



FRIENDS
OF THE GLOBAL FIGHT

AGAINST AIDS,
TUBERCULOSIS
AND MALARIA



U.S. Global Health Leadership for a Safer and More Equitable World

**Presidential Transition
Document**

November 9, 2020

U.S. Global Health Leadership for a Safer and More Equitable World

“We really do need to hang on to something that is distinctly part of our society and culture...that moral responsibility we have to take a global view when it comes to diseases.”

- *Dr. Anthony Fauci*



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A new strategy to achieve genuine health security

The COVID-19 pandemic requires a robust global response with the United States fully engaged with partners and in a leadership role. As we provide that leadership it is imperative we also learn lessons from this new pandemic: that our health security is linked to the health security of societies around the world, that strong international partnerships are essential and that pandemic preparedness is interconnected with all our global health programming. We cannot be confident in our ability to address COVID-19 and future pandemics if we do not commit to finishing the job on the longstanding pandemics that kill millions annually—AIDS, tuberculosis (TB) and malaria.

For all the devastation of COVID-19, this is a moment of opportunity to update and revitalize the U.S. strategic approach on global health. This is not a time simply to “return to normal,” but rather to build a new normal. The Biden administration is in the position to tackle COVID-19 effectively, lead efforts to end the greatest infectious disease killers of our time and partner with other countries to strengthen health systems and protect America and the world from future disease threats. These efforts will save millions of lives and make the world (including our country) more safe, secure, prosperous and equitable. In the process they will help restore the U.S. standing in the world.

The major architecture of U.S. global health investment was established in the early 2000s with programs like the President’s Emergency Plan for AIDS Relief (PEPFAR) and the President’s Malaria Initiative (PMI), as well as our leadership in creating the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). These and other programs have been hugely successful at saving lives and bending the trajectory of the worst infectious disease epidemics.

In particular, the Global Fund epitomizes many of the qualities that are needed in effective U.S. investment internationally and it should be a centerpiece of the Biden administration’s revitalized global health strategy. This public-private partnership is results-driven, has strong independent oversight, incentivizes investment by other donors and implementing countries themselves, prioritizes human rights and equity and promotes active participation of both governments and civil society in decision making.

There have been profound changes since America’s major bilateral global health programs—PEPFAR, PMI and the U.S. Agency for International Development’s (USAID) TB program—and the Global Fund were established. Mortality among children and from the major infectious diseases has decreased considerably. Non-communicable diseases represent a growing share of the world’s health burden. Climate change is already exacerbating epidemics and other health threats. New medical interventions and the

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data revolution present enormous opportunities. Even as the work remains unfinished on ending the AIDS, TB and malaria epidemics, COVID-19 has emerged as one of the greatest health threats in a century.

It is time for a new approach to America's global health leadership, one that builds on successes to date and reinforces programs that have earned bipartisan support. We need a strategy for true pandemic preparedness and genuine health security, one that recognizes we are only as secure as the weakest health system and that emphasizes and advances ownership by communities and countries themselves as partners in the quest for healthier, more equitable societies.

Below we discuss five mutually reinforcing priority actions for a reinvigorated U.S. global health strategy:

