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IRENE KOEK

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INTERVIEW

Q: This is the afternoon of April 28th and it's our first conversation with Irene Koek. I'm going to ask her to take us back to the beginning. If you could tell us a little bit about where you grew up, something about your family, anything else you think might have influenced the remarkable career that you've had.

KOEK: Thanks. I was born in Michigan around the Detroit area. My parents were Dutch and they came to the U.S. shortly after they were married in the mid-1950s. I'm the youngest of three. My brother was born in Kentucky and my sister and I were born in Michigan. My father was a physician and my parents came to the U.S. so that he could complete his medical residency here. They did not plan to stay beyond the completion of my father's residency, but return to the Netherlands at that point. They ended up staying and became naturalized citizens shortly after I was born.

We lived in a suburb outside of Detroit, Dearborn, which at the time was a segregated community. This was a surprise to my Dutch parents who hadn't expected that. When I was about seven, my parents decided they didn't want this to be the only experience their children had, so my father joined the Peace Corps as a Peace Corps doctor, and we went to Sierra Leone for two years. That was probably what spawned my interest in international work, way back then.

Q: Were all of your siblings part of this?

KOEK: They were all there, we're all about two years apart each.

Q: Do you have memories of that time?

KOEK: I do. I was seven when we went to Sierra Leone, and about nine when we came back so I have pretty good memories, I have to say. It was an interesting time. It was before Sierra Leone fell into civil war in the late 1990s, this was ‘69 through ‘72.

Q: So HIV wasn’t—?

KOEK: HIV wasn’t a problem. There were a couple of coup d’etat attempts so the government was a little shaky but not nearly the kind of issues Sierra Leone experienced later. But very poor infrastructure. It was a former British colony, and there were a lot of the echoes of British rule were still there; it was less than ten years after independence.

Q: Did your mom have a career, too?

KOEK: She did not, per se. She was a stay at home mother but did various types of work over the years. When we were in Sierra Leone I think she taught at a school for the deaf. Later in life, she became a Berlitz language teacher.

Q: I didn’t mean to imply she didn’t work.

KOEK: I know, but she didn’t have another career. My parents were not a tandem couple.

Q: Did they speak Dutch to you growing up? Are you fluent in Dutch?

KOEK: Not at all fluent. They did speak Dutch but I’m the youngest of three, so when I started to speak, my brother, who is about four-and-a-half years older than me started to go to school, so they fell into more English in the household. My brother’s and my sister’s Dutch is better than mine. I speak kitchen Dutch, I can understand it, my grammar’s awful but I can understand it and follow a conversation, and my pronunciation is decent.

Q: Do you still have family in Holland?

KOEK: I do. All of the extended family is in Holland, many cousins, but not so many aunts and uncles any longer.

Q: Interesting. So two years in Sierra Leone. Did he continue as a Peace Corps doc in other places?

KOEK: He didn’t. We returned to the United States. Prior to going to Sierra Leone, my father had his own private practice, he was a family physician. When we returned from Sierra Leone he started running residency training programs in family practice. He never went back overseas for work.

Q: Did you go back to Dearborn?

KOEK: We didn't go back to Dearborn. We went back to Michigan to another suburb in the Greater Detroit area for a few years. After my brother and sister had finished high school and left home, we moved to North Carolina for two years, then back to Michigan and I finished high school there.

Q: So you had a bifurcated high school experience?

KOEK: Yes. My declaration when my son was born was we would not move when he was in high school.

Q: You remember that as traumatic?

KOEK: Don't move a child in high school. It can be a difficult thing.

Q: What took your dad to North Carolina? Was it again looking to give you another experience or something else?

KOEK: I think it was more his job dissatisfaction with the program he was affiliated with in Michigan. Duke University was starting up a series of family practice residency training programs across the state. It was an interesting opportunity for him to start up one of the programs in that practice. That didn't work out so he went back to Michigan in another part of the Greater Detroit area for another residency program practice after about two years. We were not in North Carolina for long.

Q: In high school, I guess it'd be both in North Carolina and back in Michigan, did you study anything international? Or did you have teachers who predisposed you toward international interests? Or do you think it was your own background and time in Sierra Leone that made this interesting?

