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**How is the U.S. Global Health Initiative Changing What
Happens in the Field?
Kaiser Family Foundation
May 25, 2011**

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JEN KATES: Good morning everyone. I'm Jen Kates and welcome to the Kaiser Family Foundation. We're really excited to be able to convene this briefing today to learn more about how the U.S. Global Health Initiative, or the GHI, is operating at country level and judging by the size of the crowd, we think you are too.

About two months ago right after Lois Quam became the first executive director of the GHI, she was here for a town hall meeting and one of the first things she said at that meeting was how much she was looking forward to going to the field and how important it would be to actually be in countries and talk to people running programs and thinking about these things at the ground level.

Since then, I know she's been to several countries. I read her blog so I've been keeping track. Just as she was looking forward to learning from the field, I know many of us are eager to understand how the nexus between what happens here in D.C. and the field is happening, how does the GHI translate its practice?

We're therefore extremely pleased that today we not only have Lois with us but we have three U.S. field reps from GHI-plus countries to talk about their experiences, two of whom

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are here virtually, which is one of the challenges of having the field not be here but technology helps.

So let me tell you who we have. First we have Mamadi Yilla, the former PEPFAR country coordinator and GHI planning lead from Malawi and currently with OGAC as a Senior Public Health Advisor. So she is actually with us in D.C. Then joining us by phone will be two other U.S. field reps, BethAnne Moskov who's the health team leader in Mali as well as the GHI field deputy from USAID and Kayla Laserson who's the director of the KEMRI Research Station in Kenya and the CDC Kenya GHI focal person.

I'm also very pleased that we have two experts from outside the U.S. government but both former U.S. government officials to share their perspectives. They are Mark Green who recently became the Senior Director at the U.S. Global Leadership Coalition. He previously served as Ambassador to Tanzania, was a former member of Congress and has held many other important roles in global health and development. We also have Karl Hofmann who's the President and CEO of PSI and the former Ambassador to the Republic of Togo and also somebody with a long career in public service.

Before we move to hear from them and then we'll take your questions, I want to spend just a couple of minutes providing some context on the GHI-Plus countries - the eight

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countries that were selected to have an accelerated approach to the strategy. The reason I want to do this is I think an important point is that they are, by design, a diverse set of countries. They represent a mix of U.S. global health programs, varying health and economic context. So I'm going to provide a few slides that affect. There's much more detail in your packets from a couple of Kaiser Family Foundation reports.

I also want to note that for those who are not aware, I think seven of the eight GHI-plus country strategies have been made publicly available recently. So that's more information about how the countries are thinking about this. We, at Kaiser, are soon going to complete an analysis of one aspect of the GHI, which is the women, girls, and gender equality principle and how have the country strategies reflected that principle, which is one of the seven core ones.

So turning briefing to slides, one thing that I think is interesting to look at is the GHI-plus countries are eight countries from more than 70 that receive direct funding through bilateral programs that goes to countries or regions. They represent about a quarter of all of the funding that went to countries and regions in fiscal year 2010, so relatively significant share.

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These are the eight for those who need a reminder but the funding amounts really ranged as do the mix of other aspects of the countries.

So for example, \$14.6 million in fiscal year '10 was provided to Guatemala compared to \$600.3 million in Kenya. Three of the GHI-plus countries, Kenya, Ethiopia, and Rwanda are among the top 10 recipients of total GHI assistance to countries and regions with Kenya being the largest of any in fiscal year '10.

Most of the funding, if you aggregate it, is for HIV, about 73-percent followed by malaria, family planning/reproductive health, and then all the other sectors of the GHI are five-percent or less. This is generally the pattern overall for all of the countries that received assistance in fiscal year '10 but I would encourage you to look in the packet because when you look at each individual country, you see a very, very different mix that reflects a whole range of factors.

So all eight of the plus countries receive funding for HIV, maternal and child health, family planning/reproductive health and nutrition, fewer for malaria as might be expected. The malaria funding is provided to malaria endemic countries. Not all of the plus countries are. Four for TB and three for NTDs. So they're a very different set of countries. This just

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shows you the amounts provided, aggregated together, for GHI programs in fiscal year '10.

So with that, I'm going to turn it over to Lois so we can hear from her about what she's learned in the last couple of months. I'm amazed she doesn't look jetlagged but apparently she's been traveling for two months.

LOIS QUAM: Yes, Jen I'm so happy to be here again at the Kaiser Family Foundation. I was brand new when I was here last time. I'm very grateful for this opportunity to be back with you today and to tell you what I've learned and especially for you and all of our colleagues here today to be able to hear directly from our countries. So what have I learned? We can be very proud of the United States of America and the role it plays in global health around the world.

By that I mean our government and the exceptional leadership role that our government has played for a long time, the work that President Bush and the Congress did around PEPFAR and the President's Malaria Initiative, the work that President Obama and Secretary Clinton and Secretary Sibelius have done, playing such an important role in global health and launching the global health initiative in elevating development.

But also when I travel and I see many of your colleagues, for those of you in this room who have colleagues who work across the globe on behalf of global health, our

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churches, our faith-based organizations, our NGOs, our research universities, our young people's organizations, the full breadth of America has taken on a goal of helping the world be a healthier place. That is very impressive.

The second thing that I've learned is that action is always in the field. It's always in the country. We here in Washington, we here in Atlanta, we here in other places in this country have an enormous opportunity and responsibility to help our colleagues who are working in-country be as successful as possible, help pave their way, help clear obstacles but that's where the work gets done and where the differences are made and that's always the case but as Jen pointed out, it's especially the case in GHI because in GHI, we aren't simply going out and saying we have a vertical program where we're doing this.

We're saying we want to build a sustainable integrated capacity for better health within a country. Therefore what you just saw in the differences between the countries are so relevant and the strategies have to reflect the countries.

The third thing I've learned is that it is imperative that we reach our goals. There are immense needs and you can't travel in countries without feeling, at a deeply personal level, the immense human needs that we're responding to. My first trip was to South Africa and Kenya. One of the things I've told my colleagues is when I travel to countries, I always

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want to go to a small town. I'm from a small town in the rural Midwest and I know from my own experience that things can look awfully different from a capital city to someplace very far from that. So for me, it's an interesting test.

I went to a village called Gem, which is outside of Kisumu near Lake Victoria in Western Kenya. I went to meet with a family and to see firsthand the power of what my colleagues and the U.S. government in Kenya are doing with their partner organizations going door-to-door to help people find out if they're HIV-positive and to help handle and cope with that as a couple, as a family, and help understand what that means in terms of the risks around TB and malaria and everything else.

It was very moving but what got way inside me, and I know those of you who have traveled have seen this, was when I learned that the first mother of that family had died on that hill bleeding to death trying to give birth to her twins and that her twins died with her.

I've given birth to twins in a safe place, in a wonderful hospital in Minnesota where I hemorrhaged but I was fine but I could, for that moment and I know you've experienced this, you see yourself in another's life and you know that if it was you on that side of the hill with no transportation to

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get you to any kind of place that could help you, there would go you or there would go I.

So we have an enormous obligation to meet needs around the world because we, as a country, can and there could go I or you. We have to find new ways to do that because the budget pressures that we're under will not allow us to simply do it by having more funds. We're going to have to create more funds. We're going to have to create new money by working in better, new ways, by being more effective and more efficient. That's what GHI's about.

So what I've learned what GHI is about is GHI's about momentum. GHI is about taking the very good things that we're doing, taking the very talented people who do this work within the government and in partner organizations of all kinds and doing things differently so that we give momentum to our work whether that's by focusing on women, whether that's by working differently with other multilateral and bilateral donors, or whether that's focusing and working with a country in a different way.

