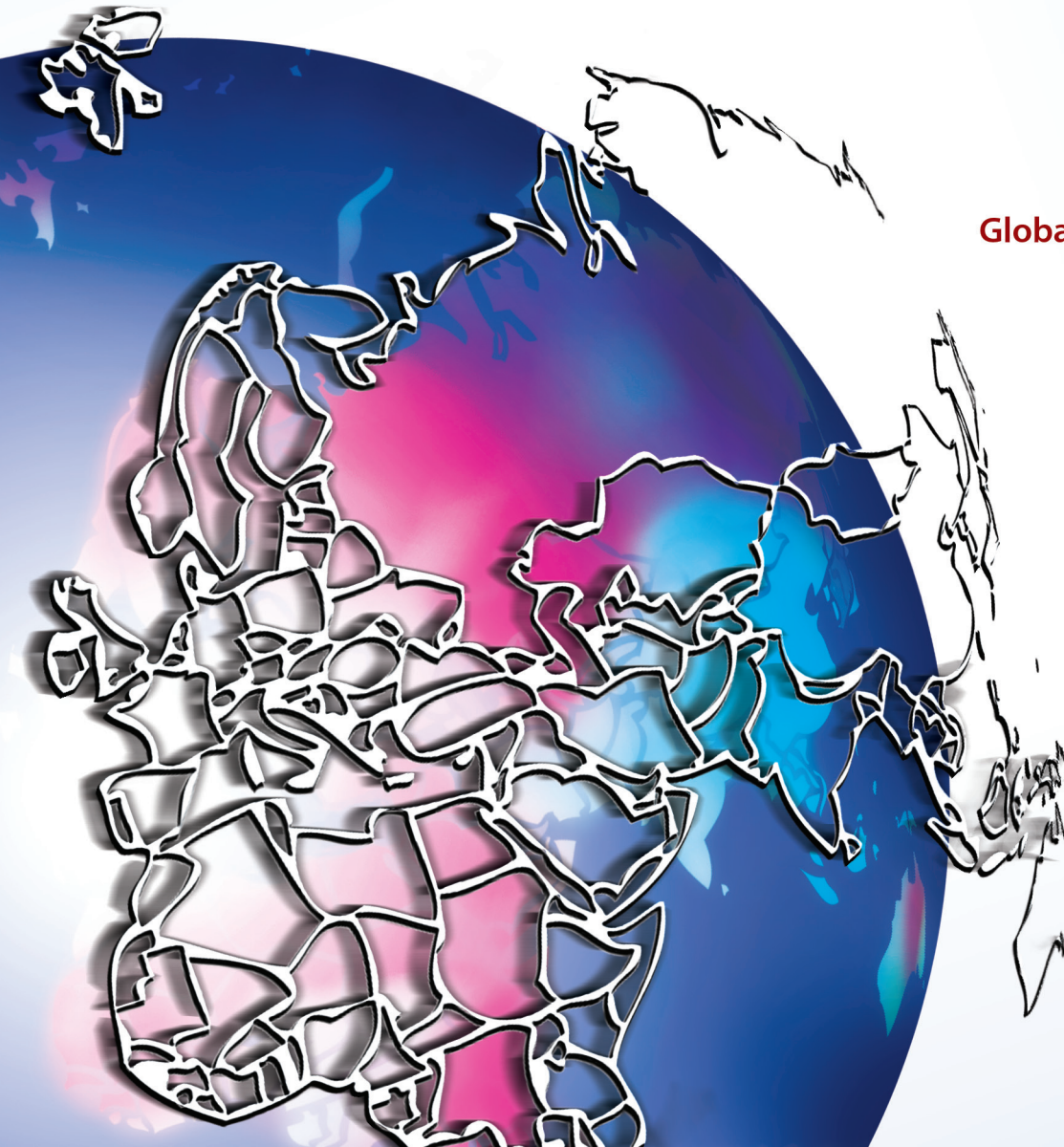


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The Geopolitics of Health



**An interview with the Bill &
Melinda Gates Foundation
Global Health Program President
*Dr. Tachi Yamada***

**Building Better Global
Health BRICS
*Ryan Lee***

**Saving Lives through
Country Ownership
Raymond C. Offenheiser
*President, Oxfam America***

Saving lives through country ownership:

Three steps for President Obama's Global Health Initiative to succeed

Raymond C. Offenheiser | President, Oxfam America

At the International AIDS Conference last summer, a promising new microbicide debuted that reduced the risk of HIV transmission by 39 percent in clinical trials.¹ The need for prevention has never been greater: for every two people put on antiretroviral treatment, another five are infected. But game-changing innovations like the new microbicide will need support from a functioning, sustainable health system to manage its adoption. Unfortunately, the current U.S. global health financing mechanisms have not always had the best track record at strengthening local systems.²

In recognition of this reality, President Obama announced the creation of the U.S. Global Health Initiative (GHI) in May 2009. It was a landmark announcement for global

health, because it commits the U.S. government to country ownership. Put simply, country ownership is the idea that we don't "do" development; people develop themselves. This means helping countries strengthen their health systems so that patients can get the care they need, today and in the future. Now that GHI is in the implementation phase, the U.S. administration must deliver on its promises and fundamentally change the way the United States supports global health interventions.

programs have come to a close.⁴ This is because those countries lacked the infrastructure to vaccinate and treat diseases on a permanent basis. Often, these "big push" programs have not sufficiently supported the emergence of functioning, self-sustaining health systems.⁵ Improved maternal and child health, a litmus test of poor peoples' access to healthcare, requires a functioning health system that is national in scope.⁶ The alternative to country ownership is setting targets in Washington, but over the years, pro-

“If GHI is to have a lasting impact, it needs to support active citizens and effective states in their own health and development.”

