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What's Next for U.S. Global Health Diplomacy?
A Town Hall Forum with Ambassador Eric Goosby
Kaiser Family Foundation
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JEN KATES: Good Morning, I'm Jen Kates of Kaiser Family Foundation; I want to welcome all of you here. We have a full house and I also want to welcome those of you watching online, on the webcast, and for those who are looking to tweet about this event, please, if you want to, use the hashtag kffglobal. We'll be tweeting about it during, somebody out there will, at Kaiserfamfoundation, and we have several resources that we're going to have up there, including one that we just are putting out today. We really thank the editors of a new journal called *Global Health Science and Practice* for making an article that is not yet out available today to you which is on global health diplomacy that was authored by a couple of us here.

This morning, we are really pleased to be able to convene this town hall forum with all of you on a very important development in U.S. Global Health Policy, the creation of an office of Global Health Diplomacy at the State Department. We are very honored to have with us, Ambassador Eric Goosby, who, as we all know, is the U.S. Global AIDS Coordinator, but also was recently asked to lead the new office of Global Health Diplomacy by Secretary Clinton, one of her last acts as Secretary and global health. We are really honored that he is able to join us today, talk about the new

office. Obviously, a decision to create this office. A lot of us are excited about it; we want to know more about it. There has been a growing interest in global health diplomacy.

Several other governments have designated officials or offices to be global health diplomats. The WHO has an office. I think it's really significant when the largest donor in the world on global health does this at such a high level. Many of us think it's a great opportunity, particularly at this time, when we know budgets are tight, we know that a big emphasis of the U.S. government and its global health programs is to look towards sustainability and country ownership. This office, I think, is the one that will help us move in that direction.

We also want to know what it will do, how it will work with some of the other global health programs that already exist, and a question that I've heard a lot of us ask, is this what we have been waiting for? To help unpack these possibilities and answer these questions, we are very lucky that you are here with us today. Before I ask you a few questions and then go to audience questions, I also want to acknowledge that we're pleased to have with us Ambassador Leslie Rowe, who has been asked to lead the day-to-day operations of the office. Will you stand up for one minute? She's right up here. Hopefully, we'll all get to know her over the coming months and years on this work.

Ambassador Goosby, to ask you a few questions. I guess I'd like to start with just a general question of why now? Why this office at this point, and what will it mean?

AMBASSADOR ERIC GOOSBY: Thanks, Jen. It's really an honor to have an opportunity to talk to you, always. I guess the reason that it is now is because we really are at a remarkable moment. There has been a convergence of a number of experiences, facts, and understandings that have come together to convince, I think, a broader portion of the world community that we have learned how to take programs from a pilot to scale. Programs like the Global Fund, PEPFAR, PMI, have really been the motors that have driven ideas, not just in one or two spots, but taking it country wide. We've done it with objectives that have been achieved and exceeded. We've done it with an ability to take the science that we have known for a long time in many areas of health but have been unable to make those abilities to diagnose, treat, or prevent available to large populations.

I think the other piece that converges now is our ability to get resources on the level of drugs, point of care instrumentation; our ability to bring costs down through GAVI, through CHI, through UNITAID activities and others. We have really been given an opportunity to resource and supply those scaled operations in a way that we did not know and had not

confirmed was possible. Again, allowing us to apply the science and bring it to scale to really move public health and make those services available to large numbers of people.

I think the other issue that is converged is country ownership. We have taken a, I think, a sea change in the way our partner countries view themselves, their ability to move with these resources. It has changed their self-perception as to how they interact with donors, their role with donors, and their response to their populations. They understand they need to convene resources from divergent sites, Global Fund, PEPFAR, bilateral donors, foundations in a way that allows them to define their unmet needs, prioritize those unmet needs, and make allocation decisions against them that come from divergent sources. It has put them much more in the driver's seat and donors' receptivity to that has changed to allow it to happen.

We also have a need to engage our community in country and have seen a growing—and this is almost in every country that we're in—awareness on part of those who use the services, that it is a dialogue that they are in with country, that the expectation that their country serve their needs, respond to their needs. That once they have made decisions and put a system in place, that there is a willingness, now, on part of those who use the services to engage around appropriateness or inappropriateness of the services. You are right, or you are

wrong, or these are the needs that continue to be unmet. Dialogues, for the first time, are emerging that have not been there before.

All of this is in the realm of a diplomatic exchange. All of this can be amplified, echoed, by a diplomatic dialogue, and the United States has really seen our portfolio of global health programs move right up to this space. Those that have continued to move into true ownership to ensure the sustainability of these services, that last dialogue with leadership in country, must be engaged to concretize the commitment.

