OFFICE OF GLOBAL HEALTH AFFAIRS

FY 2008 ANNUAL PERFORMANCE REPORT

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Transmittal Letter

On behalf of the Office of Global Health Affairs (OGHA), I am pleased to submit our 2008 Annual Performance Report. Our organization was rated exceptional in the HHS end-of-Year Organizational Assessment. This past year, OGHA continued to be a highly productive, customer-oriented, oriented, financially accountable organization. The Office of Global Health Affairs (OGHA) represents the Department of Health and Human Services (HHS) to other governments, Federal Departments and agencies, international organizations, and the private sector on global health, welfare and family issues. OGHA was successful in support of the HHS Mission and the Secretary's priorities; providing policy and staffing support to HHS leaders in the area of global health and family issues and policy advice; leadership and coordination of international health and social matters across HHS; and leveraging resources and ideas to maximize national program and policy impact.

The HHS Afghanistan Health Initiative supports Rabia Balkhi Hospital (RBH) a Ministry of Public Health supported hospital, in Kabul, Afghanistan, which delivers care to high-risk women at a rate of 13,000-14,000 deliveries a year. The goals of the initiative include increasing the core knowledge and clinical skills of the physicians and other health-care professionals at RBH; improving the leadership and management skills of the hospital administrators; implementing a quality-assurance collaborative for Caesarian-Section to reduce such rates as the overall intrapartum and postpartum maternal mortality rate; improving the case-specific maternal mortality rate associated with Caesarian-section (C-section), the prenatal intrapartum mortality rate, and newborn pre-discharge mortality rate, and improving anesthesia outcomes that affect infants and mothers. As a result of our previous senior managers meetings, OGHA identified three program improvements that would enable Afghanistan Health Initiative to improve the performance of the program to better serve the intended service population.

For the United States-Mexico Border Health Commission (BHC) a number of key adjustments were made for 2008 that included the deletion of two new measures that relate more to the issues that more directly relate to public health along the border. Two new long-term performance objectives were created that are indicative of the strategic role of the BHC, plus the modification of one objective that improved the clarity of the performance measure in line with the data being collected. By developing new measures OGHA will be better able to assess the progress of the BHC in achieving the stated purpose of this program. During the 2008 Annual Meeting of the United States-México Border Health Commission meeting in McAllen, HHS and the Mexican Secretary of Health, renewed a Memorandum of Understanding between the United States and México on health, first established in 1996, and last renewed in 2001. The new version of the agreement includes reference(s) to the United States-México Border Health Commission (BHC) for the first time, and pledges a continuous commitment to work together to address common issues of public health and science.

In those measures where OGHA did not meet their targets, actions are being taken to create new measures that are more reflective towards a programs actual performance.

/William R. Steiger/
William R. Steiger, Ph. D.
Director

Introduction to FY 2008 Annual Performance Report

Introduction

This FY2008 Annual Performance Report provides information on OGHA's actual performance and progress in achieving the goals established in the FY 2008 Annual Performance Plan which was published in February 2007.

The goals and objectives contained within this document support the Department of Health and Human Services' Strategic Plan (available at http://aspe.hhs.gov/hhsplan/2007/).

Table 1: Summary of Performance Targets and Results Table. Office of Global Health Affairs

Fiscal Year	Total Targets	Targets with Results Reported	Percent of Targets with Results Reported	Total Targets Met	Percent of Targets Met
2005	15	15	100%	9	67%
2006	15	15	100%	3	27%
2007	15	15	100%	3	27%
2008	15	15	100%	2	25%
*2009	12	N/A	N/A		

*Afghanistan Health Initiative was PARTed/reassessed in 2007 and the United States-Mexico Border Health commission (BHC) was last PARTed in FY05. OGHA is currently working on changing the performance measures for the Afghanistan Health Initiative to reflect more accurate measures and outputs and reflect program performance.

Table 2: Outputs/Outcomes Table. Afghanistan Health Initiative

#	Key Outcomes	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2008 Target	FY 2008 Actual
1.1	The mortality rate at Rabia Balkhi Hospital (RBH) in Kabul, Afghanistan *(In 2008 this was changed to mortality rate per 100,000 C-sections).	146	170	136.5	130	129.5	120	Not Available
1.2	The percent of trainees enrolled in courses	50%	755	70%	80%	99%	85%	95%
1.3	The time to hire and deploy essential staff trainers	3 mos	2.5 mos	4.2 mos	3 mos	4.5 mos	2.5 mos	2.0 mos
1.4	The percent of staff trainers who fulfill the agreed upon in-country contract.	80%	89%	85%	89%	87.5%	92%	90%
1.5	The intrapartum mortality rate among neonates with a birth specific rate	5.2	5.8	8.7	6.3	7.8	6	[14.3]

	of 2500 grams at RBH in Kabul, Afghanistan							
1.6	The predischarge neonatal mortality rate among neonates with a birth specific weight of 2500 grams at RBH in Kabul, Afghanistan.	2.2	2.2	2.54	2.2	2.50	2.0	[1.9]
1.7	The percent of nurse midwives who meet competency measures on the 37 Afghanistan Standards of Practice.	40%	50%	75%	85%	71%	88%	80%
1.8	The post-operative infection rate among maternity patients at RBH in Kabul, Afghanistan.	3.75	3.0	6.3	3.0	1.8	2.7	4.0