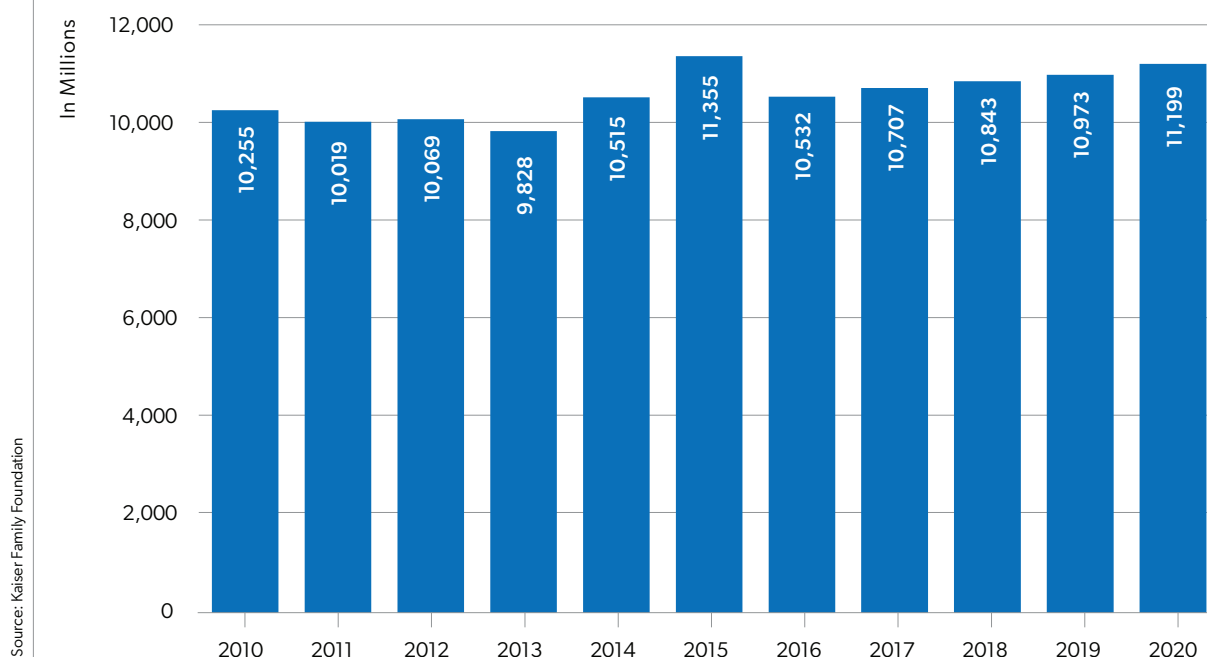
- Increase U.S. global health investments and align them with other public programs
- Rally the world to end the three biggest infectious disease killers—AIDS, TB and malaria
- Reaffirm global leadership in support of the Global Fund
- Strengthen pandemic preparedness and health security
- Advance rights and good governance alongside health

1. Increase U.S. global health investments and align them with other public programs

Our country's investment in global health and international development represents a singular opportunity to reassert America's bold and positive international leadership, advancing our humanitarian, diplomatic, security, trade and other interests. In 2008, one month before President Obama and Vice President Biden took office, a distinguished scientific panel brought together by the Institute of Medicine released a [report](#) with recommendations for the incoming Obama administration. It called for recognizing global health as "a pillar of foreign policy" and for doubling U.S. investments in this area, arguing that "The U.S. government should act in the global interest, recognizing that long-term diplomatic, economic and security benefits for the United States will follow."

Yet over the last two presidential administrations, U.S. funding for global health has grown only 9 [percent](#) and represents less than a quarter of one percent of the federal budget (see figure 1). Year after year, the U.S. and global partners have underinvested in efforts to end existing epidemics and prevent pandemics of the future. It is time to end that underinvestment.

FIGURE 1. U.S. GLOBAL HEALTH FUNDING,
FY 2010 - FY 2020



However, those U.S. global health programs that *have* received adequate funding have achieved remarkable success. PEPFAR and the Global Fund have achieved significant gains in health because of the expertise and commitment within those organizations and their partners, but also because these programs have had significant resources to invest in the broad delivery of effective interventions, achieving population-level results in many communities. Health technology has advanced tremendously since the Institute of Medicine report was released, and today one of the chief limiting factors in global health progress is the failure to scale up delivery of the effective interventions we have at hand.

A new U.S. approach to global health cannot rely solely on increased U.S. funding. It also requires expanded domestic investment by implementing countries themselves and new investments by other donors around the world. America should strongly encourage partner countries to increase their investment in the health of their own people, and more of America's global health programs can follow the lead of the Global Fund in building in clear incentives for domestic health investment. Still, donors must recognize that in the near-term the severe fiscal impact of COVID-19 in many countries will significantly limit the ability of many to expand domestic investment in health.

A whole of government approach is needed in U.S. global health investment, one that includes the State Department, USAID, the Centers for Disease