The State Department, USAID, HHS, DOD, Peace Corps, Treasury have all played this role and will continue to play the role, but now, the kind of huge diplomatic tool chest that is out there will try to support, amplify and sustain these discussions, elevate, in some instances, these discussions to better ensure their permanence, basically, to save more lives.

JEN KATES: That's the critical thing, I think, is the amplification. In a sense, a lot of the programs that the U.S. government already has in global health are engaging in global health diplomacy. The idea is that this office will help amplify or maybe bring it to a new place.

Could you talk a little bit about some of the priorities that you see, maybe in a more concrete sense, of

what is an example of something this office could be doing that might help that amplification?

AMBASSADOR ERIC GOOSBY: Yes. The agencies that are involved in global health have been doing this since the beginning. I think the challenge of country ownership and sustainability have challenged the current development strategy to take that next step into permanence. That is best realized through the highest level dialogue in these countries with leadership. That expectation with other countries, our partner countries, that they will indeed continue the continuum of services that our bilateral efforts have developed with them. Now, as we move into what continuum of services do you want to continue versus a bilateral coming in in a donor relationship and implementing has really put this right in front of us as we do not, as the partner country, want to continue this service portfolio. We are going to continue this one, and where does that dialogue occur around what science says, what ethics say, need to be continued, should be continued, and how do we kind of move to an agreement where you will do this and we will do that; all of those challenges.

Our ministers of health in these countries are not in the strongest position and the substantive permanency of these programs is best realized when the Minister of Finance and the President are engaged in those dialogues and make those

commitments. We will have a support system that tries to position our Ambassadors to understand the health portfolio, as many of them do and have done, that our USAID Mission Directors, be a central piece of informing and supplying that information in country, because they're there en masse and have a mission that, indeed, is the platform off of which many of these services are launched. Center for Disease Control, our Peace Corps and, in many instances, our Department of Defense are also in these relationships. Those relationships will continue, but what will now be part of the expectation is that our Chief of Mission continue to be the orchestrator of the portfolio, that they engage in a specific dialogue with the global health resources under the Embassy to make sure that those opportunities for dialogue with country leadership are taken advantage of and that it not be at one moment in time, but that it be integrated into their continuous and ongoing exchange with country leadership.

We are doing this in many countries. In Zambia, for example, we were just talking as we came up about Mark Storella, Ambassador Storella, who has been a central dialoguer in exchange around PEPFAR programs and getting the country to significantly increase their resources toward that effort over a five-year period in a partnership framework dialogue. Taking that to child mortality discussions, to maternal and child

health discussions, have also come out of his exchange with country leadership to reinforce and amplify, as Jen is saying, the opportunity to put these services in place so they become permanent.

I would also say, as an example, the Child Summit for Survival USAID convened, in that effort, a large number of countries that came and made pledges to continue activity over a long timeframe. In order to ensure that that commitment is reinforced, that that expectation is continued to be put in front of the country, the diplomatic corps has a role to keep that dialogue going, bring it back to the table when there is an expectation unmet and to amplify successes and advertise those successes to other members of the global community as examples of jobs well done.

I think taking advantage of that movement, of that dialogue, and of the level of the dialogue will only better ensure the structural stability of these programs in these communities.

JEN KATES: I just have one more question before I'll let all of those folks ask questions. One of the concerns people often raise around global health diplomacy or global health in that context is when foreign policy and global health ends collide. Certainly, in the global health diplomacy literature, it's a big issue, and I think some argue that

having global health diplomacy as an explicit focus is what you do to address that. Others say there could be tensions that still exist. I am just curious if you have thoughts about that; when our global health programs become mired in that or is one of the goals of this office to try to maybe prevent, do a preventative measure to make that not be the case?

AMBASSADOR ERIC GOOSBY: Yes.

JEN KATES: Good answer. Good. Yes, yes.

AMBASSADOR ERIC GOOSBY: Thank you for bringing that up. It is a tension that is often theoretical and sometimes realized. There is not a forum for a vigilance to be set up in the State Department for issues kind of after they have happened, which would be retrospectively engaged with, but to learn from that to prevent, as you say, it occurring in the future. I think that this does create an office that will embrace those concerns and those issues and, perhaps, institutionalize barriers to prevent them from running into each other. That's often a difficult dialogue that we have all seen sometimes appear before anyone knew about it. I would appreciate a lot of thinking from this group and others on how we might better position. It certainly would play a role.

