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**Selected Questions for Steve Morrison – Global Health in the Second Obama Term**

1. You wrote that the PEPFAR program has been the largest and most successful US global health initiative, and the US has devoted billions of dollars to eradicate HIV/AIDS. But global health is currently undergoing a transition away from emerging infectious diseases and toward non-communicable diseases. You even mention that the "strategic rationale for global health has shifted." Do you think that non-communicable diseases such as diabetes, cancer, heart disease, etc will ever achieve the same financial and public attention as AIDS, malaria, and TB? Or is there a certain stigma associated with chronic illnesses being more self-imposed, and therefore less "deserving" of aid funds, than infectious diseases? How has the recent Ebola outbreak affected the allocation of global health funds toward non-communicable diseases?
2. Factors such as inadequate infrastructure and education, as well as a lack in political/economic transparency come to mind regarding challenges posed for recipient countries to take more ownership over strengthening the health of its citizens.
  - a. Can you speak to these factors, as well as additional components, in their individual contribution to a nation's lack of proprietary over its health sectors?
  - b. And, what are the most appropriate responses by the U.S. to aid these countries towards lessened co-dependency?
3. According to WHO "people with mental disabilities around the world face discrimination, violence and abuse in all aspects of their lives", so how does US Global Health Initiative works with mental health disorders in low and middle income countries? Are there any campaigns?
4. In regards the emphasis on the development of women's health initiatives, there did not seem to be much statistical support for the areas that were being focused on like gender based violence, HIV/AIDS or education.
  - a. Has there been any concrete evidence that suggests that, programs that are currently in place are having a positive effect on the improvement of women's global health? If so, with further support from high levels of government, is the possibility of having a greater impact on women globally possible in places like Africa where the majority of women are living in rural conditions with little opportunities?

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- b. Do you think that making the countries that support programs based solely on women a priority is a sound strategy in getting other countries as involved with women's health?
  5. Do you think that the U.S. will be as involved in health in Africa once the biggest health issues shift from communicable disease to chronic diseases (such as diabetes, CVD, cancer)? Especially since this involvement may be more complicated due to the need of a much more stable health infrastructure in order to deliver quality long-term care.
  6. Do you believe there is difficulty in promoting appropriate family planning measures in a global context when we have difficulty defining what is considered appropriate sex education, rights to abortion, and medical coverage for contraceptives in our own country?
  7. As a background to this question, I reflected on the guilt I sometimes feel about my interest in the well-being of other countries despite the numerous populations within the U.S. that would benefit from interventions. After learning and reading more about the U.S. campaigns for HIV/AIDS, malaria and polio in Africa as well as the budget dedicated to them, and the dedication Dr. Morrison has to the area, I would like to ask if he wouldn't mind reflecting on his struggle (or lack thereof) when thinking about local U.S. health priorities and how to balance them with international ones, such as those in Africa. So my question for Dr. Morrison:
    - a. Can you reflect on how you balance global, international health efforts with local health needs?
      - i. Do you think the successful efforts in Africa can be translated to better local health here in the U.S.?
    - b. The second question relates to the crucial question of sustainability in the context of global health. The readings cited the critical need for improved infrastructure for sustained health improvements once international aid has decreased or even ceased. There is much improvement still needed in this area.
      - i. Can you comment on what changes or efforts are going on to address the need for improved infrastructure in Africa (in order to sustain U.S. efforts once our support is decreased or gone)?
  8. Many of the challenges that arose when addressing Global Health during Obama's first term dealt with ongoing leadership, finding leaders and keeping that leadership consistent. In regards to women's health, do you feel that the problem of maintaining proper leadership to implement the programs created has been addressed during Obama's second term? If so how was this original

problem addressed and do you think that these programs will continue to be implemented and funded after Obama's presidency?

9. In our readings about global health policy under the Obama administration we read about 7 goals of the administration under Secretary of State Hilary Clinton. The seven included: promoting gender equality and greater country ownership, focus on multilateral organizations, focus on measuring results, building an AIDS-free generation, reducing preventable child mortality, and launching public-private partnerships. Of these seven goals, especially those that are more policy oriented, do you think any will be greatly affected by the upcoming change in presidency? In other words, how much does the U.S. global health policy tend to change with changes in administration? In your opinion, are there any new goals you think we should focus on in the future that are not included in the 7 from the Obama administration?
10. Many of the published goals of the second Obama term focused on structuring US health care to improve specific health issues within the US. However, these issues, such as women's health and HIV, are very much global health issues.
  - a. To what extent do you think the US government should be involved in shaping global health issues and policy?
  - b. Do you think that it is the job of the individual country to determine its own health policies, or do you think that some arguably better-equipped countries such as the US should be involved in shaping health policy outside their own borders?