

RECOMMENDATIONS

MAY 2017 • GLOBAL HEALTH AND THE FUTURE ROLE OF THE UNITED STATES

PART 1: ENSURING AGAINST GLOBAL HEALTH THREATS

RECOMMENDATION 1: IMPROVE INTERNATIONAL EMERGENCY RESPONSE COORDINATION

The administration should create a coordinating body for international public health emergency response that is accountable for international and domestic actions and oversees preparedness for and responses to global health security threats. This body should have its own budget, experience with handling logistics, and the authority necessary to coordinate players across the government at the deputy secretary level. This coordinating body should do the following:

- Oversee the creation of an International Response Framework to guide the U.S. response to an international health emergency. Through this framework, this body would coordinate and direct activities involved in international response and preparedness, but would not duplicate functions already established in the Office of the Assistant Secretary for Preparedness and Response, the U.S. Centers for Disease Control and Prevention, the U.S. Agency for International Development, or the U.S. Department of Defense.
- Oversee three separate funding streams, dedicated to investments in preparedness, emergency response, and critical medical product development. The Office of Management and Budget should conduct an analysis to determine the appropriate levels for these three funding streams, commensurate with the associated risk, understanding that predictable and timely funds for these three purposes are critical.
- Align and coordinate efforts with effective multilateral organizations to reduce duplication and promote efficiency in building capacity and resilience in other countries.

RECOMMENDATION 2: COMBAT ANTIMICROBIAL RESISTANCE

The U.S. Department of Health and Human Services, the U.S. Department of Defense, the U.S. Department of Agriculture, and the U.S. Agency for International Development (USAID) should continue to invest in national capabilities and accelerate the development of international capabilities to detect, monitor, report, and combat antibiotic resistance. Efforts to this end should include the following:

- Enhance surveillance systems to ensure that new resistant microbial strains are identified as soon as they emerge.
- Assist low-income countries in improving infection control and antimicrobial stewardship.
- USAID should leverage current supply chain partnerships with other countries to strengthen antibiotic supply chains, thus reducing the use of illegitimate antimicrobials and improving drug quality.
- Incentivize the development of therapeutics (including alternatives to antibiotics), vaccines, and diagnostics for use in humans and animals.

RECOMMENDATION 3: BUILD PUBLIC HEALTH CAPACITY IN LOW- AND MIDDLE-INCOME COUNTRIES

The U.S. Centers for Disease Control and Prevention, the National Institutes of Health, the U.S. Department of Defense, and the U.S. Agency for International Development should expand training and information exchange efforts to increase the capacity of low- and middle-income countries to respond to both public health emergencies and acute mass casualty disasters. This training and information exchange should encompass core capacities such as surveillance, epidemiology, and disaster and injury care response, as well as enhanced capabilities to improve communication and information pathways for the dissemination of innovative findings.

RECOMMENDATION 4: ENVISION THE NEXT GENERATION OF PEPFAR

With its next reauthorization, Congress should fund the President's Emergency Plan for AIDS Relief (PEPFAR) at current levels, and allow for more flexibility within the PEPFAR program by continuing to relax specific funding targets for all program areas. Continued accountability, efficiency, and measurement of results should be emphasized. In the future, moreover, PEPFAR should focus on the following key areas:

- Ensure that national governments assume greater ownership of national HIV/AIDS programs through joint planning and decision making, and that they increase domestic funding to help cover the costs of prevention and treatment.
- Adapt its delivery platform to become more of a cost-effective, chronic care system that is incorporated into each country's health system and priorities.
- Continue to support the Global Fund to Fight AIDS, Tuberculosis and Malaria, and rely on it for specific functions where it has the comparative advantage. Such functions could include the Global Fund's efficient procurement of products and multipartner efforts to encourage countries to transition to domestic sources of funding.
- Enhance emphasis on primary prevention through multisector efforts, including strong interventions against gender-based violence, given that many new HIV infections are occurring in adolescent girls.

RECOMMENDATION 5: CONFRONT THE THREAT OF TUBERCULOSIS

The U.S. Centers for Disease Control and Prevention, the National Institute for Allergy and Infectious Disease, and the U.S. Agency for International Development should conduct a thorough global threat assessment of rising tuberculosis (TB) levels, including multi-drug-resistant TB and extensively drug-resistant TB. They should then execute a plan of action, including governance structure and priority activities, for developing and investing in new diagnostics, drugs, vaccines, and delivery systems.

