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**COVER PHOTO:** Dr. Maimouna Ndour Mbaye, a diabetes specialist at the Marc Sankale Diabetes Center in Dakar, Senegal. Credit: PATH/Gabe Bienczycki

**BACK COVER PHOTO:** A family in Kenya talking with a community health worker.  
Credit: Living Goods

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The United States is a leader in global health and development. With strong bipartisan support from past administrations and Congress, the United States has invested in successful global health programs that have saved the lives of millions around the world. This leadership means that a girl born in rural Rwanda is more likely to live to her fifth birthday, a patient in South Africa has access to antiretroviral treatment for HIV, and a family in Vietnam can sleep under a bed net, reducing their chances of contracting malaria.

Americans consistently support global health and development funding, recognizing that these investments not only help people and communities in low- and middle-income countries become more self-sufficient, but also effectively prevent the spread of diseases such as Ebola and bird flu, ultimately protecting the health of Americans. Perhaps most importantly, Americans feel such investments are the right thing to do and generate goodwill toward the United States.

U.S. support for global health and international development programs — including initiatives for nutrition, safe water, sanitation, and hygiene — has led to stronger, healthier communities around the world. Such investments strengthen the health systems of other countries, along with their ability to address the health needs of their own populations and other emerging global health priorities in the future. Moreover, these investments benefit the U.S. economy by strengthening the economies of trading partners that, in turn, support U.S. exports and millions of jobs.

Global health is more than just treating diseases. It also means training frontline health workers, including lab technicians and pharmacists; funding new vaccines, treatments, and other innovations; and building resilient and sustainable health systems that provide equitable access to quality care. By maintaining our political commitment, encouraging smarter investments, and supporting more collaborative donor and partner engagement, the United States is helping other countries to build sustainable health systems and become self-reliant.

Global Health Council and the global health advocacy community present the 2019 Global Health Briefing Book as a resource for well-informed decision making on issues involving U.S. engagement in global health.

Loyce Pace, MPH
President and Executive Director
GLOBAL HEALTH COUNCIL
Abbreviations and Acronyms

AMR............................................................Antimicrobial Resistance
ART............................................................Antiretroviral Therapy
BARDA..........................................................Biomedical Advanced Research and Development Authority
CDC..........................................................Centers for Disease Control and Prevention
DoD.............................................................Department of Defense
DRR.............................................................Disaster Risk Reduction
FBOs...........................................................Faith-Based Organizations
FDA.............................................................Food and Drug Administration
FP/RH..........................................................Family Planning and Reproductive Health
FY...............................................................Fiscal Year
Gavi.............................................................Gavi, the Vaccine Alliance
GHSA..........................................................Global Health Security Agenda
Global Fund................................................Global Fund to Fight AIDS, Tuberculosis and Malaria
HLM.............................................................High Level Meeting
HSS.............................................................Health Systems Strengthening
LMICs..........................................................Low- and Middle-Income Countries
MCH............................................................Maternal and Child Health
MDR-TB.......................................................Multidrug-Resistant TB
NCDs............................................................Noncommunicable Diseases
NGOs..........................................................Nongovernmental Organizations
NIH...............................................................National Institutes of Health
NTDs............................................................Neglected Tropical Diseases
OFDA..........................................................Office of Foreign Disaster Assistance (USAID)
PEPFAR.......................................................President’s Emergency Fund for AIDS Relief
PMI.............................................................President’s Malaria Initiative
PRM............................................................Bureau of Population, Refugees and Migration
R&D..............................................................Research and Development
SDGs..........................................................Sustainable Development Goals
TB...............................................................Tuberculosis
UNFPA........................................................United Nations Population Fund
UNHCR.......................................................United Nations Refugee Agency
UNICEF........................................................United Nations Children’s Fund
USAID........................................................United States Agency for International Development
WASH..........................................................Water, Sanitation, and Hygiene
WFP............................................................World Food Programme
WHO..........................................................World Health Organization
XDR-TB.......................................................Extensively Drug-Resistant TB
GLOBAL HEALTH OVERVIEW

WHAT YOU SHOULD KNOW

Global health programs seek to improve the overall well-being of individuals, families, and communities. Toward this end, global health programming addresses the physical and mental health needs of individuals; treats and prevents the spread of infectious diseases; strengthens the capabilities of health workers and health systems; and increases the accessibility of health care services.

Strong health systems reduce the risk and cost of pandemics, long-term disability, and premature death, helping populations in developing countries become more productive and contribute to their own economies and societies.

Through investments in global health programs, the United States has contributed to saving millions of lives. Many diseases that threatened millions of people only a decade ago are in decline. U.S. leadership in global health initiatives has helped to halve preventable child deaths, decrease deaths from malaria by 60%, and reduce maternal mortality by 60% since 1990. Through the President’s Emergency Plan for AIDS Relief (PEPFAR), the United States has also provided lifesaving antiretroviral treatment (ART) for more than 14 million men, women, and children in need. U.S. efforts are at the forefront in the fight against future disease threats, promoting global health security, building resilient health systems with skilled frontline workforces, and advancing the development of essential tools to combat Ebola and Zika.

Global health programs are among the most important, cost-effective, and successful forms of foreign aid. For every $1 invested in global health, there is an expected 10- to 20-fold return in economic benefits. Investing in global health allows low- and middle-income countries (LMICs) to move toward aid independence and increase their participation in the global economy. Furthermore, foreign assistance that specifically addresses global health — as well as humanitarian relief, democracy and governance, disaster assistance, agriculture development, and education — is a critical component of how the United States engages with the world.

RECOMMENDATIONS FOR CONGRESS

Maintain appropriate funding levels for all global health accounts, so that new global health objectives can be achieved and previous gains will not be lost. If the United States fails to live up to its commitments, the worldwide progress that has been made against maternal mortality, tuberculosis, malaria, HIV, and other diseases in LMICs could stagnate or even reverse. Sustained U.S. investment in global health programming and health systems strengthening is crucial, especially with the rise of chronic, noncommunicable diseases such as cancers, diabetes, and lung and heart disease, among others.

Encourage federal agencies to develop cross-agency strategies that integrate global health programs across development sectors, leverage multisectoral investments, and strengthen health systems to build resilience and self-reliance. In addition, these strategies should have well-defined targets and clear accountability mechanisms.

Support policies that will build strong local health systems and train sustainable health work forces. Strong, integrated health systems prevent devastating infectious disease outbreaks, bolster access to essential health services, enable rapid public health responses, prevent stockouts of essential medicines and other lifesaving health products, and help drive inclusive economic growth. Additionally, investments in health workers help save millions of women’s and children’s lives, improve overall global health security, and bear tremendous economic returns.

Continue to invest in global health research and evaluation programs that develop and implement new technologies and tools to assist countries in anticipating future health challenges.

Credit: United Nations Foundation/Allison Shelley
GLOBAL HEALTH OVERVIEW

WHY THIS INVESTMENT IS IMPORTANT

The United States is at the forefront of global health. U.S. leadership and investments in global health have accelerated progress towards real and tangible results: eliminating infectious disease epidemics, ending preventable maternal and child deaths, achieving an AIDS-free generation, and protecting the American public from health threats. U.S. investments also help to train and deploy essential frontline health workers, who not only vaccinate and attend deliveries, but also provide preventive care, treatment, medical information, and advice to help keep families and communities healthy. With U.S. funding, new innovations can tackle the next generation of rapidly evolving global health risks, including noncommunicable diseases and other neglected threats that increasingly affect the economies of key U.S. trading partners worldwide.

By integrating global health programs and services, U.S. agencies and practitioners leverage and maximize U.S. investments, increasing the efficiency and effectiveness of health initiatives worldwide. Investment in one area of global health creates a ripple effect across all programs, increasing the economic and social returns. Furthermore, U.S. investments provide the foundation of capital upon which corporations and LMICs can build with increasingly larger contributions. This foundation provides the access to alternative sources of funding and technical assistance that ultimately helps countries become self-reliant. However, as the U.S. Agency for International Development (USAID) looks for ways to support countries along this journey toward self-reliance, U.S. investments must sustain essential health and social services, preventing the reemergence of life-threatening diseases that the United States and its partners have fought so hard to control.

The U.S. government is far from alone in its efforts to improve global health. Significant contributions are made by other nations; multilateral organizations, such as the United Nations Children’s Fund (UNICEF) and World Health Organization (WHO); public-private partnerships, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), and Gavi, The Vaccine Alliance; private foundations; and civil society organizations. These donor partnerships allow global health funding to be leveraged across multiple health sectors and to reach those most in need.

Global health programs help countries build and strengthen their health care services and systems, leading to economic and social stability, as well as independence from foreign assistance. Continued U.S. leadership and investment in global health are needed to build on achievements to date and to ensure a healthy future for citizens around the world.

REFERENCE


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HEALTH SYSTEMS STRENGTHENING

WHAT YOU SHOULD KNOW

Strong health systems are efficient, effective, and provide access to essential, quality health services for every community. Health systems are the institutions, resources, people, and communities focused on improving health — including hospitals, workers, pharmacies, vaccines, technologies, policies, and business practices, as well as financial, information, and communications systems. Health systems strengthening (HSS) refers to the activities that improve a health system’s efficiency, quality, accessibility, or effectiveness.

Strong health systems — even in areas of conflict or weakened security — help ensure outbreaks are contained, epidemics are prevented, and other emerging health threats are detected early. Such systems provide quality services to communities with the least access to care and the most marginalized populations, including women, children, the rural poor, and religious and ethnic minorities.

Strong health systems also support overall economic growth, reduced poverty, and sustainable progress in global health. Functioning public and private health systems are essential for the success of disease-specific initiatives and for meeting U.S. commitments to address global health security threats, end preventable maternal and child deaths, and combat infectious diseases such as HIV/AIDS.

U.S. leadership has a unique policy opportunity to invest in low- and middle-income countries (LMICs) and other partners who are working to create strong, sustainable health systems, that in turn, support self-reliance. What makes this moment unique is the rapid economic growth currently enabling many countries to show interest in ending their dependence on development assistance and in financing essential HSS with their own resources.

RECOMMENDATIONS FOR CONGRESS

Mandate that all future investments and programs related to global health help strengthen partner country systems, scaling their capacity to deliver essential, quality health services to all communities. Make sure that these efforts place a strategic focus on communities with the least access to quality health services, building a diverse network of providers that includes frontline health workers, faith-based organizations (FBOs), and community members.

Encourage federal agencies to develop a cross-agency strategy for global health programs that integrate across development sectors, leverage multisector investment, strengthen health systems, and build resilience and self-reliance. In addition, the strategy should have well-defined targets and clear accountability mechanisms.

Local communities, including FBOs and other faith-centered groups, should be integrated into the U.S. government approach to HSS. Community involvement and participation are key ingredients in well-functioning health systems. The U.S. government should actively include local communities when deciding the direction of efforts designed to improve health systems and the delivery of health services, particularly through social-accountability mechanisms.

The U.S. government should partner with nongovernmental organizations (NGOs), FBOs, and others who implement HSS assistance programs to find the most effective means for leveraging the health systems knowledge that already exists in these and other donor communities. This expertise should be incorporated into HSS programming efforts led by the United States.
HEALTH SYSTEMS STRENGTHENING

WHY THIS INVESTMENT IS IMPORTANT

In 2015 the U.S. Agency for International Development (USAID) issued the Vision for Health Systems Strengthening, providing a commitment to integrate HSS into all USAID work on global health through 2019. This commitment highlights four strategic HSS outcomes that support sustained health impact:

- Financial Protection — the cost of essential health services must permit people to seek and use them without becoming impoverished;
- Essential Services — high-quality prevention, promotion, treatment, and health care services must be available to all;
- Population Coverage — those of all socioeconomic statuses must have the same access to essential health services; and
- Responsiveness — quality health services must be delivered in a timely and confidential manner that ensures dignity and respect for all.

Due to improved biomedical technologies, increased use of information technologies, and sustained public and private investments, significant strides have been made to strengthen global health systems. As a result, deaths due to preventable causes have decreased, equitable access to quality health services has improved, and populations are healthier and more stable. However, many countries still face severe inequities in access to health services, critical gaps in access to qualified health workers, weak information systems, irregular supply chains, inefficient use of resources, or weak governance and accountability mechanisms. USAID’s four strategic HSS outcomes can be achieved by ensuring access to safe medicines, increasing capacity to detect and contain infectious disease threats, strengthening financial management systems, and training and equipping frontline health workers to deliver essential services.

The Zika epidemic in Latin America, the Ebola epidemic in West Africa, and frequent natural disasters around the world underscore how easily global health threats can cross borders and how vital strong health systems are for all countries, regardless of income level. Especially in areas of conflict and states with weakened security, strong health systems are essential to global well-being.

As the U.S. government continues to promote health system sustainability and self-reliance in other countries and at home, HSS will grow increasingly important. Investments in HSS have multiplier effects that enhance inclusive economic growth. For example, HSS plays a vital role in the Global Health Security Agenda, an initiative developed in 2014 to address and strengthen the global capacity to prevent, detect, and respond to infectious disease threats through multilateral and multisectoral engagement. Investments in HSS also create a path toward systems that provides timely, essential, and financially accessible health services. Underutilization of essential health services by the poor leads to an ongoing cycle of poverty, as people who are sick and vulnerable are less able to participate in the labor market. HSS can assist in stopping this cycle of poverty and guiding countries toward a more holistic approach to improving global health.

