



A REPORTER'S GUIDE  
TO U.S. GLOBAL HEALTH POLICY

March 2010

For journalists, a basic understanding of global health is now required to cover a wide range of topics -- not just stories about disease outbreaks or medical advances, but also Congressional policy debates, foreign policy and international relations, economics, food issues, military conflicts, and natural disasters. This guide provides up-to-date background information for reporters covering those issues.

Though it has long been a major element of foreign aid and development assistance, global health has risen significantly in recent years on the U.S. policy agenda. That's in part due to the growing burden of diseases in lower-income countries, such as HIV/AIDS, tuberculosis, and malaria, among others. Also, potential infectious disease outbreaks -- from the H5N1 virus ("avian flu") scare in 2005/2006 to the H1N1 pandemic ("swine flu") in 2009 -- have focused attention on how such diseases can spread rapidly in an increasingly globalized world, and on the infrastructure needed to monitor and address them.

In response, [donor nation funding](#) to address health issues in lower- and middle-income countries has grown substantially, with total development assistance for health worldwide growing from \$7.2 billion in 2001 to \$22.1 billion in 2007. The creation of the multilateral Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) in 2002 provided a major impetus for increased funding, as well as a structure to organize health initiatives.

The U.S. -- in addition to being a major funder of the Global Fund -- is the largest donor in the world for global health, driven in large part by the creation of the [President's Emergency Plan for AIDS Relief](#) (PEPFAR) in 2003, with an authorization of \$15 billion over five years. The legislation was reauthorized in 2008 at \$48 billion for an additional five years.

In his fiscal year 2010 budget request to Congress, President Obama proposed a six-year, \$63 billion [Global Health Initiative](#) (GHI), which would direct \$51 billion to prevent and treat HIV, TB, and malaria, as well as \$12 billion towards other global health problems, including maternal (e.g., pre- and post-natal care) and child health.

The GHI, which represents an amalgam of existing programs, will likely increasingly be the focus of global health policy discussion in the U.S. Much of that attention will be on financing -- How much will U.S. global health aid grow? How much of any new funding will go towards different programs and diseases? However, there are a wide range of other issues raised by the GHI, including: increasing coordination across a multitude of aid programs, strengthening the health systems of lower-income countries, emphasizing the health of women and girls, and integrating foreign aid with other elements of foreign policy.



## A REPORTER'S GUIDE TO U.S. GLOBAL HEALTH POLICY

### The Basics of Global Health:

HIV/AIDS

Malaria

Tuberculosis

Neglected Tropical Diseases

Maternal and Child Health

Water-Related Diseases

Food Insecurity

Some of the primary causes of illness and death in developing countries are the same as those found in wealthier nations, including heart disease, stroke, and respiratory infections.

However, due to a number of factors -- particularly poverty, lack of adequate access to clean water and food, and climate and environmental conditions -- low- and middle-income countries are hit much harder by a variety of infectious diseases and other conditions such as HIV/AIDS, malaria, tuberculosis, food insecurity, and food and water-borne illnesses. In addition, lower-income countries often have an inadequate health infrastructure, which inhibits their ability to prevent, diagnose, and treat diseases. It is these issues that are generally the focus of U.S. global health policy and development assistance.

This section provides basic background on the major diseases and conditions facing low- and middle-income countries.

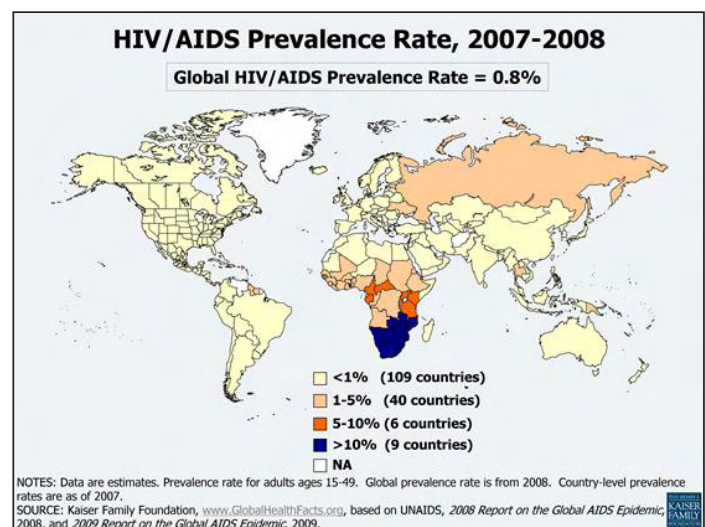
## HIV/AIDS

**What it is:** HIV is the virus that causes acquired immunodeficiency syndrome (AIDS). The first cases were reported in 1981. People become infected with HIV primarily through sexual contact with an infected person. It can also be transmitted through blood -- e.g., by using a syringe that has been previously used by someone who is infected -- or from a mother to a baby during pregnancy, delivery, or breastfeeding. HIV/AIDS weakens the immune system, leaving those affected vulnerable to opportunistic infections and potentially death.

### The numbers:

- [33.4 million people were living with HIV](#) as of 2008.
- About 2 million people died of AIDS-related causes in 2008, though deaths have been declining recently due to an increasing number of people receiving treatment.
- There were 2.7 million new HIV infections in 2008, and the number of new infections likely peaked in the late 1990s.
- Almost all of those living with HIV (97%) are in low- and middle-income countries, and two-thirds are in sub-Saharan Africa. HIV is the leading cause of death in Africa.
- Goal 6 of the [Millennium Development Goals](#) calls for halting and beginning to reverse the spread of HIV/AIDS by 2015, and providing universal access to treatment to all who need it by 2010.

**Treatment:** There is no cure for HIV, but there are now medications available to attack the virus -- known as highly active antiretroviral therapy (commonly referred to as HAART or ART) -- and to prevent and treat the many opportunistic infections that can occur when the immune system is compromised by HIV. These treatments have led to dramatic reductions in mortality and morbidity. In December 2008, [4 million people in low- and middle-income countries were receiving treatment \(.pdf\)](#) (42% of those in need), up from 3 million people in 2007 (33% of those in need). In November 2009 the [World Health Organization \(WHO\) issued new guidelines \(.pdf\)](#) recommending that people with HIV start treatment earlier, potentially doubling the number of people who are in need of treatment and not receiving it.



**Prevention:** There is no vaccine to prevent HIV infection, though there are proven prevention methods. Effective prevention strategies include: use of condoms, behavior change (e.g., delaying sexual debut and reducing the number of sexual partners), HIV testing to increase the number of people who know their infection status, blood supply safety, harm reduction efforts for injecting drug users (e.g., making clean needles available), use of ART to prevent mother-to-child transmission, and male circumcision. Access to prevention, however, remains limited; only [one in five](#) of those at risk has access to needed services.

**For more information:**

- Kaiser Family Foundation [fact sheet](#).
- [Country-by-country numbers](#).
- UNAIDS [report on the global HIV/AIDS epidemic](#), and a [2009 update](#).
- [Report on treatment progress](#) (.pdf) from WHO/UNAIDS/WHO.
- Information about [new WHO treatment guidelines](#) issued in November 2009.
- [CDC information about HIV/AIDS](#).
- Answers to [frequently asked questions](#) about HIV/AIDS.
- President's Emergency Plan for AIDS Relief ([PEPFAR](#)) [web site](#), and a [Kaiser fact sheet](#) on the program.
- Kaiser [guides to news reporting on HIV/AIDS issues](#), available in English and a variety of other languages.

## Malaria

**What it is:** Malaria is one of the world's most common and serious tropical diseases, caused by parasites transmitted to people by Anopheles mosquitoes. It thrives in warm tropical and sub-tropical climates. Symptoms of malaria include fever, vomiting, and diarrhea, and in severe cases it can be deadly.

**The numbers:**

- Half of the world's population is at risk for malaria. It was endemic -- meaning that there are a constant, measurable number of new cases and natural transmission occurs over time -- in 108 countries in 2008.
- Sub-Saharan Africa is the hardest hit region in the world, and parts of Asia and Latin America also face significant malaria epidemics.
- In 2008 there were an estimated [243 million cases of malaria and 863,000 deaths](#) (89% of which occurred in Africa).
- Children are particularly at risk because they lack developed immune systems, and they represent 85% of all malaria deaths. Pregnant women are also at risk because pregnancy reduces immunity to malaria, increasing the risk of infection, severe illness, and death.
- [Millennium Development Goal](#) 6 calls for halting and beginning to reverse the incidence of malaria by 2015.

**Treatment:** Malaria can be treated with medications, including chloroquine, primaquine, and highly effective artemisinin-based combination therapy (ACT). ACT is recommended for areas with drug resistance or more deadly malaria strains. Multidrug-resistant malaria is now prevalent in Africa, South America, the Western Pacific, and South-East Asia. Distribution of ACT therapy, as reported by national malaria programs, [rose](#) from 2 million in 2004 to 73 million in 2008. However, access to treatment is still limited -- in a number of African countries surveyed in 2007-2008, less than 15% of children under age five with a fever received ACT.

