

The United States Government Global Health Initiative



Strategy Document

The United States Government Global Health Initiative Strategy

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*The United States is pursuing a comprehensive, whole-of-government approach to global health through the Global Health Initiative (GHI). GHI seeks to achieve **significant health improvements** and foster sustainable **effective, efficient and country-led public health programs** that deliver essential health care. Through GHI the Obama Administration is committed to improving and saving lives by strengthening health systems. To achieve maximum impact, GHI has a special focus on improving the health of women, newborns and children by combating infectious disease, delivering clean water, and focusing on nutrition and maternal, newborn, and child health. GHI aims to make the most of every dollar invested to ensure lives continue to improve and women and their families survive and thrive. This strategy was developed in consultation with partner countries, civil society organizations, the U.S. Congress, other donors and governments, private sector partners, and multilateral and international institutions.*

THE CONTEXT

Health is at the heart of human progress. It determines whether parents can work to support their families, children can attend school, women can survive childbirth, and infants can grow and thrive. Where health services are strong and accessible, families and communities flourish. Where health services are inaccessible, weak, or nonexistent, families suffer, adults die prematurely, and communities unravel.

The Obama Administration has embraced global health as a core feature of its national security, diplomacy, and development work around the world. On September 22, 2010, President Obama signed a Presidential Policy Directive on Global Development, the first of its kind by a U.S. Administration. The directive recognizes that development, diplomacy, and defense are components of a comprehensive, integrated approach to the challenges we face today. Consistent with this directive, the first-ever Quadrennial Diplomacy and Development Review (QDDR) conducted by the Department of State and the U.S. Agency for International Development (USAID) identified global health as one of six development areas where the U.S. government is best placed to deliver meaningful results and advance America's core interests. Countries that achieve sustained development gains and tangible improvements in the health status of their populations make more capable partners, can engage in and contribute to the global economy, and provide citizens with the opportunity, means and freedom to improve their lives.

In its principles and programs, GHI reflects the Presidential Policy Directive and the QDDR. By strategically investing in global health, we will spur progress across sectors, in economic development, job creation, education, agricultural development, gender equality, and political stability. These are goals with both global reach and local significance: the health and stability of countries around the world are strongly linked to the security and prosperity of the United States.

This nation has made enormous contributions to improving health outcomes worldwide. The U.S. is the world's leading bilateral provider of global health assistance. We have helped save millions of lives through immunization. We have helped reduce infant deaths by making oral rehydration therapy available globally and have helped women plan the number, timing, and spacing of their births. We have helped eradicate smallpox, greatly reduced polio to the point that is endemic in only a few countries, and reduced river blindness so that it is nearly eliminated from the Americas. Most recently, we have brought hope and life-saving treatments for infectious disease to millions with our highly successful programs in HIV/AIDS, tuberculosis (TB) and malaria. Americans can and do take pride in these global achievements, which have contributed greatly to improving the lives of so many people, projecting U.S. values and strengthening U.S. leadership in the world.

The challenge of the next decade and beyond is to capitalize on these impressive accomplishments by helping countries achieve long-term sustainability in their health services while continuing to improve health outcomes. In support of these goals President Obama launched the Global Health Initiative, a comprehensive, whole-of-government approach to shape U.S. investments in global health. Through GHI we tailor U.S. government assistance to the needs of individual countries and work with our partners to ensure that investments are coordinated and in alignment with country priorities, as reflected in their national health plans. These plans are at the core of countries' efforts to mobilize

resources and coordinate with partners for sustainable improvements in health. Successful efforts will help improve the lives of millions, maximize the sustainable health impact for every dollar we invest, and contribute to a stronger future for American citizens.

THE NEED

The health needs in the developing world are well-documented. Hidden behind these numbers, however, are the experiences of people being served, to one degree or another, by existing health programs and systems.

Consider an HIV-positive pregnant woman who lives in drought-stricken rural Africa. She has walked several miles with a child on her back to reach the nearest health facility. Here, her child will receive some basic primary care and be vaccinated against measles and other vaccine-preventable diseases. This facility is small and provides only limited services; consequently, the woman will be unable to receive basic obstetric care here when she is ready to deliver her next child.

For basic obstetric care, she must travel to a different clinic in another village. Reaching that clinic will be a challenge because there is no reliable transportation between her village and that health facility. If she is lucky enough to reach the clinic, she may have to wait several hours before she can be seen. Once seen, she will be able to receive the treatment necessary to prevent transmission of HIV to her unborn child. This clinic is not equipped, however, to address any possible complications during delivery, which may result in her dying prematurely or suffering an avoidable disability. To receive emergency obstetric care for these complications, she must receive a hospital referral and endure a much longer and more expensive journey—one she cannot afford. This woman has no choice but to take her chances at the site that offers some minimal level of care.

The good news is that her baby is born HIV-free, thanks to assistance provided with U.S. support. Once back home, however, she faces an array of daunting challenges. She will do her best to feed her family at a time when crop yields are low, and will travel long distances to gather clean drinking water. Friends and relatives have told her that health workers can help monitor her baby's progress, provide Vitamin A when her children are well and medicines when her children are sick, distribute insecticide treated bed nets to her household and offer guidance on family planning; unfortunately, there are no community health workers in her rural village. To receive these services, as well as care

Global Health Needs:

- More than **2.6 million** people are infected with HIV each year, and AIDS is the leading cause of death of women of reproductive age around the world.
- Malaria kills **800,000** people every year, mostly children under age five, with an estimated **250 million** more cases annually.
- More than **9 million** people develop tuberculosis (TB) every year, and **1.7 million** die from this disease.
- More than a **billion** people suffer from neglected tropical diseases (NTDs), and **500,000** die every year from these diseases.
- **358,000** women die annually from largely preventable complications related to pregnancy or childbirth; millions more women suffer often debilitating pregnancy-related injury and infections.
- **215 million** women want to avoid pregnancy but are not using a modern method of contraception, and **two-fifths** of all pregnancies in the developing world are unintended.
- **8.1 million** children under five die every year, many from easily treatable or vaccine-preventable conditions or malnutrition; 40 percent of them die during their first four weeks of life.
- **200 million** children under age five and **1 out of 3** women in the developing world are undernourished.

for herself, she must embark on the same long journey to the nearest facility with obstetric care. But now it is unlikely she will do so—in part because she is anemic due to deficiencies in her diet. Tragically, this kind of scenario unfolds in millions of households and communities in poor countries around the world every day.