HHS Afghanistan Health Initiative

To support the Afghanistan Freedom Support Act of 2002, the U.S. Department of Health and Human Services (HHS) has made investments in Afghanistan focused on improving the health outcomes of mothers and newborns in Kabul. The HHS Afghanistan Health Initiative (AHI) targets Rabia Balkhi Hospital (RBH) and its community catchment area. The HHS Office of Global Health Affairs (HHS/OGHA) leads the implementation of a

clinical and public-health strategy at RBH that adopts a “systems” approach, for which a Coordinator and Project Officer provide oversight and coordination. The HHS Indian Health Service (HHS/IHS) serves as the technical lead for the clinical component, and the HHS Centers for Disease Control and Prevention (HHS/CDC) serves as the technical lead for the public-health component.

The clinical efforts concentrate on creating a quality-assurance collaborative to make Caesarian-section births (C-sections) safer at RBH, and on developing a vertical referral network of community clinics and hospitals within RBH's catchment area. The public-health component targets the development of surveillance systems linked to the quality-assurance process that initially focus on C-sections at RBH, and on the development of capacity at the Afghan Ministry of Public Health to use data to make informed decisions about patient care and hospital management, including using data to shape the foundation for a quality-assurance collaborative on C-sections to begin in 2009.

1.1. * In 2008, this measure changed to maternal mortality per 100,000 C-sections; this data is being derived from a 30-day intensive Patient-Outcome Assessment conducted Oct-Nov 08 and will be available by March 2009. Data available for this measure will stem from a much more rigorous data-collection process, and thus will be less subject to under-reporting by RBH staff; additionally, preliminary data show the risk profile of the women cared for at RBH has been increasing over time, as RBH is gaining a reputation as a more competent tertiary hospital, and is now receiving women with more serious complications who are arriving at the hospital late.

1.2. Exceeded target goal; currently there are many ongoing courses are taking place for staff members, and they are taking advantage of various learning opportunities, in accordance with their clinical roles.

1.3. Exceeded target goal; In the last year the project has focused on using more U.S. Government personnel from the HHS Indian Health Service as clinical trainers in the place of expatriates hired by the non-governmental organization (NGA) under our cooperative agreement, so this performance measure is really based on a small number of expatriate staff hired by the NGO.

1.4. Target goal not met, but trends continued to improve; in the last year, the project has focused on using more U.S. Government personnel from the HHS/Indian Health Service as clinical trainers in the place of expatriates hired by the NGO so this performance measure is really based on a small number of expatriate staff hired by the NGO; fulfilling a contract agreement is not pertinent to the HHS/IHS personnel who are serving in this role; the majority of the NGO staff are now Afghan program support staff, and this measurement does not apply. The denominator of this measure is therefore very small, and the difference between 90 percent and 92 percent less significant.

1.5. Target goal not met, but this is a very preliminary estimate as the data has not been fully analyzed-an update will come during the next reporting period; these data stem from a much more rigorous data collection process since the summer of 2009, and thus are less subject to under-reporting by RBH staff; additionally, preliminary data show the risk profile of the women cared for at RBH has been increasing over time, as RBH is gaining a reputation as a more competent tertiary hospital and thus is receiving women with more serious complications the hospital late.

1.6. Target goal met but this is a very preliminary estimate, as we have not fully analyzed the data. We will provide an update by March 2009; this data is the result of a much more rigorous data collection process since the summer of 2009 and thus is less subject to under-reporting by RBH staff. Additionally preliminary data show the risk profile of the women being cared for at RBH has been increasing over time as RBH is gaining a reputation as a more competent tertiary hospital, and is receiving women with more serious complications who are arriving at the hospital late.

1.7. Target goal not met, but trends continued to improve. These are service delivery intervention tools, formulated to help only in the standardization of care. They are geared to preventive measures, mostly in preventing infections the surgical unit, labor and delivery suites, dental department, kitchen, laundry, waste-disposal area, and blood bank.

1.8. Although the target goal appears not met, the post-operative infection rate for Caesarian sections in the United States is 3.1; thus the target goal for a developing country such as Afghanistan was set much too low. The reported rate is not much higher than that for a developed country (United States), which should be considered successful. This is a result of an intensive focus on infection-control practices and the use of prophylactic antibiotics to prevent infection.