GHI is about creating momentum. It's about making gains and keeping gains and moving forward. It's about the fact that we would all like our grandchildren to care as much about global health as we do and to do this work but we don't want them to do the same things that we're doing. We don't

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want them working on the very same problems. We want to have made remarkable progress.

GHI is also about the elevation of development with diplomacy and defense as a part of what the United States does around the world. It's about the implementation of the QDDR, the state department's important document in this regard, and the President's policy directive on development, which is a remarkable document that, for the first time, really lays out at that level what development means to the United States, foreign policy and its relationship in the world. GHI is about that. GHI is about bringing the whole of America to our results in-country. Part of that is what we've talked about as the whole of government.

What I've learned is that the whole of government is not just something that we do for its own sake. It is not an end in of itself. We do it because we are trying to do things that are very hard. I look at our GHI targets every day and take a moment to think about the lives of those numbers represented and recognize that no one has ever achieved those goals before. We choose to try to achieve those goals in the most difficult places on earth. So to do that, we need the most creativity and we need to bring different perspectives to that problem.

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We need the wonderful perspective that CDC brings from their experience of epidemiology and going after a problem. We need the wonderful experience that USAID brings in seeing the complexity of how health relates to everything else. We need the amazing experience of PEPFAR's getting it done in an emergency setting. I could say the same for Peace Corps and DOD and NIH and FDA and all the other pieces. That's why we do the whole of government. That's why we do the whole of America.

We were sort of internally focused in GHI last year and when I came in, I saw this amazing opportunity to embrace all of us, all of American ingenuity and innovation in our colleges, in our research institutions, in our non-profits organizations in our companies and that we're best as a country when we bring all that together and we're able to leverage that to create great momentum. So that's what I've learned while I have been on the ground and that is what I'm so happy you're going to get a feel for today.

You're getting to meet three of my most talented colleagues who I've just had the privilege to spend time with now. I hope, Jen, we have opportunities, they have other really talented colleagues in plus countries and we're rolling out round two and we'll be shortly rolling out round three. We

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would love to have that opportunity in the future. So thanks again and it's wonderful to be here with all of you [Applause].

JEN KATES: Thank you. We would love to have the ability to have more voices either virtually or physically here to talk about this. So Mamadi, I'm going to turn it over to you because you recently were in Malawi and you were the GHI planning lead. So you were the person responsible for taking this information from Washington and figuring out what it meant at a mission, love to hear about that.

MAMADI YILLA: First of all, I'd like to thank you for having us here. I think it is a real pleasure. I'd also like to say that I'm speaking on behalf of my Malawian and American colleagues in Malawi and wish they were here to speak on their behalf but happy to do that. I have five things that I'd like to share this morning. The first of them is the question about why Malawi was a good choice as a GHI-plus country.

I think Malawi has had a good record of donor and government collaboration in the health sector. We were all committed to the health plan, the government, and its partners put together. We've had one national response to HIV, one national response to malaria. So we were able to leverage that sort of foundation in rolling out the global health initiative.

I want to say that there have been some significant challenges of late in Malawi's various bilateral and

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multilateral relationships but what I'm going to focus on today is our working level engagements, which have been good and remain very good.

Malawi certainly would say that it was a country that had embraced the principles of country ownership. We can attest to that because we were the first country that rolled out the PEPFAR partnership framework process. I think that that was the platform that we leveraged in rolling out what GHI was going to need in-country.

The second thing I want to briefly mention is that many of you perhaps, in preparation for coming to listen to us today, have looked at our GHI strategies. The goal of Malawi's GHI strategy is to help Malawi improve maternal, child, and neonatal health, help Malawi in its own efforts in reducing fertility rates and obviously its incredible HIV epidemic.

Our approach was to focus on the health system hoping that our inputs into that system would help health outcomes in general. So we are addressing health infrastructure deficiencies, enhancing leadership governance, management and accountability, and helping Malawi improve its human resource for health challenge.

Before expanding on what's happened in-country, I want to talk a little bit about how GHI has influenced our internal U.S. government processes. I think that it has definitely been

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influenced in a very positive way. I think Lois' arrival served us well in terms of bringing coherence around what the Global Health Initiative was going to be, that what it meant about all our U.S. government investments through PEPFAR, through PMI, through the various health programs that USAID has led in maternal health and family planning all these years, how we were going to bring those into this environment of doing business in a different way.

What was really sort of surprising internally was that we ourselves worked in a very siloed manner. I think that what the initiative brought was the ability to engage the incredible work of the state department in its diplomacy of various sectors within USAID around democracy and governance and around economic growth that they could help us dialogue with their counterparts and influence what happens in the health sector. I think that's been truly what I'd say was a-ha moments about what exactly we hadn't been tapping into internally.

My next points that I would like to share, I know that a lot of people are very interested in how this is actually happening. I think that it'll be fair to say that none of this happens in a linear manner and to also say that we are leveraging the way we have worked in the past to make this work better.

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So I want to give you one example, which was around rolling out a new nursing education partnership initiative, which was funded by PEPFAR. Typically what would happen, we would get engaged with our headquarters about resources to assist a partner country do something and we'd do our internal planning and then would go tell them that this is what we're going to do.

I think what GHI, the opportunity that or just the awareness, I guess you could say, of the GHI approach did was that instead of our usual way of doing business, we used the opportunity in-house to really ask ourselves well what have we been doing in the nursing sector in Malawi. To our surprise, we realized that there had been quite a bit of duplication but we would never have kind of found that out because we didn't plan in that manner.

So PEPFAR was talking to the folks who are responsible for maternal and child health, talking to the folks who are responsible for family planning and we recognized that quite a few of our partners were supporting curriculum development at Kamuzu College of Nursing.

So there was an opportunity to find some savings to do more with what we had. Then we also realized that we were not in this together. The Norwegians had been in Malawi for a long

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time helping them in the nursing sector. So let's get together with Norway.

Let's get together with the Clinton Health Access Initiative who had just spent quite a bit of time going around the country helping Malawi do some assessments around its nursing needs. WHO was going to be part of this initiative in terms of helping to standardize nursing guidelines. So we all sat together and sort of as development partners, got our stories straight before we went to our nursing partners in-country.

That whole process, if you think about how we can do that across many of the programs we engage in was really, I mean it took a lot of effort, I'm not going to deny that but I think that what happened in the end was that we have an initiative now that is really owned by the Ministry of Health.

They have decided where the resources are going to go, how they're going to be utilized, the individual who's going to coordinate this effort is sitting in the Ministry and those efforts have been embedded in part of the health sector plan, the cost of activities are there. Malawi feels very good about something that is very much needed and is going to take a long time to roll out but we started off that process much better than we had done on things in the past.

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I have some colleagues on the phone who have plenty of things to share so I don't want to spend too much time but I want to mention one other example, which is that our approach is to leverage the platforms we have in countries.

One of the best examples we have is an organization called Baobab, which is an indigenous organization in Malawi that, over the last number of years, has developed an electronic database system that was for monitoring patients on antiretroviral therapy. Through our discussions because what we've done as a U.S. government has been to partner with Baobab with PEPFAR resources to really strengthen their capability to be able to make decisions as to how they were going to work in their own country and embed their efforts within the Ministry of Health.

What we're seeing now is that that has become a platform to expand patient monitoring for TB, for antenatal clinic visits, for maternity, and for under-fives. What is really incredible and I hope some of you will pursue just learning a little bit more about Baobab is that it is entirely Malawian owned and Malawian run. There's no issue there about the leave behinds.

The last point that I want to raise is that the country context in Malawi's very important to our work in the Global Health Initiative that the Global Fund, the British government

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through DFID, the European Union, Germany, Norway, along with the U.N. partners, UNICEF and WHO in particular, have been significant partners of Malawi along with the United States.