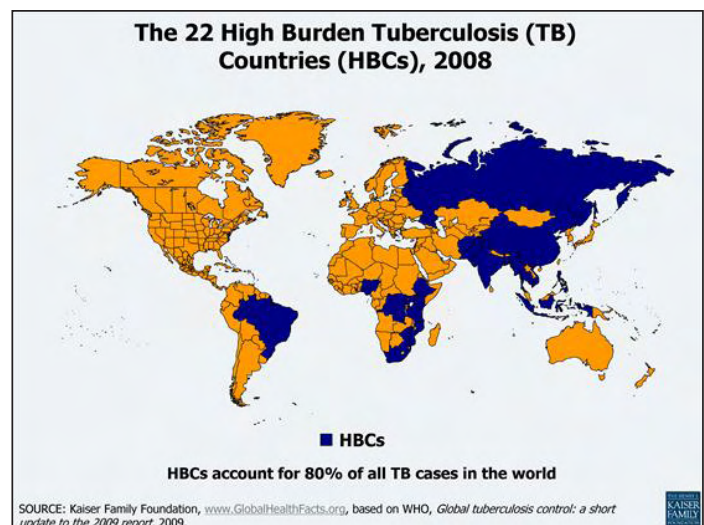
**Prevention:** Prevention centers around mosquito control activities and anti-malarial drugs to prevent infection. A malaria vaccine does not exist, though clinical trials are underway. National malaria programs report that the [distribution of insecticide-treated bed nets](#) increased from 20 million in 2004 to 68 million in 2008, but access remains limited, while the share of African households with at least one bed net stood at 31% in 2008, up from 17% in 2006. Indoor residual spraying is commonly used in the Americas and South-East Asia, and to a lesser extent in Africa and the Western Pacific. Spraying raises concerns about creating resistance to insecticides. Anti-malaria drugs -- which do not protect against infection from a mosquito bite but can prevent disease by inhibiting the development of parasites in the blood -- are used by travelers, and also may be provided to at-risk groups (such as pregnant women) in endemic areas.

**For more information:**

- Kaiser Family Foundation [fact sheet](#).
- [Country-by-country numbers](#).
- [WHO information about malaria](#), and its [world malaria report for 2009](#).
- [CDC information about malaria](#).
- [Roll Back Malaria](#).
- Answers to [frequently asked questions](#) about malaria.
- [President’s Malaria Initiative \(PMI\)](#), and a Kaiser [fact sheet on the program](#).

**Tuberculosis**

**What it is:** Tuberculosis (TB) is an airborne, infectious disease caused by bacteria that primarily affect the lungs. TB can remain latent in otherwise healthy people, who exhibit no symptoms and cannot transmit the bacteria to others. However, if left untreated, a small percentage (5-10%) of those with latent TB may develop an active form of the bacteria later in life, which can make them sick and able to spread TB to others. In addition, it is a common and a serious threat to people with compromised immune systems, such as those living with HIV.



**The numbers:**

- TB is found in every country in the world, but the majority of TB cases are concentrated in developing countries, particularly those in Asia and Africa. Twenty-two countries are considered “high-burden countries,” which account for approximately 80% of new TB cases each year.
- One-third of the world’s population, or about 2 billion people, carry the TB bacteria, more than 9 million of whom become sick each year with “active” TB that can be spread to others.
- In 2008 an estimated [11.1 million people were living with \(active\) TB](#), including 9.4 million new cases.
- There were an estimated 1.8 million TB deaths in 2008, including about 520,000 among people who were HIV-positive.
- The TB incidence rate appears to have peaked in 2004, but is declining slowly.
- [Millennium Development Goal 6](#) calls for halting and beginning to reverse the incidence of major diseases such as TB by 2015.

**Treatment/prevention:** Control of TB is based on DOTS, or “directly observed treatment, short-course,” which aims to decrease TB-related morbidity, prevent death, and diminish transmission. Treatment makes use of a variety of drugs.

Drug-resistant TB has emerged as a major challenge facing TB-control efforts, with the number of drug-resistant TB cases growing in recent years. There are two forms of drug-resistant TB: (1) Multidrug-resistant TB (MDR-TB), which fails to respond to standard first line drugs; and (2) Extensively drug-resistant TB (XDR-TB), which fails to respond to both first and second line drugs. Both types of resistance can result from inconsistent or partial treatment, incorrect prescribing, or interruptions in the drug supply. MDR-TB is treatable, but at a higher cost than standard TB. Treatment options for XDR-TB are very limited at this point.

#### For more information:

- Kaiser Family Foundation [fact sheet](#).
- [Country-by-country numbers](#).
- [CDC information about tuberculosis](#).
- [WHO information on tuberculosis](#), including a [2009 report on TB control](#) (along with an [update](#)).
- The [Stop TB Partnership](#).
- Answers to [frequently asked questions](#) about tuberculosis.
- [USAID information on tuberculosis](#).

## Neglected Tropical Diseases

What they are: Neglected tropical diseases (NTDs) are a group of parasitic, bacterial and viral infections that primarily affect the most impoverished and vulnerable populations in the world. As such they have received scant attention until recently. Thirteen diseases represent the core of the highest burden NTDs, grouped together due to their chronic, disfiguring, and stigmatizing impact, intricate association with poverty, and geographic overlap. Among these, the seven most common form a subset targeted by the U.S. government and other programs. The President's Global Health Initiative calls for increased funding to address NTDs.

**The numbers:** An estimated [1.4 billion people are infected with one or more NTDs](#), and another 2 billion people are at risk. The burden is mainly concentrated in Africa, Asia, and Latin America.

- **Dengue hemorrhagic fever** is caused by a virus transmitted via mosquitoes. It is now believed that 50 million dengue infections occur every year, with approximately 2.5 billion people in more than 100 countries at risk of infection. There is currently no treatment for dengue.
- There are 350 million people in 88 countries at risk of **Leishmaniasis**, a parasitic infection transmitted by sand flies. Leishmaniasis has three forms: cutaneous, mucocutaneous, and visceral, the most serious. Visceral leishmaniasis, or kala azar, is deadly if left untreated.
- **Lymphatic filariasis**, or elephantiasis, is caused by parasitic worms and transmitted by mosquitos. More than a billion people worldwide are at risk of the disease, which can cause severe disfigurement. One-third of the 120 million people already infected with the disease live in India, one third in Africa and most of the other in South Asia, the Pacific and the Americas.
- **Onchocerciasis**, or river blindness, is a parasitic worm transmitted by a black fly that is the second leading cause of infectious blindness. The Onchocerciasis Control Program, a collaboration of U.N. agencies, has successfully beaten back the disease in large parts of West Africa, but it remains in an estimated 30 countries in Africa, Central and South America and the Arabian peninsula.
- **Schistosomiasis**, or bilharzia, is caused by worms found in contaminated water and is considered the second most devastating parasitic disease in tropical countries after malaria. Found in more than 70 countries with more than 600 million people at risk, upwards of 200 million people are infected worldwide each year.
- Together, the three **soil-transmitted helminthiasis** are the most common NTDs. Ascariasis (roundworm) affects about 807 million people, including an estimated 60,000 who die each year. It is typically found in sub-Saharan Africa and South-East Asia. Trichuriasis (whipworm)

affects about 604 million people is typically found in sub-Saharan Africa, Latin America, and East Asia, as well as in the southern United States. Hookworm affects 576 million people and is the world's leading cause of anemia and malnutrition. It is most prevalent in Africa, Latin America, Southeast Asia and China.

- **Trachoma**, a bacterial infection, is the world's leading cause of infectious blindness. An estimated 1.2 billion people lived in endemic areas in 2008. Trachoma affects about 84 million people of whom about 8 million are visually impaired.

**Other NTDs include:** African trypanosomiasis (sleeping sickness); *Mycobacterium ulcerans* (Buruli ulcer); leprosy; and Dracunculiasis (Guinea worm).

**Treatment:** Many NTDs can be controlled and even eliminated with low-cost and effective interventions. The current recommended strategy is to target multiple NTDs simultaneously through mass drug administration at the community level. The rapid-impact package now available uses a combination of four drugs to treat the seven most common NTDs for as little as \$0.25–\$0.50 per person per year.

**Prevention:** In addition to controlling disease through mass drug therapy, promoting clean water, vector control, sanitation, and hygiene also play a role in addressing the underlying causes of NTDs.

#### For more information:

- Kaiser Family Foundation [fact sheet](#).
- [WHO information on neglected tropical diseases](#).
- U.S. [NTD Initiative](#).

## Maternal, Newborn and Child Health

**What it is:** There has historically been a particular focus in global health policy on women before and during pregnancy and childbirth, as well as on newborns and young children. In contrast to developed countries, many lower-income countries face significant problems with maternal mortality and children dying of neonatal causes and diseases like pneumonia and diarrhea.

#### The numbers:

- An estimated 536,000 women died in pregnancy or childbirth in 2005, with most of these deaths in sub-Saharan Africa. The major [causes](#) of maternal deaths in Africa include hemorrhage (33.9%), indirect causes (16.7%), sepsis (blood infection) (9.7%), hypertension (high blood pressure) (9.1%), and HIV/AIDS (6.2%).
- Millennium Development Goal 5 calls for reducing the maternal mortality rate by three-quarters from 1990 to 2015, but the number of maternal deaths per 100,000 live births worldwide [stood at 400 in 2005](#), largely unchanged since 1990.
- The [rate of maternal deaths](#) is much higher in low-income countries. In 2005, the rate per 100,000 live births was 650 in low-income countries, 180 in lower-middle-income countries, and 91 in upper-middle-income countries.
- About 9 million children under age five died in 2007, [down 27%](#) from an estimated 12.5 million in 1990. Millennium Development Goal 4 calls for reducing the death rate among children under five by two-thirds between 1990 and 2015.
- The [risk of death](#) is highest in the first month life, with most newborn deaths caused by pre-term birth, suffocation during birth, or infection.
- Pneumonia (19%) is the [leading killer](#) of children under five. Together with diarrhea (17%), malaria (8%), measles (4%) and HIV/AIDS (3%) these five diseases account for half of all under-five deaths.



**Treatment/prevention:** According to WHO, the vast majority of maternal deaths are [preventable](#) through “quality family planning services, skilled care during pregnancy, childbirth and the first month after delivery, or post-abortion care services and where permissible, safe abortion services.”

Addressing health care for newborns and young children focuses on care during pregnancy, safe delivery, neonatal care, and breastfeeding, as well as prevention and treatment of diseases and conditions such as pneumonia, diarrhea, malaria, HIV/AIDS, and malnutrition. There are many low-cost prevention and treatment measures -- such as immunization, antibiotics, insecticide treated bed nets, and oral rehydration therapy -- that can be scaled-up to reduce infant and child mortality and improve their health.