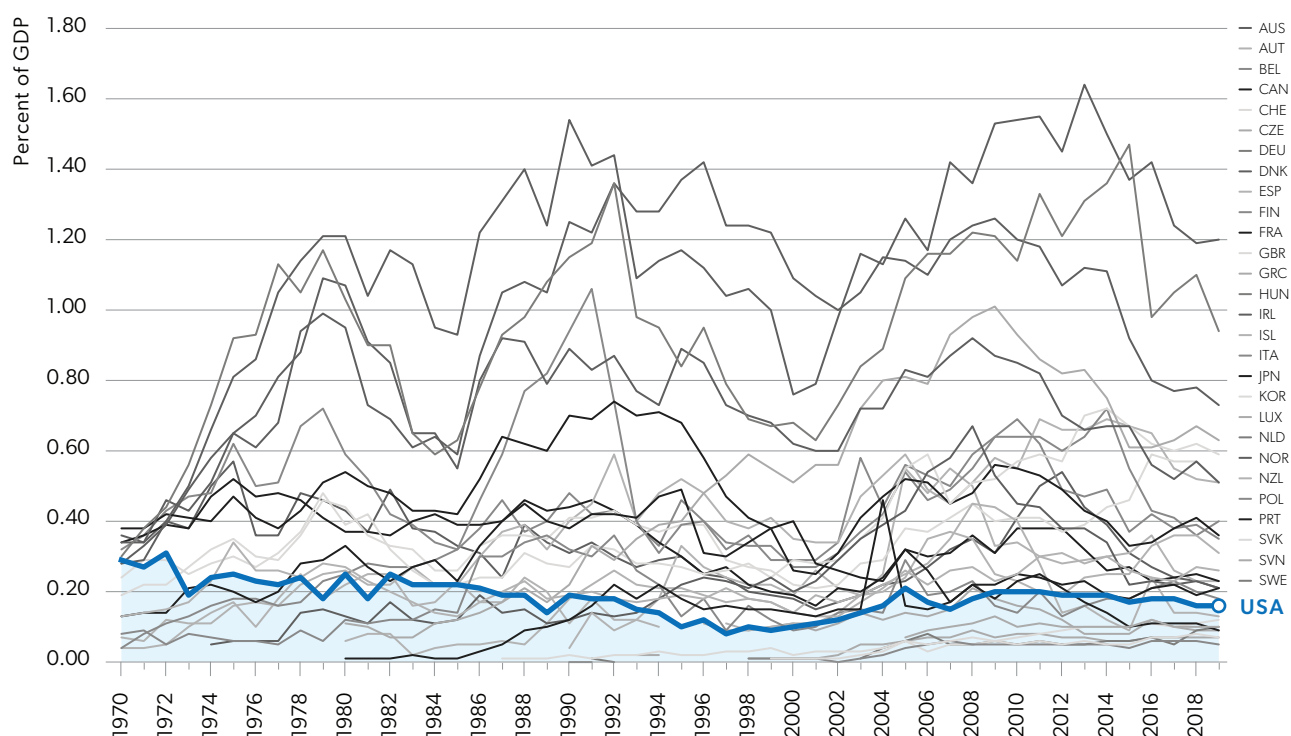
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Control (CDC), the Health Resources and Services Administration (HRSA) and other agencies. An interagency pandemics office at the State Department or National Security Council (NSC) could play a major role in advancing genuine global health security, ensuring close connection between our work to address current pandemics and prepare for future outbreaks. Just as we advise low- and middle-income countries to better integrate the work of Ministries of Health and Ministries of Finance, the U.S. Department of the Treasury should be a partner in a better financed and coordinated U.S. global health effort.

The Development Finance Corporation's (DFC) creation of a Health and Prosperity Initiative is welcome. These resources should be invested in a way that strengthens public health systems and advances health care access for all members of society, including the poor (consistent with the mission of promoting inclusive economic growth).

Expanded investment in global health should be part of an overall increase in U.S. international assistance, a critical element in renewed American global leadership. Security depends heavily on consequential non-military assets. The share of our GDP devoted to international assistance is currently at a [meager 0.16 percent](#). Today, [the U.S. ranks 20th out of 29](#) high income countries in the percentage of GDP devoted to international assistance (see figure 2).

FIGURE 2.
**OFFICIAL DEVELOPMENT ASSISTANCE
AS A PERCENTAGE OF GDP**



2. Rally the world to end the three biggest infectious disease killers—AIDS, TB and malaria

Health security should be a priority for our country and the world, and there is no health security for low- and middle-income countries as long as AIDS, tuberculosis and malaria continue to claim millions of lives and devastate communities and economies. Multi-drug resistant TB is one of the [greatest](#) antimicrobial resistance threats in the world today.

America's leadership on global AIDS, TB and malaria has enjoyed robust bipartisan support for two decades. That is because our investments through the Global Fund, PEPFAR, PMI and the USAID TB program are evidence-based, results-driven and continue to demonstrate concrete impact. For example, PEPFAR is at the cutting edge in using data to optimize programming. These programs, working together and with partners in implementing countries, have made great progress. Now, more than ever, our global health leadership and investment can also help to repair the U.S. role in the world and play a key role in our global re-engagement.

This is a time of opportunity. New tools that have emerged over the last decade—often from the National Institutes of Health and the U.S. private sector—now make it possible to aim for the end of these pandemics. Soon to be available innovations, such as long-lasting injectable treatments and biomedical prevention for HIV, could be game-changers.