The ability of our efforts under GHI to sustain and expand the health outcomes partners have supported Malawi accomplish will be strongly impacted by the will of the Malawian leadership both within government, in civil society and the private sector. So we are hopeful that as we, in good faith, adjust the way we do business as the United States government that the government of Malawi internal will make its own steps to strengthen the areas of our joint response that only they can inform and enforce. Thank you [Applause].

JEN KATES: Thanks. I have to say I read the Malawi strategy several times. I'm one of those people that has read all the strategies many, many, too many times and there's nothing like hearing the example from somebody who is there. So thank you so much. That's exactly what we were aiming for. Now assuming technology is cooperating with us, we have two other field reps who are in the field right now. We're starting with BethAnne, I believe, who should be on the phone and we'll magically—

BETHANNE MOSKOV: Yes, I'm here.

JEN KATES: Great. Hi BethAnne.

BETHANNE MOSKOV: Hi, how are you?

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JEN KATES: There she is. Welcome to us virtually. We have a full room here and hopefully, you were able to hear where we've come to at this point. We'd love to hear from you about the Mali experience.

BETHANNE MOSKOV: Great, thank you so much. I apologize to be doing this over the phone. I want to give you a little bit of context around Mali, which is a very different country than Malawi and sort of how it relates to GHI. Mali's a country that has a long history of a weak government with very limited resources and health service delivery in this country has been very weak and even the health sector as a whole has not functioned that well.

So oftentimes folks say why was Mali selected as a GHI-plus country and I think what's most exciting about Mali is the opportunity that we do have a government including a President and a Prime Minister who turned to the U.S. government and said we need help. We are at a time now, we are at a critical juncture where if we don't do things differently, our country, the health sector is going to fail even more miserably than it's already failing.

So this was a huge window of opportunity and GHI could not have come at a more perfect time to help step up to this call that the government of Mali gave to the U.S. government to assist them in reforming their health sector. Like Malawi, the

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U.S. government has greatly benefited through the GHI process and I'll just give a little bit of what we've done here with the U.S. government internally and then give you more specific examples of how we worked directly with the government and the impacts that we've been able to make.

We are a much smaller program than some of our other GHI-plus countries here in Africa. We don't have large PEPFAR resources. We don't have large staffs and programs from the various U.S. government agencies. So this was an excellent opportunity to really look at how we do business and come up with a smarter way of doing business to tap into our collective strengths and expertise and rely and trust each other in a much more succinct and coherent manner.

We've been able to really work closely together to speak with one voice, which is really government of Mali in terms of avoiding some of the confusion when each of the, like Malawi cited, each of the different government agencies going to the government of Mali to talk about the same problem. Now we go with one government agency or one U.S. government to talk about a similar problem.

We've also seen a significant mental shift in how we do business. We now look to each other to bring technical assistance to the table. We have all of our joint planning meetings with all of our U.S. government partners and it's been

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exciting to see partners funded by, for example, USAID and partners funded by CDC coming together, talking, and now doing joint planning on their own. That's been an exciting transition.

Peace Corps volunteers, for example, are now able to access any training, Peace Corps volunteers, I should say in their homologs access any training offered by other U.S. government agencies to spread the work that we're doing. We have joint planning efforts between USAID, CDC, and the Department of Defense to work in areas that we've never been able to work before.

Most significantly has definitely been the cost saving and smarter program of U.S. government resources. By reducing duplication of efforts, by coming up with smarter ways of doing business, we've been able to save millions of dollars in our precious resources that we have available to us.

So for example, looking at some of the work that we've done in neglected tropical diseases, CDC, NIH, and USAID have all worked with the Ministry of Health to do various aspects of implementing programs for neglected tropical disease control including training of community health workers, mass distribution campaigns, policy work, research, surveillance, but prior to GHI, none of that work was coordinated. Everyone worked sort of independently.

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Now under GHI, we have created a complimentary package of services, which allows NIH and CDC to bring their surveillance and research work to the table along with USAID and the Ministry of Health and we've been able to create an integrated package, deworming and vitamin A distribution for children under five during nutrition campaigns, which has led to a significant increase in the number of children having access to these services in a much more appropriate targeted way because we understand better where the greatest gaps and needs are.

So by the three agencies with the government of Mali working closely together, we're able to better solve some of the problems that are facing the country. Looking at what we've done under GHI in terms of the priorities, I think the most significant work that we've been able to do has definitely been with the Ministry of Health and the government of Mali and helping them to build their new 10-year health strategy. The current health strategy will be coming to an end at the end of this year.

This current strategy is very cumbersome, lacks priorities, and has resulted in very stagnant growth in the key indicators in the country. The U.S. government has worked very closely now with the Ministry of Health and the Prime Minister's office as well as the President's office to develop

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a new way of planning and preparing for this strategy, which has been an independent evaluation leading to significant recommendations, the most important of which is a real reform in how the government of Mali and health sector of Mali implements programs.

The current structure in Mali is set up to be decentralized, however it doesn't function. Everything still happens at a central process. The President and the Prime Minister have now, through advocacy and support the U.S. government has brought to them, agreed to make a significant shift in how the entire health sector's implementing its programs.

The new strategy will be much more clearly prioritized with a strategic vision in place and a now annual planning process that is going to be taking place at the community and district level. The U.S. government has leveraged support from UNICEF, WHO, and Canada to help develop and design this decentralized planning tool to better meet the needs of communities.

What's been exciting also for us is when you start planning, the U.S. government interagency team was planning for our GHI strategy. We did a lot of team building and we did a lot of trust building. We've now been able to use this PRODESS planning process to do the same things within the entire health

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sector because as the President of Mali has rightly said, GHI priorities are not just health priorities, they're development priorities. We, as sectors, need to be able to adapt them and implement them.

So as we've gone through preparation to develop and design this new reformed strategy and we used this as an opportunity to build support and capacity between how the donors work together with each other and how they work with the Ministry of Health. That's been very significant. This has led to a real strategic shift or I should say we're still in that shift as how the Ministry of Health is doing business.

For the first time in the history of Mali, senior leadership, i.e. the President and the Prime Minister have significantly engaged in reform around family planning, have called for a decentralized approach for delivery of family planning services, which the U.S. government now will be implementing. It was one of its GHI priorities.

They've proposed to us and we're very excited about the initiative that they've taken to replicate what we've done in HIV/AIDS with mobile VCT clinics and create mobile family planning clinics for youth because youth do not access family planning services through the traditional health system. Seventy-five-percent of Mali's population is under the age of 25.

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So the government is very concerned about how we're making family planning accessible to youth. So creating these youth mobile family planning clinics will be a new delivery channel for family planning in a country, which has been traditionally very conservative and very much against or very quiet and silent about family planning.

Another exciting development has been with Mali's Global Fund grants, many of which have been under suspension due to investigation. There has been some problem with certain individuals in corruption but the government, again, has turned to us and asked us to serve as the vice president of the country coordinating mechanism for the Global Fund. Again, under GHI, we've been able to bring a lot of technical assistance to the table.

We've also begun to reach out to our colleagues in other areas at USAID including governance as well as the State Department to help us with healthcare financing, which leads into our health sector reform. Again, this is the first time the government is recognizing that there's a problem with their financing issues and turning to us and asking for help in terms of how we do business with them.

A couple of other points that I wanted to raise under GHI, has been the increased focus on community-based service delivery within the health system. This has been hugely

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important because the central government is now recognizing, again for the first time, that if we want to make change and impact in this country then the lion's share of resources, both human resources, commodities, and fiscal resources have to be focused at the community level.