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CITATIONS
Investments in frontline health workers save millions of women’s and children’s lives, enhance global health security, and result in tremendous economic and social returns, both globally and domestically. Frontline health workers provide lifesaving services to communities with the least access to quality care, especially in remote and rural areas.

However, global health progress will stall without immediate action to facilitate greater and more strategic investment in frontline health workforces. A 2018 Lancet commission found more than 8 million people die annually in low- and middle-income countries because of “inadequate access to quality care,” resulting in $6 trillion in economic losses.1

By and large, communities with the highest maternal and child death rates, as well as the greatest burden of disease — from Ebola, Zika, HIV, tuberculosis, and malaria, plus noncommunicable diseases — are also the same communities with the least access to quality health workforces. Without bold leadership and investment, the World Health Organization (WHO) projects a shortage of at least 18 million health workers by 2030.2

Investments in health have been shown to yield 9-to-1 returns,2 offering the massive potential to create 40 million new health worker jobs worldwide by 2030 and spark greater economic empowerment for women.2 Multisectoral investment in frontline health workers can halt outbreaks like Ebola and Zika, control disease epidemics, prevent millions of maternal and child deaths, and support resilient and self-reliant health systems.

RECOMMENDATIONS FOR CONGRESS

Ensure all agencies receiving global health appropriations have the flexibility to implement investments in frontline health workforces with high long-term or catalytic potential.

An action plan for ensuring sustainable, fit-for-purpose frontline health workforces should be a key pillar of any cross-agency global health strategy, with concrete program targets and clear accountability mechanisms that strengthen health systems, catalyze multisectoral investment, and work toward resilience and self-reliance. This action plan should align with WHO’s Workforce 2030 global health strategy and the Working for Health Action Plan. It should also include concrete accountability mechanisms for the protection of health care workers and services in conflict zones.

Domestic U.S. programs have also benefited from proven and innovative models that were supported by U.S. foreign assistance to address health workforce access and quality issues. The United States should facilitate more collaborative learning and lead efforts to mobilize additional private and public resources outside of the federal government, with the goal of strengthening frontline health workforces domestically and globally.

The United States should place a high policy priority on strengthening health workforces in the following ways:

- Mandate robust efforts to strengthen health workforces and reach the President’s Emergency Plan for AIDS Relief (PEPFAR) goals;
- Support the U.S. Agency for International Development (USAID) Office of Health Systems in coordinating U.S. assistance to partner countries for strengthening their health workforces;
- Invest more under the Global Health Security Agenda and other mechanisms that assist partner countries in ensuring access to frontline health workers with the capacities laid out by the International Health Regulations; and
- Support the Centers for Disease Control and Prevention (CDC) global health capacity-development and polio-eradication accounts.
FRONTLINE HEALTH WORKERS

WHY THIS INVESTMENT IS IMPORTANT

Frontline health workers were at the forefront of U.S. efforts that helped save an estimated 100 million children’s lives from 1990 to 2015 and cut AIDS-related deaths by 51% since 2004. Yet, a current lack of investment and focus on frontline health workers remains among the top barriers to achieving greater progress in global health. Consider:

- The 20 countries with the highest child mortality rates in the world were all classified as health workforce “crisis countries” by WHO in 2006.
- Before the Ebola epidemic, Guinea, Liberia, and Sierra Leone all had fewer than three doctors, nurses, and midwives for every 10,000 people. WHO estimates that at least 44 of these health workers are needed per 10,000 people to deliver essential services. This is more important than ever now that Ebola has reemerged in the Democratic Republic of the Congo (DRC).
- Among the 73 countries that account for 96% of maternal deaths, only four have the potential midwifery workforce needed to deliver essential maternal, newborn, and reproductive health interventions.
- Increases in PEPFAR support for health workforces are also associated with a higher total number of patients receiving treatment for HIV.

Beyond the central role of frontline health workers in advancing progress across all health sectors, projections also underscore the urgency of investing in this workforce to drive inclusive economic growth and progress on gender equality in the global labor market. Evidence demonstrates that financing directed toward the health workforce does not represent a cost, but an investment that improves the growth rate of national economies.

Moreover, since women comprise 70% of the global health and social services workforce, compared with 40% across all other sectors, investment in health workforces is an investment in women’s empowerment. For these investments to have the most impact for women, issues of uncompensated or undercompensated labor, occupational sex segregation, sexual harassment and assault, and discrimination in harassment and training must also be addressed.

U.S. leadership has been instrumental in the creation and implementation of the Workforce 2030 strategy — the first-ever global guidelines for strengthening health workforces through 2030. This leadership is needed now more than ever, as development progress is increasingly threatened by gaps in access to the quality and essential health services provided by frontline health workers. Investment in health workforces is critical to the success of all U.S. global health programs, as well as fuel for economic growth worldwide.

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GLOBAL HEALTH SECURITY

WHAT YOU SHOULD KNOW

Despite major advances in public health, medicine, and technology, the United States and the world remain vulnerable to biological threats — whether they occur naturally or are the result of an accidental or intentional release. In the United States, a severe pandemic could result in twice as many deaths as all U.S. battlefield fatalities since 1776.1

The risk of a catastrophic biological event has only increased and will continue to be magnified by global travel and trade, urbanization, weather changes, terrorist interest in weapons of mass destruction, and rapid advances in technology. In the last several years, there have been at least three outbreaks of Ebola in the Democratic Republic of the Congo (DRC), along with outbreaks of cholera in Cameroon, measles in Pakistan, the plague in Mozambique, and yellow fever in Angola and Brazil. These threats have the potential to kill millions, cost billions, and exacerbate political instability.

Global health security starts at home — the United States must sustain and build on its current political and financial contributions to programs for both global health and global health security, while continuing to develop and maintain the tools required to prevent, detect, and respond to biological threats. A weak health system anywhere in the world poses a risk to the United States if that system is overwhelmed by a disease outbreak. Whether through traditional global health investments or those specifically targeting global health security, the establishment of strong, well-staffed health systems is essential for preventing local outbreaks and keeping them from becoming global pandemics. These priorities were affirmed in the release of several strategic policies, including the National Biodefense Strategy Act, the Pandemic and All-Hazards Preparedness Act, and the congressionally requested Global Health Security Strategy.

Individual country governments cannot succeed in fighting biological threats on their own. It requires a collaborative, cohesive, and comprehensive effort across multiple sectors — made by donor and recipient governments, the private sector, multilateral organizations, academia, and civil society — all working toward measurable targets and the goals mutually agreed upon in the Global Health Security Agenda (GHSA).

GHSA was launched in 2014 to help countries build their capacities to detect and respond to infectious disease outbreaks. With crucial bipartisan leadership from the United States and key international partners, GHSA has grown into an alliance of more than 60 nations, as well as international organizations and nongovernmental organization (NGO) stakeholders. Due to this success, the United States recently recommitted to GHSA with political and financial leadership through 2024.

RECOMMENDATIONS FOR CONGRESS

Support increases to global health security programming at the U.S. Agency for International Development (USAID) and Centers for Disease Control and Prevention (CDC) that will strengthen vulnerable health systems abroad. Strong health systems backed by sufficient resources and locally trained personnel are vital for outbreak prevention, detection, and response. This support should include resources for the infrastructure projects, workforce development, and technical assistance needed to effectively reduce risk and fill dangerous gaps in global health security.

Continue to support U.S. engagement in GHSA through the Department of State (DoS) to ensure that meaningful action, political will, and financing strategies are there to fill existing gaps in health security and to advance national and international action plans. This should include robust funding for U.S. domestic and international roles in GHSA, including full support for all departments and agencies that advance global health security, including USAID, CDC, and DoS, along with the Departments of Defense, Justice, Agriculture, and Health and Human Services.

Ensure that research and development (R&D) for new vaccines, drugs, diagnostics, and other health tools are prioritized in all global health security, pandemic, and emergency response strategies. Emerging infectious disease is a perpetual challenge; the tools needed to respond to the next epidemic require sustainable, forward-thinking investments in global health R&D.

Encourage cooperation and coordination among the various actors with a role to play in global health security. This includes partner countries, the public and private sectors, civil society, and academia. Since human health is inextricably linked with the health of the environment and other animals, it is also important to encourage coordination and cooperation with physicians, veterinarians, and other scientific and environmental professionals. This is an opportunity to advance shared goals around public health, international development, national security, and diplomacy.
GLOBAL HEALTH SECURITY

WHY THIS INVESTMENT IS IMPORTANT

Infectious disease outbreaks and other emerging global health threats are occurring with increasing frequency and severity. Factors such as globalization, urbanization, climate change, and the ease of travel and trade mean that dangerous pathogens are more easily transported and spread around the world, with no regard for national boundaries. As seen with recent outbreaks of Ebola and Zika, infectious diseases that were traditionally thought to impact only non-U.S. regions now have direct consequences for the health of Americans.

Strong health systems in high-, middle-, and low-income countries are all vital for detecting, preventing, and responding to natural and man-made biological threats that jeopardize global and American health. In turn, because global health threats affect economies worldwide, strong health systems also support economic growth, helping to ensure that vital progress in economic development made with U.S. foreign aid is not reversed.

GHSA is a first step in mobilizing the international community behind a common set of global health security principles; it provides countries with a roadmap for strengthening their capacity to prevent, detect, and respond to health threats. Member countries have identified 11 GHSA Action Packages, designed to translate political support into concrete steps toward health security. Action Packages are led and implemented by countries focused on antimicrobial resistance; zoonotic diseases; biosafety and biosecurity; immunizations; national laboratory systems; real-time surveillance; reporting; health work force development; emergency operations centers; links between rapid responses by legal, multisectoral, and public health organizations; as well as medical countermeasures and personnel deployment. More than 80 countries have voluntarily conducted a Joint External Evaluation (JEE) to assess their capacity for health security, to identify and prioritize their greatest areas of need, and to engage with potential partners for support. GHSA demonstrates an international commitment to global health security and a mechanism through which related U.S. investments can leverage further investments and action from partner countries.

Public investments in global health security and in GHSA also leverage support and action from the private sector. Private sector companies have made valuable efforts to support stronger health security in countries around the world; these businesses also offer unique efficiencies and capabilities for mobilizing resources, scaling efforts, and innovating solutions.

Future outbreaks and new strains of disease will always be on the horizon, while other threats such as drug and antibiotic resistance are currently on the rise. In addition, weak health systems can open the door for unintentional or intentional misuse of dangerous pathogens and biological materials. Terrorists continue to be interested in pursuing weapons of mass destruction, while rapid advances in technology enable the creation and manipulation of pathogens with pandemic potential.

Strong health systems with robust detection, response, and prevention capabilities — including sustained research and development for new drugs, vaccines, and diagnostics — are not only critical to preventing and mitigating health crises, but to fulfilling routine health care functions that promote healthy, prosperous societies.

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CITATIONS
MATERNAL AND CHILD HEALTH

WHAT YOU SHOULD KNOW

Every day, 15,000 children under the age of 5 die from mainly preventable or treatable causes, which adds up to 5.4 million children each year. Close to half of these deaths occur within the first month of life. An estimated 1 million children die on the day they are born; 2.6 million die before turning one month old.

Over 830 women die each day due to complications during pregnancy and childbirth. However, in the 19 countries where U.S. involvement has been most significant, maternal mortality has declined by 44% in the last 20 years.

These preventable deaths primarily occur in resource-limited settings, where women and children lack access to basic health care services before, during, and after pregnancy and childbirth. The most effective interventions often don’t require expensive tools or services and are best provided as a health services package in order to achieve optimal outcomes.

Significant progress has been made in improving maternal and child health globally, in part due to increased U.S. leadership and support. Since 1990, the annual number of child and maternal deaths has been more than halved.

The United States has committed to saving the lives of 15 million children and nearly 600,000 women by 2020, as well as to strengthen health systems that enable countries to plan, fund, and manage their own continued progress in maternal and child health (MCH). Continued U.S. support and leadership, with the help of bilateral partnerships and multilateral stakeholders, are necessary to achieve this goal.

The U.S. Agency for International Development (USAID) predicts that its work to eliminate health system bottlenecks can yield an average 6-to-1 return on investment and will make approximately $26.9 billion in public and private funds available in the health sector.

Achieving a grand convergence in global health by 2035 — reducing maternal and child death rates to universally low levels within a generation — is estimated to produce benefits exceeding the costs of investment by 9 to 20 times for low- and lower-middle-income countries.

RECOMMENDATIONS FOR CONGRESS

Follow through on the U.S. commitment to prevent child and maternal deaths with financial and technical assistance: support the MCH account in coordination with other priority global health accounts. Agencies must have the necessary support from Congress to ensure continued prioritization, leadership, and effective programming, with a focus on reporting against established metrics of success. As a leading global MCH donor, the United States should also encourage more financial and political support from multilateral and bilateral donors, endemic country governments, and the private sector.

