North Carolina and the Evolving Global Health Policy Agenda

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Global health policy is in a state of profound transition. As this transition takes place, North Carolina will be faced with challenges and opportunities as governmental, nongovernmental, academic, and private sector actors shape—and are shaped by—this changing landscape. This article addresses the role of the United States in global health policy and analyzes the paths through which this role impacts North Carolina.

The United States in Global Health Policy

The United States has become a leading actor in the global health architecture, with US policy holding sway over morbidity and mortality in much of the world. In the past decade, global health has become an explicit goal of US policy, with legislation, regulations, executive orders, and policy statements framing and guiding US funding, activities, and programs to address public health abroad [1]. At the intersection of foreign policy and health policy, this role is poised to grow under the Obama administration, with the President's Global Health Initiative (GHI) set to reframe and coordinate US action for global health.

The United States in the global health architecture. The United States has long held a prominent role in the global health architecture under the aegis of the United Nations. As a leading progenitor of the World Health Organization (WHO)—echoing US development support to build a healthy world out of the ashes of the Second World War—the United States has sought to use global health policy to alleviate human suffering [2]. Through these postwar institutions for global health governance, consisting of both the international organizations that exert influence in global health and the norms that govern the relationships among them, the United States would seek to promote, restore, and maintain health in an increasingly globalized and interconnected world.

From the very start of this international framework for global health policy, however, the strategic interests of the United States would pose increasing threats to WHO's legitimacy. With US policymakers suspicious that WHO would seek to advance "socialized medicine," the United States sought to employ its budgetary leverage during the Cold War to influence global health governance, pressing WHO to set a medically focused agenda of "impact projects" to advance US foreign policy interests [3]. As the United States repeatedly cut its contributions specific to WHO's work in global health policy [4], Western scholars lamented that "in an era of cold war politics...public health has come to be subjected to cold war rhetorics...and this politics of public health has come to be centered on the international organization which was specifically created to promote international cooperation" [5p115]. Despite fleeting US support for global health policy in the 1970s [6], the 1980 election of President Ronald Reagan—and with it, principled opposition to WHO's regulatory activities—would limit opportunities for WHO to hold sway in global health governance [7].

With the modern institutions of global health governance now 60 years old, the nature of this global system has changed considerably as the United States has shifted its global health priorities [8]. Given a leadership vacuum in global health governance, the global health architecture has begun to shift toward greater US hegemony in global health policy, with commentators increasingly noting that "the US domestic agenda is driving the global agenda" [9]. As the Group of Eight leading industrialized countries created the Global Fund to Fight AIDS, Tuberculosis, and Malaria in 2001, it became clear that the United States was moving to create parallel institutions over which it would have greater control [10]. Under a post-9/11 security paradigm, the United States began to focus on global health through the lens of national security, unwilling to delegate substantive health authority to international organizations [11]. By moving away from a model of working through international institutions for global health governance, the United States is bypassing multilateral organizations and pursuing an ambitious expansion of its role in bilateral health assistance, increasingly making US foreign policy a singular force for global health.

US policy and global health. In this new architecture for global health, US foreign policy holds predominant influence in disease prevention and health promotion. The United States is the largest donor for global health in absolute dollars (albeit less dominant relative to its gross domestic product), and foreign health assistance is fast becoming an anchor of US soft power, answering nations' call for strong

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global health leadership in a post–Cold War world. Whereas the United States' role was once defined by uncoordinated medical approaches to select high-profile diseases, it is moving toward coordinated foreign assistance to government systems for the public's health.

At the heart of US health diplomacy efforts in the aftermath of the Second World War, US support for WHO paled in comparison to the tens of millions of dollars in foreign health assistance to Western European governments under the Marshall Plan, criticized at the time as "'give-away' health projects set up on an expensive, so-called emergency basis" [12p397]; to Latin American republics through the Pan American Sanitary Bureau, stabilizing "friendly" governments throughout the Western hemisphere [13]; and to developing states under President Truman's 1949 "Point IV Program," providing technical assistance in health care as a fundamental role of US foreign policy [14]. This US assistance became grounded in the containment of communism, reconceptualized for health with "the open recognition, as a basis for national action, of the fact that communism breeds on filth, disease, and human misery" [13p1474]. By continuously framing health diplomacy as an effort to combat the "unsatisfactory living conditions on which Communism feeds" [15p1479], the United States would seek to influence minds as much as bodies through foreign health assistance, focusing on immediately effective and highly visible medical interventions as a means of "quieting unrest" in regions susceptible to communist influence [13].