THE VISION

The all-too-common conditions this woman and her children face illustrate how health programs and weak systems in many developing countries are not meeting needs. Although health services may be available, too often they are of poor quality and are provided in an uncoordinated or ad hoc manner. Often, they are organized around funding sources or diseases, rather than in a way that addresses the broader needs of the populations they seek to serve.

President Obama’s Global Health Initiative addresses the challenges faced by this woman and her family – and millions of others in similar circumstances. GHI serves as the whole-of-U.S. government mechanism for coordinating and integrating U.S. global health efforts in partner countries and forms the health component of U.S. country development cooperation strategies. Through GHI, the U.S. works with partner countries to improve health outcomes through strengthened health systems, with a particular focus on improving the health of women, adolescent girls, newborns and children through programs that address infectious disease, nutrition, maternal and child health, family planning, safe water, sanitation and hygiene. GHI takes into account and leverages the health and development efforts of partner countries, other bilateral donors, multilateral organizations, civil society, private sector, and faith-based and non-governmental organizations to achieve the greatest possible impact with U.S. investments.

The paramount objective of GHI is to achieve major improvements in health outcomes. In line with partner government priorities and in partnership with multilateral efforts, GHI supports the goals and targets described below. They confirm the U.S. commitment to the health-related Millennium Development Goals, which provide a useful framework for our GHI investments.

- **HIV/AIDS:** Through the *President’s Emergency Plan for AIDS Relief (PEPFAR)*, support the prevention of more than 12 million new HIV infections; provide direct support for more than 4 million people on treatment; and support care for more than 12 million people, including 5 million orphans and vulnerable children.
- **Malaria:** Through the *President’s Malaria Initiative (PMI)*, halve the burden of malaria for 450 million people, representing 70 percent of the at-risk population in Africa. Malaria efforts will expand into Nigeria and the Democratic Republic of Congo.
- **Tuberculosis (TB):** Contribute to the treatment of a minimum of 2.6 million new sputum smear positive TB cases and 57,200 multi-drug resistant (MDR) cases of TB, and contribute to a 50 percent reduction in TB deaths and disease burden relative to the 1990 baseline.¹
- **Maternal Health:** Reduce maternal mortality by 30 percent across assisted countries.
- **Child Health:** Reduce under-five mortality rates by 35 percent across assisted countries.
- **Nutrition:** Reduce child undernutrition by 30 percent across assisted food insecure countries, in conjunction with the President’s Feed the Future Initiative (FTF).

¹ The Lantos-Hyde Reauthorization Act (P.L. 110-293) calls for the USG to support the objectives of the Global Plan to STOP TB, including the achievement of the Global Plan goals to reduce by half the TB death and disease burden from the 1990 baseline.

- **Family Planning and Reproductive Health:** Prevent 54 million unintended pregnancies. This will be accomplished by reaching a modern contraceptive prevalence rate of 35 percent across assisted countries and reducing from 24 to 20 percent the proportion of women aged 18-24 who have their first birth before age 18.
- **Neglected Tropical Diseases (NTDs):** Reduce the prevalence of 7 NTDs by 50 percent among 70 percent of the affected population, contributing to: the elimination of onchocerciasis in Latin America; the elimination of lymphatic filariasis globally; the elimination of blinding trachoma; and the elimination of leprosy.

These are only some of the outcomes that will be achieved through the GHI. **For a complete list of GHI targets and outcomes, including linkages to current strategies, see Annex A.**

Through GHI, the U.S. seeks to align goals and targets for our investments with partner country needs, plans and priorities. These goals and targets build upon our existing health programs as we work with countries to achieve significant and sustainable gains in health. Achieving sustainable health outcomes requires a purposeful effort to strengthen country health systems and transition to country-owned health delivery platforms, overcoming barriers that constrain the delivery of effective health interventions. Ultimately, a functioning health system requires that a trained health worker be in the right place, with the right skills, sufficient motivation and compensation, and the essential equipment and medical supplies necessary to deliver the services people need.

Strengthening functioning systems to improve health outcomes will, in some cases, require new ways of thinking about health investments and greater dialogue with partner countries about constraints and opportunities. Are health care workers and public health professionals being appropriately deployed? Can we improve the distribution of medical supplies and equipment to ensure health workers have the tools necessary to provide high-quality care? What new approaches should we pursue to enhance the functioning of information and logistics systems, or to strengthen core public health skills in epidemiology, laboratory, surveillance, and other areas? How can we more effectively engage the private sector in health service delivery? Can country capacity in evaluation and research be better supported? Are there existing health financing strategies we should expand or promising new financing strategies we should explore and support? How can we answer all these questions while maintaining our focus on improving health outcomes?

Improving health outcomes through strengthened platforms and systems is at the core of the Initiative. This vision of sustainable progress is only possible thanks to the demonstrable improvements in the health sector over the past decade. Less than ten years ago, neither the woman nor her two children in our story would have stood a chance of survival. At that time, a woman in her condition could not have hoped to access life-sustaining HIV treatment, let alone the services that would prevent her child from being infected by HIV. Even had her children been born HIV-free, they would have been at increased risk of dying from pneumonia, malaria, or other preventable diseases. Life-saving interventions in HIV/AIDS, TB, malaria and childhood diseases have been made possible in large measure by U.S. global health programs launched and supported over the past decade by the Bush Administration, with the full support of the U.S. Congress. GHI is committed to building upon this tremendous record of success.

THE GHI APPROACH

To meet this vision, GHI is not only dedicating substantial funding and other resources but also deploys a model that maximizes the sustainable health impact of every U.S. dollar invested in global health. The Initiative will deliver on that commitment through an approach that is based on a set of core principles (see box), drawn from the principles of effective development partnership announced by President Obama at the G-8 meeting in L'Aquila and reconfirmed in the President's Policy Directive on Global Development.

Focusing on women, girls, and gender equality: A core objective of GHI is to improve health outcomes among women and girls, both for their own sake and because of the centrality of women to the health of their families and communities. Over the long term, improving the health of women enhances their productivity and social and economic participation. Improving women’s health also benefits, now and in the future, the social and economic development of families, communities and nations.

Girls and women are particularly vulnerable to ill health because of their reproductive role and patterns of gender discrimination. They suffer disproportionately from the effects of gender-based sexual violence and exploitation, face economic, social, cultural, and legal barriers to health care, and are comparatively underserved by health services. According to the World Health Organization, complications related to pregnancy are a leading cause of death among adolescent girls aged 15-19; AIDS is the leading cause of death among women of reproductive age worldwide, with nearly 60 percent of people living with HIV in sub-Saharan Africa being women.

