INSTITUTE OF MEDICINE

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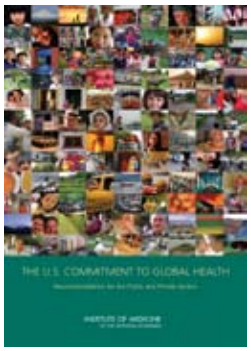
The U.S. Commitment to Global Health: Recommendations for the Public and Private Sectors



Health is a highly-valued, visible, and concrete investment that has the power to save lives and to enhance the image of the United States in the eyes of the world. Investing in health nationally and internationally is critically important for eliminating avoidable disease, disabilities, and deaths. An area of study, research, and practice has emerged within the United States to work toward the achievement of global health. Termed the U.S. global health enterprise, it has contributed to numerous health successes, but there remains a wide gap between progress that could be made given existing knowledge and the work actually being done in poor communities across the globe.

In 2008, the Institute of Medicine convened the Committee on the U.S. Commitment to Global Health to investigate the U.S. commitment to global health and to articulate a vision for future U.S. investments in this arena. The committee concludes that the U.S. government and U.S.-based commercial entities, foundations, universities, and other nonprofit organizations have an opportunity to improve global health. The committee identifies five areas for action:

1. Scale-up existing interventions to achieve significant health gains.
2. Generate and share knowledge to address health problems prevalent in low- and middle-income countries.
3. Invest in people, institutions, and capacity building with global partners.
4. Increase U.S. financial commitments to global health.
5. Set the example of engaging in respectful partnerships.

The committee concludes that the U.S. government and U.S.-based commercial entities, foundations, universities, and other nonprofit organizations have an opportunity to improve global health.

SCALE-UP EXISTING INTERVENTIONS

In 2000, the United Nations created the Millennium Development Goals (MDGs), designed to achieve reductions in poverty and improve specific health outcomes by 2015. The committee recommends that the United States meet its commitment to help resource-limited countries make progress toward the MDGs by applying existing knowledge and tools to interventions that are known to be effective. In many countries, a lack of capacity in all levels of the health system hinder efforts to scale-up services and should be addressed if progress in global health is to be achieved.

Noncommunicable diseases like cardiovascular disease and diabetes have joined the traditional list of infectious, "poor country" diseases in an extraordinary global epidemiologic transition. Remarkably, these diseases now account for more than half of all deaths in low- and middle-income countries, many which could be prevented through proven and cost-effective interventions. The United States should demonstrate leadership in addressing the growing prevalence of chronic diseases and in-

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juries, as well as new infectious threats that are emerging at the historically unprecedented rate of one per year.

GENERATE AND SHARE KNOWLEDGE

One of the greatest contributions the U.S. can offer the global poor is a commitment to create and share knowledge that serves the global community. The U.S. has a proven record of investing in health research, spending more in this area than any other country. Typically, the U.S. and other wealthy countries focus their health research on conditions that affect people within their borders, often to the neglect of low- and middle-income countries. As a result, the tools to prevent and treat many diseases are either inadequate or are not being utilized fully due, in part, to a limited understanding of how to improve delivery in resource-limited settings.

While the U.S. can offer low- and middle-income countries partial solutions . . . low- and middle-income countries require capable local leaders and researchers to identify solutions that work and are sustainable in their own countries.

The committee recommends an expansion of research and evaluation efforts to improve health systems delivery, expand utilization of existing interventions, and conduct rigorous country- and program-level impact evaluations to measure programmatic effect. In addition, the committee recommends that the U.S. research community, in collaboration with global partners, leverage its scientific and technical capabilities to conduct research that addresses health problems such as malaria, tuberculosis, and other parasitic and bacterial infections that are common among the world's poorest billion people. This includes the promotion of global knowledge networks and the open exchange of information that enable local problem solvers to improve the health of their populations.