Carried forward by the US State Department, the 1961 establishment of the US Agency for International Development (USAID) galvanized foreign assistance for public health, administering technical and economic assistance to develop institutions for health in the developing world [2]. To plan and carry out these health reforms, USAID has assumed responsibility for a number of foreign policy health initiatives, retaining global health authority despite increasing State Department oversight and congressional criticism [16]. Working alongside these State Department programs and the Millennium Challenge Corporation, the President's 2003 Emergency Plan for AIDS Relief (PEPFAR) has made the State Department's Office of the Global AIDS Coordinator the principal mechanism of US global health funding [17]. Yet in spite of an ambitious commitment to establish and increase funding to programs for the care and treatment of human immunodeficiency virus (HIV), a 7-fold increase in US government spending that rivals any other national effort in global health, PEPFAR's early reliance on medical services led to programs that "crowded out" public health systems and constrained governmental health policies in the developing world [18]. Despite burgeoning efforts to address HIV, malaria, and other high-profile diseases, these fragmented and shifting US efforts have been criticized for their lack of coordination across government agencies, attention to health systems, and a strategy for foreign assistance.

However, as ethical considerations and human rights claims have renewed attention to the plight of the world's poor [19], the United States has moved to refocus foreign assistance for global health. With then-Senator Barack Obama having called for strengthening global health programs during his presidential campaign, advocates pressed the Obama presidential administration to maintain the global health funding approved by his predecessor while distributing that funding in accordance with a comprehensive strategy for US engagement with global health [20]. Given this call for revitalized US leadership—a call that grew stronger as the global financial crisis decimated global health [21]—the Institute of Medicine of the National Academies considered sustainable strategies for US health diplomacy, concluding that the United States should engage more deliberately in global health leadership [22].

To reshape foreign health assistance across US agencies, programs, and partners, the Obama administration's GHI seeks to develop a comprehensive strategy to integrate and organize US global health initiatives. By focusing on public health systems, "GHI will help partner countries improve health outcomes through strengthened health systems, with a particular focus on improving the health of women, newborns, and children through programs including infectious disease, nutrition, maternal and child health, and safe water" [23p4]. The initiative builds on existing disease-specific efforts (with 70% of funds earmarked for PEPFAR, notwithstanding a stabilization in the level of HIV funding), seeking to shape how the US government coordinates its resources across global health activities and engages with international partners and developing countries to meet 9 targets for global health (Figure 1) through adherence to 7 key principles (Figure 2) [23].

While it is unclear to what extent this foreign policy effort will meet its targets and principles for health system strengthening, initial coordination among agencies—promoting GHI's promise to develop sustainable "country-led

Figure 1.
Global Health Initiative Targets for Global Health

HIV/AIDS
Tuberculosis
Malaria
Maternal health
Child health
Nutrition
Family planning and reproductive health
Neglected tropical diseases
Health systems strengthening

Note. AIDS, acquired immunodeficiency syndrome; HIV, human immunodeficiency virus.

Figure 2.
Global Health Initiative Key Principles

Women- and girl-centered approach
Strategic coordination and integration
Strengthen and leverage other global efforts
Encourage country ownership
Promote sustainability through health system strengthening
Improve metrics, monitoring, and evaluation
Encourage innovative research

platform[s]" for health—has begun to identify areas in which the United States could have the greatest impact on public health outcomes [24]. With $63 billion set aside for this initiative over a 6-year period and intensified efforts and focused resources for 20 nations under a "GHI Plus" framework, the GHI will seek to prioritize government efforts to reach the most-effective and most-efficient improvements for public health, viewing these improvements in public health as a means to achieve economic development in the developing world [25].

Global Health Policy for North Carolina

These changes in US global health policy will greatly influence North Carolina organizations and institutions, with North Carolina policymakers holding key positions in shaping that policy for the state, the nation, and the world. Global health policy is inextricably linked to North Carolina's major institutions, with the Research Triangle housing leaders in global health innovation at both national and international levels. As a focus of the state's nonprofit organizations, academic and research institutions, and private industries, global health policy is, increasingly, an opportunity for state innovation.

