



American Public Opinion and Global Health

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WorldPublicOpinion.org (WPO) is an international collaborative project, managed by the Program on International Policy Attitudes at the University of Maryland, with the aim of giving voice to public opinion around the world on international issues. As the world becomes increasingly integrated, problems have become increasingly global, pointing to a greater need for understanding between nations and for elucidating global norms. With the growth of democracy in the world, public opinion has come to play a greater role in the foreign policy process. WorldPublicOpinion.org seeks to reveal the values and views of publics in specific nations around the world as well as global patterns of world public opinion.

The Program on International Policy Attitudes (PIPA) was established in 1992 with the purpose of giving public opinion a greater voice in international relations. PIPA conducts in-depth studies of public opinion that include polls, focus groups and interviews. It integrates its findings together with those of other organizations. It actively seeks the participation of members of the policy community in developing its polls so as to make them immediately relevant to the needs of policymakers. PIPA is a joint program of the Center on Policy Attitudes and the Center for International and Security Studies at Maryland (CISSM).

The Center for International and Security Studies at Maryland (CISSM), at the University of Maryland's School for Public Policy, pursues policy-oriented scholarship on major issues facing the United States in the global arena. Using its research, forums, and publications, CISSM links the University and the policy community to improve communication between scholars and practitioners.

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The poll was conducted by WorldPublicOpinion.org in collaboration with, and with financial support from, the Institute of Medicine at the National Academies of Science.

INTRODUCTION

The United States economy is bogged down in a painful recession, costing increasing numbers of Americans their jobs. This is the kind of period when—it is often said—the US public looks inward, and support withers for foreign aid and development assistance in all its forms—including efforts to improve people’s health in developing countries. This seems a meaningful and revealing time for a study of American public opinion on global health issues and US health aid.

Interviews with respondents were completed before the epidemic of swine flu (novel influenza A H1N1) was widely reported in the media—though the epidemic makes this study timely also. That the virus’ spread has fallen short of the grave concerns of the international health community is a testimony to the power of global health cooperation, especially when rapidly concerted.

The purpose of this study is to answer a number of key questions on how Americans view US government efforts to improve people’s health in developing countries, at a time when resources are scarce and many of the issues could seem remote or outweighed by other pressing concerns. Does the public see such efforts as an appropriate part of a government agenda that may already be overstretched?

There is a key need in global health for a sustained research program directed against diseases that ravage poor countries, such as malaria. But such diseases appear rarely in the United States and have little effect on Americans. Are Americans willing to put tax dollars into research on diseases that generally affect places remote from them?

In recent years, as US standing in the world has suffered a decline, there has been much talk of US health aid’s value in repairing US prestige and serving as an auxiliary to US diplomacy. But to have this presumed effect, the US would have to give its aid alone, acting in its own name. On the other hand, multilateral action in global health can have its own benefits in burden-sharing and division of labor. Which of these two courses would a greater number of Americans prefer?

It is sometimes assumed that the public’s support for health efforts in poor countries is based on its fear of specific diseases, such as AIDS, to which the public feels vulnerable. Is this true? Would the public support aid to strengthen poor countries’ health systems in general, without reference to any specific disease threat?

Recently some innovative strategies in global health have been proposed with which the public is completely unfamiliar. Would a majority react favorably or unfavorably to ideas like offering “circular visas” that allow health workers from other countries to alternate working in the US with working at home? How would they react to the idea of the government joining in “advance market commitments,” to encourage private sector development of drugs and vaccines against diseases that mostly affect the poor?

To address these and other questions, WorldPublicOpinion.org conducted an in-depth survey of public opinion in collaboration with, and with financial support from, the Institute of Medicine of the National Academies of Science. This survey of 1004 adult Americans was fielded March 25-April 6, 2009; the sample size has a margin of error of +/- 3.2 percentage points. The online survey was fielded by Knowledge Networks, a polling, social science, and market research firm in Menlo Park, California, with a stratified random sample of its large-scale nationwide research panel. For more information about the online survey methodology, please go to: www.knowledgenetworks.com/ganp.