Increase support for bilateral and multilateral MCH programs; provide robust funding for other global health and development initiatives that are vital to achieving maternal, newborn, and child health goals. These programs include the U.S. contributions to Gavi, the Vaccine Alliance (Gavi), and other efforts to eradicate polio; USAID global health programs, including nutrition, family planning, and water, sanitation, and hygiene (WASH) initiatives; Centers for Disease Control and Prevention (CDC) global health programs; and UN agencies, such as the United Nations Children’s Fund (UNICEF). Congress should also advance policies that expand access to proven, evidence-based interventions for preventing child and maternal deaths, while rejecting any attempts to restrict access to lifesaving services.

Promote the rapid scale-up of proven, quality interventions, including medical products. Invest in the research and development (R&D) of new critical tools, such as vaccines and other essential health commodities that will improve global MCH and address related causes of death and disability. By supporting health programs that work to reduce gender inequity and disparities within countries, as well as across borders, Congress can help dramatically reduce the mortality rates of women and children. For instance, if coverage of only 11 new interventions is scaled up to meet the need, a projected 6 million maternal and child deaths can be prevented.
MATERNAL AND CHILD HEALTH

WHY THIS INVESTMENT IS IMPORTANT

MCH investments have proven to be “best buys” for the United States. Since 1990, for instance, this support has helped to cut the global rate of child and maternal mortality in half, making it possible for the United States to commit to a future goal of fully preventing child and maternal deaths.

Within the MCH account, the United States invests its resources bilaterally through multiple U.S. agencies, as well as multilaterally, through organizations such as Gavi. The United States also contributes key technical leadership and support through other mechanisms, such as the Sanitation and Water for All partnership and World Health Organization (WHO). These collective efforts have saved millions of lives while driving down health costs and, at the same time, scaling up to help in other areas, such as reducing newborn deaths and improving immunization rates.

USAID serves as the lead implementing agency in the U.S. for maternal and child survival, providing reportable benchmarks for the U.S. commitment to save the lives of 15 million children and nearly 600,000 women by 2020. In the past 10 years, USAID has helped save the lives of more than 5 million children and 200,000 women. USAID outlines a roadmap for success in its Acting on the Call initiative, which supports the scale-up of high-impact, evidence-based approaches for driving down the leading killers of mothers and children. Its investments help to ensure access to high-quality antenatal, labor, delivery, and postpartum care; provide nutrition for children and for women who are pregnant or recently gave birth; deliver lifesaving vaccines; save newborns from severe infections; protect young children from the risks of diarrhea, pneumonia, and malaria; support the healthy timing and spacing of births through voluntary family planning that protects both women and children; and address comorbidities, including HIV, malaria, and tuberculosis. Statistical modeling has demonstrated that, if a 25% cut to USAID MCH programming was to be enacted, 20.5 million mothers and children would fall out of reach for maternal and child survival programs each year — and an estimated 2 million lives that could have benefited from USAID help from 2018 to 2019 would be lost.8

Alongside USAID programmatic efforts, the agency has also pioneered other methods for improving MCH and global health — including through the Saving Lives at Birth grand challenge, an initiative of the U.S. Global Development Lab and the Center for Accelerating Innovation and Impact. These efforts mobilize some of the world’s brightest thinkers, researchers, and entrepreneurs to innovate solutions for health, development, and maternal and newborn survival, benefiting many communities and saving the lives of millions. To strengthen systems of care, USAID also engages health-professional associations and trains frontline health workers to properly manage pregnancy, delivery, and complications for women and newborns.

USAID efforts are complemented by CDC activities, which provide scientific and technical assistance to strengthen health systems and workforces, and involve immunization programs such as the Measles & Rubella Initiative. Another close partner is the National Institutes of Health (NIH), which supports basic and applied research for issues critical to MCH, such as the causes of complicated pregnancies and deliveries. Additionally, U.S. funding for UNICEF supports the procurement and delivery of critical child-health commodities in developing countries.

U.S. commitments to Gavi are also key in driving down vaccine-preventable deaths globally. Two of the leading killers of children are pneumonia and diarrhea, yet both can be averted by highly effective vaccines that prevent pneumococcal infections or severe bouts of rotavirus, which causes deadly diarrhea. U.S. contributions to the Gavi five year strategy are expected to help immunize 300 million children against these threats and save over 6 million lives.

As seen with recent outbreaks and pandemics, the need for increased investments in MCH has never been greater. Continued U.S. support and leadership, with the help of bilateral partnerships and multilateral stakeholders, can prioritize the lifesaving interventions, effective programming, and evidence-based reporting necessary to continue progress.

RESOURCES


CONTRIBUTORS

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CITATIONS

Global immunization programs drastically reduce death and suffering from diseases, including rotavirus, whooping cough (pertussis), diphtheria, polio, measles, rubella, pneumococcal disease, and Japanese encephalitis, as well as Hib and other types of meningitis.1

Vaccines are one of the most cost-effective and successful public health solutions available. Each year, they save the lives of approximately 2.5 million children. For every $1 invested in immunization, there is a $16 return over the lifespan of the immunized child, which includes saved treatment costs and averted productivity losses.² By taking into account the even broader benefits of people living longer, healthier lives, the return on that same $1 investment rises to $44 per person.

Because of strong U.S. support, a single vaccine protecting against three prevalent diseases — diphtheria, tetanus, and pertussis, which also serve as general indicators of how well countries provide routine immunization services — grew in global coverage from 20% in 1980 to 86% by the end of 2016.³ However, 19.9 million infants did not receive the benefits of full immunization in 2017, which is estimated to result in death from preventable disease for an estimated 1.5 million children annually.⁴

U.S. support has been essential for fast-tracking Ebola and Zika vaccine research efforts, as well as leading progress toward vaccines to protect against HIV/AIDS, malaria, tuberculosis, and neglected tropical diseases. An experimental vaccine was deployed during the 2018 Ebola outbreaks in the Democratic Republic of the Congo (DRC), providing a key tool for responders to control the epidemic’s spread. During the DRC’s ninth outbreak, in part because of this vaccine, cases of the disease were halted at 54, with only 33 deaths.⁵

Global vaccine programs improve health security by eliminating infectious diseases in low-income countries and reducing the risk of importation, helping protect Americans at home and abroad. Immunization systems also help communities respond to emergency outbreaks, providing trained health workers, health surveillance strategies, and related infrastructure to combat emerging diseases.⁶

Maintain level funding for global immunization programs such as Gavi, the Vaccine Alliance (Gavi), the United Nations Children’s Fund (UNICEF), and the World Health Organization (WHO), as well as the bilateral efforts of the U.S. Agency for International Development (USAID) and Centers for Disease Control and Prevention (CDC). Increasing access to vaccines will require a continuation of the U.S. commitment to address WHO Global Vaccine Action Plan targets, working closely with country partners and other investors to extend the reach of immunization programs. Progress will also require investments to address deficiencies in primary health care systems, which are critical to ensuring that vaccines and other health interventions can act as effective drivers of national health and productivity.

Continue to support immunization campaigns that target specific diseases and promote routine immunization as a key component of strong and healthy systems. Controlling and eliminating vaccine-preventable infectious and chronic conditions, as well as quickly responding to emergency outbreaks, is dependent on coordinated efforts that deliver a balance of routine immunization services and supplementary immunization programs.

Allocate the resources required by USAID and CDC to eradicate polio, without risk of resurgence, so that public health gains made as a result of global polio efforts are not lost. Congress should also dedicate sufficient resources to address remaining barriers in the fight against measles and rubella.

Sustain research and development (R&D) investments in vaccines through the National Institutes of Health (NIH), CDC, USAID, Department of Defense (DoD), and Food and Drug Administration (FDA). Continued support will be required to transform today’s promising research into the lifesaving vaccines of the future, to ensure that vaccines are developed for vulnerable populations where there is limited commercial interest, and to improve manufacturing and delivery techniques to expand the reach of existing vaccines.
**VACCINES AND IMMUNIZATION**

### WHY THIS INVESTMENT IS IMPORTANT

In the past two decades, immunization has prevented an estimated 20 million deaths globally.7 The United States engages in immunization efforts through CDC, USAID, DoD, NIH, and FDA initiatives, as well as multilaterally, through support and investment in Gavi, UNICEF, and WHO. The United States works alongside these and other dedicated partners in the Measles & Rubella Initiative, the Global Polio Eradication Initiative, and the Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea.

CDC's Global Immunization Division provides countries with technical assistance and disease-surveillance support, working closely with global partners to meet their primary goals of eradicating polio, reducing measles deaths, and strengthening routine vaccine systems. USAID has provided commodities and technical assistance to more than 100 countries in support of childhood immunization programs, helping to save more than 3 million lives every year. This involves strengthening logistics systems, helping countries budget funds to ensure their immunization programs are sustainable, and training health workers to target hard-to-reach and underimmunized populations.8 Through USAID, the U.S. government invests annually in Gavi, which has supported the immunization of nearly 640 million children since 2000, preventing approximately 9 million deaths.9 Additionally, private sector companies in the United States have joined these efforts by helping vaccines reach developing countries through price discounts and expanded manufacturing agreements.10

Immunization prevents outbreaks, saving human society from their devastating costs. The decline in deaths from measles is a prime example of the benefit of vaccines. Between 2000 and 2015, measles deaths decreased by 79%, accounting for 17.1 million lives saved. In 2015 the Americas were the first region declared free of rubella.11 Polio campaigns are another example: in the 1980s more than 1,000 children were paralyzed each day from the disease,12 but subsequent efforts to immunize every child have reduced new polio cases by 99.9%, leaving the world nearly polio-free and generating up to $50 billion in estimated economic benefits.13 This decade offers the extraordinary opportunity to end the transmission of polio forever.

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### CITATIONS

NUTRITION

WHAT YOU SHOULD KNOW

Nutrition lays the foundation for human health and development. Good nutrition is particularly important to the growth and development of infants and young children during the critical 1,000-day window between a woman’s pregnancy and her child’s second birthday.

Malnutrition is a widespread and urgent problem. Malnutrition is the underlying cause of almost half of all child deaths each year. Nearly one in four children worldwide are living with the consequences of chronic childhood malnutrition (stunting), while 51 million children suffer from acute malnutrition (wasting). Increasingly, countries are burdened by undernutrition and obesity at the same time. Progress has been made, but some efforts are still off track. If the United States is serious about ending the need for foreign assistance, progress on maternal and child nutrition must be accelerated.

Malnutrition especially impacts the health and potential of women and girls. One in three women suffers from anemia, a micronutrient deficiency that effectively undercuts investments made in her health, education, and economic empowerment. Hemorrhage, a condition exacerbated by anemia, remains the leading cause of maternal mortality, accounting for 27% of maternal deaths.

Proven, costed interventions exist that demonstrably save lives. Research shows that scaling up high-impact, high-priority nutrition interventions during the 1,000-day window can protect children from both nutritional and developmental risks. Leading scientists, health experts, and economists agree that improving nutrition during this critical window is one of the best and most cost-effective investments we can make to achieve lasting progress in global health and development.

Global nutrition efforts are aligning with national ownership. Under the Scaling Up Nutrition Movement, 60 countries are working to end malnutrition in all its forms by building political ownership and developing costed nutrition plans. The World Bank and African Development Bank have also called on finance ministers in high-burden developing countries to reduce stunting by investing in nutrition.

Nearly one in four children suffer from physical and cognitive stunting caused by chronic undernutrition. Yet a growing body of scientific evidence indicates that children who are well nourished early in life have healthier brain development, stronger immune systems, fewer chronic diseases, and higher IQs.

RECOMMENDATIONS FOR CONGRESS

Make nutrition a key U.S. global development priority. In order to unlock the transformative power of nutrition in saving lives and promoting growth, Congress must reaffirm and grow its commitment to global health through a scaled-up approach to nutrition programs. In doing so, Congress will elevate the vital role of nutrition in achieving long-term global health and development goals. Expanded leadership and deeper engagement in the support of global nutrition efforts, from both Congress and the administration, are essential to accelerate progress, to galvanize action, to leverage investments from other donors and governments, and to reach globally agreed-upon health targets.

Increase funding to scale up proven nutrition interventions. Congress has provided modest but steady increases in nutrition program funding over the past several years, in large part due to the compelling new evidence supporting the most cost-effective, high-impact interventions. Congress also supported the development of the U.S. Agency for International Development (USAID) Multi-Sectoral Nutrition Strategy and the U.S. Government Global Nutrition Coordination Plan, then additionally called for the U.S. Government Global Food Security Strategy to prioritize improved nutrition. Congress must provide sufficient resources to fully operationalize these strategies, along with the U.S. roadmap to reduce preventable child and maternal deaths. Because malnutrition requires a multisectoral response, the U.S. government also needs to ensure robust nutrition-related investments are made in other development sectors. Continuing the current level of funding will not allow these efforts to fully deliver on their promise.
**NUTRITION**

**WHY THIS INVESTMENT IS IMPORTANT**

Nutrition lays the foundation for human health and development. Good nutrition is particularly important to the growth and development of infants and young children during the critical 1,000-day window. Leading scientists, health experts, and economists agree that improving nutrition during this window is one of the best and most cost-effective investments that can be made to help achieve lasting progress in global health and development. Children who are well nourished early in life have shown healthier brain development, stronger immune systems, fewer chronic diseases, and higher IQs.

