FACT SHEET

The U.S. Global Health Initiative (GHI)

March 2012

While the United States government has been engaged in international health activities for more than a century, its involvement and funding have grown considerably over time, particularly in the last decade. Yet, historically, there has been no organizing mechanism across the many government structures, programs, and funding streams engaged in global health, and much of the effort has been built around disease-specific rather than broader, comprehensive approaches. The May 2009 announcement by President Obama to launch a *Global Health Initiative* (GHI) was in part a response to this context.[1,2]

GHI Core Principles, Implementation Components, & Program Areas[2]

Seven Core Principles
1. Focus on women, girls, and gender equality
2. Encourage country ownership and invest in country-led plans
3. Build sustainability through health systems strengthening
4. Strengthen and leverage key multilaterals and other partnerships
5. Increase impact through strategic coordination and integration
6. Improve metrics, monitoring, and evaluation
7. Promote research and innovation

Four Main Implementation Components
1. Collaborate for impact/promote country ownership
2. Do more of what works, promote proven approaches
3. Build on and expand existing platforms
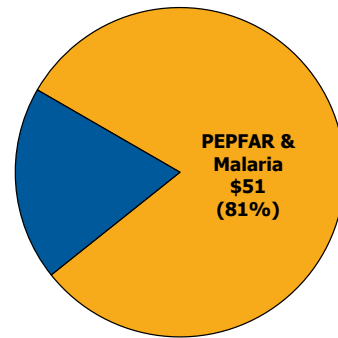4. Innovate for results

Nine Program Areas
1. HIV/AIDS
2. Tuberculosis
3. Malaria
4. Neglected Tropical Diseases
5. Maternal Health
6. Child Health
7. Family Planning/Reproductive Health
8. Nutrition
9. Health Systems Strengthening

The GHI was proposed as a **six-year (FY 2009–FY 2014), $63 billion** initiative to develop a comprehensive U.S. government strategy for global health, building on the President's Emergency Plan for AIDS Relief (PEPFAR) to combat HIV as well as U.S. efforts to address tuberculosis (TB) and malaria, and augmenting the focus on other global health priorities, including neglected tropical diseases (NTDs), maternal, newborn and child health (MNCH), family planning and reproductive health (FP/RH), nutrition, and health systems strengthening (HSS). Of the proposed $63 billion, PEPFAR and malaria efforts are slated to receive a combined $51 billion (81%) over the six-year period, with PEPFAR alone [(which includes funding for HIV, TB and the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund)] to account for more than 70% (Figure 1). The other global health priorities are slated to receive $12 billion (19%).[2,3]

GHI Organizing Structure[2]

The GHI acts as an "umbrella" over most but not all existing U.S. global health programs throughout the world, accounting for more than 80% of the U.S. global health funding investment.
- The GHI is led by an Executive Director, first appointed in January 2011 and based at the State Department, who reports to the Secretary of State and coordinates efforts under the direction of an *Operations Committee*. The Operations Committee is comprised of the Administrator of the U.S. Agency for International Development (USAID), the U.S. Global AIDS Coordinator, and the Director of the Centers for Disease Control and Prevention (CDC). The GHI Executive Director is charged with facilitating the coordination of agency programs and the transition of GHI leadership — pending completion of certain benchmarks — to

USAID by the end of FY 2012 (the only program that will not transition is PEPFAR, which will remain under the leadership of the Office of the Global AIDS Coordinator at the State Department).[4]
- A *Strategic Council*, with representatives from multiple departments that operate global health programs, provides policy support, advice, and guidance to GHI leadership.
- In addition, the White House National Security Council (NSC) provides high-level policy guidance on the GHI.
- In March 2011, the *U.S. Government GHI Strategy Document* was released, laying out key aspects of the GHI approach and strategy. It emphasizes moving U.S. global health efforts from an inputs and expenditure-based focus to an outcomes and impact-based approach. It states the GHI will provide funding increases where large health gains can be achieved. The GHI strategy identifies seven core principles, four implementation components, and nine global health program areas of the GHI (see box); it specifies targets (goals) in these program areas.

