

GLOBAL HEALTH: Investing in Our Future



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InterAction is the largest alliance of U.S.-based nongovernmental international organizations, with more than 180 members. Our members operate in every developing country, working with local communities to overcome poverty and suffering by helping to improve their quality of life. Visit www.interaction.org.

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Global Health Briefing Book

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Many organizations, governments and private donors devote significant resources and expertise to improving the health and well-being of individuals worldwide. Several of the NGOs that focus daily on global health issues, including those that have contributed to this briefing book, are listed below. While each organization that appears here may not specialize in every area of health – or, for conscience or other reasons, may not fully agree with the views expressed in every brief – collectively they recognize the importance of integrating and coordinating health programs in an effort to improve the overall health of individuals worldwide. These briefs are not meant to be consensus documents, but provide a general overview and specific recommendations on some of the most vital topics in global health.

InterAction always strives to find common ground and shared principles among its members. This approach routinely unites our diverse membership around a very broad array of topics and policy positions focused on poor and marginalized populations. There are, however, a range of issues where our members reflect the differing views within U.S. society, or simply different approaches to global engagement. In such cases, in the interest of holding our community together without prejudice to one side or the other, InterAction adopts a neutral position on a range of issues, including but not limited to abortion, approaches to aid reform, food aid and military interventions.

Supporting organizations include:

American Red Cross
American Society of Tropical Medicine and Hygiene (ASTMH)
amfAR, The Foundation for AIDS Research
CARE USA
Center for Health and Gender Equity (CHANGE)
Drugs for Neglected Diseases *initiative* (DNDi)
Electronic Health Records International
Elizabeth Glaser Pediatric AIDS Foundation
Friends of the Global Fight Against AIDS, Tuberculosis and Malaria
Global Health Council
Global Health Technologies Coalition
IMA World Health
IntraHealth International, Inc
International AIDS Vaccine Initiative
International HIV/AIDS Alliance
International Medical Corps
International Rescue Committee
Management Sciences for Health
Mercy Corps
Millennium Water Alliance
PATH
Population Action International
Population Services International (PSI)
Public Health Institute
RESULTS
Sabin Vaccine Institute
Save the Children
Sierra Care Inc
Stop AIDS Alliance
The Hunger Project
The TB Alliance
1,000 Days
U.S. Fund for UNICEF
WASH Advocates
WaterAid America
World Vision

Introduction to Global Health

Summary

Through critically-needed investments for global health programs, the United States has helped save millions of lives, as well as contributed to making the world healthier, safer and more secure.

Global health programs seek to address the physical and mental health needs of individuals; treat and prevent the spread of infectious diseases; strengthen the capability of health workers and health systems; and increase access to healthcare services to improve the overall well-being of individuals, families and communities.

Overview

Why is global health critical?

- Americans have always valued caring for those in need, including the poor, those who are sick and the most vulnerable populations. These values have been reflected in the United States' consistent investment in global health. To this end, the U.S. has been successful in reducing child deaths, slowing the spread of AIDS and other infectious or chronic conditions, responding quickly to health emergencies in times of disasters, and preventing and treating malnutrition.
- National borders do not stop the spread of disease. As such, addressing global health issues and working to prevent outbreaks directly impacts the health and well-being of Americans.
- Investing in the health care needs of individuals reduces the cost of future pandemics, long-term disability and premature death, and improves the ability of individuals in developing countries to contribute to their own economies. A healthy community leads to a healthy workforce that misses fewer days of work and can continually provide for their families.
- Investing in global health allows developing nations to move toward aid independence and increase their participation in the global economy.

“Now is no time to shy away from our health investments. Scientific innovation continues to produce miracles at an accelerating pace. International donors are stepping up to the plate. Many traditional aid recipients are putting more resources into their own domestic health. The U.S. investment – less than 1 percent of our federal budget – saves and transforms hundreds of thousands of lives every year. It’s hard to imagine a better return on investment.”

— Former Senator Bill Frist (R-TN)

Making Progress

- U.S. global health programs have treated approximately **5.1 million people living with HIV** and prevented the transmission of HIV to millions more.¹
- In FY2011, the **President's Malaria Initiative (PMI)** and its partners distributed more than **42 million long-lasting insecticide-treated mosquito nets** and provided treatment to **45 million individuals**.²
- Immunization programs save more than 3 million lives each year.³
- Each year, **USAID interventions help save the lives of more than 6 million children under the age of 5** and significantly reduce maternal deaths from pregnancy-related causes.⁴
- Over the past five years, the U.S. government has leveraged taxpayer dollars and \$4 billion in donated medicines to provide over 600 million safe and effective neglected tropical disease treatments to approximately 251 million people cumulatively.⁵
- **Centers for Disease Control and Prevention (CDC) programs helped reduce the number of new polio cases globally by more than 99 percent between 1988 and 2010**,⁶ and the CDC-led global campaign to eradicate guinea worm disease has helped reduce the disease burden from 3.5 million cases per year in 1986 to near eradication today.⁷



Benoit Darrieux

U.S. Response and Strategy

The U.S. is at the forefront of global health, with targeted initiatives like the Child Survival Call to Action (led by USAID to end preventable child deaths) and Saving Mothers, Giving Life (a public-private partnership to reduce maternal mortality). The President's Emergency Plan for AIDS Relief (PEPFAR) and PMI, are helping to create an AIDS-free generation and reduce the burden of malaria. The U.S. government has also prioritized global health within its development programs through its Global Health Initiative (GHI). GHI looks to increase the impact of global health investments and achieve sustainable health outcomes.

At the same time, the U.S. government is not alone in its efforts to improve global health. Significant contributions are made by other nations, as well as multilateral organizations such as the World Health Organization; public-private partnerships such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Global Alliance for Vaccines and Immunization (GAVI); private foundations; and civil society organizations. These donor partnerships allow global health funding to be leveraged across multiple health sectors to benefit and reach those who are in most need.

The U.S. is at a critical juncture in its global health efforts: budget pressures threaten the global health gains that have been made and jeopardize programming despite the growing consensus within Congress, across government agencies and throughout the broader global health community about what is working and what remains to be done. Capitalizing on our successes and meeting emerging global health challenges will require increased and sustained commitments by all donors.

Recommendations

The Administration should:

- **Maintain U.S. government support for overall global health programs and initiatives, including support for health systems strengthening.**
- **Continue partnerships with other donors, such as the private sector and civil society organizations,** to most effectively leverage donor contributions to global health.
- **Ensure that its global health efforts are aligned with the priorities of developing nations** so that U.S. investments are effective, sustainable and focused on building the capacity of local communities to provide for their future health needs.
- **Work to reduce inequities in access to quality health care as it invests in lower-income countries.** This requires increased engagement with vulnerable and traditionally marginalized populations, including women, youth and persons with disabilities.
- **Ensure that humanitarian health programs during crises lay a foundation for effective health systems** so nations can successfully transition from providing relief to development programs. Fragile states often lack the ability to partner with development agencies to deliver care and provide basic security to access health services, which is crucial to developing sustainable, lasting health systems.

Congress should:

- **Maintain appropriate funding level for all health accounts.** If the U.S. fails to live up to its commitments, the gains made in reducing incidences of maternal mortality, tuberculosis, malaria, HIV and other diseases in developing countries could stagnate or even reverse. Sustained U.S. investments in global health programs and health systems strengthening are crucial – health problems will only be more expensive and difficult to resolve in the future, especially with the rise of chronic non-communicable diseases (cancers, lung and heart disease, and diabetes) in all populations.
- **Continue to invest in global health research and evaluation programs** that develop and implement new technologies and tools to assist countries anticipate future health challenges.
- **Encourage federal agencies to ensure that their global health programs are integrated, recorded, monitored and evaluated** so efficiency improvements can continue to be made throughout the global health sector.
- Provide adequate funding in order to **train a capable health workforce.**



Benoit Darrieux

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Global Health Appropriations Chart (\$ in thousands)

| Accounts | FY2010 | FY2011 | FY2012 | FY2013 CR Post- Sequestration Estimate ^a |
|--|------------------------------|------------------------------|------------------------------|---|
| Global Health Initiative (GHP – USAID & State) | 7,874,000 | 7,829,310 | 7,917,860 | 8,038,030 |
| Global Health Programs (USAID) | 2,515,000 | 2,495,000 | 2,625,000 | 2,609,750 |
| Maternal and Child Health | 549,000 | 548,900 | 605,550 | 594,155 |
| Family Planning/Reproductive Health in all accounts | 648,500 | 613,770 | 610,000 | 598,521 |
| The GAVI Alliance | 78,000 | 90,000 | 130,000 | 123,370 |
| Nutrition | 75,000 | 89,800 | 95,000 | 93,212 |
| Vulnerable Children (USAID) | 15,000 | 15,000 | 17,500 | 17,171 |
| HIV/AIDS (USAID) | 350,000 | 349,300 | 350,000 | 343,414 |
| Other Infectious Diseases (USAID) | 981,000 | 968,100 | 1,033,000 | 1,013,561 |
| Malaria | 585,000 | 618,800 | 650,000 | 637,768 |
| Tuberculosis | 225,000 | 224,600 | 236,000 | 231,559 |
| Neglected Tropical Diseases | 65,000 | 76,800 | 89,000 | 87,325 |
| Global Health Programs – State (PEPFAR Only) | 4,609,000 | 4,585,800 | 4,243,000 | 3,862,430 |
| Global Fund to Fight HIV/AIDS, Malaria & TB | 1,050,000^b | 1,045,800^b | 1,300,000^c | 1,565,850 |
| NIH Global Health | 587,610 | 520,700 | 581,000 | 551,369 |
| CDC Global Health | 354,403 | 340,300 | 347,600 | 329,872 |
| Water in all accounts | 315,000 | 314,370 | 315,000 | 329,037 |

^a Estimate based on assumption of proportional increases or decreases from FY2012 levels for the global health subaccounts.

^b Global Fund totals include \$300 million (FY2010) and \$297.3 million (FY2011) from Labor-HHS appropriations accounts.

^c Due to a \$250 million shift from bilateral to multilateral funding, the Global Fund received \$1.3 billion in FY12 and PEPFAR received \$4.243 billion.

¹ "World AIDS Day 2012 Update," PEPFAR. <http://www.pepfar.gov/funding/results/index.htm>.

² "The President's Malaria Initiative," Sixth Annual Report to Congress. http://pmi.gov/resources/reports/pmi_annual_execsum12.pdf.

³ "Combination Prevention in PEPFAR: Treatment," PEPFAR. <http://www.pepfar.gov/documents/organization/183299.pdf>.

⁴ "USAID Maternal and Child Health," USAID. <http://www.usaid.gov/what-we-do/global-health/maternal-and-child-health>.

⁵ "USAID's Neglected Tropical Diseases Program," USAID. <http://www.neglecteddiseases.gov/about/index.html>.

⁶ National Institute of Neurological Disorders and Stroke: Post-Polio Syndrome Face Sheet. http://www.ninds.nih.gov/disorders/post_polio/detail_post_polio.htm.

⁷ "Guinea Worm Frequently Asked Questions," CDC. http://www.cdc.gov/parasites/guineaworm/gen_info/faqs.html.



HIV/AIDS

Summary

The HIV/AIDS epidemic continues to be a major global health challenge, but with U.S. support and leadership, an AIDS-free generation is within reach.

HIV/AIDS impacts the overall development in many of the most vulnerable countries because it undermines efforts to reduce poverty, improve access to education and healthcare, address gender inequalities and maintain national security.

The U.S. is the largest funder of HIV/AIDS programs worldwide through support for the President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund).¹



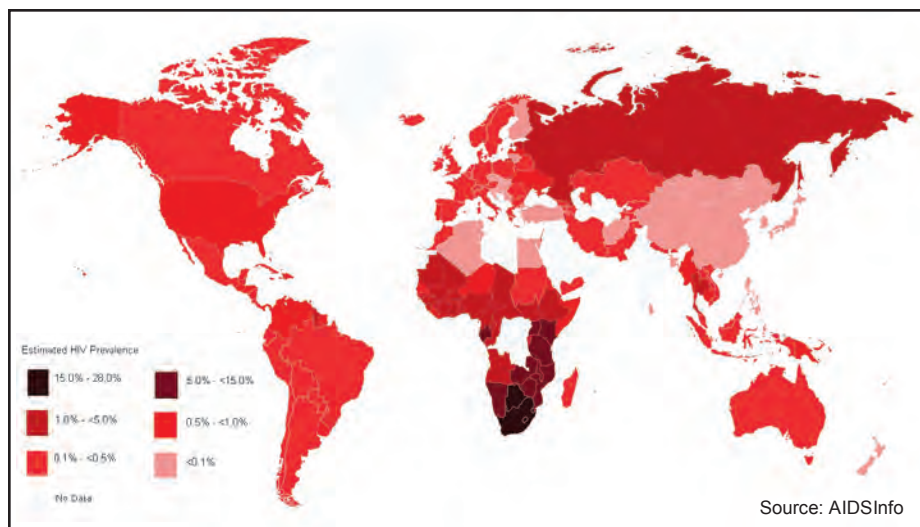
James Pursey

Overview

- In 2011, approximately 34 million people worldwide, including 3.4 million children under 15, were living with HIV/AIDS. However, the number of new HIV infections and deaths from the disease are on the decline in many of the hardest-hit countries.²
- In 2011, 1.7 million people died of AIDS-related illnesses and 2.5 million people were newly infected with HIV.³ In fact, 39 countries have seen new infections among adults decrease by more than 25 percent between 2001 and 2011, and deaths from AIDS have fallen by one-third in the past 6 years.⁴
- The HIV/AIDS pandemic disproportionately affects sub-Saharan Africa, where almost three out of every four new infections occur.⁵
- Millions of HIV-infected individuals lack the treatment services they need to survive and thrive. The number of children accessing treatment is especially troubling, with only 28 percent of eligible children on treatment compared to 54 percent of eligible adults.⁶
- The majority of those living with HIV do not know they are infected.⁷
- Women represent more than half of all current cases of HIV. Women also often have less power in relationships and during sexual encounters, leaving them vulnerable to coercion and gender-based violence. HIV/AIDS is the leading cause of death among women of reproductive age.⁸
- Stigma, discrimination, legal barriers and the violation of human rights pose major obstacles for key populations – including men who have sex with men, sex workers and people who use drugs – to access HIV prevention, treatment and care services in many countries around the world.
- PEPFAR is the largest commitment by a nation to combat a single disease internationally, both programmatically and scientifically. Additionally, the U.S. is responsible for 72 percent of global spending on HIV/AIDS research and development.⁹
- The Global Fund was created in 2002 to raise and disburse large sums of money around the world to prevent and treat AIDS, tuberculosis and malaria, diseases that together kill 5 million people every year. An innovative public-private partnership, the Global Fund leverages \$2 for every \$1 invested by the U.S. government while maximizing impact by working in close coordination with PEPFAR and other U.S. programs.

Making Progress

- **As of the end of FY2012, U.S. assistance directly supported more than 5.1 million patients on life-saving antiretroviral treatment**, and more than 46.5 million people with counseling and testing programs.¹⁰
- PEPFAR provided resources and funding for the prevention of mother-to-child HIV transmission for more than 11 million HIV-positive pregnant women, allowing more than 230,000 infants to be born HIV-free in FY2012. **Globally over 57 percent of women received the necessary treatment and services to reduce transmission from mother to child, up from 15 percent in 2005.**¹¹
- **As of December 2012, the Global Fund had provided HIV/AIDS treatment to 4.2 million people, as well as services to 1.7 million pregnant women. On average, the Global Fund saves 100,000 lives each month with its work on HIV, tuberculosis and malaria.**
- Recent scientific advances have reinforced the fact that putting HIV-positive individuals on treatment is not only good for their own health, but also reduces the likelihood of transmission to others.
- PEPFAR plays a fundamental role in reaching key populations with targeted services and creating an enabling environment for working with stigmatized groups in both generalized and concentrated epidemics.
- To ensure that countries are able to sustain and build on progress to date, PEPFAR programs continue to invest in building strong health and community systems that increase national capacity to implement country-led HIV/AIDS programs.
- PEPFAR has begun to transition from an emergency response to one of long-term sustainability through partnerships and country ownership. U.S. investment has been leveraged with other bilateral and multilateral partners to create a truly global response.



