



# The Future of U.S. Global Health Policy & Programs

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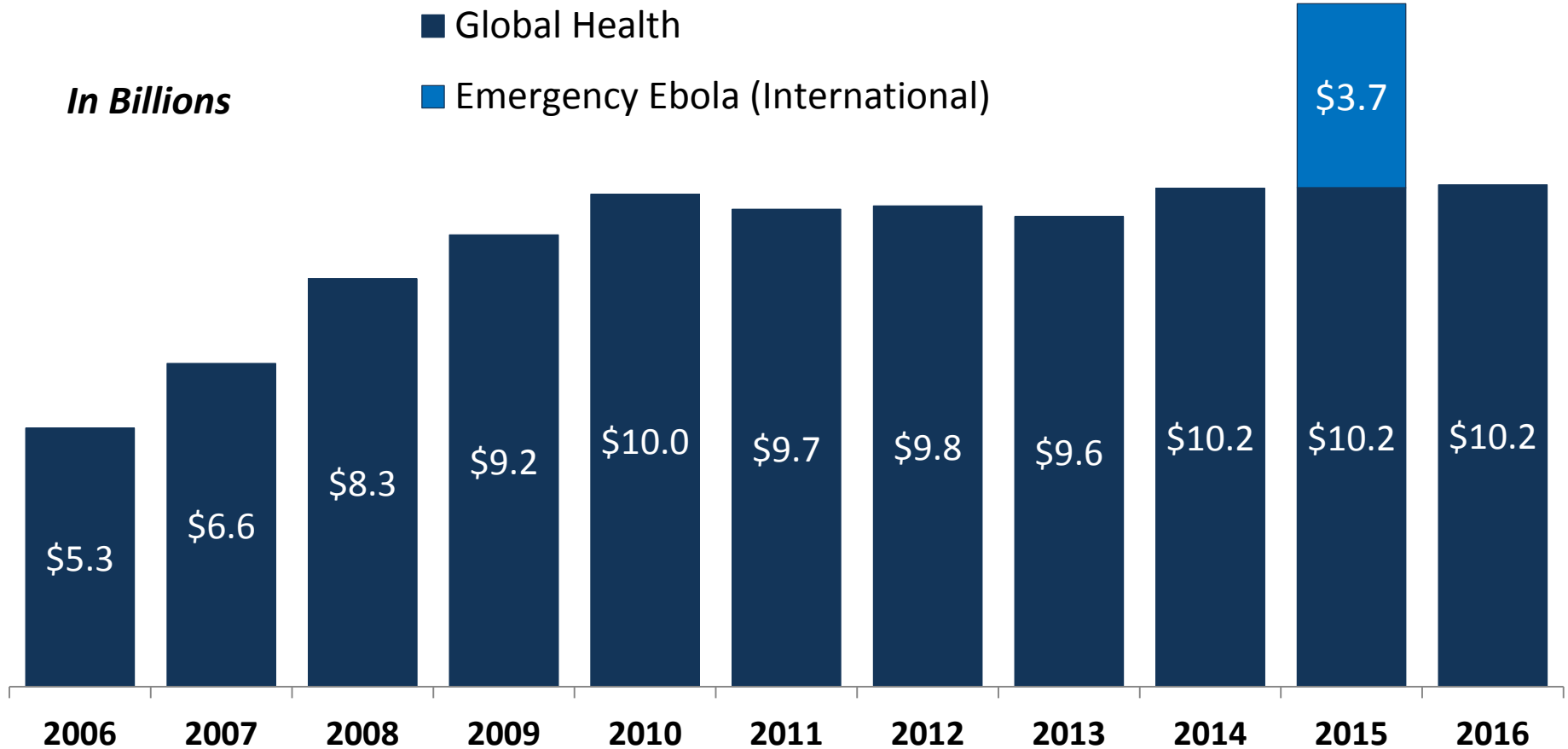
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# U.S. Funding for Global Health

# U.S. Global Health Funding, FY 2006-FY 2016

(Includes FY15 Emergency International Ebola Funding)