Figure 1: Proposed Funding for the GHI, FY 2009–FY 2014[3]

In Billions

Other Global Health Priorities $12 (19%)

PEPFAR & Malaria $51 (81%)

Total = $63 billion

GHI Program Areas[2,5]

The main GHI program areas include several existing programs and activities of the U.S. government:

- **HIV/AIDS:[6]** Includes all PEPFAR bilateral HIV/AIDS activities and funding as well as contributions to the Global Fund and UNAIDS. PEPFAR is overseen by the State Department and carried out by several agencies, primarily USAID and CDC. PEPFAR's HIV activities operate in 58 countries around the world and include prevention efforts and support for the provision of treatment and care.
- **TB:[7]** Includes funding for U.S. global TB efforts, which are primarily carried out by USAID in 41 countries, focused on the diagnosis, treatment, and control of TB and multi-drug and extensively drug resistant (MDR/XDR) TB.
- **Malaria:[8,9]** Includes funding for the President's Malaria Initiative (PMI), first launched in 2005 and led by USAID, as well as other malaria efforts at CDC and other agencies. USAID's malaria programs operate in more than 20 countries, including 17 PMI focus countries, and center on expanding coverage of high-impact interventions such as insecticide-treated mosquito nets (ITNs), indoor residual spraying (IRS) with insecticides, intermittent preventive treatment in pregnancy (IPTp), and artemisinin-based combination therapy (ACT).
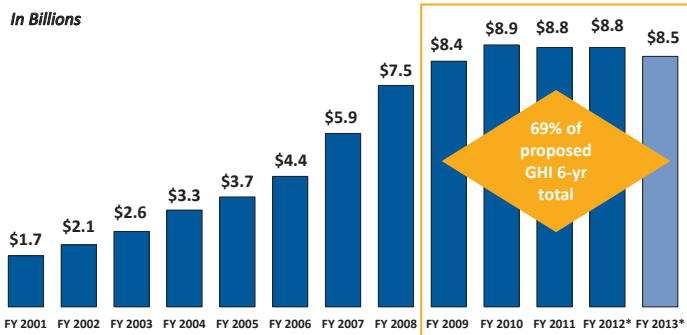
- **NTDs:[10]** Includes funding for the U.S. NTD Program operated by USAID in 18 countries in Africa, Asia, and Latin America, which aims to control seven neglected tropical diseases (through mass drug administration) and leprosy.
- **MNCH:[11]** Includes USAID funding designated by Congress for MNCH activities, which helps support U.S. efforts in 43 countries. Other U.S. funding for MNCH efforts is not currently counted as part of the GHI and supports activities in additional countries. MNCH interventions aim to reduce maternal and child mortality through increasing access to skilled care at birth, preventing and treating newborn infections/childhood diseases, and preventing malnutrition.
- **FP/RH:[12]** Includes USAID funding designated by Congress for FP/RH activities, which helps support U.S. efforts in 36 countries. Other U.S. funding for FP/RH efforts is not currently counted as part of the GHI and supports activities in additional countries. FP/RH activities are designed to decrease the risk of unintended pregnancies and maternal and child mortality and support interventions including contraception, counseling, post-abortion care, and screening/testing for HIV and other sexually transmitted diseases (STDs).
- **Nutrition:[13]** Includes funding for USAID nutrition efforts in 20 countries. Nutrition efforts aim to prevent undernutrition through interventions such as nutrition education, nutrition during pregnancy, exclusive breastfeeding, and micronutrient supplementation; they are conducted in coordination with the U.S. Feed the Future (FTF) Initiative, the U.S. Government's multi-agency global hunger and food security initiative led by USAID.
- **HSS:** The GHI emphasizes strengthening health systems to improve outcomes in GHI-supported countries. HSS activities include increasing the number of trained health workers and community workers, reducing disparities in health outcomes by improving health delivery, and improving health financing strategies.