Our primary motivation for improving the health of women is our concern with their well-being. But the health of women and adolescent girls is intimately linked to the health of their own children and future generations. Because of their roles in child-rearing, such as providing and seeking care, and managing water and nutrition, women play a crucial role in providing access to health services and health-related knowledge for their families and communities. Ensuring women’s access to health care, therefore, is fundamental not only to their own health, but also to the health of their babies, older children and other family members. When a woman dies in childbirth, the survival of her baby and her other children is threatened. If an adolescent girl can wait until her twenties to give birth to her first child by either delaying marriage or using modern contraceptives and family planning, her own risk of dying from pregnancy-related complications is reduced, as well as the risk that her baby will die before the age of five.

Through GHI, the U.S. is working with partner countries to redress gender imbalances related to health – a goal with intrinsic merit that is fundamental to long-term social and economic progress. Special emphasis is being placed on supporting long-term systemic changes that promote gender equality and remove barriers to quality health services for women in order to increase demand for, access to, and satisfaction with these services. These changes will include, for example,

- Providing equitable access to a basic package of essential health services;
- Increasing the participation of women and girls in the design, implementation, and evaluation of health programs;
- Building the capacity of women as health care providers, caregivers, decision-makers, and participants and leaders of civil society organizations;
- Monitoring, preventing and responding to gender-based violence;

Global Health Initiative Principles:

- Focus on woman, girls, and gender equality
- Encourage country ownership and invest in country-led plans
- Build sustainability through health systems strengthening
- Strengthen and leverage key multilateral organizations, global health partnerships and private sector engagement
- Increase impact through strategic coordination and integration
- Improve metrics, monitoring and evaluation
- Promote research and innovation

- Empowering adolescent and pre-adolescent girls by fostering and strengthening their social networks, educational opportunities, and economic assets;
- Engaging men and boys as clients, supportive partners, and role models for gender equality;
- Promoting practices, policies and laws to improve health and/or increase access to services;
- Addressing social, economic and cultural determinants of health (e.g., harmful traditional practices and child marriage, access to education, economic empowerment, good governance);
- Utilizing multiple community-based programmatic approaches such as behavior change communication, community mobilization, advocacy, and engagement of community leaders to improve health for women and girls;
- Strengthening the capacity of organizations that work in the area of gender, including governments (national, state and district level) and community-based organizations, to improve health outcomes for women and girls.

Encouraging country ownership and strengthening health systems: Ultimately, governments – together with non-governmental organizations (NGOs), civil society organizations (CSOs) including affected communities, faith-based organizations (FBOs), the private sector and others in countries – must decide upon their countries’ health needs and strategies. They are responsible for making and sustaining progress, and they must be accountable to those served by their health systems. Accordingly, a core principle of GHI is to support country ownership, encouraging governments to engage with stakeholders at the national, provincial, district and community levels as they develop and implement their country health plans and strategies.

The U.S. is committed to aligning GHI investments with partner country plans and strategies, primarily through technical assistance, project-level support, and capacity-building of governments and other local institutions. GHI’s capacity-building investments include support for policy development, implementation, management, research, monitoring, and evaluation. In countries where the private sector is a vital partner in providing health care, the U.S. is helping build the capacity of governments to strengthen public stewardship of the private sector and establish and evaluate their own public-private partnerships. These investments will contribute to robust and sustainable health systems that ensure quality and reach of health services and public health programs.

Under GHI, the U.S. is committed to supporting partner country government efforts to streamline reporting and administrative requirements. We are supporting country-led data collection and analysis and harmonizing GHI reporting requirements with those of other donors and multilateral organizations. For example, we are exploring and learning from different models for harmonizing country and donor efforts, such as the International Health Partnership (IHP+) and the Joint Platform for Health Systems Strengthening, developed by the World Bank, GAVI Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria, together with the World Health Organization.

Strengthening and leveraging other efforts: The U.S. recognizes that improving global health outcomes is a *shared* responsibility. The needs are too vast and the challenges too great for any one country or organization to address alone. Indeed, a key principle of GHI is to strengthen and leverage key multilateral organizations and global health partnerships. Multilateral institutions build political momentum for sustained efforts to improve global health, mobilize and coordinate donor country commitments, and promote mutual accountability among donors, partner governments and

other stakeholders. Global health partnerships engage and collaborate with civil society and the private sector, increasing access to resources for those in need.

Under GHI, the U.S. has joined multilateral efforts involving the United Nations and others to accelerate progress toward achieving Millennium Development Goals 1(c), 4, 5, and 6. For example, GHI is building on existing U.S. support to the GAVI Alliance to include vaccines that protect against pneumococcal disease and rotavirus. Similarly, GHI is strengthening already close U.S. collaboration with the Global Fund to Fight AIDS, Tuberculosis, and Malaria, as well as sustaining its leadership in and commitment to the Global Polio Eradication Initiative (GPEI). The U.S. will also investigate opportunities to create constructive collaborations and partnerships between the public and private sector.

Increasing impact through strategic coordination and integration: Coordinating and integrating the delivery of health interventions is essential for achieving sustained improvements in health. Under GHI, the U.S. strives to coordinate its health programming across the whole of government, other donors, and country partners. It is expected that, where possible, country-owned health delivery platforms will be the basis for providing comprehensive health services.

Coordination means, *at a minimum*, that programming within and among U.S. agencies takes advantage of each agency's strengths, avoids duplication, and increases the efficiency and effectiveness of each dollar spent. Better coordination of programs and delivery platforms provides opportunities to strengthen the integration of health services at the point of delivery to meet more of the health care needs of individuals, as well as ensure satisfaction with and increase demand for those services. For example, clinics providing family planning and antenatal services can be supported to deliver interventions that prevent mother-to-child transmission of HIV (PMTCT); in turn, strong PMTCT programs can be broadened to deliver family planning, antenatal care, and newborn and child health services. This will help ensure that more pregnant women—including those living with HIV—have access to high-quality antenatal care and attended deliveries. Other examples include:

- Leveraging existing community-based programs that care for children with malaria to care for sick children with other ailments, such as diarrhea and pneumonia, and in some instances, to manage and treat newborn illness or acute undernutrition.
- Using current outreach to distribute insecticide-treated bed nets for health education and delivery of other essential tools of care, such as chlorine and soap for safe water and hygiene.
- Employing supply chains and distribution channels for established immunization and essential drug programs to provide basic supplies needed for clean, safe deliveries.
- Expanding existing laboratories that provide HIV diagnostics and monitoring to support TB and other priority disease areas.
- Addressing the vast unmet demand for family planning services by facility- and community-based workers who provide child health, nutrition and immunization services.