INVEST IN CAPACITY BUILDING

Many countries face critical health workforce deficits which directly affect countries' efforts at combating disease and death. While the U. S. can offer low- and middle-income countries partial solutions to help resolve the challenges they face in delivering basic health services, low- and middle-income countries require capable local leaders and researchers to identify solutions that work and are sustainable in their own countries. Unlike the U.S., in which academic institutions and industry play important advisory roles in health care policy, scientific expertise is rarely sought in shaping such policies in resource-limited countries. To strengthen health education, research, and leadership capacity of low- and middle-income countries, the committee recommends that foundations, corporate entities, and other funders of global health provide financial support to establish long-term (10 years) institutional partnerships between universities, research centers, and health care systems in low- and middle-income countries and universities, commercial entities, and government agencies in the U.S. These partnerships should focus on education and training, improving infrastructure, funding a steady stream of research grants, and generating demand for scientific work to influence public policy.

INCREASE U.S. FINANCIAL COMMITMENTS TO GLOBAL HEALTH

If low- and middle- income countries are to move closer to meeting the health-related MDGs, foreign assistance from high-income countries needs to increase and be sustained over the next decade. While the U.S. government has made record commitments to global health, the overall commitment by the U.S. to overseas develop-

ment assistance falls below the efforts of other developed countries. In order for the U.S. to meet current international commitments and address emerging challenges of the twenty-first century, the committee recommends the U.S. government commit to spending $15 billion by 2012, with $13 billion allocated specifically for the health-related MDGs and $2 billion to respond to the contemporary challenges of noncommunicable disease and injuries.

To ensure that global health financing in all areas—HIV/AIDS, maternal and child health, and health systems strengthening, among others—are contributing to significant, measurable, and sustainable health gains, the U.S. government should consider novel approaches to delivering aid that is effective. Results-based financing—one among several routes to improving health outcomes and systems performance—relies on a government or donor providing material rewards when, and only when, particular results are achieved. Ideally, these extrinsic incentives are offered as an add-on at the margins to complement reliable resources for basic service delivery, and are introduced in ways that reinforce good performance.

Working with partners around the world and building on previous commitments, the United States has the chance to save and improve the quality of life for millions around the world.

ENGAGE IN RESPECTFUL PARTNERSHIPS

If the U.S. is to achieve its goals through investment in global health, collaboration with the global health community will be essential. The U.S. government—the largest funder of many international organizations and a significant donor of bilateral aid in some countries—carries considerable influence in shaping the global health environment. To ensure that countries retain ownership and accountability for the health of their nations, the United States should support recipient countries in developing results-focused, country-led agreements that rally all development partners around one country-led health plan, one monitoring and evaluation framework, and a unified review process. This will require increased donor coordination within countries and leadership by recipient governments.

Global leadership is also required. The World Health Organization (WHO) aims to provide that leadership. However, the organization is woefully under-resourced, with many aspects of the organization's structure and function hinder its ability to provide effective leadership. Therefore, the committee recommends that the U.S. government support a rigorous external review of the WHO to ensure the organization is appropriately structured to meet the global health challenges of the 21st century. Simultaneously, the U.S. government should support the WHO by increasing contributions to the WHO budget and continuing to send technical and policy experts to engage in WHO's tasks as requested.

CONCLUSION

The United States has the responsibility as a global citizen, and an opportunity as a global leader, to contribute to improved health around the world. U.S. leadership in global health is a reflection of American values: generosity, compassion, optimism, and a wish to share the fruits of our technological advances with others around the world. However, no country acting alone can adequately protect the health of its citizens or significantly improve the health problems in resource-limited countries. Working with partners around the world and building on previous commitments, the United States has the chance to save and improve the quality of life for millions around the world.

FOR MORE INFORMATION . . .

Copies of *The U.S. Commitment to Global Health: Recommendations for the Public and Private Sectors* are available from the National Academies Press, 500 Fifth Street, N.W., Lockbox 285, Washington, DC 20055; (800) 624-6242 or (202) 334-3313 (in the Washington metropolitan area); Internet, www.nap.edu. The full text of this report is available at www.nap.edu.

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STUDY STAFF

SARAH SCHEENING, Study Director/Program Officer; **BETH HAYTMANEK,** Senior Program Associate; **KATE MECK,** Senior Program Assistant; **JULIE WILTSHIRE,** Financial Associate; **PATRICK KELLEY,** Director, Board on Global Health