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Office of Global Affairs at HHS*



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Global Health within a Domestic Agency

The Transformation of the Office of Global Affairs at HHS

Katherine E. Bliss¹

Introduction

In 2011, the U.S. Department of Health and Human Services (HHS) introduced a Global Health Strategy, the first of its kind for what has traditionally been seen as an agency with primarily domestic responsibilities. The strategy outlines several objectives for the department's international engagement and paints a picture of a close relationship between international and domestic health conditions. In her introduction to the strategy, Secretary Kathleen Sebelius explains that “although the chief mission of the U.S. Department of Health and Human Services is to enhance the health and well-being of all Americans, it is critically important that we cooperate with other nations and international organizations to reduce the risks of disease, disability, and premature death throughout the world.”²

The HHS Global Health Strategy, with its emphasis on disease surveillance, food and drug safety, basic research, and health diplomacy, is noteworthy for its success in shining light on the important linkages between global and domestic health challenges. However, its development should be seen less as a stand-alone event and more as a critical step within an ongoing process that has made global health a key element of the department's work and made the department a critical player in the overall development and execution of U.S. global health policy and programs. The elevation of the position of the agency's director of global affairs to that of assistant secretary at the end of 2012 is perhaps the most recent manifestation of the importance of global health to HHS's mandate. How this came about is both a straightforward reflection of the increasing centrality of global health policy to U.S. international relations and a more complex story about interagency politics, negotiations, and collaboration.

Emergence of Global Health in U.S. Foreign Policy

By most accounts, global health as a policy issue became a visible component of the HHS mandate in January 2002, when the Federal Register reported a new Office of

¹ Katherine E. Bliss is a senior associate with the CSIS Global Health Policy Center.

² U.S. Department of Health and Human Services (HHS), *The Global Health Strategy of the U.S. Department of Health and Human Services* (Washington, DC: HHS, October 2011), <http://www.globalhealth.gov/Strategy.pdf>.

Global Health Affairs within the Office of the Secretary at HHS.³ According to the notice, the stated mission of the office was to provide “policy and staffing to the Assistant Secretary for Health, the Deputy Secretary and the Secretary for activities that are of a global nature, including international travel, meetings, and presentations.” The notice laid out an additional set of functions for the office, including representing the assistant secretary for health and the department secretary in international negotiations; coordinating agency positions vis-à-vis multilateral health questions; and leading HHS delegations to multilateral health organization meetings.⁴

To a large degree, the 2002 launch of the Office of Global Health Affairs formalized an internationalization of the department’s policy work that had been under way for some time. During the later years of the William J. Clinton administration, HHS Secretary Donna Shalala (1993–2001) found herself making ever more international trips and speaking about global health at home and abroad. Early in her tenure, Shalala had accompanied First Lady Hillary Clinton to the Fourth World Conference on Women, held in Beijing in 1995, and in 1996 she spoke at the 11th International AIDS Conference in Vancouver, where she described the Clinton administration’s increased commitment to “combating HIV and AIDS around the world.”⁵ But it was not until 1998, in introducing Dr. Gro Brundtland, the new director-general of the World Health Organization, at a session at the Woodrow Wilson International Center that Shalala appears to have first spoken publicly of a U.S. approach to global health. Referring to Brundtland, she noted that “the Clinton-Gore Administration is committed to working closely with her and her colleagues at WHO to advance global health. It is consistent with our national security strategy of global engagement.”⁶ In 1998 Shalala made six international speeches. Continuing the trend of greater international outreach, in 1999 Shalala made at least three international speeches, including one at the annual World Health Assembly in Geneva, and in 2000 she made four.⁷

Early in his tenure as President George W. Bush’s secretary of HHS (2001–2005), former Wisconsin governor Tommy Thompson signaled the rising importance of global health to the agency when he announced the launch of a new website, www.globalhealth.gov. During a June 1, 2001, speech at the Global Health Council outlining the U.S. government’s investments in overseas AIDS programs, Thompson

³ HHS, Office of the Secretary, Office of Global Health Affairs, “Statement of Organization, Functions, and Delegations of Authority,” Federal Register, vol. 69, no. 161 (August 20, 2004), notices, <http://www.gpo.gov/fdsys/pkg/FR-2004-08-20/html/04-19087.htm>. The notice read, “The OGHA is being elevated to emphasize the importance of its primary responsibility, which is to ensure a ‘One Department’ approach to all HHS-related international matters.”