Figure 2: Funding for Programs in the U.S. Global Health Initiative (GHI), FY 2001–FY 2012[3]

In Billions

FY 2001 $1.7 · FY 2002 $2.1 · FY 2003 $2.6 · FY 2004 $3.3 · FY 2005 $3.7 · FY 2006 $4.4 · FY 2007 $5.9 · FY 2008 $7.5 · FY 2009 $8.4 · FY 2010 $8.9 · FY 2011 $8.8 · FY 2012* $8.8 · FY 2013* $8.5

69% of proposed GHI 6-yr total

*FY 2012 are final estimates; FY 2013 is President's Budget Request to Congress.

GHI Budget [3,14,15,16]

The GHI brings together several different existing funding streams for global health, most of which are designated by Congress for specific global health activities but which have not historically been aggregated into a single "global health budget."[14] For example, all funding for PEPFAR is now considered part of the GHI, as is most funding for MNCH and FP/RH.
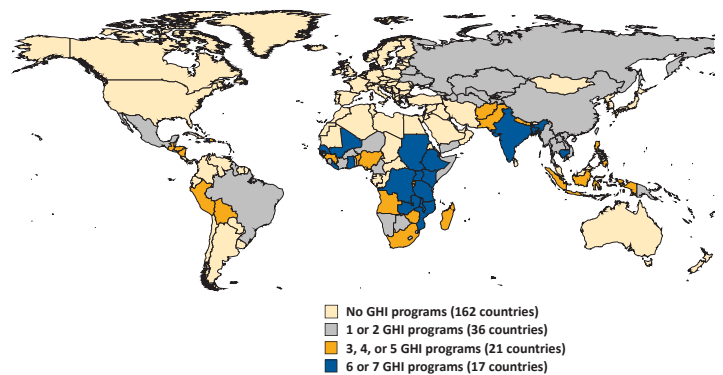
- Funding for global health programs now considered part of the GHI has risen more than five-fold in the last decade, from $1.7 billion in FY 2001 to $8.8 billion in FY 2012 (Figure 2).[15] Growth was primarily driven by funding for PEPFAR, which accounted for 75% of FY 2012 GHI funding (HIV alone accounted for 60%).
- The FY 2013 budget request for the GHI is $8.5 billion, a decrease of $303 million from FY 2012 and would represent the lowest level of funding since the GHI's initial $8.4 billion in FY 2009. This marks the fifth year in the GHI's six-year timeline and, if approved by Congress, would bring cumulative GHI funding (FY 2009–FY 2013) to over $43 billion, or 69% of the proposed six-year total. Funding in FY 2014 would need to total almost $20 billion to reach the projected $63 billion.
- The majority of GHI funding is provided through bilateral programs, which account for 82% of the FY 2012 GHI budget.
- Most GHI funding is channeled by Congress to the State Department ($5.5 billion in FY 2012), followed by USAID ($2.6 billion in FY 2012). The Department of Health and Human Services receives the third highest share ($0.6 billion in FY 2012), and a small amount goes to the Department of Defense.

The GHI Geographic Landscape and "Plus" Countries

U.S. global health programs now under the GHI umbrella are carried out in more than 80 countries (Figure 3) around the world through bilateral support to countries or regional programs (additional countries are reached indirectly through U.S. contributions to multilateral organizations).

- The majority of GHI countries are low- and lower-middle income, with high levels of disease burden; most are in Africa. GHI funding by country across program areas varies widely: some countries receive funding in all main programmatic areas of the GHI, while others receive support for just one or two programs.
- As part of the GHI, the Administration also announced its intention to select a subset of countries as "GHI Plus Countries" (or "learning laboratories") for more intensified effort. In June 2010, eight GHI Plus countries were announced: Bangladesh, Ethiopia, Guatemala, Kenya, Malawi, Mali, Nepal, and Rwanda.[17] These countries were the first to prepare GHI country strategies; strategies for other GHI countries have subsequently been released.