Now is the time to build on our successful models and rally global partners in a renewed effort to end the three biggest infectious disease killers once and for all. The world has been chronically underinvesting in efforts to end AIDS, TB and malaria. Funding for our bilateral global health programs has been [relatively flat](#) for over a decade. The Global Fund will hold its seventh Replenishment in 2022. Increased investments in each of these programs can yield dramatic results for the health, wellbeing, economic growth and security for communities and countries.

Even as they work to accelerate progress on AIDS, TB and malaria, our bilateral global health programs—with additional resources—can increasingly serve as a platform to build better pandemic preparedness and stronger health systems. Realizing that potential may require providing leaders of PEPFAR, PMI and USAID TB programming with more flexibility in building on other health services in their programming.

At the same time, America's leadership on global AIDS has benefited greatly by having PEPFAR based at the State Department where it has critically important budget authority and its cutting-edge programming can leverage U.S. strategic diplomacy to advance global health policies around the world. PEPFAR enjoys long standing bipartisan political support alongside strong

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backing in the business, faith and AIDS advocacy communities. Some have proposed moving the program to within USAID, but this change would likely significantly dilute PEPFAR's effectiveness in what should be a revitalized global effort to end the AIDS epidemic.

3. Reaffirm global leadership in support of the Global Fund

Continued U.S. leadership in support of the Global Fund is essential to advancing the reinforcing goals of pandemic preparedness and ending the AIDS, TB and malaria epidemics.

The [Global Fund partnership](#) has saved 38 million lives since 2002, including six million in 2019 alone—a 20 percent increase compared to the previous year. In countries where the Global Fund invests, AIDS-related annual mortality has been reduced by 61 percent, while malaria-related annual mortality has been reduced by nearly 50 percent and TB-related annual mortality has been reduced by 25 percent since the Global Fund was founded.

COVID-19 could risk all that progress and set the efforts to end the three epidemics back by a decade or more (see figure 3). Through its nimble use of the [COVID-19 Response Mechanism](#), the Global Fund has provided over 100 implementing countries with support to fight the COVID-19 pandemic, including COVID-19 diagnostics, treatments and PPE as well as funding to mitigate HIV, TB and malaria service disruptions due to COVID-19 and to shore up fragile health systems. But at this writing, the Global Fund's COVID-19 Response Mechanism has run out of funding. U.S. support of \$4 billion over two years is needed to protect HIV, TB and malaria programs; deliver diagnostics, therapeutics and personal protective equipment; and help pave the way for the delivery of a vaccine. This investment in the Global Fund's COVID-19 Response Mechanism should be part of a total \$20 billion investment in international assistance in a COVID-19 supplemental.

The Global Fund places a premium on measurable results. It is also distinctive for its focus on good governance and accountability, reinforced by a strong independent inspector general. From its founding the Global Fund has made gender equality and human rights-based programming a priority, with attention to services for key populations. Its multi-stakeholder model seeks to give voice to local experts, the private sector, civil society and affected populations by including them on its governing board and the country coordination mechanisms that oversee grants.