⁴ Federal Register, vol. 67, no. 7 (January 10, 2002), notices, 1359, <http://www.gpo.gov/fdsys/pkg/FR-2002-01-10/pdf/02-605.pdf>.

⁵ Donna E. Shalala, secretary of health and human services, “Plenary Address,” 11th International Conference on AIDS, Vancouver, Canada, July 9, 1996, <http://archive.hhs.gov/news/speeches/vanplen.html>.

⁶ Donna E. Shalala, secretary of health and human services, “Introduction of Dr. Gro Brundtland, Director-General of the World Health Organization,” luncheon honoring Dr. Gro Brundtland, Woodrow Wilson Center, Washington, DC, September 22, 1998. It was also in 1998 that Clinton established an office on health and security at the White House; see Kenneth W. Bernard, “Health and National Security: A Contemporary Collision of Cultures,” *Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science* 11, no. 2 (June 2013): 1–6, 5.

⁷ See the collection of speeches and other documents housed at <http://archive.hhs.gov/>.

emphasized the department's effort to "help public health professionals in both developing and industrialized nations gain access to health-related information and news." Describing the website, Thompson said it was meant to be "a global health portal with information and news about global health issues, our global health activities and partners and links to the latest in medical literature and global health resources." At the event, Thompson also announced that he would be traveling to Africa later in the year "to see firsthand the effects of AIDS/HIV in the sub-Saharan region."⁸

Following the events of September 11, 2001, and the subsequent anthrax attacks in New York, Florida, and Washington, DC, Thompson found himself directly engaged in international discussions about health security and biodefense. Early in his term, Thompson had briefed domestic audiences such as the National Governors Association, giving presentations with titles like "Facing the Threat of Bioterrorism"; however, by 2002, explaining to global audiences what had happened and how the United States had responded to the anthrax attacks became a routine part of Thompson's speaking agenda. It was during this period that the United States helped found and began to play a prominent role in such international partnerships as the Global Health Security Initiative, which involved the United States, United Kingdom, France, Germany, Italy, Japan, Canada, and Mexico, as well as the European Commission and World Health Organization, in developing shared communications and protocols in a potential attack of bioterrorism.⁹ In 2002, Thompson gave no fewer than 12 international speeches, on issues ranging from bioterrorism preparedness to international cooperation in the fight against HIV/AIDS, with the term "global health" frequently cited.

The Office of Global Health Affairs launched in 2002 was actually a fusion of two existing entities. One was a unit on International Affairs, which since the 1960s, in the original Department of Health, Education, and Welfare, had been situated in the Immediate Office of the Secretary. With a handful of staff, the office organized the secretary's foreign travel and drafted briefing memos and talking points for the secretary to use when meeting with foreign dignitaries.¹⁰ Given its close links to the department secretary, the office was based in Washington, DC, at HHS headquarters in the Hubert H. Humphrey Building on Independence Avenue.

The second unit to be integrated into the new Office of Global Health Affairs was the Office of International and Refugee Health, which was under the authority of the assistant secretary for health. Prior to 2002, that office was responsible primarily for coordinating U.S. policy positions on proposed resolutions and other matters in advance of meetings such as the World Health Assembly or the Pan American Health Organization's Directing Council, and overseeing the execution of bilateral agreements on health cooperation. It had also carried out some programmatic work, primarily facilitating the provision of U.S. technical assistance on health overseas,

⁸ Tommy G. Thompson, secretary of health and human services, "America's Global Initiative to Stop AIDS," speech at Global Health Council, Washington, DC, June 1, 2001, <http://archive.hhs.gov/news/speech/2001/010601.html>.

⁹ Global Health Security Initiative, "GHSI Background: Overview: Global Health Security Initiative (GHSI)," <http://www.ghsi.ca/english/background.asp>.

¹⁰ Interview with David Hohman, former deputy director, HHS Office of Global Affairs, September 20, 2013.

with funding from the U.S. Agency for International Development (USAID) and the Department of Defense.¹¹ The Office of International and Refugee Health was based in Rockville, Maryland, at what was known as the Parklawn Building.