JEN KATES: Okay. Alright. I'll probably have a few more as we go along. I'm sure all of you have questions. What

we're going to do is we have a couple of people with mics and we'll take three at a time and ask you to identify yourself.

Before that, I'm actually going to turn pretty quickly to Holly Wong, who's here. Holly is the Deputy Assistant Secretary for Global Affairs in the Office of Global Affairs at HHS. For those of you who are following what the U.S. government offices and roles do, which I do all the time, that's another office that plays a role in global health diplomacy. I think one question many of us have, watching all of this, is how the two are complimentary or where they intersect. Holly, I am going to put you on the spot for a second and have you stand up and introduce yourself and give us——

HOLLY WONG: Thanks. As Jen said, I'm Holly Wong from the Office of Global Affairs at HHS. Just a couple of brief points; I know many people aren't aware that HHS does global health work. Secondly, there are a lot of agencies that are part of HHS: CDC, NIH, FDA, HRSA, SAMHSA, as well as others, who have a significant presence in global health work.

Our Office of Global Affairs helps to coordinate many of those global health activities. We don't actually do programs in the field, but we help to coordinate across our many agencies. A big part of our role is actually working with Ambassador Goosby's office with other parts of the U.S.G. who

are involved in global health. Probably not a surprise to many of you if I would say, although I might be talking out of school, to say that it's sometimes difficult to coordinate across all of the U.S. government and ensure that we have one message consistently and that we all know what each other are doing.

Quite frankly, within our own department, we don't always know what all of our agencies are doing. Part of our role is to help coordinate those activities. I think, as Ambassador Goosby said, there's more than enough global health work for everybody to do. I think, to a large extent, our role is very complimentary to what the State Department, to what USAID, to what DOD, are all doing in this field. We all bring different types of expertise and skills. The State Department, obviously, has a premium on the diplomatic work. Much of HHS and our agency's work is focused on our technical expertise and skills; the regulators, the epidemiologists. We have relationships, of course, with virtually all of the Ministries of Health across the world, with the regulatory, with the technical agencies. We also have a key role in working with the multilateral institutions, primarily with WHO. Nils Daulaire, who is the head of our office, the Assistant Secretary of Global Affairs, is the U.S. representative to the WHO executive board.

There's a fair amount of health diplomacy work that happens within our office, within all of the agencies that are part of HHS. I don't think that that, in any way, duplicates or negates what the Office of Global Health Diplomacy does, but helps to both compliment that, as well as to amplify and, hopefully, have a consistent U.S. government message as we're working with our partners around the world who don't really know the difference between the State Department, HHS, CDC, DOD. They just see us as the U.S. government, the ones with sometimes the resources, with the partnerships and those sorts of things.

JEN KATES: Thanks.

HOLLY WONG: Okay. Thanks.

JEN KATES: Okay. We're going to go to questions. I just want to say one of our goals, from Kaiser's perspective, of today is that global health diplomacy itself is sort of an elusive concept. It can be very academic. You can read articles about it and then actually understanding what it is is a little harder. I'm hoping that today's discussion will provide a little bit more specificity to the concept. Anyone who's studied diplomacy knows that it's hard to touch in the same way as you might touch a global health program, but it's pretty critical. I'm hoping we can get at that level of specificity with some of the discussion today.

Right, not a shy crowd. We'll take three lucky first people; one over here, one back there, and right here.

JEN KATES: Just say who you are please.

BOB CHAPMAN: Sure, Bob Chapman with the American Cancer Society's Global Health Initiative. Since it's difficult to conceptualize what global health means, when you go up to The Hill for money, and when we have to go to our respective organizations for money to put towards global health, whatever that might be, what's the return on investment? How do you articulate the return on investment to Americans, to our taxpayers, for that investment? How do you normally answer that question, because we need help?

JEN KATES: That's one. The next one is back there. Yes.

SHARON JACKSON: Hello, I's Sharon Jackson, Department of State, actually, International Health and Bio-Defense. I was wondering if you could speak to what you envision your role would be in engaging the multilateral development community, like the regional development banks and the World Bank?

JEN KATES: Great, and last question, here.

ANTIGONE BARTON: Hi, I'm Antigone Barton from Science Speaks from the Center for Global Health Policy. When you talk about country ownership, it's easy to see the part that engages the leadership of a country or the government. I'm wondering

is there a way to ensure that country ownership is sustainable and that civil society that advocates for key populations is included in the dialogue that you're talking about?