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The key findings of the study are:

1. Support in Principle

The public thinks the US government should, as a general principle, make efforts to improve people’s health in developing countries. A very large majority sees such efforts as important for Americans’ health as well as people’s health abroad, because of the world’s increasing interconnectedness. Large majorities also see global health’s connection to world economic growth, and its possibilities for communicating Americans’ values, as good reasons to invest resources.....3

2. Support for Global Health Programs in Developing Countries

The American public shows equally strong support for programs to fight diseases that mostly strike abroad as for programs to fight diseases that strike at home. Large majorities support programs to improve maternal and child health in poor countries; to provide reproductive health services; and to strengthen overall health systems. Attitudes are divided, however, about programs to help reduce tobacco use in poor countries.....4

3. Working Multilaterally

A majority thinks that in general, it is best to give aid through international efforts, rejecting arguments that when the US acts on its own it has more control over how aid is spent and gets more credit for results. An overwhelming majority supports the US contributing to the World Health Organization.....5

4. Overestimating US Aid Efforts Compared to Other Countries

Nearly all Americans overestimate how US aid as a percentage of GDP compares to that of other donor countries. Seven in ten think US aid as a percentage of GDP should be about the same or more as that of other donor countries.....6

5. Support for Specific Strategies to Promote Global Health

The public prefers to distribute global health aid so that helping poor countries strengthen their general health systems receives more support than it does today.

Majorities support several specific innovative policies:

- Offering visas allowing foreign doctors and nurses to return to their country temporarily to work.
- The US government participating in programs that ensure drug companies are profitably compensated when they create an effective vaccine that primarily benefits poor countries.
- Charging a small tax of up to five dollars on international flights to help a UN effort to provide poor people with drugs for AIDS and other diseases.

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FINDINGS

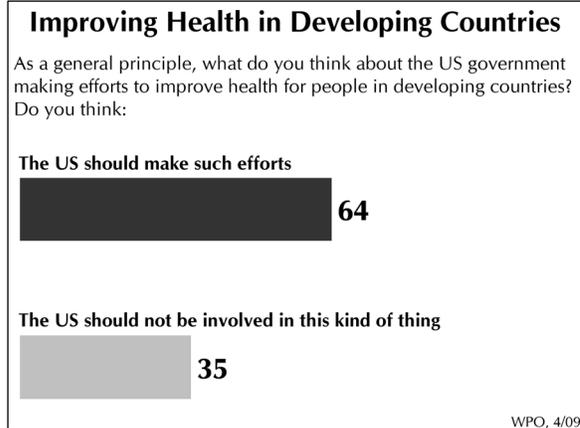
1. Support in Principle

The public thinks the US government should, as a general principle, make efforts to improve people's health in developing countries. A very large majority sees such efforts as important for Americans' health as well as people's health abroad, because of the world's increasing interconnectedness. Large majorities also see global health's connection to world economic growth, and its possibilities for communicating Americans' values, as good reasons to invest resources.

Despite the economic downturn, a large majority of Americans support US efforts to improve health in poor countries. This support is grounded in altruistic concern for the poor, but it also comes from a sense that in today's interconnected world a health crisis anywhere could impact Americans and the belief that with globalization, health is an increasingly global issue.

Respondents were asked: "As a general principle, what do you think about the US government making efforts to improve health for people in developing countries? Do you think the US should

make such efforts, or the US should not be involved in this kind of thing?" About two thirds (64%) thought the US should make such efforts; 35 percent thought the US should not be involved.



To better understand Americans' motivations for supporting US programs to improve people's health in developing countries, respondents were asked to evaluate a range of different reasons for the US to do so. Some reasons were primarily altruistic; others focused on American interests; and others included both aspects. All were endorsed by large majorities, but those that integrated altruism and self-interest did best of all.

The most widely endorsed reason for supporting US programs to improve health in developing countries pointed out that transmission of diseases is a worldwide phenomenon. Eighty-five percent agreed that "These programs are important for the health of Americans as well as people abroad. Dangerous diseases such as SARS, avian (bird) flu, and others can spread to the US or threaten Americans when traveling" (38% called this a "very good reason"). Only 14 percent said this was not a good reason.

More broadly, Americans appear to be thinking of health as an increasingly global phenomenon. Presented the statement, "Because the world is so interconnected now through increased travel and trade in food products, we need to think of health as a global problem requiring a cooperative global response," 80 percent said this was a good reason to support US health programs directed at developing countries (very good reason, 32%); 19 percent disagreed.