The improved care established through the coordination and integration of these and other services will produce lasting progress for the entire community. To further expand coverage of key interventions and services, GHI leverages

other U.S. development initiatives, such as Feed the Future and Global Climate Change, and is expanding partnerships with other government agencies and departments, such as Peace Corps and the Department of Defense.

Under GHI, the U.S. is striving to coordinate all of its health programming, but integration is not being pursued for the sake of integration alone. We are working towards “smart integration,” which means selecting those opportunities for integration that make sense technically, economically, and in the context in which they are to be implemented. Through GHI, we are working with our partners to monitor and evaluate whether integration at the community level, facility level, and elsewhere in the health system improves efficiencies and service quality for both the user and the system. Although improvements in service quality will be a foremost aim, the additional demands on health care workers resulting from efficiency improvements must be understood and addressed.

Promoting learning and accountability through monitoring and evaluation: Monitoring and evaluating our progress, encouraging innovation, using current research, supporting and conducting new research and sharing the results of our learning are integral to all aspects of GHI and critical to its success. Consistent with the U.S. commitment to the aid effectiveness principles of country ownership, partnership, and mutual accountability, we are coordinating our learning and aligning our efforts with those of our country and development partners. This will include utilizing globally agreed-upon indicators and country indicators when possible. We are committed to meaningful and timely evaluation and research that will inform partner countries, the U.S., and other partners about what works and what does not and which approaches should be scaled up, modified or phased out.

GHI promotes an outcome- and impact-based approach rather than an expenditure- or input-based approach to measure our progress in achieving and sustaining health improvements. Although the aim is to build upon existing indicators, new indicators for areas such as integration and progress for women, girls, and gender equality may be added. GHI is also developing process metrics to assess the robustness of health systems. Ultimately, success will be measured by improved access to and utilization of quality health services and changes in key health outcomes, particularly for marginalized and disadvantaged populations.

Accelerating results through research and innovation: Research has built the evidence base which underpins key interventions for the GHI, such as the use of Vitamin A to reduce child mortality, simplified antiretroviral treatment, male circumcision for prevention of HIV, community-based treatment of pneumonia, and use of insecticide-treated bed nets. Evolving disease threats, such as increased drug resistance, make it difficult to rely on the existing body of scientific evidence and technologies alone. Under GHI, research will continue to spur innovation for the discovery and development of new biomedical interventions and technologies, such as drugs, diagnostics and vaccines; medical devices, such as safe syringes; and information and communication technologies, such as mobile telephones and other data-transmitting devices that have the potential to improve people’s health.

Through GHI, we seek to accelerate the appropriate use of existing technologies, as well as create favorable conditions for more rapid introduction and successful scale-up of technological advances that have been demonstrated to improve health outcomes. GHI is working with country partners to overcome bottlenecks and accelerate delivery pathways to ensure that innovative technologies can be widely adopted, including improving demand forecasting for new products, and supporting evidence-based decision making within partner countries. Operational and implementation research, conducted in collaboration with partner country researchers, will help identify critical problems and improvements. These efforts will allow for rapid scale-up of new and existing interventions and the identification of strategies to achieve sustainable and cost-effective service delivery, such as how to transition programming to local service delivery partners (e.g. Ministries of Health).

Given the whole-of-government approach of GHI, the Initiative is working through existing governmental mechanisms and partnering with private sector donors, foundations and universities to support research and development. For example, the U.S. government launched the Medical Education Partnership Initiative (MEPI) and Nursing Education Partnership Initiative (NEPI) to support foreign institutions in sub-Saharan African countries that receive PEPFAR support to develop or expand and enhance models of medical and nursing education. We will continue to seek synergies between GHI programmatic activities and existing research partnerships of the National Institutes of Health, the Department of Defense, the Centers for Disease Control and Prevention, the U.S. Agency for International Development, and other agencies that have active biomedical and public health research programs.

THE OPERATIONAL PLAN

Partnering with Countries for Better Health

The U.S. global health portfolio includes a diverse set of programs and investments in approximately 80 countries worldwide. All of the countries in which the U.S. invests are essential partners for achieving and sustaining the ambitious outcomes envisaged in the Initiative (See Annex A).

The Initiative increases funding for programmatic areas where large health gains, especially for women and girls, can be achieved, including HIV/AIDS, malaria, TB, family planning, nutrition, maternal, newborn, and child health (MNCH), and NTDs. The majority of GHI resources support implementation and expansion of proven interventions through strengthened country-owned delivery platforms. Although specific disease and system priorities and U.S. investments vary by country, GHI implementation has four standard components:

- **Collaborate for impact:** Promote country ownership and align our investments with country-owned plans, including improved coordination across U.S. agencies and with other donors, with the aim of making programs sustainable; leverage and help partner governments coordinate investments by other donors; and create and use systems for feedback about program successes and challenges to focus resources most effectively.
- **Do more of what works:** Identify, take to scale, and evaluate evidence-based, proven approaches in family planning, nutrition, HIV/AIDS, malaria, TB, MNCH, NTDs, safe water, sanitation and hygiene, and other health programs to improve the health of women, newborns, children and their families and communities. Phase out strategies that have not produced positive impacts on health outcomes.
- **Build on and expand existing country-owned platforms to foster stronger systems and sustainable results:** Strengthen health systems' functions to ensure the quality and reach of health services and public health programs in the short and long terms, and work with governments to ensure the sustainability of their health programming.
- **Innovate for results:** Identify, implement, and rigorously evaluate new approaches that reward efficiency, effectiveness, and sustainability. Focus particular attention on promising approaches to service delivery, community-based approaches, private-sector participation, performance incentives, costing of service delivery approaches, promotion of positive health behaviors, and other strategies that have potential to increase value for money. Increase tolerance for calculated risk-taking, including learning from unsuccessful efforts on the path to success.

Annex B provides an illustrative list of GHI interventions and activities related to each of these focus areas.

Working with Countries to Implement GHI

In each GHI country, an interagency GHI health team, consisting of U.S. experts in public health, development, diplomacy, and other relevant areas, is being established. In collaboration with partner governments and other country counterparts, this team will work to implement GHI in a manner that strengthens and supports country health plans and strategies that are based on evidence and appropriate cost estimates.² Teams are beginning by reviewing the country's health policies, targets, strategies, plans and systems and by assessing how the U.S. and other partners support country priorities.

