

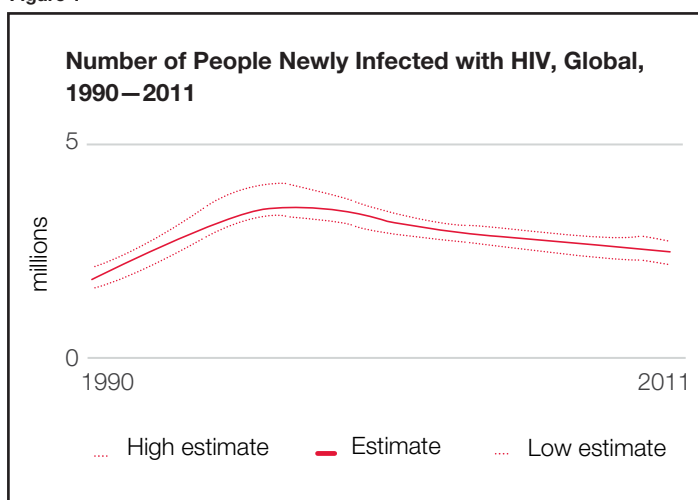
Saving Lives, Saving Money: The Case for Strengthened U.S. Investments in Global Health Programs

The U.S. is the global leader in international efforts to improve the health and well-being of people living in developing countries. With an investment representing about one-quarter of one percent of the federal budget, America's results-driven global health assistance is saving lives, reducing long-term health costs, and laying the foundation for sustainable development in the world's poorest countries.

U.S. leadership has ushered in a golden era in the history of global health

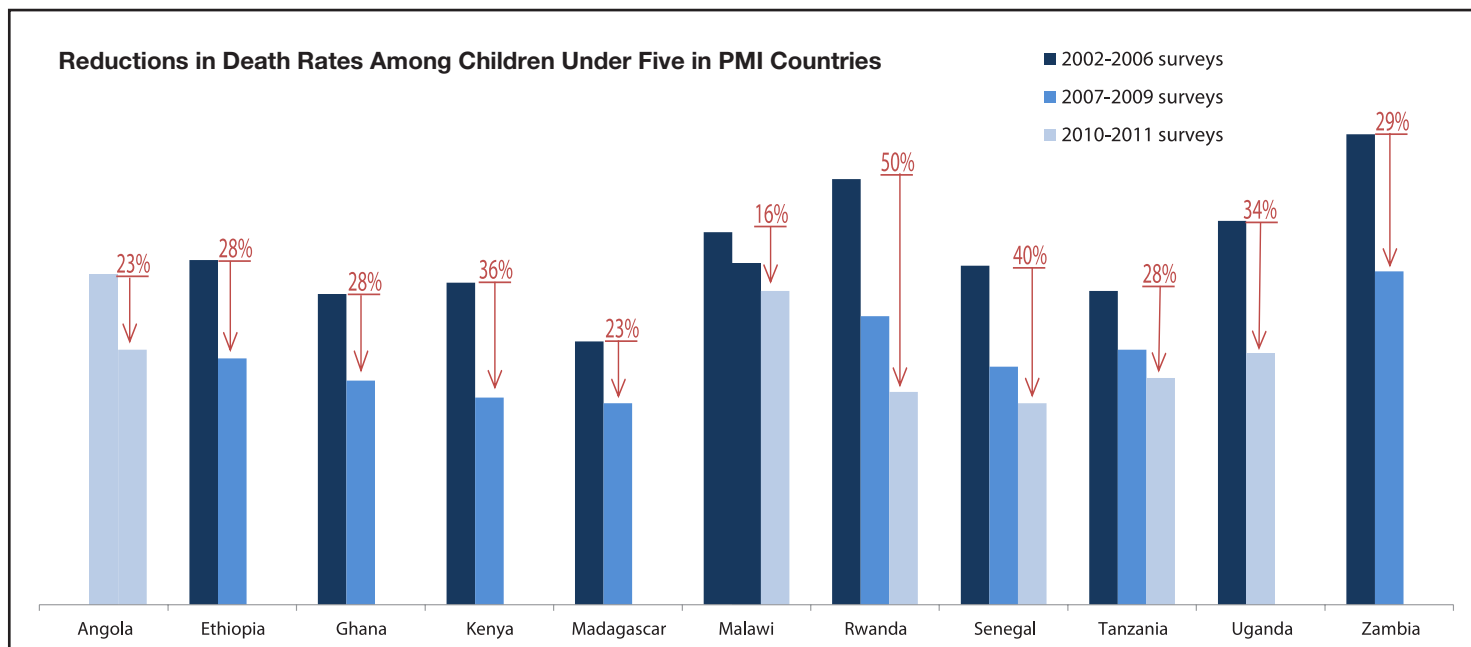
The U.S. is the leading provider of global health assistance,* accounting for approximately one-third of all health-related donor assistance.¹ The U.S. sponsors the largest global health program in history devoted to a single disease (the President's Emergency