**For more information:**

- Kaiser Family Foundation [fact sheet](#) on maternal and child health.
- [WHO information on maternal health](#) and [child health](#).
- Lancet article presenting [WHO analysis of data on the causes of maternal deaths](#) in developed and developing countries. A [WHO fact sheet](#) summarizing the results is also available.
- WHO’s [World Health Report 2005](#), which focused on maternal and child health.
- WHO’s [World Health Statistics 2009](#).
- [USAID information on maternal and child health](#).
- [Country-by-country numbers on low-birth weight babies](#).
- The [Partnership for Maternal, Newborn and Child Health](#).

## Water-Related Diseases

**What it is:** There are a variety of pathogens causing intestinal illnesses (e.g., diarrhea) that are transmitted through unclean water or poor sanitation. [Rotavirus is the primary cause of acute diarrhea](#), accounting for 40% of hospitalizations among children under age five. Children -- especially those with poor health and nutritional status -- are particularly susceptible to dehydration from diarrhea because water represents a greater share of their bodyweight compared to adults. Diarrhea is also a leading cause of death during emergencies and natural disasters, which can cause the displacement of large populations into temporary shelters with polluted water and inadequate sanitation. Unsanitary conditions can also lead to cholera outbreaks, resulting from fecal-contaminated food or water. Cholera causes acute diarrhea, which can lead to death even in healthy adults.

**The numbers:**

- [Diarrhea is a leading cause of death among children under age five](#) -- second to respiratory infections such as pneumonia -- resulting in about 1.5 million deaths in 2004 (16% of deaths to young children). This is down significantly from an estimated 5 million deaths among young children two decades ago.
- Fifteen countries account for nearly three-quarters of all deaths due to diarrhea among children under five -- including the most (386,600) in India -- and 84% of such deaths occur in Africa and South Asia.
- WHO registered [190,130 cases of cholera in 2008](#), including 5,143 deaths.
- The share of [people in developing countries with access to a source of improved drinking water](#) rose from 71% in 1990 to 84% in 2008, though 884 million people -- 37% of whom live in Sub-Saharan Africa -- still lack access to clean water. In addition, about 2.6 billion people do not have improved sanitation facilities available to them.
- [Millennium Development Goal 7](#) calls for halving the share of the population without access to safe drinking water and basic sanitation by 2015.

**Treatment:** Treatment of diarrhea centers around fluid replacement to prevent dehydration (e.g., using a solution of oral rehydration salts). In addition, zinc may be provided, since episodes of

diarrhea may create a deficiency of the mineral in the body, which is associated with higher rates of infectious diseases and mortality.

**Prevention:** Prevention involves improved water and sanitation, exclusive breastfeeding for the first six months of life, and promotion of hand-washing with soap. In addition, [two rotavirus vaccines have been licensed for use](#) in some countries, and WHO recommended in 2009 that [rotavirus vaccination be included in national immunization programs](#).

**For more information:**

- [WHO information on diarrhea](#).
- [WHO information on cholera](#).
- [UNICEF/WHO 2009 report on diarrhea](#).
- WHO/UNICEF [Joint Monitoring Programme for Water Supply and Sanitation](#).
- [Country-by-country numbers on access to improved water and sanitation](#).
- U.S. State Department information on the [Water for the Poor Act](#) and other resources.
- [USAID information on water and sanitation](#).
- [CDC information and water and sanitation globally](#).

## Food Insecurity

**What it is:** There is general agreement that sufficient food is available worldwide to feed everyone, but not necessarily an adequate distribution of resources. People considered undernourished are those who do not consume sufficient calories for an active life (about 2,100 calories per day). Malnutrition can result from an inadequate food supply or from insufficient intake of certain types of food (e.g., protein and micronutrients). Malnutrition increases the risk of certain diseases and can lead to premature death.

**The numbers:**

- The U.N. Food and Agriculture Organization (FAO) estimates that [1.02 billion people were undernourished in 2009](#), up from 915 million in 2008.
- The proportion of the population that is undernourished had been falling for a number of years, reaching a low point of in 2004-2006, but it has been on the rise since then.
- Asia and the Pacific, the most populous region in the world, had the [largest number of undernourished people in 2009](#) (642 million), followed by sub-Saharan Africa with 265 million people undernourished (though after adjusting for population size, [sub-Saharan Africa has the highest proportion \(.pdf\) of the population who are undernourished](#) at 32%).
- The vast majority of those who are undernourished live in developing nations, and about two-thirds live in seven countries: India, China, the Democratic Republic of Congo, Bangladesh, Indonesia, Pakistan and Ethiopia.
- [Millennium Development Goal 1](#) calls for halving the share of the population suffering from hunger between 1990 and 2015.

**Causes:** The underlying drivers of food insecurity include poverty, food prices, insufficient local infrastructure to grow and distribute food, natural disasters (e.g., floods and drought), and conflicts that displace people or interrupt food supplies.

**For more information:**

- [Regular updates from the FAO on the state of food insecurity](#).
- [Basic information on hunger](#) from the World Food Programme.
- [WHO fact sheet on malnutrition](#).
- [Information on food aid](#) from the U.S. Department of Agriculture and on [USAID's work on food security](#).
- [Consultation document on the U.S. food security initiative](#).
- [Country-by-country numbers on undernourishment](#).



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Background on Financing

The U.S. government will [spend](#) an estimated \$10.5 billion on global health activities in FY 2010, representing less than 1% of the total federal budget. Funding has more than doubled from the \$4.4 billion spent in FY 2004, driven in large part by [a growing commitment to address HIV/AIDS](#) following the initiation of the President’s Emergency Plan for AIDS Relief (PEPFAR) by President Bush in 2003. U.S. global health funding includes health-related development assistance provided to low- and middle-income countries in the form of grants or loans, commodities (such as medicines and supplies), and technical assistance.



The vast majority of U.S. funding for global health is for programs included in President Obama’s [Global Health Initiative](#), which proposes to spend \$63 billion over six years, with a greater emphasis than prior efforts on maternal and child health, family planning, and neglected tropical diseases. Funding for programs in the GHI increased from \$8.4 billion in FY 2009 to \$8.8 billion in FY 2010, and the president’s budget request for FY 2011 [proposes growth of \\$741 million](#). The proposed budget calls for substantial increases in nutrition (\$125 million, or 167%), neglected tropical diseases (\$90 million, or 138%), and maternal and child health (\$226 million, or 48%). Funding for HIV/AIDS would grow by \$196 million (3.6%), while the U.S. contribution to the Global Fund would fall by \$50 million (-4.8%).

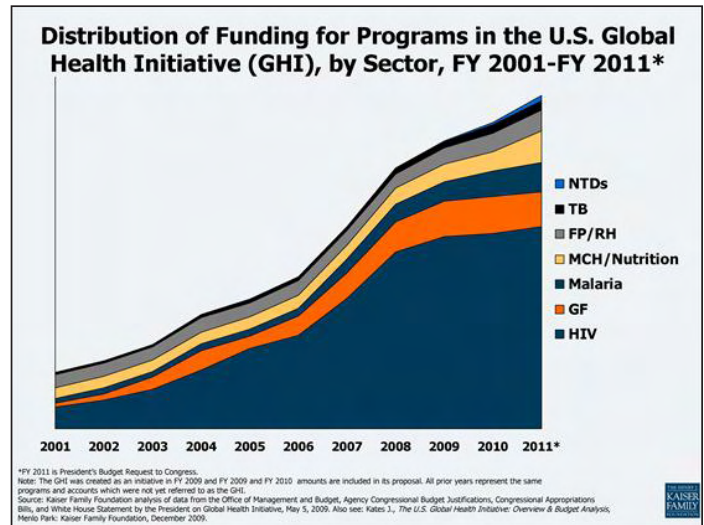
Since 2001, U.S. funding has increased in all major global health categories, driven in large part by growth in HIV/AIDS spending. Spending on HIV/AIDS represents 62% of all U.S. GHI spending in FY 2010.

The vast majority of U.S. global health funding ( [86% in FY 2010](#) ) is oriented towards bilateral assistance (i.e., aid provided directly to other countries) rather than through multilateral institutions (such as U.N. agencies or the Global Fund).

The U.S. is the single largest provider of [health assistance](#) to low- and middle-income countries, accounting for 27% of all bilateral commitments in 2007 (European nations collectively contribute 28%, in addition to 5% contributed by the European Commission). As a proportion of GDP, the Netherlands contributed the most for global health in 2006 and the U.S. ranked 10th. Overall, health-related development assistance by Organization for Economic Co-operation and Development (OECD) member countries totaled \$22.1 billion in 2007, more than tripling from \$7.2 billion in 2001. Health represented 18% of overall development assistance in 2007, up from 13% in 2001.

**For more information:**

- Kaiser Family Foundation [report](#) on the architecture of U.S. global health policy and funding.
- Kaiser [reports](#) on donor funding for global health.
- [Statement](#) by President Obama announcing the Global Health Initiative.
- Kaiser [overview](#) of the Global Health Initiative.
- Kaiser global health [budget tracker](#).





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Major U.S. Policy Issues

By its nature, global health policy can at times be driven by external events, such as infectious disease outbreaks, wars, and humanitarian crises. However, these crisis-driven situations aside, a number of major policy issues are emerging that could affect the future of U.S. global health programs. These include:

**Increasing global health funding:** While needs in low- and middle-income countries have not diminished in the current economic climate -- and instead have likely increased -- budgetary pressures in the U.S. and other developed countries could make it more difficult to expand aid than in recent years. [Funding for global health](#) has increased substantially over the last few years, but still falls short of the need identified by health organizations. For example, UNAIDS estimates that about [\\$6.5 billion in additional resources were required in 2008](#) to provide HIV/AIDS treatment and prevention to those in need. As the number of people being treated for HIV/AIDS grows, there will be added pressure to maintain funding since the disease as of now requires people to take drugs for the rest of their lives. In addition, the recent [change in WHO treatment guidelines](#) recommending that people who are HIV-positive start antiretroviral drug therapy earlier increases the resources required to treat all those in need. Attention focused on the targets in the [Millennium Development Goals](#) as the 2015 deadline nears may also create pressure for increased global health funding. The High Level Taskforce on Innovative International Financing for Health Systems -- a group made up of leaders from donor and low-income countries and international institutions -- has recommended that an [additional \\$36-45 billion \(.pdf\) per year would be required to fund health services](#) in low-income countries in order to meet health-related Millennium Development Goals.

