Dr Ariel Pablos-Mendez concludes the second of a two-part exclusive interview by outlining his roles within the Agency, its function in international health initiatives and involvement in a post-2015 global development framework.

As USAID’s Bureau for Global Health Assistant Administrator, what does your position entail?

This position requires visionary leadership, management within and outside of the agency, and diplomacy with partner agencies and governments. There are many US Government agencies and offices that deliver foreign assistance because they bring something unique to the table, and USAID coordinates with all of them. As the lead agency for international development, we often set high-level global health goals, prioritise needs and focus resources where they will have the greatest impact. The Child Survival Call to Action in June 2012 is just one example.

In what capacity are you working in conjunction with President Barack Obama’s Global Health Initiative (GHI)?

GHI, launched in 2009 under former Secretary of State Hillary Clinton, is a complete-government approach to global health, driven by a set of seven core principles that lay the foundation for how we maximise global health investments for better, more impactful results. USAID is a coordinating partner on GHI, and we work closely with other government agencies, in particular State Department’s Offices of Global AIDS Coordinator and Global Health Diplomacy, Health and Human Services’ Centers for Disease Control and Prevention, and more recently, the Department of Defense and Peace Corps.

Most, if not all, of USAID’s programmes reflect GHI’s principles, and several interagency programmes and initiatives are administered, funded and coordinated by the Bureau of Global Health, for example, the President’s Malaria Initiative and ‘Saving Mothers, Giving Life’. USAID contributes substantially to other major GHI programmes, like the US President’s Emergency Plan for AIDS Relief, as an implementing partner in targeted host countries, with a particular focus on prevention, treatment, care and support, and innovation.

Which other global health programmes is USAID currently involved with and/or supporting?

USAID also contributes to the Commission on Life-Saving Commodities for Women and Children which has resulted in 10 bold recommendations.
If achieved, these recommendations will ensure women and children have access to 13 life-saving commodities. Issues related to lack of availability, access and demand for maternal, newborn and child health and family planning commodities have many causes, including a lack of manufacturers and quality control at many points in the supply chain; providers are unfamiliar with or untrained in newer medicines or equipment; supplies don’t reach the ‘last mile’ to remote health centres; and people don’t know that treatments are available.

This will not be easy. As Nigeria, Ethiopia and India are showing, country leadership is vital. Delivering pallets of commodities to warehouses is just one step. Medicines and drugs must reach people, and healthcare workers have to be present and skilled to administer them.

USAID works by supporting four main elements: expanded provision of primary healthcare services; emphasis on healthy living and disease prevention; improved quality of care at health facilities; and, reviving the health sector through increased private and public investment. The US Government is firmly committed to working with implementing partners and country governments to introduce local solutions; improve access and use of essential medicines, bolster services, and address major causes of death during pregnancy, childbirth and into childhood.

In addition to putting commodities into the hands and homes of those most in need, we need to integrate systems across commodities to better and more efficiently serve women and children everywhere, and scale up programmes to have nationwide impact.

Where will your focus lie in the future?

The US Government’s role in foreign assistance and international development is evolving. The economic transition of recent years has meant most countries categorised as low-income in 1990 will be middle-income by 2020. This represents a great success of the international development enterprise led by the US Government, together with better governance, trade and investment.

Over the last 50 years, USAID has made great strides in providing assistance that will lead to long-term gains, and those investments are paying off. In the immediate future, we will continue to prevent and treat disease, particularly in regions that are hit hardest (Africa and Asia) with a special focus on ending preventable child and maternal deaths and creating an AIDS-free generation. Simultaneously, we will be working with host countries to build stronger health systems. This is foundational for long-term progress and sustainability.

With the economic transition of health over the next five years, most partner countries will increasingly have domestic resources to put toward preventable deaths. Country ownership and shared responsibility will be key to ensuring country resources are put toward health, and USAID will support this transition through technical assistance and mentorship.

Finally, USAID has been actively involved in the early stages of assessment and planning for a post-2015 development framework – both Millennium Development Goals (MDGs) and Sustainable Development Goals (SDGs) – feeding into a comprehensive UN-led process. USAID is an active part of the interagency process advising the US member of the UN Secretary General’s High-Level Panel of Eminent Persons considering the post-2015 development agenda.

From strength to strength
The US has been the lead donor in the key streams of population, nutrition and health for the last 50 years. Since 1990, nearly 100 million lives have been spared and the majority of low-income countries are reaching middle-income status.

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