RECOMMENDATION 6: SUSTAIN PROGRESS TOWARD MALARIA ELIMINATION

Relevant agencies of the U.S. government should continue their commitment to the fight against malaria through the President's Malaria Initiative and collaborative work with all partners toward elimination of the disease.

PART 2: ENHANCING PRODUCTIVITY AND ECONOMIC GROWTH

RECOMMENDATION 7: IMPROVE SURVIVAL IN WOMEN AND CHILDREN

Congress should increase funding for the U.S. Agency for International Development to augment the agency's investments in ending preventable maternal and child mortality, defined as global maternal mortality rates of fewer than 70 deaths per 100,000 live births by 2020 and fewer than 25 child deaths per 1,000 live births by 2030. Investments should focus on the most effective interventions and be supported by rigorous monitoring and evaluation. These priority interventions include

- Immunizations;
- Integrated management of child illness;
- Nutrition (pregnant women, newborns, infants, children);
- Prenatal care and safe delivery, including early identification of at-risk pregnancies, safe delivery, and access to emergency obstetrical care; and
- Access to contraceptives and family planning.

RECOMMENDATION 8: ENSURE HEALTHY AND PRODUCTIVE LIVES FOR WOMEN AND CHILDREN

The U.S. Agency for International Development, the President's Emergency Plan for AIDS Relief, their implementing partners, and other funders should support and incorporate proven, cost-effective interventions into their existing programs for ensuring that all children reach their developmental potential and become healthy, productive adults. This integration should embrace principles of country ownership, domestic financing, and community engagement. These interventions should include the following:

- Provide adequate nutrition for optimal infant and child cognitive development.
- Reduce childhood exposure to domestic and other violence.
- Detect and manage postpartum depression and other maternal mental health issues.
- Support and promote early education and cognitive stimulation in young children.

RECOMMENDATION 9: PROMOTE CARDIOVASCULAR HEALTH AND PREVENT CANCER

The U.S. Agency for International Development, the U.S. Department of State, and the U.S. Centers for Disease Control and Prevention, through their country offices, should provide seed funding to facilitate the mobilization and involvement of the private sector in addressing cardiovascular disease and cancer at the country level. These efforts should be closely aligned and coordinated with the efforts of national governments and should strive to integrate services at the community level. The priority strategies to ensure highest impact are

- Target and manage risk factors (e.g., smoking, alcohol use, obesity) for the major noncommunicable diseases, particularly through the adoption of fiscal policies and regulations that facilitate tobacco control and healthy diets;
- Detect and treat hypertension early;
- Detect and treat early cervical cancer; and
- Immunize for vaccine-preventable cancers (specifically human papilloma virus and hepatitis B vaccines).

PART 3: MAXIMIZING RETURNS

RECOMMENDATION 10: ACCELERATE THE DEVELOPMENT OF MEDICAL PRODUCTS

U.S. government agencies should invest in a targeted effort to reduce the costs and risks of developing, licensing, and introducing vaccines, therapeutics, diagnostics, and devices needed to address global health priorities by enabling innovative approaches for trial design, streamlining regulation, ensuring production capacity, creating market incentives, and building international capacity for research and development. This effort should include the following:

- Enabling innovative approaches for trial design: The Food and Drug Administration (FDA), the Biomedical Advanced Research and Development Authority (BARDA), the Department of Defense (DoD), and the National Institutes of Health (NIH) should actively encourage public- and private-sector product development efforts using innovative product development approaches, including platform studies, adaptive trial designs, pragmatic trials, and improved biomarker development. BARDA should assess expanding its list of priority products for codevelopment with industry, taking into account global health priorities.
- Streamlining regulation: FDA should receive adequate resources to improve the tropical disease priority review voucher program and should assess the application of the provisions outlined in the Generating Antibiotic Incentives Now Act to neglected tropical diseases beyond those on the qualified pathogen list.
- Ensuring production capacity: BARDA should increase its efforts to promote adequate global manufacturing capacity for priority technologies (e.g., Centers for Innovation in Advanced Development and Manufacturing).
- Creating market incentives: The U.S. government should invest in generating and disseminating accurate and transparent market estimates and should use the purchasing power of U.S. government agencies and global partnerships such as Gavi, the Vaccine Alliance, and the Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as such creative financing mechanisms as volume guarantees, to reduce market uncertainty for priority health products.
- Building international capacity for research and development: The Centers for Disease Control and Prevention, NIH, and DoD should increase the number of people and institutions in partner countries capable of conducting clinical trials for global health priorities (e.g., through funding partnerships with academic institutions). This effort should encompass providing support for sustainable core capacities such as drug, vaccine, and diagnostic research capabilities and building the skills of principal investigators.