Figure 3: Landscape of the U.S. Global Health Initiative (GHI), FY 2011[3]

- ☐ No GHI programs (162 countries)
- ☐ 1 or 2 GHI programs (36 countries)
- ☐ 3, 4, or 5 GHI programs (21 countries)
- ☐ 6 or 7 GHI programs (17 countries)

Looking Forward

As a coordinating effort across most of the U.S. government's multi-billion dollar global health investment that involves a myriad of global health challenges, programs, countries, and stakeholders, the GHI is inherently complex. It also operates within a broader environment of fiscal constraints. Some key questions and considerations for the GHI include:[18]

- How can the GHI best coordinate efforts across its multiple programs to leverage resources and promote efficiencies? How can the GHI work with U.S. global health programs outside the GHI portfolio?
- How will current budgetary constraints affect the GHI portfolio, including the allocation of funding across programs and the ability of the GHI to meet its overall targets?
- How can the U.S. best partner with recipient countries to promote "country ownership"?
- How can U.S. engagement with other international actors, including multilaterals, donor governments, and the private sector, further support coordination, leverage resources and maximize shared impact?
- How will the increased emphasis on women, girls, and gender equality be realized in U.S. global health programs?
- What are the implications of transitioning GHI leadership to USAID and how will the transition be accomplished?

1 The White House, Office of the Press Secretary, "Statement by the President on Global Health Initiative," May 5, 2009, http://www.whitehouse.gov/the_press_office/Statement-by-the-President-on-Global-Health-Initiative/.
2 U.S. Government, Implementation of the Global Health Initiative: Consultation Document, February 2010, and *United States Government Global Health Initiative Strategy Document*, March 2011, www.ghi.gov; and KFF personal communication with Department of State, November 2010.
3 KFF analysis of data from FY 2013 Budget Request; Agency Budgets and Congressional Budget Justifications; Consolidated Appropriations Act, 2012 (P.L. 112-74); U.S. Foreign Assistance website, www.foreignassistance.gov accessed January 2012; and KFF personal communication with Office of Management and Budget.
4 State Department, *The First Quadrennial Diplomacy and Development Review (QDDR): Leading Through Civilian Power;* December 2010, http://www.state.gov/s/dmr/qddr/.
5 KFF analysis of FY 2011 data from U.S. Foreign Assistance website, www.foreignassistance.gov.
6 For more information on PEPFAR, see PEPFAR website, www.pepfar.gov; and KFF, "PEPFAR," fact sheet (#8002).
7 USAID, *Lantos-Hyde U.S. Government TB Strategy, 2009–2014*, http://www.usaid.gov/press/releases/2010/USG_TB_Strategy_3-24-10.pdf.
8 USAID, *Lantos-Hyde U.S. Government Malaria Strategy, 2009–2014*, www.fightingmalaria.gov.
9 For more information on PMI, see KFF, "The President's Malaria Initiative," fact sheet (#7922).
10 USAID, "USAID NTD Program Budget FY 2010," February 14, 2011. For more information on NTDs, see KFF, "Neglected Tropical Diseases," fact sheet (#7938).
11 KFF, *The U.S. Government's Efforts to Address Global Maternal, Newborn, and Child Health: The Global Health Initiative and Beyond*, May 2010 (#8074).
12 KFF, "The U.S. Government and International Family Planning and Reproductive Health," fact sheet (#8073).
13 U.S. Government, *Feed the Future Guide, May 2010*, http://www.feedthefuture.gov/guide.html.
14 KFF, *The U.S. Global Health Initiative: Overview and Budget Analysis*, December 2009 (#8009).
15 Some FY 2012 and FY 2013 data are preliminary.
16 KFF, U.S. Funding for the Global Health Initiative (GHI): The President's FY 2013 Budget Request, February 2012 (#8160)
17 State Department, USAID and HHS, "U.S. Government Support for Global Health Efforts," June 18, 2010, http://www.state.gov/r/pa/prs/2010/06/143307.htm.
18 KFF, *The U.S. Global Health Initiative: Key Issues*, April 2010 (#8063).