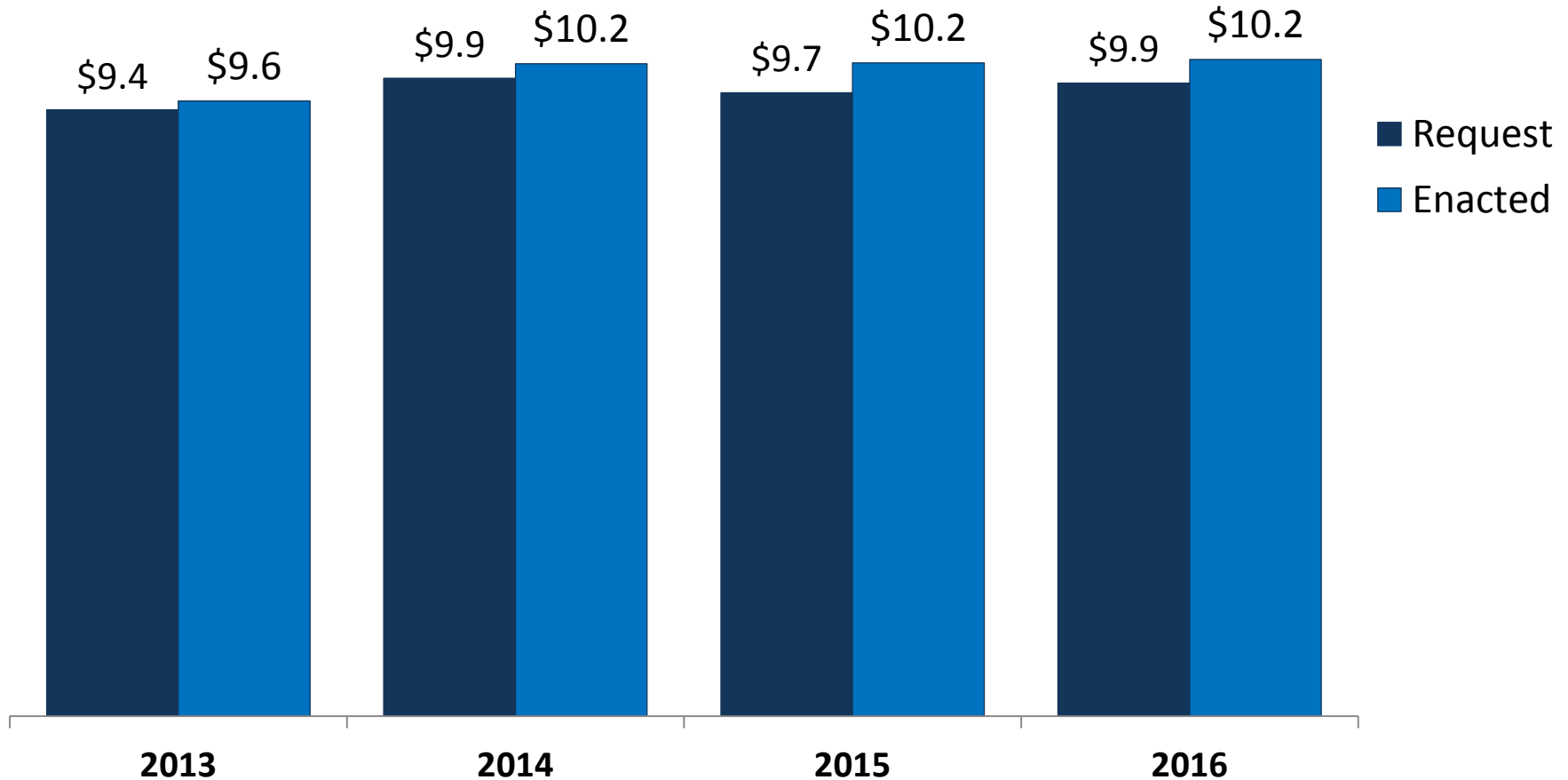


NOTES: Represents total known funding provided through the State Department, USAID, CDC, NIH, and DoD. FY13 includes the effects of sequestration. Some global health funding that is not specified in the appropriations bills and is determined at the agency level is not yet known for FY15 and FY16, and is assumed to remain at the prior year level.

Total emergency Ebola funding in FY15 was \$5.4 billion, of which \$3.7 billion was provided for international activities.

SOURCE: Kaiser Family Foundation analysis of data from the "Consolidated Appropriations Act, 2016" (P.L. 114-113) and accompanying explanatory reports, the Office of Management and Budget, and U.S. Foreign Assistance Dashboard.

# U.S. Global Health Funding, Request and Enacted, FY 2013- FY 2016

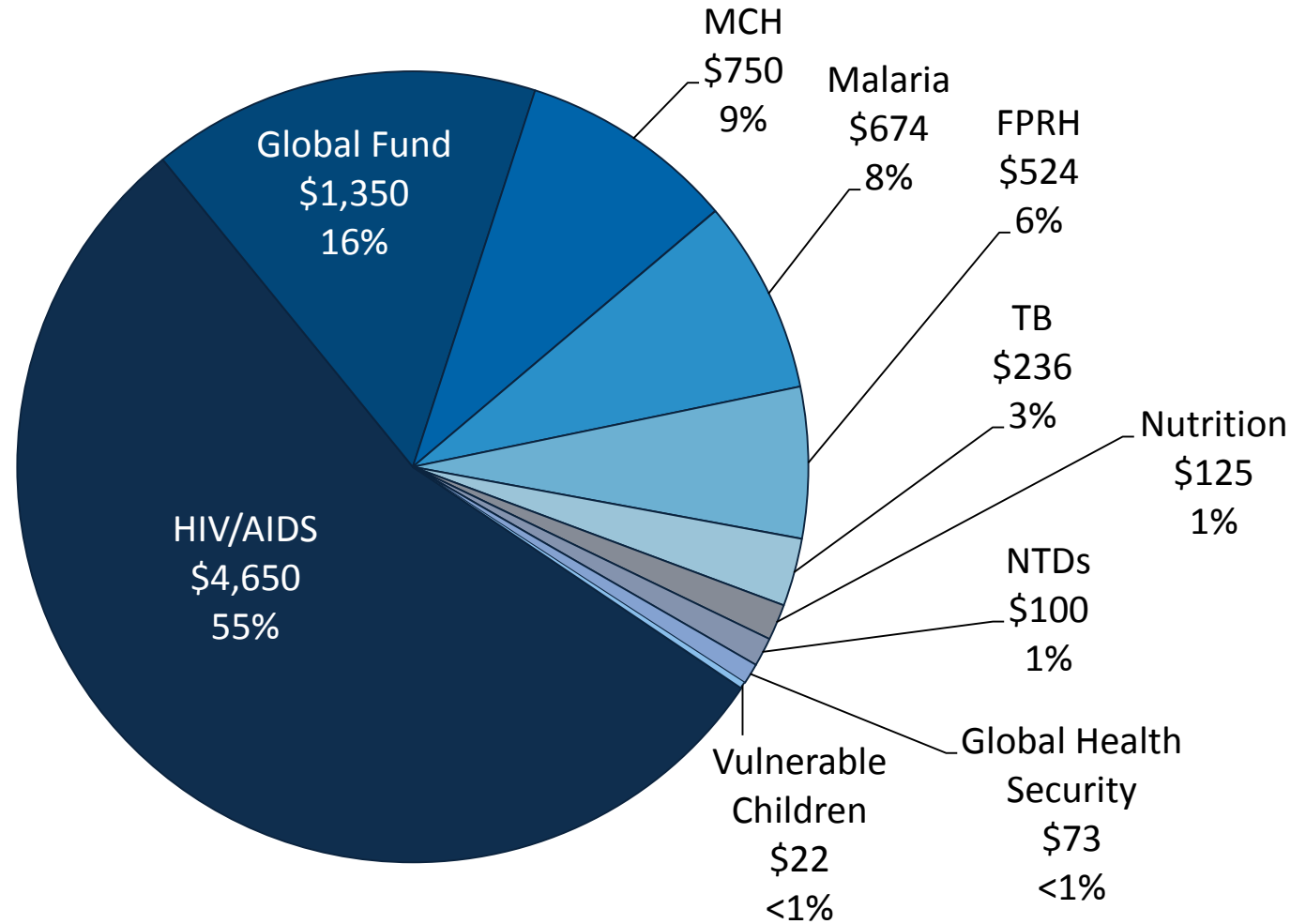


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SOURCE: Kaiser Family Foundation analysis of data from the Office of Management and Budget, Agency Congressional Budget Justifications, Congressional Appropriations Bills, and U.S. Foreign Assistance Dashboard.