U.S. Response and Strategy

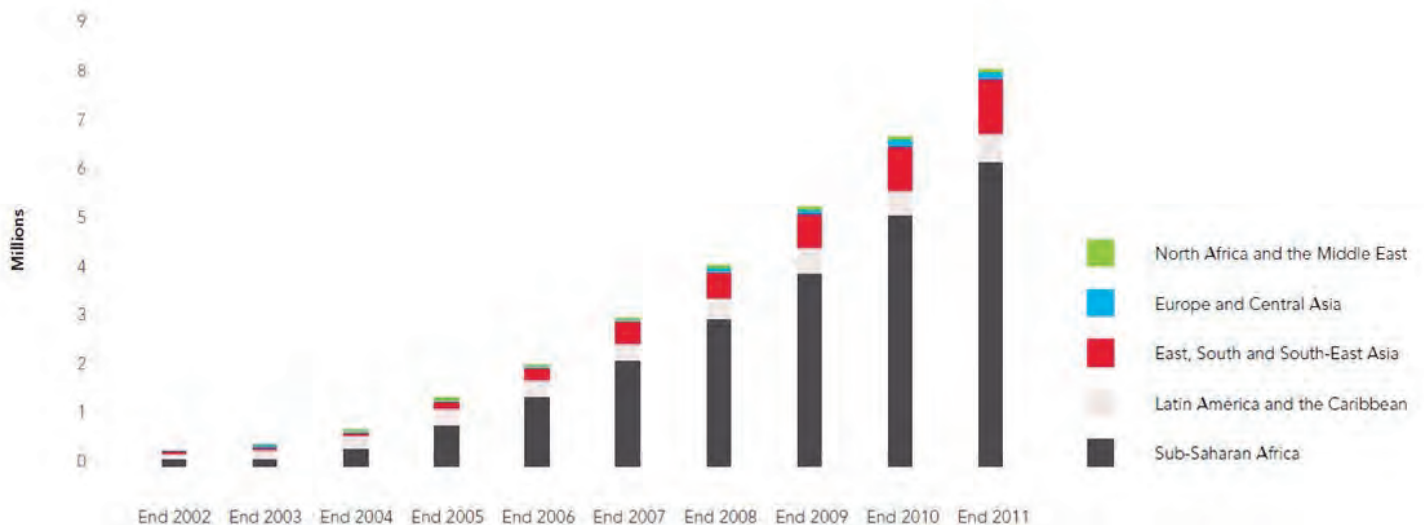
Since President George W. Bush's announcement of PEPFAR in 2003, the U.S. has invested more than \$40 billion in the global AIDS response. The program was most recently reauthorized through the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis and Malaria Reauthorization Act of 2008. Implemented through the Office of the Global AIDS Coordinator (OGAC) in the Department of State, PEPFAR is a multiagency effort supporting HIV/AIDS programs mainly through USAID and the Centers for Disease Control and Prevention, with additional programming through the Department of Defense, the Department of Health and Human Services and the Peace Corps. The program works closely with other major bilateral and multilateral donors such as the Global Fund.¹²

Scientific advances since the beginning of PEPFAR have improved how we respond to the global HIV/AIDS epidemic, and in turn have made U.S.-funded programming more efficient and effective. The PEPFAR program now has a clear plan how the U.S. government is going to lead the world towards the end of AIDS in the recent *Blueprint Towards an AIDS-Free Generation*. The Blueprint has a simple goal: make smart investments based on sound science with a shared global responsibility in order to achieve an AIDS-free generation.

Recommendations

- **Congress should maintain strong funding levels for the PEPFAR program.** We recognize that these are challenging economic times. However, U.S.-funded global HIV/AIDS programs have shown a consistent return on investment measured in lives saved, costs avoided through infections prevented and the generation of goodwill among global partners. Strong support from Congress, including policies that support the effectiveness of HIV/AIDS programming, is critical to advancing the global AIDS response.
- **Congress should continue to support the Global Fund.** Multilateral funding complements bilateral funding by leveraging investments from other donors, helping build country-level commitment and strengthening capacity at all levels to deliver programs. U.S. leadership has been and remains the most important leveraging tool available to the Global Fund. In the lead up to the Fourth Replenishment of the Global Fund, scheduled for fall 2013, it is critically important for the U.S. government to signal to the international community its continued strong support by providing robust funding for the Global Fund in FY2014.
- **Support scientific advances towards the end of HIV/AIDS.** Even with amazing strides toward ending the global AIDS crisis, many undiscovered breakthroughs remain. A vaccine and a cure are on the horizon. New technologies and treatments could be game changers. Ten years of global HIV/AIDS programming experience will pave the way towards an AIDS-free generation if we can harness lessons learned. U.S. support for HIV/AIDS research is critical, not just for those suffering from and at risk for HIV/AIDS around the world, but also for the more than 1 million people living with HIV in the United States.

Number of people receiving antiretroviral therapy in low- and middle-income countries, by region, 2002–2011



Source: 2012 Country Progress Reports (www.unaidsorg/cpr)

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¹ "Neglected disease R&D: A five-year review," G-FINDER, 2012. Pg. 28.

² "Report on the Global AIDS Epidemic," UNAIDS, 2012. Pg. 8.

³ Ibid. Pg. 8.

⁴ Ibid. Pg. 11.

⁵ Ibid. Pg. 11.

⁶ Ibid. Pg. 47.

⁷ "Progress Report 2011: Global HIV/AIDS Response," WHO/UNAIDS/UNICEF, 2011.

⁸ "Women and Health: Today's Evidence Tomorrow's Agenda," The World Health Organization, 2009.

⁹ "Neglected disease R&D: A five-year review," G-FINDER, 2012. Pg. 28.

¹⁰ "World AIDS Day 2012 Update," PEPFAR. <http://www.pepfar.gov/funding/results/index.htm>.

¹¹ "On the Road to an AIDS-Free Generation," Dipnote. http://blogs.state.gov/index.php/site/entry/on_the_road_to_aids_free_generation.

¹² "Report on the Global AIDS Epidemic," UNAIDS, 2012. Pg. 11.

Malaria

Summary

Malaria control is a model of cost-effective success. Increased funding directly correlates with a drop in malaria.

Malaria cases have been cut in half in more than 40 countries worldwide, saving over a million lives in the past decade.

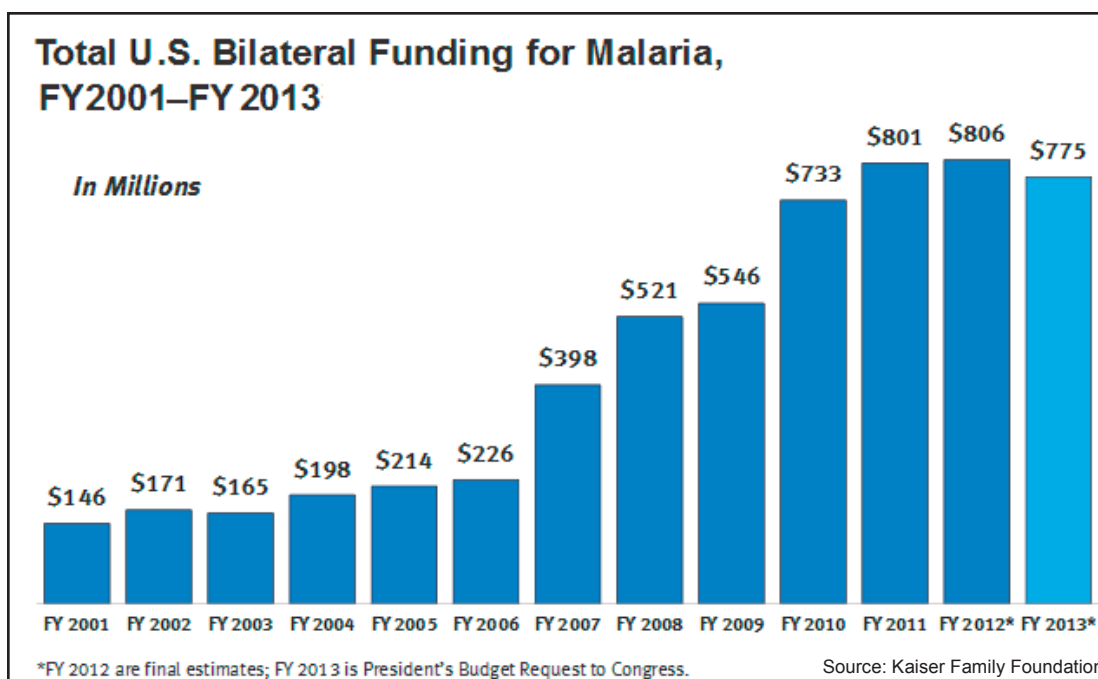
Malaria is at a tipping point: history shows that if we scale back funding, malaria will reemerge worse than ever, especially since populations with reduced immunity will face an increase in morbidity. If we act now, we can build on our past decade of success. The U.S. has been a global leader in the fight against malaria. It's imperative the U.S. continues to build upon its legacy and support countries working to eliminate malaria – and the needless deaths and disability of children around the world.



PATH MACEPA

Overview

- Malaria is a serious and sometimes fatal disease caused when a mosquito infected with the malaria parasite feeds on humans. People with malaria suffer from high fevers, shaking chills and flu-like symptoms and, in severe cases, death.
- Despite progress, malaria continues to be one of the leading killers of children under 5.
- In 2010, there were an estimated 219 million cases of malaria per year and 660,000 deaths. An estimated 91 percent of deaths in 2010 were in Africa, followed by Southeast Asia and the Eastern Mediterranean. Approximately 86 percent of deaths globally were among children.
- Malaria typically occurs in tropical and subtropical areas of the world where the parasite thrives. Half of the world's population is at risk of malaria infection.
- The economic cost of malaria is estimated at a minimum of \$12 billion in lost productivity each year in Africa alone. Research from the UN Secretary-General's Special Envoy for Malaria has indicated that for every \$1 invested in malaria control in Africa \$40 is generated in GDP.
- Preventing malaria is crucial for protecting U.S. and other nations' troops serving in countries where malaria is prevalent.
- The progress achieved to date is at risk of stalling. International funding for malaria control has leveled off in recent years.¹ The number of long-lasting insecticide-treated nets (LLINs) procured in 2012 was 66 million – far fewer than the 92 million procured for distribution in 2011, and less than half of the 145 million procured in 2010.
- Lifesaving LLINs cost only \$2.20 per person per year, but the average lifespan of an LLIN is only 2 to 3 years. LLIN distribution and replacement are vital. We must uphold coverage levels until malaria is actually eliminated, community by community. The mass scale-up of LLIN coverage over the last decade – from 3 percent in 2000 to 53 percent in 2012 – is working.
- Progress is also threatened by increasing resistance of the mosquito to insecticides and of the parasite to drugs.



Making Progress

- Interventions against malaria over the past decade have **averted over 274 million malaria cases and saved 1.1 million lives.**
- Under the leadership of President George W. Bush, the President's Malaria Initiative (PMI) was launched in 2005, a five-year, \$1.265 billion expansion of the U.S. government's response to malaria control. PMI's initial objective was to reduce malaria-related deaths by 50 percent in 15 African focus countries. This was in addition to the U.S. being the largest contributor to the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), which to date has distributed over 310 million insecticide treated nets.²
- Since its establishment, **PMI has funded the distribution of more than 31 million bednets, 92 million lifesaving antimalarial treatments, 24 million rapid diagnostic tests and 12 million intermittent preventive treatments for pregnant women.**
- Successful malaria interventions can improve the treatment of other diseases that afflict the same population. For example, U.S.-funded malaria control efforts in Zambia led to an increase in diagnoses of respiratory infections in children under the age of 5, prompting better and appropriate treatment and bolstering the effectiveness of local health systems.
- Past investments in R&D resulted in the development of the drugs, insecticides and diagnostic tools that are in use today and brought the world closer to its first-ever malaria vaccine.

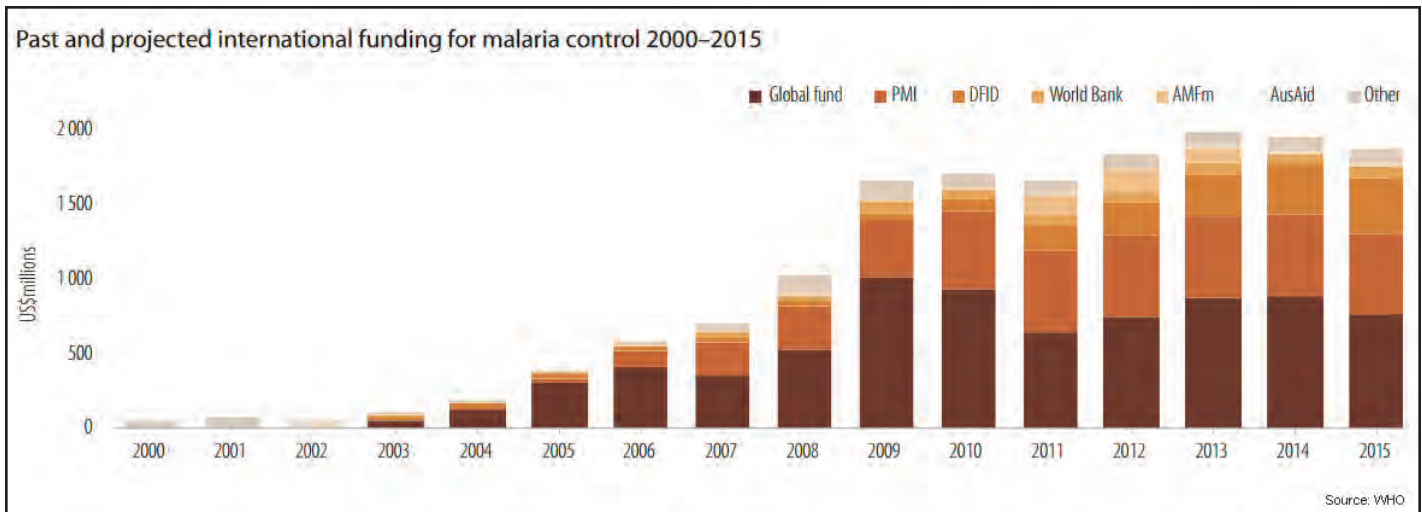
U.S. Response and Strategy

Under the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis and Malaria Reauthorization Act of 2008, PMI was extended and its goal was broadened to achieve Africa-wide impact by halving the burden of malaria in 70 percent of at-risk populations in sub-Saharan Africa. Specifically, PMI has expanded to two new focus countries (Guinea and Zimbabwe), and expanded its programs in Nigeria and the Democratic Republic of the Congo.

In 2011, PMI commissioned an External Evaluation of its first five years – a rare undertaking for a government agency. The Evaluation Team, after site visits, partner interviews and review of documentation, declared PMI to be a “very successful, well-led component of the U.S. government Global Health Initiative” that “quickly reoriented a problematic U.S. government malaria program, took it to a large scale quickly, efficiently and effectively complemented the larger global malaria program, and contributed to the apparent reduction in child mortality.”³

Recommendations

- **Congress and the Administration should maintain strong support for PMI and the Global Fund.** Sustained support is needed to capitalize on this unique moment in history. With past investments, we have backed malaria into a corner. We are at a tipping point and must build on the progress achieved to create a malaria-free future and eliminate the threat of resurgence.
- **Congress should continue its investment in the research and development of new tools** and approaches that hold the promise of eliminating the disease and combating drug resistance. Consideration must be given to the long-term benefits of U.S. leadership in R&D and the need for new tools to accelerate progress towards ending malaria.
- **Donors should continue to support elimination efforts in specific geographies.** Elimination means the end of recurring costs of controlling and treating the disease; an end to school and work days lost while sick with malaria and an end to the needless deaths and disability of children around the world. Today, with new tools on the horizon and strong partnerships and programs in endemic countries, we are closer than ever to achieving our elimination goals.
- **USAID must continue to promote the linkages between malaria and other leading causes of death for children under 5.** Linking with pneumonia and diarrhea prevention efforts in particular will help maximize efficiencies and achieve greatest results.



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² "Global Fund support extends antiretroviral treatment to 4.2 million people," The Global Fund. 2012. http://www.theglobalfund.org/en/mediacenter/newsreleases/2012-11-29_Global_Fund_support_extends_antiretroviral_treatment_to_4,2_million_people/.

³ External Evaluation of the President's Malaria Initiative: Final Report, Pg. 67.

Tuberculosis

Summary

Tuberculosis (TB) is a bacterial infection that is airborne and spread mainly by coughing. It kills three people a minute, is a threat to the United States and puts health care personnel at risk. Yet, it is one of the best buys in global health, since it can usually be cured with inexpensive drugs.

People with TB, especially women, often suffer from discrimination and rejection. Stigma inhibits people from accessing treatment, leading to needless death, or may interfere with treatment completion, leading to the development of drug resistance.

U.S. aid is helping the world score impressive gains against TB. USAID provides assistance to 28 countries, boosts the supply chain and supports research into new tools to fight TB.

