://www.jsi.com/project/digital-health-activity/>

Family Planning & Reproductive Health

1. Guttmacher Institute. “Adding It Up: Investing in Sexual and Reproductive Health 2019.” https://www.guttmacher.org/sites/default/files/report_pdf/adding-it-up-investing-in-sexual-reproductive-health-2019.pdf
2. World Health Organization (WHO). “Maternal Mortality.” <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>
3. Guttmacher Institute. “Adding It Up: Investing in Sexual and Reproductive Health 2019.” https://www.guttmacher.org/sites/default/files/report_pdf/adding-it-up-investing-in-sexual-reproductive-health-2019.pdf
4. Ibid.
5. United Nations Populations Fund (UNFPA). “The Power of 1.8 Billion: Adolescents, Youth and the Transformation of the Future.” 2014. https://www.unfpa.org/sites/default/files/pub-pdf/EN-SWOP14-Report_FINAL-web.pdf
6. U.S. Agency for International Development (USAID). “Family Planning and Reproductive Health.” <https://www.usaid.gov/global-health/health-areas/family-planning>
7. UNFPA. “About Us.” 2018 <https://www.unfpa.org/about-us>.
8. UNFPA. “Humanitarian Emergencies.” 2022. <https://www.unfpa.org/emergencies>
9. Guttmacher Institute. “Just the Numbers: The Impact of U.S. International Family Planning Assistance, 2021.” <https://www.guttmacher.org/just-numbers-impact-us-international-family-planning-assistance-2021>
10. Guttmacher Institute. “Just the Numbers: The Impact of U.S. International Family Planning Assistance, 2021.” <https://www.guttmacher.org/just-numbers-impact-us-international-family-planning-assistance-2021>

Frontline Health Worker

1. Broster, Alice. "There's A Global Shortage Of 900,000 Midwives & It's Impacting Maternal Mortality." Forbes. 11 May 2021. <https://www.forbes.com/sites/alicebroster/2021/05/11/theres-a-global-shortage-of-900000-midwives--its-impacting-maternal-mortality/?sh=216d202d3184>
2. Rodriguez, Francisco. "To Eliminate Malaria, We Must Invest in Community Health Workers During COVID-19." Frontline Health Workers Coalition. 16 June 2022. <https://www.frontlinehealthworkers.org/blog/eliminate-malaria-we-must-invest-community-health-workers-during-covid-19>
3. World Health Organization (WHO). "Working for Health: draft 2022–2030 action plan." 22 April 2022. https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_12-en.pdf
4. WHO. "WHO Global Code of Practice on the International Recruitment of Health Personnel: fourth round of national reporting." 3 May 2022. https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_14-en.pdf
5. International Labour Organization. The gender pay gap in the health and care sector: A global analysis in the time of COVID-19. 13 July 2022. https://www.ilo.org/global/publications/books/WCMS_850909/lang--en/index.htm
6. Nepomnyashchiy, Lyudmila et al. "Protecting Community Health Workers: PPE Needs and Recommendations for Policy Action." Center for Global Development. 15 June 2020. <https://www.cgdev.org/publication/protecting-community-health-workers-ppe-needs-and-recommendations-policy-action>
7. Nolan, Stephanie. "Rich Countries Lure Health Workers from Low-Income Nations to Fight Shortages." New York Times. 24 January 2022. <https://www.nytimes.com/2022/01/24/health/covid-health-worker-immigration.html>
8. Front Line Health Workers Coalition. "Top Policy Recommendations to Build the Health Workforce Back Better." https://www.frontlinehealthworkers.org/sites/fhw/files/top_policy_recs_to_build_the_health_workforce_back_better.pdf
9. Intrahealth International. "New Report Identifies Opportunities for Countries to Use Strategic Information to Build a Stronger Health Workforce." 13 October 2021. <https://www.intrahealth.org/news/new-report-identifies-opportunities-countries-use-strategic-information-build-stronger-health>
10. Republic of South Africa, Office of the Presidency. "President Ramaphosa welcomes the Serum Institute funding initiative for establishment of AU Health Workforce." 26 July 2022. <https://www.thepresidency.gov.za/press-statements/president-ramaphosa-welcomes-serum-institute-funding-initiative-establishment-au-health-workforce>
11. Keeling, Ann. "Women should not be propping up healthcare systems without proper pay." Thomas Reuters Foundation. 22 July 2022. <https://news.trust.org/item/20220722160913-xhflq>
12. Bolan, Nancy et al. "Human Resources for Health-Related Challenges to Ensuring Quality Newborn Care in Low- and Middle-Income Countries: A Scoping Review." Global Health: Science and Practice, 9: no. 1 (2021): 160-176. <https://www.ghspjournal.org/content/ghsp/9/1/160.full.pdf>