# Global Health Programs (GHP) Account, By Program, FY 2016

*In Millions*



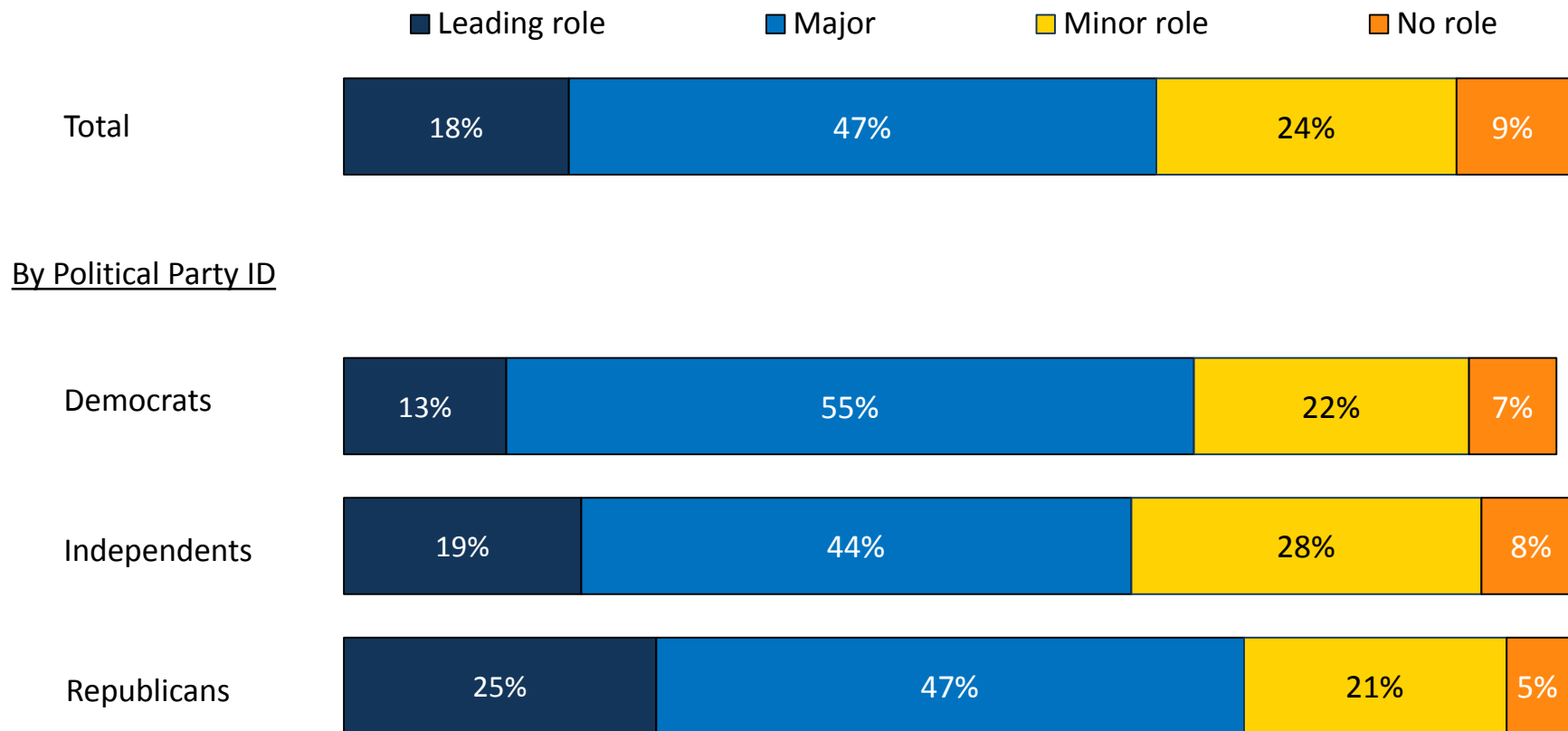
**Total = \$8.5 billion**

SOURCE: Kaiser Family Foundation analysis of data from the "Consolidated Appropriations Act, 2016" (P.L. 114-113) and accompanying explanatory reports.

# Americans' Views on the U.S. Role in Global Health

# Most Want U.S. to Play Major or Leading Role in World Affairs

I would like you to think about the role the U.S. should play in trying to solve international problems. Do you think the U.S. should take the leading role in world affairs, take a major role, but not the leading role, take a minor role, or take no role at all in world affairs?