The integration of the two offices in 2002 brought a few dozen staff from the Rockville office into regular contact with those in the secretary's office and carried with it a new mandate to coordinate and raise the visibility of the international work of the various agencies within the department that were working overseas. These included the Centers for Disease Control and Prevention (CDC), Food and Drug Administration (FDA), and National Institutes of Health (NIH), as well as offices on the "human services" side of HHS, including the Office for Civil Rights, among others.

Consolidation, Centralization, and Clout

During the period between its launch in 2002 and the end of the Bush administration in 2009, the Office of Global Health Affairs consolidated its mandate and influence as global health became more intimately linked to U.S. foreign policy and security efforts. Importantly, it refined its mission while negotiating a place for HHS within the increasingly complex interagency relationships focused on global health.

The Federal Register from August 20, 2004, reflects that two and a half years after its launch, the Office of Global Health Affairs' organization and functions had been modified. One notice stated, "The OGHA is being elevated to emphasize the importance of its primary responsibility, which is to ensure a 'One Department' approach to all HHS-related international matters."¹² This new description gave HHS OGHA considerably more influence over the department's policy positions relating to international affairs than before. William Steiger, office director from 2001 to 2009, notes that prior to the directive it was not uncommon at interagency or international meetings for representatives of various HHS agencies to articulate divergent policy positions. Regarding the clarification of the office mandate, he says, "You need an organization that has the mandate to force one voice and resolve or referee the differences among the agencies. CDC, FDA, and NIH all say different things when in the room. But you need one position."¹³ What the changes meant in practical terms was greater authority for the office in drafting, clearing, and advancing policy positions, as well as overseeing and approving all international travel by HHS employees in the various agencies, including CDC, NIH, and FDA.¹⁴ Following the launch of the President's Emergency Plan for AIDS Relief (PEPFAR) in 2003, the number of U.S. government health personnel, especially CDC employees, working overseas had increased dramatically, so the office's oversight of all international travel and postings gave it considerable influence over the agency's increasing global operations.

During this period, the office's mandate to serve as the liaison between HHS and other U.S. agencies working internationally on health also became clear. Indeed, Steiger attributes HHS's rising influence in the U.S. global health policy arena, in large part, to

¹¹ Interview with Ken Bernard, former senior adviser for health and security, National Security Council, and assistant surgeon general and RADM (Ret.), U.S. Public Health Service, September 23, 2013.

¹² Federal Register, vol. 69, no. 161 (August 20, 2004), 51679–51680.

¹³ Interview with William Steiger, September 23, 2013.

¹⁴ Federal Register, vol. 69, no. 161 (August 20, 2004), 51679–51680.

the office's capacity to both coordinate the agencies' perspectives and raise the visibility of their global activities. As he notes, "People began to appreciate that the Office of Global Health Affairs could help with budget issues; could elevate agencies' international work; help negotiate with State and other agencies."¹⁵

But carving a niche for HHS within the increasingly complex interagency scene on global health also proved challenging. Since at least the 1990s, there had been occasional tension between USAID and HHS over each agency's role in international health, with USAID at times concerned by what it perceived as HHS's incursions into its work at the intersection of health and development. Yet over the years there had also been important HHS-USAID cooperation on international issues. For example, in 1991 President George H. W. Bush had asked HHS Secretary Louis Sullivan and USAID Administrator Dr. Ronald Roskens to travel together to seven African countries—Mali, Malawi, Nigeria, Uganda, Senegal, South Africa, and Zimbabwe—to award health grants and develop recommendations for the Bush administration on ways to enhance U.S. overseas engagement on health.¹⁶

By the early 2000s, the list of agencies doing at least some policy or program work on global health was long. It included the Department of State, USAID, the Department of Defense, the Peace Corps, the Labor Department, the Environmental Protection Agency, the new Department of Homeland Security, and, of course, such HHS entities as CDC, NIH, and FDA. At the National Security Council, health was largely organized under the nonproliferation portfolio, but as biodefense and pandemic preparedness issues rose in importance, the then-Homeland Security Council organized deputy-level meetings on health security. In this context, it became important that OGHA position itself as a cooperative and value-adding entity that did not duplicate the work of other agencies or create obstacles for the HHS agencies engaged in international field work or research collaboration.¹⁷