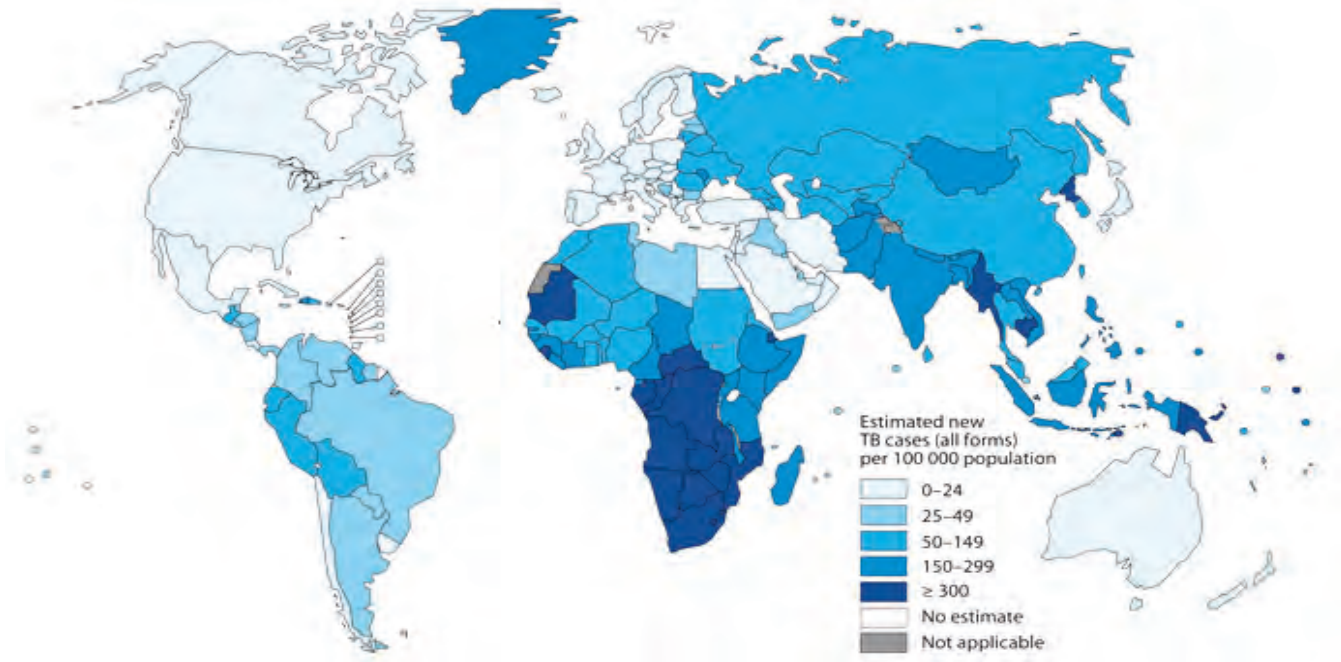


Aeras

Overview

- TB strikes adults in their most productive years and often pushes families deeper into poverty. In India, an estimated 100,000 women are abandoned each year by their families as a result of TB stigma.¹
- TB treatment is long and arduous, ranging from six months to two years, and requires multiple medications. Side effects of treatment for drug-resistant TB can include acute pain and hearing loss.
- Most of the current TB drugs were developed more than 40 years ago. The existing TB vaccine, more than 90 years old, does not protect against the most common, contagious form of the disease and has failed to halt the epidemic. New and better tools will transform the fight against TB.
- TB often goes undetected in children, though progress is being made. Children are more likely to develop the most deadly forms of TB, such as TB that affects the brain. In 2010, there were about 10 million orphaned children as a result of TB deaths among parents.²
- Healthcare workers have a two to three times greater risk of contracting TB than the general population, yet protection is inadequate.
- Shortages of medication and improper or incomplete treatment have led to often-deadly multidrug-resistant (MDR) and extensively drug-resistant (XDR) strains.
- Progress against multidrug-resistant TB has been slow, with only one in five patients being diagnosed – and even fewer starting treatment for the disease.
- In South Africa, drug resistant TB consumed about 32 percent of the country's estimated 2011 national TB budget of \$218 million.³
- TB is a serious threat to public health in United States, and is reported in every state. In 2011, 62 percent of the reported U.S. cases occurred in foreign-born persons.⁴ Drug resistant TB in the U.S. costs anywhere from \$100,000 to \$1 million per patient.
- TB is the leading infectious killer of people with HIV/AIDS, and threatens the substantial gains made through The President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). However, progress toward the integration of TB and HIV services into one seamless service is helping to save lives.

Estimated tuberculosis (TB) incidence rates, 2011



Source: Global Tuberculosis Report 2012. WHO, 2012.

Making Progress

- **An estimated 20 million people are alive today as a direct result of TB programs.**⁵ Since 2002, with U.S. support, Cambodia has achieved a 45 percent drop in TB, while expanding services to children.
- A new, U.S.-developed technology, called Xpert, is revolutionizing the TB response. It can diagnose TB within two hours, even among people whose TB is often hard to detect, such as those living with HIV. It can also detect resistance to one of the primary TB drugs.
- **TB-related deaths among people living with HIV in Africa have declined by 28 percent since 2004.**⁶ **Providing access to antiretroviral drugs soon after HIV diagnosis has been proven to lower new TB cases by 63 percent.**
- Major innovations in TB treatments that will reduce suffering, cut treatment time and save money are on the horizon. However, there is a \$25.6 million shortfall in USAID funding for drug development, which could lead to delays in the roll out of new medications.
- Vaccines that prevent adolescents and adults from developing infectious TB would be one of the single greatest advances in the global fight against the disease. Enormous progress has been made, with more than a dozen vaccine candidates in clinical trials. Expanded U.S. support for vaccine R&D is crucial to preserving this momentum.

U.S. Response and Strategy

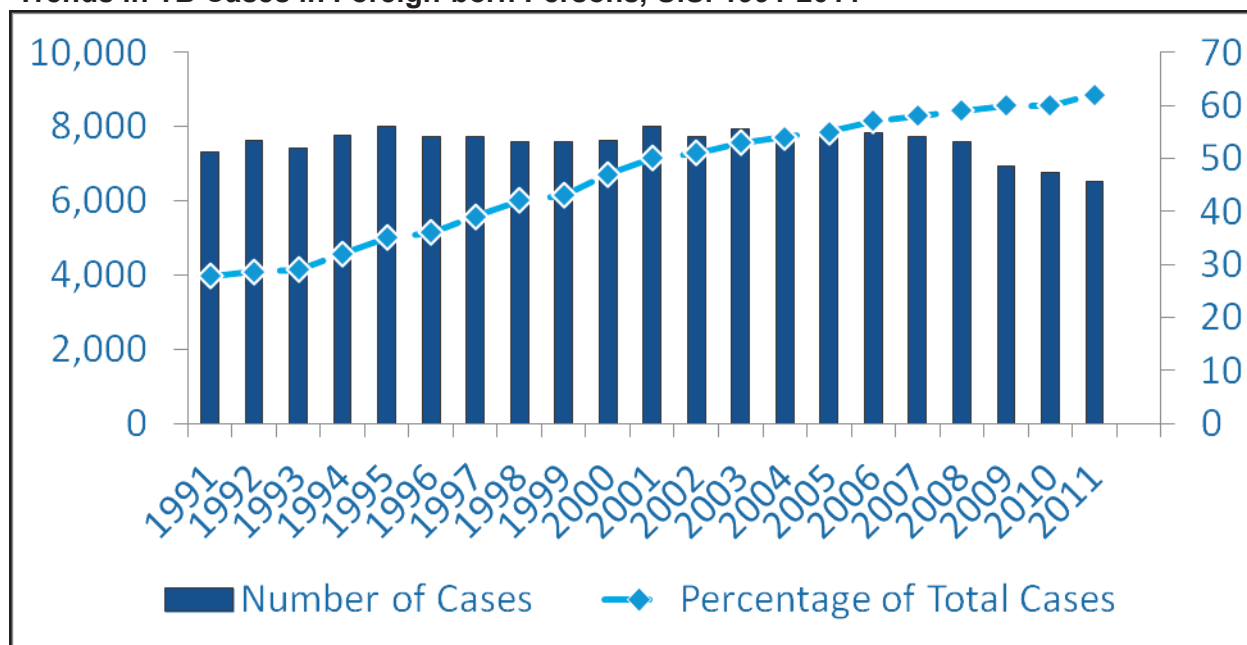
The USAID TB program, while modestly funded, has proven effective and essential. In addition, PEPFAR makes a critical contribution to addressing TB-HIV coinfection and recently issued the *Blueprint for an AIDS-Free Generation* with strong commitments on TB-HIV. The U.S. is also a major backer of the Global Fund, which provides 82 percent of international financing for TB and, to date, has detected and treated 9.7 million cases of TB.⁷ The U.S. also backs the World Health Organization and its partnerships, which provide essential global leadership and assistance in the fight against TB, and the Global Drug Facility, which supplies lifesaving TB treatments. Finally, the U.S. supports research programs through USAID, the National Institutes of Health (NIH), the Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention, which are developing innovative TB products and approaches.

Recommendations

The global fight against TB remains fragile and the momentum to break this disease is at risk of faltering. Since TB knows no borders, this puts lives at risk globally as well as in the U.S., where cases among foreign-born persons have remained high. We recommend several steps to stay on course and ultimately overcome the global TB epidemic.

- **U.S. agencies should provide technical assistance and support to countries that are showing bold leadership and national plans on TB.** South Africa, for instance, has produced its first ever joint TB and HIV strategy and is aiming, along with other countries in the region, to eliminate TB and HIV deaths.⁷
- **The U.S. government should back innovation in TB programming,** including community-centered approaches and the latest technology, which TB REACH – an initiative of the Stop TB Partnership – has demonstrated can be used to reach many more patients.
- **U.S. agencies should combine TB prevention and care with other services, including those for mothers and children.** Making TB services an integral part of HIV, prenatal care, family planning and immunization programs will prevent millions of unnecessary deaths among women and children.
- **Congress should provide \$400 million in FY2014 for USAID's global TB program, including vital TB research, and \$1.65 billion for the U.S. contribution to the Global Fund.** We recognize that these are challenging economic times, however these complementary programs are well positioned to make effective use of these resources, while leveraging contributions from other donors as well as affected-country governments.
- **Congress should maintain current funding for NIH** to preserve its crucial biomedical research on TB and new TB tools which could radically accelerate efforts to eliminate the disease. Congress should also maintaining funding for the FDA to preserve the Critical Path Initiative's support for the development of new TB drugs and vaccines.

Trends in TB Cases in Foreign-born Persons, U.S. 1991-2011



Source: Tuberculosis in the United States, 2011 (Slide Set), US Centers for Disease Control

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Management Sciences for Health – www.msh.org
PSI – www.psi.org
RESULTS – www.results.org

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Neglected Tropical Diseases

Summary

Neglected Tropical Diseases (NTDs) are tied to nearly every major global health issue faced today, including water and sanitation, malnutrition, and maternal and child health.

The U.S. government has played a key role in NTD control and elimination since 2007 by supporting the cumulative delivery of over 600 million treatments to over 251 million people in 25 countries through USAID's NTD program.

Addressing the link between health and other sectors of development, along with increased research and development (R&D), is necessary to meet the 2020 control and elimination goals. These efforts could improve – and in some cases – save the lives of over 1 billion people across the developing world, assisting them to climb out of poverty and live healthy, productive lives.

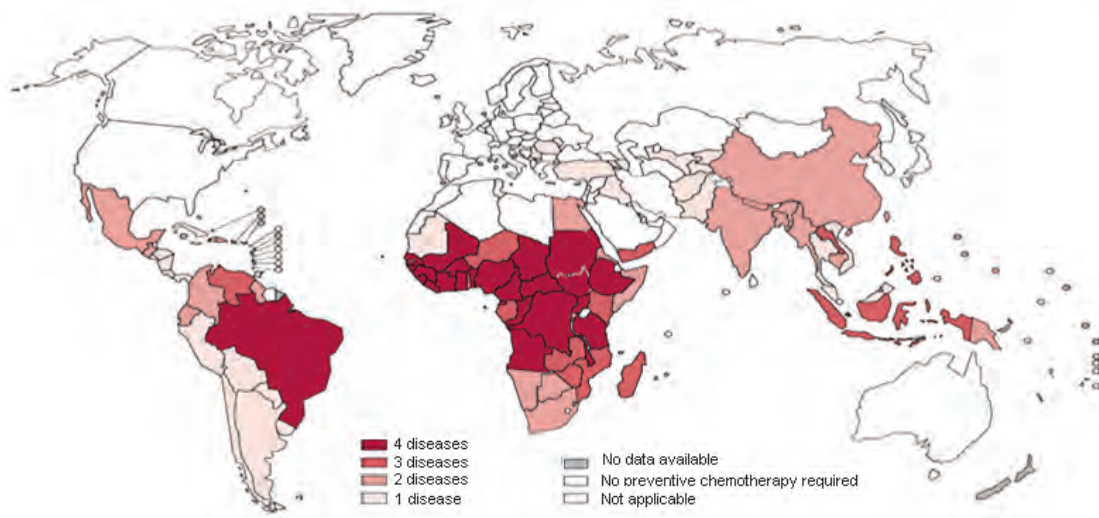


Zubaedah Kendar, RTI International

Overview

- NTDs are a group of 17 infectious diseases and conditions afflicting more than 1 billion of the world's poorest people and threatening the health of millions more.¹
- NTDs disproportionately affect poor and rural populations who lack access to safe water, sanitation and essential medicines; they are most prevalent in Africa, Asia, Latin America and the Caribbean.
- NTDs cause sickness and disability, compromise maternal health and fetal growth, inhibit children's mental and physical development, and can result in blindness and severe disfigurement. A number of NTDs are fatal without treatment.
- NTDs can lead to poverty and have an impact far beyond the health sector, undermining efforts to improve education, empower women and girls, and foster economic development. These diseases disable and debilitate their victims, keeping children out of school and preventing adults from working.
- Since 2006, the U.S. has been an essential leading partner in advancing control and elimination efforts for seven targeted NTDs: lymphatic filariasis (elephantiasis), onchocerciasis (river blindness), schistosomiasis (snail fever), soil transmitted helminthes (ascariasis (roundworm), trichuriasis (whipworm) and hookworm) and trachoma.
- The NTD program administered by USAID has made important and substantial contributions toward the global fight to control and eliminate these seven NTDs by 2020. Leveraging more than \$4 billion in donated medicines, USAID has supported the distribution of over 600 million treatments in 25 countries.²
- While the most common NTDs have treatments that are easy to use and effective, for the NTDs with the highest death rates, including human African trypanosomiasis, visceral leishmaniasis and Chagas disease, treatment options are extremely limited. New investments are urgently needed to support research and development for new tools, including diagnostics, drugs and vaccines, for all NTDs.
- As the world becomes increasingly interconnected, the spread of disease across national borders poses a threat to all countries. NTDs, including Chagas disease and dengue, have an increased prevalence in the U.S.
- In addition to USAID, other U.S. agencies involved in research and control efforts for NTDs include the National Institutes for Health (NIH), the Centers for Disease Control and Prevention (CDC) and the Department of Defense (DoD).

Countries requiring preventive chemotherapy for at least one neglected tropical disease (lymphatic filariasis, onchocerciasis, schistosomiasis or soil-transmitted helminthiasis) and number of those diseases in each country, 2011



Source: WHO ⁴

Making Progress

- Over the past decade, the momentum behind the control and elimination of NTDs has increased dramatically. The World Health Organization (WHO) developed its first Strategic Plan in 2003 and **the U.S. government first allocated \$15 million in FY2006 for the creation of an integrated NTD control program administered by USAID.** The British government followed in 2008, with the development of its own NTD control program.
- In January 2012, inspired by the WHO 2020 Roadmap for NTDs, a range of public and private partners including pharmaceutical companies, donor governments, endemic countries, research organizations, the World Bank, and the Bill and Melinda Gates Foundation, announced the London Declaration on NTDs, a new coordinated commitment to control and eliminate 10 NTDs by 2020. **By the end of 2012, over 40 countries had developed NTD master plans outlining their strategies for achieving NTD control and elimination targets.**

U.S. Response and Strategy

Support for NTD control has grown in recent years and has received widespread bipartisan support from U.S. policymakers. Several U.S. agencies have programs focusing on NTDs:

- USAID's NTD program, in coordination with WHO and global partners, supports interventions for the control and elimination of seven targeted NTDs including assistance for NTD program implementation led by Ministries of Health; drug and diagnostic procurement; advising and training health personnel and community-based workers; disease mapping; monitoring and evaluation for integrated NTD programs; and policy development.
- NIH continues to be the largest funder globally of neglected disease early-stage R&D³ through the National Institute of Allergy and Infectious Diseases and the Fogarty International Center.
- CDC works to reduce the burden of NTDs through control programs, diagnostic research, capacity building in endemic countries, progress evaluation and monitoring and identification of new tools.
- DoD plays a significant role in NTD research and development for the U.S. military and is the only U.S. agency that oversees research – from basic science through product development.

It is essential that the U.S. continue its commitment to NTD control and elimination and to R&D programs across government agencies. Investments are needed in late-stage product development to ensure that new discoveries make it through the pipeline and become available to people who need them most. With investments like these, the U.S. can save and improve hundreds of millions of lives and create a more economically prosperous global community.

Recommendations

- **Congress and the Administration should maintain strong funding levels for the USAID NTD Program.** For USAID to maximize the benefits of increased drug donations received from the pharmaceutical companies, the U.S. government needs to support strong funding for this unique and successful public-private partnership.
- **The U.S. government should maintain U.S. leadership in NTD control and elimination** by supporting the commitments of the 2012 London Declaration on NTDs to achieve the 2020 NTD goals.
- **USAID should seek strategic cross-sectoral coordination of NTD treatment and control programs.** The inclusion of NTD control measures within other USAID programs or among broader U.S. government programming will be necessary to advance NTD control and elimination goals. Opportunities for cross-sectoral coordination may include maternal and child health services delivery platforms (e.g., childhood immunizations, vitamin supplements) and/or water and sanitation projects.
- **USAID should invest in late-stage product development for NTDs.** Investments are needed in R&D, particularly late-stage product development for new technologies, in order to achieve the goals of disease control and elimination; address the urgent needs of particularly neglected patient populations, including those suffering from NTDs with the highest death rates and respond to the potential challenge of drug resistance. Late stage product development efforts could be made through the USAID NTD program or other USAID programs.
- **The DoD, CDC and NIH should expand current investments for NTD research and development.** Additional investments in R&D will ensure the availability of new tools and treatments for people living with NTDs.