Based on this assessment, the GHI country team will work with partner governments and other in-country stakeholders and development partners to formulate a strategy for GHI investments in that country. The GHI Country Strategy will build upon and incorporate the agreements that the U.S. already has in place.³ The GHI Country Strategy will identify critical areas where U.S. support for country efforts can be expanded, intensified, or piloted. These efforts will help to overcome critical bottlenecks within the country's health system that may hinder the implementation of the country health plan and the achievement of improvements in health outcomes. Each GHI Country Strategy will serve as the basis for developing a country-specific GHI results framework using common metrics to measure progress towards common goals and targets. The GHI Country Strategy will also identify a limited number of high-priority evaluation and research studies for GHI in collaboration with partner country governments, civil society, technical experts and other donors.

GHI Coordination and Accountability

Just as GHI programming varies by country depending on each country's needs and priorities, so too will U.S. coordination at the country level. GHI does not promote a "one size fits all" model. Under the leadership of the U.S. Ambassador, each GHI country team will organize to ensure effective leadership and coordination of the GHI Country Strategy. The GHI team is accountable for achieving the common performance goals articulated in the country-specific GHI results framework. Shared ownership of these goals across U.S. agencies should fuel creative "systems thinking" and motivate efficient and effective collaboration at all levels.

To support each GHI country team, established mechanisms at headquarters bring together the interagency leadership and expertise critical for operationalizing GHI. Under the leadership of the Secretary of State, working through the Deputy Secretary of State for Management and Resources, the GHI Operations Committee ensures inclusive interagency oversight and management of the Initiative. This Operations Committee consists of the USAID Administrator, the Director of the Centers for Disease Control and Prevention, and the State Department's U.S. Global AIDS Coordinator. The whole of government is engaged in the GHI through the GHI Strategic Council, which includes representatives from a wider set of U.S. agencies and departments that have expertise in areas critical for GHI implementation,⁴ and by the National Security Council, which provides high-level policy guidance on the Administration's global health efforts.

² Incorporating the GHI approach into U.S. programming is already under way. In December 2009, PEPFAR released a five-year strategy that outlines its contributions to GHI, and focuses on transitioning the program from an emergency response to a sustainable, country-owned effort. (See PEPFAR's Contributions to the Global Health Initiative at <http://www.pepfar.gov/strategy/index.htm>.) Since then, the U.S. also released strategies that outline our investments to combat malaria and TB under the Lantos-Hyde Act, including how these programs will contribute to the GHI. (See Lantos-Hyde United States Government Malaria Strategy (2009 – 2014) at http://pmi.gov/resources/reports/usg_strategy2009-2014.pdf; Lantos-Hyde United States Government Tuberculosis Strategy at http://www.usaid.gov/our_work/global_health/id/tuberculosis/publications/usg-tb_strategy2010.pdf.)

³ This includes agreements such as USAID Strategic Objective Agreements, PEPFAR Partnership Framework Agreements, and other bilateral agreements that address the health sector, such as the agreements between the CDC and partner country Ministries of Health.

⁴ These agencies include, among others, the Department of Health and Human Services (HHS) including the Centers for Disease Control and Prevention, Health Resources and Services Administration (HRSA), National Institutes of Health (NIH), and the Office of Global Health Affairs (OGHA); USAID; the Department of State; including the U.S. Office of the Global AIDS Coordinator; Department of Agriculture; Department of Defense; Department of Treasury; U.S. Food and Drug Administration; Millennium Challenge Corporation (MCC); and Peace Corps.

In 2011, the Secretary of State appointed an Executive Director for GHI at the State Department to facilitate heightened coordination of U.S. programs to meet the goals and objectives of GHI, and to transition leadership of GHI to USAID upon completion of a defined set of benchmarks. This Executive Director will report to the State Department. Additional information about the structure of GHI can be found in the Quadrennial Diplomacy and Development Review.⁵

Accelerating Impact: GHI Plus

Although GHI is being implemented everywhere U.S. global health dollars are at work, an intensified effort will be launched in a subset of up to 20 “GHI Plus” countries that provide significant opportunities for impact, evaluation, and partnership with governments. Eight GHI Plus countries have already been designated: Bangladesh, Ethiopia, Guatemala, Kenya, Mali, Malawi, Nepal, and Rwanda. (See below “Selecting GHI Plus Countries.”) U.S. programs in plus countries will receive additional technical and management resources and a small amount of additional financial resources to accelerate implementation of GHI.

GHI Plus countries will provide opportunities for the U.S. to learn how to build upon and strengthen existing country-owned delivery platforms, as well as how to use various programmatic inputs to deliver results in collaboration with our partners. Central to the generation of this knowledge will be robust research and monitoring and evaluation efforts.

In return, U.S. programs in GHI Plus countries will receive additional technical and management resources to accelerate implementation of GHI. The GHI Fund for Innovation, Integration and Evaluation provides catalytic support to the learning agenda through accelerated work in designated GHI Plus Countries. The fund represents the USG commitment to support GHI Plus Countries in expanding, integrating and coordinating services from existing platforms, evaluating services and increasing use of innovative technology and practices as to improve efficient and effective service delivery.

GHI Plus Learning Agenda

The GHI Plus learning agenda is GHI’s research and evaluation strategy for accelerating learning in GHI Plus countries and beyond. The learning agenda identifies key evaluation and research questions, placing emphasis on those that have the greatest potential to contribute new knowledge relevant to national policymaking, U.S. and other donor policies and practices, as well as to the global body of evidence. The learning agenda complements the routine monitoring of standard indicators to measure program achievement and optimizes the opportunities for learning about the effectiveness of different approaches in improving health outcomes. In each GHI Plus country, a learning agenda will be developed to support the overall program aims and strengthen country capacity to undertake and use evaluation and research. The learning agenda will encompass evaluation and research at the levels of policy, systems, and specific interventions. The learning agenda will: (1) support implementation decision-making with new knowledge; (2) generate cross-country findings regarding the implementation and effects of key features (principles) of GHI to inform future policy decisions; and (3) share knowledge among GHI countries to improve the effectiveness of global investments.

Using the GHI causal pathways diagram as a basis, the GHI Plus learning agenda will consist of two types of evaluation and research studies: 1) studies to fill country-specific knowledge gaps, permitting more effective GHI implementation; 2) studies to generate more cross-cutting knowledge, particularly about the effects of the application of GHI principles – such as country ownership, focus on sustainability, and focus on women, girls, and gender equality – on health outcomes.