At the [2009 G8 summit in L'Aquila, Italy](#), leaders reaffirmed existing commitments to provide \$60 billion to address infectious diseases and strengthen health systems by 2012, and to "implement further efforts towards universal access to HIV/AIDS prevention, treatment, care and support by 2010." In the coming years, expectations for the U.S. will likely be high, since it is by far the largest single donor in the world in dollar terms, yet not as a share of GDP. [A 2009 report from the Institute of Medicine](#) recommended that the U.S. increase its spending for global health assistance to \$15 billion per year by 2012. The Bill & Melinda Gates Foundation in 2009 launched the [Living Proof Project](#), which aims to "highlight successes of U.S.-funded global health initiatives" in order to "reframe the current global health conversation."

In a November 2009 [Kaiser Family Foundation poll](#), two-thirds of the U.S. public supports maintaining (32%) or increasing (34%) spending on global health, while a quarter says the country is spending too much.

**Setting priorities for new global health funding:** There's broad agreement that funding for global health -- from donor governments like the U.S., private philanthropies, and developing countries themselves -- falls well short of the estimated need. And to the extent that continues to be the case, any budgetary increases for global health will require decisions about how to allocate that funding, and debate over those priorities will likely be contentious. The President's [Global Health Initiative](#) builds on existing programs to address HIV, TB, and malaria, while calling for an expanded focus on maternal and child health, family planning, neglected tropical diseases, and broader efforts to strengthen health systems. It will likely continue to focus attention on how U.S. global health resources are spent.

**Among the key questions are:**

- **Should more money be provided for general support to strengthen health systems in low-income countries?** This is often framed as a question of the extent to which global health aid should be "vertical" (e.g., focused on the gamut of services and needs related to a specific disease) or "horizontal" (e.g., focused more generally on supporting the health care infrastructure in a country). Current U.S. aid is [largely vertical](#). [Some argue \(.pdf\)](#)

that disease-specific funding can result in the creation of health programs and services separate from a country's broader health system, and may draw health workers away from other needs. Others suggest (e.g., see [here](#) and [here](#)) that this is in some sense an artificial distinction, pointing to evidence that HIV/AIDS investments, for example, have strengthened health care infrastructures and contributed to reduced infant mortality and TB incidence.

- **Should a greater emphasis be placed on lower-cost interventions or diseases that have received less attention in recent years?** Some argue that U.S. aid decisions should be guided to a greater extent by the cost-effectiveness of different approaches. There is not, however, universal agreement around how to measure cost-effectiveness (e.g., [based on costs per disability](#) adjusted life year saved, or on broader analysis that takes into account effects on economic stability and growth). In a [commentary \(subscription-only\)](#) in the Journal of the American Medical Association, Colleen Denny and Ezekiel Emanuel (now an Office of Management and Budget official) point to proposals to increase PEPFAR funding and write that "by extending funds to simple but more deadly diseases, such as respiratory and diarrheal illnesses, the US government could save more lives -- especially young lives -- at substantially lower cost." [A letter to the editor in response](#) argues that U.S. PEPFAR funding supports a broad range of health services and that because HIV/AIDS primarily affects young adults, it "undermines economic development." The authors suggest the "fundamental problem" is the "lack of adequate funding for global health programs generally.) A recent [letter to President Obama](#) signed by a number of academic public health leaders makes similar points, proposing a scale-up of HIV treatment and prevention service.

**Increasing coordination across global health programs:** Global health policy in recent years has been characterized by new, often disease-specific initiatives (e.g., PEPFAR and the President's Malaria Initiative). This is in addition to multilateral initiatives such as the Global Fund. [This fragmentation may lead to inefficiencies](#) and create added administrative burdens for countries receiving aid, and make it more difficult to ensure that programs operate strategically to strengthen health systems and foster development. Especially in a time of fiscal constraint, there may be a particular focus on ensuring that programs operate efficiently and with minimal duplication of effort and administrative overhead. The [President's new Global Health Initiative](#) calls for an "integrated approach to global health" and may drive changes that result in greater coordination across programs. A 2009 Institute of Medicine report also recommended that government programs be made "more flexible to permit funds to support not only specific interventions, but also to more broadly strengthen recipient nations' health systems." At the same time, efforts to coordinate policymaking and programs across multiple agencies and existing bureaucracies can be challenging, and raise issues about how much day-to-day control should rest with departments vs. the White House. In addition, budget appropriations for global health aid have historically targeted specific diseases and programs, and in some cases oversight rests with different Congressional committees. Efforts to coordinate programs across multiple donor countries and multilateral institutions face additional challenges.

**Balancing bilateral and multilateral aid:** A fundamental decision for countries providing assistance for global health is how much aid to funnel through bilateral channels and how much through multilateral international institutions. This tension has heightened in recent years with the creation of the Global Fund, which now provides about one-quarter of international financing for HIV/AIDS and about two-thirds for malaria and TB. [The Global Fund is financed](#) largely through contributions from higher-income governments, and the U.S. is the largest single donor. The creation of PEPFAR led to large increases in U.S. bilateral global health aid -- particularly for HIV/AIDS -- with annual Congressional budget deliberations often focusing on how much new money should go towards bilateral programs vs. the Global Fund. In FY 2008, 88% of the U.S.'s HIV/AIDS assistance was [bilateral](#), higher than all other major donors except the UK.

From the perspective of recipient countries, there are [distinct advantages to multilateral aid](#), in particular that it streamlines application and reporting activities, and generally allows them to more easily align funding with their priorities. However, donor countries ultimately have less control over multilateral assistance. Proponents of bilateral aid in the U.S. argue that it ensures greater accountability for funds, though such accountability requires a large on-the-ground field presence



(which is more feasible for bigger countries like the U.S.). The debate over how best to structure U.S. global health assistance will likely continue, particularly as the Global Fund struggles to attract sufficient funding to maintain, if not expand, the programs it supports. [The Obama Administration](#) has placed a new emphasis on multilateral institutions and international cooperation, though it remains to be seen whether that will translate into a shift in funding.

**Linking global health and foreign policy:** Historically, development assistance programs have generally been distinct from -- and in some cases subsidiary to -- diplomatic and military aspects of U.S. foreign policy. [A brief](#) from experts at CSIS and the Kaiser Family Foundation finds a "fault line" between public health and foreign policy based on their different "culture, language, rationale and values." [A report from the Council on Foreign Relations](#) suggests that the U.S. should "elevate the importance of development as a core aspect of U.S. global engagement, on par with and reinforcing (but distinct from) defense and diplomacy." [Secretary of State Hillary Rodham Clinton](#) said in a January 2010 speech that development "is a strategic, economic, and moral imperative -- as central to advancing American interests and solving global problems as diplomacy and defense."

Proponents of a stronger linkage between global health and foreign policy argue that failure to address health issues in lower-income countries could promote instability and undermine U.S. interests. Some have also promoted the idea that an emphasis on "health/medical diplomacy" could improve perceptions abroad of the U.S. and support foreign policy aims, in addition to providing assistance to people in need (examples [here](#) and [here](#)). This is a variant on the concept of "smart power," which the [CSIS Smart Power Initiative](#) describes as the need for the U.S. to "revitalize its ability to inspire and persuade rather than merely rely on its military might."

Others caution that a closer linkage between health aid and foreign policy that makes development assistance subsidiary to diplomacy could lead to decisions about aid allocation (e.g., across countries) that are influenced more by short-term political or national security considerations than by need. [A brief \(.pdf\) from Oxfam America](#) argues that while the goals of diplomacy and development "often coincide, protecting US interests overseas does not always mean fighting poverty." They suggest development and diplomatic activities should be coordinated, but "must occur in a way that does not detract from the US government meeting either its development mission or its diplomatic mission."

There are also efforts underway to [review and reform foreign aid \(.pdf\)](#) more generally, including addressing the fragmentation of assistance across multiple agencies and departments, as well as the role of USAID. A review of 14 studies by the [Congressional Research Service](#) found a consensus that "foreign assistance must be reformed to improve its effectiveness." Any changes could have significant implications for global health assistance and the President's [Global Health Initiative](#).

The State Department in 2009 initiated a process called the [Quadrennial Diplomacy and Development Review \(QDDR\)](#), which "will provide the short-, medium-, and long-term blueprint for our diplomatic and development efforts." Along with the QDDR, President Obama has issued a [Presidential Study Directive](#) calling for a review of global development policy throughout the government. In addition, there are bills being considered in Congress to reform foreign assistance, including: [S.1524](#), sponsored by Senators John Kerry (D-Mass.) and Richard Lugar (R-Ind.); and [H.R. 2139](#), sponsored by Representatives Howard Berman (D-Calif.) and Mark Kirk (R-Ill.).

**Implementing a new strategy for PEPFAR:** As the single largest component of U.S. global health aid, the PEPFAR program is central to deliberations over a broad range of policy issues. Six years into the initiative -- and following on its reauthorization by Congress in 2008 -- there are ongoing discussions about how PEPFAR's structure and strategy should change, and its relationship to President Obama's Global Health Initiative.

[A five-year strategy document](#) released by PEPFAR in late 2009 lays out a number of new directions and strategies, including: transitioning from an emergency response to promotion of sustainable country programs over time; moving towards programs that are "country-owned" and "country-driven;" addressing HIV/AIDS within the context of health systems more generally and broader

development efforts; linking HIV/AIDS programs to other services and needs for women and children; providing direct support of treatment to 4 million people (double the number for the first five years of the program), as well as increasing the emphasis on prevention; and taking steps to improve the efficiency of programs.