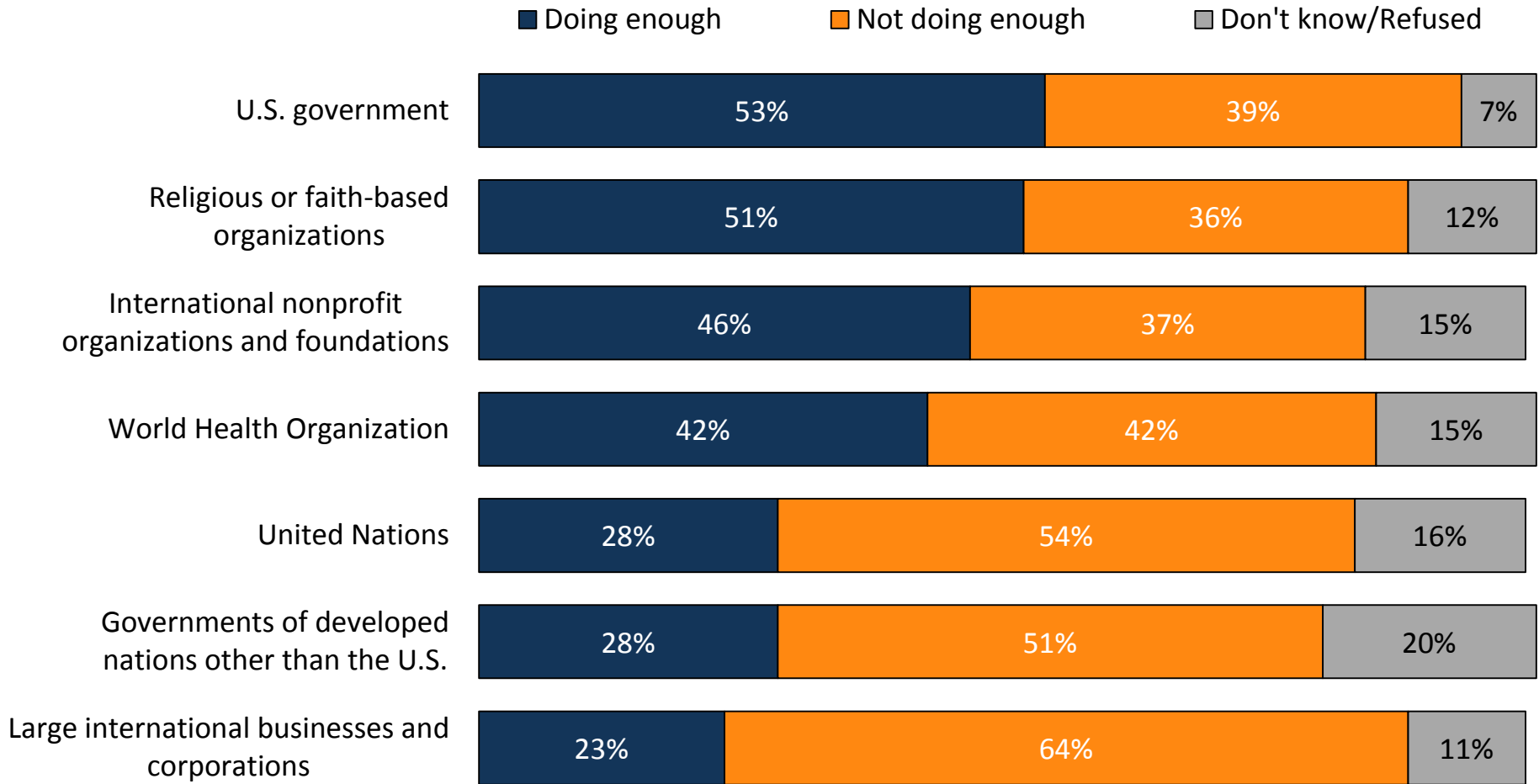


NOTE: Don't know/Refused responses not shown.

SOURCE: Kaiser Family Foundation Health Tracking Poll (conducted December 1-7, 2015)

# Most Say U.S. is Doing Enough to Improve Health in Developing Countries; Two-Thirds Say Large Corporations Are Not

Would you say the following are doing ENOUGH or NOT DOING ENOUGH to improve health for people in developing countries?



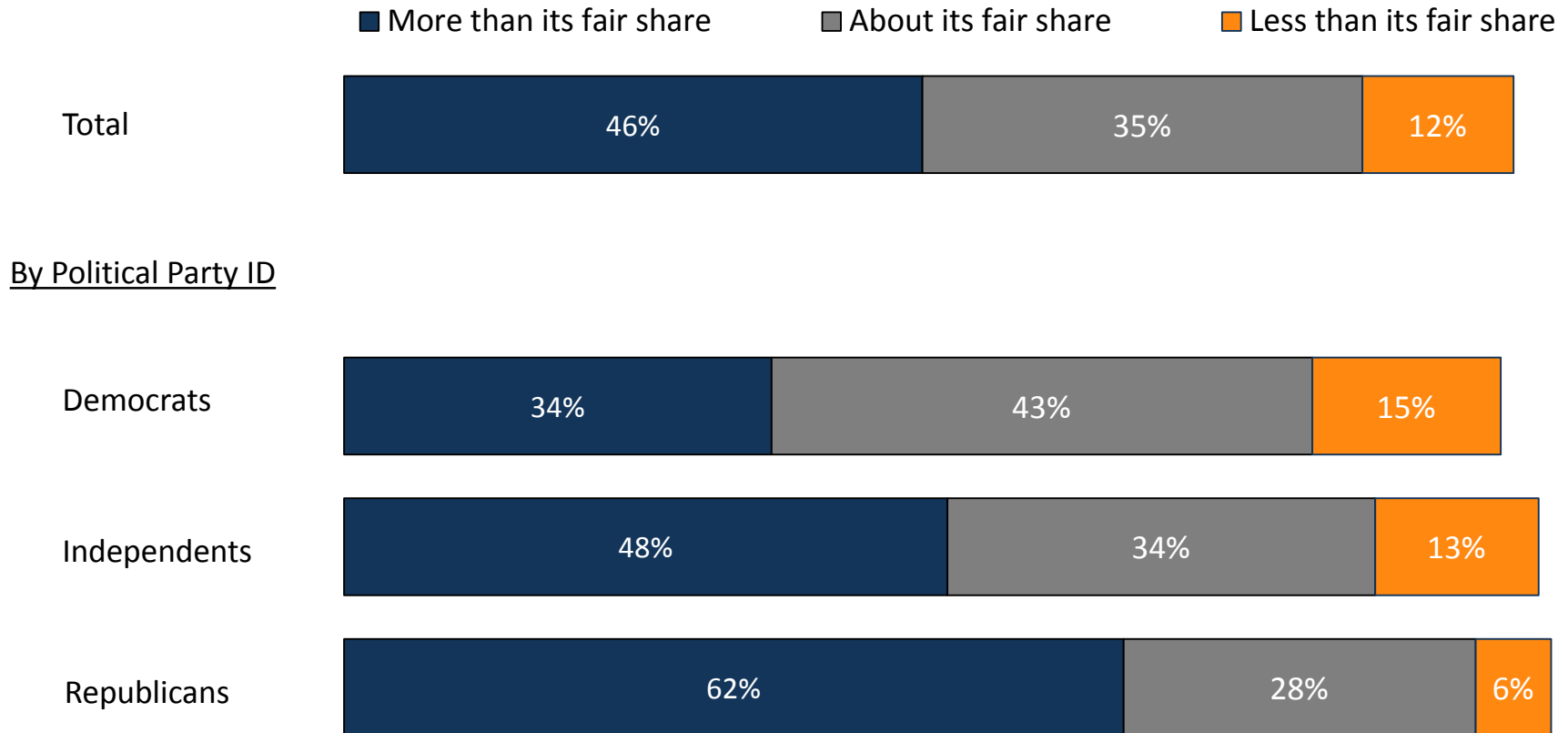
NOTE: Should not be involved at all (Vol.) responses not shown. Question items asked of half samples.

SOURCE: Kaiser Family Foundation Health Tracking Poll (conducted December 1-7, 2015)



# Nearly Half Say U.S. Contributes More Than Its Fair Share

Compared to other wealthier countries such as England, France, Germany, and Japan, do you think the U.S. contributes more than its fair share, less than its fair share, or about its fair share to efforts to improve health in developing countries?



NOTE: Don't know/Refused responses not shown.