JEN KATES: Okay, you have three questions. Just to sum up, one was on arguing about the return on investment with global health, second was around engagement with regional development banks and the World Bank, and the third was civil society, right? Okay, great.

AMBASSADOR ERIC GOOSBY: I think it's a common question on The Hill. I think that we have those who get it and understand that our involvement in countries and the face that we reflect of the American people is often best realized through our global health portfolio. It addresses needs that are urgent and emergent, as well as those that are kind of constant and recurring. The commitment that we put toward that effort is a reflection of the conscience of the American people in a very real way. It stabilizes individuals, and families, and societies, and, as a result, countries. It decreases, as our colleagues in the Department of Defense have been very eloquent in articulating, the instability, creates opportunity for those who have agendas that can destroy. By having a strong development presence, you prevent that instability from moving into opportunities that have threats.

Those are all understood by the State Department. They're kind of at the nexus of that and puts the State Department, I think, in a wonderful position to make sure that those points are made and that those opportunities are engaged, but It can only work through the agencies that are already interfaced and capable.

The need for technical assistance is now where we are in many of the countries we're in. The role that technical agencies will play is going to crescendo over the next 10 years and a move to what we're calling technical cooperation is going to be a long, sustained mentoring, an inner digitation of capability and expansion of capability in ministries of health at all levels and governments to better plan, better anticipate, and better respond to the needs in their country and respond to their people.

In terms of the community, there is the initial response that I think our development colleagues have gotten good at, the initial response, that first phase of kind of initial responders, if I could say it that way. What then we then move into is after the initial response, what do we need to sustain for the community? That requires an understanding of the complexity of needs of the population that you're trying to serve and that requires that the community be engaged in an ongoing dialogue from definition of problem to planning,

response, and then to sustaining that response. The feedback loop that holds that in place and keeps it on track best is an open dialogue with community. That's a very difficult thing to put in place in cultures and societies that don't gravitate to that. In fact, the United States, in many ways, was one of those societies early on in some of our biggest epidemics. We, as government, did not see the wisdom or utility of having those who were most impacted in the planning process, but we learned the hard way that our best work came when we merged and when we supported and respected that voice.

The State Department is in a wonderful position to put pressure on countries to keep that agenda and vision in front of them, and to explain, by example, and by, I would say, convening that the community is a central piece of that. Faith-based organizations, as well as public sector, as well as those who use the services and key populations are all individuals that often don't have the political clout to be at the planning table. It requires a government-to-government dialogue or a donor-to-country dialogue to keep that agenda rolling when the country would stop it on their own.

I think the World Bank plays a tremendous role in our ability to reach sustainability and shared responsibility. The movement of resources from rich countries to those with less money is facilitated by the World Bank in many ways. You can

kind of look at it that way. I think that it has been our challenge as bilateral programs, as well as multilateral, to make sure that we have engaged the mechanisms that the World Bank already has in place, but may not be utilizing in every application or in every place it could and we are often in a position to see those opportunities before the machinery of the World Bank has identified them. We're often in the position to better place the resources in a way that better ensures the sustainability and allows a system, a medical delivery system, let's say, save more lives. It supports the true meaning of planning and implementing programs through the idea of country ownership, by those resources going into the country, but in a way that the country is capacitated to understand how that dollar is translated into program and how that program creates impact.

I believe that tighter partnerships with the World Bank is a big part of what this office will focus on. We are already in a dialogue with the World Bank around their normal convening process of finance ministers and ministers of health and leaders, presidents of countries, to include a health agenda as a central piece of what is spoken about at each and every meeting. Jim Kim holds the vision of bringing health back into the dialogue around the finances and economics of the country. In many of the countries we're in, the GNP growth is

going up 3-, 4-, 5-, 6-, 7-percent. Having a ability to work with countries to deliver the technical cooperation, to enable them to attach their extractive mineral resource profit gain before it goes into the treasury, and all the challenges of all those unmet needs converging on that profit margin before it goes into the general pool, to have 3- or 4-percent of it earmarked for health would be, I think, a smart thing to do, like Batswana, like Norway has already done. That type of idea is something that the World Bank is now thinking about very hard. I think, in cooperation with them, we would be able to support that moving to a real capability.

JEN KATES: Okay, three more. Let's see, Chris, there, and right over here.

KATHLEEN SIEDLECKI: Okay. Hi, good morning. Kathleen Siedlecki with Weber Shandwick. As someone who works in global health communications, I was interested in your choice of word of amplify as one of the goals of the office. I would just be interested in hearing more about what you envision that amplification to be and the role of communications in that.