Without specifically addressing malnutrition — the underlying cause of so many health, development, and economic challenges — the United States will not reach the development gains it hopes to achieve. The United States must maximize the return on its investment in development assistance and, among the 17 potential development investments, nutrition interventions consistently generate some of the highest returns.6

The benefits of improved nutrition reach far beyond global health. For that reason, prioritizing nutrition programming and increasing related resources can have a multiplier effect. Without due consideration for women's nutritional health, investments to promote their overall health and economic well-being will not yield the maximum returns possible. Investments in child health and well-being are the cornerstone for productive adulthoods, robust communities, and well-functioning societies. Integrating nutrition with the agenda to improve children's lives is not only key to their survival, but a holistic approach to helping the next generation reach its full potential.

A 2016 World Bank report found that the current level of global funding for nutrition is vastly insufficient to meet the four global nutrition targets.5 The study found that, over a period of 10 years, an additional $70 billion in nutrition-specific financing would be needed, for a total of $109 billion. Such an investment would yield tremendous returns: 3.7 million child lives saved, at least 65 million fewer stunted children, 860,000 fewer child deaths from wasting, 265 million fewer women suffering from anemia, and 105 million more children exclusively breastfed as compared to a 2015 baseline.6

While this level of investment is ambitious, it is not unprecedented. A subset of high-impact, high-priority interventions have been identified that would serve as a “down payments” toward reaching targets. For example, breastfeeding is both an investment in saving children’s lives — more than 800,000 each year — and in improving their health and well-being. It is also an investment in human capital that can benefit a country's economy.4 Every $1 invested in breastfeeding generates an estimated $35 in economic returns. Suboptimal breastfeeding is associated with economic losses of more than $300 billion annually.1

High-level U.S. government investment in nutrition upholds America's legacy of leadership, vision, and goodwill, unlocking additional resources from other donors and country governments, alike, and improving overall health and well-being on a global scale.

**CONTRIBUTORS**

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**CITATIONS**

2. This subset of interventions for urgent scale-up includes the following: vitamin A supplementation for children; promotion of good nutrition and hygiene practices for infants and young children; antenatal micronutrient supplementation; intermittent preventive treatment of malaria for pregnant women; iron and folic acid supplements for adolescent girls; staple food fortification; pro-breastfeeding social policies and national breastfeeding promotion campaigns; and treatment of severe or acute malnutrition.
3. While the Global Health Programs - USAID (GHP-USAID) account is not the only source of funding for U.S. global nutrition programs, it supports vital services such as providing nutrition education to improve maternal diets, enhancing nutrition during pregnancy, promoting exclusive breastfeeding, and improving feeding practices for infants and young children. Resources from GHP-USAID, Global Health Programs - State, Food for Peace (FFP), Development Assistance (DA), and the Economic Support Fund (ESF) also support the promotion of diet quality and diversification (fortified staple foods, specialized food products, community gardens), along with the delivery of nutrition services such as micronutrient supplementation and community management of acute malnutrition.
FAMILY PLANNING AND REPRODUCTIVE HEALTH

WHAT YOU SHOULD KNOW

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

It is estimated that more than 214 million women in developing regions want to avoid pregnancy and have an unmet need for modern contraceptives.1

For the 1.8 billion adolescents and youths worldwide who make up the largest generation ever, access to 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.2 This is the case for those who are unmarried or already married, as well as for out-of-school adolescents.

Despite progress, 308,000 women died in 2017 as a result of pregnancy or childbirth, including from unsafe abortions. Most of these maternal deaths were preventable, and 99% occurred in developing countries.4

Fulfilling the unmet need for contraception would enable women, youth, and couples to prevent unintended and high-risk pregnancies, resulting in an estimated 76,000 fewer maternal deaths each year.1

Ensure robust and increased funding for bilateral and multilateral international FP/RH programs in annual appropriations bills. In addressing the unmet need for modern contraceptives, the United States’ fair share is estimated to be $1.66 billion.3 Additionally, the United States should increase funding for contraceptive research and development (R&D), which is needed to refine existing contraceptive methods and to develop new methods that better meet the needs of women and couples.

Continue to appropriate funds for the lifesaving reproductive and maternal health work of the United Nations Population Fund (UNFPA). Congress must hold the administration accountable for service gaps created by the decision to defund UNFPA. Also, the process by which this decision was made should be reexamined without any accusation or inference of wrongdoing.

Support permanent legislative repeal of the U.S. government’s expanded Mexico City Policy, also known as the Global Gag Rule, which denies foreign organizations receiving U.S. global health assistance the right to use their non-U.S. funds to provide legal abortion services, counseling, or referrals, as well as the right to advocate for the reform of restrictive abortion laws in their own countries.

Oppose efforts to introduce new or to codify existing harmful policy riders that undermine FP/RH programs, such as the expanded Mexico City Policy and sweeping religious refusals. Support the repeal of longstanding restrictions such as the Helms Amendment to the Foreign Assistance Act.

Congress should utilize its accountability and oversight role to ensure that political nominees and appointees in key global health, development, humanitarian, and diplomatic positions have the knowledge and experience necessary to effectively lead these programs. Through U.S. foreign assistance and diplomacy, U.S. agencies must support comprehensive, evidence-based, medically accurate interventions, policies, and reporting that advance the health and human rights of women, young people, families, and marginalized communities.

Nurse at St. Raymond Clinic.
Credit: PAI/Sala Lewis
FAMILY PLANNING AND REPRODUCTIVE HEALTH

WHY THIS INVESTMENT IS IMPORTANT

The U.S. Agency for International Development (USAID) has funded FP/RH programs for more than 50 years. USAID currently supports programs in more than 45 countries, addressing the demand for reproductive health services by providing, for example, a full range of effective contraceptive methods, accurate information about sexual and reproductive health and rights, and health services that are integrated across other health and development programs. These efforts improve maternal and child health; reduce unintended pregnancies; lower HIV and sexually transmitted infection rates; promote women’s rights and empowerment; expand education opportunities for women and girls; raise standards of living; support more sustainable development; and assist programs that address gender-based violence or forced, early, and child marriage. These programs are also cost-effective: every $1 invested in contraception saves $2.20 in pregnancy-related care.1

In Fiscal Year 2018, Congress appropriated $607.5 million for international FP/RH efforts. This included $32.5 million for UNFPA, to be reprogrammed for bilateral FP/RH and maternal health activities following the administration’s March 2018 non-evidence-backed decision to block funding to UNFPA. These investments have a real impact on the lives of women, girls, and families, making it possible to achieve the following:

• 25 million women and couples received contraceptive services;
• 7.5 million unintended pregnancies were averted;
• 3.2 million induced abortions were averted (2.1 million of them unsafe), and;
• 14,600 maternal deaths were averted.4

UNFPA complements the bilateral U.S. family planning program, USAID, by expanding the reach of U.S. assistance to more than 155 countries. UNFPA is the world’s largest provider of donated contraceptives,5 and USAID is the world’s largest bilateral family-planning donor.6 Drastic funding cuts to these programs would only worsen supply shortages. UNFPA also provides critical reproductive and maternal health services in humanitarian-crisis settings, reaching more than 30 million people (more than 4 million of whom are pregnant women) across 59 countries, including refugees in Bangladesh and displaced communities in Yemen.7

The U.S. should increase investment in international FP/RH programs, while also continuing to push other countries and donors to step up and do their part. For every increase of $10 million in U.S. international FP/RH assistance, the following would result:

• 416,000 more women and couples would receive contraceptive services and supplies;
• 124,000 fewer unintended pregnancies, including 54,000 fewer unplanned births, would occur;
• 53,000 fewer abortions would take place (of which 35,000 would have been unsafe); and
• 240 fewer maternal deaths would occur.7

However, some U.S. policies undercut FP/RH and global health investments. For instance, the expanded Mexico City Policy, which impedes access to health care by cutting off funding to experienced providers, also interferes with the doctor-patient relationship by restricting health care providers from giving their patients accurate information, referrals, and services based on their needs.

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CITATIONS

WATER, SANITATION, AND HYGIENE

WHAT YOU SHOULD KNOW

Access to safe water, sanitation, and hygiene (WASH) services plays an important role in protecting the health, well-being, and resilience of individuals and communities around the world. WASH efforts have the potential to prevent 6.3% of deaths worldwide and 9.1% of the global disease burden, but 844 million people still don’t have clean water close to home, and 2.3 billion don’t have a decent toilet.

Every year, approximately 289,000 children under age 5 die from diarrheal diseases caused by poor-quality WASH. Approximately half of all undernutrition is not due to lack of food, but caused by infections from inadequate WASH.

Half of healthcare facilities in low- and middle-income countries (LMICs) lack access to piped water, 33% are without improved toilets, and 39% do not have facilities for washing hands with soap. This is a major global health security risk that directly contributes to the spread of diarrhea, pneumonia, and even Ebola — as well as other life-threatening infections. In developing countries, 15% of patients acquire at least one infection during a hospital stay, and sepsis is a leading cause of both maternal and neonatal mortality.

Health and development efforts are more effective and sustainable over the long term if they address WASH, including those related to maternal and child health, HIV/AIDS, neglected tropical diseases (NTDs), food security, nutrition, and other global health security issues.

RECOMMENDATIONS FOR CONGRESS

Ensure that funding for WASH programming is sustained during the current budgetary climate, and integrate WASH financing across multiple development sectors. Congress should provide robust funding for the Global Health Programs and Development Assistance accounts, both of which fund U.S. Agency for International Development (USAID) WASH programs, in addition to supporting vital Centers for Disease Control and Prevention (CDC) work done to increase the global capacity for preventing and responding to water-related health risks.

Support initiatives and measures that include measurable WASH goals for success. This includes legislation on maternal and child health, outbreak and disaster response, global health security, primary health care, and health systems strengthening.

Improve aid effectiveness by supporting the Water for the World Act, which coordinates WASH goals across government agencies and links indicators to positive health outcomes. Give increased attention to the needs of women and girls, who are disproportionately impacted by lack of WASH.
WATER, SANITATION, AND HYGIENE

WHY THIS INVESTMENT IS IMPORTANT

Universal access to clean water and sanitation would save more than $11.6 billion in the health care sector and return $220 billion to the global economy each year in these health care savings and increased productivity. Every $1 spent on safe water and sanitation is estimated to generate a little over $4.30 in increased productivity and decreased health care costs.

The U.S. government and Congress have shown strong leadership in the effort to improve safe water, sanitation, and hygiene access globally. In 2017, USAID and the Department of State released the first whole-of-government Global Water Strategy, as required by the Senator Paul Simon Water for the World Act of 2014. A key outcome of this strategy is decreased mortality and morbidity linked to lack of WASH; another goal is strengthened ties to the health goals of other government initiatives, such as the Global Food Security Act of 2016 and the 2014-2015 Multi-Sectoral Nutrition Strategy. Internal restructuring at USAID, which places WASH within the Bureau for Resilience and Food Security, should further bolster coordination with Global Health Bureau outcomes. The health gains made possible by such coordinated WASH efforts can be tremendous. Increased WASH support contributes to the achievement of other U.S. global health priorities, including improved child nutrition, the end of preventable child and maternal deaths, and the control and elimination of NTDs. In conjunction with sufficient funding from donors and national governments, U.S. investments can mean that women and girls no longer get sick from dirty water or poor sanitation, fewer days of work and school are missed, income and productivity levels increase, and accrued household savings can benefit the health and education of entire families.

Programs implemented by USAID, CDC, and their partners strengthen the capacity of developing country governments to address WASH challenges that greatly impact the health and security of their populations. USAID’s ongoing response to the 2012 Child Survival Call to Action shows the benefits of prioritizing the links between WASH and overall health outcomes, especially those related to diarrheal diseases and maternal health. The Global Health Security Agenda (GHSA) and forthcoming U.S. Global Health Security Strategy also make the critical link between WASH and health on a global scale, recognizing WASH programming as a key intervention for preventing the spread of disease and a primary tool for decreasing antimicrobial resistance. The Child Survival Call to Action, the GHSA, and the Feed the Future initiatives are all important U.S. government tools for promoting global health — but in order to fully realize the benefits of these tools, the integration of WASH services is essential.

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CDC Global WASH Facts http://bit.ly/1vpbZUm

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CITATIONS

HIV/AIDS

WHAT YOU SHOULD KNOW

In 2017 approximately 36.9 million people worldwide were living with HIV, including 1.8 million children under the age of 15. During 2017, 1.8 million adults and 180,000 children were newly infected with the disease. At the same time, the number of deaths from the disease has declined by more than 50% since its peak in 2004.

More than 14 million people — over 40% of those living with HIV — are still not accessing the antiretroviral therapy (ART) they need to survive and thrive. Less than half of HIV-positive children currently access treatment, which is especially disturbing, because half of them will die before their second birthday if they remain untreated.