KOEK: I think it was much more my own background. I don't really remember any teachers in high school or any of my pre-university schooling really emphasizing international work. I remember when we came back from Freetown and I was in fourth grade, none of the other kids quite knew what to do with me. "You lived in Africa?" Astonishing for suburban Michigan.

Q: Was it an international school or a British school?

KOEK: It was a British school. There was an international school in Freetown but my sister and I went to a girls' school. All of our classmates were Sierra Leonean girls for the most part. There were two other American girls in the school. But it was British structured, like the British system.

Q: Right, which probably means you have excellent handwriting?

KOEK: You know, I failed at handwriting. (Laughter) I shouldn't have, they certainly tried very hard.

Q: Did you have any summer jobs or anything before you went to college?

KOEK: I worked for Montgomery Wards in the fine jewelry department.

Q: I'm sure you learned some customer service skills there.

KOEK: How to deal with customers and manage complaints, which turns out to have been a useful skill.

Q: You did that while you were in high school?

KOEK: While I was in high school, summertime and during high school, from tenth grade on. When we moved back to Michigan for my senior year, I took a similar job at another department store after school and on weekends.

Q: Were you at all interested or engaged in politics? It seems to me if I've done my math right, you became a cognizant person during the Reagan years, and then all the changes with the Clinton years.

KOEK: Not formally, much more on the side. Very active among my friend group. We wore black armbands after the Reagan election (laughter), I would have been a freshman, early college years when Reagan was elected. I was very aware, paying a lot of attention and very vocal about Iran-Contra issues of the time, and paid an awful lot of attention to political and international political issues.

Q: Vietnam was over.

KOEK: Vietnam was over but a lot of my older friends had either avoided or were in Vietnam. The relationships were there.

Q: Your parents were not active politically?

KOEK: Not per se.

Q: They didn't discourage you?

KOEK: They didn't discourage me. My mother was quite active in feminist politics, an ardent supporter of the ERA (Equal Rights Amendment) in the 1970s, a member of NOW, and active in those groups. They would follow politics and current events, and we'd talk about it at the dining room table, those kinds of things.

Q: Then you headed to college. Did you have a hard choice to make, where to go? Were you given a choice?

KOEK: It was interesting. My parents were Dutch, so any school is a good school, any option, as long as you go. "You will go, but whatever you do is fine." Which was helpful. I did not really look at different schools. I ended up going to Michigan State probably because they sent me an application, so I sent it back. That was the only place I applied. In retrospect I wish I had done more thorough thinking and looking and paid more attention to what would be the right fit for me.

Q: School counselor didn't say—?

KOEK: No. I think this was also a factor, we moved back to Michigan for my senior year so I was not a very happy senior as you can imagine.

Q: I also moved for my senior year of high school. It was very disconcerting.

KOEK: You're very unsettled.

Q: Talk about the college years. Your major, any professors stand out?

KOEK: Michigan State was a huge school with 40,000 students, so very large. I started as a zoology major but quickly changed because science is not a skill set for me. I had a hard time passing chemistry so that was not the path to take. Then I switched to the College of Social Science. My degree was in political science, but I probably took more history and English classes than I did political science credits.

Q: I wondered whether your dad had any hope you might go into medicine?

KOEK: My parents—which I really appreciated—never pushed for a particular career. Their expectations were, go to college and find something you want to do, but they never impressed on us to have a specific goal, no expectations like "I really want you to be a doctor" or a lawyer or whatever. I very much appreciated that there were no expectations other than yes, you will go to college. My mother was very clear to my sister and me that we must have some career; she didn't care what it was, but we must have something.

Q: To be able to support yourself?

KOEK: Exactly.

Q: You studied broadly in the social sciences. Did you have an international focus at that point?

KOEK: There were certainly international strains in a lot of the classes I took. Probably much more on the history side than in my political science classes although I'm certain there were. I don't remember all those classes, it's much too long ago! There was absolutely an international theme through a lot of the classwork and my interests. I left college thinking I did want to do international work. When I looked at graduate

programs, that's what I was looking for, to do work internationally. I went to George Washington partly because it was in Washington, DC, and had an international relations program, and it was outside of Michigan.

There was a theme, a general direction, lots of interesting classes like geography, a lot of social, political, historical issues.