The government has a system for community-based service delivery but it's been very weak. They are now looking at their own budget, how they can do a better job of moving resources down to the community level. They're turning to the U.S. government under GHI to be able to do that.

So while we're still on a path of delivery from what's happening with the GHI, I think Mali is so excited about the direction and I think, to me, what is very exciting is that the leadership throughout the country, the other donors, even down to nurses in health clinics who've benefited from some of the new work we're doing under GHI will all tell you the same thing about how excited they are with how GHI is helping this country and the health sector in this country to really change how it does business to ultimately reach the women and children who most need our services.

So I think that again while we're a smaller country, I think it's a passion and commitment and motivation behind GHI across the board is as strong as you'll ever get. So I'm going

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to stop here and I'm sure later on if there are questions, I'll be happy to answer them.

JEN KATES: Thank you so much. It's striking. A couple of the things that I think a lot of us in Washington were talking about a few months ago are really just coming much more to life, one being the country ownership examples that we heard from Malawi but also one that both of you spoke about was working with other donors and the other partners, which we know, have gone on but more explicit discussion of that. It's very, very hopeful and interesting. Kayla I'm hoping that you're there as well. I had the pleasure of meeting you in person last year. So I'm really glad that you can join us today from Kenya.

KAYLA LASERSON: Sure. Hi everybody. Thank you very much and thank you very much for inviting me to be a part of this. I'm speaking on behalf of our GHI planning lead, the PEPFAR coordinator, Katherine Perry and the USAID GHI lead, Lynn Adrian and myself and then of course all of Kenya and the government of Kenya and all the other U.S.G partners.

So I don't want to repeat some of the same things that are actually happening in Kenya that you just heard. I don't want to repeat them but I wanted to focus on a few areas where GHI's really coming in and really making a big difference. I think the one thing, which is a bit repetitive but really worth

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repeating, is it is really changing both the way the government is taking such an ownership and leadership role in every conversation and every meeting in ways that hadn't happened quite the same way before and also across the USG the ways in which we work together, the ways in which we meet, the ways in which we share information and find synergies has really changed.

I think that GHI makes sense. It's holistic. The principles are correct. Everybody is really pleased to see this arrive. A couple of examples and I wanted to spend a little bit of time on the learning agenda, which the other two colleagues haven't mentioned but GHI has, within it, a learning agenda in the GHI-plus countries to really take all the things that we're saying and measure them in some way and find out what are we learning.

So in an area where we are where have pulled together all of the USG and of course the government of Kenya's leading this, we are looking at maternal/child health and neglected tropical diseases and pulling in the different agency strengths and implementing a variety of activities around HIV, around malaria, around deworming and we're measuring the cost of that.

We're measuring the impact of that. So what does it take to meet like this and have many meetings across agencies, across government. Those are certain transaction costs that

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are important but what do you get for it and what's the impact on morbidity and mortality?

We're able to use our platforms, our demographic surveillance platforms, to actually measure real impact even sort of interim impact as well as the end game, which would be mortality. So looking really at the GHI targets is our way of measuring. So we're really excited. The government is really excited. It's a way to coordinate partners certainly beyond U.S.G partners, UNICEF and others that are contributing to health in Kenya.

As you heard, Kenya has an enormous donor contribution. So there are many, many partners in addition to the huge contribution from the U.S. government and coordinating that is a challenge. GHI has given license to the government to really take that coordination and really start doing it and really seeing a big difference.

The other things we are looking at is similar to Mali. We're looking at the duplication of effort across the U.S. government and putting portfolio next to portfolio and finding each and every area where there might be duplication so that we can save those same kinds of millions of dollars through that kind of exercise.

We're also hugely building local institutions although we hope PEPFAR will continue for a very long time and PMI,

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we're building local institutions and the capacity in hopes of an exit at some point and really creating everything to leave in place. That's been ongoing and it has very much been strengthened through GHI.

Then we're looking at new collaborations. PMI, the President's Malaria Initiative, and Peace Corps have new collaborations as a result of GHI. We're looking across DOD and CDC and NIH and where are their synergies, where can we collaborate further, and how we can save resources? I think, in this fiscal environment, we're all very aware at how important GHI is to look for ways in which we can save money and also really do business differently. So I think I want to stop there because a lot of the examples are similar to what you've heard. I want to make sure there's time for you to ask questions to us. Thanks.

JEN KATES: Thanks so much. I remember when we talked last about GHI back in October it was about what does the learning agenda look like? So it's great to hear you talk about how you've been implementing it.

So now this is not the counterpoint at all but just to get a different perspective, which is two people that have not been currently implementing the GHI but have a lot of field experience and actually working in an organization with a lot of field presence just about some of the reactions you might

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have having been there, done that and now this is different.

What would you want to reflect on at this time?

MARK GREEN: Thanks Jen. It's an honor to be with all of the speakers here, very distinguished, and honored to be sharing my thoughts. It is refreshing at a time of strong politics and sharp debate that America's historic development programs are the product of consensus and national purpose. I think that's great and something that we should celebrate. Just quickly, I'll offer some informal thoughts. Seems to me that the largest contribution the GHI is making really falls on perhaps three points.

Number one and we heard it right off the bat from Mamadi, and that's human capacity building because in my experience, really the principal barrier to success in so many of the strategies that we have is the lack of sufficient human capacity in the countries in which we work. If you don't have enough nurses or healthcare workers in rural Tanzania, you can't get the bed nets out.

You can't get the meds distributed. You don't have people who know how to work with the RDTs. So that emphasis that we're seeing in GHI is terrifically important and if nothing else, I think GHI is bringing that issue or that challenge to the forefront. So that, to me, is something that's a great contribution.

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Secondly, I would say the sharpened focus on women, girls, and gender equality, in the field, we've thought for years that a focus on women is really the key to success in so many of our programs but again perhaps GHI has been a useful way to sharpen that focus and to make sure that it is an explicit part of our strategy and planning. Again, to me, that's a very useful contribution.

Then I think, and we've also heard this, the preservation of the policy continuum. I think it's only natural when you have a shift in administrations for an administration to sort of want to do something new and I give a lot of credit to the Obama Administration in that yes, it wants to do something new but it also wants to recognize and build on what's working.

That is something very admirable, very important because in our global health strategies and programs, there's a lot that has been working and has been a remarkable success. So if we can build on it, take it to new heights, that's nothing but great.

I think the challenge is to the sustainability of GHI, in some ways, are roughly the same that they were about a year ago. Number one, I think messaging and expectations, we live in a city here and capitals all around the world in which people are very quick to read terminology as meaning more

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money, more resources. We're a difficult time and obviously that's a challenge as Lois was very quick to point out. So I think it's very important that as we talk about GHI, we are very clear as to the resources that will be involved.

It's especially true in the field in those capitals in which a lot of our leadership is used to a time when we saw exponential increases and a ramping up of resources and programs while we're in a time where we're taking perhaps a deep breath here and looking to assess, reassess, and build on things but if we're not careful, there'll be disappointment. So I think clarity around managing those expectations is awfully important.

Secondly, I would say measurement, I think again one of the great features about GHI is its focus on outcomes, very important and you can never do that enough. I think it'll also be important to set forward interim measurements and benchmarks and outcomes. Thirdly, opportunities, I think the opportunities that I see for GHI, in the next couple of years, number one, I think choosing to select GHI-plus countries and mobilize behind those choices, resources is very important and something to be commended but I think along with that, with those new resources must come tough questions.

So as we look at some, we heard some of it in the report this morning, as we get the initial returns, I think we

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all have to ask yourselves tough questions in an effort to learn as much as we possibly can from those GHI-plus countries and take those lessons and apply them elsewhere because obviously in the GHI countries, more resources are coming in for that purpose to learn lessons.