Personnel exchanges with other departments working on global health facilitated cooperation and communication. For example, in 2003 an OGHA employee was placed in the relatively new Office of International Health Affairs in the Bureau of Oceans, Environment, and Science at the State Department to promote information-sharing and cooperation between the two agencies. The expansion of the health attaché

¹⁵ Interview with William Steiger, September 23, 2013. Domestically, the office began playing a stronger policy role, for example, issuing notices regarding the compliance of HHS PEPFAR grantees with the Bush administration's antiprostitution policy: "The Office of Global Health Affairs within the U.S. Department of Health and Human Services is issuing this final rule to clarify that recipients of HHS funds to implement HIV/AIDS programs and activities under the United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003 (the 'Leadership Act'), Public Law 108-25 (May 27, 2003), that are required to have a policy opposing prostitution and sex trafficking, and must submit certification of this policy with the grant or contract application, may, consistent with this policy requirement, maintain an affiliation with organizations that do not have such a policy, provided such affiliations do not threaten the integrity of the government's programs and its message opposing prostitution and sex trafficking," <http://www.thefederalregister.com/d.p/2008-12-24-E8-30686>.

¹⁶ For one example of a grant award, see HHS, "AIDS Program in Uganda," January 10, 1991, <http://archive.hhs.gov/news/press/1991pres/910110.txt>.

¹⁷ Indeed, during this period both the CDC and FDA began internal processes that would lead to the articulation of agency-level global strategies. See CDC, *CDC Global Health Strategy, 2012–2015* (Atlanta, GA: CDC, June 2012), <http://www.cdc.gov/globalhealth/strategy/pdf/CDC-GlobalHealthStrategy.pdf>; and FDA, *Pathway to Global Product Safety and Quality: A Special Report* (Washington, DC: FDA, July 7, 2011), <http://www.fda.gov/downloads/AboutFDA/CentersOffices/OfficeofGlobalRegulatoryOperationsandPolicy/GlobalProductPathway/UCM262528.pdf>.

programs, by which OGHA staff members were placed in U.S. embassies in countries where the United States had a large or complex health portfolio, also strengthened ties between the two departments. There had long been a health attaché in Geneva to oversee relations with the World Health Organization (WHO) and other Geneva-based multilateral health organizations, and at times there had been attachés posted to India, Vietnam, and the Organization for Economic Cooperation and Development in Paris. By the mid-2000s, there were plans to expand the attaché program to include placements in South Africa and China, with Brazil on the horizon.

Continuing challenges to the Office of Global Health Affairs' consolidation of policy authority were the facts that, as an office situated within the immediate office of the secretary, OGHA had no proprietary budget, and that its director did not have the title or formal status many felt were necessary to ensure HHS's voice would be properly heard in high-level global health policy situations. While this was sometimes an issue in international meetings, particularly at the gatherings of the World Health Organization Executive Board, which ministers of health, themselves, sometimes personally attended, it was especially relevant in interagency discussions, where status often dictated whether someone sat at the table or around the margin and the order in which he or she could speak. Referring to the idea of elevating the office director position to an assistant secretary to offset these challenges at WHO and within the interagency, Steiger notes of the 2001–2009 period, “We were never able to do this. It was part of the original vision, but there was skepticism that it would be a tough sell in Congress. It definitely makes things cleaner.”¹⁸

By the final months of the Bush administration, the HHS secretary's attention was increasingly focused on global health. During the last few months of his term, HHS Secretary Michael Leavitt (2005–2009) gave no fewer than three speeches on global health. Two—one in Baghdad and one in Paris—focused on bioterrorism preparedness and collaboration. A third outlined the launch of an ambitious new FDA program to place staff overseas in U.S. embassies to “work with foreign governments and producers to assure that products exported to the U.S. meet our standards.” In his speech, Leavitt announced that the first overseas office of the FDA would be in Beijing, with plans for offices in Shanghai and Guangzhou later in the year.¹⁹

In less than a decade, then, HHS had consolidated its various international health operations into an Office of Global Health Affairs, seen a significant increase in the number of agency personnel posted overseas, and initiated a new food and drug safety program by placing FDA personnel in international posts.