SOURCE: Kaiser Family Foundation Health Tracking Poll (conducted December 1-7, 2015)

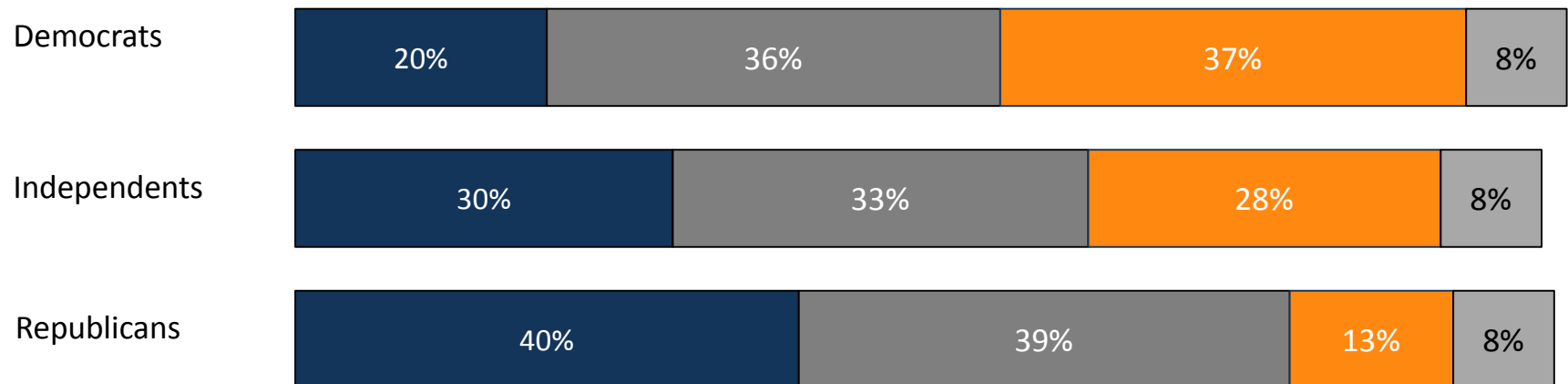
# Views of Current Levels of U.S. Global Health Spending by Political Partisanship

Do you think the U.S. is now spending too much, too little, or about the right amount on efforts to improve health for people in developing countries?

■ Too much    ■ About the right amount    ■ Too little    ■ Don't know/Refused



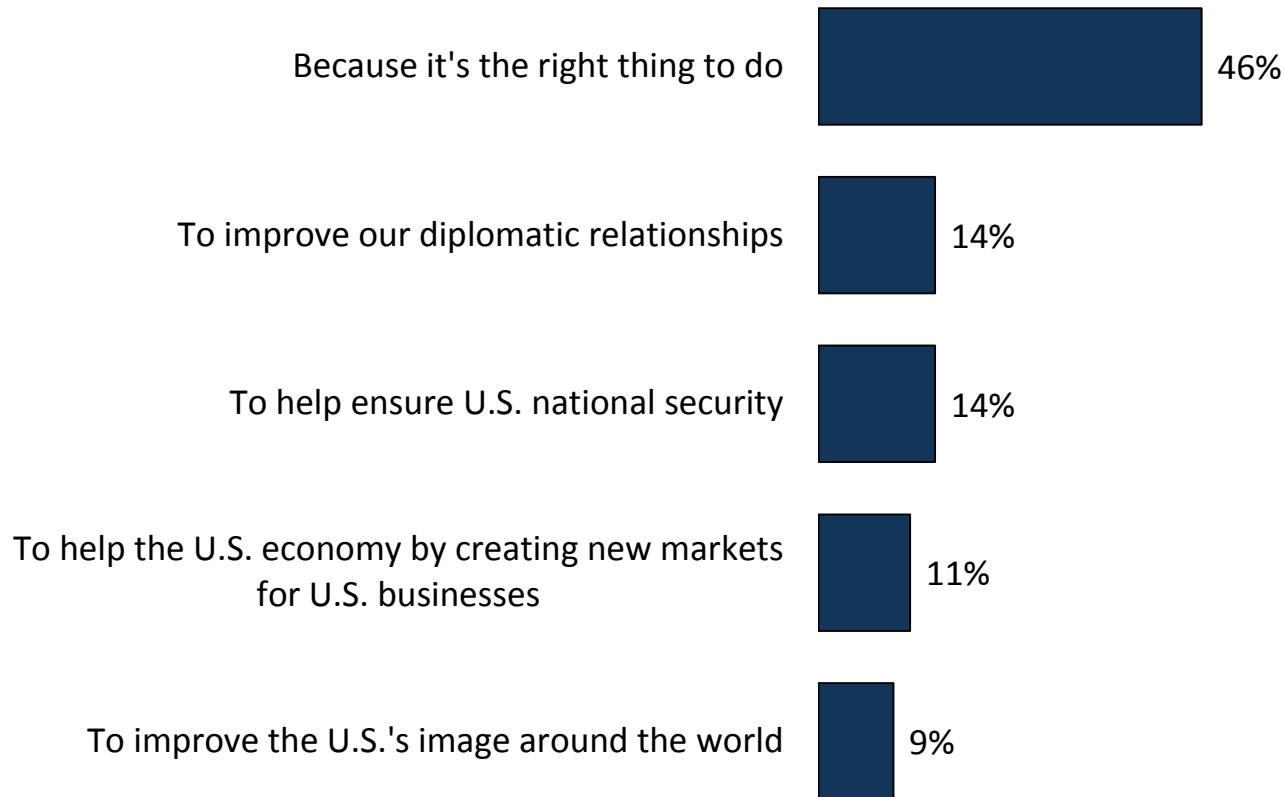
## By Political Party ID



SOURCE: Kaiser Family Foundation Health Tracking Poll (conducted December 1-7, 2015)

# Moral Reason for Global Health Spending Trumps National Self-Interest

I'm going to read you some reasons why the U.S. might spend money on improving health for people in developing countries, and I'd like you to tell me which you think is the MOST important reason. Here's the list:



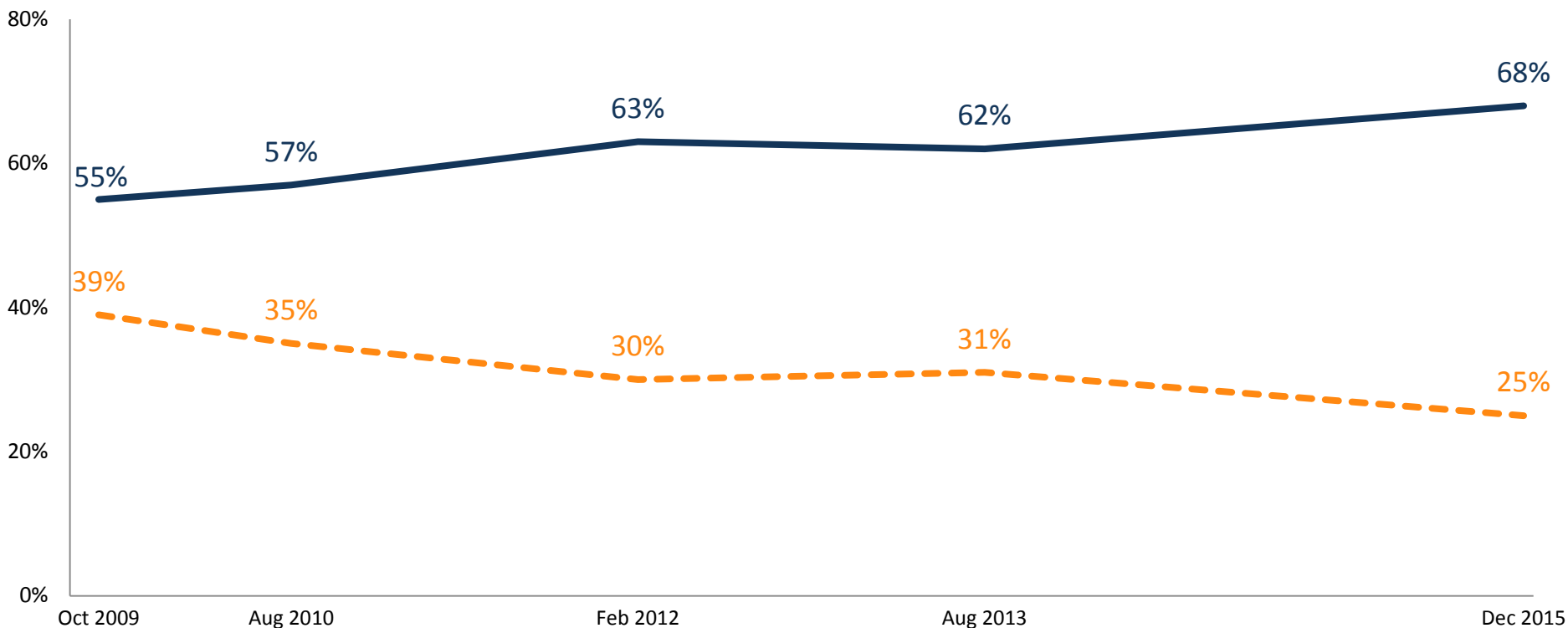
NOTE: Other/None of these (Vol.) and Don't know/Refused responses not shown.

SOURCE: Kaiser Family Foundation Health Tracking Poll (conducted December 1-7, 2015)

# More Americans Today Say U.S. Should Participate in International Efforts to Improve Health in Developing Countries

Which comes closer to your opinion? When giving aid to improve health in developing countries...

- The U.S. should participate in international efforts, so other countries will do their fair share and efforts will be better coordinated
- - - The U.S. should operate on its own, so the U.S. has more control over how the money is spent and gets more credit and influence in the country receiving aid



NOTE: Both/Neither (Vol.) and Don't know/Refused responses not shown.

SOURCE: Kaiser Family Foundation Surveys of Americans on the U.S. Role in Global Health, Kaiser Family Foundation Health Tracking Polls



# Foreign Policy and Global Health Experts on the USG's Role in Global Health

Kaiser Family Foundation, Washington, DC

Geoff Garin

President, Hart Research Associates

[www.hartresearch.com](http://www.hartresearch.com)

Elizabeth Harrington

Partner, Public Opinion Strategies

[www.pos.org](http://www.pos.org)

# Methods

- **Focus groups and in-depth interviews** in October/November, 2015, with left- and right-leaning foreign policy and global health experts
  - 22 Hill and government agency staff
  - 21 NGO and advocacy organization leaders
  - 8 academics and think tank researchers
  
- **Areas of inquiry**
  - The USG as a leader in global health
  - Priorities for involvement in global health – specific initiatives
  - Necessary or recommended changes to the USG’s approach to global health
  - Outlook for USG funding for global health
  - Making the case for why the USG should continue funding global health

# The USG does and should continue to play a leadership role in global health.

## ■ It is in our self interest.

- ✓ Treating and preventing infectious disease elsewhere protects Americans.
- ✓ Healthy nations are more stable.
- ✓ Healthy nations are better economic partners.
- ✓ Advancing the health of other countries fosters goodwill.

## ■ Supporting global health is part of our national character and a moral obligation given our wealth and power to make a difference.

## ■ Global health expenditures yield among the highest returns from the USG's foreign assistance budget.



# Grounds for USG success in global health are practical and political, but we've also seen shortfalls.

## ■ Underlying our successes

- A well-organized and thoughtful global health coalition
- Setting clear targets, simple guidelines, measurable goals
- Solid bipartisan support for funding
- **FROM THE LEFT:** Millennium Development Goals gave important structure for organizing and promoting USG global health efforts

## ■ Sources of concern

- Insufficient coordination among stakeholders
- The singular focus of many initiatives
- Weaknesses in infectious disease monitoring and management
- **FROM THE LEFT:** The potential for USG funding to crowd out others

**While the use of data to drive decisions is seen as vital, it also raises questions on the left about USG funding allocations.**

■ **Both sides**

- Demand evidence-based decisions and call for more results-driven metrics to ensure that funding is having the intended effect
- Cite a demonstrable return on investment as justification for USG global health expenditures
- Call for better data collection and analysis to guide future efforts

■ **However, some on the left question whether the required accounting shortchanges important initiatives that:**

- Involve multiple factors with complex interactions,
- May take years to yield quantifiable benefits.

# Emerging issues may dictate additional considerations for future USG involvement in global health.

- ➔ Increased global conflict and mass migration creating new vulnerabilities to disease
- ➔ **FROM THE LEFT:** climate change and its potential to affect food security and the spread of pathogens and insect-borne disease
- ➔ **FROM THE LEFT:** emergence of non-communicable diseases—deriving from past successes in global health and increased life expectancies, but requiring greater resources and longer-term interventions and treatments

# Experts call for a shift to more sustainable solutions, but without losing sight of short-term needs and threats.

## ■ Goals

- Consolidate and extend our wins, particularly in HIV/AIDS, malaria, and maternal and child mortality
- Develop more scalable and systemic approaches
- Build more self-reliant and locally sustainable systems

## ■ Methods:

- Better vertical and horizontal integration
  - Across USG programs and initiatives
  - Between the USG and other donors and actors
  - Between donor and recipient countries
  - Between donors and local implementers
- Solutions must depend on the circumstances.