Translating the commitment to country ownership from paper into practice will take three big "rethinks" for the Obama administration:

1. Actions speak louder than words: GHI needs to truly transfer ownership, not just talk about it

Over the years, global health experts have learned that strengthening a country-led platform may be the only proven way to achieve long-term results from our global health dollars. Achieving sustainable health results nearly always depends upon a country having a functioning healthcare system.³ Too often, diseases like polio that were nearly eradicated have reappeared, when global "big push"

providers have learned that these targets are cumbersome to implement in the field, and tend to privilege short-term and easier to count outputs (i.e. bed nets, numbers of people on ARVs) over harder to count but longer-term outcomes, like more effective prevention and changing attitudes toward health service utilization.

Recently, the murmur about ownership's centrality to effective, self-sustaining health programs has grown into a roar. The chorus has been led in particular by health experts in developing countries. According to Dr. Freddie Ssenooba, a health researcher at Makerere University in Uganda, "Citizens need to be able to hold their governments accountable, and when donors bypass ministries of health

Author Bio

Raymond C. Offenheiser has been President of Oxfam America for 13 years. During his tenure, he has overseen the growth of Oxfam America from a small non-profit agency into a recognized world leader in the global social justice movement. Under his direction, Oxfam America has increased its annual budget fivefold to \$75 million. With over 30 years of work in the field of international agricultural development, Offenheiser is active as member and advisor to numerous organizations on issues of food security, climate change, trade reform and sustainable development. Offenheiser is currently active promoting foreign aid modernization in the U.S.

and set up parallel HIV and AIDS programs, citizens give the credit or blame to donors, not their own government.”⁷ Mozambican Minister of Health Paulo Garrido has said, “I don’t want to be a minister of health projects, I want to be a minister of health.”⁸ The importance of country ownership was also echoed recently by Global Fund Chair and Minister of Health of Ethiopia Dr. Tedros Adhanom Ghebreyesus in an October *Lancet* piece.⁹

There is much that the GHI can do to help countries strengthen their own health systems and save more lives. GHI can reinforce recipient countries’ ownership of health investments by:

- Giving citizens and governments full **information** about what, when, and where US health dollars are going in their country;
- Helping citizens and governments build their own **capacity** by using country systems rather than working around them and by supporting local NGOs directly; and
- Letting citizens and governments **control** how they direct GHI resources as part of a broader development agenda, through basket funding toward national health plans where appropriate.

National health plans, where they are consultative, must be the primary guide for U.S. health activities in a country. But what does this mean for

U.S. staff at the country level making decisions about the GHI right now? Take the example of Malawi, which was named one of the GHI Plus countries in June. The health “sector wide approach” (SWAp) convenes all the major donors in Malawi, including the United States, in an effort to coordinate priorities for health investments. The U.S. aligns its efforts broadly with the priorities in the national health plan, but it does not pool its funds with the UK, World Bank, and Norway/SIDA in the SWAp. Those donors who provide budget support in Malawi have agreed to a common set of benchmarks for performance fighting corruption, enforcing rule of law, and meeting the Millennium Devel-



Raquel Gomes/Oxfam America

A poor US management structure filters down to the patient level and can affect the quality of care: Next door to the government clinic in Maganja da Costa district, Mozambique (pictured), there used to be a separate U.S.-funded clinic for HIV voluntary counseling and testing. Its lab equipment was not accessible to government clinic staff, which had no means to test blood without transporting it miles to the provincial capital. That changed when Minister of Health Paulo Garrido insisted in 2008 that separate HIV clinics across Mozambique be mainstreamed to prevent stigma. Fortunately, the U.S. was beginning to use PEPFAR II funding to strengthen systems, so the U.S. clinic was able to convert to a general counseling and testing center. The center now screens for diabetes and other diseases for patients referred by the main clinic. The GHI must take the next step in this transformation, directing U.S. funds toward supporting the main clinic (and others like it) directly to meet national goals on maternal and child health and health worker retention.



Eva-Lotta Johnson/Oxfam America

Nurse Khetase Kapira looks up from her work in the children's ward at the Kamuzu Central Hospital in Lilongwe. GHI should be supporting agents of change like Khetase directly through public clinics run by the Ministry of Health, rather than setting up parallel health care systems.

opment Goals (MDGs), which hold the Malawian government accountable to concrete progress in exchange for direct support.¹⁰ However, when Malawian civil society has pressed the United States to participate fully in the SWAp to demonstrate its commitment to country ownership, U.S. officials have demurred. In a country like Malawi with a committed Ministry of Health and strong donor oversight and benchmarks, direct support must be a tool in the GHI toolbox.