Global Health Security

1. The World Bank. "Financial Intermediary Fund for Pandemic Prevention, Preparedness and Response - Engagement and Overview." <https://projects.worldbank.org/en/projects-operations/products-and-services/brief/financial-intermediary-fund-for-pandemic-prevention-preparedness-and-response-engagement>
2. Mathieu, Edouard, et al. "Coronavirus Pandemic." Our World in Data. <https://ourworldindata.org/coronavirus>
3. Reuters. "IMF sees cost of COVID pandemic rising beyond \$12.5 trillion estimate." 20 January 2022. [https://www.reuters.com/business/imf-sees-cost-covid-pandemic-rising-beyond-125-trillion-estimate-2022-01-20/#:~:text=Register%20now%20for%20FREE%20unlimited%20access%20to%20Reuters.com&text=WASHINGTON%2C%20Jan%2020%20\(Reuters\),global%20lender%20said%20on%20Thursday](https://www.reuters.com/business/imf-sees-cost-covid-pandemic-rising-beyond-125-trillion-estimate-2022-01-20/#:~:text=Register%20now%20for%20FREE%20unlimited%20access%20to%20Reuters.com&text=WASHINGTON%2C%20Jan%2020%20(Reuters),global%20lender%20said%20on%20Thursday)

Global Health & Multilateral Organizations

1. Jones, Andrew. “Our mission is to reach every child with life-saving vaccines.” UNICEF. 28 April 2022. <https://www.unicef.org/supply/stories/our-mission-reach-every-child-life-saving-vaccines>
2. ACT Accelerator. “Impact.” <https://www.act-a.org/impact>
3. United Nations Population Fund. “Maternal Health.” <https://www.unfpa.org/maternal-health#readmore-expand>

