The U.S. Global Health Initiative (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 percent. The other global health priorities are slated to receive $12 billion (19%).

The GHI was led by an Operations Committee 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), in coordination with the Deputy Secretary of State. A new position of “GHI Executive Director” was recently created at the State Department, and the first Executive Director was appointed in January 2011. The Executive Director reports to the Secretary of State and the GHI Operations Committee and 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).

- A Strategic Council, with representatives from multiple departments that operate global health programs, provides policy support, advice and guidance to GHI leadership.
- In addition to these structures, the White House National Security Council (NSC) and Office of Management and Budget (OMB) have provided overall Administration direction on the GHI since its inception.
- In February 2010, a preliminary GHI Implementation document was released, laying out key aspects of the GHI approach and strategy. It emphasizes moving U.S. global health from process to outcomes and “investing where significant returns can be achieved.” In addition, the implementation document identifies seven core GHI principles, four implementation components, and nine global health program areas of the GHI (see box). Specific targets in these program areas are also specified.

### GHI Core Principles, Implementation Components, & Program Areas

**Seven Core Principles**
1. Women, girls, and gender equality
2. Strategic coordination and integration
3. Strengthen and leverage key multilaterals and other partners
4. Country-ownership
5. Sustainability through health systems strengthening
6. Improve metrics, monitoring and evaluation
7. Promote research and innovation

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

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

### Proposed Funding for the GHI, FY 2009–2014

<table>
<thead>
<tr>
<th>Program Area</th>
<th>Funding in Billions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Global Health Priorities</td>
<td>$12 (19%)</td>
</tr>
<tr>
<td>PEPFAR &amp; Malaria</td>
<td>$51 (81%)</td>
</tr>
<tr>
<td>Total</td>
<td>$63 billion</td>
</tr>
</tbody>
</table>

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

- **HIV/AIDS**: 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 more than 80 countries around the world and include prevention efforts and support for the provision of treatment and care.
- **TB**: 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**: 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. U.S. malaria programs operate in 21 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:** Includes funding for the U.S. NTD Program operated by USAID in 14 countries in Africa, Asia, and Latin America, which aims to control seven neglected tropical diseases through mass drug administration.

- **MCHN:** Includes USAID funding designated by Congress for MCHN activities, which helps support U.S. efforts in 43 countries. Other U.S. funding for MCHN efforts is not currently counted as part of the GHI and supports activities in additional countries. MCHN 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:** Includes USAID funding designated by Congress for FP/RH activities, which helps support U.S. efforts in 42 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:** Includes funding for USAID nutrition efforts in 27 countries that aim to prevent undernutrition through interventions such as nutrition education, nutrition during pregnancy, exclusive breastfeeding and micronutrient supplementation. Nutrition efforts are to be coordinated between the GHI and the U.S. Feed the Future (FTF) Initiative. Overseen by the State Department, FTF is implemented by USAID and the U.S. Department of Agriculture.

- **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.

### Funding for Programs in the U.S. Global Health Initiative (GHI), FY 2001–FY 2011

<table>
<thead>
<tr>
<th>Year</th>
<th>Funding (in billions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2001</td>
<td>$1.7</td>
</tr>
<tr>
<td>FY 2002</td>
<td>$2.1</td>
</tr>
<tr>
<td>FY 2003</td>
<td>$2.6</td>
</tr>
<tr>
<td>FY 2004</td>
<td>$3.3</td>
</tr>
<tr>
<td>FY 2005</td>
<td>$3.7</td>
</tr>
<tr>
<td>FY 2006</td>
<td>$4.5</td>
</tr>
<tr>
<td>FY 2007</td>
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<tr>
<td>FY 2008</td>
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</tr>
<tr>
<td>FY 2009</td>
<td>$8.4</td>
</tr>
<tr>
<td>FY 2010</td>
<td>$8.9</td>
</tr>
<tr>
<td>FY 2011</td>
<td>$9.6</td>
</tr>
</tbody>
</table>

**FY 2011 is President’s Budget Request to Congress.**

### The GHI Budget

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.” For example, all funding for PEPFAR is now considered part of the GHI, as is most funding for MCHN 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 $8.9 billion in FY 2010. Growth was primarily driven by funding for PEPFAR, which accounted for 77 percent of FY 2010 GHI funding (HIV alone accounted for 63%).

- The FY 2011 budget request for the GHI is $9.6 billion. This marks the half-way point in the GHI’s six-year timeline and, if approved by Congress, would bring cumulative GHI funding (FY 2009–FY 2011) to almost $27 billion, or 43 percent of the proposed six-year total. Funding over the remaining period (FY 2012–FY 2014) would need to total $36.2 billion (an average of $12 billion per year) to reach the projected $63 billion.

- The majority of GHI funding is provided through bilateral programs which account for 86 percent of the FY 2010 GHI budget.

- Most GHI funding is channeled by Congress to the State Department ($5.4 billion in FY 2010), followed by USAID ($2.5 billion in FY 2010). The Department of Health and Human Services receives the third highest share ($994.6 million in FY 2010), 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 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 create a subset of 16 “GHI Plus” countries, “learning laboratories,” for more intensified effort. In June 2010, the first eight GHI Plus countries were announced: Bangladesh, Ethiopia, Guatemala, Kenya, Malawi, Mali, Nepal and Rwanda.

### Landscape of the U.S. Global Health Initiative (GHI), FY 2011

#### Looking Forward

As a multi-pronged, multi-billion dollar investment that involves a myriad of global health challenges, programs, countries, and stakeholders, the GHI is inherently complex and faces additional challenges of being implemented against the backdrop of broader U.S. foreign aid and development reform efforts and general budgetary constraints. Some key questions and considerations for the GHI include:

- How much funding will be provided to the GHI, and how will funding be allocated within the U.S. global health portfolio?
- How can the GHI’s targets and impact be measured?
- 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?
- How will the U.S. define, implement, and measure health systems strengthening?
- How will the GHI be coordinated with and affected by broader U.S. foreign aid reform efforts?

5. For more information on PEPFAR, see: www.pepfar.gov and http://www.kff.org/globalhealth/8002.cfm.
7. KFF Analysis.