Reasons that are primarily altruistic are also quite well received. Eighty percent endorsed the idea that "These programs help people in poor countries be more productive and grow economically. This gives people a chance to thrive, and thus promotes global prosperity." Almost as many (75%) agreed that "Global health programs express Americans' key values--compassion, generosity, and a desire to share knowledge that betters people's lives."

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When they consider programs to improve health in developing countries, Americans are not primarily focused on the US getting credit. Of the various reasons tested, the one that received the smallest majority endorsement concerned the United States' own image. The idea that "These programs strengthen the image of the US as a positive influence in the world, which makes cooperation between the US and other countries easier" was endorsed by 73 percent (very good reason, 21%). Twenty-seven percent disagreed.

2. Support for Global Health Programs in Developing Countries

The American public shows equally strong support for programs to fight diseases that mostly strike abroad as for programs to fight diseases that strike at home. Large majorities support programs to improve maternal and child health in poor countries; to provide reproductive health services; and to strengthen overall health systems. Attitudes are divided, however, about programs to help reduce tobacco use in poor countries.

Research and programs on diseases in other countries

A very large majority supports the US government funding medical research on diseases that primarily affect poor countries—the same number as those who support research on diseases that affect Americans as well. Respondents were asked whether they favored or opposed the US government supporting a wide range of different health programs. Eighty percent favored "conducting basic research on diseases, such as malaria and tuberculosis, that primarily affect poor countries," while just as many (79%) favored "supporting programs to reduce death and disability from chronic diseases like cancer and diabetes, which affect poor as well as rich countries."

Interestingly, nearly all who support health programs that are directly in Americans' interest *also* support health programs that may appear primarily altruistic. The group that *favored* programs to fight diabetes and cancer (widespread in the US), but then *opposed* programs to fight malaria and TB (now rare in the US), was only 7 percent of the full sample.

Child and maternal health

Child and maternal health in developing countries has long been, and remains, a very popular cause with Americans. In the current poll, 78 percent favored programs for "improving the health of mothers and children in poor countries"; only 23 percent were opposed.

In 2000, a PIPA study asked respondents to rate their feelings about ten different forms of foreign aid on a scale from 0 ("very bad") to 10 ("very good"), and 5 meaning neutral. "Child survival programs" received the highest rating: the mean score was 7.66 and 76 percent of respondents gave a rating of 6 or above. Similarly, in 1995 PIPA found that among ten different programs, child survival programs received the broadest support—91 percent (56% wanted to increase the spending level, 35% to maintain it).

Family planning

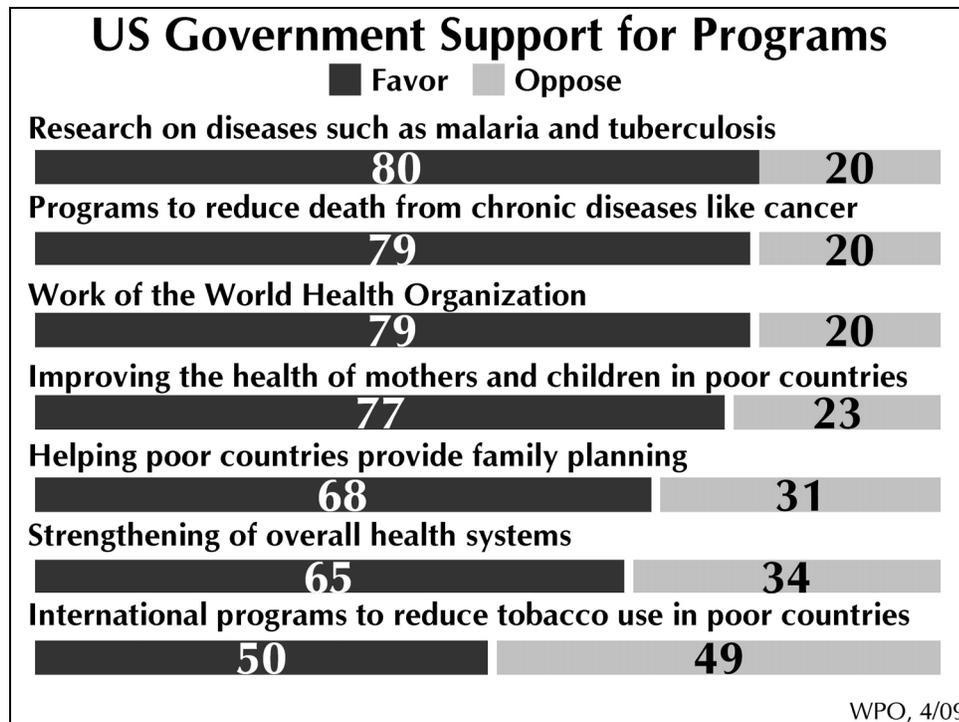
Controversy always swirls in the United States around funding family planning programs in poor countries—creating the impression that there may be no stable majority in the public about the issue. However, in the current study, 68 percent favored programs for "helping poor countries provide family planning and reproductive health services to their citizens," with 31 percent opposed. Similarly, in PIPA's 1995 study 74 percent wanted to either maintain spending (38%) or increase it (36%) for family planning programs in poor countries.