Global Surgery

1. Shrime, Mark and Stephen Bickler, et al. “Global burden of surgical disease: An estimation from the provider perspective.” *The Lancet Global Health*. April 2015; 3(2):S8-S9. <http://bit.ly/2DvTkFi>.
2. Meara, John, and Andrew Leather, et al. “Global Surgery 2030: Evidence and solutions for achieving health, welfare, and economic development.” *The Lancet*. August 2015; 386(9993):569-624. <http://bit.ly/2KhdxQx>
3. Ibid.
4. Ibid.
5. Bouchard, M. E., Sheneman, N., Hey, M. T., Hoemeke, L., & Abdullah, F. “Investments in surgical systems contribute to pandemic readiness and health system resilience,” *Journal of Public Health Policy*, June 2021; 42(2):493-500. <https://doi.org/10.1057/s41271-021-00292-z>.
6. McClain, C., Hoemeke, L., & Sheneman, N. “Scaling up surgery and anesthesia, post-coronavirus,” *Think Global Health*, October 2020. <https://www.thinkglobalhealth.org/article/scaling-surgery-and-anesthesia-post-coronavirus>.
7. Mock, Charles, and Peter Donkor, et al. “Essential surgery: Key messages from Disease Control Priorities, 3rd edition,” *The Lancet*, February 2015; 385(9983):2209-2219. <http://bit.ly/2OSjdB6>.
8. “A new global partnership: Eradicate poverty and transform economies through sustainable development.” United Nations, 2013. <http://bit.ly/2KhTrWv>.
9. “Explanatory statement for Department of State, Foreign Operations, and Related Programs appropriations bill, 2023.” 117th Congress, July 2023. <https://www.appropriations.senate.gov/imo/media/doc/SFOPSFY23RPT.pdf>
10. “Strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage.” No. 68.15. 68th World Health Assembly, May 2015. https://apps.who.int/gb/ebwha/pdf_files/WHA68/A68_R15-en.pdf
11. Haider, Adil, and John Scott, et al. “Development of a unifying target and consensus indicators for global surgical systems strengthening: Proposed by the Global Alliance for Surgery, Obstetric, Trauma, and Anaesthesia Care (The G4 Alliance).” *World Journal of Surgery*, October 2017; 41(10):2426-2434. <http://bit.ly/2Dv2Ubv>.
12. Ackers, Louise et al. “Infection Prevention Control (IPC) and Antimicrobial Resistance (AMR).” *Anti-Microbial Resistance in Global Perspective* 53–80. November 2020. doi:10.1007/978-3-030-62662-4_4
13. “Safe surgical care for women.” USAID MOMENTUM, July 2020. <https://usaidmomentum.org/what-we-do/improving-health/safe-surgical-care/>.
14. Bukhman, G., Mocumbi, A.O., Atun, R., et al. “The Lancet NCDI Poverty Commission: bridging a gap in universal health coverage for the poorest billion.” *The Lancet*, 2020; 396(10256):991-1044. doi:10.1016/S0140-6736(20)31907-3

Health in Humanitarian Response

1. United Nations Office for the Coordination of Humanitarian Affairs (OCHA). Humanitarian Insight: Global Humanitarian Overview for 2022. <https://gho.unocha.org/> and <https://fts.unocha.org/>
2. World Health Organization (WHO). COVID-19 pandemic fuels largest continued backslide in vaccinations in three decades. <https://www.who.int/news/item/15-07-2022-covid-19-pandemic-fuels-largest-continued-backslide-in-vaccinations-in-three-decades>
3. Center for Strategic and International Studies (CSIS). Covid-19: Compounding 10 Years of Health Crises in Syria. <https://www.csis.org/analysis/covid-19-compounding-10-years-health-crises-syria>
4. WHO. Quality of care in fragile, conflict-affected, and vulnerable settings: taking action. <https://www.who.int/publications/i/item/9789240015203>
5. United Nations Populations Fund (UNFPA). New UNFPA data reveals that nearly 12 million women lost access to contraception due to disruptions caused by the pandemic, leading to 1.4 million unintended pregnancies. <https://www.unfpa.org/press/new-unfpa-data-reveals-nearly-12-million-women-lost-access-contraception-due-disruptions#:~:text=New%20York%2C%2011%20March%202021,19%20over%20the%20past%20year.>
6. CARE. “Our Best Shot: Women Frontline Health Workers in other countries are keeping you safe from COVID-19.” <https://careevaluations.org/wp-content/uploads/Our-Best-Shot-March-25.pdf>
7. McKinsey Global Institute. “Prioritizing health: A prescription for prosperity.” <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/prioritizing-health-a-prescription-for-prosperity>
8. Women in Global Health. “Subsidizing Global Health: Women’s Unpaid Work in Health Systems.” <https://womeinigh.org/wp-content/uploads/2022/07/Pay-Women-Report-July-7-Release.pdf>
9. CARE. “Women at the Last Mile: How investments in gender equality have kept health systems running during COVID-19.” https://www.care.org/wp-content/uploads/2022/06/CARE-Flagship-Report_Women-at-the-Last-Mile-Final.pdf
10. CARE “She Told Us So Again: Rapid Gender Analysis.” https://www.care.org/wp-content/uploads/2022/03/CARE-SheToldUsSo_3.2022-Rapid-Gender-Analysis.pdf