Many of these goals are also central to the GHI.

**Meeting the Millennium Development Goals:** The U.S. was one of the 189 countries to sign the [United Nations Millennium Declaration](#) (.pdf) adopted by world leaders at the U.N. General Assembly meeting in September 2000 with the goal of halving extreme poverty by 2015. The aims in the declaration have become known as the Millennium Development Goals (MDGs), many of which relate to health:

[Goal 1](#): Eradicate Extreme Poverty & Hunger

[Goal 2](#): Achieve Universal Primary Education

[Goal 3](#): Promote Gender Equality And Empower Women

[Goal 4](#): Reduce Child Mortality

[Goal 5](#): Improve Maternal Health

[Goal 6](#): Combat HIV/AIDS, Malaria And Other Diseases

[Goal 7](#): Ensure Environmental Sustainability

[Goal 8](#): Develop A Global Partnership For Development

The latest report from the U.S. government on the country's MDG commitment was released in 2008 during the Bush administration and is available [here](#). It lists the following as key components of the U.S. MDG strategy: "country ownership and good governance; pro-growth economic policy; investing in people; addressing failing and fragile states." The report notes improvements in life expectancy, literacy, infant survival and caloric intake, while indicating that MDG progress has not been uniform, particularly in "fragile states which are most likely to fall short on specific indicators by 2015."

In his first [speech at the U.N. General Assembly](#) in 2009, President Obama said, "We will support the Millennium Development Goals, and approach next year's summit with a global plan to make them a reality. And we will set our sights on the eradication of extreme poverty in our time." The U.N. will hold a [high-level plenary meeting in September 2010](#) with the goal of renewing support and funding for the MDGs among all stakeholders.

In January 2010, [Secretary of State Hillary Rodham Clinton](#) pledged U.S. support for MDG 5 by improving women's access to reproductive health care. Clinton said, "This goal is, again, critical to and interconnected with every other millennium development goal. But the world has made less progress toward fulfilling that goal than any other."

A [2009 MDG report](#) (.pdf) from the U.N. shows mixed progress, with notable successes in fighting malaria, dramatically reducing measles deaths, and increasing access to antiretroviral treatment for HIV/AIDS tenfold over a five-year time span. The report indicates that most countries have demonstrated poor performance in reducing maternal mortality and increasing access of the rural poor to improved sanitation facilities.

The U.N. report points to progress being threatened by the economic crisis and "possible reductions in aid flows from donor nations." As the 2015 deadline approaches, assessments of progress towards meeting the MDGs could play a major role in debates over the level and allocation of aid from the U.S. and other higher-income countries.

**Raising the profile of women and girls in the context of health:** Women and girls are disproportionately affected by many global health issues in the developing world. Contributing factors include an [increased risk](#) of living in poverty, [fewer opportunities](#) for girls to receive an education, a [lower likelihood of access](#) to health services and programs, and a [lack of legal protections](#) and political influence in many developing countries.

Within the U.S. government there is new attention to the role that empowering women can play in tackling health and development challenges. President Obama created within the State Department an Ambassador-at-Large for [Global Women's Issues](#), who deals with foreign policy topics and activities that relate to women's advancement around the world. The President's Global Health Initiative emphasizes improving maternal and child health and access to family planning and reproductive health. Secretary of State Clinton has also elevated women's rights on the U.S. policy agenda, often meeting with local women's groups on trips overseas and highlighting their causes.

One of President Obama's first acts as president was to repeal what is known as the "Mexico City Policy," which was instituted under the Reagan Administration to ban U.S. funding for international health groups that use their own funds to perform abortions, lobby their governments in favor of abortion rights or provide counseling about terminating pregnancies. Lifting the ban enables Congress to authorize funding, which the 111th Congress has done. In addition, funding for the U.N. Population Fund has been restored, after having been withheld for seven years under the Bush administration over concerns about forced abortions in China.

Looking more broadly, the U.N. in September 2009 approved a plan to bring four existing entities dealing with women's issues into one full-fledged U.N. agency that would be headed by an under-secretary general. It is believed that once it is operational, the agency will bring more political and financial clout to women's issues within the U.N. system.



## A REPORTER'S GUIDE TO U.S. GLOBAL HEALTH POLICY

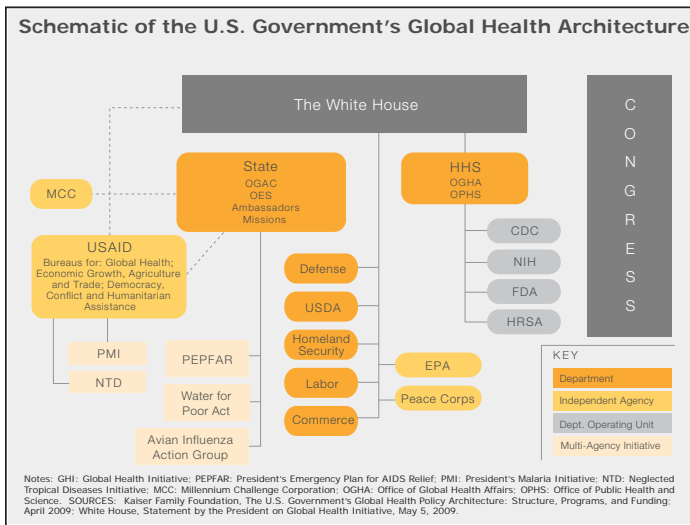
### U.S. Global Health Policymaking:

Health Initiatives

Federal Agencies

Congressional Committees

The U.S. government has been engaged in international health activities for more than a century, beginning with efforts in the late 1800s to join with other nations to form the first international health organizations, standards, and treaties designed to promote growing international trade and travel while protecting borders from external disease threats.



Global health policymaking is currently led by a number of international groups -- including United Nations agencies and independent multilateral organizations -- and bilateral efforts by higher-income countries, with the U.S. playing a primary role. The U.S. serves as a donor to low- and middle-income countries, provides technical assistance, operates programs throughout the world, and leads research and development efforts.

This section provides background and resources on U.S. global health activities, including major health initiatives, and federal agencies and Congressional committees involved in policymaking. [More information on the architecture of U.S. global health policy is available here](#), including a [list \(.pdf\) of senior global health policy leadership positions in the federal government](#).

## Health Initiatives

The U.S. government has launched several major global health initiatives in recent years, generally targeting a specific disease or issue and a subset of focus countries. The initiatives -- which increasingly dominate the U.S. approach to global health -- are led by the State Department or USAID, while relying on several other agencies for implementation and coordination. Major initiatives include:

### Global Health Initiative (GHI)

In his FY 2010 budget request, President Obama announced the creation of the [Global Health Initiative](#) (GHI), which would over six years direct \$51 billion to address HIV, TB, and malaria, as well as \$12 billion towards other global health problems, including maternal (e.g., pre- and post-natal care) and child health. As part of its consultation process with Congress, partner countries, civil society, other donors and governments, the private sector, and multilateral and international institutions, in February 2010 the Obama administration released a consultation document on implementation of the GHI. The initiative, which so far represents an amalgam of existing programs, centers on the following: women and girls; coordination and integration of programs; strengthening multilateral institutions; encouraging country ownership; strengthening health systems; improving the measurement and monitoring of progress; and promoting research and innovation. Through "GHI Plus," a subset of 20 countries will receive additional funding and technical assistance to accelerate implementation. [The GHI includes a number of specific targets](#) related to health outcomes and systems, with a particular focus on women and girls, as well as children.

**Media inquiries:** There is not yet a lead agency designated for the GHI. Press officers at the State Department can be reached Monday through Saturday until 11:00 p.m. at (202) 647-2492 during work hours or at (202) 647-1512 outside regular work hours. Resources for reporters are available on the [State Department web site](#).

**For more information:**

- GHI [consultation document](#).
- Kaiser Family Foundation [policy brief on the GHI](#).
- Kaiser [Budget Tracker](#) monitoring the funding for U.S. global health programs, including those part of the GHI.

**President’s Emergency Plan for AIDS Relief (PEPFAR)**

Originally announced in 2003 by President George W. Bush, PEPFAR is the largest commitment in history by any nation to combat a single disease. Its first five-year authorization was for \$15 billion, though Congress appropriated more over that period. The legislation was reauthorized in 2008 at \$48 billion for an additional five years. (It was technically renamed the United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act, though is still commonly known as PEPFAR.) The original legislation created the Office of the Global AIDS Coordinator (OGAC) at the State Department, headed by an appointee with the rank of Ambassador. The work of PEPFAR is carried out through a variety of government agencies in addition to the State Department, with the two main ones being USAID and the CDC. Most PEPFAR funding is concentrated in [31 countries heavily affected by HIV](#), including 15 original “focus countries.” It also includes funding for the Global Fund.

**Media inquiries:** A media representative can be reached at (202) 663-2708. Press releases and other resources for journalists are available [here](#).

**For more information:**

- [Official PEPFAR website](#).
- Kaiser Family Foundation [fact sheet on PEPFAR](#).

**President’s Malaria Initiative (PMI)**

The PMI, announced by President Bush in 2005, is a five-year \$1.2 billion expansion of the U.S. government’s efforts to address malaria in hard hit countries. Its goal is to reduce malaria-related deaths by 50% in 15 focus countries by expanding coverage of malaria prevention and treatment measures to 85% of the most vulnerable populations (i.e., children and pregnant women). The PMI is an interagency initiative led by USAID, and implemented in partnership with the CDC.

**Media inquiries:** A media representative at USAID can be reached at (202) 712-4320. [Press releases and other resources for journalists are available here](#).

**For more information:**

- [Official PMI website](#).
- Kaiser Family Foundation [fact sheet on the PMI](#).