GHI should use donor oversight mechanisms, but, ultimately, it is oversight from citizens that will keep governments on track to meet their health commitments. The following example helps illustrate the power of active citizens. In Malawi, civil society groups began monitoring the locations of stockouts of essential medicines at clinics, due to mismanagement or theft. By recruiting citizens to report stockouts where they occurred, they were able to reduce the stockout rate from 70 percent to 25 percent between 2008 and 2009.¹¹ Because Malawians have the strongest interest in mak-

ing sure these stockouts continue to decline, they are one of the most effective hedges against corruption.

There have been promising signs from the Obama administration about the importance of supporting active citizens to hold their governments accountable. During Congressional testimony in September, U.S. Global AIDS Coordinator Eric Goosby announced: "We will increasingly emphasize a third dimension of activity: community empowerment... local community and civil society organizations can play the critical role of ensuring accountability for country structures in a way that outsiders never can."¹² If the United States can provide health assistance directly to active citizens and effective states as part of the GHI, it will go a long way to deliver both country ownership and development impact.

2. Model it: Streamline operations on the U.S. end

The best way to encourage effective public management from developing country governments is

to model it ourselves. Unfortunately, the GHI is not there yet. The Initiative's proposed management structure is byzantine: it is led by the GHI Operations Committee, which is composed of USAID Administrator Dr. Rajiv Shah, U.S. Global AIDS Coordinator Eric Goosby, and CDC Director Dr. Thomas Frieden. The Operations Committee, as announced, will "work in close coordination with" Jacob J. Lew, the State Department's erstwhile Deputy Secretary of State for Management and Resources. Below the Operations Committee in the pecking order is a "Strategic Council," which includes anywhere from 7-12 U.S. agencies working on global health overseas, among them the Treasury Department, the Peace Corps, and the Department of Defense.

Now, imagine for a moment that there was one person in charge of GHI, who could be accountable for reconciling the competing perspectives and goals of different elements of the initiative. Imagine further if that person were the same person overseeing all U.S. efforts to implement the President's Global Development Policy, a development professional with a background in the field—say, the administrator of the U.S. Agency for International Development? And imagine if this was also the case at the country level: one single development representative from the United States whose job it was to liaise with civil society and the Ministry of Health and coordinate all U.S. development efforts for maximum impact. That official would oversee all the parallel reporting processes, and hence would have a motive for reducing them so that partners and host governments could focus on saving lives. The United States could become a model for effective public management, both to other donors and to host governments themselves.

3. Row in the same direction: GHI and the President's new Global Development Policy

Health and development are about more than just aid, but not all U.S. government agencies whose policies affect the health and development of the poor are on the same page. At the MDGs Summit in September, President Obama announced a new Global Development Policy that commits the United States to “establish mechanisms for ensuring coherence in U.S. development policy across the United States government.”¹³ Trade policy has long been a discordant note for U.S. global health assistance. For the GHI to have maximum impact for every dollar invested there must be policy coherence between U.S. global health policy and trade policy.

Currently, the U.S. Trade Representative's office (USTR) and the GHI are initiating separate policies for poor countries. USTR has persistently sought, through trade agreements and unilateral pressure, to impose stricter levels of intellectual property (IP) protection that exceeds minimum obligations under global trade rules. These IP rules restrict or delay generic competition, a proven method to sustainably reduce medicine prices.¹⁴ This results in higher prices for medicines. Because the cost of medicine represents the greatest share of healthcare expenditures for people in poor countries, these measures adversely affect the ability of developing countries and donors like the United States to maximize aid dollars to meet treatment needs.¹⁵

GHI and USTR need to arrive at a common understanding on medicine policies that affect the health of millions. Recently, the U.S. government took a first step in the right direction. The National Institutes of Health, one of the world's largest funders of medical research and development, agreed to provide a license for patents it owns

on the anti-retroviral medicine Darunavir to the Medicines Patent Pool. This patent pool, originally hosted by UNITAID, was launched last year to sustainably reduce the cost of new anti-retroviral medicines and to keep people with HIV and AIDS alive.

From rhetoric to reality: Implementing the shift to country ownership

The United States doesn't “do” development; people and countries develop themselves. If GHI is to have a lasting impact, it needs to support active citizens and effective states in their own health and development. This means helping countries to strengthen their health systems so that patients can re-

ceive the care they need, both today and in the future. As Ethiopian Minister of Health and Global Fund Chair Dr. Tedros Adhanom Ghebreyesus remarked at an event earlier this summer, “People say country ownership is confusing. It's not confusing, it's actually really clear. What's missing is the commitment to implement it.”¹⁶ To deliver on the GHI, the United States needs to fully transfer ownership to responsible ministries of health, not just flirt with it; streamline the U.S. management structure under development leadership; and ensure coherence among U.S. government agencies so as not to undo with its trade policies what it has worked so hard to achieve through its aid and development policies. ■

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