

**USAID Alumni Association, Development Issues Committee**  
**Covid19 and its impact on USAID health programming and health systems**  
**June 1, 2022**

**Speakers:**

Dr. Atul Gawande

Javier Guzman

**Stephen Giddings** opened the meeting and introduced the speakers:

Dr. Atul Gawande: Graduated Harvard Medical School; practiced surgery Brigham and Women's Hospital in Boston. Founded CIC health during COVID-19 pandemic. Just returned from World Health Organization's World Health Assembly.

Javier Guzman: Originally from Colombia, now Director of Global Health Policy and a Senior Policy Fellow at the Center for Global Development. Managed USAID-funded activities at Management Sciences for Health. Worked at Ministry of Health in Columbia.

**Dr. Gawande** said the he spent last 25 years as both a surgeon and a public health professional, with concern for health equity, Health systems are essential for human survival and are comprised of complex systems that have developed over past century. Health equity is achievable with right institutions, access and availability. People can live to 80, which corresponds to a doubling of life expectancy over past 100 years. Challenges are complex, with 70,000 treatable conditions, 60,000 drugs and 4,000 medical procedures. There has been great progress but there is more to do. In addition to equity, career has addressed both operations and scale, as expressed through writings in New Yorker, books and surgical practice. Built Ariadne Labs to make surgical care more available. Developed standardized checklist for operating room and other process and capacity improvements to help increase scale. Started CIC during COVID-19 pandemic to expand labs and testing, roll out vaccines and achieve results.

COVID-19 was a "wake up call" on the inadequacy of health care systems. There have been important innovations but not the necessary follow through. Public health and health systems came together and USAID played an important role. Gawande co-chairs USAID's COVID response, and leads teams on Ukraine health response, Ebola response and North Korea's COVID-19 outbreak.

World is seeing reductions in global life expectance due to disruptions in health care systems. For every COVID-19 death there have been 2.5 maternal and child deaths. COVID-19 has harmed health systems.

Priorities: 1) Control COVID-19 to point where it is a manageable endemic disease. Increase utilization of vaccines, anti-viral drugs and testing. Support delivery from "tarmac to arms." Goal, from second Presidential Summit is to increase distribution of tests and anti-virals in 20 countries. More funding is needed, since existing funding is running out. 2) Prepare for next pandemic. Goals: a) double number of partner countries to 50; b) build emergency response unit; c) preparedness – strengthen global health systems, primary care and workforce. This

corresponds to WHO Director-General, Dr. Tedros Adhanom Ghebreyesus' priorities, which include COVID-19 and Primary Health Care.

**Javier Guzman** said that the past two decades were golden era of Global Health. Access increased in lower-income countries, especially in areas of infectious diseases treatment and reproductive health. This was due to both foreign assistance and economic growth. USAID played an important role, often through vertical programs. However, there were two problems: 1) host governments did not spend adequately, often relying too much on foreign assistance; 2) assistance was often inflexible or earmarked which undermined host country ownership and harmed health systems development

COVID-19 was a wake-up call. Viable health care systems are prerequisites and this entails whole of government engagement. Supply systems were weak. This was mitigated in part by earlier investments in infrastructure and through innovation. There is a need now to identify and build upon these innovations.

There are now new economic concerns. In late 2021 (prior to the Ukraine invasion), the World Bank and IMF estimated that 50 countries will be unable to restore health spending to pre-pandemic levels before 2026. Poverty is up, incomes are down and access to health care is shrinking. This begs the question of how to improve primary health care. The center of gravity is moving away from Washington and Geneva (et cetera). Time and money are needed. What is in the future for the Global Fund for AIDS, Tuberculosis and Malaria? For PEPFAR and the Presidential Malaria Initiative? For global health architecture? For WHO? A new player is the World Bank Fund for Pandemic Preparedness.

### **Comments, Questions and Answers**

Gawande noted that financing is a fourth priority of the WHO Director-General. In the first two years of the pandemic, the US mobilized \$19 billion on international support. But even in the US, funding for COVID services is drying up.

Guzman noted that the new World Bank fund is a good thing but asks if it will crowd out funding for other health programs?

Question regarding future of PEPFAR

Gawande stated that PEPFAR is up for reauthorization in 2022 and is expected to receive continuing support. There is a need to adapt, to encourage host countries to secure gains and to increase integration of efforts with those in other areas such as malaria and tuberculosis.

Question on supply and delivery constrains and equity

Gawande said USAID sent \$2 billion in vaccines to lower income countries, but delivery was problematic due to weak health systems. Messaging was also a challenge.

Guzman noted that delays in the mobilization of vaccines in lower income countries may have undercut demand for these vaccines.

#### Question on innovation by USAID during crises

Gawande I noted: 1) the pace of the global health response as accelerated; 2) USAID has become a world leader in supporting oxygen services; 3) the Global Health Bureau has cut down the time needed to plan and award new activities, due to COVID-19 and other emergencies. It is working in the gap between health systems development and emergency humanitarian assistance, to provide services in transition. In Ukraine, the war has disrupted maternal and child care, treatment of infectious disease and even pharmacy service.

Guzman drew lessons: 1) research and development is needed to strengthen the system, including regulation of manufacturing and geographical diversity. Emphasis needs to be on the basics, such as primary health care and human resources.

#### Question on domestic advocates

Guzman said it is difficult to get necessary support in Congress.

Gawande noted support from private sector and White House. He expects another COVID-19 wave, which may hit unvaccinated, young children disproportionately. That might be the catalyst for more funding, though it is needed now. Stop and start funding has led to costly layoffs and new recruitment.

#### Question on impacts of remote work

Gawande has been impressed by the output of the remote workforce. He lauded the staff of the Global Health Bureau staff who have been through a lot over the past five years.