

## Education, Geopolitics, and International Health

USAID Administrator Andrew S. Natsios talks to *Horizons*

*Andrew S. Natsios is administrator of the U.S. Agency for International Development (USAID), the lead U.S. government agency providing economic and humanitarian assistance to transitioning and developing countries.*

*President Bush has also appointed him special coordinator for international disaster assistance and special humanitarian coordinator for the Sudan.*

*Natsios is a graduate of Georgetown University and Harvard University's Kennedy School of Government, where he received a master's degree in public administration. He is the author of numerous articles on foreign policy and humanitarian emergencies, as well as the author of two books: "U.S. Foreign Policy and the Four Horsemen of the Apocalypse" (Center for Strategic and International Studies, 1997) and "The Great North Korean Famine" (U.S. Institute of Peace, 2001).*

*We asked Natsios to provide some insight on current issues affecting the USAID mission and the challenges ahead.*



ANDREW S. NATSIOS (C'71)

### What type of role should higher education play in preparing individuals to deal with international health care challenges today and in the future?

This is a very important question and I'm glad I have the opportunity to respond. As threats to global health continue to emerge, institutions of higher learning have a tremendous role to play in the training and preparation of future public health professionals.

At the U.S. Agency for International Development, we often speak about the importance of strengthening

human capacity in the health sectors of developing countries. What we're referencing is the sobering fact that there is a shortage of well-trained health professionals providing accessible, quality health care in the developing world. In Africa, particularly, this problem has reached crisis proportions. For example, the HIV/AIDS pandemic is greatly increasing the number of people requiring care, placing stress on already overburdened health care delivery systems. Simultaneously, doctors, nurses and midwives at times may not provide care because of the

stigma associated with HIV/AIDS, are absent from work to care for a sick family member, are themselves infected with HIV, or have left their countries to seek work abroad. Human resources are being eroded just as countries increasingly need them to provide a growing number of services. For these reasons and more, higher education and members of academia can play an enormous role in recruiting, training, and mentoring young people to tackle some of the most pressing global health threats of our era.

Globally, USAID is addressing human capacity development in the health sector through several avenues, such as professional exchanges, partnership building, technical assistance in workforce study and design, as well as international donor coordination.

At home, USAID takes time and attention in recruiting talented development professionals, many of them coming from top-notch health and science institutions, including Georgetown.

Also, many colleges and universities work closely with USAID through our Office of American Schools and Hospitals Abroad [ASHA], a worldwide program that provides grants to competitively selected private, non-profit universities and secondary schools, libraries, and medical centers abroad. For more than a century, Americans have been expanding educational and medical opportunities to foreign countries by creating institutions that incorporate high educational standards, offering opportunities in areas of the world where often few exist. The purpose is threefold: to provide foreign nationals the benefits of U.S.-based practices in education and medicine, to foster cross-cultural understanding, and to promote civil society. For instance, one of the first institutions to receive an ASHA grant in Africa was Cuttington University College in Liberia, the oldest private, co-educational, four-year degree-granting institution in sub-Saharan Africa. The grant has helped spur advances in medical technology and

practices in the areas of research, training, and patient care.

Since the inception of the program, ASHA has assisted 198 institutions in more than 62 countries, and facilitated the development of libraries, schools, and medical centers. In fiscal year 2003, the office awarded more than \$17 million in grants.

### What do you see as the greatest challenges in the future of international health?

Infectious diseases such as HIV/AIDS, malaria, and tuberculosis are among the most defining global health challenges of our time, and the future will call for well-trained, enthusiastic public health professionals to tackle these epidemics at the policy and practitioner level. The diseases of HIV/AIDS, malaria, and TB are not only diseases of poverty, but also diseases that cause poverty and are major constraints to economic development.

President George W. Bush has made fighting the international HIV/AIDS pandemic a U.S. priority. The President's Emergency Plan for AIDS Relief is the largest commitment ever by a single nation toward an international health initiative, a \$15-billion, multifaceted approach to combating the disease. Through the plan, the U.S. is working with international, national, and local leaders in more than 100 countries to promote integrated prevention, treatment, and care programs, with an urgent focus on countries that are among the most

afflicted by the disease. There is a special focus on 15 nations in Africa, the Caribbean, and Asia.

Likewise, the U.S. is by far the largest contributor to the Global Fund to Fight AIDS, Tuberculosis, and Malaria. So far, the U.S. has spent, requested, or pledged to seek \$1.9 billion to the Global Fund. That's more than a third of the \$5.4 billion pledged to the fund by all nations, organizations and individuals.

