



USAID
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AGENCY TRANSFORMATION

BUREAU FOR GLOBAL HEALTH

VISION

The global health and development landscape is rapidly changing due to new technologies, expansions in data, digital health, and knowledge, and private sector engagement, as well as the changing disease and development landscape. The current Bureau for Global Health (USAID/GH) may not have the optimal structure to fully address these opportunities and complexities. In addition, USAID is already in the process of reorganizing most of its headquarters. Many of the well-reasoned changes proposed for other parts of the USAID structure need to be implemented in the context of the Agency's largest technical bureau, USAID/GH.

USAID will focus on empowering people and communities, promoting preventive and primary care, building optimal health systems and identify innovative and blended financing opportunities to use our capital more effectively and catalytically, while also managing challenges and crises. USAID/GH will reform in order to better support integrated strategies for global health, while continuing to provide targeted assistance to disease-elimination efforts.

PROPOSAL

To enable USAID/GH to better respond to emerging global health needs, support partner countries in their Journey to Self-Reliance, and ensure that overseas staff have the strategic direction and support that they need, USAID/GH will explore reforms to its programs, processes, workforce and structure. The Bureau will assess ways to align its authorities and staff to key functions and priorities. The Bureau will also look to elevate its key sectoral priorities to ensure they have leadership attention and a stronger voice in the interagency. Building the USAID/GH of the future will require the Bureau to better utilize cross-cutting operating units, bridge existing technical silos, continue its focus on the field, and enhance global technical leadership.

Photo: Wikimedia Commons

RESULTS / ANTICIPATED RESULTS

The new, transformed Bureau for Global Health will mitigate or reduce existing inefficiencies, restructure to optimize core capabilities, and implement reforms to better serve its mission. Specifically, the new Bureau will, among other things:

- Link to new bureaus established through the Agency transformation process;
- Ensure that it is structured to nimbly address emerging global health development needs over the next 20 years, including faster adoption of innovations and strategic use of innovative financing to expand the pool of global health resources;
- Maintain and strengthen its global technical, policy and programmatic leadership in the international community, particularly for key sectoral issues;
- Expand the partner base for Washington-managed awards to include more local partners and reduce reliance on a relatively small pool of partners and large, multi-year awards, while aligning Washington and mission staffing structures to support this new model;
- Implement and clearly report on metrics for outcomes and indicators that highlight goals and investments, the successes of transformation, return-on-investment, and progress toward self-reliance and improved health; and
- More effectively address global health needs, including through partnership and co-creation of new approaches with the private sector and civil society, including community and faith-based organizations.

DELIVERABLES

The ultimate deliverable is a reformed Bureau. To reach that goal, intermediate deliverables may include submission of a Congressional Notification in the fall/winter of 2019. Building up to the submission of a CN, consultations will be conducted internally, with the Office of Management and Budget, and with external stakeholders.

GH TRANSFORMATION TEAM

Project Manager Lead: Paul Mahanna

Senior Leader Champion: Monique Wubbenhorst

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FREQUENTLY ASKED QUESTIONS (FAQS)

Q: Why are we exploring changes?

A: The purpose of the Transformation is to align more closely with the Administrator's vision of ending the need for foreign assistance and assisting countries on their Journey to Self-reliance. The Bureau for Global Health is exploring Transformation in order to become more functionally-aligned and better equipped to meet the Agency's vision, and development needs of the future. The rest of the Agency's headquarters has already undergone this process and it's now time to explore how our largest technical Bureau can do the same.

Q: What problems are being addressed?

A: GH has experienced rapid growth in staff and structures focused on cross-cutting functions such as health systems, innovation and private sector engagement, and funding models. Additionally, the Bureau seeks to further improve its capacity in data and analytics across health elements to better support the field in strategic planning, monitoring, and results reporting in order to tell a more holistic story of impact. Presidential Initiatives, USAID-PEPFAR and PMI, have opportunities to improve their structures to ensure continued success. Finally, the Supply Chain structure needs to be re-examined to ensure best possible functioning.