⁵ Quadrennial Diplomacy and Development Review at http://qddr.state.gov/QDDR%20Book%2012-20-10_noon_lo%20res.pdf.

Country-specific studies will measure and seek to understand the outcomes and impacts of platform-specific health-related policies, system improvements, interventions and service delivery strategies. These studies will be prioritized on the basis of their potential to inform important program decisions within a particular country—for example, whether a given approach should be extended geographically and expanded over time. Studies will include evaluation and implementation research specific to country priorities and their program implementation and scale-up. It is anticipated that the identification of the evaluation and research questions of this type will be based principally on the interaction among in-country stakeholders, including policymakers.

Cross-cutting studies will seek to generate knowledge about interventions, systems interactions, and the effectiveness and cost-effectiveness of key and innovative GHI program or policy approaches focused on achieving the GHI targets through the GHI principles of adopting a focus on women, girls and gender equality; integration and coordination; improving metrics, monitoring, and evaluation; promoting research and innovation, country ownership; and sustainability as strategies for producing more sustainable health outcomes. While these studies will be part of particular country learning agendas, to yield additional benefits, they may use a common methodology across GHI Plus countries and be aimed at informing future policy decisions of the U.S., as well as those of country partners.

Selecting GHI Plus Countries

The selection of GHI Plus countries is occurring in two phases. For the initial phase starting in FY 2011, eight GHI Plus countries were selected. (See box for list of Phase I countries.) Beginning in FY 2013, a second wave of up to 12 GHI Plus countries will be selected. These countries will also receive an accelerated program of implementation informed by learning and experience accrued during Phase I. Thus, by FY 2014, as many as 20 countries are expected to participate as GHI Plus. However, all 80 countries where the U.S. has health development assistance are implementing GHI.

The criteria for selection of GHI Plus countries include:

- Partner country interest in participation, including commitments regarding monitoring and evaluation, as well as transparent reporting;
- Engagement of partners in collaborative health systems strengthening and support of national health plans;
- Existence of a health information system with basic functionality;
- Health programming in at least three of the following areas: maternal, newborn, and child health; family planning; nutrition; TB; HIV/AIDS; malaria; neglected tropical diseases, and safe water and sanitation;
- Magnitude and severity of the health problems to be addressed;
- Potential to leverage bilateral, multilateral, and foundation investments;
- Potential to leverage other U.S. development investments, such as the Feed the Future Initiative;

GHI Plus Countries: Phase I	
■ Bangladesh	■ Malawi
■ Ethiopia	■ Mali
■ Guatemala	■ Nepal
■ Kenya	■ Rwanda

- Regional diversity to maximize learning opportunities; and
- Level of economic development, with a focus on low-income countries.

To promote country ownership and ensure meaningful engagement in the additional and intensive effort required for transformational change in health conditions, each national authority participating as a GHI Plus country should demonstrate interest and commitment to these concepts, and should fully be part of discussions, planning, and negotiations from the outset. Recognizing that the Initiative must be accountable to Congress and the American taxpayer, the flexibility of the GHI Innovation Fund and country selection process is conditioned by the following requirements:

- GHI Plus country designation will be based on extensive consultations with Congress, U.S. agencies, partner and other donor governments, and other stakeholders;
- Congress will be briefed on the details of the country reviews and continue to be consulted during future country selection processes; and
- No GHI Plus country in Phase I will receive more than \$50 million annually in additional program funding.

CONCLUSION

The Obama Administration's Global Health Initiative has the opportunity to move global health to a new level of effectiveness, with a vision of long-term sustainability led by partner countries. GHI builds on a long tradition of U.S. global health leadership and an unprecedented level of commitment manifested in recent years. Achieving this goal in a true spirit of partnership will require new investments in programs that recognize the centrality of women, girls and gender equality to the long-term health and well-being of families, communities, and countries, and that foster the development and expansion of high-performing and sustainable country-owned platforms and programs for service delivery and public health. This is an ambitious endeavor that requires a full measure of commitment and collaboration across U.S. agencies and with our global and national partners. It is an intensive effort that the Obama Administration sees as the leading edge of a comprehensive, future-oriented vision of U.S. contributions to global development.

ANNEX A: Global Health Initiative Targets

Ambitious Targets

Through GHI, the U.S. seeks to contribute to major improvements in health outcomes – with a particular focus on women, newborns and children – through transformational advances in access to, and the quality of, health care services in resource-poor settings. GHI’s ambitious targets are meant to inspire an intensive effort, and specific targets will be also established at the country level.

While each of these targets stands alone, progress in one area can lead to positive spillover effects in other target areas. For example, greater access to contraception allows women to control the timing, spacing, and number of their children and also leads to improved maternal health outcomes. Similarly, effective antenatal care, including screening and treatment for HIV, malaria, STDs, and other infections, anemia and other leading causes of adverse fetal outcomes, leads to improved health outcomes for children.

HIV/AIDS: The U.S. President’s Emergency Plan for AIDS Relief (PEPFAR)—the largest U.S. bilateral health assistance program—serves as the cornerstone of the Global Health Initiative. As part of GHI, and as described in its Five-Year Strategy, PEPFAR will collaborate with partners to:

- Support the prevention of more than 12 million new HIV infections;
- Ensure that every partner country with a generalized HIV epidemic has both 80 percent coverage of testing for pregnant women at the national level, and 85 percent coverage of antiretroviral drug prophylaxis and treatment, as indicated, of women found to be HIV-infected;
- Double the number of at-risk babies born HIV-free, from a baseline of 240,000 babies of HIV-positive mothers born HIV-negative during the first five years of PEPFAR;
- Provide direct support for more than 4 million people on antiretroviral treatment;
- Provide direct support for care for more than 12 million people, including 5 million orphans and vulnerable children;
- Support training and retention of more than 140,000 new health care workers to strengthen health systems; and
- Ensure that in each country with a major PEPFAR investment, the partner government leads efforts to evaluate and define needs and roles in the national response.

Tuberculosis (TB): Under the U.S. TB strategy required by the Lantos-Hyde Act¹, the U.S. will contribute to the treatment of a minimum of 2.6 million new sputum smear positive TB cases and 57,200 multi-drug resistant (MDR) cases of TB and contribute to a 50 percent reduction in TB deaths and disease burden relative to the 1990 baseline. As part of GHI, and as outlined in the six-year TB strategy, the U.S. government will collaborate with partners to:

- Sustain or exceed the detection of at least 70 percent of sputum smear-positive cases of TB and successfully treat at least 85 percent of cases detected in countries with established U.S. -supported tuberculosis programs;
- Successfully treat a minimum of 2.6 million new sputum smear-positive TB patients under DOTS programs, primarily through support for needed services, commodities, health workers, and training, and additional treatment through coordinated multilateral efforts; and
- Diagnose and initiate treatment of at least 57,200 new MDR-TB cases and provide additional treatment through coordinated multilateral efforts.