**Neglected Tropical Diseases Initiative**

Announced in 2008, this five-year \$350 million initiative seeks to control seven neglected tropical diseases through mass drug administration in Africa, Asia, and Latin America. Led by USAID with additional support from the CDC, the NTD initiative builds on a prior program at USAID that began in 2006. The initiative currently focuses on 12 countries with plans to expand to 30 by 2013.

**Media inquiries:** [Press releases and other resources for journalists are available here](#).

**For more information:**

- [Official NTD initiative website](#).
- Kaiser Family Foundation [fact sheet on NTDs](#).

## Water for the Poor Act

The Senator Paul Simon Water for the Poor Act of 2005 (WfP Act), passed in 2005, builds on prior U.S. international water and sanitation programs. The WfP Act requires the Secretary of State, in consultation with USAID (the main implementing agency) and other agencies, to develop and implement a strategy “to provide affordable and equitable access to safe water and sanitation in developing countries.” Funding for the WfP Act is provided through foreign assistance appropriations at USAID and the Millennium Challenge Corporation (in addition to some funding from the Department of Defense), while USAID operates most bilateral water programs. In March 2009, Senator Richard Durbin (D-Ill.), the original sponsor of the WfP Act, introduced The Paul Simon Water for the World Act of 2009 to build on the efforts of the WfP of 2005, with the goal of reaching 100 million people around the world with sustainable access to clean water and sanitation by 2015.

### For more information:

- Information on the WfP Act and annual reports to Congress are available [here](#).

## Global Hunger and Food Security Initiative

The Obama Administration announced a new Global Hunger and Food Security Initiative in 2009, releasing a [consultation document](#) in September that lays out principles for the new effort. These principles, based on [an agreement \(.pdf\) by G8 members](#) at the L’Aquila summit in 2009, include: adopting a comprehensive approach that focuses in particular on agricultural development, investing in country-led plans, improving coordination across programs and institutions, leveraging multilateral institutions, making a sustained commitment with targets and tools to monitor progress.

### For more information:

- State Department [information on global hunger and food security](#).
- [Information on food aid](#) from the U.S. Department of Agriculture and on [USAID’s work on food security](#).

## Federal Agencies

### Department of State

The State Department leads the executive branch in all matters related to foreign policy, including relationships with foreign governments and international organizations through U.S. embassies, consulates, and diplomatic missions. It negotiates international agreements and treaties and manages foreign aid to low- and middle-income countries. It has played an increasingly significant role in global health in recent years as the resources provided by the U.S. have expanded. Most of the State Department’s global health policy development and coordination activity is overseen by the Under Secretary for Democracy and Global Affairs -- including the Office of International Health and Biodefense (OES/IHB), the Department’s policy coordination office for global health activities -- and the Office of the Global AIDS Coordinator (OGAC). OGAC, headed up by an ambassador-level appointee, oversees PEPFAR, the U.S. global AIDS program. The State Department also provides policy direction to USAID, the independent federal agency that provides development assistance.

In addition to these centralized efforts, hundreds of U.S. missions and embassies abroad play a significant role in coordinating U.S. government global health programs in the field as well as supporting their operations and interactions with host country governments.

**Media inquiries:** Press officers can be reached Monday through Saturday until 11:00 p.m. ET at (202) 647-2492 during work hours or at (202) 647-1512 outside regular work hours. Press officers for OGAC can be reached at (202) 663-2708. Resources for reporters are available for the [State Department](#) and [PEPFAR](#).

### For more information:

- [State Department website.](#)
- [PEPFAR website.](#)
- [List of U.S. Embassies' websites.](#)

### U.S. Agency for International Development (USAID)

Established in 1961, the U.S. Agency for International Development (USAID) historically has served as the government's lead agency in providing economic development and humanitarian assistance to people around the world. While USAID is technically an independent agency of the federal government, it works under the aegis and policy direction of the Secretary of State, and the State Department has statutory authority over the USAID budgeting process. In addition, as of 2006, the USAID Administrator began serving concurrently as the newly-created State Department Director of U.S. Foreign Assistance. USAID -- which operates in more than 100 countries around the world through more than 80 field missions -- is organized into several programmatic bureaus, including global health, as well as regional bureaus. USAID serves as the lead agency for the [President's Malaria Initiative \(PMI\)](#) -- a five-year \$1.2 billion interagency initiative targeting 15 focus countries that is implemented along with the CDC -- as well as the [Neglected Tropical Diseases Initiative.](#)

**Media inquiries:** A media representative can be reached at (202) 712-4320. Press releases are available [here](#).

### For more information:

- [USAID website.](#)
- [President's Malaria Initiative website.](#)
- [U.S. Neglected Tropical Diseases Initiative website.](#)

### Millennium Challenge Corporation

The Millennium Challenge Corporation (MCC), a U.S. corporation that functions as an independent government agency, was established in 2004 to reduce "global poverty through the promotion of sustainable economic growth." Although health is not the main focus of its work, its activities include projects aimed at health generally and HIV specifically. The MCC is responsible for the stewardship of the Millennium Challenge Account (MCA), which receives funds appropriated by Congress every year. The MCC provides country funds through competitive, multi-year "compacts" based on their demonstrated commitment in three areas: good governance; economic freedom; and investment in people, particularly women and children.

**Media inquiries:** A media representative can be reached at (202) 521-3850. [Press releases are available here.](#)

### For more information:

- [Official MCC website.](#)
- Kaiser Family Foundation [fact sheet on the MCC.](#)

### Department of Health and Human Services

The Department of Health and Human Services (HHS) serves as the U.S. government's principal agency in all areas of health, supporting activities that range from basic research to financing health care. Within HHS, the major divisions involved in global health are the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), and the Food and Drug Administration (FDA), which are described in greater detail below.

HHS also has an [Office of Global Health Affairs \(OGHA\)](#), which represents the department with international organizations and multilateral institutions and reviews all documents related to international health.



**Media inquiries:** A media representative can be reached at (202) 690-6343, or at (202) 619-7800 after hours. Press releases are available [here](#). Resources for reporters related to global health are available [here](#).

**For more information:**

- [Official HHS website](#).
- [OGHA website](#).

- ***Centers for Disease Control and Prevention (CDC)***

The CDC is generally responsible for activities related to health promotion, prevention, and preparedness for health threats in the U.S. Since the late 1960s, CDC has also engaged in international health efforts, though only recently has the agency received substantial global health funding. Through the [Center for Global Health](#), the CDC provides development aid and technical assistance, conducts research, and operates disease surveillance programs.

**Media inquiries:** A media representative can be reached at (404) 639-3286, or at (404) 639-2888 after hours. Contacts by topic are available [here](#), and press releases and other resources for journalists are available [here](#).

**For more information:**

- [CDC's official website](#).
- ***National Institutes of Health (NIH)***

The National Institutes of Health (NIH) conducts and sponsors biomedical and behavioral science research. The National Institute of Allergy and Infectious Diseases (NIAID) is key in carrying out research on diseases at the center of global health efforts (including HIV/AIDS, tuberculosis, and malaria). NIH also operates the Fogarty International Center, which works to build partnerships between health research institutions in the U.S. and abroad and train research scientists, and is a PEPFAR implementing agency. In addition, a portion of U.S. funding for the Global Fund is provided through the NIH appropriation (with the remainder provided through foreign operations appropriations to the State Department).

**Media inquiries:** A media representative can be reached at (301) 496-5787. Contact numbers by topic are available [here](#), and press releases and other resources for journalists are available [here](#).

**For more information:**

- [Official NIH website](#).
- [Official NIAID website](#).
- [Official Fogarty International Center website](#).
- ***Food and Drug Administration (FDA)***

The Food and Drug Administration (FDA) regulates the safety and efficacy of drugs, biological products, and medical devices. FDA also acts as a PEPFAR implementing agency, and is charged with expediting the review of pharmaceuticals for purchase by the office of the U.S. Global AIDS Coordinator.

**Media inquiries:** A media representative can be reached at (301) 796-4540. Press contacts by topic are available [here](#), and press releases and other resources for journalists are available [here](#).

### For more information:

- [Official FDA website.](#)

### Other Offices and Agencies

- A variety of other government departments and offices have involvement in global health, including:
- The National Security Council, which coordinates national security and foreign policy within the Executive Office of the President, including a focus on security issues related to global health.
- The Department of Defense, which supports humanitarian aid, assistance with other military health systems, disease surveillance, and research.
- The Office of Management and Budget, which prepares the President's budget requests to Congress.
- The Department of Agriculture, which provides food assistance to low-income countries.
- The Peace Corps, which provides volunteers to communities in developing nations, including assistance with health services and food security.
- The White House Office of National AIDS Policy, which coordinates the government's effort to address HIV/AIDS within the U.S. and additionally coordinates with international bodies.

### Congressional Committees

Much of the more detailed policy deliberations in Congress occurs at the committee level, including both authorizing committees (which authorize government programs and provide legislative oversight of executive agencies) and appropriating committees (which consider specific funding levels for programs). In the arena of global health, key committees include:

#### House Committee on Foreign Affairs

The Foreign Affairs Committee is responsible for oversight and legislation relating to all foreign assistance, including programs operated by the State Department, the Millennium Challenge Corporation, and USAID.

Key subcommittees include: [Africa and Global Health](#) (which has jurisdiction over global health issues generally, including specific responsibility for the region of Africa); and [International Organizations, Human Rights and Oversight](#) (which includes jurisdiction over the issues relating the United Nations).

**Media inquiries:** The phone number for press inquiries to the majority is (202) 225-5021. The minority office of the committee can be reached at (202) 226-8467. Press releases are available for [majority](#) and the [minority](#).

### For more information:

- [Official committee website.](#) Webcasts and transcripts of hearings are available.
- [Official minority committee website.](#)

#### Senate Committee on Foreign Relations

The Foreign Relations Committee is responsible for oversight and legislation relating to all foreign assistance, including programs operated by the State Department, the Millennium Challenge Corporation, and USAID.