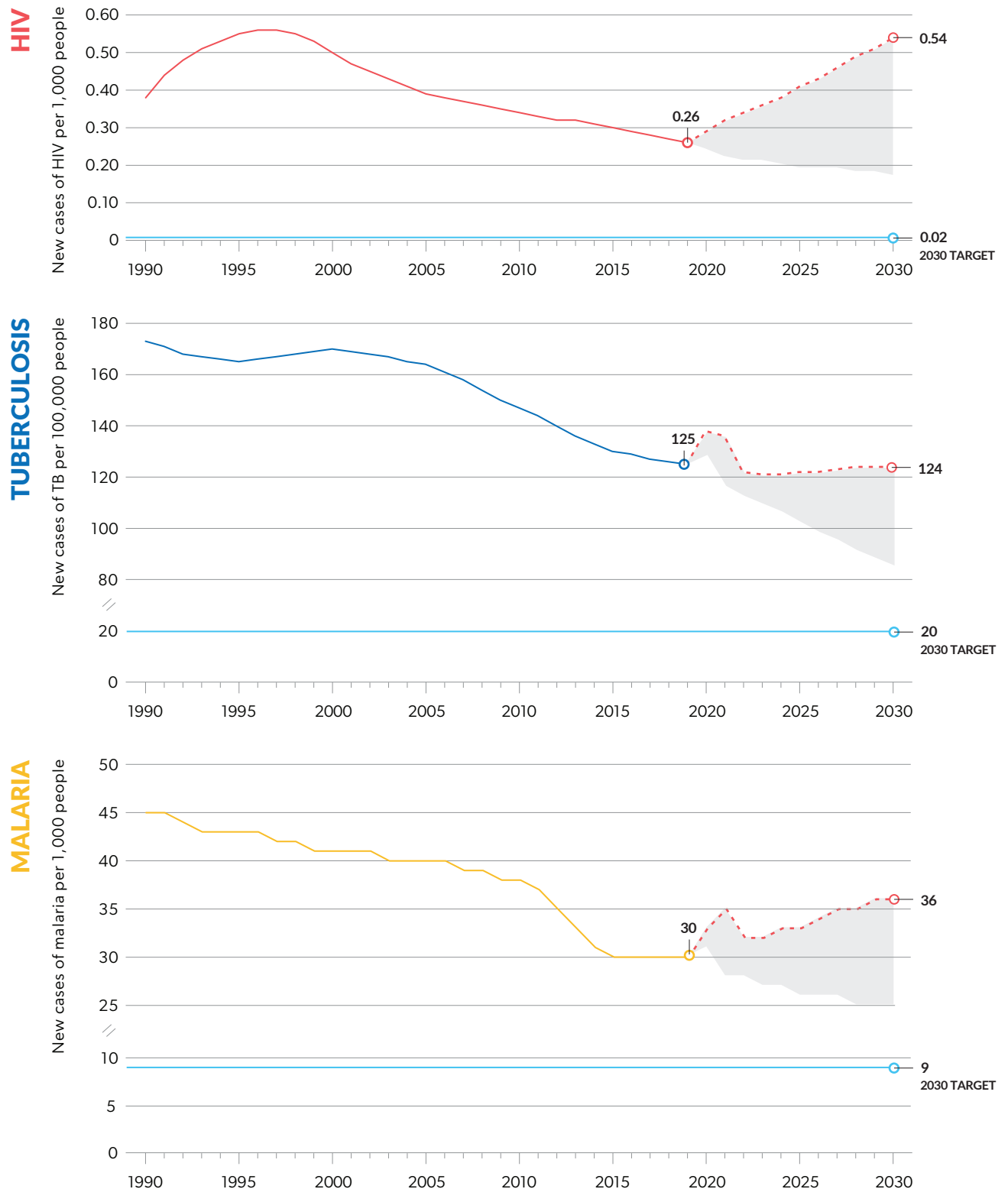
Our bilateral global health programs and the Global Fund depend on each other for success. The [Global Fund collaborates closely with U.S. bilateral programs](#) (PEPFAR, USAID's TB Program and PMI) to maximize the impact of U.S. investments in global health.

FIGURE 3.

MAJOR PROGRESS ON AIDS, TB AND MALARIA THREATENED BY COVID-19

Without further action, HIV, TB and malaria could see major setbacks.

--- Dotted line projections show the 85th percentile modeling scenarios from the 2020 Gates Foundation Goalkeepers Report.



Source: Bill and Melinda Gates Foundation

Our bilateral global health programs and the Global Fund depend on each other for success.

Better pandemic preparedness for the U.S. depends on working with low- and middle-income countries on *their* health security. True preparedness cannot be achieved by playing a zero-sum game between areas of global health investment; new resources are needed.

Scaling up investment in the Global Fund will be a cornerstone of effective pandemic preparedness and response. The Global Fund has invested significantly in health systems (over \$1 billion per year) critical to reducing HIV, TB and malaria mortality and incidence, but also creating resilience to deal with health security threats. For example, its past investments in laboratory capacity are paying off in the COVID-19 response, and it is at the forefront of enabling use of GeneXpert machines (developed for TB diagnosis) to be used for the new pandemic.

The Global Fund multiplies impact. Other donors know that under U.S. law, our support to the Global Fund will only be disbursed if matched two to one by other donors. Funders outside the U.S. commensurately stepped up in 2019 for the Global Fund's sixth Replenishment when the U.S. Congress committed increased resources.

When the Global Fund offers its investment case for its seventh Replenishment, the U.S. should serve humanity and its own interests by pledging 33 percent of the Global Fund's total goal, in line with the last several replenishments. In addition, the Global Fund's Replenishment in 2022 is an opportunity for the U.S. to again host the meeting and rally global partners to end the three deadliest epidemics and ready countries to rebuff emerging pandemics. The Global Fund seeks to announce the host of the seventh Replenishment by mid-2021.