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¹ The current WHO list of NTDs is Buruli ulcer, Chagas disease, cysticercosis, dengue, dracunculiasis, echinococcosis/hydatidosis, endemic treponematoses, foodborne trematodiasis, human African trypanosomiasis (sleeping sickness), leishmaniasis, leprosy, lymphatic filariasis, onchocerciasis, rabies, schistosomiasis, trachoma and soil-transmitted helminths. "Neglected Tropical Diseases," The World Health Organization. http://www.who.int/neglected_diseases/en/.

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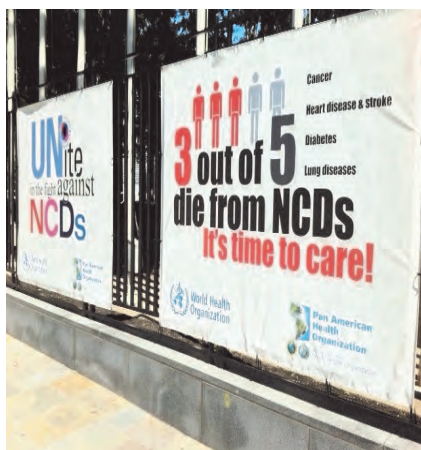
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Non-Communicable Diseases

Summary

Accounting for almost two out of three deaths worldwide, there is no greater threat to human health today than non-communicable diseases (NCDs). The four main NCDs – cardiovascular disease, cancer, diabetes and chronic lung diseases – are caused largely by exposure to four risk factors: tobacco use, harmful use of alcohol, inactivity and poor diet. Urbanization, climate and environmental factors also impact NCDs by altering risk factors.

The U.S. government possesses state-of-the-art expertise and capacity to fight NCDs globally, through prevention, detection, treatment, rehabilitation and palliative care. While the U.S. government has focused on battling NCDs domestically, it could do much more to apply this knowledge to improve global health for present and future generations.



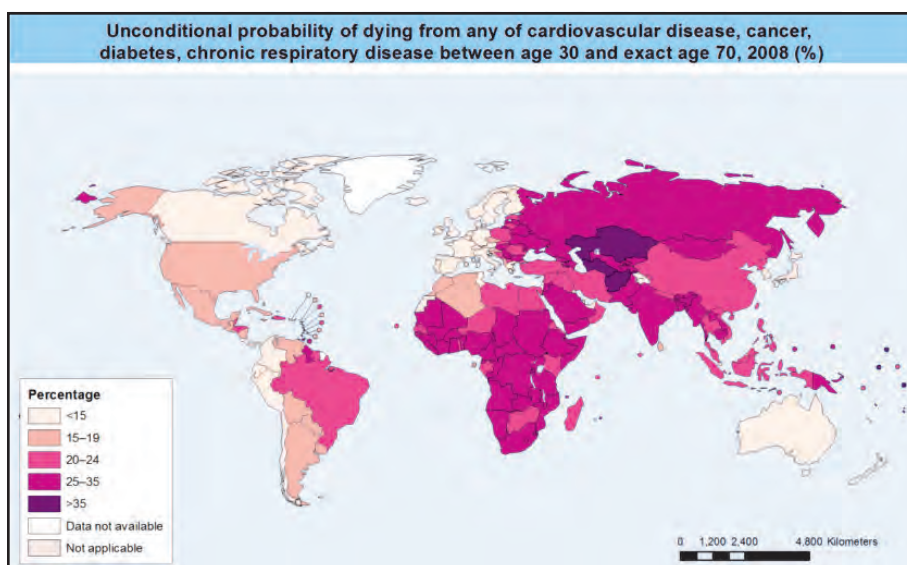
Jeff Meer, Public Health Institute

Overview

- The World Health Organization (WHO) defines NCDs primarily as cancer, cardiovascular disease, chronic lung diseases and diabetes.¹ WHO also includes disabilities, injuries and mental health disorders in its NCD-related focus areas. Many health organizations also include birth defects, blindness, renal diseases, Alzheimer's disease, dementia and oral diseases in the definition.
- WHO reports that, as of 2008, there were 36 million deaths globally due to NCDs – six times as many deaths as HIV/AIDS, malaria and tuberculosis combined.² Contrary to common misconceptions, the vast majority of NCD deaths occur in low- and middle-income countries. The impact of NCDs is increasing rapidly and will be overwhelming in all regions by 2020 unless action is taken urgently.³ NCDs not only cause deaths, but can cause debilitating disabilities that place significant strains on the individual and the economy. Disabilities from NCDs account for approximately 78.6 percent of all years lived with a disability. For example, at current rates of increase, unipolar depressive disorders will become one of the top three disease burdens in all countries by 2030.
- These diseases have historically been associated with aging populations in wealthy nations, but in today's world, they are striking men and women in their most productive years and at all income levels, especially among youth and the poorest of the poor. There is no sharp dividing line between communicable disease and NCDs; many, including rheumatic heart disease, Burkitt's Lymphoma and cervical cancer, begin with infections from communicable diseases. These diseases are sapping the economic strength and social capital of societies that are major U.S. partners for trade and development. Clear evidence exists that social determinants, including poverty, lack of education and poor housing, contribute significantly to NCD prevalence.
- For two consecutive years, the World Economic Forum (WEF) ranked NCDs as one of the greatest risks to global well-being – similar to fiscal crises and global governance gaps.⁴ WEF projects a cumulative loss of \$47 trillion to global GDP by 2030 as a result of NCDs. NCDs are affecting increasingly younger populations in low- and middle-income countries, further threatening education outcomes, the global economy and productive workforce, and undermining progress toward global poverty eradication, including the UN Millennium Development Goals (MDGs). The U.S. is not alone in underfunding work on NCDs; less than 1 percent of global funding for health is applied toward addressing NCDs or risk factors.⁵

Making Progress

- There has been limited progress in combating NCDs globally. The wealthiest countries have had small successes in reversing NCD trends, including the U.S., which has reduced heart attack incidence over the last 50 years through improved prevention, diagnosis and treatment. Unfortunately, these have barely made a dent in reversing the global trend toward increased NCD rates.
- The WHO Framework Convention on Tobacco Control represented a major NCD victory in 2003 and now has 168 country parties. The U.S. signed in 2004, but has not ratified the treaty.⁶
- The 2011 UN High-Level Meeting on NCDs was a watershed moment and only the second time that the General Assembly has met on a health issue. Nations unanimously adopted a Political Declaration, committing to reduce the toll of NCDs.⁷
- **In 2012, the UN agreed to an ambitious target to reduce overall deaths from NCDs by 25 percent by the year 2025. Member States also agreed to eight additional voluntary targets and 25 indicators. The United States was instrumental in developing this global monitoring framework.**
- The Rio+20 Outcome Document, "The Future We Want," recognized that sustainable development requires reductions in NCD and communicable disease prevalence.⁸ Discussions support including NCDs in a post-2015 MDGs framework.



Source: WHO

U.S. Response and Strategy

NCD prevention, diagnosis, treatment and care programs are widespread within the U.S. However, U.S. federal agencies are at the early stages of developing and resourcing NCD interventions abroad. With the U.S. lacking an overall international policy and funding stream for NCDs, global health programs that address them tend to be piecemeal, resulting in short-term, tangential and uncoordinated activities with modest impact. The Department of Health and Human Services (HHS) has demonstrated the most robust work in this area and recently released a global strategy that includes NCDs. In addition to its leadership in global policy development, HHS efforts include Centers for Disease Control and Prevention and National Institutes for Health research; surveillance and training programs, exemplified by the chronic disease Centers of Excellence initiative; and the Global Youth Tobacco Survey.

The State Department has utilized public-private partnerships to drive its engagement in global NCDs. In 2011, the Office of the Global AIDS Coordinator (along with other partners) announced the "Pink Ribbon Red Ribbon" Initiative,⁹ which leverages the President's Emergency Plan for AIDS Relief (PEPFAR) platform to expand screening and treatment for cervical cancer and promote breast cancer education. However, there has been little discussion as to whether PEPFAR could be similarly expanded for other NCDs. Additionally, the State Department's Global Partnership Initiative helped launch the Global Alliance for Clean Cookstoves,¹⁰ which works to reduce the indoor air pollution and resulting NCDs caused by cooking with biofuels in developing countries.

USAID targets NCDs through a small number of country programs and some grants addressing cancer and diabetes. As of 2000, USAID ceased support for tobacco production and committed to identifying alternative cash crops for economic development. Its new Office of Health Systems is positioned to encourage the integration of NCD interventions as part of country-based health programs.

Recommendations

- **The Administration should reaffirm its policy commitments to NCDs** and integrate NCD prevention, diagnosis and treatment with existing international development programs such as the Global Health Initiative, PEPFAR, Feed the Future and the Global Climate Change Initiative.
- **USAID's new Office of Health Systems should develop guidance for integrating NCD interventions into existing country programs.** USAID should adopt a widespread policy, that acknowledges the intersection of the global NCD burden with key development priorities, including agriculture, gender equality and economic growth. Likewise, the State Department Office of Global Health Diplomacy and Office of Global Women's Issues should include NCDs in their programs and messaging.
- **The Administration should emphasize a "whole of government" approach** to NCD prevention, diagnosis, treatment, care and rehabilitation to ensure multisector coordination and supportive social or economic policies.
- **The President should seek Senate consent to ratify the WHO Framework Convention on Tobacco Control.**
- **The Administration should continue to support innovation for NCDs worldwide,** by leading the creation, testing and broad dissemination of global health technologies.
- **In intergovernmental negotiations, the Administration should champion NCD prevention, diagnosis and treatment.** The Administration should deliver on NCD-related pledges, and encourage other nations to do so. The U.S. government should support nutritional science and consumer behavior research¹¹ and promote reduced consumption of foods high in sugar and fat in an effort to produce a culture of wellness and healthy eating. Programs that emphasize appropriate physical exercise at all ages are cost-effective. The U.S. should also facilitate the availability of essential medicines for NCDs globally.
- **U.S. representatives at the UN should ensure the post-2015 MDG agenda includes NCDs** within the context of health, as well recognizing the link between NCDs and human development generally. U.S. government negotiators should lead global NCD policy dialogue, including within the WHO NCD Action Plan and NCD accountability mechanism. The Administration should also advocate for gender- and age-disaggregated NCD data collection in global health programs to ensure the needs of children, adolescents, adults and the elderly are all considered. The Administration should share U.S. successes on NCDs with other governments, including in health systems strengthening. Federal agencies should convene global multistakeholder partnerships and in-country interagency collaborations on NCDs, excluding entirely the tobacco industry, to address social determinants of health that affect NCDs.

...the global burden of NCDs constitutes "one of the major challenges for development in the twenty-first century..."

UN Political Declaration on NCDs
September 2011

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www.ncdroundtable.org

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¹⁰ "The Cookstove Story," Global Alliance for Clean Cookstoves. <http://www.cleancookstoves.org/>.

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Maternal and Child Health

Summary

Every day, 19,000 children die from preventable diseases and conditions such as pneumonia, diarrhea, malaria, measles and polio.¹

Since 1990, U.S. investments have contributed to a 40 percent decline in maternal and child deaths.

In June 2012, the United States committed to ending preventable child deaths within a generation and improving maternal health. Continuing U.S. efforts to address the leading causes of maternal and child mortality and morbidity will dramatically accelerate progress toward this ambitious goal.

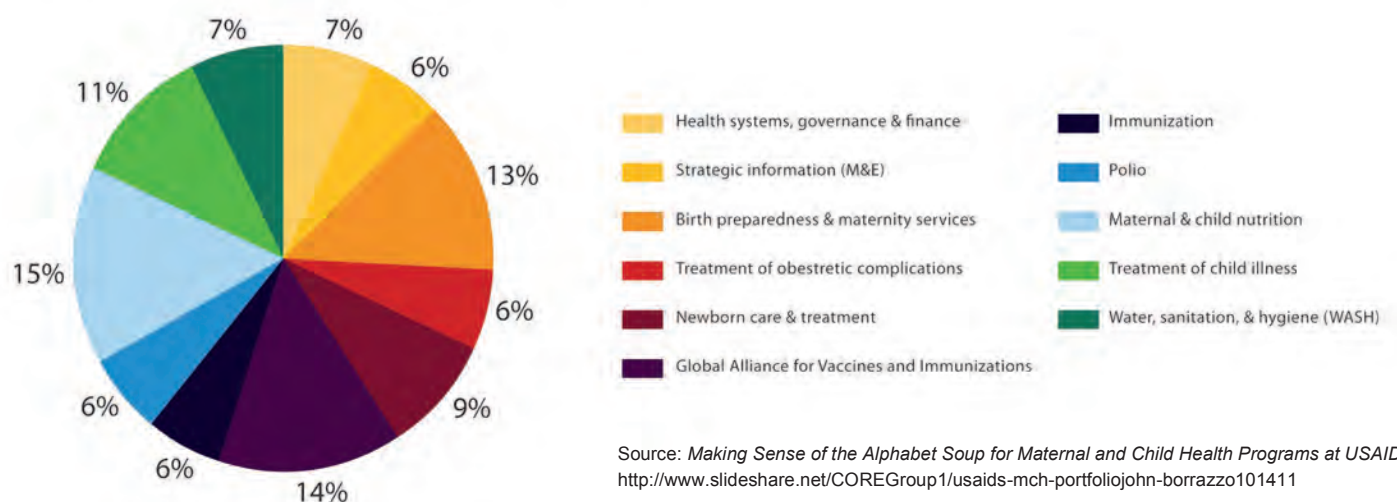


Gabe Bienczycki, PATH

Overview

- Significant progress has been made in improving maternal and child health in recent years, in part due to increased U.S. leadership and support. In 2011, fewer than 7 million children died before their fifth birthday, compared to around 12 million in 1990.
- From 1990 to 2010, the annual number of maternal deaths dropped 47 percent from more than 543,000 to 287,000.²
- A quarter of a million women die each year during pregnancy and childbirth from preventable causes such as hemorrhages, infections and high blood pressure. Ninety-nine percent of these deaths occur in resource-limited settings where women lack access to basic nutrition and health care. Care from a skilled health worker before, during and after childbirth can save the lives of women and newborn babies.³
- Of all childhood deaths, approximately 40 percent occur within the first month of life. Preterm birth is the leading cause of neonatal mortality with over one million newborn babies dying each year because they were born too early.⁴
- For children under the age of 5, pneumonia and diarrheal diseases are the leading killers, together claiming the lives of 2 million children each year.⁵ By 2015, it is estimated that more than 2 million child deaths could be averted if the utilization of key cost-effective interventions for pneumonia and diarrhea are available to the poorest populations in countries with the highest mortality rates.
- Vaccines save 2.5 million young lives each year,⁶ and are among the most cost-effective health interventions, with an economic return of 18-30 percent.⁷
- The interventions that prevent childhood diseases, such as immunization, access to safe water, sanitation and adequate nutrition, are best provided as a package of services in order to achieve optimal outcomes.⁸
- Continued U.S. support and leadership amongst bilateral and multilateral stakeholders are critical to creating a cohesive approach to maternal and child health.

2010 USAID Spending: maternal and child health



Making Progress

- The longstanding investments by the U.S. government in child and maternal health, though modest, have proven highly successful. **Roughly 6 million children each year are saved by U.S.-funded treatments, preventions and nutrition programs.**⁹
- In the 19 countries where U.S. involvement has been the greatest, **maternal mortality has declined by 30 percent in the last 20 years.**¹⁰
- In 2012, the United States, along with Ethiopia and India, led the way for a global pledge, the Child Survival Call to Action, to end preventable child death within a generation and improve maternal health. Significant investments are needed to meet this commitment.

U.S. Response and Strategy

U.S. support for maternal and child health is provided through bilateral USAID assistance and partially through the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH). USAID supports programs that care for women before, during and after labor; provide prevention and treatment of severe diseases and infections for children and newborns and promote routine immunization. Additionally, USAID has a long history of investing in training and support for the frontline health workers, including midwives and community health workers, who can properly manage pregnancy, delivery and complications for women and newborns; and in research and the development of products to address health challenges impacting women and children, such as vaccines, nutrition strategies and oral rehydration therapy to treat diarrheal disease. The CDC provides scientific and technical assistance to strengthen health systems, including the health workforce, and is involved in immunization programs, while the NIH supports basic and applied research for maternal and child health.

The U.S. also partners with multilateral organizations, providing additional support for vaccines and immunizations through funding to UNICEF and the Global Alliance for Vaccines and Immunizations (GAVI), a public-private global health partnership focused on increasing access to new and underutilized vaccines and immunizations within poor countries. GAVI enables countries to take ownership over their immunization programs by requiring that country ministries and the private sector work together to fund, in part, and implement these programs. With GAVI's support, over 370 million children have been immunized. In 2011, the U.S. government made a three-year, \$450 million commitment to support the GAVI Alliance and its programs. In the final year, \$175 million is required to meet the commitment in FY2014.