RECOMMENDATION 11: IMPROVE DIGITAL HEALTH INFRASTRUCTURE

Relevant agencies of the U.S. government should convene an international group of public and private stakeholders to create a common digital health framework that addresses country-level needs ranging from integrated care to research and development.

- The U.S. Agency for International Development (USAID) and the U.S. Department of State should incentivize and support countries in building interoperable digital health platforms that can efficiently collect and use health data and analytic insights to enable the delivery of integrated services within a country.
- USAID's Global Development Laboratory should provide technical assistance to countries in the development and implementation of interoperable digital health platforms cofunded by the country and adaptable to local requirements.
- U.S. agencies should expand upon the "build-once" principle of the Digital Global Access Policy Act and align U.S. funding in digital health by multiple agencies to reduce fragmentation and duplication, as well as maximize the effectiveness of investments. The provision of this funding should employ methods that reflect smart financing strategies to leverage private industry and country cofinancing (see Recommendation 13).

RECOMMENDATION 12: TRANSITION INVESTMENTS TOWARD GLOBAL PUBLIC GOODS

The U.S. Agency for International Development (USAID), the U.S. Department of State, and the Department of Health and Human Services (HHS) should, together, systematically assess their approach to global health funding with an eye toward making long-term investments in high-impact, country-level programs. The focus should be on programs that both build national health systems and provide the greatest value in terms of global health security (to prevent pandemics), as well as respond to humanitarian emergencies and provide opportunities for joint research and development for essential drugs, diagnostics, and vaccines that will benefit many countries, including the United States.

RECOMMENDATION 13: OPTIMIZE RESOURCES THROUGH SMART FINANCING

Relevant agencies of the U.S. government should expand efforts to complement direct bilateral support for health with financing mechanisms that include results-based financing; risk sharing; and attracting funding from private investment, recipient governments, and other donors.

- The U.S. Agency for International Development (USAID) and the President's Emergency Plan for AIDS Relief (PEPFAR) should structure their financing to promote greater country ownership and domestic financing. Assistance should be provided in developing innovative financing products/modalities and in working with the finance sector to push the envelope on innovative sources of financing, crowding in private-sector capital.
- USAID and PEPFAR should engage with ministries on system design and financing to assist in plan design, model refinement and expansion, return-on-investment analysis, and financial plan execution.
- USAID should expand the use and flexibility of such mechanisms as the Development Credit Authority, and the U.S. Treasury, the U.S. Department of State, and USAID should motivate The World Bank; the International Monetary Fund; the Global Fund to Fight AIDS, Tuberculosis and Malaria; and Gavi, the Vaccine Alliance, respectively, to promote transitioning to domestic financing, assist countries in creating fiscal space for health, leverage fiscal policies to improve health, and attract alternative financing sources.

RECOMMENDATION 14: COMMIT TO CONTINUED GLOBAL HEALTH LEADERSHIP

To protect itself from global threats, benefit from successes achieved in global health programs, and maintain a strong research and development pipeline, the United States should commit to maintaining its leadership in global health and actively participating in global health governance, coordination, and collaboration. To this end, the U.S. Department of State (State) and the Department of Health and Human Services (HHS) should do the following:

- Use their influence to improve the performance of key United Nations agencies and other international organizations important to global health, particularly the World Health Organization (WHO). WHO is in need of greater resources to address the health challenges of the 21st century, and many of its priorities align with those of the U.S. government. However, U.S. government financial contributions to WHO should come with a requirement that the organization adopt and implement the much-needed management and operational reforms identified in recent reports.
- Remain involved in and firmly committed to innovative global partnerships that further U.S. global health goals, such as the highly successful Gavi, the Vaccine Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as promising new entities such as the Global Health Security Agenda and the Global Financing Facility.
- Implement a more strategic approach to achieving global health goals. This new approach should include the commitment of State to creating a global health career track and congressional action to enable the establishment of a cadre of global health experts within HHS through an amendment to the Foreign Service Act. This would create the environment necessary to expand the health attaché program, particularly in middle-income countries.

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