Women represent more than half of all people living with HIV. Young women and adolescent girls are only 10% of the world’s population, yet make up 25% (1 in 4) of new infections. Persistent gender inequality means that women often have less power in relationships and during sexual encounters, leaving them vulnerable to coercion and gender-based violence.

Stigma, discrimination, legal barriers, and violations of human rights pose major obstacles for women, young people, and children seeking access to HIV treatment, prevention, and other health care services. This is also the case for other key populations, including adolescents, men who have sex with men, sex workers, transgender people, and people who use drugs.

RECOMMENDATIONS FOR CONGRESS

Maintain strong funding levels for global HIV/AIDS programs, including the U.S. President’s Emergency Plan for AIDS Relief (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. Under the PEPFAR Strategy for Accelerating HIV/AIDS Epidemic Control, countries “must achieve at least the 90-90-90 targets among all ages, genders, and at-risk groups, ensuring that everyone at risk is accessing prevention and treatment and that progress is evident.” These 90-90-90 targets call for 90% of HIV-positive people to be identified, 90% of those identified to be initiated on treatment, and 90% of those on treatment to achieve viral suppression. Yet experts estimate current global investments fall 20% short of what is needed to make progress toward these goals. Strong support from Congress for global health programs without harmful policy riders is necessary to meet the global Fast-Track Targets outlined by UNAIDS.

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

Support scientific advancement toward the eradication of HIV/AIDS. Despite the amazing strides taken toward ending the global AIDS crisis, many scientific challenges remain. A vaccine or a cure could be on the horizon. New technologies, prevention methods, and treatment options could also be 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.


Credit: EGPAF/Eric Bond

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HIV/AIDS

WHY THIS INVESTMENT IS IMPORTANT

U.S. support of global HIV/AIDS programming is leading the world toward remarkable progress against the epidemic. 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.

PEPFAR represents the largest commitment ever made by a single nation to combat a specific disease on a global scale. Since President George W. Bush announced PEPFAR in 2003, the United States has invested more than $62 billion in bilateral HIV/AIDS programs and also provided more than $14 billion to the Global Fund. As of September 2018, U.S. assistance supported more than 14.6 million patients on lifesaving ART and, in Fiscal Year 2018, the PEPFAR program supported more than 95 million people with counseling and testing programs.

Founded in 2002, the Global Fund is a partnership between governments, civil society, the private sector, and people affected by HIV/AIDS, tuberculosis (TB), or malaria. The Global Fund, which provides more than 20% of all international financing for HIV/AIDS programs, has saved 27 million lives since its inception in 2002. In countries where the Global Fund invests, deaths caused by AIDS, TB, and malaria have been reduced by one-third each year since 2002. The Global Fund’s co-financing initiative also catalyzes domestic health program investments, which show an increase of more than 40% for the 2018-2020 cycle over the previous three-year cycle. From 2017 to 2019, programs supported by the Global Fund are expected to save an additional 14 million lives, avert 194 new million infections, and support economic gains of up to $230 billion.

The United States and international partners have greatly scaled up services to help HIV-positive women to have HIV-negative children: 80% of HIV-positive women received the treatment and services necessary to reduce transmission from mother to child, resulting in 60% fewer new infections since 2000. PEPFAR-provided resources and funding for the prevention of mother-to-child HIV transmission has led to a cumulative 2.4 million children to be born HIV-free.

U.S. investment in HIV/AIDS and global health programs strengthens our national security and helps safeguard the health of Americans. A recent study showed that countries where PEPFAR operates have seen greater growth in worker productivity and economic development than other countries. Positive effects also spill over into other areas, such as improvements in government effectiveness, regulatory quality, and the rule of law. Additionally, current and former U.S. ambassadors report that these investments allowed for greater U.S. engagement with partner countries and strengthened diplomatic relationships.

The sustainable, long-term approach to laboratory infrastructure and human capacity development has enabled governments and the public to better respond to other disease outbreaks, such as Ebola in West Africa and the Democratic Republic of the Congo (DRC). Recipient countries are also increasing their investments for HIV/AIDS and other health programs, resulting in greater sustainability in fighting their own epidemics. In 2016, domestic investment from low- and middle-income countries accounted for nearly 60% of all HIV-related spending globally.

RESOURCES
PEPFAR Funding Results 2018 http://bit.ly/1DyH90S
PEPFAR Dashboards https://data.pepfar.net

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CITATIONS
WHAT YOU SHOULD KNOW

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 high fevers, shaking chills, flu-like symptoms, and — in severe cases — meningitis and even death. Malaria typically occurs in tropical and subtropical areas of the world, putting more than half of the world’s population at risk.

In 2016 alone, there were an estimated 216 million new cases of malaria, resulting in approximately 445,000 deaths worldwide, an increase from the previous year. Children under age 5 accounted for 64% of these fatalities. One child dies every two minutes for lack of simple, cost-effective tools such as an insecticide-treated net or a course of treatment.¹

Broader use of cost-effective malaria interventions between 2000 and 2016 — including insecticide-treated bed nets to protect against mosquitoes, indoor residual spraying, antimalarial medication, and rapid diagnostic tests — helped reduce malaria mortality rates by 62% and disease incidence rates by 41% globally.

Since its launch in 2005, the President’s Malaria Initiative (PMI) has procured more than 268 million long-lasting insecticide-treated bed nets to prevent infection, 350 million rapid diagnostic tests, and more than 479 million antimalarial treatments.²

As of 2017, the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) had distributed 795 million insecticide-treated bed nets and treated 668 million cases of the disease.

RECOMMENDATIONS FOR CONGRESS

Maintain strong, bipartisan support for PMI and the Global Fund. Malaria elimination efforts are at a crossroads, as progress has stalled for the first time since the global community came together to fight the disease. Sustained support is needed to address issues and regain momentum.

Build on the progress achieved to create a malaria-free future and eliminate the threat of resurgence. The worldwide effort to eliminate malaria is at a tipping point. While many of the 91 countries where malaria is endemic are progressing toward disease elimination, others are unfortunately experiencing plateaued progress or even regression.

Encourage donors and the administration to support country- and region-specific malaria elimination efforts. The end of malaria also means the end of recurring costs for treatment and control of the disease, an end to missed school and work days, and an end to the needless deaths and disability of millions of children and adults. With new tools on the horizon and strong partnerships and programs in endemic countries, renewed enthusiasm and funding are both critical to reaching the long-term goal of disease eradication.

Continue investing in the research and development (R&D) of new tools and approaches that hold the promise of controlling and eliminating the disease, including those needed to combat drug and insecticide resistance. Consideration must be given to the long-term benefits of U.S. leadership in R&D and the need for new tools to accelerate progress towards ending malaria, such as next-generation diagnostics, novel insecticides, and vaccines.

The U.S. Agency for International Development (USAID) must continue to raise awareness of the links between malaria and other leading causes of death for children under age 5. Linking malaria elimination programs with malnutrition-, pneumonia-, and diarrhea-prevention efforts will help maximize efficiencies and achieve greater results.
MALARIA

WHY THIS INVESTMENT IS IMPORTANT

The United States is the global leader in the fight against malaria. Under the leadership of President George W. Bush, PMI was launched in 2005 as a five-year, $1.265 billion expansion of the U.S. government contribution to malaria control. Due to its marked success, PMI has expanded to include programs in 27 high-burden sub-Saharan African countries and in the Greater Mekong Subregion of Southeast Asia under Presidents Obama and Trump. The United States is also a major contributor to the Global Fund, which has provided more than 795 million insecticide-treated nets and treated more than 668 million cases of malaria to date.5

U.S. funding supports the implementation of malaria prevention and treatment activities around the world, as well as the development of malaria vaccines, antimalarial drugs, diagnostics, insecticides, and other malaria-related research. The world now has the opportunity to end malaria once and for all, within a generation. It is imperative that the United States continues to lead and support all countries working to eliminate malaria and the needless death it causes around the world.

The remarkable progress achieved to date in fighting malaria is the result of coordinated action between U.S. government bilateral and multilateral programs, country-coordinating mechanisms, multilateral agencies, and private-sector partners. The accessibility and availability of lifesaving malaria interventions have played a particularly important part in this progress, thanks to increased funding and political support from the United States and other major donors. Investments in R&D have resulted in the drugs, insecticides, and diagnostic tools in use today, which have brought the world closer to the first-ever malaria vaccine. Bilateral and multilateral malaria prevention programs have also been crucial for protecting U.S. military personnel serving in countries where malaria is endemic. Disease intervention efforts have also helped to strengthen health systems in endemic countries.

Globally, the gains made against malaria are fragile; retreating on investment now would not only stall the progress realized to date, but create a pathway for the disease to return. The 2017 World Health Organization (WHO) report on world malaria showed a stagnation of progress in defeating the disease, due to political instability, domestic donor decline, and insecticide and drug resistance, among other issues. Although not new to the malaria fight, drug resistance looms ever larger as a deadly threat today. Artemisinin is considered the gold standard for antimalarial drugs and is currently the basis of first-line treatment around the world. However, the emergence of artemisinin resistance in the Greater Mekong Subregion threatens the sustainability of recent progress, not only in the region but worldwide.

The benefits of ending malaria would be significant: lower health care costs, higher productivity, increased capacity to respond to disease outbreaks, and a blueprint that could be used against other diseases of poverty. Only with sustained support of U.S. government malaria programs, coupled with the use of existing tools and the creation of new ones, will we be able to eradicate malaria altogether.

RESOURCES

PMI by the Numbers 2018 https://bit.ly/2QDj3Qk

CONTRIBUTORS

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CITATIONS

TUBERCULOSIS

WHAT YOU SHOULD KNOW:
Tuberculosis (TB), an airborne disease, is the biggest killer among infectious disease agents, killing 4,900 people each day — more than malaria and HIV combined. In 2017, 10.2 million people developed TB and 1.6 million died from it, including 300,000 people who were living with HIV. TB is economically devastating, and health care personnel are disproportionately at risk. The existing TB vaccine is only effective in children.

In 2016, there were an estimated 600,000 new cases of rifampicin- and multidrug-resistant TB (RR/MDR-TB), while an estimated 240,000 people died from MDR-TB. However, despite increased TB testing, only 153,000 drug-resistant cases of TB were detected in the same year. Countries reported providing MDR-TB treatment to 130,000 people, or about 22% of those with new TB infections. Because a powerful new antibiotic, bedaquiline, dramatically increases survival, the U.S. Agency for International Development (USAID) is currently building the capacity for countries to use it.

In 2015 the National Institutes for Health (NIH), Centers for Disease Control and Prevention (CDC), and USAID developed a National Action Plan for Combating Multidrug-Resistant Tuberculosis (National Action Plan), focusing on 10 priority countries and targeting treatment to 560,000 persons with MDR-TB. The plan warned that the United States “has a window of opportunity to ensure that accelerating progress towards a TB-free world is not imperiled by MDR-TB.” However, massive cuts to TB programs proposed by the Trump administration would result in as many as 31,100 new TB cases.

Bilateral assistance is essential for helping countries strengthen applications to the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund); facilitating grant implementation; and improving the management of drug-resistant TB cases. Through the Global Drug Facility, USAID resources lower the cost of medications and help countries avoid dangerous treatment interruptions. USAID’s TB program, along with the NIH and CDC, also supports research efforts that must be urgently accelerated.

RECOMMENDATIONS FOR CONGRESS
Take advantage of new momentum to reach those unreached and to eradicate TB in all forms. Finding active TB cases is resource-intensive; greater U.S. assistance can play a critical role in improving active-case approaches. Funding should be increased for USAID and CDC Center for Global Health TB programs through a new budget line item. The U.S. pledge to the Global Fund, which has more than tripled MDR-TB funding over the last six years, should be sustained.

Increase access to new technologies and invest in research. New child-friendly medicines, new antibiotics, and advanced molecular diagnostics can dramatically accelerate progress in the fight against TB. Yet without a well-funded and focused effort to get these innovations into the field and invest in new TB research, the global fight against TB will fail.

Include TB in the U.S. response to antimicrobial resistance (AMR). The United States has committed to an ambitious response to AMR, except in one key area: despite the fact that drug-resistant TB causes almost one-third of AMR-related deaths, drug-resistant TB is not part of the U.S. AMR plan. The Department of Health and Human Services (HHS) Biomedical Advanced Research and Development Authority (BARDA) is a key component of research, development, and production for medical countermeasures; BARDA should be leveraged to help end the threat from drug-resistant TB.

WHY THIS INVESTMENT IS IMPORTANT
TB programs offer one of the highest known returns on health investment — $56 for each dollar invested. U.S. funding makes an enormous difference: TB incidence in the 23 countries with USAID TB funding has fallen by 25% since 2000 and by 6% from 2014 to 2017, which is six times greater than in countries not receiving U.S. bilateral assistance.

Reductions in U.S. assistance for TB would cost lives, lose valuable momentum gained from prior investments, and place people in the United States at greater risk for TB. Current USAID TB funding represents just 2% of the $8.69 billion provided to global health programs at USAID and the Department of State.