### Do you think Georgetown University and, in particular, the School of Nursing & Health Studies are doing well in educating leaders in this field, as well as addressing, through research and service opportunities, health needs here and abroad?

Georgetown University and its School of Nursing & Health Studies have a rich tradition of preparing some of the best and brightest students to become future leaders. As a Georgetown alum myself, I can say that many of my former academic peers are some of the very people I work with today on the world's most pressing global, humanitarian, and transnational concerns. Two years ago, I gave the commencement address at the School of Nursing & Health Studies, and I said that a career abroad and in the international realm offers many rewards, albeit sometimes in the most challenging of circumstances. This holds true today, and I believe that Georgetown University offers great opportunity for students

aspiring to leadership positions, whether in the private sector or in public service.

The nursing school's Bachelor of Science in Health Studies and International Health is unique among undergraduate programs in the country and provides a high level of preparation for postgraduate studies. Secondly, Georgetown's Edmund A. Walsh School of Foreign Service has an impressive partnership with the Fritz Institute to support teaching, research, and workshops aimed at improving international response to disasters and complex humanitarian emergencies. These and other initiatives at Georgetown offer great opportunities for students to gain practical, hands-on development experience.

### **Is there a growing role for faith-based initiatives in dealing with global health crises? How is that trend making a difference?**

Absolutely. Faith-based organizations make an important contribution to the delivery of humanitarian and economic assistance in much of the world. Faith-based organizations acting alone or in partnership with local and national governments, community-based organizations, institutions of higher education, and other private organizations do much good work to meet the pressing needs of countries and their citizens.

USAID has a long and rich history of working with faith-based groups and other community organizations to increase the reach and effectiveness of

our programs. As I'm sure you're well aware, President Bush has directed all federal agencies, including USAID, to take steps to ensure that federal policy and programs are fully open to faith-based and community groups in a manner that is consistent with the Constitution. We believe that faith-based groups bring unique advantages to the needs of disadvantaged people overseas struggling to make a better life, recover from disaster, or live in a free and democratic country.

One of the basic tenets of the President's Emergency Plan for AIDS Relief is to encourage bold leadership at every level to fight HIV/AIDS. That includes the faith community. For instance, I was recently in Ethiopia, and I met with the patriarch of the Ethiopian Orthodox Church. We are working with the patriarch and the archbishops in the Ethiopian Church on HIV/AIDS. I also met with the chairman of the Islamic Council as 40 percent of Ethiopia is Muslim. Additionally, we are working with the mullahs in the mosques and the priests in the churches in Ethiopia. And we're doing this in many other countries as well, because religious leaders can be a very powerful force in spreading the message on behavior change. Abstinence and faithfulness are aspects not only in Christian teaching, but also in Islamic, Jewish, and Buddhist teaching, as well. Our collaborations with religious institutions are very important, and we plan to continue this work for a long time to come.

### **Has the work of USAID been affected in any way by the current international political climate? Has its role grown in places such as Iraq and Afghanistan? Is it now more difficult to work in certain countries than it was in the past?**

Sept. 11 and the war on terrorism have brought the most fundamental changes in security challenges facing the United States since the beginning of the Cold War.

To address these new challenges, in September 2002, President Bush unveiled his National Security Strategy. It outlined the new direction in foreign policy that was required to respond effectively to what occurred the previous September. Among the tools that would be engaged in the new war was "development." Indeed, it was elevated as a "third pillar" of our foreign policy, along with defense and diplomacy. This brought USAID into the front lines of a new kind of war that defied the conventional thinking of the past. This has led to a broadening of USAID's mandate, thrusting us into situations that go beyond our traditional role. The U.S. Agency for International Development has historically been associated with foreign assistance programs aimed at helping traditional developing countries, supporting important geostrategic partners, and providing humanitarian assistance. We will continue these commitments, while reorienting our approach to traditional development programs. But the changes wrought by

the end of the Cold War and, more recently, by the terrorist attacks of Sept. 11, 2001, have led us to concentrate more of our effort and resources on fragile and failing states, post-conflict recovery, and addressing global and transnational issues. As the National Security Strategy states, "America is now threatened less by conquering states than by failing ones." These fragile states are characterized by a growing inability or unwillingness to provide even basic services and security to their populations. Our goal is to stabilize, reform, and help these states recover to a point where they are better able to provide for their own further development. We are developing a strategy for fragile states that focuses on the causes of institutional weakness and violent conflict, whether in circumstances of complex disaster, post-conflict reconstruction, or stagnant growth. The creation of our Bureau of Democracy, Conflict, and Humanitarian Assistance, and the Office of Conflict Management and Mitigation within it, are major initiatives to address this new and difficult area in foreign assistance.

