

OFFICE OF GLOBAL HEALTH AFFAIRS

ONLINE PERFORMANCE APPENDIX

FISCAL YEAR 2010

Summary of Performance Targets and Results Table
Office of Global Health Affairs

| FY | Total Targets | Results Reported | | Targets | | | |
|-------|---------------|------------------|------|---------|---------|----------|------|
| | | Number | % | Met | Not Met | | %Met |
| | | | | | Total | Improved | |
| 2004 | 15 | 15 | 100% | 9 | 0 | 1 | 67% |
| 2005 | 15 | 15 | 100% | 9 | 5 | 1 | 67% |
| 2006 | 15 | 15 | 100% | 3 | 11 | 1 | 27% |
| 2007 | 15 | 15 | 100% | 3 | 10 | 2 | 33% |
| 2008 | 15 | 15 | 100% | 2 | 13 | 3 | 25% |
| *2009 | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| *2010 | N/A | N/A | N/A | N/A | N/A | N/A | N/A |

*Afghanistan Health Initiative was PARTed/reassessed in 2008 and the United States-Mexico Border Health commission (BHC) was last PARTed in 2008. OGHA has worked with OMB and has changed the performance measures to reflect more accurate measures and outputs and reflect program performance. Health Diplomacy Initiative Performance Targets are currently being developed.

Afghanistan Health Initiative

Funding for the Afghanistan Health Initiative was established through the Afghanistan Freedom Support Act of 2002. Starting in Fiscal Year (FY) 2003, The Department of Health and Human Services (HHS) received funding for the initiative, aimed at supporting the reconstruction of that country by improving maternal and child health, and reducing maternal and child mortality. Specifically, the activities of the HHS Afghanistan Health Initiative have focused on Rabia Balkhi Hospital (RBH), in Kabul, Afghanistan. Accomplishments have focused on the following:

- Increase the core knowledge and clinical skills of the physicians and other health-care professionals at RBH;
- Improve the leadership and management skills of the hospital administrators;
- Implement a quality-assurance collaborative for Caesarian-Section to reduce such rates as the overall intrapartum and postpartum maternal mortality rate;
- Improve the case-specific maternal mortality rate associated with Caesarian-section (C-section), the perinatal intrapartum mortality rate, and newborn pre-discharge mortality rate, as well as improvement in anesthesia outcomes that affect infants and mothers ;
- Conduct a Patient Outcome Assessment to better delineate the the risk profile of the patients seeking care at RBH and use this information to introduce quality improvement projects to continuously enhance the quality of patient care;
- In accordance with an HHS agreement with the Ministry of Public Health, provide support and technical consultation to the "RBH mini-system" which is comprised of several facilities that refer patients to RBH;

- Provide hepatitis B vaccination and needlestick prevention training to the healthcare workers at RBH.

By strengthening hospital management and leadership, and clinical capacity for physicians, midwives and other health providers at RBH, we are working to improve the quality of maternal and infant birth outcomes and hospital system components. As part of the Afghanistan Health Initiative, HHS has also worked with the Afghanistan Ministry of Public Health (MoPH) to help the MoPH implement its national health strategy, and to support the MoPH as it builds capacity to sustain these public-health and medical investments in RBH.

United States-Mexico Border Health commission (BHC)

The United States México Border Health Commission (USMBHC), established as a binational entity in 2000, provides international leadership to optimize health and quality of life along the United States–México border. Its primary goals are to institutionalize a U.S. domestic focus on border health, and create an effective binational venue to address the public health challenges that impact border populations in sustainable and measurable ways. The USMBHC facilitates identification of public health issues of mutual significance; supports studies and research on border health; and, brings together effective federal, state and local public/private resources by forming dynamic partnerships and alliances to improve the health of the border populations through creative, multi-sectoral approaches. The Office of Global Health Affairs is the Secretary's focal point of coordination for the USMBHC; and the HHS Secretary is the Commissioner for the U.S. Section.

The USMBHC promotes (1) sustainable partnerships which engage international, federal, state and local public health entities in support of annual initiatives around critical border health priorities that for 2010 that will focus on tuberculosis, obesity and diabetes and infectious disease as impacted by public health emergencies; (2) leads the development of a comprehensive border health research agenda that will inform policy makers, researchers and entities which fund research where research gaps, needs and opportunities lay; (3) hosts the annual National Infant Immunization Week/Vaccination Week of the Americas (NIIW/VWA) that promotes the benefits of infant immunization in a regional and binational approach unmatched by any region anywhere in either country and the annual Border Binational Health Week events along the entire U.S.-México border, which bring together local communities for health screenings, health education interventions and other unique training and education forums. In FY 2009 for Border Binational Health Week, the USMBHC helped to host 120 events along both sides of the border, engaging over 300 partners, and providing over 43,000 free health screenings and educational opportunities to U.S. and México border residents (U.S. side nearly 21,000 and México side nearly 22,000), reflecting a composite of various resources (including financial and in-kind support) from federal, State, local and community stakeholders.