4. Strengthen pandemic preparedness and health security

COVID-19 is a humanitarian and economic disaster, but it is also an opportunity to build back better with stronger, more flexible and prepared health platforms. Better pandemic preparedness for the U.S. depends on working with low- and middle-income countries on *their* health security. This imperative must be addressed strategically and sustainably—to avoid a crisis and neglect cycle, or an overly narrow approach. And true preparedness cannot be achieved by playing a zero-sum game between areas of global health investment; new resources are needed.

A revised framework for U.S. pandemic preparedness is needed, one that invests in resources that can be used today to achieve results and to help communities build health infrastructure that is flexible enough to be repurposed when new emergencies arise. Health security for Americans means health security globally. We advance that security when we invest in other countries' epidemiological capacity, surveillance, community health workers, data systems, supply chains and laboratory capacity, as well as vaccine research, production and delivery.

U.S. investments in the Global Fund, Gavi and our bilateral global health programs are essential to U.S. health security as they strengthen key aspects

of preparedness systems (see figure 4). Looking forward, the impressive impact of programs focused on HIV, TB and malaria should continue to be well integrated with broader health systems without losing focus on disease-specific goals. Large, high-impact investments fighting AIDS, TB and malaria have had [considerable benefits](#) for implementing countries' health security and capacity.

Genuine partnership is needed with low- and middle-income countries to bolster systems and support community health workers to address today's pandemics while providing the flexibility to address future threats. [A lesson can be drawn from 2014](#), when west African countries with strong systems such as Nigeria, Senegal and Mali quickly contained Ebola, while countries lacking such systems, including Sierra Leone, Liberia and Guinea, struggled to respond.

Successful U.S. pandemic preparedness must include reinstatement of the NSC Global Health Security Unit. The Biden administration should also make a strong commitment to U.S. participation in, and support for, vital multilateral organizations, including the World Health Organization (WHO). Engagement with organizations like the WHO increases our impact on global health policy and makes our own global health programming more effective.

A key to progress tackling HIV, TB and malaria has been [establishing](#) rigorous metrics of success, and the data revolution offers critical opportunities to advance measures for disease-specific programs and health systems more generally. The U.S. and its partners should establish a limited number of performance metrics for health systems to ensure that countries already receiving U.S. investments to fight existing epidemics are better prepared for future outbreaks. Investments at the community level to empower healthcare workers and civil society partners is paramount to true readiness.

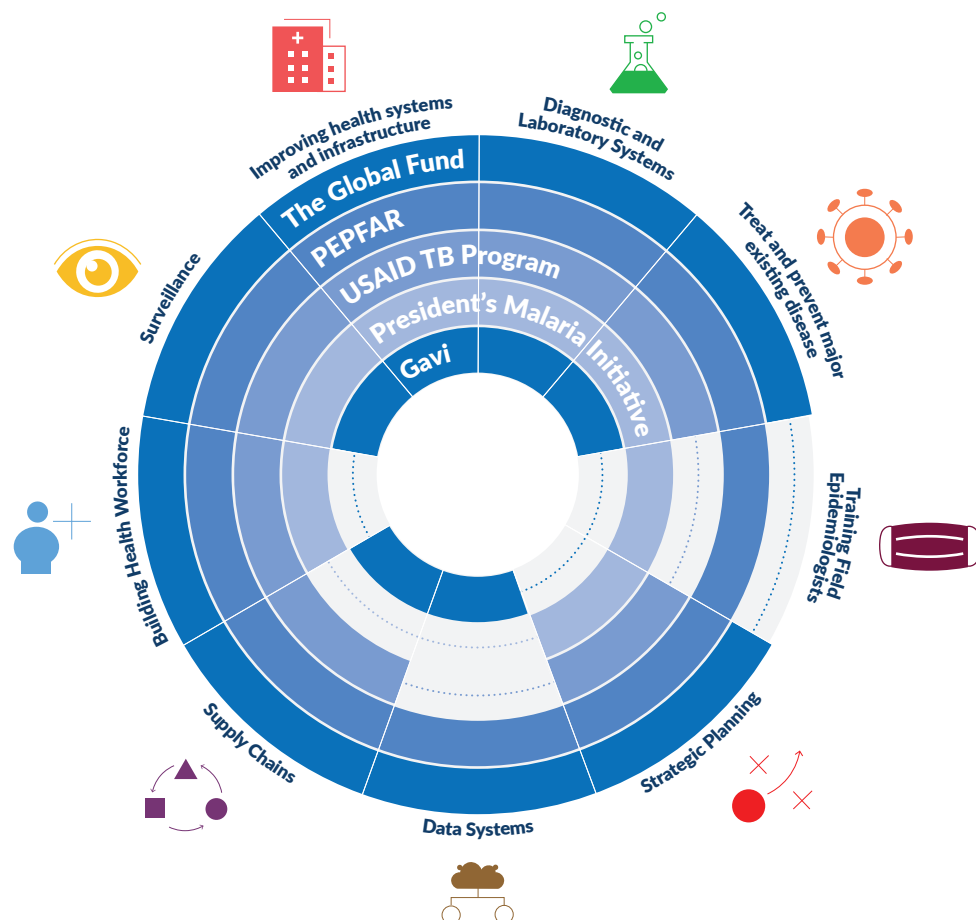
More systematic engagement with the private sector will help advance global health security. The Global Fund, PEPFAR and other programs have demonstrated how partnerships with the private sector can bring new capabilities and resources to disease responses, for example in areas such as supply chain, procurement, community outreach, data management and access to a broader array of services. These alliances should be strengthened while maintaining commitment to supporting public health systems and access for all.