JEN KATES: Okay.

CHRIS COLLINS: Chris Collins with amfAR. Thanks for being here, Ambassador. You're the right man for this dual job. You are a public health expert and you're a humanist. So we're glad we're here and the Secretary chose you. I want to

push back on one of your answers to Antigone, because on civil society engagement, which you know is pledged by the blueprint for an AIDS-free generation. I'm concerned, because, even following release of the blueprint, we're hearing even just today, I heard from two countries, examples where civil society really has been effectively shut out of the discussions around the country operational plan. I'm feeling like more explicit directives are going to be needed to make sure the COPS teams, but also the countries we're dealing with, get it, that they've got to have a meaningful plan in place and then show that they involve civil society, including those marginalized populations, which, in the IOM report, identifies as an enormous unmet need. We've got a lot of work there and they need to be part of this engagement. I'm wondering if you can issue a cable, issue a guidance, be very explicit about your expectations around civil society engagement per the blueprint. Thank you.

JEN KATES: One last question.

LYANA MAHMOUDI: My name is Lyana Mahmoudi and I am with the WASH Advocates. My question is oftentimes a source of conflict is when basic human needs are not met. Currently, there are still 780 million people that don't have access to safe water and 2.5 billion people that do not have access to sanitation. In fact, in India, they have more cell phones than

they have toilets. My question is how do we make sure that we enable these governments to provide the basic needs too—yes, so that's my question.

JEN KATES: Okay.

AMBASSADOR ERIC GOOSBY: I think what we mean by amplification is to take the dialogues that our agencies are already engaged in and the programmatic portfolios that they carry and make sure our Chiefs of Mission and our diplomatic machinery that extends into the multilateral and bilateral foras that are already out there, that health is a central expectation that we put on our ambassadors to carry forward. Not in some conversations or in a conversation once a year, but in all their conversations, as much as that can be integrated. It is a continuous and ongoing mantra that the United States government sees this as a central piece to our diplomatic portfolio and the contribution that the American people want to make. That's what we mean by the amplification.

In terms of the actual messaging and work around kind of what that message might be, this office will play a role in helping Chiefs of Mission refine the actual talking points, if I could get that kind of concrete around it, that might be helpful in partnership with the agencies that are running the programs. We just expect that we will be another resource in that effort and put on our Chiefs of Mission, in their

reporting relationship with the State Department, the expectation that they close that.

Chris, I hear what you're saying, and the ability to move community of all types into planning and implementation dialogue, at the same time we are moving with country ownership dialogue, in country, and with the cultural and societal barriers that are always there, that it's a lot to orchestrate. The U.S.G. part of it, which I heard you focus on in terms of the country operating plan engagement, that we do need to figure out a meaningful way to have community from country input into that process of planning, and I already know that they are involved in implementation. I know of good examples, too. I also know of bad examples where it isn't happening. I do need to make it clear, and it would be in the form of something like a cable or a directive. It's already in the guidance which wasn't enough, and we've seen this over and over again, to move our colleagues in country to do it, not in way of excuse, but in way of explanation. They're burdened with a lot, and I have come to realize that our teams in country are juggling a lot. We see glimpses of it in Washington, but we don't get immersed in it like they are. We, at the same time, know that there's tension with, what they're in front of, that we, intellectually, understand around the country, and culture, and societal issues. We need to figure out how to support them

better in engaging effectively and we have not done that yet as well as we can. I would totally take ownership of that.

JEN KATES: There was a question about the basic needs, just broader.

AMBASSADOR GOOSBY: Yes. There are so many needs that are urgent, emergent, real, that impact people and kill people. Our understanding of how not to have people die is there. We realize and transform science into very little that applies to services in so many of the countries we're in. We already know how to do it, but we don't do it kind of dilemma. It's part of shared responsibility that we embrace in the United States and are getting better at it, to challenge our colleagues in Europe and in the partner country, that they have a responsibility to their populations and their people. You bridge the dilemma with the human rights agenda that is very much on the table. I think this office will bridge that regularly and repeatedly in many of the discussions we're in, make our Chiefs of Mission aware of that tension, and strategize with them and our agency colleagues who are in front of this and have been in front of this around effective strategies to try to move that better. I do think the multilateral world, WHO, the UN system, is central in this dialogue, in sustaining the dialogue, and bringing up the difficult aspects, and identifying and linking it to human

rights issues. We need to partner and amplify their message and their ability to be strategic in delivering it.