As the only Technical Bureau that has not explored reorganization as part of Transformation, GH is currently out of sync with structural reforms proposed elsewhere. Such reforms include new nomenclature and new organization units, such as Centers and Hubs.

Q: Who will be consulted in this process?

A: As with the other facets of the USAID Transformation, a Congressional Notification will not be submitted without the consultation and input of internal staff, the Office of Management and Budget (OMB), and external stakeholders including the interagency, our implementing partners and Congress.

Q: Where is GH in the process, and what comes next?

A: The Bureau gathered suggestions and information internally through various consultation methods to surface issue areas and potential options. Every operating unit within GH has offered input or participated in planning in some way. A decision memo that summarizes the challenges and proposed solutions that require structural change is being finalized for consideration by the Agency Front Office. Once the Front Office has provided guidance on which challenges the Agency wants to tackle and how to approach them, we will share a formal proposal with staff, OMB, and external stakeholders.

Q: How are we capitalizing on what has already been done with other Bureaus?

A: The GH Transformation team has been working closely with the Administrator's Restructuring Management Unit (RMU) and has been learning from what has been done more broadly. To learn from what is being done - [here are links to Transformation resources and more information.](#)

Q: Will any of the changes require authorizing language?

A: Any structural changes will need to be notified to Congress through a Congressional Notification process. We do not anticipate any statutory changes at this time.

Q: How will this reorganization affect programs such as maternal and child health and family planning, as well as fighting infectious diseases such as HIV/AIDS, malaria and TB?

A: The goal of the GH transformation is to make the Bureau as effective and as efficient as possible. We have begun an extensive consultative process with Bureau staff across all of the offices to ensure it is employee-led and data-driven.

Q: How do we better integrate USAID Washington's GH from its current programming silo?

A: Improved integration of our GH programs is one of our priorities, and we would welcome your thoughts and suggestions on how we could do that. We are exploring a variety of solutions, including matrix management, integrated teams engaging with missions and partner countries, etc.

Q: How will you ensure the codification of the importance of health systems programming given the lack of a dedicated appropriation line item for this issue area?

A: As you know, health systems strengthening is an extremely important part of the Bureau's work. Health systems strengthening programming will continue, regardless of any changes we make within the Bureau. We are researching improved metrics in this space, and welcome input.

Q: How will Leadership Councils ensure that there is a strong connection between nutrition and WASH and global health?

A: Agency Leadership Councils (LCs) provide an Agency-wide platform for leadership, oversight and coordination in instances where the resources and decision-making authority for a technical focus area are dispersed across multiple Washington operating units (OU) (e.g., pillar or regional bureaus). These leadership councils create a formal coordination structure to enable executive, cross-bureau guidance and strategic leadership in technical focus areas and the resources allocated to advance them. LCs will lead OU coordination on budgetary recommendations, technical leadership and external engagement, technical policy guidance, and programmatic oversight. The Leadership Council model is consistent with the overall Agency objective of ensuring the most effective use of government resources through its coordination role in while balancing the needs of the Agency's mission, efficiency of operations, and effective employee utilization across a specific technical focus area.

The Centers for Nutrition and Water Security, Sanitation, and Hygiene, in the proposed Bureau for Resilience and Food Security will serve as the secretariat for the LCs and work in close coordination with nutrition and WASH staff in Global Health (GH). Working under the Leadership Council structure and maintaining technical experts on public health nutrition and water, sanitation, and hygiene (WASH) for health within the Bureau for GH will allow us to achieve our health goals as well as to support our Agency's coordination towards our multi-sectoral nutrition and WASH objectives.

Q: Are you exploring non-structural solutions to GH challenges?

A: Yes. Many of GH's challenges are best addressed through solutions that fall under the other three pillars of USAID transformation: processes, workforce, and programs. Many of these can be solved within GH and will enable us to better perform and report on USAID's global health programs and impact. A number of process and workforce-related issues have already been prioritized through a participatory process, and teams formed to develop and implement practical solutions to make GH's work more efficient and effective.