Strengthening health care systems

A large majority also supports less glamorous health programs meant for the long term, such as “financing the strengthening of overall health systems.” Sixty-five percent favored US programs to this end, while 34 percent were opposed. (See further discussion of this issue in section 5 below.)

Programs to reduce tobacco use

Despite this panorama of support, there is one genre of programs that divides public opinion down the middle—programs about tobacco use. Only 50 percent favored “supporting international programs to reduce tobacco use in poor countries” (17% strongly, 33% somewhat), while 49 percent opposed them (17% strongly, 32% somewhat). It may be that some are uncertain about the effectiveness of programs whose success depends on others’ personal lifestyle choices.



3. Working Multilaterally

A majority thinks that in general, it is best to give aid through international efforts, rejecting arguments that when the US acts on its own it has more control over how aid is spent and gets more credit for results. An overwhelming majority supports the US contributing to the World Health Organization.

Three in five Americans would rather give aid multilaterally, even when they hear of advantages that can accrue to the United States through exclusive sponsorship of aid programs. Respondents were asked to choose between two statements:

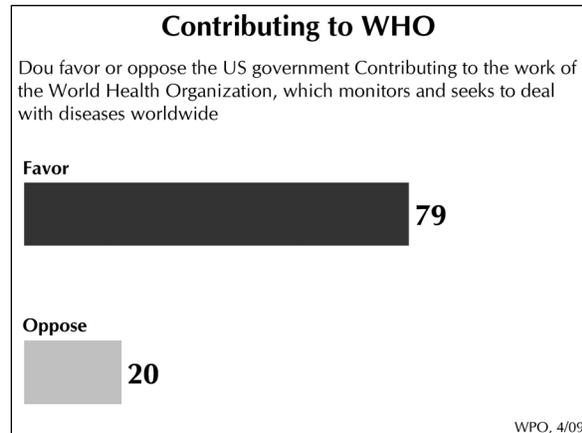
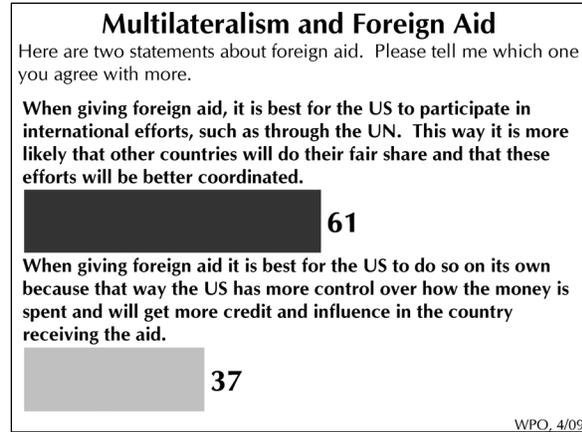
When giving foreign aid, it is best for the US to participate in international efforts, such as through the UN. This way it is more likely that other countries will do their fair share and that these efforts will be better coordinated.

or

When giving foreign aid it is best for the US to do so on its own, because that way the US has more control over how the money is spent and will get more credit and influence in the country receiving the aid.

A substantial majority (61%) thought it best to give aid through international efforts. Only 37 percent preferred the argument that the US would have more control and accrue more benefits by giving aid on its own. Support for multilateral giving has risen slightly since 2000 (when PIPA last asked this question) from 57 to 61 percent.