JEN KATES: We have a couple questions from email that came in advance, so one I wanted to ask you now, which is from Dr. Ryan Jense who says, "The thrust to promote health and general well being to the global community is both wise and exhilarating. I am also happy to see a trend towards action on the ground - especially in places such as Kenya and Nepal. While the medical infrastructure continues to improve and grow in such places, I was hoping you could speak to the role that institutions such as the U.S. military, U.S. Schools of Public Health, and U.S. medical schools can play to further these endeavors."

AMBASSADOR ERIC GOOSBY: I do think we are at a moment where the world is realizing that we can put a basement of health care on the planet for everybody. These central services and the systems to do it, I think a lot of the larger motors like the Global Fund, like PMI, like PEPFAR, have shown policy makers that we don't need to just talk about it. If there's a resource capability that can be deployed, we can actually turn it around, make a huge difference in the morbidity and mortality that these diseases incur.

A central ingredient to that is the technical needs and capacity expansion of our partner countries. Their ability to

understand how the disease moves through their population and the response that they can put in front of it, as reflected in program, is the key. Those skills are largely not in place. All of our programmatic portfolio have aspects that deliver technical assistance, but to sustain the technical assistance so it results in a capacity expansion that remains in country is now the challenge.

Country ownership is really about being able to plan and implement, monitor and evaluate, and then maybe pay for it, but that's kind of the last thing in that continuum of ownership. Secretary Clinton in her Oslo speech last year really put a whole lecture to that distinction, and it's a real one. We need to work better with our colleagues in the multilateral sphere and in academia, both in country, in academic medical centers, in schools of public health, schools of nursing, schools of economics, business schools and engineering before we are going to successfully develop a strategy that effectively expands the capacity of national and provincial-level system makers.

Interestingly, the Department of Defense has played a huge role in this. Working in the PEPFAR portfolio, the Department of Defense's ability to engage the military, who are men, largely, women, too, but men, they're mobile. They have money. They're often implicated in the movement of disease

through their own populations as they come back home with their families. The Departments of Defense, in every country we are in, in 80 countries in PEPFAR, all of those countries, the Department of Defense is often the kind of center of excellence in the delivery of the service first. Governments prioritize their militaries often before they prioritize their populations. In all of our relationships as the U.S. government, a military capacity expansion goes to the families and the people around that installation. I do think the Department of Defense is also going to play a critical role.

JEN KATES: I would just say from something we did at Kaiser looking at that very question, we found that the Department of Defense is playing a pretty large role in all of these areas. It's just not always known, because their mission is not that, but they're on the ground in so many places. If anyone is interested, we have a whole report that tries to unpack that.

Okay, three more people. Let's see, over there, Janet, back there, and Phil. Start here first.

MALACHI NKOSI: Hi. My name is Malachi Nkosi, a junior at Cornell University. I'm a business and public health major. One of the questions that I see is when we go into countries to hopefully develop them is our goal to quickly go into these countries, implement our systems, and then get out, which is

cheaper but it could be potentially ineffective, or are we in there for the long term, which is more effective but it could be more costly.

JEN KATES: You have just asked the central question that we're on.

SUZANNE PETRONI: Hi, I am Suzanne Petroni with the International Center for Research on Women. I want to play off of Jen's quest, I guess, for more specificity in terms of how the global health diplomacy will work. When the global health community was informed about the demise of the infrastructure, at least, of the GHI last year, we were told that the principles of the GHI would continue. I think we heard from you today certainly about country ownership, partnerships; I think the health system strengthening is implicit in what you've said. We haven't heard about women, girls, and gender equality. I wonder if you can tell us how that important principle of women, girls, and gender equality will play out practically in the work of this new office. How will we ensure that remains a priority?

JEN KATES: I would guess the next question might pick up off of that.

JANET FLEISCHMAN: Perfect segue. Congratulations again, Ambassador, on your new position. Following up exactly on that, but taking it again to the level of your new office

and echoing Jen's call for specificity, I'm wondering how you see your office working with other donors to try to enlist them in prioritizing programs on women, girls, and gender equality in terms of health, in terms of advancing gender equality in their own country portfolios, so both with other donors and then, of course, working with national governments? Thank you.

AMBASSADOR ERIC GOOSBY: The first question is kind of a difficult one to answer. I think that the United States has, in its global health portfolio, has been leading in understanding the distinction that you're making. The short-term traditional development intervention of coming in, implementing something, bringing it up to scale, often in a parallel system, not part or in amongst the public sector system of care, has resulted in breathtaking drops in morbidity and mortality, but are not sustainable.