The Global Fund offers a model for building pandemic preparedness. Beyond its insistence on results for HIV, TB and malaria, the Global Fund invests in resilient health systems essential to the pandemics of today and to the unknown threats of tomorrow. A [2020 study in the Lancet](#) found that over one-third of the Global Fund's investments extended implementing countries' health security. The Global Fund responded swiftly to COVID-19 and repurposed its procurement capabilities and network of partners across 120 low- and middle-income countries to serve as a mechanism to rapidly distribute COVID-19 diagnostics, therapeutics and personal protective equipment.

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FIGURE 4.

HOW U.S. GLOBAL HEALTH INVESTMENTS STRENGTHEN HEALTH SYSTEMS AND PANDEMIC PREPAREDNESS



Sources: Gavi, Global Fund, PEPFAR, PMI, USAID

As China invests throughout Africa and the developing world with minimal regard for human rights or corruption-free governance, the United States should work with partners to stand for health and justice, values we recognize are inextricably bound together.

5. Advance rights and effective governance alongside health

U.S. leadership on global health must emphasize human rights and effective governance. Many studies show that health interventions and open governance are mutually reinforcing. A 2019 [Lancet](#) study established that democratic governance yielded better health care and outcomes. A 2019 study in [The Annals of Global Health](#) showed that Global Fund investments yielded more accountable, democratic governance across several indicators.

Expanding a human rights and governance focus in global health policy is integral to restoring America's positive influence and brand. As China invests throughout Africa and the developing world with minimal regard for human rights or corruption-free governance, the United States should work with partners to stand for health and justice, values we recognize are inextricably bound together.

Four areas deserve particular attention as the U.S. simultaneously promotes health and human rights. First, girls' and women's educational and economic opportunities depend on their good health, and vice versa. [COVID-19 has put women and girls](#) at particular risk. PEPFAR's DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored and Safe) program has demonstrated impact by supporting a range of health, education and social supports. The Global Fund also funds similar programs that empower adolescent girls and young women while reducing HIV infection rates in sub-Saharan Africa. Programming for women and girls should be replicated and scaled up, and these programs expanded to amplify impact. U.S. commitment to women's economic empowerment is hamstrung if divorced from sexual and reproductive health.

Africans should lead on their own health responses, with the United States and donors walking with them rather than dictating.

Second, key populations who are vulnerable to diseases due to poverty, ostracization, discrimination and criminalization must be prioritized. These include gay men and other men who have sex with men, sex workers, injection drug users, trans people, migrants and prisoners. Support for key population programs remains woefully insufficient. For example, one recent [study](#) found that HIV programs serving key populations receive just two percent of funding even though these populations account for over half of all new HIV infections. Individuals in these communities deserve equality in health service delivery and tailored, non-discriminatory provision of these services. More broadly, equitable and discrimination-free access to HIV, TB and malaria prevention and treatment interventions should be a core principle in our global health strategy.

Third, in our own country we see with HIV, COVID-19 and many other health conditions that the racial injustice experienced by Black Americans and other communities of color contributes to vulnerability to disease. Progress on racial justice at home and around the world is integral to progress in global health, as is promoting people of color in leadership positions in global health.

Fourth, global health needs to be democratized. The numerous [examples of effective African leadership](#) in response to COVID-19 should remind us that the U.S. must be working in true partnership with communities and governments globally. Africans should lead on their own health responses, with the United States and donors walking with them rather than dictating. Decision-makers in the U.S., in international institutions and in implementing countries must prioritize inclusion and racial equity.