Outputs/Outcomes Table

Afghanistan Health Initiative

| # | Key Outcomes | FY 2004 | FY 2005 | FY 2006 | | FY 2007 | | FY 2008 | FY 2009 | FY 2010 |
|---|---|---------|---------|---------|---------|---------|---------|---------|---------|------------|
| | | Actual | Actual | Target | Actual | Target | Actual | Actual | Target | Target |
| Long-Term Objective 1: By 2007, reduce by 20% the number of maternal and neonatal deaths in Afghanistan. The overall purpose of the program is to achieve the long term goal by improving the skills and training of the hospital staff. | | | | | | | | | | |
| 1.1 | The mortality rate at Rabia Balkhi Hospital (RBH) in Kabul, Afghanistan. | 189 | 146 | 170 | 136.5 | 130 | 129.5 | N/A | 110 | <u>105</u> |
| 1.2 | <u>The percent of trainees enrolled in courses.</u> | N/A | 50% | 75% | 70% | 80% | 99 | 95% | 99% | 95% |
| 1.3 | The time to hire and deploy essential staff trainers. | N/A | 3 mos | 2.5 mos | 4.2 mos | 3 mos | 4.5 mos | 2.0 mos | 2 mos | 1.5 mos |
| 1.4 | The percent of staff trainers who fulfill the agreed upon in-country contract. | N/A | 80% | 89% | 85% | 89% | 87.5% | 90% | 95% | 95% |
| 1.5 | The intrapartum mortality rate among neonates with a birth specific rate of 2500 grams at RBH in Kabul, Afghanistan. | 7 | 5.2 | 5.8 | 8.7 | 6.3 | 7.8 | [14. 3] | 5.8 | 5.2 |
| 1.6 | The predischage neonatal mortality rate among neonates with a birth specific weight of 2500 grams at RBH in Kabul, Afghanistan. | 2.7 | 2.2 | 2.2 | 2.54 | 2.2 | 2.50 | [1.9] | 1.9 | 1.8 |
| 1.7 | The percent of nurse midwifery's who meet competency measures on the 37 Afghanistan Standards of Practice. | N/A | 40% | 50% | 75% | 85% | 71% | 80% | 92% | 95% |
| 1.8 | The post-operative infection rate among maternity patients at RBH in Kabul, Afghanistan. | 3.7 | 3.75 | 3.0 | 6.3 | 3.0 | 1.8 | 4.0 | 2.5 | 2.3 |

United States – Mexico Border Health Commission

| # | Key Outcomes | FY 2004 | FY 2005 | FY 2006 | | FY 2007 | | FY 2008 | FY 2009 | FY 2010 |
|--|--|-------------|-----------------|---------|-----------------|---------|-----------------|---------|---------|-----------|
| | | Actual | Actual | Target | Actual | Target | Actual | Actual | Target | Target |
| Long-Term Objective 1: To improve access to primary health care via the Healthy Border 2010 | | | | | | | | | | |
| 1.1 | Reduce the percent of indirect spending on border health activities | 16% | 24.6% | 11% | 4% | 10% | 2.4% | 7% | 7% | <u>6%</u> |
| 1.2 | <u>The number of health cards distributed to health care providers.</u> | 29,343 | Not Distributed | N/A | Not Distributed | N/A | Not Distributed | N/A | N/A | N/A |
| 1.3 | The incidence of tuberculosis cases per 100,000 inhabitants on the U.S. side of border. | 10 | 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 |
| 1.5 | The diabetes death rate on the United States side of the border (number of deaths per 100,000 inhabitants). | 26.9 (2000) | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 24.2 |
| 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 | 20,576 | 25,000 | 25,000 |
| 1.7 | Increase the number of patients at the U.S. Mexico border using the TB Card. | 470 | 1281 | 600 | 97 | 600 | 26 | 57% | N/A | N/A |

| OGHA Strategic Goals | | |
|--|--|---|
| Effectiveness: Development and coordination of international | Efficiency: Achieve wider access to effective health care service. | Organizational Excellence: Develop efficient and responsive business processes. |

| HHS Strategic Goals and Objectives | | | |
|---|---|---|---|
| 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. | | | |
| Measure 1A | | | |
| Measure 1B | | | |
| 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 researchers. | | | X |
| 4.2 Increase basic scientific knowledge to improve human health and human development. | | | X |

Summary of Full Cost
(Budgetary Resources in Millions)

| HHS Strategic Goals and Objectives | STAFFDIV/OGHA | | |
|---|----------------------|--------------------|--------------------|
| | FY 2008 | FY 2009 | FY 2010 |
| 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. | 5,892 | 5,789 | 5,789 |
| 1.3 Improve health care quality, safety and cost/value. | | | |
| 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. | | | |
| 3.4 Address the needs, strengths and abilities of vulnerable populations. | 3,522 | 3,522 | 3,522 |
| Strategic Goal 4: Scientific Research and Development <i>Advance</i> scientific and biomedical research and development related to health and human services. | | | |
| 4.1 Strengthen the pool of qualified health and behavioral science researchers. | | | |
| 4.2 Increase basic scientific knowledge to improve human health and human development. | | 7,000 | 2,000 |
| 4.3 Conduct and oversee applied research to improve health and well-being. | | | |
| 4.4 Communicate and transfer research results into clinical, public health and human service practice. | | | |
| Total | 9,796 | 16,311 | 11,311 |