HIV & AIDS

1. UNAIDS. Global HIV & AIDS statistics. <https://www.unaids.org/en/resources/fact-sheet>
2. U.S. Department of State. PEPFAR shows impact with 5.5 million babies born HIV-free due to comprehensive program efforts. July 23, 2022. <https://www.state.gov/pepfar-shows-impact-with-5-5-million-babies-born-hiv-free-due-to-comprehensive-program-efforts/>
3. Ibid
4. UNAIDS. Global HIV & AIDS statistics. <https://www.unaids.org/en/resources/fact-sheet>
5. World Health Organization Regional Office for Africa. “HIV/AIDS.” <https://www.afro.who.int/health-topics/hiv/aids#:~:text=The%20WHO%20African%20Region%20is,HIV%20in%20the%20African%20Region>
6. U.S. Department of State. “PEPFAR shows impact with 5.5 million babies born HIV-free due to comprehensive program efforts.” July 23, 2022. <https://www.state.gov/pepfar-shows-impact-with-5-5-million-babies-born-hiv-free-due-to-comprehensive-program-efforts/>
7. Ibid.

Health System Strengthening

1. World Health Organization (WHO). “WHO and UNICEF sound the alarm as new data shows global vaccination coverage continued to decline in 2021, with 25 million infants missing out on lifesaving vaccines.” 15 July 2022. <https://www.who.int/news/item/15-07-2022-covid-19-pandemic-fuels-largest-continued-backslide-in-vaccinations-in-three-decades>
2. WHO. “Tracking universal health coverage: 2021 global monitoring report.” WHO/World Bank Group. <https://www.who.int/publications/i/item/9789240040618>
3. WHO. “Working for health and growth: Investing in the health workforce.” 2016. <http://bit.ly/2KfxCqL>.

Malaria

1. World Health Organization (WHO). “World Malaria Report 2021. <https://apps.who.int/iris/handle/10665/350147>.
2. U.S. President’s Malaria Initiative. “Impact.” <https://www.pmi.gov/impact/>
3. The Global Fund. “Malaria.” <https://www.theglobalfund.org/en/malaria/>
4. U.S. President’s Malaria Initiative. “Impact.” <https://www.pmi.gov/impact/><https://www.pmi.gov/impact/>
5. The Global Fund. “Malaria.” <https://www.theglobalfund.org/en/malaria/>
6. WHO. A report of the Strategic Advisory Group on Malaria Eradication. 2020. <https://apps.who.int/iris/bitstream/handle/10665/331795/9789240003675-eng.pdf>

Maternal and Child Health

1. World Health Organization (WHO). “Children: improving survival and well-being.” September 2020. <https://www.who.int/news-room/fact-sheets/detail/children-reducing-mortality>
2. Mayor, Susan. Pregnancy and childbirth are leading causes of death in teenage girls in developing countries. *British Medical Journal (BMJ)*, 2004 May 15; 328(7449): 1152. doi: 10.1136/bmj.328.7449.1152-a
3. U.S. Center for Disease Control and Prevention (CDC). “Why CDC Is Involved in Global Immunization.” <https://www.cdc.gov/globalhealth/immunization/why/index.html#:~:text=Childhood%20vaccinations%20prevent%20an%20estimated,killer%20and%20global%20health%20threat>
4. U.S. Agency for International Development (USAID). “Acting on the Call: Preventing Child and Maternal Deaths: A focus on Sustaining Lifesaving Health Services Amidst the COVID-19 Pandemic.” November 2021. https://www.usaid.gov/sites/default/files/documents/USAID_2021_AOTC_v10_508_1.pdf