Implications of US global health policy for North Carolina. With annual funding of more than $2 billion [26], North Carolina, in partnership with state industries, nongovernmental organizations, and academic institutions, is uniquely poised to serve as a leader in the early development and sustained implementation of the GHI. As global health policy transitions to support public health systems, state organizations bring long-standing experience to the implementation of this new strategy. Many North Carolina institutions are already recognized leaders in the 9 GHI target areas and have long based their missions and operating procedures on the themes of the 7 key GHI principles [23]. These institutions, which often accomplish their goals with federal support, include nongovernmental organizations such as IntraHealth International (available at: http://www.intrahealth.org), which has promoted health system strengthening through a focus on human resources for health and workforce capacity building; academic settings such as the University of North Carolina–Chapel Hill, where the Carolina Population Center's MEASURE Evaluation project (available at: http://www.cpc.unc.edu/measure/) has developed research in metrics, monitoring, and evaluation and has provided technical leadership for health data needs to improve program planning, health information, and government systems; and private companies such as Futures Group, which has pursued evidence-based consulting solutions to developing countries in reproductive health and infectious disease.

Given that North Carolina organizations and institutions have long led the way in global health innovation, reinforced by a new federal initiative that largely promotes their existing goals and priorities, GHI's global health architecture should present additional opportunities for the state. This will also hold true for the GHI Plus strategy, as North Carolina–based global health programs are currently underway in countries throughout the developing world, ranging from sub-Saharan Africa to Central America, that are eligible for GHI Plus benefits. With increased federal support for public health systems–based approaches to solving global health problems, North Carolina's nongovernmental, academic, and private institutions will enjoy greater collaborative opportunities for further health innovation through the Triangle Global Health Consortium (available at: http://triangleglobalhealth.ning.org) and with other national and international global health programs.

North Carolina's influence on US global health policy. As this evolution in global health policy takes place, North Carolina policymakers will continue to shape key components of the GHI, holding instrumental roles in its planning, implementation, monitoring, and evaluation. At the federal level, North Carolina is actively involved in discussions on the importance of global health policy to the state. North Carolina is represented by 2 senators and 13 representatives, and several of these legislators, particularly Senator Kay Hagan and Representative David Price, are engaging with key global health actors from the state. Yet despite this support for global health and the overwhelming role of North Carolina institutions in promoting global health innovation [24], North Carolina's congressional delegation has done comparatively less to advance these interests by way of sponsoring or cosponsoring bills or resolutions in the Senate and House of Representatives. In examining the legislative record, none of the 25 active bills or 7 resolutions from the 111th US Congress are sponsored by North Carolina legislators, and few have received cosponsorship from these policymakers (Table 1).

This lack of legislative support for US foreign health assistance and North Carolina global health institutions presents a missed opportunity in global health policy, as the state's congressional leaders have a direct role to play in the success of the GHI by approving budget requests, installing accountability procedures, and setting standards to guarantee the sustainability of GHI investments. Given this historic transition in the United States' approach to global health, complemented

Table 1.
Global Health Policy Bills and Resolutions in the 111th US Congress, 2009-2010

Title	No.	Summary	Cosponsors, no.			
			Overall		NC legislators[a]	
			S	HR	S	HR
Bill						
21st Century Global Health Technology Act	S.1591; H.R.3560	Establishes a Health Technology Program in USAID to research and develop technologies to improve global health	1	25	0	0
Global Child Survival Act of 2009	S.1966	Provides assistance to improve health of newborns, children, and mothers in developing countries	10	...	0	...
Global Food Security Act of 2009	S.384; H.R.3077	Authorizes appropriations for FY2010-FY2014 to foreign countries to promote food security, stimulate rural economies, and improve emergency response to food crises	16	82	0	2 (BM, DP)
Global HEALTH Act of 2010	H.R.4933	Establishes coordination for all US health-related foreign assistance, assists developing countries in health service delivery, and establishes initiatives to strengthen indigenous health workforces	...	19	...	0
Global Health Care Cooperation Act	S.3135	Enhances global health care cooperation	0	...	0	...
Global Poverty Act 2009	H.R.2639	Requires the president to develop and implement a comprehensive strategy for the reduction of global poverty, elimination of extreme poverty, and achievement of the Millennium Development Goals	...	6	...	0
Global Resources & Opportunities for Women to Thrive Act of 2009	S.1425; H.R.5191	Increases US financial and programmatic contributions to further economic prospects for women in developing countries	21	12	1 (KH)	0
Global Sexual and Reproductive Health Act of 2010	H.R.5121	Promotes sexual and reproductive health of both individuals and couples in developing countries	...	38	...	1 (DP)
Global Service Fellowship Program Act of 2009	S.589	Directs the USAID administrator to establish a Global Service Fellowship Program to fund fellowships and establishes the Office of Volunteers for Prosperity	5	...	0	...
Improvements in Global Maternal and Newborn Health Outcomes while Maximizing Successes Act	H.R.5268	Authorizes the president to furnish assistance to improve maternal and newborn health in developing countries; inclusive of HIV/AIDS prevention programs Directs the president to implement a comprehensive strategy to reduce mortality and improve the health of mothers and newborns in developing countries as part of the Global Health Initiative	...	74	...	1 (DP)