GHI includes conservative treatment targets based upon the total estimated costs of existing drugs, diagnostic tests and services to diagnose and treat basic TB and MDR-TB. These targets could be surpassed substantially with the introduction of new technologies and enhanced donor contributions to the Global Fund and other TB control programs.

Malaria: Under the Lantos-Hyde Act, the President's Malaria Initiative (PMI) will halve the burden of malaria for 450 million people, representing 70 percent of the at-risk population in Africa. As part of GHI, and as outlined in the six-year malaria strategy, PMI will collaborate with partners to:

- Achieve a 70 percent reduction in malaria burden (morbidity and mortality) in the original 15 PMI focus countries, when compared with the PMI baseline burden established in 2006/2007;
- Expand malaria control efforts to reach large areas of the Democratic Republic of the Congo (DRC) and Nigeria and up to seven additional high-burden countries, achieving a 50 percent reduction in malaria burden (morbidity and mortality) in at-risk populations, when compared with a 2009/2010 baseline burden (to be established for these countries); and
- In Southeast Asia and the Americas, where multi-drug resistance is one of the greatest threats to global malaria control, work with national malaria control programs and partners to contain the spread of multi-drug resistant *Plasmodium falciparum* malaria.

Maternal Health: Reduce maternal mortality by 30 percent across assisted countries. To achieve this, the U.S. will collaborate with partners to:

- Support the acceleration of skilled care at all births;
- Expand use of emergency care for obstetric complications, with emphasis on the provision of care in accordance with evidence-based standards; and
- Increase coverage of antenatal care that includes provision of essential nutrition and infection control services.

¹ Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008, PL 110-293

Family Planning and Reproductive Health: Prevent 54 million unintended pregnancies. To achieve this, the U.S. will collaborate with partners to:

- Reach a modern contraceptive prevalence rate of 35 percent across assisted countries, reflecting an average 2 percentage point annual increase; and
- Reduce from 24 to 20 percent the proportion of women aged 18 – 24 who have their first child before age 18.

Child Health: Reduce under-five mortality rates by 35 percent across assisted countries. To achieve this, the U.S. will collaborate with partners to:

- Support evidence-based planning processes in countries to focus child health investments on the most effective mix of interventions and delivery approaches;
- Expand provision of essential newborn care and management of newborn asphyxia, infections, and low birth weight in communities and health facilities;
- Increase appropriate treatment of diarrhea, pneumonia, and malaria (where endemic), emphasizing integrated community case management;
- Improve coverage of immunization programs, including the introduction of new vaccines, accelerated measles control, and the eradication of polio;
- Expand use of safe water, sanitation and effective hygiene practices; and
- Develop, evaluate, and implement approaches to reach chronically underserved children, including the urban poor and children in conflict and post-conflict settings.

Nutrition: Reduce child undernutrition by 30 percent across assisted food-insecure countries, in conjunction with the U.S. Feed the Future Initiative. To achieve this, the U.S. will collaborate with partners to:

- Reduce the number of underweight children by 1.8 million;
- Reduce the number of stunted children by 4.0 million;
- Provide direct support to 10.6 million children under two years of age with an appropriate package of nutrition interventions; and
- In each country with GHI and FTF funding, support a country-led approach to multi-sectoral nutrition program design and implementation that aligns agriculture and health sectors with a result-based focus on achieving nutrition outcomes at national scale.

Neglected Tropical Diseases (NTDs): Reduce the prevalence of 7 NTDs by 50 percent among 70 percent of the affected population, contributing to: (1) the elimination of onchocerciasis in Latin America; (2) the elimination of lymphatic filariasis globally; (3) the elimination of blinding trachoma; and (4) the elimination of leprosy. To achieve this, the U.S. will collaborate with partners to:

- Support the introduction and national scale-up of integrated NTD control programs in 30 high- burden countries that account for at least 70 percent of the global burden;
- Ensure the completion of treatment for onchocerciasis in the Americas, and support surveillance to certify elimination in 6 countries;
- Facilitate the elimination of lymphatic filariasis, and contribute to capacity-building and monitoring of global progress toward the elimination of the disease;
- Contribute to the elimination of blinding trachoma;
- Bolster political commitment for the elimination of leprosy, as part of the USG policy dialogue around health and development globally and in countries where leprosy remains; and
- Strengthen the multi-sectoral response to NTDs through systematic inclusion of the education, health, and water sectors in U.S. programming at country level.

Health Systems Strengthening: The Initiative places a deliberate focus on addressing health systems barriers that constrain the delivery of health interventions. Measures to strengthen health systems and assess their efficiency and effectiveness will be developed with partner countries and donors and will build upon existing health programs and strengthen country health systems and country delivery platforms. Although specific targets will vary, depending on needs, demographics, epidemiology, policies and other structural conditions, these measures may include activities in such cross-cutting areas such as:

- Improved health financing strategies that reduce financial barriers to essential services, including increased government and/or private sector funding for health and reduced out-of-pocket payments for health services, where appropriate;
- Steps to reduce disparities in health outcomes by providing essential and quality health services (e.g., skilled birth attendance and voluntary family planning), especially among underserved groups;
- Increased numbers of available and trained health service providers, public health workers and community workers, appropriately deployed in the country and providing quality health services;
- Improved functioning of health management information and pharmaceutical management systems to improve the availability of high-quality information and to reduce stock-outs of essential commodities;
- Improved functioning of integrated laboratory systems, public health surveillance, monitoring and evaluation; and
- Greater accountability to the populations served by the health system for resources and results.