Noncommunicable Diseases

1. World Health Organization (WHO). “Invisible numbers: the true extent of noncommunicable diseases and what to do about them.” 2022. <https://apps.who.int/iris/handle/10665/362800>
2. WHO. “United Nations multi-partner trust fund to catalyze country action for non-communicable diseases and mental health.” 2021.” <https://apps.who.int/iris/handle/10665/341905>
3. NCDI Poverty Network. “PEN-Plus – Integrated chronic care for severe NCDs in poor.” rural areas <http://www.ncdi-poverty.org/penplus-1>

Neglected Tropical Diseases

1. U.S. Centers for Disease Control and Prevention. “Neglected Tropical Diseases (NTDs).” Centers for Disease Control and Prevention, 2018. <https://www.cdc.gov/globalhealth/newsroom/topics/ntds/index.html#:~:text=100%25%20of%20low%2Dincome%20countries,least%20one%20neglected%20tropical%20disease>
2. The End Fund. “The Impact of Neglected Tropical Diseases.” <https://end.org/ntds-in-focus/>
3. “One Health is a collaborative, multisectoral, and transdisciplinary approach—working at the local, regional, national, and global levels—with the goal of achieving optimal health outcomes recognizing the interconnection between people, animals, plants, and their shared environment.” (CDC, <https://www.cdc.gov/onehealth/index.html>)
4. U.S. Agency for International Development (USAID). “NTD Fact Sheet.” 2022. <https://www.usaid.gov/global-health/health-areas/neglected-tropical-diseases>

Nutrition

1. Robert E Black et al., “Maternal and Child Undernutrition and Overweight in Low-Income and Middle-Income Countries,” *The Lancet* 382, no. 9890 (2013): pp. 427-451, [https://doi.org/10.1016/s0140-6736\(13\)60937-x](https://doi.org/10.1016/s0140-6736(13)60937-x).
2. Vinicius J. Martins et al., “Long-Lasting Effects of Undernutrition,” *International Journal of Environmental Research and Public Health* 8, no. 6 (2011): pp. 1817-1846, <https://doi.org/10.3390/ijerph8061817>; John Hoddinott et al., “Adult Consequences of Growth Failure in Early Childhood,” *The American Journal of Clinical Nutrition* 98, no. 5 (April 2013): pp. 1170-1178, <https://doi.org/10.3945/ajcn.113.064584>; Susan Horton et al., “Scaling up Nutrition : What Will It Cost?” Handle Proxy (Washington, DC: World Bank, January 1, 1970), <http://hdl.handle.net/10986/2685>.
3. Zulfiqar A Bhutta et al., “Evidence-Based Interventions for Improvement of Maternal and Child Nutrition: What Can Be Done and at What Cost?” *The Lancet* 382, no. 9890 (2013): pp. 452-477, [https://doi.org/10.1016/s0140-6736\(13\)60996-4](https://doi.org/10.1016/s0140-6736(13)60996-4).
4. “List Visualizer.” LiST Visualizer, <https://listvisualizer.org/>.
5. “Expert Panel Findings” (Copenhagen Consensus), https://www.copenhagenconsensus.com/sites/default/files/outcome_document_updated_1105.pdf; Meera Shekar et al., “An Investment Framework for Nutrition,” Open Knowledge Repository (Washington, DC: World Bank, April 12, 2017), <https://openknowledge.worldbank.org/handle/10986/26069>.
6. “HIV Statistics - Global and Regional Trends,” UNICEF DATA, January 25, 2023, <https://data.unicef.org/topic/hiv/aids/global-regional-trends/>; “Fact Sheet about 26, 2023, <https://www.who.int/news-room/fact-sheets/detail/malaria>; “Child Mortality and Covid-19,” UNICEF DATA, January 24, 2023, <https://data.unicef.org/topic/child-survival/covid-19/>; “Tuberculosis (TB),” World Health Organization (World Health Organization), accessed January 26, 2023, <https://www.who.int/news-room/fact-sheets/detail/tuberculosis#:~:text=Worldwide%2C%20TB%20is%20the%2013th,all%20countries%20and%20age%20groups>; “Global Health Funding in the FY 2022 Omnibus,” KFF, March 9, 2022, <https://www.kff.org/news-summary/global-health-funding-in-the-fy-2022-omnibus/>.
7. “The Power 4 Nutrition Interventions” (1,000 Days), accessed January 26, 2023, https://thousanddays.org/wp-content/uploads/1000-Days_Severe-Malnutrition_Power-4-Standalone_PDF_MMS-update.pdf.
8. “Why 1,000 Days” (1,000 Days), September 13, 2022, <https://thousanddays.org/why-1000-days/>.
9. Claire D. Bourke, James A. Berkley, and Andrew J. Prendergast, “Immune Dysfunction as a Cause and Consequence of Malnutrition,” *Trends in Immunology* 37, no. 6 (2016): pp. 386-398, <https://doi.org/10.1016/j.it.2016.04.003>.
10. “Chapter 5: Food Security,” Special Report on Climate Change and Land (Intergovernmental Panel on Climate Change), accessed January 26, 2023, <https://www.ipcc.ch/srccl/chapter/chapter-5/>; Matthew R. Smith and Samuel S. Myers, “Impact of Anthropogenic CO₂ Emissions on Global Human Nutrition,” *Nature Climate Change* 8, no. 9 (2018): pp. 834-839, <https://doi.org/10.1038/s41558-018-0253-3>.