Recommendations

- **The U.S. government must follow through on its commitment to end preventable child death in a generation and improve maternal health with financial and technical assistance.** In order to reach this ambitious goal, developing countries that have joined the Child Survival Call to Action will need to build health programs and systems, including a skilled, equipped and supported health workforce, that reach the poorest and most vulnerable communities. Many developing countries, including India and Ethiopia, are committed to achieving the goal, but they cannot get there without long-term technical and financial assistance from the U.S. and other donor nations. As a leading donor for child and maternal health, the U.S. should encourage more financial and political support from multi- and bilateral organizations, as well as the public and private sectors.
- **Congress should maintain and increase support for overall maternal and child health programs by appropriating \$750 million in FY2014 to follow through on its commitments.** This funding amount includes \$175 million to fulfill the U.S. pledge to the GAVI and provides critical complementary core services to women and children.
- **The U.S. government should promote rapid scale-up of proven interventions and health services access for rural, poor and underserved populations.** Supporting programs that address disparities within countries as well as among them will help achieve reductions in maternal and child mortality. Pregnant women should have access to affordable medicines and skilled birth attendants that keep them safe during pregnancy and child birth, no matter where they live.
- **Congress should support and provide flexible funding for disease-focused initiatives, to promote intersections with maternal and child health.** These programs include the President's Emergency Plan for AIDS Relief (PEPFAR), the President's Malaria Initiative (PMI) and the Global Fund to Fight AIDS, Tuberculosis and Malaria.
- **The U.S. government should invest in research and development of critical tools, such as vaccines, and other essential health supplies for women and children.** Many diseases that affect women and children will not be completely eradicated with currently available tools. In addition to scaling up current interventions, additional R&D is urgently needed to improve the health of women and children around the world.

Nearly **90 percent** of child deaths due to pneumonia and diarrhea occur in sub-Saharan Africa and South Asia.



Source: PATH

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Nutrition

Summary

Undernutrition contributes to the preventable deaths of millions of mothers and children under the age of 5 each year and results in lost economic productivity and an increased health burden.

The U.S. is committed to improving nutrition for mothers and children around the world and scaling up proven, cost-effective solutions.

The linkages between nutrition; health; agriculture; water, sanitation and hygiene (WASH); and other sectors of development should be leveraged in order to better coordinate and integrate policy and program implementation to achieve significant reductions in child deaths and stunting.



John Isaac, UN Photo

Overview

- Undernutrition is one of the world's most serious yet least addressed development challenges, which contributes to the preventable deaths of millions of mothers and children under the age of 5 each year. It stunts the cognitive and physical development of millions more children and results in lost economic productivity and an increased health burden on already poor countries.
- The 1,000 day window between a woman's pregnancy and her child's second birthday are critical to long-term human development and economic growth. The right nutrition during this time produces a lifetime of benefits: healthy growth and brain development, a strong immune system, higher IQ, better educational performance and greater lifetime earning potential.
- While significant progress has been made in reducing deaths in children under the age of 5, 6.9 million children annually – about 19,000 each day – still die from largely preventable deaths. Undernutrition is the underlying cause of more than one-third, or 2.5 million, of these deaths.¹
- Around the world, some 165 million children are stunted due to chronic undernutrition.² Chronic undernutrition also leads to increased susceptibility to infections and illnesses, such as diarrhea and pneumonia; magnifies the impact of diseases such as HIV/AIDS and malaria, and compromises the absorption and effectiveness of life-saving medicines. Better nutrition during the 1,000 day window can result in a savings of about \$20-30 billion annually in health costs.³
- The lack of key micronutrients and stunting in girls contributes to complications later in life, such as obstructed labor, obstetric fistula – a preventable childbirth injury⁴ – and even maternal death.
- Undernutrition and stunting are serious drains on economic productivity, costing countries as much as 11 percent of their GDP.⁵ The right nutrition during childhood can increase individual earnings over a lifetime by up to 46 percent.⁶
- In the 2012 Copenhagen Consensus report, an expert panel of economists concluded that fighting undernutrition in young children should be a priority investment for policymakers. Every \$1 invested in nutrition generates as much as \$138 in better health and increased productivity.⁷
- Without urgent action to improve nutrition, progress on disease prevention and treatment and hunger and poverty alleviation will be harder and costlier to achieve.



Dominic Sansoni, World Bank

Making Progress

- In 2008, the medical journal *The Lancet* published a series on maternal and child undernutrition, highlighting the impact on the critical 1,000 day window and recommending a set of evidence-based interventions.⁸
- During the last two decades, collaborative efforts at all levels and across sectors have **resulted in reducing the deaths of children under age 5 from around 12 million in 1990 to about 6.9 million in 2011.**⁹ U.S. leadership on the inclusion of nutrition as a solution to ending child mortality has been vital.
- **The number of stunted children dropped by 35 percent, from 253 million in 1990 to 165 million children in 2011.**¹⁰ However, overall progress is still insufficient and millions of children remain at risk.

U.S. Response and Strategy

In 2010, U.S. leadership led to the launch of the 1,000 Days Call to Action¹¹ and the Scaling Up Nutrition (SUN)¹² movement to highlight the critical window of opportunity on nutrition and to support national leadership and collective action to scale up nutrition. With the 1,000 Days Call to Action, the U.S. has highlighted the period between a woman's pregnancy and her child's second birthday as a critical window of opportunity to maximize investments and address fundamental health and development challenges. SUN is a country-led movement with support and engagement by donors, national governments, foundations, civil society and the private sector to increase the effectiveness of existing programs, align resources and foster long-term commitment to nutrition. It now includes 33 countries committed to advancing health and development through improved nutrition.

Current U.S. food security and global health initiatives include nutrition as a cross-cutting issue and efforts are underway within USAID's Feed the Future initiative to align metrics and indicators to measure nutritional outcomes and impact across various U.S.-funded programs.

Recommendations

Continued U.S. leadership at all levels, including through SUN, is vital in harnessing the power of collaborative action to combat maternal and child undernutrition. Increased and targeted investments are essential to scaling up evidence-based, cost-effective nutrition interventions and leveraging investments in other areas to achieve significant and sustainable reductions in maternal and child undernutrition rates. Bipartisan support is needed to reverse decades of underinvestment in nutrition and enshrine it as a core development priority.

- **The U.S. government should continue and strengthen its leadership at the global level to increase nutrition investments** within overall health, food security, agriculture, education and WASH assistance. This includes supporting country-owned strategies and plans to scale up nutrition investments through SUN.
- **Congress should maintain and increase U.S. government support for nutrition programs and initiatives.**
- **The Administration should establish nutrition as a core component of U.S. development priorities** and launch a whole of government nutrition strategy that outlines how the U.S. will address and implement maternal and child nutrition programs, with a particular focus on the critical 1,000 day window.
- **The Administration should utilize linkages between nutrition, agriculture, health, WASH and other sectors of development** in order to better coordinate and integrate policy and program implementation to achieve significant reductions in child deaths and stunting.
- **The Administration should publish a more detailed U.S. nutrition budget across relevant initiatives and accounts** to ensure that investments across sectors are leveraged to improve nutritional outcomes.

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Family Planning and Reproductive Health

Summary

Since 1965, the U.S. has been a global leader in improving access to voluntary family planning services and information in the poorest countries. There has been bipartisan support for the international family planning and reproductive health program's lifesaving and cost-effective efforts. Providing women with access to reproductive health services, including a wide range of voluntary contraceptive options to determine the number, timing and spacing of their pregnancies, will reduce the incidence of unsafe abortion; improve maternal and child health; reduce unintended pregnancies and maternal deaths; lower HIV infection rates; promote women's empowerment; enhance women's and girl's education; and raise standards of living.



Catherine Lundy, FUSAI

Overview

- An estimated 222 million women in developing countries want to delay or avoid pregnancy, but face barriers or lack access to effective family planning information and services.¹
- In 2012, an estimated 291,000 women in developing countries died from pregnancy-related causes, including unsafe abortions.² In fact, pregnancy related complications are the leading cause of death in the developing world for young women 15-19 years old.
- Investments in family planning and reproductive health (FP/RH) are integral to the future progress of U.S. global health programs, as well as important initiatives to combat HIV/AIDS and improve maternal, newborn and child health.
 - For example, robust dual investment in maternal, newborn and child health and family planning is one of the most cost-effective strategies and saves more lives than either intervention alone. Providing both sets of services to women would lead to a 70 percent decline in maternal deaths, compared to a 57 percent decline if countries only invested in maternal and newborn care; newborn deaths would decline by 44 percent, compared to a 39 percent decrease with investments in maternal and newborn health alone.³ Moreover, increasing investments in both family planning and maternal health would have enormous cost savings: for every \$1 invested in family planning services, \$1.40 would be saved on maternal and newborn health care.⁴
- Every additional \$10 million U.S. investment in the international FP/RH program would result in:
 - 520,000 more women and couples receiving contraceptive services and supplies;
 - 150,000 fewer unintended pregnancies;
 - 70,000 fewer abortions taking place (of which 50,000 would have been unsafe);
 - 400 fewer maternal deaths occurring;
 - 50,000 fewer years of healthy life; and
 - 2,000 fewer children losing their mothers due to complications during pregnancy and child birth.

Making Progress

Since 1965, significant progress has been made toward improving the health and well-being of women and girls by expanding access to FP/RH information and services. Former recipients of USAID family planning assistance, such as Thailand, Korea, Brazil and Mexico, are now donors in the provision of family planning information and services.

U.S. partnership with donors, governments and other key stakeholders, including the private sector and civil society, has been vital in advancing women and girls' health and well-being globally. With international momentum producing real dividends for the world's poorest women and girls, U.S. leadership is all the more important.

Other donors, governments from developing countries and civil society organizations have also recognized and prioritized family planning. For example, at the London

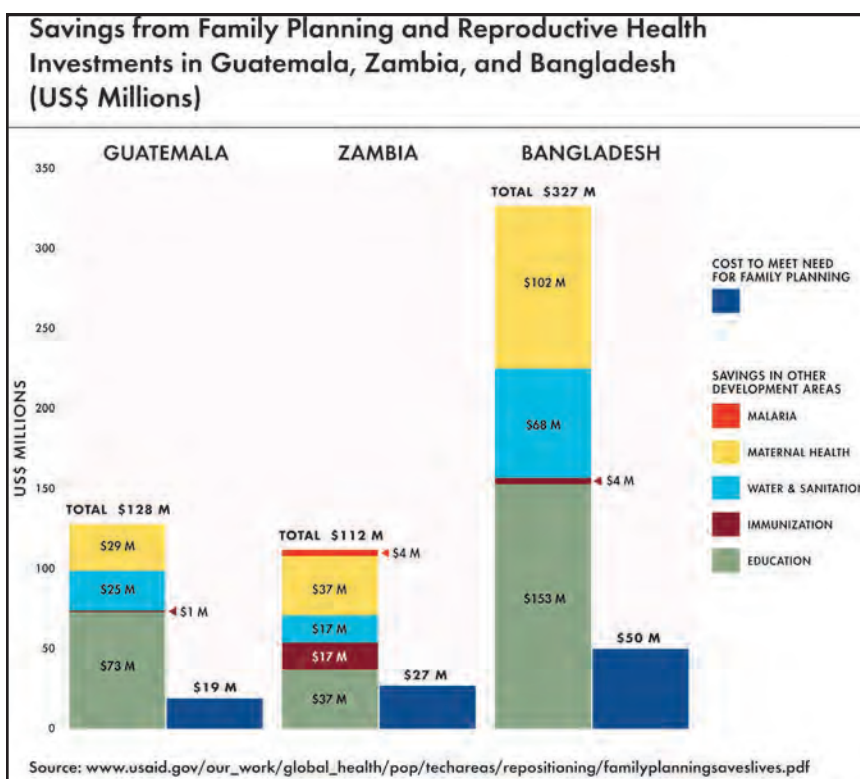
Summit on Family Planning in July 2012 leaders from around the world, including the U.S. government, made commitments to provide access to family planning for 120 million more women who want it by 2020. U.S. leadership is vital in supporting this global momentum. Supporting women and girls' family planning and reproductive health needs, including through educating and engaging men and boys and training health care workers, is a critical investment and should continue so the U.S. can sustain its leadership and provide its share toward addressing the existing unmet need for family planning services.

U.S. Response and Strategy

The U.S. international FP/RH program is cost-effective and delivers real results. For example, FY2012 funding for international family planning and reproductive health programs makes it possible to:

- Provide 31.6 million women and couples with contraceptive services and supplies;
- Avert 9.4 million unintended pregnancies, including 4.1 million unplanned births;
- Prevent 4 million induced abortions (3 million of them unsafe);
- Avert 22,000 maternal deaths;
- Prevent women from losing 2.8 million fewer healthy years of life; and
- Prevent 96,000 fewer children from losing their mothers due to complications during pregnancy and child birth.⁵

Working with and supporting the United Nations Population Fund (UNFPA) expands and complements the reach of U.S. international family planning and reproductive health investments as UNFPA works in three times the number of countries where USAID currently operates. UNFPA supports programs that assist women, men, boys and girls made vulnerable by natural disasters, armed conflicts and other crises. During humanitarian disasters, UNFPA sends medicine and supplies needed for clinical delivery assistance and emergency obstetric care; provides training for health workers and midwives; leads the organization and distribution of hygiene kits to displaced women and their families; and works with other UN agencies to address gender based violence and HIV.⁶



Recommendations

- **Congress should expand access to voluntary family planning and reproductive health for the world's most vulnerable women and young people.** We urge Congress to increase funding for international family planning and reproductive health toward \$1 billion annually, including \$65 million annually for UNFPA. This figure represents the appropriate U.S. share of total global expenditures necessary to address the current unmet need for contraceptives of 222 million women in developing countries. This funding would also help ensure that those displaced by conflict and natural disasters have full access to lifesaving reproductive health care they require.⁷ Moreover, investment in international family planning should include increased support for research and development of new contraceptive and multipurpose technologies that help women determine the number, timing and spacing of their pregnancies; prevent sexually transmitted infections (STI); and are safe, effective, affordable and acceptable.
- **Congress and the Administration should provide women with access to a range of services and remove limitations to healthcare, family planning and reproductive health services.** Efforts should be made to strengthen health systems that offer family planning and reproductive health services and support an integrated approach that includes STI and HIV testing and counseling. The provision of a range of services across a continuum of care is cost-effective and allows providers to not only assist women with determining the number, timing and spacing of pregnancies, but also promotes the overall health of women and their children.



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Water, Sanitation & Hygiene (WASH)

Summary

Ensuring access to safe water, sanitation and hygiene (WASH) services plays an important role in safeguarding the health and well-being of individuals and communities.

Approximately 1.5 million children under 5 years of age die each year from diarrheal diseases that result from poor quality WASH. An estimated 50 percent of undernutrition is not due to lack of food but to diarrheal disease and worm infections caused by inadequate WASH.¹ Even pneumonia infections can be reduced by up to 25 percent through access to water and handwashing.²

Child and maternal health, HIV/AIDS, neglected tropical diseases, food security, nutrition and other development efforts can be more effective during initial implementation, and more sustainable over the long-term, if they include WASH.