# A key challenge: immediate life-saving needs trumping investment in systemic, sustainable solutions

## ■ Systemic change and sustainable solutions

- Require new models and new levers to effect change
- Have less clearly measurable goals
- Are more complicated to manage
- Have a longer and less definite time horizon for funding and evaluation

## ■ The trifecta of abstract goals, complex processes, and uncertain payoffs makes systemic change a far harder sell.

# Experts urge a stronger partnership role for the USG, supporting and advocating key priorities and goals.

## ■ The USG as a facilitator, organizer, and coordinator

- ✓ Help to identify goals and shortfalls
- ✓ Encourage integrated solutions
- ✓ Map strategies for nations to reduce their disease burden and promote wellness
- ✓ Leverage technological expertise

## ■ Top priorities

- Maintain momentum in prevention and treatment of infectious diseases and maternal and child mortality
- Invest in surveillance and response to avert pandemics
- Address structural issues and social determinants to build self-sufficient and sustainable health systems
- Help rebuild key international institutions
- **FROM THE RIGHT:** USG investment in initiatives with clear measurable goals and funding tied to actual metrics

# Left-leaning experts are more optimistic than those on the right that current funding levels will be maintained.

## ■ Those on the left

- Believe that Republican support for global health spending is relatively secure, despite opposition relating to family planning
- Anticipate that funding levels will be maintained, but not increased

## ■ Those on the right

- Believe that many Americans and some Republican members of Congress think the US should be spending more domestically than overseas
- See support for global health funding as more of a political liability than a benefit for Republican members of Congress because of current budget constraints and domestic priorities, as well as pressures created by reproductive health issues

# The best political case for USG investment in global health is somewhat different for those on the left and the right.

## ■ Top political arguments

- **FROM THE LEFT:** It's a moral issue – it's our national character to save lives.
- **FROM THE RIGHT:** It's a national security issue.
- From both: Protecting others from communicable disease is necessary to protect ourselves.

## ■ Less compelling political arguments are less intuitive.

- Healthy nations are less likely to foment conflict.
- Healthy nations are better economic partners.
- USG investment in global health increases our soft influence.



# Effective voices for global health funding mostly overlap between the right and left.

- ✓ Those with strong content knowledge (*WHO, CDC, NIH*)
- ✓ NGOs and on-the-ground practitioners
- ✓ The faith-based community
- ✓ Those with national security backgrounds
- ✓ Well-known private individuals and funders
- ✓ Celebrities
- ✓ **FROM THE RIGHT:** Conservative think tanks, former Republican elected officials
- ✓ **FROM THE LEFT:** President Obama, rare combinations that capture attention (*faith-based organizations + the HIV activist community*), major companies invested in developing countries



# Use data to improve impact and ensure innovations

- **Ensure optimal value for money**
  - Focusing for impact, expenditure analysis, deep granular data dives with analysis of PEPFAR and GF investments down to the site level
  - Pivots across all bilateral and regional programs to target the geographic areas and populations of greatest need and burden thereby, preventing more HIV infections, saving more lives, and accelerating their progress toward achieving epidemic control.
- **Increase transparency**
  - PEPFAR dashboard – funding and results available and up to date
- **Move from indicators to outcomes and impact, toward achievement of clear targets**
  - Launched AIDS Impact Surveys for HIV prevalence and incidence
  - Focus on epidemic control through expansion of key investments
  - POTUS announcement of bold new HIV prevention and treatment targets for 2016 and 2017
- **Invest for impact and development of key business cases for investment; increase funding for focused prevention and show impact**
  - Launched ACT and DREAMS
  - Increased funding for VMMC in performing countries
  - Key population focus geographically
- **Enhanced our engagement of partner countries, multilateral institutions, and civil society**
  - Increased our efforts to strengthen civil society capacity and leadership.

# Show clearly what is possible

- Define control of the epidemic and sustainability
- Show the roadmap
- Track progress quarterly
- Show it is possible – move from shared responsibility being solely \$ focused to policy focused

