Translating Global Health Experiences Into International Policy:

Experiments in Public Health, Politics, and Advocacy

Anand Reddi
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University of Colorado School of Medicine
Email: anand.reddi@ucdenver.edu
Learning Objectives

1. Can medical students affect global health policy?
2. How does the global health community hold politicians and governments accountable?
3. How do you translate international experiences and research to affect policy?
4. What are the advocacy tools to achieve policy change?
My experiences:
The President’s Emergency Plan for AIDS Relief (PEPFAR)

"I ask the Congress to commit $15 billion over the next five years, to turn the tide against AIDS in the most afflicted nations of Africa and the Caribbean."

President George W. Bush
State of the Union Address, Jan. 28, 2003


PEPFAR- A Game Changer

PEPFAR SINCE 2003

2.4 million+ people received treatment

11 million people received direct care

$12 billion estimated yearly cost of treatment by 2016

Outcomes reported through 09/2009
Source: pepfar.gov

• Prevented HIV transmission in an estimated 77.6 million people

• Prevented 340,000 babies from contracting HIV, provided 2.4 million patients with life-saving antiretroviral treatment

• Supported the care of 11 million people including 3.6 million vulnerable children.

Source: http://www.pepfar.gov
President Bush’s Legacy in Africa
Candidate Obama (2008)

“$1 billion/yr in new money 5yrs”
“$50 billion by 2013”
– Senator Barack Obama
The Mother and Child Campaign

1. Principles for International Health Aid
   A. “To save the most lives”
   B. “To save young lives in particular”
   C. “To do so using finite resources most effectively.”

2. Respiratory illness, Diarrheal disease, Malaria, Vaccine-preventable disease, Tuberculosis, and Maternal conditions and neonatal complications

3. Focus on Cost-effectiveness

Denny CC and Emanuel EJ, *JAMA*, Vol 300, No. 17 P. 2048-2051
“Yet doubling or tripling PEPFAR’s funding is not the best use of international health funding.”

“In focusing so heavily on HIV/AIDS treatments, the United States misses huge opportunities.”

“PEPFAR fails to address many of the developing world’s most serious health threats.”

“PEPFAR has taken its $15 billion far; the Mother&Child Campaign could take it even further.”
President Obama’s Global Health Initiative - Inception

Chronology

- Sen. Obama elected President (Nov. 4 2008)
- *JAMA* Global Health commentary (Nov. 5, 2008)
- Rahm Emanuel appointed Chief of Staff (Nov. 6, 2008)
- President Obama inaugurated (Jan. 21, 2009)
- Dr. Ezekiel Emanuel named senior healthcare advisor to President Obama (Feb. 14, 2009)
- President Obama announces Global Health Initiative (May 5, 2009)
Financial commitment of the GHI

- **In 2008, the United States Congress authorized $48 billion over 5 years ($9.6 billion/year) to PEPFAR.**
- **However, President Obama's $63 billion Global Health Initiative allocated $51 billion over 6 years ($8.5 billion/year) resulting in an overall decrease in PEPFAR funding while allocating $12 billion towards other global health initiatives including maternal and child health.**
- **Anand Reddi, Science, 2010:**
  "By not providing "new" money towards maternal and child health, President Obama has in de facto pitted HIV/AIDS funding against other global health priorities."
United States global health policy: HIV/AIDS, maternal and child health, and The President’s Emergency Plan for AIDS Relief (PEPFAR)

Sarah C. Leeper\textsuperscript{a,b,*} and Anand Reddi\textsuperscript{a,*}
AIDS Funds: Benefits

Anand Reddi\textsuperscript{1} and Sarah C. Leeper\textsuperscript{2}

SARAH C. LEEPER
Medical Student
Brown University SOM
Leeper and Reddi, *AIDS and Science, 2010*

**Arguments**

- HAART saves lives and money (aka cost-effective)
- HIV/AIDS Global Health Initiatives can advance and synergistically reinforce MCH and the overall healthcare infrastructure of the recipient country
The Impact of The President’s Emergency Plan for AIDS Relief (PEPFAR) beyond HIV and Why It Remains Essential

Rochelle P. Walensky1,2,3,4 and Daniel R. Kuritzkes3,4
Divisions of 1Infectious Disease and 2General Medicine, Department of Medicine, Massachusetts General Hospital; 3Division of Infectious Disease, Department of Medicine, Brigham and Women’s Hospital, and 4The Center for AIDS Research, Harvard Medical School, Boston, Massachusetts

Cost-effectiveness (What it really means?)

Thus, if set in the context of their application, cost-effectiveness results become most useful for prioritization purposes only when comparing like populations and like programs [11].
Cost-effectiveness

Malaria: bed nets
Myocardial infarction: aspirin, β-blocker
Malaria: household spraying
Tobacco: 33% tax
TB: BCG vaccine
HIV/AIDS: condom distribution
TB: short-course chemotherapy
Unwanted pregnancy: family planning
Maternal mortality: improved care
Diarrheal disease: basic sanitation
HIV/AIDS: antiretroviral therapy
Diarrheal disease: ORT

Cost-effectiveness ($ per year of life saved)

11 JUNE 2010  VOL 328  SCIENCE  www.sciencemag.org
Academia and the Ivory Tower
Who's Better on AIDS?
changeAIDSobama.org
“HAVING met President Obama, I’m confident that he’s a man of conscience who shares my commitment to bringing hope and care to the world’s poor. But I am saddened by his decision to spend less than he promised to treat AIDS patients in Africa.”
"Confronting illness in isolation -- whether by funding PEPFAR at the expense of programs that target maternal or child health or vice versa -- cannot be our way forward. We should be advocating for funding both PEPFAR and maternal and child health together instead of favoring one program over another."
Just today, Archbishop Desmond Tutu published an op-ed in the New York Times, echoing these criticisms, and in Huffington Post, Anand Reddi repeats these claims.

Contrary to what Dr. Reddi argues, neither I nor the Obama Administration sees an "either-or" trade-off between PEPFAR and other global health priorities such as improving maternal-child health.
Dr. Emanuel claims that President Obama has "steadily increased" support for PEPFAR by "proposing an 8% increase in global health funding... including a historic $7 billion request for PEPFAR" in the President's 2011 budget. Indeed, Dr. Emanuel is correct but only in that he is misrepresenting the complete picture."
Obama administration recommits funds towards HAART scale-up in Uganda

- Additional $366 million towards PEPFAR scale-up in Uganda

“CRITICS, INCLUDING NOBEL PEACE PRIZE WINNER DESMOND TUTU AND ANAND REDDI, A MEDICAL STUDENT AT THE UNIVERSITY OF COLORADO SCHOOL OF MEDICINE WHO SERVES ON THE AIDS HEALTHCARE FOUNDATION’S BOARD OF DIRECTORS, NOTED THAT THE AMOUNT WAS WELL BELOW OBAMA’S CAMPAIGN PROMISE TO PROVIDE PEPFAR WITH $1 BILLION/YEAR.”
Advocacy Tools

- Letters to the Editor
- Op-Eds
- Academic Publications
- Social Media
- The Social Network
Rudolf Virchow Revisted

“Politics is nothing else but medicine on a large-scale.”

**VIRCHOW’S TRIAD**
Politics
Advocacy
Social Justice
Contact

Anand Reddi

Email: anand.reddi@ucdenver.edu

http://www.anandreddi.org/usglobalhealthpolicy

http://www.facebook.com/globalhealthpolicy