Domestic funding within affected countries is important. Yet even in the most optimistic scenarios for increased domestic funding, and assuming that Global Fund investments in TB continue, a large funding gap remains in countries eligible for Global Fund assistance: $7.4 billion over 5 years.
TUBERCULOSIS

Of particular concern is drug resistance. Treating MDR-TB involves 250 injections and 15,000 pills over a two-year period, along with side effects that often include permanent hearing loss. The five-year survival rate for XDR-TB is just 20%, which is worse than the rate for most forms of cancer. Even with the National Action Plan in place, USAID has reported to Congress that “additional resources will be required” to reach planned objectives. Innovations can now dramatically shorten treatment, reduce side effects, and improve outcomes — provided they reach patients in need.

The global TB epidemic increases health costs in the United States. A CDC analysis of MDR-TB and XDR-TB cases in the United States from 2005 to 2007 found that direct costs resulting from these cases totaled approximately $53 million, plus $100 million in direct-plus-productivity-loss costs. CDC estimates for the cost of U.S. TB cases in 2016 totaled $450 million. Given the nature of this disease and origin of cases, a strategy of strengthening the southern U.S. border would, by itself, do little to reduce this problem.

The rate of new TB cases declined by 1.9% between 2015 and 2016, but this must accelerate to a 4%-5% decline per year by 2020 to reach the first WHO End TB Strategy milestones. Fortunately, faster progress is possible due to recent advances in diagnosis and treatment, as well as growing political will and community engagement.

In 2018 the UN High Level Meeting (HLM) on TB provided an unprecedented political opportunity to address this long-neglected issue. At this historic meeting, 120 countries agreed to ambitious new detection, treatment, and prevention targets. In Congress, 106 members of the House and 43 members of the Senate signed bipartisan letters urging the administration to prioritize the HLM and leverage its findings to accelerate progress against TB. At the meeting, USAID announced a new initiative, the Global Accelerator to End TB, which helps countries meet the commitments outlined in the UN Political Declaration on the Fight Against Tuberculosis. This initiative would work directly with local entities, including faith-based and other community organizations, to provide accessible services in TB priority countries. USAID also committed to increasing U.S. support for India, which has the largest TB epidemic in the world.

With increasing buy-in at the highest political levels of key countries, USAID and CDC support can do even more to strengthen national programs and leverage Global Fund grants. The United States now has an unprecedented opportunity to lead the world in ending the TB threat to global health security.

RESOURCES
We Cannot Deny It Anymore. TB is the New Global Health Emergency
‘This Is Real Momentum’: World TB Day Finally Marks A Promising Shift
Heads of State and Government Endorse Political Declaration on TB
USAID: Tuberculosis
CDC Global Health
The Global Fund

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CITATIONS

NEGLECTED TROPICAL DISEASES

WHAT YOU SHOULD KNOW
Neglected tropical diseases (NTDs) are a group of 17 infectious diseases and conditions affecting over 1.5 billion of the world’s poorest people, including 836 million children, and threatening the health of millions more.¹

NTDs disproportionately affect poor and rural populations lacking access to safe water, sanitation, and essential medicines. NTDs cause sickness and disability, compromise maternal health and fetal growth, inhibit children’s mental and physical development, and can result in blindness and severe disfigurement. Without treatment, a number of NTDs are fatal.

The United States is a leading partner in efforts to control and eliminate seven major NTDs: lymphatic filariasis, onchocerciasis, schistosomiasis, trachoma, and three types of soil-transmitted helminthiasis — ascariasis (roundworm infection), trichuriasis (whipworm infection), and necatoriasis and ancylostomiasis (hookworm infections). Since Fiscal Year 2006, the United States has supported the delivery of more than 2.3 billion treatments for more than 1.1 billion people around the world through the U.S. Agency for International Development (USAID) NTD Program.²

This program embraces a public-private partnership with the pharmaceutical industry, enabling USAID to carry out the largest integrated NTD program in the world. To date, every $1 invested has leveraged an estimated $26 in donated medicines, totaling $19 billion in added value.

For more than 12 years, the USAID NTD Program has also led a large-scale implementation of integrated treatment — supporting 31 other programs in Africa, Asia, and the Americas — to reach treatment targets and to monitor and evaluate the achievement of global NTD goals.

Since 2014, the USAID NTD Program has invested in research and development (R&D) to ensure that promising new breakthrough medicines are rapidly evaluated, registered, and made available as soon as possible. Other U.S. agencies involved in research and control efforts include the National Institutes of Health (NIH), Centers for Disease Control and Prevention (CDC), and Department of Defense (DoD).

RECOMMENDATIONS FOR CONGRESS

Maintain strong funding levels for the USAID NTD Program. Robust funding for this unique and successful public-private partnership allows USAID to maximize the benefits of donated medicines and to ensure new products are available for patients with NTDs.

Maintain U.S. leadership in efforts to control and eliminate NTDs by supporting the commitments of the 2012 London Declaration on NTDs to achieve targeted 2020 NTD goals — and by urging other bilateral partners to do the same.

Seek strategic, cross-sector coordination of NTD treatment and control programs. In addition to support for the USAID NTD Program, the inclusion of NTD control measures within other USAID initiatives and broader U.S. programming is necessary to advance progress in controlling and eliminating NTDs. Opportunities for cross-sector coordination may include maternal and child health services, such as childhood immunizations; the delivery of vitamin supplements; or water, sanitation, and hygiene (WASH) projects.

Expand investments in product development for NTDs through USAID. To achieve U.S. goals for disease control and elimination, the U.S. government should address the urgent needs of patient populations suffering from particularly neglected diseases — including those with the highest death rates — and respond to the perpetual challenge of drug resistance by developing new medicines, tools, diagnostics, and vaccines.

Expand current R&D investments in DoD, CDC, and NIH programs that target NTDs. Additional investments in R&D will ensure the availability of new tools and treatments for people living with NTDs.

Disease detective in the field. Credit: PATH/Aaron Joel Santos
NEGLECTED TROPICAL DISEASES

WHY THIS INVESTMENT IS IMPORTANT

Many of the most common NTDs can be treated using safe and effective medicines. USAID funding enables these medicines to reach people at risk. However, for NTDs with the highest death rates — including human African trypanosomiasis (African sleeping sickness), visceral leishmaniasis (black fever), and Chagas disease — treatment options are extremely limited. To meet World Health Organization (WHO) NTD 2020 goals, R&D investments are urgently needed for NTD diagnostics, medicines, and vaccines.

The fight against NTDs has recently gained momentum and received widespread bipartisan support from U.S. policymakers. WHO developed its first NTD strategic plan in 2003, and the United States allocated $15 million to create an integrated NTD control program at USAID in Fiscal Year 2006. In January 2012, inspired by WHO 2020 NTD goals, public and private partners — including pharmaceutical companies, donor governments, endemic countries, research organizations, the World Bank, and the Bill & Melinda Gates Foundation — announced the London Declaration on NTDs, a coordinated commitment to control and eliminate 10 NTDs by 2020. In 2014 the USAID NTD Program began investing in R&D to ensure the development and availability of promising medicines for filarial diseases. Progress is real and measurable: in USAID-supported countries, an estimated 253 million people are no longer at risk for lymphatic filariasis, more than 102 million people are no longer at risk for trachoma, and approximately 3 million people are no longer at risk for onchocerciasis. Thousands of people at risk of blindness from trachomatous trichiasis, a consequence of trachoma, have received quality, sight-preserving surgery.

In addition to USAID, other U.S. agencies maintain NTD programs. NIH is the largest funder of early-stage R&D for neglected disease through the National Institute of Allergy and Infectious Diseases and through the Fogarty International Center. CDC efforts to fight NTDs include control programs, diagnostic research, capacity-building in endemic countries, progress evaluation, and monitoring and identifying new tools. DoD also plays a significant role in the effort to defeat NTDs through R&D for the military.

It is essential to continue U.S. commitments to NTD control and R&D programs across agencies. Ongoing U.S. investment in NTD control and R&D programs is needed to ensure that new discoveries make it all the way down the pipeline and become available to the people who need them most. If this support is sustained, the United States can save the lives and reduce the suffering of hundreds of millions of people.

RESOURCES

USAID NTD Program http://bit.ly/2FT8yrC
CDC Fast Facts: NTDs http://bit.ly/2gQfk1X

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CITATIONS

NONCOMMUNICABLE DISEASES

WHAT YOU SHOULD KNOW

Noncommunicable diseases (NCDs) are the leading cause of death. Annually, 41 million people worldwide die from NCDs, including cancer, cardiovascular disease, diabetes, respiratory diseases, and mental disorders. Approximately 85% of these deaths occur in low- and middle-income countries (LMICs), where 15 million people aged 30 to 69 die prematurely.¹

NCDs are cause and consequence of poverty. NCDs pose a greater threat to global economic development than natural disasters, crime, and corruption. Infections and environmental exposures associated with poverty greatly contribute to the death and disability caused by NCDs.²

Limited access to treatment and diagnostic technology also contributes to NCD mortality in LMICs. Despite the existence of affordable, curative drugs, 80% of children diagnosed with cancer in LMICs will die, compared to less than 30% of children diagnosed in high-income countries.³

Inaction is our greatest problem. Positive steps, such as increasing physical exercise or eliminating the use of tobacco and the harmful use of alcohol, can reduce the risk of many NCDs.¹,⁴,⁵

The United States has responded to the rising profile of NCDs in recent years, beginning with the UN High Level Meeting (HLM) in 2011. In 2018, heads of state and civil society members participated in the third HLM on NCDs, where the United States and other governments showed leadership by reaffirming their commitments to address NCDs and associated risk factors, including mental health and pollution.

RECOMMENDATIONS FOR CONGRESS

Integrate NCD-related objectives into existing health programs and platforms to increase access to sustainable and cost-effective interventions. Examples include: smoke-free pregnancies; screening and treating pregnant women for hypertension, gestational diabetes, and cervical cancer; and mental health screening for people living with HIV.

Coordinate U.S. investments in global health to address the growing, long-term threat presented by NCDs. The U.S. government should serve as a catalyst for intervention initiatives and work closely with ministries of health and other regional partners around the world to address NCDs, by setting clear health targets and requiring transparency and accountability from all stakeholders.

Analyze epidemiology and disease trends in U.S. priority countries. This effort should include all causes of morbidity and premature mortality for all age groups, as reflected in the Institute for Health Metrics and Evaluation (IHME) Global Burden of Disease report, with a focus on the disease burden among the poorest, most vulnerable populations.

Incorporate statutory language into future State, Foreign Operations, and Related Programs Appropriations bills addressing NCDs. Hold the U.S. Agency for International Development (USAID) accountable for integrating NCD interventions across existing global health programs. Encourage other U.S. agencies to expand their health programs and messaging to address NCDs.

Establish a public-private advisory group that would provide guidance for the U.S. government’s global effort against NCDs.

Adequately fund existing health programs to increase cross-program efficiency and impact. The Global Nutrition Coordination Plan 2016-2021 issued by USAID identifies nutrition-related NCDs as a focus area that can enhance the impact of current nutrition-related investments overall. Additionally, Centers for Disease Control and Prevention (CDC) findings — including CDC’s Strategic Framework for Global Immunization, 2016-2020 — recognize that some cancers and other NCDs can be prevented with vaccines.
NONCOMMUNICABLE DISEASES

WHY THIS INVESTMENT IS IMPORTANT

NCDs present a rapidly expanding worldwide public health and development crisis. NCDs in LMICs are plunging families into poverty, damaging productivity, threatening economic growth and national economies, further straining health budgets and health systems, and putting very substantial U.S. corporate and global health investments at risk. Barring intervention, this problem will only increase in the future. An estimated 15 million NCD-related deaths occur before age 70, and more than 85% of these premature deaths occur in LMICs; NCD-related deaths outnumber those caused by HIV/AIDS, tuberculosis, and malaria in U.S. priority countries.6,7

NCDs are sapping the economic strength and social capital of major U.S. partners in trade and development. The World Economic Forum continues to rank NCDs as one of the greatest risks to global well-being. Economic losses from NCDs are projected to reach $47 trillion over the coming 15 years. Much of this hampered economic growth is expected to occur in LMICs, further threatening education outcomes, workforce productivity, and progress toward global poverty eradication, including current and future development goals. Disabilities from NCDs account for 78.6% of all years lived with a disability, placing significant strains on both the disabled individual and the economy.

Preventing and managing NCDs creates an opportunity to improve maternal and child health outcomes. More than 25% of maternal deaths are caused by preexisting medical conditions such as diabetes, HIV, malaria, and obesity. For women living with NCDs, particularly Type 1 diabetes or rheumatic heart disease, preconception planning can help to reduce maternal and child morbidity and mortality. Early detection and management of gestational diabetes mellitus, for instance, can help to reduce the risk of stillbirth by up to 45% and the risk of later cardiometabolic disease for both mother and child. Postnatal follow-up also provides additional and beneficial screening opportunities.

NCDs affect all countries, but developing countries are affected disproportionally. Rather than diseases of age or affluence, NCDs are overwhelmingly diseases of poverty that strike early in life, impacting not just poor countries, but poorer populations in higher income countries. These populations face increased exposure to certain risk factors — for example, indoor air pollution from charcoal cooking stoves — along with insufficient resources to treat resulting health issues. Communicable diseases and NCDs not only coexist but, in many cases, influence the risk and progression of one another.