Figure 1



Source: UNAIDS (2012). Report on the Global AIDS Epidemic.

Figure 2: Impact of President's Malaria Initiative (PMI)



Source: USAID et al. (2012). The President's Malaria Initiative: PMI Fast Facts.

* This issue brief defines "global health assistance" as health-related foreign assistance administered through the traditional development assistance apparatus funded under the Foreign Operations budget. It focuses solely on global health programming and does not include research projects supported by the National Institutes of Health, which may yield findings that will eventually benefit people in developing countries once research results are translated into actual programs.

Plan for AIDS Relief, or PEPFAR) and is also the largest contributor to the Global Fund to Fight AIDS, Tuberculosis and Malaria.² U.S. leadership on global health has literally changed the world, with global health indicators exhibiting historic gains in recent years. From 1990 to 2010, the number of deaths worldwide due to diarrheal disease fell by 42 percent, mortality due to lower respiratory disease declined by 18 percent, and the number of children who died due to neonatal disorders fell by 27 percent.³ The annual number of AIDS-related deaths fell by 24 percent from 2005 to 2011, and the number of children newly infected with HIV in 2011 was 43 percent lower than in 2003.⁴ According to the most exhaustive analysis of mortality trends ever undertaken, antiretroviral treatment scale-up is responsible for substantial declines in HIV-related mortality in sub-Saharan Africa.⁵ Over the past decade, it is estimated that scale-up of malaria control programs prevented the deaths of 842,800 children.⁶

U.S. global health programs are achieving historic results

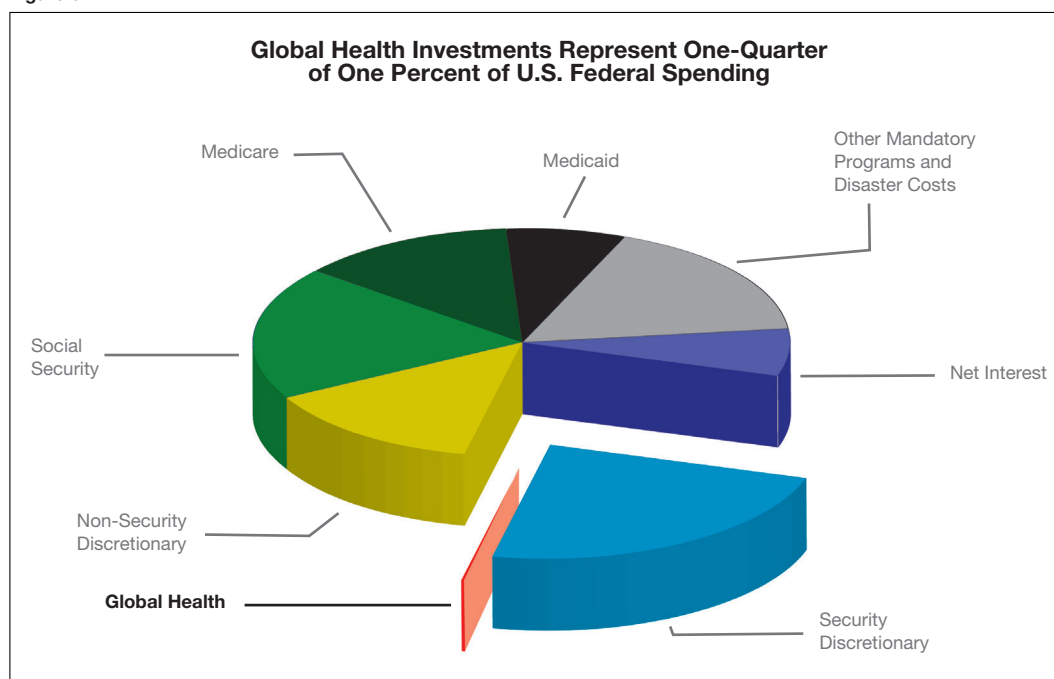
Despite the small fraction of the federal budget devoted to global health, these programs save millions of lives:

- *HIV Treatment:* Antiretroviral therapy has saved 14 million life-years in developing countries since 1995, including nine million life-years in sub-Saharan Africa.⁴ U.S. assistance

pays for more than half of all antiretroviral therapy for HIV-positive people in developing countries.^{4,7} From 2004 to 2008, PEPFAR is estimated to have averted 740,000 deaths in the sub-Saharan African countries that have received intensive U.S. assistance.⁸

- *Global Fund:* Through U.S. support for the Global Fund, more than 9.7 million cases of TB have been identified and treated. Support for the Global Fund has also resulted in 4.2 million people receiving HIV treatment and the provision of 310 million insecticide-treated nets to prevent malaria.⁹
- *Prevention of HIV in Children:* U.S.-financed health programs prevented 230,000 infants from becoming infected with HIV in 2012 alone.⁷
- *Childhood Immunization:* U.S. global health programs provide immunization services that save more than three million lives each year.¹¹
- *Water Safety:* As a result of U.S. aid, more than 2.8 million people annually have improved access to safe drinking water, and 2.9 million obtain improved sanitation facilities.¹⁰
- *Food Aid:* In 2010 alone, the U.S. (through combined support from the Agriculture and State Departments) provided food aid to 65 million hungry or malnourished people worldwide.¹²

Figure 3



Source: amfAR (2011). U.S. Global Health Investments: The Evidence on Health, Diplomatic, and Economic Impact.

- *Malaria Control:* From 2006 through 2011, the U.S. distributed nearly 47 million insecticide-treated bed nets for malaria prevention (in addition to those provided through the Global Fund), and provided state-of-the-art malaria treatment to nearly 93 million people.¹³
- *Disaster Response:* From 2007 to 2011, the U.S. provided life-saving humanitarian and reconstruction assistance in response to 360 disasters worldwide (such as hurricanes, earthquakes, tsunamis, and complex conflicts).¹⁴

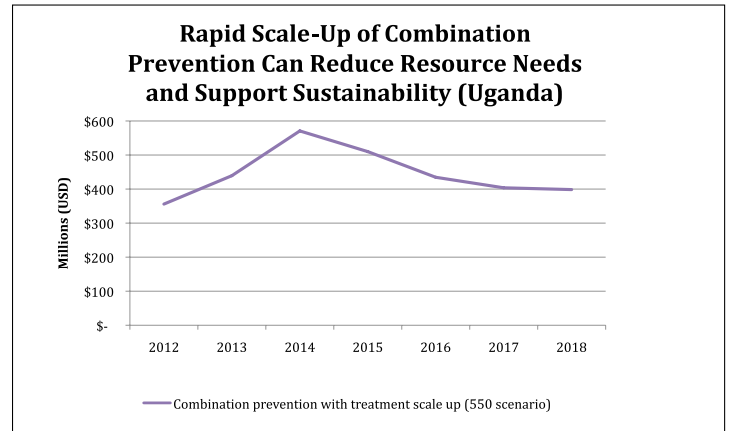
Global health programs reduce future health-related resource needs