Key subcommittees include: International Development and Foreign Assistance, Economic Affairs and International Environmental Protection; and International Operations and Organizations, Human Rights, Democracy and Global Women's Issues.

**Media inquiries:** The majority office can be reached at (202) 224-4651, and the minority office at (202) 224-6797. Press releases are available from the [committee chair](#) and [ranking minority member](#).

**For more information:**

- [Official committee website](#).

### **House Committee on Energy and Commerce**

The Energy and Commerce Committee has jurisdiction over a number of areas of health care, including biomedical research, public health, and the regulation of drugs.

Key subcommittees include: [Health](#); and [Oversight and Investigations](#).

**Media inquiries:** The majority office can be reached at (202) 225-2927, and the minority office at (202) 225-3641. Press releases are available from the [majority](#) and [minority](#).

**For more information:**

- [Official committee website](#). Webcasts and transcripts of hearings are available.
- [Official minority committee website](#).

### **Senate Committee on Health, Education, Labor and Pensions**

The Senate Committee on Health, Education, Labor and Pensions (HELP) has jurisdiction over a number of areas of health care, including biomedical research, public health, and the regulation of drugs.

**Media inquiries:** The majority office can be reached at (202) 224-2633, and the minority office can be reached (202) 224-6770. Press releases are available from the [majority](#) and [minority](#).

**For more information:**

- [Office committee website](#). Webcasts of hearings are available.

### **House Committee on Appropriations**

The House Committee on Appropriations has jurisdiction over the appropriation of funds for government agencies and programs. Key subcommittees include: Labor, Health and Human Services, Education, and Related [Agencies](#) (with responsibility for NIH and CDC); and State, Foreign Operations, and Related [Programs](#) (with responsibility for the State Department and USAID).

**Media inquiries:** The majority office can be reached at (202) 225-2771, and the minority office can be reached at (202) 225-3481. Press releases are available from the [majority](#) and [minority](#).

**For more information:**

- [Official committee website](#).
- [Official minority committee website](#).

## Senate Committee on Appropriations

The Senate Committee on Appropriations has jurisdiction over the appropriation of funds for government agencies and programs. Key subcommittees include: Labor, Health and Human Services, Education, and Related [Agencies](#) (with responsibility for NIH and CDC); and State, Foreign Operations, and Related [Programs](#) (with responsibility for the State Department and USAID).

**Media inquiries:** The majority press office can be reached at (202) 224-3751. [Press releases](#) are available from the majority.

### For more information:

- [Official committee website](#). Webcasts of hearings are available.
- [Official minority committee website](#).



**A REPORTER'S GUIDE  
TO U.S. GLOBAL HEALTH POLICY**

**Official International Agencies  
and Multilateral Organizations**

In addition to its bilateral efforts, the U.S. also plays a major role in a number of multilateral global health organizations, including several under the auspices of the United Nations. The work of these organizations in turn significantly influences the context of U.S. policymaking on global health, and in some cases -- in particular, the Global Fund -- a substantial portion of U.S. financial commitments is focused on them.

This section provides background and resources on the primary multilateral organizations involved in global health policy.

### **World Health Organization**

The World Health Organization (WHO), created in 1948 and based in Geneva, is the directing and coordinating authority for health within the United Nations system. WHO provides international leadership on global health matters, shaping the health research agenda, setting norms and standards, providing technical support to countries, and monitoring and assessing health trends. It is governed by the World Health Assembly (attended by all Member States) and an Executive Board of 34 members.

**Media inquiries:** A media representative can be reached at +41 22 791 2222. Contacts by topic are available [here](#), and press releases and other resources for journalists are available [here](#).

#### **For more information:**

- [Official WHO website](#).

### **Pan-American Health Organization**

The Pan-American Health Organization (PAHO), based in Washington, D.C., serves as the Regional Office for the Americas of WHO and as the health organization of the Inter-American System. The health authorities of PAHO's Member States (including the U.S.) set its technical and administrative policies.

**Media inquiries:** Press releases and other resources for journalists are available [here](#).

#### **For more information:**

- [Official PAHO website](#).

### **Joint United Nations Programme on HIV/AIDS (UNAIDS)**

UNAIDS, based in Geneva, was created in 1996 as the successor to WHO's Global Programme on AIDS. It is responsible for coordinating efforts to address HIV/AIDS across the U.N. system, consisting of 10 U.N. co-sponsors. UNAIDS activities include: mobilizing leadership and advocacy for effective action on the epidemic, providing strategic information and policies to guide global efforts, and monitoring and evaluating the response to the epidemic.

**Media inquiries:** A media representative can be reached at +41 22 791 1697. Press contacts, press releases, and other resources for journalists are available [here](#).

#### **For more information:**

- [Official UNAIDS website](#), including an [annual report](#) on the epidemic.

## The Global Fund to Fight AIDS, Tuberculosis and Malaria

Created in 2001, the Geneva-based Global Fund is an independent, multilateral institution (not part of the United Nations) that finances HIV, TB, and malaria programs in low- and middle-income countries. Country-driven projects are evaluated based on technical merit and need. As of September 2009, the Fund had approved grants to 144 countries totaling [\\$18.4 billion](#). It provides about one-quarter of international financing for HIV/AIDS and about two-thirds for malaria and TB. The U.S. is the largest single donor to the Global Fund.

**Media inquiries:** A media representative can be reached at +41 58 791 1672 or +41 58 791 1679. Press contacts, press releases, and other resources for journalists are available [here](#).

### For more information:

- [Official Global Fund website](#).
- Kaiser Family Foundation [fact sheet on the Global Fund](#).

## World Bank

The World Bank aims to fight poverty through grants, loans, and technical assistance provided to low- and middle-income countries. Governed and financed by 186 member countries, the Bank is an independent specialized agency of the U.N., and serves as a co-sponsor of UNAIDS. In 2009, 13% of the Bank's \$46.9 billion in [lending](#) went towards health and social services. It is based in Washington, D.C.

**Media inquiries:** A media representative can be reached at (202) 473-7660. Press contacts, press releases, and other resources for journalists are available [here](#).

### For more information:

- [Official World Bank website](#).

## Other International Agencies and Organizations

A number of other international institutions are involved in global health policymaking, including: the [U.N. Food and Agriculture Organization \(FAO\)](#), which leads international efforts to combat hunger; the [U.N. World Food Programme \(WFP\)](#), which provides food assistance in 74 countries; the [U.N. Children's Fund \(UNICEF\)](#), which works on a wide variety of issues affecting children, including health; the [U.N. Population Fund \(UNFPA\)](#), which works on reproductive health issues; the G8, a regular series of summits including the nations of France, the United States, Britain, Germany, Japan and Italy, Canada, and the Russian Federation (links to summit materials are available through the [G8 Information Centre](#) at the University of Toronto); and the G20, a group of finance ministers and central bank governors from high- and middle-income countries that typically meets annually.

In addition, there are alliances of governmental institutions, the private sector, and civil society working on specific health issues, including the [GAVI Alliance](#), which is dedicated to improving access to immunizations in low-income countries; and the [Global Alliance for Improved Nutrition \(GAIN\)](#), which aims to improve health and nutrition.



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**Non-Governmental Organizations  
Involved in U.S. Global Health Policy**



The following are major non-governmental organizations (NGOs) that are involved in U.S. global health policy, including policy and research institutes, advocacy groups, industry representatives, funders, and organizations involved in implementing policy initiatives.

[AIDS Healthcare Foundation](#) -- Provides medical care in a number of countries (including the U.S.) and advocates on HIV/AIDS issues.

[AIDS Vaccine Advocacy Coalition](#) -- An organization engaged in policy analysis and advocacy around the "ethical development and eventual global delivery of AIDS vaccines and other new HIV prevention options as part of a comprehensive response to the pandemic."

[amfAR](#) -- A non-profit HIV/AIDS research group that also engages in public policy advocacy and analysis.

[Bill & Melinda Gates Foundation](#) -- A philanthropy with a focus in developing countries "on improving people's health and giving them the chance to lift themselves out of hunger and extreme poverty." (The Kaiser Family Foundation's global health policy work is supported, in part, by a grant from the Gates Foundation.)

[CARE](#) -- A humanitarian organization dedicated to "fighting global poverty," with a "special focus on working alongside poor women."

[Carter Center](#) -- An organization that "seeks to prevent and resolve conflicts, enhance freedom and democracy, and improve health."

[Center for Global Development](#) -- A policy research organization "dedicated to reducing global poverty and inequality and to making globalization work for the poor."

[Center for Global Health Policy](#) -- Established by the Infectious Disease Society of America and the HIV Medicine Association, the center works to "support and promote U.S. efforts to combat HIV/AIDS and TB around the world."

[Center for Strategic and International Studies](#) -- An international policy institute that "conducts research and analysis and develops policy initiatives," operating the Global Health Policy Center and the Commission on Smart Global Health.

[Clinton Foundation](#) -- Operates programs to "strengthen the capacity of people in the United States and throughout the world to meet the challenges of global interdependence," including the Clinton Health Access Initiative and the Clinton Global Initiative, which features an annual meeting of world leaders in New York.

[Council on Foreign Relations](#) -- A think tank working to promote "understanding of foreign policy and America's role in the world" and publisher of the journal *Foreign Affairs*.

[Doctors Without Borders/Medicins Sans Frontieres](#) -- A humanitarian group that "provides independent, impartial assistance to those most in need" and advocates for "improved medical treatments and protocols."

[Duke Global Health Institute](#) -- A research institute that focuses on "health disparities around the world."

[Earth Institute, Columbia University](#) -- A research institute focusing on sustainable development issues, including public health, food and nutrition, water, and poverty.

[Ford Foundation](#) -- A philanthropy aiming to "advance social justice," working on issues of economic fairness, sustainable development, and sexuality and reproductive health and rights.

[Friends of the Global Fight Against AIDS, Tuberculosis and Malaria](#) -- A U.S.-based “advocacy organization dedicated to sustaining and expanding U.S. support for the Global Fund to Fight AIDS, Tuberculosis and Malaria.”