A New Name and Expanded Mandate

During the fall of 2010, six months after she appointed Nils Daulaire to lead the department's global health work by serving as office director, Secretary Sebelius authorized changing the unit's name from the Office of Global Health Affairs to the Office of Global Affairs. Current and former staff members agree that while 80 to 90 percent of the office's work is focused on health, this new title also captures the unit's

¹⁸ Interview with William Steiger, September 23, 2013.

¹⁹ Michael Leavitt, secretary of health and human services, “Remarks as Prepared for FDA Globalization Media Briefing,” October 16, 2008, <http://archive.hhs.gov/news/speech/2008/sp20081016a.html>.

efforts to support the international engagement of the department’s human services agencies, including the Administration for Children and Families and the Administration for Community Living, as well as such entities as the Office on Civil Rights. Yet, at least for now, the older language describing the office’s mission—that it “promotes the health and well-being of Americans and of the world’s population by advancing HHS’s global strategies and partnerships and working with USG agencies in the coordination of global health policies”—has been maintained.²⁰

The transformation of the office since 2010 has enhanced the visibility of global health at HHS and boosted the role of HHS within U.S. global health policy. In December 2012, Secretary Sebelius named Daulaire assistant secretary, and the office now boasts a principal deputy assistant secretary and a deputy assistant secretary, who oversee three sections: operations, international relations, and policy and program coordination. It is staffed by around 50 employees, including the director of the United States-Mexico Border Health Commission, stationed in El Paso, Texas, two PEPFAR coordinators, and five health attachés based in U.S. missions in key countries. Personnel include civil servants, members of the U.S. Public Health Service, staff on detail from CDC and NIH, and a small number of political appointees.

According to Daulaire, the elevation of the director position to that of assistant secretary “reflects the Secretary’s belief that the Office of Global Affairs is a strategically important part of the Department” and that global issues are a high-level focus of the secretary and HHS as a whole. As he notes, in some ways the office is helping to bridge the gap between earlier U.S. international engagement on such health and development issues as reproductive health and infectious diseases and emerging issues, such as noncommunicable diseases. It is also charged “with ensuring that the core values of the Obama Administration, including access to health care domestically, are reflected globally.”²¹ Indeed, office staff members report that the secretary is increasingly likely to discuss the implementation of the Affordable Care Act (ACA) in her interactions with her foreign counterparts. They note, as well, that because the United States now has legislation promoting broad access to health care, the United States has been able to work with other countries to cosponsor positions or resolutions at the WHO and elsewhere promoting the goal of universal health coverage, something that the United States did not do before the policy change.

One aspect of the office’s work that current staff members emphasize is its mission to serve as a “go-to” point for all U.S. agencies serving in global health capacities, and to help represent HHS agencies in their international health activities. Daulaire observes that this work reflects “the evolution of HHS and its international engagement. Twenty years ago it could safely be said that the Department had minimal engagement internationally, but now you can’t protect domestic health without global engagement. So it is a reflection of historical trends.”²²

The office has a strong agenda within the department, within the interagency processes, and internationally. Daulaire, in an *American Journal of Tropical Medicine and Hygiene* article that appeared shortly after the release of the department’s Global Health Strategy, described the efforts his office is taking to develop a cadre of skilled

²⁰ HHS, “About Us: Who We Are,” <http://www.globalhealth.gov/about-us/>.

²¹ Interview with Nils Daulaire, September 13, 2013.

²² *Ibid.*

global health diplomats capable of working with all elements of the department: “We are working to establish a global health career track within HHS to formalize career opportunities and training for our staff working in global health, both domestically and internationally. We already partner with the Department of State to bolster knowledge about global health among the diplomatic corps. And we work to strengthen diplomatic knowledge, negotiation skills and understanding of development principles for HHS field staff and technical health experts.”²³

In recent years the office has phased out much of its programmatic work in favor of ensuring the unit crystallizes its coordination and liaison function. Says Daulaire, “the agencies have the technical vision and we try to provide the broader context in the countries where they engage,” explaining that the Office of Global Affairs functions, at one level, as a “mini State Department” for HHS, helping to frame the policies and actors that shape the environment in which agency staff will be working overseas.