RESOURCES

CONTRIBUTORS
NCD Roundtable members, ncdroundtable.org

The NCD Roundtable is a diverse coalition of more than 70 civil society and private sector organizations working in partnership with multisectoral stakeholders to advance the prevention and control of NCDs through policy, communications, and program engagement with the goal of improved health and well-being.

CITATIONS
HEALTH RESEARCH AND DEVELOPMENT

WHAT YOU SHOULD KNOW

Research and development (R&D) has been the bedrock of progress in global health. Past R&D investments have resulted in groundbreaking advancements — including antiretroviral treatments for HIV patients, Ebola diagnostics, insecticide-treated bed nets, and new vaccines to protect against meningitis and rotavirus — which have driven remarkable gains in global health over the past few decades.

Despite tremendous progress, there remains a significant need for global health research to deliver new and better tools to combat both longstanding and emerging threats. Millions of people around the world still suffer and die from HIV/AIDS, tuberculosis (TB), malaria, and other neglected diseases and health conditions, while new drug resistances, Ebola outbreaks, and other crises continue to emerge.

U.S. government investment in global health R&D is imperative for responding to market failures. Because the greatest threats to public health have the largest impact on the world’s poorest people, there is often insufficient commercial incentive to spur research in the private sector. Sustained U.S. support is vital to jumpstart research and advance products to market — a process that can take significant time and resources.

Global health R&D is a “best buy” for the United States. These investments not only save lives in the world’s poorest places, they also generate direct benefits for Americans — creating jobs and economic growth within the United States, protecting Americans from external and internal disease threats, and saving costs and improving efficiency across domestic U.S. health and development programs.

The United States must continue its leadership in health innovation by sustaining funding for research programs. Policy environments must be conducive to the discovery, development, and delivery of the next generation of global health breakthroughs.

RECOMMENDATIONS FOR CONGRESS

Sustain and — where possible — increase funding for global health research and product development. Policymakers must ensure federal budgets prioritize robust funding for global health R&D across all U.S. agencies engaged in this work, including the Biomedical Advanced Research and Development Authority (BARDA), Centers for Disease Control and Prevention (CDC), Department of Defense (DoD), Food and Drug Administration (FDA), National Institutes of Health (NIH), and U.S. Agency for International Development (USAID).

Where they have discretion, U.S. agencies should designate a percentage of global health and disease-related budgets for R&D. Given that most global health R&D programs are not directly appropriated by Congress, agencies must prioritize funding for developing global health technologies within existing programs.

Improve coordination, alignment, and transparency of global health R&D efforts across U.S. agencies, with the help of international partners, to incubate innovation, promote best practices, leverage funding and expertise, fill gaps, and facilitate effective partnerships and transfers of research. This can include establishing a coordinated, whole-of-government strategy for global health R&D; improving agency reporting of global health R&D activities; and incorporating R&D as a core component of existing cross-government and international health initiatives, such as the Global Health Security Agenda.

Support a portfolio of incentives and financing mechanisms to stimulate needed R&D at all stages of product development. Prizes, advanced market commitments, development impact bonds, and tax credits, among other incentive mechanisms, can generate greater private sector engagement in R&D, especially for neglected diseases and conditions, bridging the divide between need and resources.

Support local innovators in the end-to-end development of products that meet the health needs of their countries. Through new partnerships, leveraged funding, and technical assistance, the United States can help local innovators navigate R&D roadblocks and turn good ideas into lifesaving technologies. Local innovation is key to developing affordable, accessible, and community-appropriate products, plus builds sustainable pathways to create jobs, economic stability, and health systems after countries graduate from traditional aid programs.
HEALTH RESEARCH AND DEVELOPMENT

WHY THIS INVESTMENT IS IMPORTANT

While we have made tremendous gains in global health over the past 15 years, millions of people worldwide are still threatened by neglected diseases and conditions. In 2016 TB killed 1.7 million people, surpassing the number of deaths from HIV/AIDS. More than 1.8 million people become newly infected with HIV annually. Half of the global population remains at risk for malaria, with drug resistance growing. An estimated 1 out of every 13 children in sub-Saharan Africa dies before the age of 5. These statistics highlight the tremendous global health challenges that still remain, along with the need for new and better tools to combat endemic and emerging threats.

Unfortunately, diseases that strike the world’s poorest people also offer insufficient commercial incentive for R&D led by the private sector. Because of this market failure, U.S. investment is needed to catalyze research and advance lifesaving technology from discovery through implementation.

The United States has long played a leading role in R&D for global health, and this engagement has made an enormous impact. U.S. support has helped generate 42 new global health technologies since 2000 — including a more child-friendly malaria medicine that has so far saved the lives of 875,000 children, plus a low-cost meningitis vaccine that has prevented 378,000 deaths and is projected to save $9 million in treatment costs by 2020. U.S. support has also helped move 128 promising products into late-stage development, where they are poised to drive further gains. Any drawback of U.S. support would jeopardize these advancements and mark a retreat from the core American values of innovation and assistance to those in dire need.

Beyond supporting humanitarian goals, U.S. investments in global health R&D also yield direct benefits for the United States. The recent Zika and Ebola epidemics demonstrate how health crises abroad can quickly become health crises at home, while also underscoring how proactive investments in R&D can strengthen the security of health systems and protect Americans. Global health R&D is also a smart economic investment for the United States, as it drives job creation and economic growth. An estimated $0.89 of every $1 invested by the U.S. government in global health R&D stays in the United States, supporting American researchers. In addition, from 2007 to 2015, these investments generated an estimated 200,000 new U.S. jobs and $33 billion in economic growth.

Through sustainable investment in global health R&D, Americans can lead the way in conquering the greatest health challenges of our times and building a healthier, safer world for all.

RESOURCES


CONTRIBUTORS

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CITATIONS

DIGITAL HEALTH

WHAT YOU SHOULD KNOW

Digital health is the use of information and communication technology to improve medical services and public health. Digital health can make health programs and services more efficient, more accessible, and more powerful.

Digital health builds on today’s access to mobile networks, devices, and the Internet in low- and middle-income countries (LMICs) where the United States invests. For example, in Kenya, 90% of the population has access to a mobile phone, 65% can access a smartphone, and mobile devices represent 99% of Internet subscriptions.¹

Digital health represents a strategic shift in health service delivery, leveraging new technologies so that patients can overcome barriers to access; frontline health workers can improve prevention, diagnosis, and treatment; and policymakers can increase operational efficiencies. Digital health tools are used almost everywhere — across multiple health sectors, from hospitals to rural clinics — to provide real-time data for better decision making and performance.²

Digital technology delivers training and support so that health workers can improve effectiveness. With a projected global shortage of 18 million health workers,³ e-learning is an invaluable tool for medical training in remote and underserved areas.³

Digital health helps frontline health workers, communities, and policymakers communicate quickly. For example, during the Ebola epidemic in West Africa, health workers in Liberia used mobile phones and mHero⁴ digital technology to alert authorities of new outbreaks, receive test results, and provide education.

RECOMMENDATIONS FOR CONGRESS

Invest in appropriate digital technology to sustain and build on existing efforts. When digital tools are well designed, tested, and implemented, they can dramatically accelerate progress on every disease and global health issue. U.S. investments in digital health can be magnified when they implement the Principles of Donor Alignment for Digital Health¹ to reduce fragmentation, avoid redundancy, and leverage co-financing from other countries.

Support digital health solutions that respond to locally identified needs, resources, and priorities. Technology solutions built or adapted for development programs should align with the Principles for Digital Development⁶ to address privacy, security, interoperability and other concerns.

Expand digital health programs, focusing on the long-term commitment necessary for all health programs to grow and succeed. This includes careful design, deployment, and training to integrate digital health tools into existing health systems, with evidence-based program scaling to maximize impact.

Support and lead digital health partnerships between governments, private sector companies, and development organizations. Investments in digital health should leverage the leadership of national governments, the expertise and resources of private industry, and the skills and knowledge of development organizations.

Align digital health investments with focused support for frontline health workers, communities, and integrated service delivery. Digital health is a revolutionary approach to accessing health information, training frontline health workers, diagnosing disease, and monitoring public health data. Digital health tools have the greatest impact when communities have access to trained, supported workers and an integrated system to deliver services. The United States should support partner countries’ efforts to focus on communities with the least access to essential health services and those at the greatest risk for global health threats.
DIGITAL HEALTH

WHY THIS INVESTMENT IS IMPORTANT

“Digital health” refers to the use of information and communication technology to achieve health goals. This includes exchanging health information with patients via mobile phones; using mobile technology to collect epidemiological and other data for better decision making; helping frontline health workers access information, learn skills, and make more accurate diagnoses; and informing policymakers of trends and alerts in real time.

Digital health solutions strengthen disease-focused programs, improve access to quality health services, help health systems function better, and allow health professionals to work more effectively. For example, Saving Lives at Birth: A Grand Challenge for Development — a global call for groundbreaking, scalable solutions to infant and maternal mortality around the time of birth — has supported 115 innovative tools and approaches since 2011, addressing the 303,000 maternal deaths, 2.7 million neonatal deaths, and 2.6 million stillbirths that occur each year.

The digital health revolution builds on increased access to mobile phones, smartphones, and mobile Internet services worldwide. Digital health solutions can reach millions in every community. For example, South Africa’s MomConnect project communicates with pregnant women and new mothers via text messages, voice recordings, and WhatsApp to help them care for themselves and their children, as well as to encourage them to seek health services when needed.

Digital health helps frontline health workers educate themselves about lifesaving diagnoses and treatment, which is critical in rural and hard-to-reach areas where little training or support is available. Programs such as the mPowering Frontline Health Workers partnership use text messages, mobile apps, video content, and other forms of mobile learning to help frontline health workers gain new information and maintain current skills. These materials can even be used without an Internet connection.

Digital health already plays an important role in global health security. Community health workers are using mobile tools to collect health data in their communities and to automatically alert authorities of potential outbreaks. Digital health solutions also support track-and-trace efforts to help contain outbreaks within their areas of origin.

Investments in digital health benefit multiple disease-specific programs and can increase the range and impact of existing work in some of the world’s hardest-to-reach areas. When digital solutions follow the Principles for Development and are built using open source code and openly licensed content, they can be expanded upon and adapted to new countries, health contexts, and technologies. For example, DHIS2, an open source solution for tracking health indicators, is the world’s largest health information platform, used in 67 LMICs and covering an estimated 30% of the world’s population.

The benefits of digital health applications can be magnified with a strategic shift in digital health infrastructure investments. The global health community and U.S. global health programs should move away from the current practice of single-application solutions toward a more strategic approach that aligns with both current country priorities and long-term goals. By better coordinating digital health programming, global health stakeholders can reduce duplicate efforts and ensure that digital solutions are more effective in increasing all health outcomes.

RESOURCES
mHealth Knowledge Site http://bit.ly/2h5wrdM

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HEALTH AND HUMANITARIAN RESPONSE

WHAT YOU SHOULD KNOW

Prolonged conflicts in countries such as South Sudan, Yemen, and Syria have decimated regional health care systems and continue to jeopardize the lives of humanitarians bringing assistance to local populations in need.

Vulnerability to natural disaster, the threat of conflict, and outbreaks of infectious disease are major impediments to achieving good health for the world’s poorest populations. Providing health care for people affected by crises is essential in any humanitarian response.

The burden of disease and mortality levels experienced in countries affected by humanitarian crises are tragically high. Half the children who die before age 5 and more than one-third of mothers who die worldwide live in these fragile states.

Addressing specific health needs — such as treatment for survivors of gender-based violence, maternal and newborn care, essential nutrition, access to safe water and sanitation, or mental health and psychosocial support — is critical during a crisis response. In large-scale crises, there can be hundreds of humanitarian agencies working simultaneously to provide health-related aid. Effective coordination of this outreach is essential to avoid redundancy, address gaps, and maximize impact and accountability.

This assistance must be impartial and accessible to all, as well as based upon need and guided by humanitarian principles. It must also focus on the health needs of the most vulnerable populations — such as women, children, older adults, and persons with disabilities.

Effective emergency response programs build the framework for stronger and more resilient health systems that can sustain themselves after a crisis has abated.

More than 60% of the world’s 19.5 million refugees and 80% of the 34 million people who are internally displaced live in urban environments. As low-income countries trend toward urbanization, the health of vulnerable populations, including displaced people, is increasingly at risk by overextended health systems in fragile states that often struggle to meet their needs.

Maintain strong support for the International Disaster Assistance and Migration and Refugee Affairs accounts, and continue robust funding levels for humanitarian emergencies through the U.S. Agency for International Development (USAID) Office of Foreign Disaster Assistance (OFDA); the Department of State (DoS) Bureau of Population, Refugees, and Migration (PRM); and Centers for Disease Control and Prevention (CDC). Humanitarian programs funded by the United States have proven to be essential in saving lives, preventing further degradation of fragile states, and contributing to global safety and security.