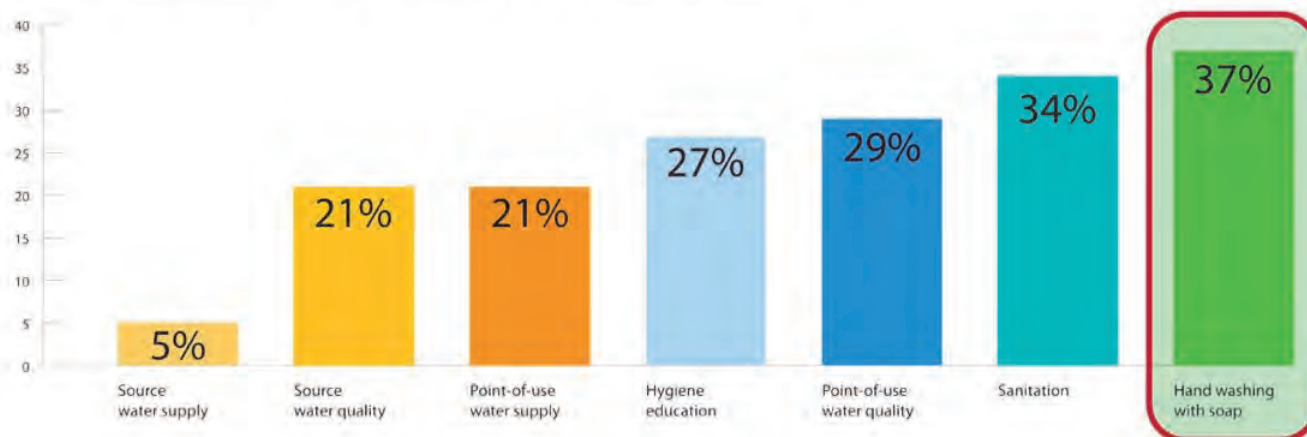


Layton Thompson, WaterAid

Overview

- Access to safe water and sanitation facilities is directly linked to the overall health of individuals and communities. WASH has the potential to prevent 8 percent of deaths and 10 percent of the disease burden in developing countries.³ In addition, improved access to WASH can contribute to improved education, by increasing school attendance and learning opportunities.
- Universal access to water supply and sanitation would save more than \$134 billion in annual health costs avoided, lost productivity and reduced mortality.⁴
- Hygiene and sanitation promotion are among the most cost-effective health interventions – to prevent an individual from losing one year of health costs a mere \$5 to \$10 per year.⁵
- Every \$1 spent on water and sanitation generates \$4.30 in increased productivity and decreased health care costs.⁶
- WASH programming reduces the number of child deaths related to diarrheal diseases by 65 percent.⁷
- People with WASH-related diseases fill half the hospital beds in developing countries, taxing health systems that may already require significant capacity support.⁸
- Safe water and sanitation are crucial for preventing diarrheal disease in people living with HIV/AIDS, whose immune systems are two to six times⁹ more susceptible to diseases such as diarrhea, and who need adequate nutrition in order to respond to antiretroviral therapy.¹⁰
- Access to clean water and safe latrines is important for communities wanting to stop the spread of bacterial diseases and ensure that women and young girls have a secure place to practice safe and healthy menstrual hygiene.
- Neglected tropical diseases (NTDs) affect 1.4 billion and cannot be permanently eliminated without the provision of safe water and sanitation.¹¹
- Poor WASH is linked to childhood undernutrition, cognitive delays and stunting.¹² Open defecation is a determinant of stunting and prevents children from growing tall and becoming healthy productive adults.¹³ Interventions, such as nutritional supplements, combined with improved sanitation and handwashing with soap can reduce stunting by 4.5 percent, compared to 0.1 percent decrease with nutrition interventions alone.¹⁴

Reduction in diarrhea morbidity, by intervention



Sources: Unicef; Waddington et al. 2009

Making Progress

- While the global community successfully reached the Millennium Development Goal of halving the number of people without access to clean water in 2010, **783 million people still lack access to safe drinking water and 2.5 billion lack adequate sanitation.**
- In fiscal years 2009,¹⁵ 2010¹⁶ and 2011,¹⁷ USAID provided improved access to drinking water to a total of 9.2 million people, and access to sanitation facilities to 6.3 million people.

U.S. Response and Strategy

The U.S. government and Congress displayed strong leadership to improve water, sanitation and hygiene access globally through the Senator Paul Simon Water for the Poor Act of 2005. The resulting health gains are tremendous: as women no longer get sick from dirty water or poor sanitation, fewer workdays are missed, income and productivity has increased and income is invested in the health and education of the household.

Programs implemented by USAID and its partners strengthen the capacity of developing country governments to address WASH challenges that impact the health of communities. The launch of USAID's Child Survival Call to Action in 2012 was a positive step toward prioritizing the link between WASH and health outcomes, especially related to diarrhea and maternal health. The campaign's broad support from the G8 community and UNICEF makes this an encouraging partnership for the U.S. government and an opportunity to address the link between WASH and health on the global scale. The Child Survival Call to Action and the Feed the Future initiative are important tools for the U.S. government to promote global health, but in order to realize the full benefit of these tools, consideration for improving WASH outcomes is essential.

Recommendations

- **The Administration should continue to work with national governments to encourage them to include WASH in their national health strategies and adequately fund and monitor the programs.**
- **Foreign assistance is a smart and powerful investment that can save lives. Congress should ensure funding for WASH programming is sustained during the current budgetary climate** and ensure that WASH is integrated across multiple development sectors.
- **The Administration and Congress should prioritize and integrate sustainable WASH interventions in their overall approach to international development.** This includes creating a multiyear WASH strategy that targets programs based on need and fully implementing WASH elements in the Administration's development initiatives, in particular the Global Health Initiative and the Child Survival Call to Action.
- Since countries with the greatest WASH needs most likely have the greatest health needs, **USAID and the State Department should target countries with the greatest WASH needs to address overall health concerns.** A comprehensive and coordinated approach from national governments, multilaterals, the private sector and civil society is necessary to address this challenge.
- **The Administration should strengthen monitoring and evaluation requirements for WASH programming,** including long-term (one, three and five year) assessments to ensure WASH linkages to health are realized. USAID should work in coordination with governments, grantees and contractors to incorporate monitoring and evaluation models and tools that address long-term service delivery and allow for learning and programmatic changes.
- **Congress should improve aid effectiveness by supporting Water for the World legislation,** which seeks to improve monitoring and evaluation across USAID programming and includes WASH indicators that are linked to positive health outcomes.



WaterAid/GMB Akash/Panos

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Health in Humanitarian Response

Summary

Providing health care for populations affected by crises is essential in any humanitarian response.

Assistance to these populations must be based upon need, guided by humanitarian principles, and be impartial and accessible to all.

A focus on the health needs of the most vulnerable groups, such as women, children, the elderly and persons with disabilities, is critical.

Effective emergency response programs can lay the building blocks for stronger and more resilient health systems once a crisis has abated.



International Medical Corps

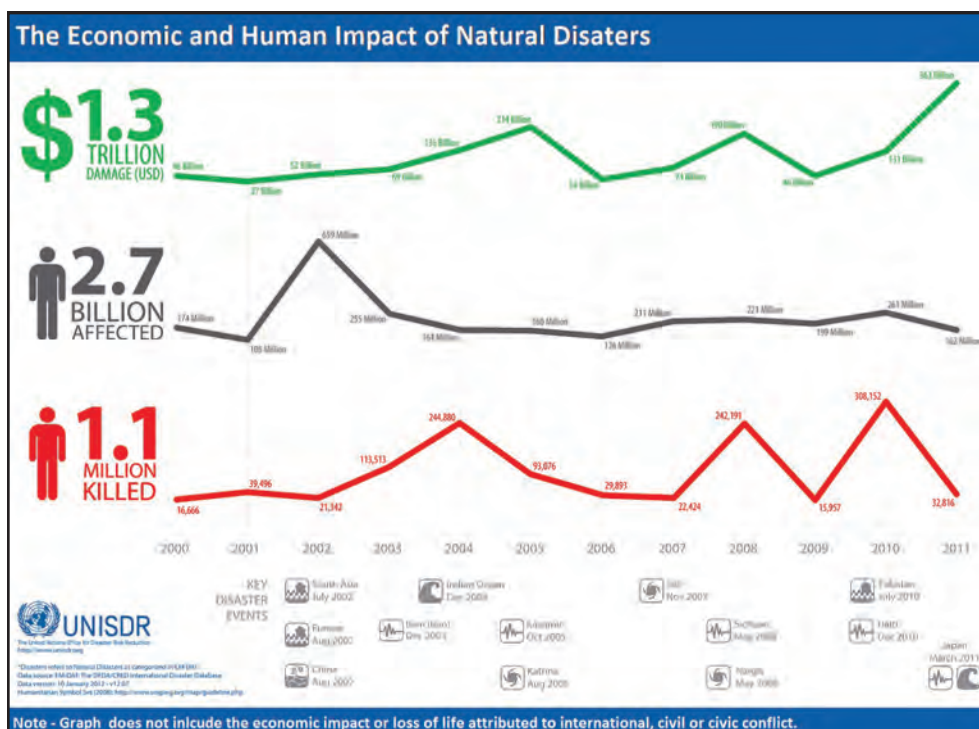
Overview

- Vulnerability to natural disasters and the threat of conflict are major impediments to achieving good health for the world's poorest. The burden of disease and the mortality levels experienced in countries affected by humanitarian crises are tragically high – more than one-third of maternal deaths worldwide and half of the children who die before age 5 live in fragile states.
- Assistance to people affected by humanitarian crises should be guided by humanitarian principles and based upon the assessed needs of the population. The provision of humanitarian assistance, including health services, should be independent from security or political agendas, delivered in an impartial manner and accessible to affected communities.
- Although women and children make up the majority of the affected population during an emergency, vulnerability assessments often reveal other at-risk groups that require special attention. Addressing specific health needs, such as treatment for survivors of gender-based violence, maternal and newborn care, promoting optimal nutrition, and mental health and psychosocial support, is critical during the response.
- Currently half of the world's estimated 10.5 million refugees and at least 13 million internally displaced persons (IDPs) are thought to live in urban areas. As low-income countries trend toward urbanization, vulnerable populations, including displaced persons, are at an increased health risk since the health systems in fragile states tend to be overextended and struggle to meet their needs.
- Emergencies requiring international humanitarian action are often complex and involve multiple actors. In large scale crises, there can be hundreds of humanitarian agencies providing health-related aid. Effective coordination of the response is essential to avoid duplication, address gaps and ensure the greatest impact and accountability.
- When emergencies subside and government systems begin to recover, humanitarian aid transitions to longer-term development. Transitions can produce more robust and resilient health systems when humanitarian partners (i.e., donors, host countries, local and international organizations) align aid with national recovery strategies and health plans, rather than creating parallel structures and stand-alone efforts.

Making Progress

- The United States has been a generous contributor to addressing the health needs of people impacted by humanitarian crises. In 2012 alone, the U.S. government provided \$200 million in direct support for emergency health programs.¹
- Quick and effective action by the U.S. humanitarian and health funding agencies, including USAID's Office of Foreign Disaster Assistance (OFDA), the Department of State's Bureau of Population, Refugees and Migration (BPRM) and the Centers for Disease Control and Prevention (CDC) has allowed for lifesaving interventions to millions of people throughout the world.

From 2000 to 2010, natural disasters alone affected 2.7 billion people across the globe



- Addressing the needs of the most vulnerable has been a focus in U.S. humanitarian assistance, with increasing attention given to survivors of gender-based violence and a growing recognition of the importance of meeting the mental health and psychosocial needs of populations affected by disasters and conflict.
- The U.S. government has been a strong voice in the international humanitarian policy dialogue and has encouraged humanitarian actors to engage in coordination mechanisms in an effort to ensure a more effective and efficient emergency response.
- As a member of the Good Humanitarian Donor Initiative, the U.S. government promotes principled donor behavior, and by extension, improved humanitarian action.

U.S. Response and Strategy

Through its support for humanitarian health programs, the United States has been successful in saving the lives of individuals affected by conflict and natural disasters through the provision of essential health care, such as emergency medical interventions, nutritional support, access to clean water and sanitation, and preventing the outbreak of diseases. U.S. responses to the 2010 earthquake in Haiti and the 2004 tsunami in the Indian Ocean saw not only a large outpouring of public and private U.S. financial support, but also a large number of volunteers serving in emergency-affected areas. Americans support U.S. investments in global humanitarian health because such investments reflect the American values of assisting those in need.

While many emergencies cannot be predicted or prevented, the resulting loss of life can be reduced through appropriate mitigation and preparedness efforts. The U.S. should remain steadfast in its leadership role of building resilient health systems in low-income countries, responding quickly and efficiently when emergencies occur, and coordinating and supporting efforts in post-emergency recovery. Since many issues arising from emergencies require longer-term solutions, the U.S. has supported countries after initial disasters to both help address the most critical health needs and strengthen the recovery phase.

Recommendations

- **Congress should maintain its strong support for the International Disaster Assistance and Migration and Refugee Affairs accounts** and continue robust funding levels for humanitarian emergencies through OFDA, BPRM and the CDC. U.S.-funded humanitarian programs have proven to be essential in saving lives, preventing the further degradation of fragile states, and contributing to global safety and security.
- **The U.S. government should remain a global leader in humanitarian health response** by enhancing coordination with key donors, engaging and supporting influential donors from other countries, and contributing substantively in global humanitarian policy discussions.
- **The U.S. government should increase its investment in disaster risk reduction (DRR) and preparedness strategies and programming.** Greater attention to and increased support for DRR and emergency preparedness can help to mitigate the impact of disasters and prevent loss of life and damage to communities.
- **USAID should work closely with foreign ministries of health to strengthen emergency response capability,** renovate hospitals, and provide primary and secondary medical care for displaced individuals, as well as promoting ministries to introduce equitable instruments of financing for recovering health systems.
- **USAID/OFDA and BPRM should invest in developing appropriate systems, tools and approaches to respond to the specific challenges of displacement in urban areas.**



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Vaccination

Summary

Vaccines are a fantastic global health investment, cost-effectively preventing millions of deadly and debilitating illnesses every year.

The United States is the global leader both in groundbreaking research for vaccine development and for ensuring their delivery to resource-poor countries.

United States leadership in global health requires sustained political and financial support for vaccine development and delivery.



Charlotte Raymond Photography, IAVI

Overview

- Vaccines are responsible for major public health gains over the last century, leading to the eradication of smallpox and putting diseases like polio and measles on the brink of eradication.
- Vaccines are a great global health investment. A UN calculation projects that the United States recoups the \$23 million it spent on smallpox eradication programs in the latter part of the 20th century once every 26 days because it no longer has to vaccinate against or treat the disease.¹
- Vaccines are fantastic tools for promoting health equity. The past 30 years have seen global vaccination programs drastically reduce diseases like pertussis, diphtheria and Hib meningitis across the developing world, mirroring coverage and prevention rates in high-income countries.² Global mortality attributed to measles, one of the top five diseases killing children globally, declined by 74 percent between 2000 and 2010 thanks to expanded immunization.³
- In spite of these incredible accomplishments, nearly 900,000 children continue to die every year from rotavirus, Hib meningitis, pneumococcal pneumonia and other vaccine-preventable diseases.⁴
- Research and development holds the promise to extend the power of vaccines to other global health challenges such as malaria, tuberculosis and HIV/AIDS.
- Global vaccination programs save lives abroad and protect Americans at home and abroad. Infectious diseases recognize no borders. Through effective immunization efforts, the United States massively reduces the risk that those diseases will cause harm to U.S. citizens and military personnel abroad, as well as become a threat here at home.

Making Progress

- Until recently, new vaccines did not reach people in the developing world until many years after they were licensed in high income countries. Cases of pneumonia and diarrheal disease, which are especially threatening to children, have been greatly reduced due to programs that ensure distribution of new vaccines soon after licensure.⁵

Reported cases of vaccine-preventable diseases over time

| | 1980 | 1990 | 2011 | Change 1980-2011 |
|-------------------------------|-----------|-----------|-----------|------------------|
| Global population (thousands) | 4,424,952 | 5,275,431 | 6,930,571 | 57% |
| Diphtheria Cases | 97,511 | 23,864 | 4,887 | -95% |
| Measles Cases | 4,211,431 | 1,374,083 | 344,276 | -92% |
| Pertussis Cases | 1,982,355 | 476,374 | 139,382 | -93% |
| Polio Cases | 52,795 | 23,390 | 716 | -99% |
| Tetanus Cases | 114,251 | 64,983 | 14,132 | -88% |

Source: World Health Organization

- A recently released vaccine against the human papillomavirus (HPV) added to global immunization programs has the potential to prevent new cases of cervical cancer in areas where women's access to care is extremely limited.⁶
- Investments in expanded vaccine delivery in 72 low- and middle-income countries over the next decade are expected to prevent up to 6.4 million child deaths, saving \$6.2 billion in treatment costs and \$145 billion in lost productivity.**⁷
- Promising research has brought us closer than ever to vaccines against HIV/AIDS, malaria, tuberculosis and neglected tropical diseases, such as dengue fever.⁸
- Research continues to improve upon existing vaccines, minimizing spoilage by reducing their vulnerability to heat⁹ and speeding up their manufacture through cutting-edge processes.**¹⁰

U.S. Response and Strategy

Immunization is woven throughout U.S. history, from mandatory smallpox inoculation of troops in the Continental Army¹¹ to Franklin Roosevelt's founding of the March of Dimes to combat and eventually eliminate polio in the United States.¹² For decades, the U.S. has invested in saving lives around the globe with vaccines through the World Health Organization's Expanded Programme on Immunizations, which has led to global access to DPT3 (diphtheria, pertussis and tetanus) and measles vaccines.¹³ Through USAID investments in the Global Alliance for Vaccines and Immunization (GAVI),¹⁴ a public-private partnership focused on increasing access to immunization in resource-limited countries, the United States has supported efforts that will avert almost 5.5 million vaccine-preventable deaths over the next decade.¹⁵ U.S. support for GAVI averaged \$133 million between 2007 and 2012, heavily outpacing other bilateral contributors.¹⁶ Working in collaboration with Ministries of Health, on-the-ground efforts by the Centers for Disease Control and Prevention (CDC) have strengthened country immunization systems and provided scientific and technical expertise to expand access to immunizations and save lives.¹⁷