The office has bolstered its diplomatic capacities, with Ambassador Jimmy Kolker, former U.S. ambassador to Uganda and Burkina Faso and former chief of HIV/AIDS at the UN Children’s Fund (UNICEF), serving as principal deputy assistant secretary and leading the Operations and International Relations sections. Office of Global Affairs staff engaged in work with multilateral organizations such as WHO have similarly strong diplomatic experience, with key staff having served at the State Department within the Office of the Global AIDS Coordinator before moving to HHS.

The work with WHO occupies an ever-larger portion of the office’s time, according to Kolker, who notes that “because the U.S. isn’t always embraced as the most popular (delegation), we have to be the best prepared.”²⁴ As the agenda at WHO has expanded, with ever-more complex resolutions frequently involving such seemingly non-health issues as trade policy and law enforcement, the Office of Global Affairs manages an intensive communication process with the relevant U.S. agencies to coordinate insight and advice related to matters under consideration. The office also plays an active role in contributing to U.S. policy vis-à-vis the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Joint UN Programme on HIV/AIDS (UNAIDS), among other multilateral agencies, working through the Office of the Global AIDS Coordinator to contribute to policy formulation.²⁵

Overall, as Daulaire notes, the “major impact is to ground the engagement more solidly in the global health arena than in the past.... As more countries move from being lower income countries to middle income countries, they want not aid but partnerships. They see working with CDC, NIH and other agencies as peer to peer relationships,” and the Office of Global Affairs can help facilitate that work.

A New Global Health Strategy

HHS’s Global Health Strategy of 2011–2015 outlines three overarching goals: “protecting and promoting the health and well-being of Americans; providing

²³ Nils Daulaire, “Perspective: The Importance of the Global Health Strategy from the U.S. Department of Health and Human Services,” *American Journal of Tropical Medicine and Hygiene* 87, no. 3 (2012): 383, <http://www.globalhealth.gov/pdfs/TROPMED.pdf>.

²⁴ Interview with Jimmy Kolker, December 4, 2013.

²⁵ *Ibid.*

leadership and technical expertise in science, policy, programs, and practice; and advancing United States interests in international diplomacy, development, and security.”²⁶

Beyond helping to inform U.S. technical experts about the international context in which they work and facilitating the sharing of U.S. health expertise overseas, the Office of Global Affairs is likely to find itself more engaged on issues related to health security, antimicrobial resistance, and chronic diseases in the years to come. With an estimated 80 percent of the resources of HHS agencies focused on chronic, noncommunicable diseases, Daulaire says the United States has “a great deal to offer, including shortcomings with our own approach.”²⁷ Indeed, the office played a key role in coordinating U.S. policy positions in the run-up to the UN General Assembly special meetings on noncommunicable diseases in September 2011.

In discussing the new strategy at a January 2012 meeting at the Kaiser Family Foundation, Secretary Sebelius outlined the reasons, beyond health security, why it is important for HHS to have a global health strategy: “But the case for a global approach to improving America’s health is actually much more compelling. Take the single biggest health challenge our country faces today: chronic disease...to reduce the burden of chronic disease, we’ll need a multi-pronged approach.... That’s a huge challenge. But the good news is, we don’t need to develop all these innovations on our own. Everywhere I’ve traveled as Secretary, from Paris to Moscow to Beijing to Nairobi, health leaders are trying to solve the same problems as us.”²⁸

With an office at full capacity, Daulaire and colleagues emphasize deepening staff experience and strengthening their potential to contribute to U.S. global health goals, rather than increasing their numbers or focusing on new issues. As the State Department’s Office of Global Health Diplomacy, launched in the fall of 2012, anticipates the appointment of a new director, there will certainly be future opportunities for further delineation of agency roles and responsibilities and interagency collaboration. Looking ahead, Daulaire anticipates that “HHS in the 21st century will be a larger player in the global health arena” and that the Office of Global Affairs “will be viewed as having established HHS as a necessary partner and an important part of U.S. engagement internationally.”²⁹

²⁶ Daulaire, “Perspective: The Importance of the Global Health Strategy,” 382.

²⁷ Interview with Nils Daulaire, September 13, 2013.

²⁸ Kathleen Sebelius, secretary of health and human services, “HHS Global Health Strategy,” speech at Henry J. Kaiser Foundation, January 5, 2012, <http://www.hhs.gov/secretary/about/speeches/sp20120105.html>.

²⁹ Interview with Nils Daulaire, September 13, 2013.



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