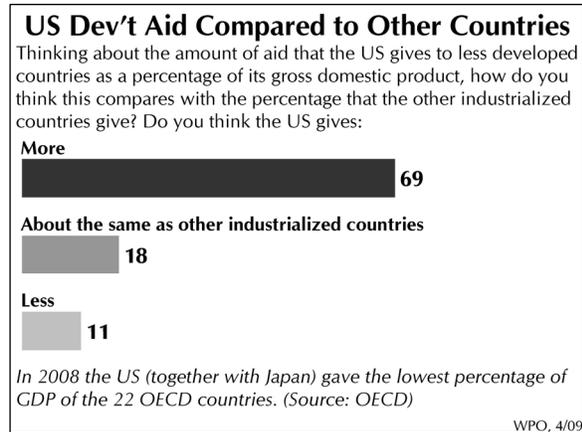
Consistent with this support, an overwhelming majority favors the United States contributing to the work of the World Health Organization, “which [respondents were told] monitors and seeks to deal with diseases worldwide.” Seventy-nine percent favored the US making contributions to the WHO; only 20 percent were opposed.



4. Overestimating US Aid Efforts Compared to Other Countries

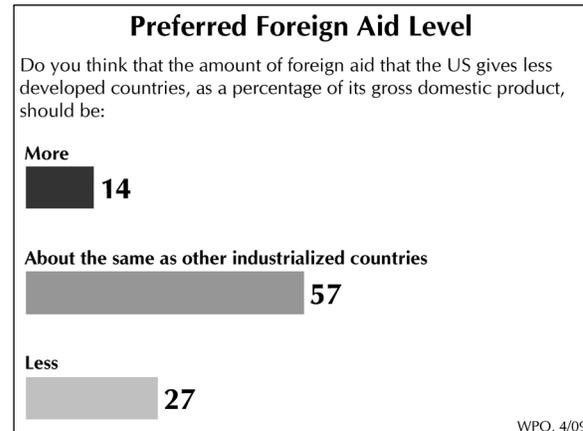
Nearly all Americans overestimate how US aid as a percentage of GDP compares to that of other donor countries. Seven in ten think US aid as a percentage of GDP should be about the same or more as that of other donor countries.

Nine in ten Americans assume the United States is carrying more of the burden of aid for the developing world than it really is. Respondents were asked to think “about the amount of aid that the US gives to less developed countries as a percentage of its gross domestic product” and to say how they thought it compares “with the percentage that the other industrialized countries give.” Eighty-seven percent thought the US gives either a greater percentage (69%) or about the same percentage (18%) as other industrialized countries. Only 11 percent thought (correctly) that the US percentage is less. In reality, in 2008 the United States (along with Japan) gave the lowest percentage of all the 22 donor countries of the



Organization for Economic Cooperation and Development (OECD), at 0.18 percent of gross national income.¹

If the public had better information, it is possible that there would be majority support for an increase in development aid. When respondents were asked whether they thought the amount “that the US gives less developed countries, as a percentage of its gross domestic product, should be more, less, or about the same as other industrialized countries,” only 27 percent thought it should be less. Seventy-one percent thought it should be either the same (57%) or more (14%) than the percentage other donor countries give.



This tendency to overestimate American generosity is quite longstanding. Before the current poll, these questions had last been asked in early 1995—a time of much discussion about cutting foreign aid. At that time overestimates were even more widespread in the public than today, with 81 percent assuming the US gave a greater percentage of GDP than other donor countries, 9 percent the same percentage, and just 5 percent thinking (correctly) that the percentage was less. When asked in 1995 what the US should give, 68 percent then said it should give about the same percentage as other donor countries and 13 percent said it should give more.

5. Support for Specific Strategies to Promote Global Health

The public prefers to distribute global health aid so that helping poor countries strengthen their general health systems receives more support than it does today.

Majorities support several specific innovative policies:

- **Offering visas allowing foreign doctors and nurses to return to their country temporarily to work.**
- **The US government participating in programs that ensure drug companies are profitably compensated when they create an effective vaccine that primarily benefits poor countries.**
- **Charging a small tax of up to five dollars on international flights to help a UN effort to provide poor people with drugs for AIDS and other diseases.**

There are questions in the health policy community about the proper balance in US government global health programs. The Committee on the US Commitment to Global Health estimates that 73 percent of USAID and PEPFAR global health funding has gone to HIV/AIDS over the period 2004-2008. Maternal and child health and nutrition accounted for 18 percent, and other infectious diseases 9 percent. The Committee notes that these figures do not include all US government spending on global health and research, but these figures do reflect the heavy weight in global health funding targeted at a single disease.