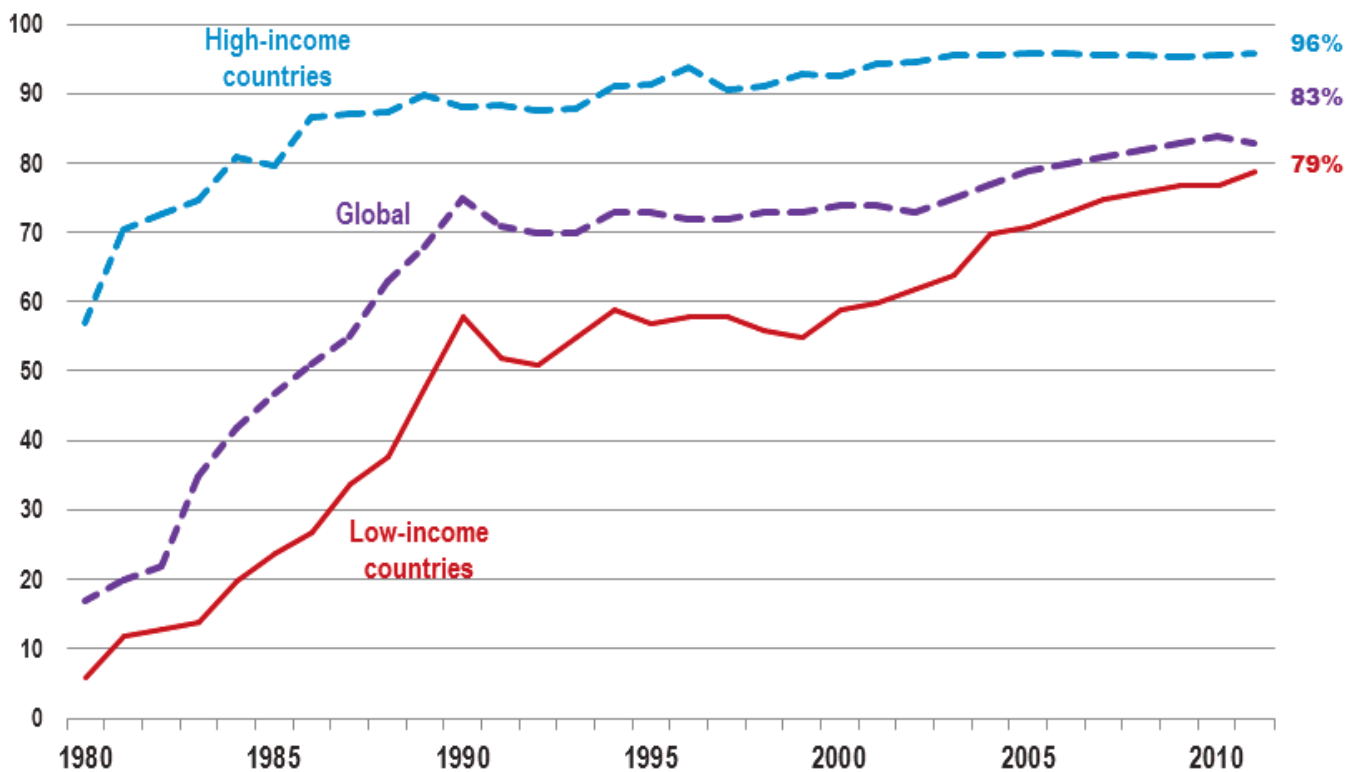
Public sector research investments through the National Institutes of Health (NIH), CDC, USAID, Department of Defense, and the Food and Drug Administration (FDA) have made the United States the foremost global funder of vaccine innovation, with an average annual vaccine R&D investment of \$1.36 billion between 2007 and 2012.^{18, 19} The United States has also leveraged the domestic expertise of the vaccine development industry, enlisting U.S. biopharmaceutical companies in the development of new vaccines against Meningitis A²⁰ and innovative vaccine vial monitors (VVMs) that indicate whether vaccines have been safely stored.²¹

U.S. investments in vaccine development and delivery are necessary not only to continue the battle against infectious diseases in resource-poor regions but also to ensure that those diseases pose minimal threat to U.S. citizens at home and abroad.

Recommendations

- **Congress and the Administration should maintain strong funding levels for global vaccination programs such as the GAVI Alliance through USAID and CDC.** Closing the gap in vaccine coverage will require a continuation of the United States' commitment to global immunization programs, working closely with country partners and other funders to extend the reach of those programs.
- **The Administration should sustain research and development investments in vaccines through the NIH, CDC, USAID, Department of Defense and FDA.** Continued support will be required to transform promising research into the lifesaving vaccines of the future and improve manufacturing and delivery techniques to expand the reach of existing vaccines.

DTP3 coverage 1980-2011, by income



Source: GAVI/WHO

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Health Research and Development

Summary

Global health research and development (R&D) is an essential component of international development programs. Incredible breakthroughs in new technologies such as vaccines, diagnostics, drugs, microbicides and devices have saved millions of lives. The U.S. must continue its leadership in health innovation and research by sustaining funding for research programs and supporting a policy environment conducive to discovering and developing the next innovations in global health technologies.



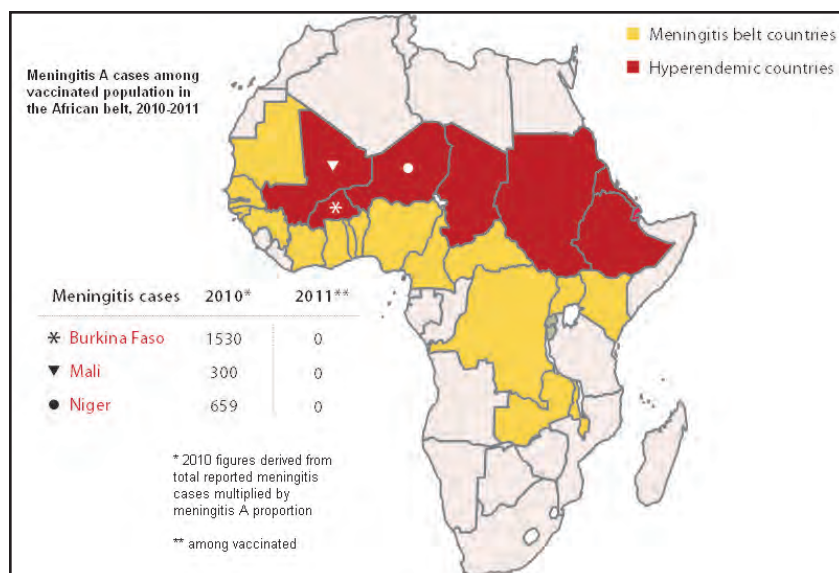
Evelyn Hockstein, PATH

Overview

- Over the past 50 years, the world witnessed remarkable innovations in global health. Investments in research from the U.S. government and a range of global partners has led to the creation of new tools that eliminated smallpox, dramatically reduced measles cases and contributed to the near-eradication of polio across the globe. More recent scientific breakthroughs contributed to the development of products for HIV/AIDS,¹ tuberculosis (TB),² malaria,³ women's health,⁴ neglected tropical diseases⁵ and childhood killers such as diarrhea and pneumonia.⁶
- In order to sustain the progress in global health product development and to address emerging and evolving needs, continued support from the U.S. government and its partners is still needed to stop the spread of life-threatening illnesses. For instance, adequate drugs, vaccines and diagnostics simply do not exist for many neglected diseases. New challenges such as drug and insecticide resistance pose a threat to health across the globe. As new global health threats emerge, operations and implementation research complement biomedical R&D to find the most effective ways to deliver and scale up access to services and products.
- Investment from the public sector has been essential, as a lack of a traditional market for global health products has historically deterred many private investors. In particular, the United States has played a key role in these and many other global health breakthroughs, and the nation is poised to accelerate scientific innovation for new technologies.
- Health research breakthroughs not only serve a remarkable humanitarian purpose – they also reap domestic rewards by creating U.S. jobs, spurring business activity and creating a range of partnerships between the U.S. private, nonprofit, public and academic sectors. Sixty-four cents of every \$1 invested in global health R&D goes directly to U.S. researchers.
- R&D also guarantees that new and improved medical products will be available in the future – products that will have much greater public health impact at a lower cost, thereby reducing healthcare costs over the long term.

Making Progress

- The U.S. government has a long history of leadership in global health R&D. Previous U.S. government investments to develop new global health tools have led to some of the greatest advances in technology to date, saving countless lives and resulting in billions of dollars in cost savings.⁹
- An innovative public-private partnership model – including technology developed at the U.S. Food and Drug Administration (FDA) – resulted in the meningitis A vaccine MenAfriVac™, the **first-ever vaccine developed specifically to address an African health issue.**^{10, a}
- A **new rapid diagnostic test for TB**, called GeneXpert, was developed using technology incubated at the Department of Defense (DoD). It was launched in 2010 and bulk purchasing guarantees from the U.S. government have enabled a price reduction of 40 percent.^{11, 12}
- Since 2009, the distribution of over 150 million courses of child-friendly Coartem® Dispersible (artemether-lumefantrine), codeveloped with Novartis and the Medicines for Malaria Venture, is estimated to have saved 340,000 young lives from malaria.¹³
- Globally, thanks to commitments from public, private and philanthropic donors, as well as involvement from the private sector, many new tools – including a new TB treatment, new drugs and vaccines for neglected tropical diseases,^{14, 15} new insecticides and tools for controlling insects that spread disease – have either been registered or are in clinical trials. **With increased investment and support from the U.S. government and its partners, further gains are achievable.**



Source: Global Health Technologies Coalition (GHTC) and Policy Cures¹⁸

U.S. Response and Strategy

Thanks to a longstanding commitment to research from the United States, global health R&D is now at a critical juncture, with 365 new global health products in the research pipeline as of April 2012. The U.S. government supports R&D efforts for 200 of these promising new tools.¹⁶ Support from the U.S. government for global health R&D comes from federal agencies such as the National Institutes of Health (NIH), DoD, the Centers for Disease Control and Prevention (CDC), FDA and USAID. NIH, CDC, FDA and USAID have each stated that global health is a core interest and key component to their programming, and essential to protecting the public's health. A key aspect of U.S. government investment in global health R&D has been its support for product development partnerships (PDPs), a unique model of collaboration that pools technical, clinical, policy and regulatory expertise to manage and advance promising technologies.¹⁷

However, budget constraints in the U.S. mean that even the most essential programs are at risk, including funding for global health R&D. Additionally, U.S. involvement in global health R&D varies by agency and by disease, with no overarching strategy to coordinate the diverse issues, policies and programs across the U.S. government. Major bottlenecks exist in certain areas that could be addressed with better coordination across the U.S. government, with an eye to ensuring that products with major public health potential move swiftly through the development process.

^a MenAfriVac is a trademark of Serum Institute of India Ltd.

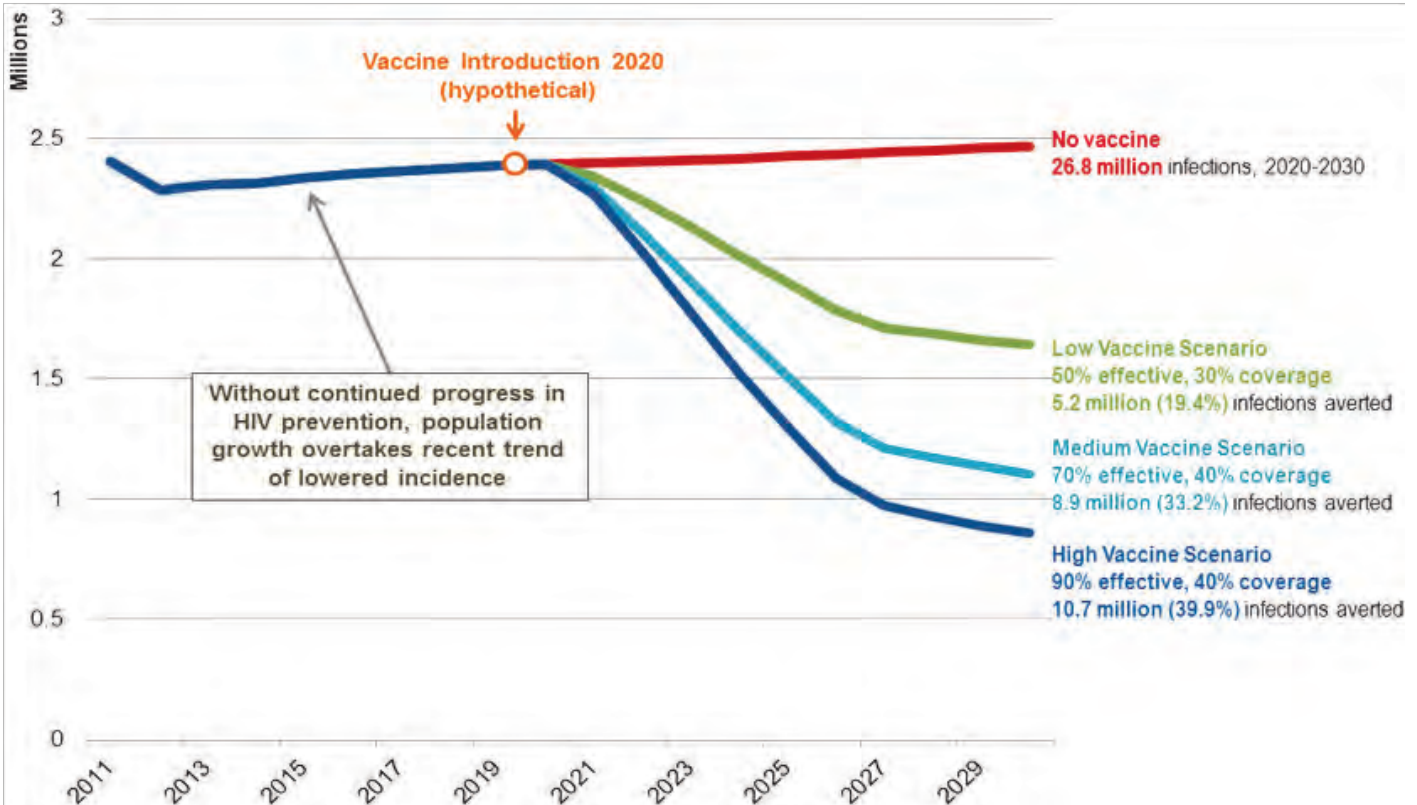
Recommendations

U.S. policymakers can build on the nation's commitment to science and innovation and long tradition of leadership in these areas, helping to ensure that the next generation of global health tools reach those most in need.

- **Congress and the Administration must protect and – where possible – increase funding for global health research and product development.** Policymakers must ensure future federal budgets demonstrate a renewed commitment to global health research, with bolstered funding levels across the U.S. government for R&D programs.
- **Where they have budget discretion, U.S. agencies engaged in global health research and product development must sustain robust investments in the development and delivery of new tools for public health worldwide.**
- **The U.S. government should develop a five-year strategy to coordinate its global health research and product development efforts.**
- **The U.S. government must simultaneously invest in operations and implementation research in addition to investments in R&D to develop new technologies.**

There could not be a better time for the United States to renew its legacy, as the Obama Administration charts a course for its second term and new and returning lawmakers in Congress set the country's fiscal and policy priorities. Global health R&D must be among these priorities. Science offers great promise, and there is too much to lose by pulling back now.

Potential effect of a vaccine on AIDS incidence and mortality



Source: International AIDS Vaccine Initiative

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Millennium Development Goals and Post-2015

Summary

Coordinated international efforts within the MDG framework has led to substantial improvements in the health of the world's poor and most vulnerable.

The United States must maintain its strong commitment to the global health MDGs and scale up interventions for the goals that are currently progressing too slowly to be met by 2015.

The United States, in coordination with other governments, civil society, the private sector and other key stakeholders, should continue its leadership role in the formation and implementation of the post-2015 MDG development framework.



Stephane Remael

Overview

- In 2000, UN Member States endorsed the UN Millennium Development Goals (MDGs), setting targets to mark progress in eight critical development areas by 2015.
- The MDGs seek to reduce child mortality, improve maternal health, combat diseases such as HIV/AIDS and malaria, eradicate extreme poverty and hunger, achieve universal access to education, promote gender equality, ensure environmental sustainability, improve water and sanitation, and create a global partnership for development.
- The MDG framework has been successful in mobilizing and coordinating actors internationally around these eight goals. It has also proven to be an effective vehicle for aligning U.S. global health priorities with the development planning of foreign governments, which has enhanced the effectiveness of U.S. aid programs and increased community resilience and self-reliance.
- While there has been substantial progress in achieving the three global health MDGs related to child health; maternal health; and HIV/AIDS, malaria and tuberculosis (TB), the global community must accelerate its efforts to scale up interventions in these important areas, as well as reach the remaining five MDGs.
- A process is currently underway to develop a post-2015 development framework. Consultations on the future global health goals should highlight the need for increased sustainability and equity, including the improvement of health systems, ensuring access to vital quality health services, targeting specific health conditions and the emergence of new health priorities.
- As a member of the UN's "High-Level Panel" in this process, the U.S. is in a unique position to engage in the formulation of the next round of development priorities.
- Fully engaging in the post-2015 consultations should be a priority of the United States to ensure future development frameworks reflect sustainability, efficiency and practicality, while reflecting the values and leadership of the United States.