The U.S. government should remain a global leader in humanitarian health response by enhancing coordination with key domestic donors, engaging and supporting influential donors from other countries, and contributing substantively to global humanitarian policy discussions.

The U.S. government should increase its investment in strategies and programming that address disaster risk reduction (DRR) and emergency preparedness. Greater attention to and increased support for DRR and emergency preparedness can greatly mitigate the impact of disasters, preventing catastrophic loss of life and damage to communities.

The U.S. government should advocate for the protection of humanitarian workers who provide lifesaving care by ensuring that hospitals and health centers in conflict-affected areas are not military targets.
HEALTH AND HUMANITARIAN RESPONSE

WHY THIS INVESTMENT IS IMPORTANT

As part of a coordinated humanitarian response during and after a natural disaster or in times of conflict, investing in health care and services is the key to saving millions of lives. U.S. funding provides essential health care, such as emergency medical interventions, nutritional support, and access to clean water and sanitation. Strategic, timely, and effective action by the U.S. humanitarian and health funding agencies — including OFDA, PRM, and CDC — has allowed lifesaving interventions to reach millions of people throughout the world. In 2017 alone, the U.S. government provided $1.6 billion for disaster response activities. 2

The United States is also committed to responding to outbreaks of infectious disease, most recently during the epidemics of Ebola in West Africa and Zika worldwide. Currently only one-third of countries are prepared to prevent, detect, and respond to these global risks. The United States is also invested in improving the health systems of developing countries to help prevent and contain future outbreaks abroad and domestically.

Recent disasters such as Hurricane Maria, which impacted several Caribbean countries in September 2017, and the 2014 Ebola outbreak in West Africa, which killed nearly 11,310 people, saw not only a large outpouring of public and private U.S. financial support, but also a large number of volunteers serving in emergency-affected areas. Americans support U.S. investments in humanitarian health because such investments reflect a core American value: assisting those in need. In response to Hurricane Maria, OFDA provided Dominica with water, sanitation, and hygiene services, as well as emergency-relief supplies that included 1,600 blankets, 1,000 hygiene kits, 400 rolls of plastic sheeting, and 2,400 water containers, benefiting at least 20,000 people impacted by the disaster. Additionally, OFDA Disaster Assistance Response Team staff were deployed to conduct assessments, coordinate with humanitarian and government actors, and support response cooperation. During the 2014 Ebola outbreak in West Africa, $5.4 billion in emergency funding was provided to USAID, CDC, and the National Institutes of Health to establish Ebola treatment units and community care facilities; distribute personal protective equipment; engage in community outreach, communication and mobilization efforts; and provide logistical support.

While many emergencies can never be perfectly predicted or entirely prevented, the resulting loss of life can be greatly reduced through appropriate mitigation and preparedness efforts. The United States should remain steadfast in its leadership role of helping to build resilient health systems in low-income countries, responding quickly and efficiently when emergencies occur, and coordinating and supporting efforts in post-emergency recovery. Since many issues arising from large-scale emergencies require long-term solutions, the United States should also continue supporting countries after the initial disaster period to help address the most critical health needs and shorten the recovery phase.

RESOURCE


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WHAT YOU SHOULD KNOW

Each year approximately 17 million people die as a result of surgically treatable conditions (surgical conditions) and millions more suffer from surgically preventable disabilities. Currently only 6% of all surgical procedures benefit the poorest third of the world’s population. Lack of access to surgical and anesthesia care perpetuates poverty, inequality, and economic instability.

Surgical conditions represent nearly one-third of the global burden of disease and are a leading cause of death and disability worldwide. They include maternal health and obstetric conditions; cancer and other noncommunicable diseases (NCDs); injuries; infectious diseases such as HIV/AIDS; and congenital issues, including cleft lip and clubfoot.

Approximately 5 billion people around the world lack access to safe, timely, and affordable surgical care. Surgical conditions that go untreated can have devastating economic impacts on communities and countries. Without investment in surgical conditions, estimates show that low- and middle-income countries (LMICs) will experience $12.3 trillion in lost GDP by 2030.

Improving access to safe surgical care is a cost-effective investment that advances the U.S. government’s global health objectives and assists priority countries in achieving self-reliant, sustainable health systems and workforces. In fact, the World Bank has identified surgical care as one of the most cost-effective health interventions available. For every $1 invested in building surgical capacity, an estimated $10 is generated by improved health and productivity.

At least 1 million additional specialists are needed to meet current demand for surgical, anesthesia, and obstetrical treatments in LMICs. Without concerted action to strengthen these health workforces, this shortfall is expected to more than double by 2030. Additional investment in frontline health workers is also needed to safely deliver this surgical care.

RECOMMENDATIONS FOR CONGRESS

Incorporate report language into the State, Foreign Operations, and Related Programs appropriations bills for the U.S. Agency for International Development (USAID) to assess the need and cost effectiveness of programs that strengthen surgical care systems and address surgical conditions such as hydrocephalus, burns, injuries, NCDs, fistulas, and obstructed labor.

Hold U.S. government agencies accountable for surgical systems strengthening, so that foreign assistance and global health investments integrate surgical care as an essential strategy for progress on targeted diseases and issues, including preventable child and maternal deaths, HIV/AIDS, and the development of global health capacity.

Support the U.S. government commitment to strengthening essential surgical, emergency, and anesthesia care, as agreed to in World Health Assembly Resolution 68.15 in 2015. Additionally, support robust reporting mechanisms, including the World Health Organization commitment to biannual reporting on surgical care progress and the coordinated collection and aggregation of national surgical care data to track regional and global progress over time.

Call for the development of a special advisory committee, bringing together experts from the private and public sectors to guide integrated prioritization of surgical care. As part of existing programs at the Department of State, USAID, Centers for Disease Control and Prevention (CDC), and the National Institutes of Health (NIH), this prioritization will help countries address service-delivery gaps and strengthen health systems.

Affirm the high priority of policies that strengthen health workforces to achieve core global health goals as outlined in the Frontline Health Workers brief in the Global Health Briefing Book.
GLOBAL SURGERY

WHY THIS INVESTMENT IS IMPORTANT

Surgical care is a cost-effective, cross-cutting public health service that is critical for strengthening health systems, health workforces, and health security; for advancing maternal and child health; and for treating NCDs, trauma, infectious diseases, and congenital issues.

The World Bank has identified essential surgical care as one of the most cost-effective health interventions available and a health priority that is within reach for countries around the world. Building surgical capacity benefits an entire health system, empowering the health workforce, stimulating the economy, and contributing to healthier, more productive populations.

Moreover, the cost of inaction is too great. Without investment in strengthening surgical systems, LMICs face a projected loss in GDP of $12.3 trillion by 2030.1 Without safe, timely, and well-integrated surgical services at the community level, the economic burden of accessing essential surgical care can be devastating. As many as 81 million people become impoverished by seeking lifesaving surgery each year,2 burdened by disproportionate out-of-pocket costs and the additional expense of traveling long distances or taking time away from work.

Surgical care is an essential component of resilient health systems and primary health coverage. Health targets for maternal and child health, health workforces, NCDs, and health systems strengthening cannot be achieved without access to safe, timely, and affordable surgical care. Essential surgical care is an important preventive, diagnostic, and curative strategy for a cross-section of disease conditions and illnesses. Furthermore, increasing access to safe surgical care further contributes to global health security by stimulating economic growth and national stability, encouraging foreign investment, and fostering regional stability.

Surgical interventions have a transformative impact on the lives of millions of patients and their families each year. With surgical care, a traffic-accident victim can return to work and feed his family; a child with a repaired cleft can go to school and lead a normal life; and a woman with a repaired fistula can return home to her village. Integrating surgical care into existing health systems is a proven, cost-effective strategy that can save millions of lives each year, greatly contributing to economic productivity, gender equality, and poverty alleviation.

RESOURCES


CONTRIBUTORS

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The G4 Alliance (theg4alliance.org) is a network of more than 85 member organizations, working in more than 160 countries, dedicated to supporting increased access to safe, timely, and affordable surgical, obstetric, trauma, and anesthesia care through service delivery, on-the-ground training, capacity building, and thought leadership. We are dedicated to advocating for neglected surgical patients, and we support the integration of essential surgical care as part of health systems strengthening.

CITATIONS

Global Health and Multilateral Institutions

What You Should Know

Multilateral organizations, and the United Nations (UN) in particular, are integral in coordinating and mobilizing worldwide support to achieve global health goals. It is only with the unique reach and influence of agencies like the United Nations Children’s Fund (UNICEF), World Health Organization (WHO), World Food Programme (WFP), and UN Population Fund (UNFPA) that the United States can successfully deliver on its commitments to UN Sustainable Development Goals (SDGs) and, in turn, meet overall U.S. strategic health objectives.

By aligning with the SDGs, especially Goal 3 (SDG 3), the U.S. has committed to ensuring healthy lives and promoting well-being at all ages. This includes ending preventable child deaths; eliminating AIDS, tuberculosis, malaria, and neglected tropical diseases; and achieving universal health coverage by 2030.

The UN and its agencies are integral to achieving U.S. development and foreign policy goals, including the SDGs. For example:

- UNICEF-procured vaccines reach 45% of the world’s children, saving the lives of an estimated 2.5 million children each year.
- Following the liberation of Mosul, Iraq, health services were restored by WHO, and a 50-bed, state-of-the-art field hospital was handed off to local authorities after nearly eight months of providing lifesaving medical care to internally displaced persons and host communities.
- 2017 WFP programs to prevent and treat malnutrition reached a total of 15.8 million children who were under age 5 and women who were pregnant or breastfeeding.
- UNFPA-provided contraceptives have reached approximately 25 million people, averting an estimated 14,600 maternal deaths, 2.1 million unsafe abortions, and 7.5 million unintended pregnancies.

U.S. contributions to multilateral organizations leverage the support of other countries. Every dollar the U.S. contributes to global health is multiplied by other agency donors, making this form of support a “best buy” for U.S. taxpayers.

Recommendations for Congress

Support full funding for health-related UN programming — including WHO, UNICEF, WFP, UN Refugee Agency (UNHCR), and UNFPA efforts — in addition to the work of other multilateral partners, such as Gavi, the Vaccine Alliance; the World Bank; and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). Encourage the U.S. to pay its fair share, without delay, to ensure these organizations have adequate funding to deliver on their objectives.

Increase the flexibility and predictability of U.S. contributions to UN global health initiatives. Additionally, encourage relevant U.S. agencies to simplify funding streams and reduce the level of reporting requirements. When organizations like WHO or WFP are tied up in highly earmarked grants, it hampers their ability to rapidly respond in the face of increasingly complex health challenges.

Oppose efforts to defund or in any way undermine the work of multilateral organizations, including the misrepresentation of appropriations riders. Any determinations made by the administration regarding these riders or other policies should be carefully reviewed as part of a fact-based and transparent process.

Ensure high-level representation at global forums, such as the World Health Assembly and UN General Assembly, particularly when health-related matters are addressed. Demonstrate the U.S. government commitment to achieving SDG 3, as well as to investing in multilateral organizations and working collaboratively with partners to advance global health goals. Advocate for evidence-based recommendations, recognized experts, and known best practices.
GLOBAL HEALTH AND MULTILATERAL INSTITUTIONS

WHY THIS INVESTMENT IS IMPORTANT

U.S. support for strong, effective, and fully funded multilateral organizations is necessary to meet U.S. objectives for global health. U.S. investments also sustain the vital work of these organizations, bolstering their efforts to eradicate disease, save millions of lives each year, and advance U.S. global health priorities in return.

Multilateral organizations help protect American lives and interests by doing the following:

• Coordinating the global response to disease outbreaks and other health emergencies;
• Providing AIDS, tuberculosis, and malaria prevention, treatment, and care services;
• Working to ensure that all children around the world have equitable access to vaccines;
• Improving maternal health outcomes and access to contraceptives for women;
• Catalyzing investments from other countries and partners to support programs that improve the health of women, children, and adolescents;
• Facilitating the success of U.S. bilateral programs and amplifying the effects of U.S. investments in global health; and
• Collaborating with U.S. agencies that safeguard the health and security of Americans at home and abroad.

Multilateral agencies such as WHO, UNICEF, and UNFPA are uniquely positioned with the international credibility, convening power, and organizational mechanisms necessary to facilitate and coordinate health work on a global scale. U.S. agencies rely on the extensive networks of these agencies, including frontline health workforces, to access remote or unstable areas, quickly respond to health crises, and advance U.S. strategic health initiatives worldwide.

The United States relies on the convening power of the UN to provide a platform for multilateral health collaboration, which leverages the commitment and financial support of other countries toward shared health threats.

U.S. support for UN health agencies also helps the U.S. collaborate with world partners on key health initiatives, enhancing America’s influence and ability to steer the international health agenda.

These investments contribute to improved overall health and well-being: estimates indicate that, over the next five years, the new WHO General Programme of Work will save a total of 30 million lives, enabling more than 100 million healthy years of life, collectively, and sparking 2%-4% GDP growth in low- and middle-income countries.

RESOURCES

Investing for a healthier world: Changing the way WHO is financed https://bit.ly/2x6GOrT
Sustainable Development Goals https://bit.ly/1IqICxS

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