I would like to hope that GHI will mean more resources going to all countries in a few years but as everyone has been saying, that's clearly a challenge. So we have to ask ourselves tough questions, I think be very sober-minded in the assessment that we have with the various strategies and I think the administration's done a great job in choosing a wide range of scenarios so that we can do just that but to me, that's going to be an important challenge and important opportunity.

Then from my perspective, I think the other great opportunity is in brand clarity. One of the things that we're often guilty of when we create all the programs that we have created in the field over the last 10-20 years is we sometimes forget how they're perceived by others. We have an alphabet soup of acronyms in authorities, in names, in logos, and in many of these countries, it's a confusing maze.

They're not quite sure who it is they're supposed to be talking to or what this acronym means. Is this government? Is this private sector? What is it? Well GHI obviously, by coordinating and pulling together, has an opportunity to brand

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our presence in global health. I think that's very important not only for effective communications with our partners, public and private sector, but also for policy makers.

As we take a look at the return on investment, we have a return on investment clearly in the field in poverty relief lifting lives and building communities but also there's a public diplomacy purpose obviously to what we do. I think we're all too often guilty, over the years, at not doing that as effectively because again we've got this proliferation of fragmented authorities and brands. So I see GHI as a very useful contribution and opportunity there.

JEN KATES: Karl?

KARL HOFMANN: Thanks very much. I'm delighted to hear, as a social marketing organization, delighted to hear the conversation around brands [Laughter], brand clarity, brand equity, brand discipline. Just a couple of quick thoughts because I know you've heard a lot of people talking already. Thanks also for including me. In 1985, I was on my second tour as a junior Foreign Service officer and was assigned to Kigali, Rwanda.

In 1985 that was basically the epicenter of HIV. I remember learning, at the time, that for instance, mothers delivering in the hospital in Kigali, which was a rare enough occurrence that they were in the hospital, were up to 25-

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percent sero-positive. So that was sort of my introduction to the HIV challenge in Africa and against which we had no arrows in the quiver.

Fifteen years later, I was Ambassador in Togo in 2000 and again not as dramatic an HIV burden there but I certainly was interested in the problems of HIV in Togo and so made it a point of trying to reach out to people who were living positively with HIV. Again at that point, in Togo, a low priority country from American foreign policy perspectives, I had no arrows in my quiver.

ARVs were over the horizon. They were absurdly expensive. It was still the moment where the policy community in Washington thought it was really an impossible task. We might be able to do it in the United States but we certainly couldn't talk about saving the lives of people suffering from HIV in Africa.

The progress that's been made over the last 10 years is remarkable. As Mark points out, it's a bipartisan success in terms of PEPFAR and as Lois, you mentioned, it's been distinguished in terms of it's just get it done sort of orientation, an emergency program that did great things.

I think in terms of GHI about which we heard wonderful testimonials today, which make me feel really good, from my perspective, that vertical funding for HIV that we all know has

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real shortcomings, nonetheless was a powerful driver of change in terms of that part of the health burden in Africa. Trying to ensure that we broaden that without losing the impact is obviously a great challenge for you and your colleagues.

Integration being the watchword of GHI makes perfect sense to all of us who are practitioners. We all understand the value and the cost effectiveness that can come from integration. From our perspective in particular, the one piece that must be integrated in global health funding is around family planning and reproductive health but we all know just from the experience here in Washington over the last several weeks what a lightning rod this topic continues to be and how this, the issue of family planning was close to shutting down the U.S. government.

So I think this continues to be a big challenge for us all and certainly for the Global Health Initiative. I mean it's great to see that in some areas we're able to do more but some of the pie charts that we looked at still demonstrate the obvious fact that our funding is not perfectly coordinated with the burden of disease.

I mean Mark, you oversaw what must have been one of the largest PEPFAR programs at the time and it was making real differences in the lives of Tanzanians and we have benefited, PSI's benefited from the stream of funding that's gone into HIV

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prevention. I mean we distributed 1.3 billion condoms last year and malaria, 120 million or so mosquito nets cumulatively over the last 10 years but we know that those important parts of the health burden in Africa are not the totality.

What's the money that is going to deal with diarrheal disease? Very little. Can we get money even for oral rehydration salts plus zinc? Very tough. Nobody's interested in that. Can we get money for dealing with pneumonia, the other top killer of kids under five? Very tough to do. So although this, to me, sounds like a very promising start, I think we have to be open-eyed about the real challenges ahead of us. The funding streams still are not really matching up to the burdens that are intended that our consumers, that our constituents, our recipients are facing.

Just one final thought maybe and it goes back to your point, Mark, about brand clarity. Whole of government obviously is a powerful and inspirational idea and as you, Lois, are realizing now from your perspective there on the seventh floor of the state department, the whole of government is a vast, it encompasses a lot and sometimes, that's overwhelming. It's just overwhelming.

So I think we still have much of a challenge ahead of us to turn that whole of government into a focused response. I think we, as partners of the U.S. government in funding are

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hopeful to be helpful in that but I see that as a real challenge going forward too. Thanks.

JEN KATES: Thank you very much. Amazingly, we actually have quite a bit of time for questions. I have many but I'm going to actually let us start with all of your questions. We'll take three at a time. Please stand up and identify who you are just so we know and we'll take three questions and then turn over to the panel and Kayla and BethAnne, we will make sure to go to you periodically. If you have a specific question for someone, let us know but if it's a general question. So lots of hands are up. There are mics going around.

JILL GAY: Hi, Jill Gay, consultant. My question is what's going to happen with country ownership in Mali given the recent riots and unrest if the government changes?

ROBIN ROIZMAN-GRAHAM: Hi, Robin Roizman-Graham, Millennium Promise. I have a question for the representatives from the field. What are your discussions and also for Ms. Quam and let me just first thank you for all of your remarks. It's been really great. What have your conversations been with the Ministries of Finance to help countries budget in increased investments for health?

JEN KATES: I like these short, very targeted.

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MARK ENGMAN: Mark Engman, UNICEF U.S.A. You talked a lot about working with other donors and I'm just curious, at the country level when you're looking at the strategy development and the resource allocation, is there a chance to communicate with the big UN health agencies, so WHO, UNICEF, UNFPA at that level or do you rely on the government, host country government agencies to handle that coordination?

JEN KATES: So let's have our field representatives start with answers. BethAnne, if it's okay, if I can turn to you first since there was a specific Mali question and then maybe you can add something about the Ministry of Finance.

BETHANNE MOSKOV: Sure. I'm not sure which civil unrest we're referring to. There's periodic protests here in Mali against various issues. There are problems in the north, which are sort of managed on a daily basis. We still work in the north and we haven't seen, there's not been such political unrest that we anticipate an unexpected hostile change in government.

So it would be under the current President is stable. Re-elections that are happening next year, we're fully anticipating a positive shift in power. This current President is working very closely in identifying; he's actually replaced a number of ministers and senior advisors to ensure that his last year, there can be accomplishments. Health is a priority.

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There are a few other priorities that he's focusing on. So we feel very positive and optimistic that with the leadership the way it, it that it will remain stable. Elections will be stable and that there are the new people that have been put into place are action-oriented and looking to carry this through such that systems are established and there won't be a disruption when a new President comes on board. So that's what we can do for that one.

Just a couple other points on the other two questions. Ministry of Finance has definitely been involved and engaged in discussions. As we've been going through the planning process for the new strategy, we have three Ministry of Finance point persons who are part of this whole evaluation and development of the new strategy to look at the fiscal implications especially if we're really completely flipping the lid on how we do business in Mali around planning for health and understanding that resource envelope.