Sustainable improvements in global health require a central voice for civil society. Country ownership must mean ownership by civil society as well as government authorities. Affected populations and civil society watchdogs are crucial not merely to equity but to the effectiveness of health programs. Populists and authoritarians have ratcheted up measures to curb expression and monitoring by civil society—a [fourteen year worldwide trend documented by Freedom House](#). Renewed, reinvigorated U.S. leadership for global health and for democracy and human rights go hand in hand.

Recommendations for a revitalized U.S. global health strategy

First 100 days

- **Commit to renewed U.S. leadership on pandemics:** Work with Congress to provide \$20 billion in funding for the global response to COVID-19 as soon as possible (including \$4 billion for the Global Fund's COVID-19 response). In the inaugural address and in rebooted diplomacy, commit the U.S. to join the world community to address COVID-19 globally, and to spearhead a global partnership on ending existing pandemics and preparing for future ones. Call for learning lessons from COVID-19: that societies across the world are inexorably connected and that we must partner to advance our shared health security.
- **Make the fiscal year 2022 budget request a down-payment and roadmap:**
 - **Double global health investments over five years:** Establish a roadmap to work with Congress to double international affairs spending on health, including increases for our bilateral programs. Maintain U.S. support for the Global Fund in fiscal year 2022 at \$1.56 billion and prepare for an increased Global Fund pledge in fiscal year 2023 to accompany the seventh Replenishment.
 - **Boost global health research investment:** Increase funding for research on diseases of global reach, through the National Institutes of Health (integrated with research at CDC, DOD and USAID) and a new cures initiative modeled on the Obama-Biden "Cancer Moonshot." Harness private sector innovation by tackling a market breakdown for development of therapies, vaccines and cures.
- **Keep a strong PEPFAR at the State Department:** Commit to keeping PEPFAR at the State Department to maintain its overarching budget authority and close connection to the U.S. diplomatic corps. Deepen its dialogue with implementing countries and societies and expand its use of its platform to build out broader health services.
- **Launch a pandemic preparedness and response office with a broad vision:** Create an interagency pandemics office at the State Department or NSC, and appoint a senior director focused on building genuine global health security and ending current epidemics, rather than simply preparing for a future infectious disease.
- **Return the U.S. to the WHO:** Restore the U.S. membership and investment in the WHO as a standard-setting, surveillance and scientific resource. Get the U.S. back to the table to improve the WHO from within.

First two years

- **Host the Global Fund's seventh Replenishment:** Hosting the Replenishment is an excellent way to demonstrate America's positive leadership role in the world and would help mobilize other donors in support of the Global Fund. President Obama hosted the Global Fund's fourth Replenishment in 2013.
- **Increase the U.S. pledge for the Global Fund's seventh Replenishment:** The Global Fund will be holding its seventh Replenishment, likely in fall 2022. The U.S. is the largest donor to the Global Fund, providing 33 percent of total resources, and U.S. pledges drive commitments from other donors (as demonstrated during the [2019 Replenishment](#)). The Biden administration should announce an early and generous pledge to the seventh Replenishment in early 2022, equivalent to 33 percent of the total funding sought by the Global Fund in its Replenishment investment case.
- **Convene global partners to prevent and end pandemics:** Host an international conference and challenge other countries to join the U.S. in a coordinated and better financed global effort to end the epidemics of AIDS, TB and malaria and prevent, prepare for and mitigate the damage of future pandemics.
- **Implement a whole of government approach to global health:** Implement a cross-agency approach to ending the epidemics of AIDS, TB and malaria and preparing for the next pandemic, including harnessing the resources and expertise of the State Department, CDC, HHS, USAID, DFC, Treasury and the U.S. Trade Representative, working in conjunction with efforts to eradicate HIV and TB in the U.S.
- **Build partnerships with implementing countries:** Build on the partnership models developed by the Global Fund and other approaches to support implementing country ownership of health programming. Ensure U.S. programs pursue a true partnership relationship with implementing countries.
- **Invest in civil society:** As advocates, service providers and participants in program design, civil society and affected populations are central to success in global health, particularly as implementing partner countries take on more responsibility for program development and financing. The U.S. should invest in robust civil society capacity globally.

Thank you for your consideration of these points. We stand ready to work with you to save millions of lives, strengthen the U.S. approach to global health and to support a healthier, safer and more equitable world.



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Advocacy to end epidemics.

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