11. “Nourishing Gender Equality” (1,000 Days), accessed January 26, 2023, <https://thousanddays.org/wp-content/uploads/6.3.20-Womens-Empowerment-WEB.pdf>.
12. “The Cost of Malnutrition: Why Policy Action is Urgent (Global Plan),” Technical Brief no. 3 (July 2016), <https://www.glopan.org/sites/default/files/pictures/The-Cost-of-malnutrition-brief.pdf>.
13. “Impact and Progress” (U.S. Agency for International Development),” December 13, 2022, <https://www.usaid.gov/nutrition/impact-and-progress>.

Research & Development

1. Boyle, Conlin et al. “Achieving a ‘Grand Convergence’ in Global Health: Modeling the Technical Inputs, Costs, and Impacts from 2016 to 2030.” PLOS ONE. October 2015. <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0140092>
2. Medicines for Malaria Venture (MMV). “Treating uncomplicated malaria with Coartem® Dispersible (artemether-lumefantrine).” <https://www.mmv.org/access/products-projects/treating-uncomplicated-malaria-coartem-dispersible-artemether-lumefantrine>

Tuberculosis

1. World Health Organization. “Global tuberculosis report 2021.” October 2021. <https://www.who.int/publications/item/9789240037021>
2. Ibid.
3. Stop TB Partnership. 12 Months of COVID-19 Eliminated 12 Years of Progress in the Global Fight Against Tuberculosis. March 2021. https://stoptb.org/webadmin/cms/docs/Release%20for%20COVID%20and%20TB%202021%20report%20draft_16%20March_FINAL.pdf
4. World Health Organization. “Global tuberculosis report 2021.” October 2021. <https://www.who.int/publications/item/9789240037021>
5. World Health Organization. “Global tuberculosis report 2021.” October 2021. <https://www.who.int/publications/item/9789240037021>
6. Stop TB Partnership. 12 Months of COVID-19 Eliminated 12 Years of Progress in the Global Fight Against Tuberculosis. March 2021. https://stoptb.org/webadmin/cms/docs/Release%20for%20COVID%20and%20TB%202021%20report%20draft_16%20March_FINAL.pdf
7. The Global Fund. “Tuberculosis.” <https://www.theglobalfund.org/en/tuberculosis/>
8. U.S. Congress. “S.3386 – End Tuberculosis Now Act of 2021.” 117th Congress (2021-2022). <https://www.congress.gov/bill/117th-congress/senate-bill/3386/text>
9. U.S. Agency for International Development (USAID). “Global Accelerator to End TB.” <https://www.usaid.gov/global-health/health-areas/tuberculosis/resources/news-and-updates/global-accelerator-end-tb>
10. World Health Organization. “Global tuberculosis report 2021.” October 2021. <https://www.who.int/publications/item/9789240037021>
11. Stop TB Partnership. 12 Months of COVID-19 Eliminated 12 Years of Progress in the Global Fight Against Tuberculosis. March 2021. https://stoptb.org/webadmin/cms/docs/Release%20for%20COVID%20and%20TB%202021%20report%20draft_16%20March_FINAL.pdf
12. USAID. “Global Accelerator to End TB.” <https://www.usaid.gov/global-health/health-areas/tuberculosis/resources/news-and-updates/global-accelerator-end-tb>
13. World Health Organization. “Global tuberculosis report 2021.” October 2021. <https://www.who.int/publications/item/9789240037021>