Table 3: Outputs/Outcomes Table. United States – Mexico Border Health Commission

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual	FY 2005 Target	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2009 Target
1.1	Reduce the percent of indirect spending on border health activities	16%	24.6%	11%	4%	10%	2.4%	9%	7%	9%

1.2	The percentage of Health Border 2010 population level health outcome objectives with baseline data that have been achieved.	0% (2003)	N/A	N/A	N/A	N/A	14%	N/A	N/A	50% (2010)
1.3	The incidence of tuberculosis cases per 100,000 inhabitants on the U.S. side of border.	10.3 (2003)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	5
1.4	The incidence of HIV cases per 100,000 inhabitants on the U.S. side of border.	8.4 (2000)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	4.2 (2010)
1.5	The diabetes death rate on the United States side of the border (number of deaths per 100,000 inhabitants).	25.2 (2003)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	24.5

1.6	United States-Mexico Border Health Commission (BHC): Border Binational Health Week (BBHW) celebrated on both sides of the U.S. Mexico Border	19,566	15,836	25,000	10,688	25,000	10,774	25,000	20,576	25,000
1.7	Cumulative number of health related organizations that have adopted population-level health outcome objective of the BHC – Healthy Border 2010 Strategy into their planning, programming or funding process. (New Measure – 2008)	N/A	N/A	N/A	21%	41%	57%	73%	57%	100%

United States – Mexico Border Health Commission

The United States-Mexico Border Health Commission works with Mexico to identify and evaluate current and future health problems that affect the border area. Activities include conducting public health needs assessments, supporting health promotion and disease prevention activities, and monitoring health problems.

1.1 Target goal met; the reduction of indirect spending costs on border health activities is progressing well. The lower the indirect costs, the higher the percentage of funds committed to direct program activities. The program believes the 2007 actual of 2.4% should be read as a lower range of what will probably be a fluctuating number; the Commission's indirect cost rate is expected to increase in 2008 since: (1) the BHC office in El Paso, TX is projecting to replace all computer and support equipment, since all existing equipment is original from the start-up of the office in 2001; and (2) the BHC El Paso, TX office just completed a relocation to a new location and the annual rental cost will increase during the next five years. Data is calculated by the program based on program financial data.

1.2 Target goal not met; this is a new long term measure with expected results for 2010. The Healthy Border 2010 initiative is a program of health education and health promotion that established population-level health outcome objectives for the US-Mexico border region (e.g. “Reduce deaths due to diabetes in the border region by 10%”). It is modeled after the U.S. Healthy People 2010 initiative, and incorporates objectives of Mexico’s National Health Indicators Program. As of the end of 2007, 14 of the 22 objectives had baseline data, and 12 of the 14 were progressing toward the 2010 goal. Of these, 2 have already surpassed the 2010 goal (reducing childhood injuries and hepatitis A incidence).

1.3 Target goal not met; this is a long term measure with expected results for 2010. The Commission works to reduce the incidence rate of tuberculosis by raising awareness and stimulating interest in addressing border health issues among stakeholder organizations that can take actions to meet these targets. Data is collected from the four border state departments of health (Arizona, New Mexico, Texas, and California).

1.4 Target goal not met; this is a long term measure with expected results for 2010. The Commission works to reduce the HIV incidence rate by raising awareness and stimulating interest in addressing border health issues among stakeholder organizations that can take actions to meet these targets. Data is collected from the four border state departments of health.

1.5 Target goal met; The Commission works to reduce the diabetes death rate by raising awareness and stimulating interest in addressing border health issues among stakeholder organizations that can take actions to meet these targets. The data source is the CDC’s National Vital Statistics System.

1.6 Target goal not met; although the number of health care providers participating in Border Binational Health Week has increased, the number of screenings has declined;

the program attributes this to decreased demand from patients, due to the increased availability of Community Health Centers and other public and private providers in the border region. Data is collected by the Commission using a standardized questionnaire completed by public and private agencies and organizations estimating the number of people served through public health education services or health care screenings provided during Border Binational Health Week.