That's also helped as well as with the Global Fund it's been looking to strengthen the fiscal, the capacity to do fiscal management and oversight. Ministry of Finance has been working with us to implement a year-long action plan for strengthening financial systems in the country. So they've been very active in all of this from the beginning.

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A final note, UN agencies, currently in Mali, UNICEF is the head of the health donor group. They've asked for us to sit with them as the co-head, unofficial co-head in terms of planning. Most of our planning around reform includes UNICEF, UNFPA, and WHO are the three big groups that we work with here.

There's a very strong coordination and collaboration amongst the UN agencies and the U.S. government and again, UNICEF is also a strong advocate for GHI, GHI's principles, and its way of doing business because they make sense and the government has embraced them so well so there's very strong coordination at the country level with these various UN agencies. I'll stop there.

JEN KATES: Thanks. Kayla anything to add?

KAYLA LASERSON: Yes. Sure, thank you. So very similar in Kenya. There have been numerous meetings together with the Ministry of Finance, a lot of discussion around investments such as adding a tax to the Safaricom, which is the mobile phone company, the largest mobile phone company, to reap back finances to invest into ART purchase, etc., those kinds of brainstorming and thinking about ways in which to increase money coming in through domestic purchases that would then go to the health sector.

So there's been numerous conversations around that issue. Then with the UN agencies, we're all part of again

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similar to Mali, the health donor group, we meet together, we coordinate together and they very much have embraced GHI for the reasons of it being absolutely correct in their point of view and have made investments in a lot of the community work that we're doing. They're investing in a learning agenda that I mentioned earlier, so definitely very coordinated with the UN agencies as part of this. Thanks.

MAMADI YILLA: Just very briefly, in Malawi, the Ministry of Finance is very much a part of what goes on in the health sector. They chair the CCM. Different development partners and collaborating partners have learned to use the Ministry of Finance sometimes to put pressure on the Ministry of Health to get certain actions done.

I think, from a U.S. government perspective, that is one of the areas where we have leveraged our State Department leadership when a new Secretary to the Treasury is named that our DCM or our Ambassador will engage at that level to make sure we have good buy-in. So Ministry of Finance, I mean there's pressure on them to increase their contributions to the health sector and we'll see whether that happens in their upcoming budget cycle.

With regard to the UN agencies, I think one of the best things to say is that in Malawi, there is good division of labor. The backbone of supply chain in Malawi has been carried

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by UNICEF. WHO is a normative body. We don't really typically get involved in how much budget they have in these countries but we certainly have good partnership and good collaboration with them in all our efforts. Thanks.

JEN KATES: More questions? We have one up here, there, and over here.

NANDINI OOMMAN: Hi, thanks Jen. I'm Nandini Oomman from the Center for Global Development. This is a great panel, something that we've been waiting for, for many months. So it's really exciting to hear some tangible results. I wanted to actually focus on something that Karl Hofmann said about the whole of government approach and the whole GHI, in general, as being overwhelming because it's such a transformational process and focus on something that could be a hook for the GHI in terms of targets, in terms of measuring and reporting these on a regular basis.

As all of us know, PEPFAR is legislated under authority to actually report targets every year. That has been its success in terms of maintaining support and interest in the program. So I was just wondering, I know it's a difficult thing because you're dealing with different targets in different countries but what the thinking was that is happening to put something like a target reporting system in place. That

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doesn't have to be outcomes and impacts right away but these very concrete interim measures. Thanks.

DAVID BRYDEN: Yes. Hi, David Bryden with RESULTS. The GHI is a Presidential initiative and yet so far we haven't seen so much public engagement by the President himself. So I'm wondering when that will finally start to come forward. I mean looking, for instance, at the UN process of negotiation for the high level meeting, U.S. diplomats there are working to weaken the outcome declaration.

The GHI itself, \$11 billion short not on track to meet its programmatic goals set for itself. We have 10 African Presidents going to the UN meeting on HIV/AIDS. The President is not expected to be there. So when will we see President Barack Obama publicly engage on his Presidential initiative?

DANIEL SINGER: I'm Daniel Singer from the National Institute of Child Health and Human Development. Considering the limitations on resources available for the GHI and the emphasis on efficiencies and integration, I'm interested to hear what the panelists think would be appropriate outcome measures above and beyond those targets that are already established in morbidity and mortality.

JEN KATES: Lois, I think most of the questions are for you but I'd be curious to hear, actually if Mark or Karl had any thoughts.

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LOIS QUAM: Thank you very much for those excellent questions. First to the question around targets, this is occupying us every day. I would agree with you that I think targets are really important. They have a way of concentrating the mind and focusing your energy and also a way of helping us understand whether the things that we're doing are the things that make the most difference because all the planning, all the thinking, we all know that sometimes we arrive at programs and ways of working that we think are going to be fantastic and they just don't work for reasons we could've never anticipated. So it puts that kind of scrutiny around it.

GHI is much more difficult to establish a set of detailed targets that are reported regularly than PEPFAR, the President's malaria initiative simply because of the nature of the program. That's not a reason not to do it. It's a reason to think very carefully about how do we take the global targets, how do we translate them down into country-specific activities, and program-specific.

We are very active in thinking about that. We are very interested in being more transparent about that to all the communities interested. So look for more from us in these areas and know that it's occupying our time.

Thank you very much for the question around the President's role. To my mind, the President has been very

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active on this. When you look at what the President put forward in his budget in this area in a budget where we know that there were many things that were important to the Administration and Jack Lew with the Budget Office and the President, everyone's talked about that, that couldn't be funded or couldn't be funded at current levels and that we had a significant increase for global health funding in the budget, I think that's very meaningful. I think that the Administration should get a lot of credit for that and for keeping up the focus on the existing programs and stretching to do more.

The high level meeting that's coming up on HIV and AIDS is a very important one. It comes up at the 30th anniversary of the epidemic, which is a time to both reflect about our achievements but also to reflect about where we haven't achieved and what remains to be done. Of course, it comes at an important moment with a very significant research findings that came out last week on the best ways to prevent the spread of HIV and AIDS. So you can rest assured that your colleagues in the government are thinking very hard about how to make the most effective U.S. delegation effort at that meeting.

So we talked about targets and then you're asking well what can be the next set of targets. I very much feel like the challenges like maternal mortality, which can only be addressed

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by systematic response, there is no bed net equivalent or vaccination equivalent. You actually have to have a healthcare delivery system with a skilled attendant who has the knowledge and information to be able to identify warning signs and then to be able to help a mother get to the next level facility.

So the facility's got to be there and the transportation has to be there and the timeliness has to be there, and then if needed to get to finally a facility in enough time that has a surgeon. If we had that kind of system in place so that no more mothers would lose their life giving life that kind of integrated system could also be used to save other lives. Skilled attendants who can understand warning signs in labor can understand warning signs in other conditions. Referral and transportations opportunities to step up levels of care can be used for other areas.

So I think we have to look hard at whether we couldn't do more in some of these areas that help build sustainable platforms and then help link those in the right ways to the important work that PEPFAR is doing on preventing transmission from mothers to their children and how we can create momentum and leverage with that, how we find those points of leverage that help us catapult things forward versus grinding it out. So thanks for those questions.

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JEN KATES: We're going to take three more and I'm going to pose one as well, which is we heard a lot of, I mean the examples we heard, in a way, are a metric that are important to capture but also be interesting to hear the challenges because implementing a new approach, we heard a little bit from Malawi but if anyone from the field wants to add other challenges that came up in trying to do this work would be helpful to all of us but now we'll go to your questions too.