¹ Source: OECD (<http://www.oecd.org/dataoecd/25/42/42472714.pdf>).

Programs addressing specific diseases such as HIV/AIDs or malaria may be more easily understood by the public and accordingly receive stronger public endorsement. Directing additional support to country health systems, though, could help developing countries address non-communicable diseases, injuries, and chronic diseases as well as HIV/AIDs.

To explore where the American public might stand on this complex public health issue, a question was offered that explained the issue and asked respondents to allocate \$100 of aid across a) specific disease programs or b) to help poor countries build up their health systems:

There is a discussion about how to distribute the US aid that addresses health problems in poor countries.

Some say we should emphasize programs that fight specific diseases like AIDS and malaria, because we have efficient methods for treating these deadly diseases that can save large numbers of lives.

Others say we should emphasize programs to help poor countries build up their overall health systems--their doctors, nurses, clinics and equipment--because the better the health system, the better it can handle a variety of health problems and not just one disease.

If you were asked to distribute \$100 of aid money to these kinds of programs, how much would you devote to each?

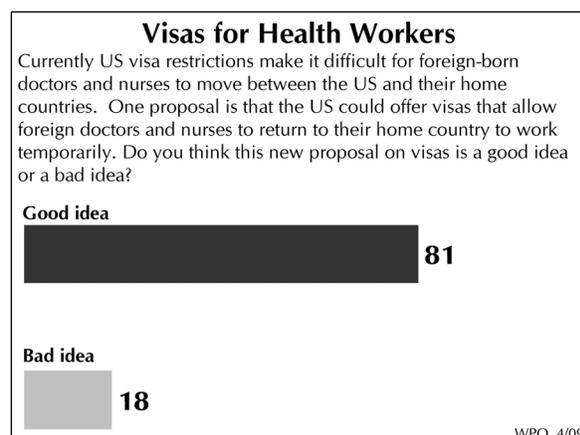
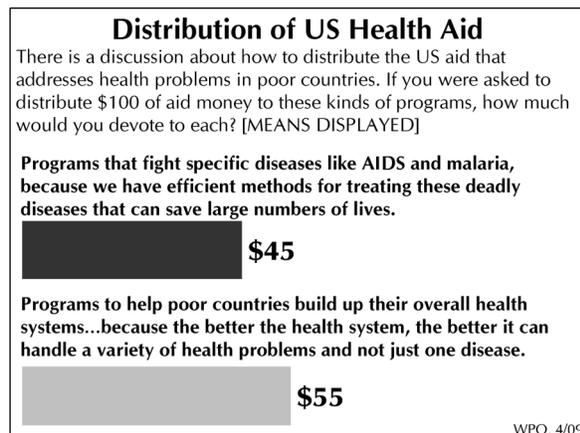
Americans divide aid for these types of programs fairly evenly, slightly favoring programs targeted at overall health systems. On average, the public allocates \$55 to programs supporting overall health systems and \$45 to programs fighting specific diseases. Among respondents, 36 percent assigned more than \$50 to health systems, 38 percent precisely \$50, and 20 percent less than \$50. For fighting specific diseases, 20 percent assigned more than \$50, 38 percent \$50, and 36 percent less than \$50.

For the American public, both goals appear to merit receiving US aid. The public seems to favor more balance than is currently present in US programs, and most favor using a substantial share to build up health systems in poor countries.

Innovative Policies

Visa for Health Professionals from Developing Countries

The US benefits from a large number of trained medical professionals from developing countries who immigrate and work here. Though many appear to be interested in assisting their home countries by returning temporarily to practice there, US visa arrangements make this difficult for those who are not yet American citizens. A



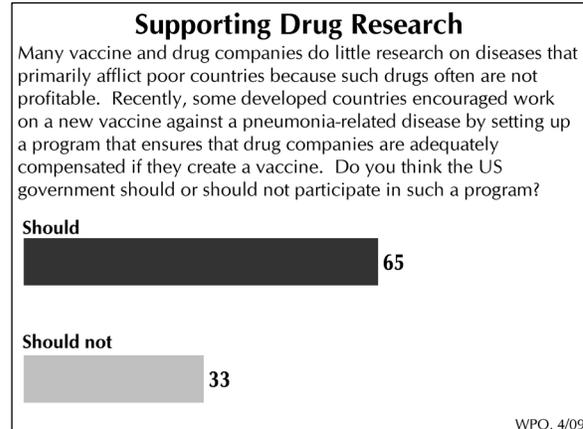
change in visa regulations has been discussed that would allow foreign doctors and nurses to return to their home country to work temporarily, and to later come back to the US

Americans support such a visa arrangement. By a very large majority, 81 percent, the public thinks that this visa proposal is a good idea; only 18 percent think it is a bad idea.