Our work in Iraq is the largest reconstruction effort undertaken since the Marshall Plan, focusing on four major areas, such as rehabilitation of public services like water and sanitation, renewal and reform of the Iraqi economy, implementing health and education programs, and advancing local and national governance. To date, we've made tremendous progress.

Particularly in the area of health, we are engaged in efforts to rebuild the water and sewer systems. Right now, raw waste from Baghdad's 3.8 million residents floats untreated directly into the Tigris River, and as you know, a major cause of childhood death in the developing world is dirty, contaminated water. We are now working on rehabilitating nine sewage treatment plants, and some have already opened. We will increase treated wastewater by 250 million gallons per day by the first quarter of 2005. By the end of 2005, there will be an increase of 420 million gallons per day. That will improve sewage treatment for about 4.7 million people, and in the water sector about 6.4 million people, which is about a quarter of the population.

On Dec. 16, we just completed the \$23-million rehabilitation of Southern Iraq's Sweet Water Canal, a vital 149-mile waterway that sends water from the canal's reservoir through a network of pipelines leading to residential, commercial, and agricultural users. The completed USAID project improves the quality and nearly doubles the quantity of fresh, potable water produced for the 1.75 million people of the Basrah region. The training of local plant managers insures proper maintenance in the future. In addition, we have renovated more than 100 primary health care centers, and have now immunized more than three million children under the age of five.

We have educated 700,000 pregnant women in neonatal care, and they

are now included in monthly immunization days. Roughly 1.6 million women of childbearing age are receiving iron supplements. USAID has provided skills training for approximately 2,500 primary health care providers and 700 physicians. In addition, we have trained 2,000 health educators, teachers, religious leaders, and youth to mobilize communities on hygiene, diarrhea, breastfeeding, and other topics. On nutrition, we've enabled 1.3 million children under five to be screened for malnutrition, and we've distributed high-protein biscuits and fortified milk to more than 450,000 children and 200,000 pregnant and nursing mothers.

Specifically for nurses, we have worked closely with the Iraqi Nursing Association to help local nurses purchase new uniforms, bed linens, and nurses' kits, which include essential medical supplies. We will continue to collaborate with the nurses and the Iraq Ministry of Health to reconstruct the country's health system.

In Afghanistan, the role of international health is just as challenging. Currently, one of every four Afghan children dies before the age of five, and adults face an average life expectancy of only 46 years. The health status of the Afghan people is among the worst in the world. Years of civil war, compounded by Taliban rule and the worst drought in memory, devastated Afghanistan. At the time that the Taliban was forced out of power, half of Afghanistan's people lived in

absolute poverty and were unemployed. This massive destruction of Afghanistan's infrastructure was matched by destruction of the nation's institutions as well. Afghanistan virtually ceased to exist as a nation-state, with no functioning army, police, border controls, civil service, or viable ministries to support the state. U.S. and other international relief officials entering Afghanistan in early 2002, after the defeat of the Taliban, encountered a substantial humanitarian, human rights, and reconstruction crisis.

Reconstruction assistance has been heavily invested in basic primary education and the restoration of health facilities, with an emphasis on small rural clinics. In the health field, working with the Afghan Ministry of Health, USAID has established the goal of opening and staffing a functioning health clinic within four hours' travel of every part of Afghanistan's scattered and often-isolated rural population. In December 2003, a gathering of Afghan, American, and international officials commemorated the completed paving of the 300-km Kabul-to-Kandahar highway that overcame rugged terrain, 600-km supply lines, minefields, and repeated attacks by Taliban remnants. The newly paved roadway will allow impoverished farmers to access new markets, spare sick children and pregnant women from a bone-crunching, hours-long trip to health clinics, and facilitate school construction in isolated regions.

To date, other health sector achievements in Afghanistan include the rehabilitation of 72 health clinics, birth centers, and hospitals; the vaccination of 4.2 million children against measles and polio, likely preventing some 20,000 deaths; providing basic health services to more than two million people in 21 provinces – 90 percent being women and children; and rehabilitating the water systems of Kandahar and Kunduz, which will provide water to 700,000 people.