JENNIFER REDNER: Hi, my name is Jennifer Redner. I'm here on behalf of the International Women's Health Coalition. Thanks so much for all the words today. I had two specific questions for BethAnne and Mamadi specifically. I was hoping that you could speak a little bit about, in Malawi, the PEPFAR process for the framework development, if and how it included local civil society in the planning and development of this PEPFAR country framework and how you see local civil society playing into the GHI work moving forward.

Then in Mali, there's a tremendous opportunity with the development of the 10-year strategy to engage women, young people, local civil society, etc., so I understand that the planning process is happening at the community and district levels but if you could talk a little bit more specifically about what that looks like. Thank you.

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ADAY ADETOSOYE: Thank you very much for your wonderful presentations. I think this is really helping to concretize how GHI's rolled out in countries. My name is Aday Adetosoye and I work at USAID in the Office of HIV/AIDS. Countries are asking questions, they have to turn in strategies soon and they're asking specific questions.

I thought this might be a good forum to just ask a couple and see what you have to say. For those who are PEPFAR only for example, what do their GHI strategies look like in terms of having one major funding stream that's for a specific disease area? How do they look at, put the GHI lens and produce a strategy that's a little bit more comprehensive?

The other question is, this is my question, after the strategy is submitted, what are the next steps? What happens after you submit a strategy? What happens when there's staff transition and turnover? Is there an implementation plan? What are the next steps after the strategy I guess? Thank you.

JEN KATES: Let me take one more for now. Okay and we'll come back to you after.

JOHN BARNES: Hi, I'm John Barnes with Funders Concerned About AIDS. I'm curious for Lois to tell me what advice I can give my members who are private funders who want to coordinate their funding with GHI.

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JEN KATES: Okay, so we had two specific questions for Malawi and Mali and then some more general questions.

BethAnne?

BETHANNE MOSKOV: Sure. Questions about planning, we are in the process of making this shift. So the full shift has not yet taken place but some of the things we're putting in place right now look first to the structures which already exist in communities and we've been working with our counterparts and the Ministry of Health to inventory out those structures, first and foremost, would start with the governing body that we see at every community health center has a community elect governing body.

The community elect governing body is responsible for overseeing that community health center. We've done a lot of work already to empower those governing bodies to plan and better manage those health centers but then to also report up to the commune and district levels about what's happening in their health centers.

So tapping into the work that we've already done to strengthen those governing bodies, we're looking at the leadership role that they can play along with district and commune leaders in implementing a planning tool that we're working on and field testing with our UN agency counterparts and our local host governing counterparts.

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We've also worked with a wide variety of donor partners to really understand the dynamics in the community of what local civil society NGOs are available, religious leaders, women's groups. There's a very strong network of agriculture groups, youth groups, etc. that exist in the communities.

So we're testing out a few different ways that we can tap into some of those existing groups such that we can get the best information and not make a profit that's overly cumbersome and bogged down in procedure and not giving us the results that we need.

So under the leadership of the existing governing bodies in place and then tapping into those other organizations, which exist, we're field testing a couple of different versions of a decentralized planning tool, which then if we see successes, we'll be able to roll out, the idea being that the U.S. government will be able to support its rollout in about 60-percent of the country through our already existing programs and networks and then other donors and the Ministry of Health will obviously support the rollout in the rest of the country as well as reinforce the rollouts that were taking place.

So I think we are in the process and it's an existing process. I think an important point to make about religious leaders and youth groups, as I mentioned earlier, the large

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youth population has not been adequately tapped into in previous programs.

So we're really looking at those youth networks and how they can play a more active role in planning for their own health in future and then also being in such a conservative country, a religious country, the important role that religious leaders play especially in doing peer-to-peer education, religious educators educating other religious leaders to empower their communities to be part of this community planning process in these communities where we've tested this already.

It's proven to be hugely successful especially around family planning and HIV/AIDS work. So I think six months from now, I can show you the tool and show you how it's worked in the communities but we're still in the development and rollout phase.

MAMADI YILLA: Just briefly, I think the question specifically was asking me about local civil society involvement in the PEPFAR partnership framework process and I would point you to MANET+ who are the organization that we worked with to make sure that they had input into the development of the partnership framework.

I think one of the challenges we have in-country, as a U.S. government, is doing bilateral planning versus using the structures in-country. So we have tried very much to be

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faithful to that and yes, we tried very hard to be faithful to that.

Then with the GHI process, we had an event in January where we were doing a review of our PEPFAR program as well as using that as a platform for what we would do with our GHI strategy to make sure those activities were going to be in our planning documents that were upcoming. We invited, through our colleagues at OxFam, a couple of civil society organizations that were not funded by PEPFAR to get to hear from them directly what they felt about our planning processes.

It was a meeting that actually had the PS of Health there and we had a PS on the spot moment where civil society could not only challenge the PS but also challenge us about the limitations and our consultations of them. So I think that we are being very open and transparent in our processes in ways that we haven't been before. It's a work in progress.

For the individual who asked the questions about what happens next, both the strategy and what happens in PEPFAR countries or in GHI countries where the resources are largely PEPFAR, I think we need to constantly talk about the context in the countries that we're working in.

Obviously PEPFAR does have legislative requirements around the utility of those resources. What we are doing is addressing some of the challenges that were mentioned that

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PEPFAR is making an impact in maternal health but do we have the right kinds of indicators to measure that. PEPFAR is making an impact in child health. Do we have the right kinds of indicators to measure that? Those are some of the things that we're grappling with right now. We also realize the GHI's many things in many different places.

So the resources are not always going to come from us but we recognize that, as many opportunities as are presenting themselves, we seize upon those. We've done some interesting work with very limited family planning dollars but having HIV counselors and family planning counselors get trained on a similar platform so you are leveraging PEPFAR dollars in a different kind of way but addressing something that is critically important to the long-term sustainability of our efforts.

JEN KATES: Thanks. For anyone interested in what is actually going into countries by these different funding streams, this report has an appendix with each of the countries and it shows that.

LOIS QUAM: Yes, thank you for all those thoughtful questions. Thank you for the question from my colleague at USAID. We have an extensive process underway with countries. We've had regional meetings, which has given me the opportunity

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to meet all the global health leaders from our countries and talk about the GHI. They're about three days long.

So there's a tremendous amount of work that happens about what the plan looks like and learning from other countries. I am speaking to all the ambassadors from each of the countries. I have not gotten to each of them yet but is a rare day I don't have a call with one of the ambassadors to talk about GHI and its contribution.

We have then other calls. For example, we're having quite a significant internal U.S. government call tomorrow with people who are working on the GHI plans for round two. On Friday, we're doing some planning about what have we learned from round one and round two as we think about round three. The questions, you hear are really important for us to make sure that we're funneled in.

I'd urge you to contact your colleagues at USAID and the country support team who are working on all these things day in and day out. As you get questions, just forward them over to them so that they can help everybody get the most effective response. So thanks.

JEN KATES: We're going to take one more round but I have a question for both Mark and Karl, which is given what you've heard and your experience when you were ambassadors and also since then being in-country, are there things that you're

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already doing that are being reflected here or are certain things really new opportunities that you're hearing about and say well that really is a different way of doing things that would've been potentially helpful?

MARK GREEN: Well, I mean I think one of the challenges in the past has been that not always has the chief of mission been to be honest, adequately prepared for these programs. In many parts of Africa, for example, it's the lion's share of what a mission does. Traditional training and charm school, as they call it, for ambassadors tends not to focus on these sort of things.

It tends to be more traditional in its diplomatic training. The post in Brussels was a little bit different than the post in Kigali. I think the GHI focus on communicating with ambassadors is terrifically important because it will help perhaps with a more even administration of GHI.