Advance Market Commitments for Vaccines

Infectious diseases are responsible for the deaths of millions of people each year in developing countries. Developing vaccines for infectious diseases that primarily affect poor countries is impeded by limited investment; pharmaceutical companies may not be able to recover the research and development costs needed for developing vaccines for poor populations, even when the vaccines prove to be successful.

An advance market commitment by governments in developed countries that subsidizes the purchase of a successful vaccine by poor countries would provide a reliable market for such new drugs. A group of developed countries has recently used such a mechanism successfully to encourage the development of a vaccine against a pneumonia-related disease.



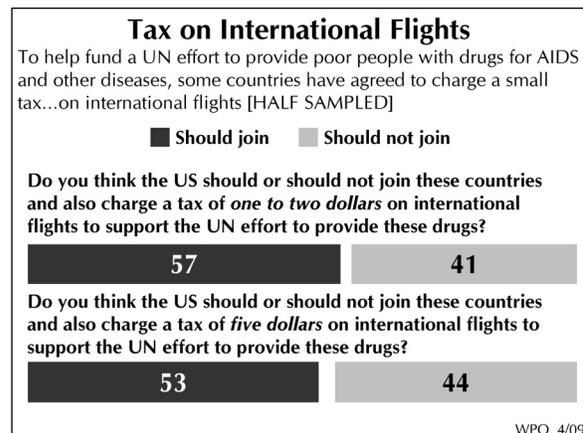
A majority favors the participation of their government in such agreements. Respondents were asked:

As you may know, many vaccine and drug companies do little research on diseases that primarily afflict poor countries because such drugs often are not profitable. Recently, some developed countries encouraged work on a new vaccine against a pneumonia-related disease by setting up a program that ensures that drug companies are adequately compensated if they create a vaccine. Do you think the US government should or should not participate in such a program?

Sixty-five percent said the US government should participate in a program of this type; 33 percent were opposed.

Small Tax on International Airline Travel

A group of eight countries led by France has developed a program which applies a modest tax on airline travel to provide support for UNITAID for purchasing drugs for AIDS, tuberculosis, and malaria. This provides a source of support for global health efforts based upon international travel and commerce. France charges one euro for an economy class intra-Europe flight and four euros for a flight beyond Europe. Other participating countries in the group apply the tax only to international flights.



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The concept of an international airline tax to provide poor people with drugs for AIDS and other diseases was evaluated in the survey at two price levels: a tax of one or two dollars, and a tax of five dollars. These levels were selected to roughly analogize the French tax levels of one euro and four euros.

Majorities favor such a tax at the lower price level tested (one or two dollars) and at the higher level as well. A majority (57%) says that the US should join the group of countries in charging such a tax on international flights to support UN efforts to provide drugs; 41 percent say the US should not. At the level of a five-dollar tax, a slimmer majority is also in favor – 53 percent say that the US should participate, and 44 percent say it should not.

Survey Methods

This survey of 1004 adult Americans was fielded March 25-April 6, 2009; the sample size has a margin of error of +/- 3.2 percentage points. The online survey was fielded by Knowledge Networks, a polling, social science, and market research firm in Menlo Park, California, with a stratified random sample of its large-scale nationwide research panel. This panel itself has been randomly recruited from the national population of households having telephones; households without internet access are subsequently provided with free web access and an internet appliance. Thus the panel is not limited to those who already have home internet access. The distribution of the sample in the Web-enabled panel closely tracks the distribution of United States Census counts for the US population on age, race, geographical region, employment status, income, education, etc. Upon survey completion, the data were weighted by gender, age, education, ethnicity, and partisan identity. For more information about the online survey methodology, please go to: www.knowledgenetworks.com/ganp.

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