

# The End of the Golden Era of Global Health?

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*J. Stephen Morrison*

Looking ahead to 2013 and beyond, we can already safely predict that, barring an unlikely quick turn to robust economic growth among advanced industrial economies, the global health agenda will remain in very difficult straits into the future. Things could get much more dire if there is a collapse of bipartisanship in Washington or if the economies of major emerging powers falter.

The naught decade (2000–2009) saw remarkable, explosive growth, concentrated in low- and lower-middle-income countries, in dollars delivered to infectious diseases—HIV/AIDS, tuberculosis, along with maternal and child health, and health systems. Aggregate resources flowing to global health rose from \$7 billion per year in 2000 to \$27 billion by 2008. The U.S. share has been substantial: in 2012, over \$8 billion, as much as \$10 billion if other related development investments (e.g., water, sanitation) are taken into account.

Today, in the decade of austerity, the situation has grown fragile and uncertain, as budgets have flattened and declined in the face of a protracted recession. The pie has begun steadily contracting, triggering overt crises in the Global Fund to Fight AIDS, Tuberculosis and Malaria and the World Health Organization.

Even the powerhouse U.S. bilateral program, the President's Emergency Plan for AIDS Relief (PEPFAR), long popular and protected by Republican and Democrat appropriators, as well as both the Bush and Obama White Houses, has experienced cuts, and more can be expected.

The threat of pandemic flu and other new pathogens spiked in the naught decade—SARS, H5N1 (swine flu), and H1N1 (avian flu)—triggering promising improvements in global coordinated surveillance and response. Recent years have grown quieter, and the perceived worldwide threat from pandemic has subsided (if only temporarily) as has the perceived threat of HIV/AIDS to southern and eastern Africa.

Global health's reversal of fortune, if unabated, will raise new dangers in 2013: a global ethical crisis over whether and how it will be possible to sustain the care and treatment already provided to millions (over 7 million persons living with HIV are now on life-sustaining antiretroviral medications); and the risk of a potentially destabilizing regression, should diseases that have been brought under control resurge.



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Two other possible developments could make this situation much worse.

At home, we could see the collapse of bipartisanship, a foundational strut beneath the U.S. leadership of both the Bush and Obama presidencies. Lately there are accumulating signs of a fraying: the conservative faith community sees declines in U.S. support of its programs overseas and believes, rightly or wrongly, it is a victim of bias. Our toxic, polarized domestic debate over family planning, the Affordable Care Act, and the “conscience clause” increasingly spills into debate over U.S. global health approaches. The looming historic budgetary battles over cuts in spending and taxes could alter fundamentally the climate of opinion in regard to investments in “soft power” in global health and other areas of development. On the Democrat and Republican sides alike there are important resilient defenders of U.S. leadership in global health. But there is also a worsening climate of suspicion and distrust and vocal conservative personalities condemning foreign aid.

If bipartisanship collapses, that will seriously weaken U.S. leadership on global health and have reverberating impacts among African partner governments, new instruments like the Global Fund, and other donors.

The second possible major problem would be if China, India, Brazil, and other emerging powers see a sharp decline in their economic growth. That will be a huge setback to these governments’ ability to expand health benefits to the poor and underserved citizens inside their borders. And it will significantly dampen whatever budding interest these nations may have to play on a global stage as health donors and backers of multilateral institutions.

The next administration is best advised to rapidly put forward a compelling updated vision for U.S. leadership in global health that combines a tough-minded realism with optimism over recent scientific advances and diminished costs. The latter give hope that more can indeed be done with less, and that the arc of the global AIDS pandemic can be turned downward in the foreseeable future. That vision should also prioritize assisting our African and other partners to become far more self-reliant soon: that milestone will be very important in sustaining bipartisan support, as will renewed outreach to the faith community, a diplomacy that gets serious about leveraging more action and commitment from emerging powers, and an intensified multilateralism that keeps support for the Global Fund and GAVI Alliance vital and at center stage for us, our partner governments, and other wealthy states. ■