1.7 Target goal not met; new measure established in 2008. This measure identifies the percentage of health-related organizations in the four border states that have adopted Healthy Border 2010 health outcome objectives into their planning, programming or funding process – meaning such an organization has made an explicit decision to work toward population-level health objectives in Healthy Border 2010. The BHC promotes and encourages the use of Healthy Border 2010 through direct communication with a wide network of partners and publicizing information about Healthy Border 2010 on the BHC's website and through other communication instruments The incorporation of the Healthy Border 2010 framework into more organizations' missions' results in more resources being applied to achieving these objectives. The BHC collects this data through its partnership with U.S. and Mexican state departments of health, and other public and private organizations. This measure supports the program's population-level health outcome measures (which are themselves health objectives taken from Healthy Border 2010) by increasing the number of organizations working to reduce the incidence rate of tuberculosis and HIV and the diabetes death rate in the border population. The denominator of this percentage is 102 organizations, and is a rough estimate based on the number of border health non-profits listed on http://www.guidestar.org/ plus the number of state and local health departments in the four border states; this denominator will be updated during the Fall of 2008 with a more accurate number.

Table 4: HHS Strategic Plan

HHS Strategic Goals and Objectives	OGHA Strategic Goal: Effectiveness: Development and coordination of international	OGHA Strategic Goal: Efficiency: Achieve wider access to effective health care service	OGHA Strategic Goal: Organizational Excellence: Develop efficient and responsive business processes
1: Health Care Improve the safety, quality, affordability and accessibility of health care, including behavioral health care and long-term care.			
1.1 Broaden health			

insurance and long-term care coverage.			
1.2 Increase health care service availability and accessibility.		X	
Measure 2A			
Measure 2B			
1.3 Improve health care quality, safety and cost/value.			
Measure 3A			
1.4 Recruit, develop, and retain a competent health care workforce.			
2: Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness Prevent and control disease, injury, illness and disability across the lifespan, and protect the public from infectious, occupational, environmental and terrorist threats			
2.1 Prevent the spread of infectious diseases.			
2.2 Protect the public against injuries and environmental threats.			
2.3 Promote and encourage preventive health care, including mental health, lifelong healthy			

behaviors and recovery.			
2.4 Prepare for and respond to natural and man-made disasters.			
3: Human Services Promote the economic and social well-being of individuals, families and communities.			
3.1 Promote the economic independence and social well-being of individuals and families across the lifespan.			
3.2 Protect the safety and foster the well being of children and youth.			
3.3 Encourage the development of strong, healthy and supportive communities.	X	X	
3.4 Address the needs, strengths and abilities of vulnerable populations.	X		
Strategic Goal 4: Scientific Research and Development Advance scientific and biomedical research and development related to health and human services.			
4.1 Strengthen the pool of qualified health and behavioral science			X

researchers.			
4.2 Increase basic scientific knowledge to improve human health and human development.			X

Table 5: Data Source and Validation Table

Measure Unique Identifier	Data Source	Data Validation
AHI 1.1	RBH Staff and HHS Staff	HHS/OGHA Senior Management, Program Coordinator, Project Officer
AHI 1.2	Data collected by Program Coordinator and HHS staff.	HHS/OGHA Senior Management, Program Coordinator, Project Officer
AHI 1.3	Data collected by Program Coordinator and HHS staff.	HHS/OGHA Senior Management, Program Coordinator, Project Officer
AHI 1.4	Data collected by Program Coordinator and HHS staff.	HHS/OGHA Senior Management, Program Coordinator, Project Officer
AHI 1.5	Data collected by Program Coordinator and HHS staff.	HHS/OGHA Senior Management, Program Coordinator, Project Officer
AHI 1.6	Data collected by Program Coordinator and HHS staff.	HHS/OGHA Senior Management, Program Coordinator, Project Officer
AHI 1.7	Data collected by Program Coordinator and HHS staff.	HHS/OGHA Senior Management, Program Coordinator, Project Officer
AHI 1.8	Data collected by Program Coordinator and HHS staff.	HHS/OGHA Senior Management, Program Coordinator, Project Officer
BHC 1.1	HHS Financial Management System Data is calculated by the program based on program financial data.	HHS Financial Management System, HHS/OGHA Senior Management, US Border Health Commissioners
BHC I 1.2	Regional State Offices participant tracking system using participant evaluations.	HHS/OGHA Senior Management, US Border Health Commissioners, State Health Offices, Program Coordinator

BHC 1.3	Data is collected from the four border state departments of health (Arizona, New Mexico, Texas, California).	HHS/OGHA Senior Management, US Border Health Commissioners, State Health Offices, Program Coordinator
BHC 1.4	Data is collected from the four border state departments of health.	HHS/OGHA Senior Management, US Border Health Commissioners, State Health Offices, Program Coordinator
BHC 1.5	The data source is the CDC's National Vital Statistics System.	HHS/OGHA Senior Management, US Border Health Commissioners, State Health Offices
BHC 1.6	Data is collected by the Commission.	HHS/OGHA Senior Management, US Border Health Commissioners, State Health Offices
BHC 1.7	Data is collected by Commission from U.S. and Mexican state departments of health, and other public and private organizations.	HHS/OGHA Senior Management, US Border Health Commissioners, State Health Offices