

RELEASE IN FULL

**From:** Mills, Cheryl D <MillsCD@state.gov>  
**Sent:** Wednesday, August 15, 2012 8:40 AM  
**To:** H  
**Subject:** RE: Today's GHI meeting with Eric, Tom F, Raj and Lois

On your chair

-----Original Message-----

**From:** H [mailto:HDR22@clintonemail.com]  
**Sent:** Wednesday, August 15, 2012 6:50 AM  
**To:** Mills, Cheryl D  
**Subject:** Re: Today's GHI meeting with Eric, Tom F, Raj and Lois

Pls give me a copy.

Sent from my iPad

On Aug 15, 2012, at 4:58 AM, "Mills, Cheryl D" <MillsCD@state.gov> wrote:

> I want to get with you for 10 minutes this morning about this meeting. We need this as a come to Jesus about expectations in the post GHI Office world.

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> I will re-give you memo that reflected USAID/CDC/PEPFAR recommendation that you embraced to move from a GHI office (coordinating the inner agency --PePFAR, USAID and CDC -- to achieve our GHI targets which was supposed to shift to USAID upon achievement of benchmarks) to a GHD office (coordinating the diplomacy and external partners/efforts necessary to achieve GHI goals and sustainable health systems). The issue is to move people past their perennial agency equities to the broader objectives.

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> The agenda is simple:

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> (1) What is status of June/July hill/stakeholder briefings and rollout;

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> (2) What is the status on executing the transition of S/GHI role(s);

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> (3) What is the status/timeframe for getting S/GHD office/leadership stood up.

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> On (1) - would ask this to Lois and invite others' impressions; you can also use it to share disappointment that simple message of transition from GHI office (and internal coordination) to GHD office (and external coordination) was lost and we need continuing and more vigorous engagement to get this across.

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> On (2) - would also pose to Lois and invite others;

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> On (3) - would pose that to Daniella and me; this is where classic tensions are re-showing to ensure this office is not empowered to tell them (mainly USAID but some CDC) what to do. That's fine on one level but the three entities have to have new way to ensure coordinated engagement and guidance for GHD to champion our collective GHI priorities in diplomatic arena.

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> I want your voice to help reinforce the expectation that:

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> 1. the GHD office at a minimum must use our diplomatic assets to support building sustainable, country-owned health systems in partner countries, and enable us to deliver on the specific GHI targets and the laddered up GHI goals of – creating an Aids-free generation, investing in women/saving mothers, ending preventable child deaths.

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> 2. That to do this, the Office must:

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> ☐ Be a partner to the existing GHI principals -- as well as to the leadership teams -- at USAID, CDC and OGAC to support: a coordinated approach, the leverage of our collective assets, and their actions to maximize efficiencies in the execution of our plans, programs to achieve the greatest number of lives saved.

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> ☐ Work with our Ambassadors and bureaus to secure commitments from donors and recipient countries for investments in health, particularly investments that contribute to building strong, country-owned health systems; and,

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> ☐ Facilitate a proactive, coordinated USG role and policy with international health organizations

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> I will lay these points out in response to ques 3, but you reinforcing we need to move forward with this frame of reference is very much needed to animate people to the reality that we are going to follow through fully on rec in memo and they need to coordinate to ensure clear priorities for OGHD going forward in absence of an empowered convener (GHI Office head) of the three of them any more.