U.S. investment in global health programs is money well spent. In addition to saving lives, global health programs strengthen national economies and lower long-term health costs. For example, every dollar spent to improve water safety and sanitation systems yields \$8 in averted health costs and enhanced productivity.¹⁰ Continued scale-up of high-value, high-impact HIV interventions (such as antiretroviral treatment, prevention of new infections in children, voluntary medical male circumcision, and programs focusing on key vulnerable populations) will cause total HIV-related costs to begin to decline by 2016.¹⁵ In some countries, it is projected that intensified scale-up of HIV programs would enable total HIV-related spending to decline even sooner; in Uganda, for example, it is estimated that HIV-related resource needs would begin to fall in 2014 (see Figure 4).⁷ As Figure 5 indicates, earlier initiation of HIV treatment lowers long-term treatment costs by substantially increasing the number of new infections averted.

America’s global health programs are increasingly effective and efficient

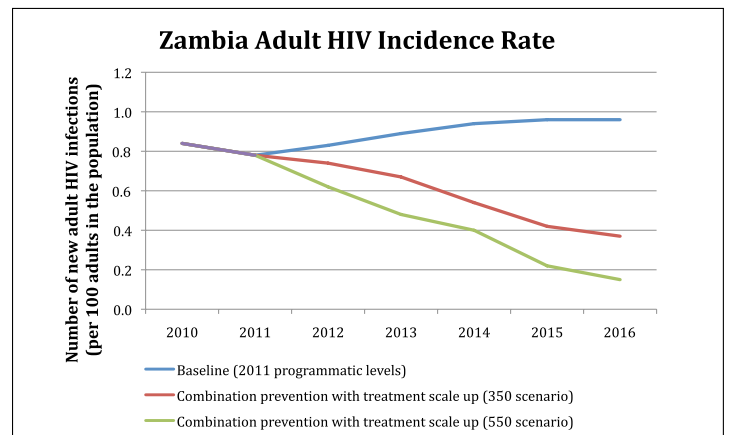
In response to past concerns that foreign development has sometimes been inefficient and inadequately focused on results, the U.S. has taken steps to enhance the efficiency and effectiveness of its global health support. According to a recent review of major international health and development donors, the U.S. Agency for International Development (USAID) has the best evaluation policy of any donor agency in the world, enabling the U.S. to clearly demonstrate the impact of its development programs.¹⁶ Increasingly, global health programs are establishing clear, time-bound targets and holding themselves accountable for results. PEPFAR, for example, has pledged to deliver antiretroviral therapy to six million people by the end of FY2013, reach an additional 1.5 million HIV-positive pregnant women with services to prevent mother-to-child HIV

Figure 4: PEPFAR Blueprint: Reducing Long-Term Resource Needs



Source: U.S. State Department (2012). PEPFAR Blueprint: Creating an AIDS-Free Generation.

Figure 5: PEPFAR Blueprint: Rapid Scale-Up and Accelerated Fall in HIV Incidence



Source: U.S. State Department (2012). PEPFAR Blueprint: Creating an AIDS-Free Generation.

transmission, and deliver male circumcision services to 4.7 million men in sub-Saharan Africa.⁷ The Global Fund and the GAVI Alliance for immunization—each of which benefits from extensive U.S. support—have also conditioned their support to developing countries on documentation of concrete results and demonstration of value for money.¹⁷

Cuts in global health programs would cost lives in the short run, increase long-term health costs, and fail to make a meaningful contribution to deficit reduction

Foreign aid overall accounts for about one percent of the U.S. federal budget,¹⁸ with health-related spending representing 0.27 percent of the FY2012 federal budget.¹⁹ Although cuts in global health assistance would make only a minuscule contribution to deficit reduction, these cuts would have severe consequences for people living in the world’s poorest countries.

Endnotes

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