MILLENNIUM DEVELOPMENT GOALS

| | |
|--------|--|
| GOAL 1 | • ERADICATE EXTREME POVERTY AND 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 |

Making Progress

GOAL 4 — **Child mortality has declined by 35 percent in the developing world.**¹ Still, sub-Saharan Africa, the region with the highest under-5 mortality, is unlikely to reach the 2015 target reduction rate.²

GOAL 5 — The rate of maternal deaths per 1,000 live births, decreased from 440 in 1990 to 240 in 2010.³

GOAL 6 — New infections of HIV are declining and more people living with HIV/AIDS are receiving antiretroviral (ARV) therapy. However, the 2010 target of universal access to ARVs was not attained.⁴

GOAL 6 — TB care over time **saved the lives of 20 million people in 2011**, and the target of a 50 percent reduction in mortality from TB will be reached by 2015.⁵

GOAL 6 — Since 2000, there has been a **17 percent reduction in the incidence of malaria** and a **25 percent reduction in malaria mortality rates globally.**⁶ However, funding levels less than the required amount for tuberculosis and malaria interventions threaten these inroads.^{7,8}

U.S. Response and Strategy

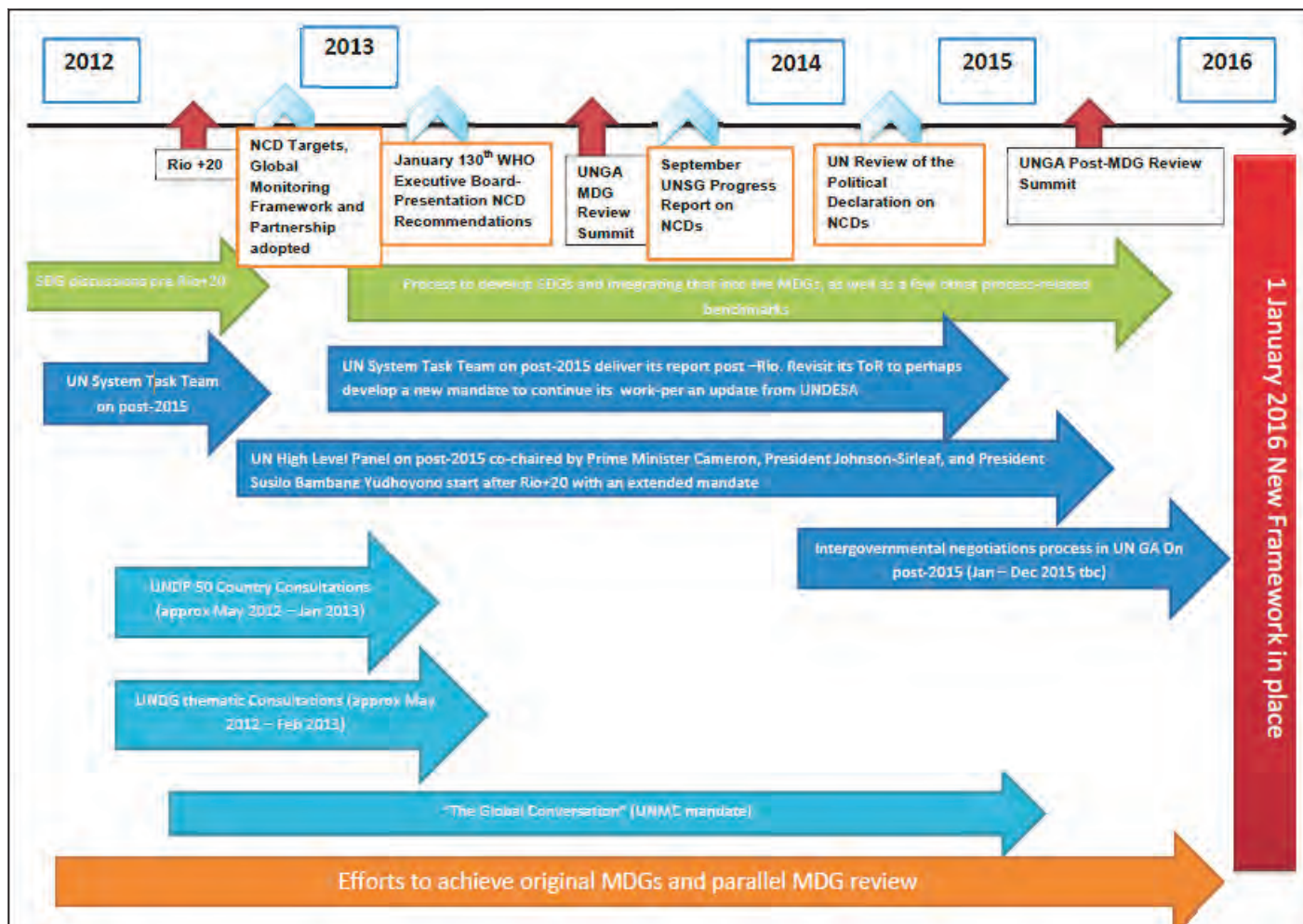
The U.S. has invested much-needed resources towards achieving the health MDGs and has been a major catalyst behind the progress made to date. Through commitment to its global health programs, bilateral funding and support to UN agencies, the U.S. has demonstrated its longstanding commitment to compassionately caring for the poor and most vulnerable populations, and providing conditions that make the world safer and healthier for Americans. However, current U.S. budgetary constraints and the slow pace of progress on some MDGs threaten the gains made thus far. With only two years until the world evaluates the successes of the MDG framework, the U.S. cannot afford to scale down support for global health.

The U.S. has a key role in the post-2015 process, and strong U.S. engagement is needed to ensure that the new goals reflect U.S. global health priorities. Consensus-led development planning in the post-2015 consultation process is essential to ensuring sustainability of programs, as well as country ownership and the ability to advance essential global health programs and priorities. Given the focus of the post-2015 consultations on health systems strengthening, opportunities to encourage an approach to health that fosters sustainability and reduces aid dependency will be prevalent.

Recommendations

- Congress should **sustain global health funding at the levels needed to continue the progress toward achieving the MDGs** and ensure the achievements made to date in maternal and child health and control of HIV/AIDS, malaria and TB are not lost.
- Congress should **scale up resources and programs towards the goals that have shown the slowest progress**, such as maternal health, family planning and universal access to ARVs for people living with HIV/AIDS.
- **The U.S. should take an active role in the post-2015 consultation process** and recommend goals that are ambitious and inclusive, yet practical and measurable.
- The U.S. should contribute to the discussion on equitable access to health services, health equity and social determinants of health as a part of the post-2015 health systems strengthening goals.
- **The U.S. must encourage meaningful and inclusive post-2015 consultations** to ensure the perspectives of both Northern and Southern civil society are reflected in the new goals.

MDG and NCD Timeline



Source: International Diabetes Federation

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Health Systems Strengthening

Summary

The purpose of health systems strengthening (HSS) is to improve health and save lives.

A health system consists of all the institutions, resources and people whose primary purpose is to improve health. This includes all components of the health system: hospitals, clinics, doctors, community health workers, drug stores, financing and pharmaceuticals.

HSS refers to an array of activities, initiatives and strategies that lead to better health outcomes of a country's population regardless of ethnicity, gender or religion.



Dominic Chavez

Overview

For over 50 years, the U.S. government has made contributions to global health around the world; however, progress has been disjointed or slow in many countries due to weak or nonexistent health systems. In many developing countries a weak health system makes it difficult for individuals to receive proper care, especially among those who need it the most. President Obama has said *"We will not be successful in our efforts to end deaths from AIDS, malaria and tuberculosis unless we do more to improve health systems around the world."*¹ Functioning health systems are essential to the success of disease-specific health initiatives and to meeting the U.S. global health goals of ending preventable child deaths and achieving an AIDS-free generation. Strengthening health systems helps to ensure that U.S. investments in global health are sustainable.

The World Health Organization (WHO) defines the health system with six core components or "Building Blocks:"²

- **Service Delivery.** Good health services deliver effective, safe, quality care that is delivered at scale to reach populations when and where they are needed.
- **Human Resources.** Countries need enough skilled health workers, who are equitably distributed and composed of the right mix of providers (e.g., doctors, nurses, midwives, pharmacists, surgeons, etc.), managers and support staff. Health workers need access to current information, and a safe and supportive work environment that promotes high performance.
- **Health Information Systems.** Accurate, timely health information is essential for monitoring health trends, identifying unmet needs, investing in performance improvements and measuring which approaches have the greatest health impact so they can be expanded.
- **Access to Essential Products.** Medicines, vaccines and other health products are crucial for the prevention, diagnosis and treatment of health problems. A functioning health system ensures equitable access to these and other safe, quality products.
- **Financing.** A good health financing system raises sufficient funds and uses them efficiently to provide needed services. Good financing also protects people from financial ruin or impoverishment due to burdensome out-of-pocket expenses.
- **Leadership and Governance.** Competent leadership and effective management systems are critical for health systems facing pressure to produce sustainable results. Effective leadership and governance includes a strategic policy framework, oversight, regulation and accountability.



MSH

Making Progress

- Impressive gains in global health have been achieved by combining progress in biomedical technologies with strengthening the systems that deliver vaccines, drugs and other essential commodities.
- **In countries where public and private investments to strengthen frontline health workers have been made, deaths due to preventable causes have decreased and populations are healthier and more stable.**
- Information technologies are increasingly used to support better policies, planning and services.
- Investments in pharmaceutical supply chains have helped ensure reliable access to medicines.
- Better information about health financing and increased use of market incentives are improving the use of resources.
- Leadership training and attention to governance in the health sector are yielding better policy decisions and increased accountability.

U.S. Response and Strategy

Ultimately, health systems strengthening is about helping countries improve the health and save the lives of their citizens. HSS is key as the U.S. government continues to promote country ownership and sustainability. USAID has demonstrated its commitment to HSS and sees it as a central goal of all U.S. global health programming. In 2009, the U.S. government included HSS as a core principle of the Global Health Initiative, a six-year, \$63 billion initiative that continues previous health investments and commits the U.S. to improving health through country-led platforms. In 2012, USAID established the Office of Health Systems to lead the agency's work on health systems strengthening.

While significant efforts have been made to improve health systems, developing countries and the U.S. government should continue to address the obstacles that hinder further progress. Worldwide, there are 57 countries with critical health workforce shortages. In others, there are serious inequities in access to healthcare. In addition to having too few health workers, many countries suffer from weak information systems, irregular supply chains, inefficient use of resources and weak governance. These issues need sustained attention.

HSS is even more important in the current U.S. fiscal climate; every dollar invested in global health must add value and demonstrate progress toward achieving priority health outcomes. Strong health systems are imperative for maximizing the impact of global health investments.

Recommendations

Despite the acknowledged importance of HSS, the U.S. government is still in the process of developing a comprehensive, integrated approach to HSS. To that end, we offer the following recommendations:

- **Congress should ensure funds are allocated to health system strengthening** in all future health related legislation to ensure that capacity is built within a country's system.
- **Congress should encourage USAID to:**
 - **Develop a comprehensive HSS strategy that identifies and advances measureable objectives for all six WHO Building Blocks.** The U.S. government has invested resources into doing HSS work in its partner countries, yet it currently lacks a unified approach. USAID should develop an over-arching strategy that clearly articulates its HSS goals, objectives and desired outcomes. The strategy should include a coordinated and comprehensive health workforce strengthening strategy with specific targets for increasing equitable access to qualified health workers, particularly in underserved areas, with a strategic focus on frontline health workers.
 - **Develop and regularly update HSS technical guidance to help inform the work of country-based U.S. government teams.** USAID should provide substantive guidance to its field staff that includes practical advice on how to design, implement and assess HSS programs. USAID's HSS Principle Paper offers a cursory look at many aspects of HSS, but is not detailed enough to guide field programming.
 - **Define and apply clear metrics to assess the impact of U.S. investments in HSS.** As of early 2013, USAID is in the process of determining indicators to measure the impact of its HSS efforts. Monitoring progress is essential for ensuring programs are achieving desired results.
- **The Administration should integrate clients and communities into the U.S. government approach to HSS.** Community involvement and participation are key ingredients to well-functioning health systems. The U.S. government should ensure local populations are actively included in deciding the direction of its health-improving activities and the delivery of health care.
- **The Administration should work with NGOs and others who implement HSS assistance programs to find the most effective means for optimizing their partnership.** The U.S. government should take advantage of the HSS knowledge that already exists in the NGO and donor community and incorporate that expertise into its HSS programming.

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¹ "Statement by the President on Global Health Initiative," The White House Press Office. http://www.whitehouse.gov/the_press_office/Statement-by-the-President-on-Global-Health-Initiative.

² "Health Systems Topics," The World Health Organization. <http://www.who.int/healthsystems/topics/en/>.



Andrew Nelson

InterAction Member Organizations

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| ACDI/VOCA Action Against Hunger USA ActionAid International USA Adeso Adventist Development and Relief Agency International (ADRA) African Medical & Research Foundation African Methodist Episcopal Service and Development Agency (AME-SADA) Aga Khan Foundation USA All Hands Volunteers Alliance for Peacebuilding Alliance to End Hunger American Friends Service Committee American Jewish Joint Distribution Committee American Jewish World Service American Red Cross International Services American Refugee Committee AmeriCares America's Development Foundation (ADF) AmericasRelief Team Amigos de las Américas Ananda Marga Universal Relief Team Baptist World Alliance Basic Education Coalition (BEC) Bethany Christian Services Global, LLC Bethesda Lutheran Communities BRAC USA Bread for the World Bread for the World Institute Brother's Brother Foundation Buddhist Tzu Chi Foundation Build Change CARE Catholic Relief Services CBM CDA Collaborative Learning Projects Center for Civilians in Conflict Center for Health and Gender Equity (CHANGE) ChildFund International Church World Service Concern America CONCERN Worldwide U.S., Inc. Congressional Hunger Center Convoy of Hope Counterpart International Creative Learning Development Gateway Direct Relief International Disability Rights Education and Defense Fund (DREDF) The Eagles Wings Foundation Education Development Center (EDC) Episcopal Relief & Development Ethiopian Community Development Council Family Care International Feed the Children Food For The Poor, Inc. (FFP) Freedom from Hunger Friends of ACTED Friends of the Global Fight Giving Children Hope Global Communities GlobalGiving Global Health Council Global Links Global Washington GOOD360 Habitat for Humanity International Handicap International USA | Heart to Heart International Heartland Alliance Heifer International Helen Keller International HelpAge USA Helping Hand for Relief and Development HIAS Himalayan Cataract Project Humane Society International (HSI) The Hunger Project Information Management and Mine Action Programs (IMMAP) INMED Partnerships for Children InsideNGO Institute for Sustainable Communities Interchurch Medical Assistance, Inc. (IMA World Health) International Catholic Migration Commission (ICMC) International Center for Not-for-Profit Law International Center for Research on Women (ICRW) International Emergency and Development Aid (IEDA Relief) International Foundation for Electoral Systems (IFES) International Housing Coalition (IHC) International Medical Corps International Medical Health Organization (IMHO) International Orthodox Christian Charities (IOCC) International Relief & Development International Relief Teams International Rescue Committee (IRC) International Social Service—United States of America Branch, Inc International Youth Foundation IntraHealth International, Inc. Islamic Relief USA Jesuit Refugee Service/USA Jhpiego – an affiliate of The Johns Hopkins University Joint Council on International Children's Services Keystone Humane Services International Latter-day Saint Charities Life for Relief and Development LINGOs Lutheran Immigration and Refugee Service Lutheran World Relief MAG America Management Sciences for Health (MSH) MAP International Medical Care Development Medical Emergency Relief International (Merlin) MedShare International Mennonite Central Committee U.S. Mercy Corps Mercy-USA for Aid and Development Millennium Water Alliance Mobility International USA National Association of Social Workers National Cooperative Business Association ONE Campaign One Economy Corporation Operation USA Oxfam America Pact Pan American Development Foundation Pan American Health and Education Foundation (PAHEF) | PATH Pathfinder International PCI Perkins International Physicians for Peace Plan International USA Planet Aid Plant with Purpose Population Action International Population Communication Presbyterian Disaster Assistance and Hunger Program Project C.U.R.E. Refugees International Relief International Religions for Peace RESULTS ReSurge International Salvation Army World Service Office Save the Children Seva Foundation ShelterBox USA Society for International Development (SID) Solar Cookers International Solidarity Center Stop Hunger Now Transparency International USA Trickle Up Program Unitarian Universalist Service Committee United Cerebral Palsy United Methodist Committee on Relief United Nations Foundation United States International Council on Disabilities (USICD) U.S. Climate Action Network (USCAN) U.S. Committee for Refugees and Immigrants U.S. Fund for UNICEF VAB (Volunteers Association of Bangladesh) WaterAid America Water for South Sudan WellShare International Winrock International Women for Women International Women Thrive Worldwide World Concern World Connect World Food Program USA World Learning World Neighbors World Rehabilitation Fund World Renew World Society for the Protection of Animals World Wildlife Fund World Vision Zakat Foundation of America |
| ASSOCIATE MEMBERS Center for Justice and Peacebuilding, Eastern Mennonite University Disaster Resilience Leadership Academy (DRLA) at Tulane University Enough Project: a project of the Center for American Progress (CAP) Global Master's in Development Practice Secretariat of the Earth Institute at Columbia University Transnational NGO Initiative of the Moynihan Institute of Global Affairs at Maxwell School of Syracuse University | | |