ANNEX B: GHI Implementation

Although specific disease and system priorities will vary by country, the implementation of GHI will have four standard components:

(1) Collaborate for impact: Implementing a model for the provision of U.S. funding and technical assistance to improve the efficiency, effectiveness and sustainability of improved health results for women, children, and their communities, to include:

- Supporting efforts to engage in true partnership with countries by enabling them to plan, coordinate, manage, and oversee their health systems;
- Scaling up operational research that identifies new health strategies and better ways to implement them, and integrating and coordinating health strategies across health programs;
- Integrating and coordinating technical support and policy dialogue across U.S. agencies;
- Promoting an evidence-based focus on women, girls, and gender equality to improve health;
- Promoting capacity-building, learning and evidence-based decisions through more rigorous monitoring, evaluation and operational and implementation research;
- Supporting increased integration and coordination among country-level stakeholders, including partner country governments, other donors, and nongovernmental organizations;
- Coordinating more effectively among U.S. agencies and other funders to reduce the burden of reporting by both establishing consistent reporting elements and reducing the number of reports; and
- Identifying and linking health programs with other development areas, including water and sanitation, food security, education, microenterprise, and governance/civil society programs.

(2) Do more of what works: Rapidly scaling up the most relevant high impact interventions and, where possible, integrating across health programs through a common delivery platform. Priorities will vary by country, but will include such interventions as:

- **Women's health**, including appropriate integration of information and services to address the needs of women and the role of mothers, such as: early antenatal care and a basic package of preventive antenatal services, including TB testing and treatment; insecticide-treated bednets and intermittent prophylactic treatment of pregnant women for malaria; voluntary family planning; micronutrient supplementation; HIV testing and counseling; basic and emergency obstetric care; nutritional support; and safe water, sanitation and hygiene interventions;
- **Information and services for adolescent girls**, such as development of adolescent-friendly health services; behavior change messages promoting healthy reproductive behavior and delaying age of marriage; and prevention of HIV and unintended pregnancy;
- **Newborn care**, including breastfeeding and promotion of appropriate feeding of infants and children; prevention

and treatment of neonatal infections; doses of vitamin A (in Asia); and diagnosis of HIV;

- **Child health**, such as supporting routine and expanded immunization that includes pneumococcal and rotavirus vaccines; young child feeding promotion; micronutrient supplementation, including vitamin A and zinc; food fortification; community management of acute under-nutrition; linkages to HIV diagnosis and treatment; safe water, sanitation and hygiene interventions; oral rehydration therapy for diarrhea; antibiotic treatment of pneumonia; antimalaria treatment; and treatment for intestinal parasites, worms, and other neglected tropical diseases.

(3) Build on and expand existing platforms to foster stronger systems and sustainable results: Strengthening health systems through close coordination with and technical assistance to governments, the private sector, and development partners, through measures such as:

- **Identifying and implementing priority strategies** to address health system bottlenecks, such as inadequate drug supplies; frequent stock-outs of essential medications; poor quality of diagnostic laboratory services; unavailability of vaccines and contraceptives; poor access to equipment and supplies; serious shortages of available and trained staff; restrictions on task-shifting for health workers; and the lack of rewards for good performance and sanctions for poor performance at all levels in the health system;
- **Improved research and regulatory capacity** to support clinical trials, bring new, high-quality innovations to partner country markets; and monitor the quality, safety, and efficacy of the supply chain;
- **Strengthening existing public health surveillance and other data collection systems** for monitoring diseases, conditions, health service provision and health outcomes;
- **Identifying and implementing changes required to re-focus the health platform** to be results-oriented rather than input- or process-oriented, including increased focus on creating demand, applying quality improvement methods, and making governments and providers more accountable for results;
- **Improving human resources for health** by training current and additional health workers; deploying workers; motivating, mentoring and retaining trained workers;
- **Increasing country capacity** to manage, oversee, and operate national health systems, including the use of information and evidence for decision-making;
- Building on best practices and contributing to and **leveraging efforts of multilateral partners** and special global partnerships through joint assessments of national health programs, shared reviews of financing gaps and absorptive capacity, and refined auditing and reporting tools;
- **Developing and communicating evidence** on the links between health system strengthening, such as financial inputs, and health results; and
- **Identifying and supporting policy and structural changes** that improve health outcomes, including those outside the health sector.

(4) Innovate for results: Introducing, evaluating and, where appropriate, scaling up new interventions and approaches that have shown promise in small studies. For example:

- Integrated community case management of child illness with rapid diagnostic tests for malaria;
- Integrated prevention and treatment of diarrheal disease and pneumonia, including encouraging the use of breastfeeding, vitamin A and zinc supplementation, household sanitation and point-of-use water purification, oral rehydration therapy, effective treatment for pneumonia and neglected tropical diseases, and rotavirus and pneumococcal vaccine;
- School-based de-worming and safe water, sanitation and hygiene interventions;
- Clinic-based hand-washing and drinking water stations to prevent health-facility-acquired infections and facilitate DOTS and other facility-based oral treatment administration;
- Results-based financing for provision of services, including introduction or expansion of selected fee-for-service and target-based incentive programs, while respecting voluntary family planning and informed choice;
- Innovations to increase and maintain demand for essential health services, including voucher schemes, financial and non-financial incentives for screening and adherence to treatment, community mobilization, behavior change communications, and other demand-side approaches;
- Information and communications technology to improve community health and disease reporting and promote telemedicine;
- Reaching Every District (“RED”) strategy for key interventions integrated with immunization and HIV/AIDS services; and
- Community-based programs to encourage women and children to demand and use high quality health services, monitor the supply and quality of services, manage certain diseases, and increase the participation of women and girls in decisions on health needs and interventions.

ACRONYMS

- AIDS – Acquired Immune Deficiency Syndrome
- CDC – Centers for Disease Control and Prevention
- CSOs- Civil Society Organizations
- DOTS – Directly Observed Therapy Short-course
- FBOs – Faith Based Organizations
- FY – Fiscal Year
- FTF – Feed the Future Initiative
- GAVI – Global Alliance for Vaccines and Immunizations
- GHI – Global Health Initiative
- GPEI – Global Polio Eradication Initiative
- HHS – U.S. Department of Health and Human Services
- HRSA- Health Resources and Services Administration
- HIV – Human Immunodeficiency Virus
- IHP+ – International Health Partnership
- MCC – Millennium Challenge Corporation
- MEPI – Medical Education Partnership Initiative
- MDGs – Millennium Development Goals
- MNCH – Maternal, Newborn, and Child Health
- NEPI – Nursing Education Partnership Initiative
- NGOs – Non Governmental Organizations
- NIH – National Institutes of Health

ACRONYMS (continued)

- NTDs – Neglected Tropical Diseases
- OGHA – Office of Global Health Affairs
- PEPFAR – U.S. President’s Emergency Plan for AIDS Relief
- PMI- President’s Malaria Initiative
- PMTCT – Prevention of mother-to-child transmission of HIV
- TB – Tuberculosis
- USAID – United States Agency for International Development