Unless you're willing to keep that same effort going and essentially become, in a sense, the Ministry of Health, taking on the responsibility that normally would be afforded to government, you will not be able to sustain those programs, or you go through a very rapid attempt to graduate the program out without the infrastructure having been nurtured and put in place to continue it, let alone the resource.

All of that being on the plate requires that somebody, at the beginning of intervention, start a dialogue on

sustainability and how the country is going to, indeed, embrace the service that you're putting on the table, agree that that should continue, and then dedicate resources toward continuing it. That is definitely a difficult discussion. Our agencies are in those discussions in many ways, but now we're going to add a diplomatic layer to have, and to continue, and, in some ways, concretize that same difficult discussion; still going to be a challenge.

I think that the Global Health Initiative, in its seven principles, had as a central one, girls and women. It was something that was not thought of or preferred. It is because we are in front of mostly girls and women in terms of who comes in the door. We have an opportunity, because of what we know about the role that women play in stabilization of families and society, that it also makes sense, in that longer term sustainability objective, to amplify our ability to partner and support women and girls. PEPFAR programs, maternal and child health programs, the family planning programs and USAID have all tried, through the GHI, to put integration across those service capabilities together in each of the respective platforms, so one is doing the other. The service expansion allows for the service to be made available to more women and girls. I think we have done this better than the United States

has done it at any other period in our kind of development portfolios.

That needs to be extended to a different dialogue with country. The country needs to embrace that vision and understand the importance it, basically see the data. In following it, in the monitoring and evaluation, show impact on those fronts, and donors need to prioritize the resources so they come in to support those relationships. I think, again, this office will be a forum and a place to convene discussion, both in country and across multilaterals and bilateral efforts to concretize that effort. It's critical; it's where we're going. The GHI has put that purse string around U.S.G. We now need to put a purse string around multilateral, bilateral and foundation support to continue to push that agenda.

Tomorrow, we'll be meeting with our colleagues from Norway who have been screaming this for so long. I think they've always been kind of ahead of the curve and our understanding of that has grown. I would really attribute a lot of that to Secretary Clinton's driven focus on this in integrating it into how we think, with our global health portfolio, about opportunities engaged or missed. Melanne Verveer's office was stunning in its ability to find the areas to put that expectation in our portfolio, in the State

Department's bureaus, and this office will reinforce and support the continuation of that.

JEN KATES: I'm looking at the time. We have probably one more round left, make them quick questions. We'll go way back there. I feel so bad. Over there and right up here.

PATRICIA MURRAY: Hi. Patricia Murray from Plan USA. Pakistan has recently seen an increase in violence against health workers, especially those working in vaccination campaigns. This is related to the false vaccination campaigns supported by the U.S.G. I'm interested in knowing, going forward, concerning global health diplomatic efforts, what's being to prevent this from happening in the future?

RYAN CHERLIN: Hi. Ryan Cherlin from PSI. The majority of people across the developing world access healthcare through the private sector. I'm wondering, public sector is obviously overburdened in a lot of cases, private sector is, a lot of times, unregulated. Does this new office see a role to play in that realm, developing the capacity of the private sector to strengthen an overall health system?

JEN KATES: Last question.

SHELBY THOMPSON: Hi. I'm Shelby Thompson with the U.S. Pharmacopeia. Actually, that's a good segue for me as well. I was wondering what the vision is for engagement, initially and ongoing, with the NGO community here in the

United States as well as with the private sector. I know you were talking about Melanne Verveer's office and coordination there, but was also wondering how you might dovetail with some of the successes of the commercial diplomacy efforts of the State Department? Then, more specifically, how might this be integrated into training for the foreign service officers and commercial service officers who might be supporting or mobilizing the direction of the Chief of Mission?

AMBASSADOR ERIC GOOSBY: Thanks. This office will play a role in understanding how to keep issues of development, service separate from issues around security and all of the kind of challenges that that incident created. The White House is all over this issue. We would only look to that leadership at the highest level in our government to move through this, and it's already engaged.

The private/public sector issue is a real dilemma for us. Just like in this country, you have a public component that is congested and a private sector that decompresses, but is not as well regulated. Standards of care do not mean a better practice, and I think that in really every country we're in, that dichotomy is very apparent. The stranger part of it is most that of the people who are engaged and employed in the public sector, are, at night, going on into creating the public sector response as well.