One other thing I'd like to mention here, as we take a look at the report and we take a look at evaluation of the GHI-plus performance and plans, I think it's as important to ask ourselves what is not working as what is working because obviously not everything works. That's the nature of trying things.

I think all too often, we focus upon just what can we do more of as opposed to okay, this isn't the best use of our

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resources. Perhaps we need to reallocate it. So I would suggest that that should be part of the training for chief of mission and should be very much part of what we're doing as we take a look at GHI-plus plans, figure out what's not working, reallocate resources, and don't be afraid to say what isn't working. Some may view it as bad news. I think it's just honesty and empowerment in terms of allocation of resources.

KARL HOFMANN: I think that's a great point. The climate in Washington, of course, is very unforgiving of perceived failures and there is a very short-term mindset unfortunately that prevails very often in terms of funding and then expectation of results but I think you're quite right that we have to embrace the learning that goes around understanding what doesn't work in development. After all, development is hard. It's not linear and it's very long-term. So I would agree with that.

I think, from my perspective, quite frankly some ambassadors like in every other field of endeavor, some ambassadors get this better than others and when you have the right selection process and I'm sure Secretary Clinton runs a tight one, she puts the right ambassadors and the President puts the right ambassadors in the right countries so that those who have the orientation and exposure and interest in this set of issues, hopefully, are the ones on the ground.

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I tell you it's certainly positive to have somebody such as Lois with the close connection to Secretary Clinton who, by the way, is very well versed, better than any recent Secretary of state certainly in my time in the state department, on this set of issues, to have Lois sitting on the seventh floor and being a point person for all this helps a lot.

In that mass of the whole of U.S. government, my experience in the Foreign Service was there were two places where everything came together nicely potentially. One was in the Oval Office and one was in the foreign policy arena in the Ambassador's office. The Ambassador has a lot of authority, with the right support in Washington can exercise that authority to get things done.

JEN KATES: Okay, I think we have time for two more questions and you're very patiently raising your hand. So one here.

SAMUEL ADENIYI-JONES : Hello, [Samuel Adeniyi-Jones](#), HHS. One of the core pillars of GHI, you touched on it Lois when you talked of maternal mortality. It's health system strengthening and it was one of the core themes that actually was introduced in GHI. We haven't talked much about that. Ambassador Green mentioned the human capacity component of it but there are many others.

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If you talk to Ministers of Health, the two things that they love about GHI is country ownership and health system strengthening because they've been begging for that for a long time. So the question is how much are you willing to invest in that? This is an area where leveraging could help. We were just in Lesotho where they were using MCC money actually to build some of the maternal health facilities that they needed. So that sort of leveraging could be quite helpful here.

CHRIS COLLINS: Chris Collins with amfAR. Thanks so much for this meeting. It's been really informative. I want to thank you Ms. Quam for making reference to the 052 results from 10 days ago, which really showed us that in terms of doing better on HIV incidence, treatment is a huge part of that picture in terms of getting at incidence.

The question is we've heard a lot of great things around the way you're working in terms of reforming planning and systems change and capacity development. Those are absolutely essential. I think we all understand that but in the spirit of just getting it done, which Mr. Hofmann said, which I think is the value we want to make sure we maintain as we broaden America's global health effort.

In the spirit of just getting it done, I wonder if we can hear from you and from folks in the field at the services level not at the planning level or at the data management level

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but at the services level, are there examples of how the PEPFAR programming, their integration opportunities, in terms of doing family planning and reproductive health that this can really be a platform at the services level not just a plan.

MAMADI YILLA: So the answer, in my opinion, is at the level of our implementing partners who have seen the GHI process as an opportunity they have longed for to integrate services and, I mean I'm sure you're pretty familiar with the cycle in which we plan and then have little time to implement and then we plan again and trying to figure out how we get some of that done before the next planning cycle.

I think that we have been looking very much to our implementing partners on the ground to help us figure out how to do this more rapidly and what are adjustments that you can make in your current work plans, in the dialogue you're having with the Ministry of Health about specific things you can do.

One of my favorite examples was going to a health clinic in Malawi and being told by the individual who was the general coordinator for the health system and he said to me what I'd like to be able to do is perhaps take the PMTCT coordinator position, the EID coordinator position, the ART coordinator position, merge those into one position and then use some of those resources to put more nurses on my maternity side.

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Those are the sorts of things that we want to see moving forward as a result of GHI. I think that we totally agree with you that we need to get to the level of what is happening to benefit the people that we're hoping to help as quickly as possible.

JEN KATES: Kayla any specific examples would be great.

KAYLA LASERSON: Yes. I think just wanted to say a couple things. Bringing in, again where we're doing a learning agenda because the implementing partner for USAID, APHIAplus is looking at family planning and reproductive health issues. So combining that together, we're really having for one woman and one family all of the services really integrated and then looking at what that looks like and what its impact is.

So getting to the earlier question about interim indicators looking at that uptake, looking at a child who receives a bed net and receives deworming, etc. and so really actually taking that integration idea and measuring it and implementing it across the U.S.G. There's different money, different pots and putting it all together and really leveraging it is what exactly we're trying to do and what I think GHI is doing.

Just going to the maternal mortality question and health system strengthening, that's a very big part of the Kenyan portfolio and even in the research arena, we were one of

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the sites for 052 and the capacity and infrastructure that's built even for a trial is being used for service delivery and it's really being leveraged to improve the health sector. So we really are seeing across the board leveraging of investments and the strengthening of the capacity and the system itself.

Thanks.

JEN KATES: Thank you and BethAnne, anything to add?

BETHANNE MOSKOV: No. I mean I think I agree with what my colleagues are stating. I mean right now, so much of what we're trying to do within our own systems and with the government is to, as we go through this planning, as we go through this process, we always bring it back to the families and the women and the children sitting in their mud huts and how are all these different procedures and processes and programs that we're jointly putting together at this central and regional level?

How are they ultimately going to come down and impact those individuals out at the community levels and how are, with programs that are currently happening, if we're training people at a regional activity, then how are those individuals taking that regional training and bringing it down to the community level such that community workers are being adequately trained and creating follow-ups.

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So it's really looking at that whole spectrum within the system where the points are that we can strengthen but ultimately instead of sort of keeping the ultimate end product. Is that woman sitting in her mud hut, we put that woman sitting in that mud hut first and then look at how we circle programs around her, around that family, around that community such that that becomes the driving force and not politically what's happening in the country or between donors and the different activities that are happening.

So we're on the same page as the other countries. It's an ongoing learning process for us certainly with its challenges but the momentum that's being created is helping the government themselves to step up to the plate and recognize that the shifts that need to take place to better ensure that the impacts that we need to have happen are taking place.

JEN KATES: Thanks and Lois did you want to? Have the last word?

LOIS QUAM: These questions have been terrific and I want you to know how much they mirror the kind of discussions we have internally. These last two questions are really good questions to end on because the first question says this is about systems strengthening.

So that we create something that's enduring and has momentum and can achieve targets far beyond what we've set and

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doing that in a way that gets it done that doesn't bog us down in planning and other kinds of processes, that doesn't deliver in the way that PEPFAR and the President's Malaria Initiative have been so impressive about doing it saying okay, there's all this that needs to be thought about but we're doing it. That is our aim is to do it in a way that creates momentum to achieve much higher results and to sustain them over time.

Thank you [Applause].

JEN KATES: Thank you. I want to just thank everyone for being here and especially I want to thank Lois and thank Mark and Karl but also our field representatives, Mamadi, Kayla, and BethAnne for giving us a perspective that a lot of us are waiting to have.

There's many more questions we all probably have. We'd love to hear from countries and implementing partners and actually ultimately communities themselves. So thanks to everyone for being here. We'll certainly do more of these and look forward to future.

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