Vaccines & Immunization

1. elife Sciences. “Lives saved with vaccination for 10 pathogens across 112 countries in a pre-COVID-19 world.” 2021. <https://elifesciences.org/articles/67635>
2. World Health Organization (WHO). “COVID-19 pandemic fuels largest continued backslide in vaccinations in three decades,” 2022. <https://www.who.int/news/item/15-07-2022-covid-19-pandemic-fuels-largest-continued-backslide-in-vaccinations-in-three-decades>
3. Sim, So Yoon et al. “Return on Investment from Immunization Against 10 Pathogens In 94 Low- And Middle-Income Countries, 2011–30,” Health Affairs, 2020. <https://www.healthaffairs.org/doi/10.1377/hlthaff.2020.00103>
4. Ozawa, Sachiko et al. “Return on Investment from Childhood Immunization in Low- And Middle-Income Countries, 2011–20,” Health Affairs, 2016. <https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2015.1086>
5. Watson, Oliver et al. “Global impact of the first year of COVID-19 vaccination: a mathematical modelling study,” The Lancet, 2022. <https://www.thelancet.com/journals/laninf/article/PIIS1473-3099%2822%2900320-6/fulltext>

WASH

1. World Health Organization (WHO). “Safe Water, Better Health.” 2019. <https://www.who.int/publications/i/item/9789241516891>
2. WHO / UNICEF Joint Monitoring Programme. “Progress on Household Drinking Water, Sanitation and Hygiene 2000-2020: Five Years into the SDGs.” 2021. <https://washdata.org/sites/default/files/2021-07/jmp-2021-wash-households.pdf>
3. WHO / UNICEF Joint Monitoring Programme. “WASH in Schools.” 2022. <https://data.unicef.org/topic/water-and-sanitation/wash-in-schools/>
4. WHO / UNICEF Joint Monitoring Programme. “Progress on WASH in health care facilities 2000-2021: Special focus on WASH and infection prevention and control (IPC).” 2022. [https://www.who.int/publications/i/item/progress-on-wash-in-health-care-facilities-2000-2021--special-focus-on-wash-and-infection-prevention-and-control-\(ipc\)](https://www.who.int/publications/i/item/progress-on-wash-in-health-care-facilities-2000-2021--special-focus-on-wash-and-infection-prevention-and-control-(ipc))
5. World Bank. “High and Dry: Climate Change, Water, and the Economy.” 2016. https://openknowledge.worldbank.org/handle/10986/23665?mc_cid=4b29986137&mc_eid=88584d365d
6. U.S. Agency for International Development (USAID). “Global Water and Development Report: FY 2020 Annual Report of Water Security, Sanitation, and Hygiene Activities.” 2021. <https://www.globalwaters.org/sites/default/files/global-water-and-development-annual-report-2021-121421-508.pdf>



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