Title	No.	Summary	Cosponsors, no.			
			Overall		NC legislators[a]	
			S	HR	S	HR
Bill						
Increasing America's Global Development Capacity Act of 2009	S.355	Enhances US capacity to carry out global development activities	7	...	0	...
International Protecting Girls by Preventing Child Marriage Act of 2009	S.987; H.R.2103	Prevents child marriage for the protection of girls in developing countries	40	108	2 (RB, KH)	3 (BE, BM, DP)
International Violence Against Women Act of 2010	S.2982; H.R.4594	Combats international violence against women and girls	31	118	0	1 (LK)
International Women's Freedom Act of 2009	S.230; H.R.606	Establishes an Office of International Women's Rights within the Department of State	0	17	0	0
Microfinance Capacity-Building Act of 2009	H.R.1987	Directs USAID to provide grants to eligible private nonprofit microfinance institution networks that serve the poor and very poor in developing countries	...	19	...	0
Newborn, Child, and Mother Survival Act of 2009	H.R.1410	Provides assistance for newborn, child, and maternal health improvement in developing countries	...	94	...	3 (BM, DP, LK)
Roadmap Act of 2009	H.R.2817	Establishes the White House Office on Global Hunger and Food Security and the Permanent Joint Select Committee on Hunger to address global hunger and improve food security	...	37	...	0
Senator Paul Simon Water for the World Act of 2009	S.624; H.R.2030	Provides 1 million people with first-time, sustainable access to safe drinking water and sanitation by 2015	33	78	1 (RB)	2 (GB, MW)
Resolution						
Supporting the goals and ideals of World Malaria Day, and reaffirming the United States leadership and support for efforts to combat malaria as a critical component of the President's Global Health Initiative	S.RES.499	...	10	...	0	...
Supporting the goals of World Tuberculosis Day to raise awareness about tuberculosis	S.RES.454	...	0	...	0	...
Recognizing the disproportionate impact of the global food crisis on children in the developing world	H.CON.RES.11	...	...	0	...	0

Title	No.	Summary	Cosponsors, no.			
			Overall		NC legislators[a]	
			S	HR	S	HR
Resolution						
Expressing the sense of Congress that the United States should provide, on an annual basis, an amount equal to at least 1% of US gross domestic product for nonmilitary assistance programs	H.CON.RE S.63	...	...	15	...	0
Recognizing the disparate impact of climate change on women and the efforts of women globally to address climate change	H.CON.RE S.98	...	...	39	...	1 (GB)
Expressing the sense of Congress that Africa is of significant strategic, political, economic, and humanitarian importance to the United States	H.CON.RE S.128	...	...	44	...	0
Recognizing Project HOPE for 50 years of exceptional service to improve and save the lives of children and adults in developing nations through humanitarian assistance and health education	H.RES.666	...	...	14	...	0

Note. Data are current as of September 1, 2010 [27, 28]. No initiatives were sponsored by a North Carolina legislator. AIDS, acquired immunodeficiency syndrome; BE, Bob Etheridge; BM, Bradley Miller; DP, David Price; GB, George Butterfield; FY, fiscal year; HIV, human immunodeficiency virus; HR, US House of Representatives; KH, Kay Hagan; LK, Larry Kissell; MW, Melvin Watt; RB, Richard Burr; S, US Senate; USAID, US Agency for International Development.

[a] Legislators are specified in parentheses.

by the multiple interests of state institutions, North Carolina's congressional delegation has an opportunity to lead the effort to promote the GHI through global health policy reform.

Conclusion

There is an imperative in North Carolina to create policy frameworks to guide innovative programs in global health. With the rapid evolution in global health policy, the need has never been greater to rethink how the state endeavors to meet global health needs, with an emphasis on viewing its stakeholders as key actors in the global health architecture and viewing its policies as medicine on a global scale. NCM

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