We have looked at this from a PEPFAR perspective, which is a very complicated disease, and it's not a bad model. It's tough to move into the sector with any teeth. The ability to just have the correct drugs being used that are available in the country and don't introduce an environmental gradient pressure to increase resistance has been a challenge. Our ability to use, which is kind of inherent in your question, this other sector, because it's already chosen by the population with money, to put money toward that, is something we really do need to understand better, and help our partner countries realize that the public/private dynamic is a dynamic one, but one that can be used to drop morbidity and mortality. I don't pretend to have an answer specifically to your question. It's a tricky one.

In terms of private sector roles, we have over 178 private/public partnerships in the PEPFAR portfolio. They are all central to our ability to deliver and sustain services. We have found that if we identify the profit interest on part of the company and partner with them with that still on the table, they work better and they deliver. When we don't, we find that after a year or two, it fades out.

The capacity expansion need, the technical cooperation need, is huge. We have used a lot of the pharmaceutical company and companies that make medical machines for quality

control, quality maintenance training. I think we have abused them in their ability to play that role for us and are very grateful that they've engaged with it. That kind of strategy, though, because it expands their market, is why it has sustained now for five years and it's not going away. We think we have kind of glimpses of the formula. It's a big part of the technical assistant expansion needs that countries are going to need more and more of, and we have every intention of engaging the private sector more.

There's an office in the State Department that focuses on this. We will remind that office about the medical agenda and portfolio. They're already on it in many counties. We expect that we will just kind of add to that capability, but it's a big part of the future.

JEN KATES: I'm going to ask the last question, but wrap in two things that came up, some ideas, and my last question is what should we all expect to see in the short-term from the office? One potential or idea was about Foreign Service and their role in understanding the importance of global health. The second was about engaging the NGO community here. I'm going to turn it over to you to let us know what we can expect going forward.

AMBASSADOR ERIC GOOSBY: Looking at supporting the Chiefs of Mission would include the Foreign Service officers'

education, going to their training and develop and expand a curriculum that is already in place to include a lot of the ideas that came up today. To emphasize the importance of global health dialogue from a diplomatic perspective, its link to human rights, and the ability to leverage more difficult discussions with our partner countries in issues of human rights and democracy are all things that we have engaged with already and will continue to feed into the young foreign service officers that come out of their training.

We also want to have an ability to inform our Chiefs of Mission who are in place about that importance, the specific global health portfolio that is in the Embassy, working with the USAID mission directors to understand their needs, how they, at that moment in time, see their portfolio, interfacing or not, with the agenda of the government and to make sure that the ambassador takes those cues and brings then back in in dialogue with country that may not be centrally about health, but could add to it, in that dialogue, the health concerns and issues, kind of, of the day. Supporting the Chiefs of Missions, supporting the foreign service officer; moving their dialogue with country into issues around sustainability, much of what we talked about today; how they can, indeed, help countries understand what resource motors are out there and other donors convening donors around problems that the country

has prioritized and haven't yet, and in accessing multilateral technical assistance, as well as resources, to bring to bear.

The Millennium Challenge Corporation is a wonderful example of kind of moving, not just within the global health sector, but also private sector economic advancement. A lot of the skill sets that they have developed are, I think, applicable to the global health portfolio, and bridging that, I think, will be an important and immediate thing.

The dialogue that our agencies already have with the multilateral community is kind of the final area that a front of activity will develop, not to displace that relationship, but to support it. Again, to amplify their ability to effectively deliver the same message in all of our points of articulation with the multilateral community in Global Fund, in GAVI, in WHO, in the U.N. system, where the U.S. plays a huge role: to put a common vision, a theme, and an agenda together that spans years, but is central to our global health objectives to make sure everyone is aligned with that and reinforcing one another, not working against each other, will help us realize the, I think, true weight of American leadership in the world. I believe now we don't grab that leadership role now in the way that we should. We kind of punch below our weight in that arena, and I think it's very important that we talk amongst ourselves, if I could say it

that way, within the U.S. government to understand better what our opportunity is and how we can move this forward aggressively.

JEN KATES: I was just thinking that about three or four years ago we were here talking about the PEPFAR five-year strategy that you had just released, and country ownership was a relatively new concept.

AMBASSADOR ERIC GOOSBY: It was.

JEN KATES: Now here we are, a few years later, and I think the IOM report talked about, last week, how far that has come and still needs to go. I'm wondering what we'll be talking about in three years on global health diplomacy. Maybe you'll have a break by then. Hopefully, this will be moving the global health work of the U.S. in a new direction, and I would hope everyone here will join me in thanking you, Ambassador Goosby, for being here.

AMBASSADOR ERIC GOOSBY: Thank you.

[END RECORDING]