What if we could

double

the number of people

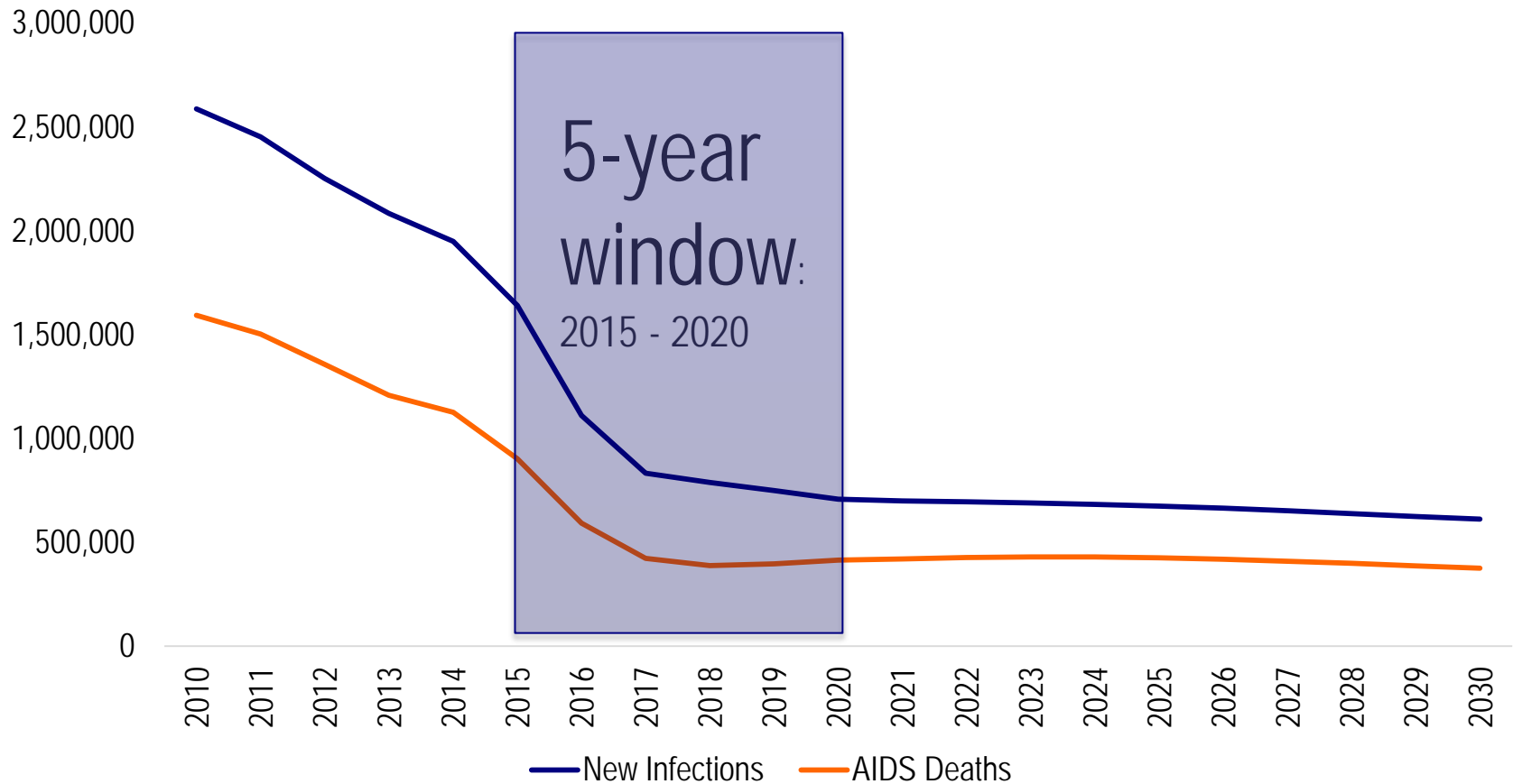
on lifesaving

treatment

over the next 5 years?

# Treatment for All: 28M on ART by 2020

New HIV Infections and AIDS Deaths



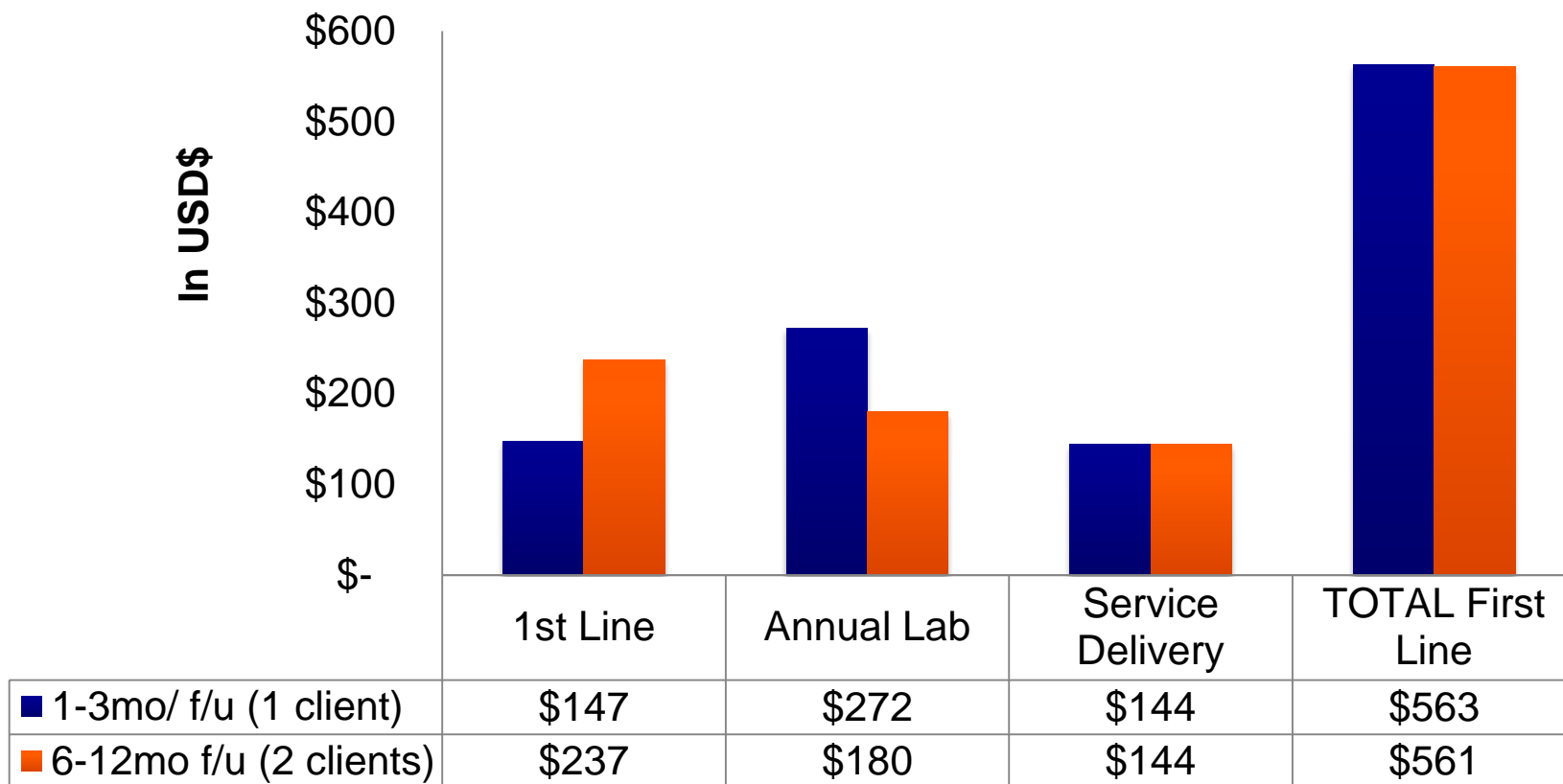
Source: Stover, 2015



# We can support 2 ART clients for the price of 1

Smart policy and service delivery choices yield tremendous cost savings

## Cost of serving 1 ART client with 1-3 month follow-up versus 2 clients with 6-12 month follow-up



Note: Annual Lab includes annual viral load and required chemistries

We can

prevent **>50%** of new HIV  
infections

and reduce the number of

**AIDS deaths** by nearly  
**50%.**

This is extraordinary.

And it is possible. This will end AIDS as a  
public health threat