[Global AIDS Alliance](#) -- An advocacy organization working on HIV/AIDS issues.

[Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria](#) -- An international coalition of companies collaborating and advocating on health issues.

[Global Health Council](#) -- A membership organization that seeks to “improve the health of those living in the developing world by improving the effectiveness of programs and increasing overall funding for these programs” and sponsors an annual conference on global health.

[Global Network for Neglected Tropical Diseases](#) -- An “advocacy initiative dedicated to raising the awareness, political will, and funding necessary to control and eliminate the most common neglected tropical diseases.”

[Health GAP](#) -- An advocacy group “dedicated to eliminating barriers to global access to affordable life-sustaining medicines for people living with HIV/AIDS as key to a comprehensive strategy to confront and ultimately stop the AIDS pandemic.”

[Institute for Health Metrics and Evaluation, University of Washington](#) -- A research organization focusing on “measuring the world’s most pressing health issues and providing scientific evaluations of health system and health program performance.”

[Interaction](#) -- A coalition of U.S. non-governmental organizations “focused on the world’s poor and most vulnerable people.”

[International AIDS Society](#) -- An independent association of HIV/AIDS professionals that is engaged in advocacy and also convenes the biennial International AIDS Conference and the IAS Conference series, which focuses on HIV-related biomedical research.

[International Food Policy Research Institute](#) -- An organization that works to “achieve sustainable food security and reduce poverty in developing countries through scientific research and research-related activities.”

[International Medical Corps](#) -- A humanitarian organization “dedicated to saving lives and relieving suffering through health care training and relief and development programs.”

[Johns Hopkins Center for Global Health](#) -- A research center focusing on global health challenges, particularly in developing countries.

[Kaiser Family Foundation](#) -- A non-profit private operating foundation, based in Menlo Park, California, dedicated to producing and communicating the best possible analysis and information on health issues.

[Malaria No More](#) -- A U.S. non-profit that aims to make “high-yield investments of time and capital to speed progress, unlock resources, mobilize new assets and spur the world toward” to goal of ending deaths from malaria, and operates the [Malaria Policy Center](#).

[Modernizing Foreign Assistance Network](#) – A coalition whose “goal is to help build a safer, more prosperous world by strengthening the United States’ ability to alleviate extreme poverty, create opportunities for growth, and secure human dignity in developing countries.”

[Neglected Tropical Diseases Coalition](#) -- A coalition of groups that “serves as a forum where NTD-focused organizations can work together - especially to coordinate their advocacy, implementation and resource mobilization efforts.”

[ONE](#) -- An advocacy organization co-founded by the musician Bono focusing on poverty and development.

[Oxfam America](#) -- An “international relief and development organization that creates lasting solutions to poverty, hunger, and injustice.”

[Pangaea Global AIDS Foundation](#) -- Provides support to the development of health care treatment and prevention in resource-poor settings.

[PATH](#) -- A non-profit group working to “improve the health of people around the world” through the use of “appropriate health technologies.”

[Pharmaceutical Research and Manufacturers of America \(PhRMA\)](#) -- An association of pharmaceutical research and biotechnology companies.

[RESULTS](#) -- A U.S. non-profit group focused on “building support for proven poverty-fighting strategies.”

[Results for Development Institute](#) -- A non-profit institute that “delivers policy analysis, critical information, decision-making tools, and policy advice” aiming to “reduce poverty and improve lives in developing countries.”

[Rockefeller Foundation](#) -- A philanthropy that “supports work that expands opportunity and strengthens resilience to social, economic, health and environmental challenges.”

[Roll Back Malaria](#) -- A partnership launched by WHO, UNICEF, UNDP, and the World Bank to “provide a coordinated global response” to malaria.

[Stop TB Partnership](#) -- A network of governmental and private organizations that aims to “realize the goal of eliminating TB as a public health problem.”

[University of California Global Health Institute](#) -- A multi-campus initiative focused on “producing leaders and practitioners of global health, conducting innovative research, and developing international partnerships to improve the health of vulnerable people and communities in California and world-wide.”

The following product development partnerships (PDPs) are public-private collaborations that can include governments, corporations, U.N. agencies, academia and/or NGOs to research and develop treatments, vaccines, prophylaxes, and diagnostics for the developing world.

[Areas Global TB Vaccine Foundation](#) focuses on developing a vaccine for tuberculosis.

[Drugs for Neglected Diseases initiative](#) (DNDi) develops treatments for diseases that largely affect the world’s poor.

[Foundation for Innovative Diagnostics](#) (FIND) develops and implements diagnostic tools for poverty-related diseases.

[International AIDS Vaccine Initiative](#) (IAVI) supports the development of an HIV vaccine.

[International Partnership for Microbicides](#) works to develop microbicides for women in developing countries to help protect themselves from HIV infection.

[Medicines for Malaria Venture](#) develops and facilitates delivery of new malaria treatments.

[TB Alliance](#) focuses developing tuberculosis treatments.



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Tips and Pointers

## Understanding Data

The following are definitions of common terms used to describe the burden of a disease. Additional definitions can be found in [Kaiser's global health glossary](#).

**Prevalence:** The number of people with a particular condition at any given time (e.g., the number of people who are HIV positive). It can be expressed as a total number of people, or as a rate (e.g., 20 per 1,000 people). In comparing two countries, a rate generally gives a better measure of the burden of a disease because it adjusts for the size of the population.

**Incidence:** The number of new incidents in a population within a period of time (e.g., the number of people who became newly infected with HIV in a year). It can be expressed as a total or as a rate relative to the size of the population.

**Deaths:** Generally refers to the number of people who died of causes related to a disease within a given year.

**Disability Adjusted Life Year (DALY):** A measure of the burden of a disease, which can be interpreted as the loss of one year of healthy life. It combines the number of years of life lost due to premature death and an adjusted estimate of the number of years of healthy life lost due to disability.

## Which Countries Are the Focus of U.S. Health Policy?

Most global health aid goes to low- and middle-income countries. The World Bank divides countries according to their gross national income (GNI) per capita -- low-income countries are those with 2008 income of \$975 or less, while middle-income countries have average income of \$976 to \$11,905. [The classification of all countries can be found here](#). The U.S. government provides health aid to a large number of low- and middle-income countries. [PEPFAR's funding](#) is concentrated in 31 countries heavily affected by HIV, including 15 original "focus countries." The [President's Malaria Initiative](#) works with 15 African countries and the [Neglected Tropical Diseases Initiative](#) partners with countries in Africa, Asia and Latin America.

## Global Health News-Making Events

A number of events take place annually or regularly, often serving as a focus for global health news coverage and an opportunity for policy-oriented announcements. Major such recurring events include:

- The president of the U.S. releases a [budget proposal](#) each year on or before the first Monday in February, which is followed by a Congressional budget resolution that sets the overall spending targets and a series of appropriations bills.
- [World Water Day](#) occurs annually on March 22nd.
- [World TB Day](#) occurs annually on March 24th.
- [World Malaria Day](#) occurs annually on April 25th.
- The [World Health Assembly](#) -- the decision-making body of the World Health Organization that includes delegations from member states -- meets annually, generally in May.
- The Global Health Council holds a [major annual conference](#) annually in Washington, D.C. in May/June.
- The board of the [Global Fund to Fight AIDS, Tuberculosis and Malaria](#) meets twice annually (usually in the Spring and the Fall).

- The [G8](#) countries hold a summit each year, generally in June or July. [The 2010 summit](#) will be held June 25-27 in Muskoka, Canada.
- The International AIDS Society organizes the International AIDS Conference in even years, generally in July/August. [The 2010 conference](#) is in Vienna, Austria, and the 2012 conference will be in Washington, DC. In odd years, the IAS organizes the more scientific pathogenesis conference; [the 2011 meeting](#) will be in Rome, Italy.
- UNAIDS releases a [report](#) on the global HIV/AIDS epidemic biannually in even years (typically in July), with an [update](#) in odd years (typically in advance of World AIDS Day, December 1st).
- The [U.N. General Assembly](#) meeting in New York occurs annually in September. In 2010, there will be a High-level Plenary Meeting on the Millennium Development Goals, which will take place from 20-22 September.
- The [Clinton Global Initiative](#) brings together leaders from around the world at an annual meeting in New York, timed around the U.N. General Assembly meeting.
- The U.N. Food and Agriculture Organization releases an annual report on the [State of Food and Agriculture](#), generally in advance of World Food Day on October 16.



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Additional Kaiser Family Foundation  
Tools and Resources

The Kaiser Family Foundation provides a variety of resources that offer basic facts and information on global health, as well as analysis of U.S. policy issues and [polling on public attitudes and perceptions](#). These resources -- all available through [Kaiser's U.S. global health policy online gateway page](#) -- include:

- [Global Health Facts](#), an easy-to-use tool providing country-level data on health and socio-economic measures, displayed using maps and tables.
- A [policy tracker](#), which summarizes major policy and budgetary developments related to U.S. global health policy.
- A [budget tracker](#), providing up-to-date information on the status of Administration budget requests and Congressional action.
- The [Kaiser Daily Global Health Policy Report](#), a daily summary of news coverage related to U.S. policy, available online and through a free email subscription.
- A [glossary of global health terms](#).
- Downloadable [PowerPoint slides on global health](#).
- Answers to [frequently asked questions about various diseases](#).
- [Guides to news reporting](#) on HIV/AIDS issues, available in English and a variety of other languages.
- [Webcasts](#) of major global health policy conferences, expert panel discussions, and interviews with global health leaders.
- A free online [video library](#) for journalists who report on global health issues.





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This guide is available on the Kaiser Family Foundation's website at [www.kff.org](http://www.kff.org).

The Kaiser Family Foundation is a non-profit private operating foundation, based in Menlo Park, California, dedicated to producing and communicating the best possible information, research and analysis on health issues.