Q: Any professors that stand out or summer jobs, internships, anything that augmented your classes?

KOEK: I would say probably not so much. There were certainly some professors that I had many conversations with and probably guided me in one direction or another. I did an internship with a state legislator. Michigan State is in East Lansing, right next to Lansing, which was interesting but made me think that was not really what I wanted to do.

Q: You wanted to stay away from electoral politics?

KOEK: Stay away from electoral politics, exactly.

Q: Really wise. George Washington was not in Michigan, and you were already interested internationally. Did you have a regional focus or interest?

KOEK: At the time I did a lot of classwork focused on Africa, probably because of my early exposure and how I got on this path to begin with. And then I did take a number of classes on Latin America and comparative politics and some other classes. Again this was in the mid-1980s so the Iran-Contra and Central America conflicts were at the top of mind.

Q: Right. I forget the GW program. Is there a thesis involved?

KOEK: There is not. Two years and then it's a masters. But while I was at GW, after my first year, I needed money as one does when you're in graduate school, and I wasn't feeling completely challenged. A classmate had told me that USAID (United States Agency for International Development) was hiring and I was very interested in development, so that's how I got to USAID. "Oh I could use a job and the job will let me know about USAID, and I can go and get a real job if that works out."

Q: So you encountered AID before you graduated?

KOEK: I started working at USAID about midway through my master's program.

Q: As what?

KOEK: A secretary, as a GS-4 (general service) secretary.

Q: There are a number of very impressive people who started that way.

KOEK: Exactly.

Q: Did you have to get a security clearance?

KOEK: I had to do a security clearance and I had to pass a typing test; the typing test was the bigger challenge.

Q: I didn't think there were any secretaries left in the late 1980s. There must have been.

KOEK: There were in the mid to late 1980s but it was before the mid 1990s RIF (reduction in force), when nearly all of the secretarial positions were eliminated, but that was some years after I started. At the time there were secretary positions. I started in the Office of Population, and there was a secretary in every division.

Q: You were a secretary in the Office of Population; which division?

KOEK I was in the Family Planning Services Division. I was one of two secretaries in that division. Anne Aarnes interviewed me, as did Betty Case. Do you remember Betty Case?

Q: I do, I do.

KOEK: Betty Case was one of my early mentors, I learned so much about how the money works at USAID from Betty, and about how so many other things work.

Q: Right. You were able to do that while you were completing your masters?

KOEK: Yeah. I started part-time, like thirty-two hours a week. It was challenging. Then I was really busy. As I said I was not feeling terribly challenged before, but once I was both working and finishing school, I was very busy.

Q: Was the understanding that after you graduated you would become full-time?

KOEK: My intent was not to stay; I thought I'd do this, get exposed to the organization, get a sense of USAID, and then go find a proper job with my graduate degree in about six months' time. When I finished my graduate program, there weren't a lot of other jobs out there. I can't remember exactly how I shifted to full time, but there was a shift. I was extraordinarily fortunate in those early years at USAID because I had people who were willing to help open doors and support me and help me look for opportunities, including Betty (Case) and Anne (Aarnes), Barbara Kennedy, John Rogosch, and Connie Carrino. Connie Carrino was absolutely instrumental in some of my early days there.

Q: They opened doors and encouraged you to reach, too.

KOEK: Encouraged, opened doors, exactly. After being a secretary for a year or so I then became full time. Somebody created a job that was a program assistant on the career ladder that I applied for and was selected for, and then there was another career ladder position after that.

Q: You were in the GS system? Probably moving up every year?

KOEK: Yeah.

Q: Your career is remarkable. You start in population but also worked in infectious diseases and HIV and child health. I hope as we go along you can talk about moving among those areas of broader health programming. In the population field, which often doesn't like to let its people go, you ran programs and I think pretty quickly got into management.

KOEK: This was Connie [Carrino]. In the very early days there was a need for a project manager for some contract and Connie convinced the division chief, who must have been John Rogosch, to have me do it. "Let Irene do it, she can do it." So it was early days of encouraging me and opening a door. I became project manager, and a year or so later worked with a couple of other people in the office to manage a family planning training program that cut across divisions. I had those opportunities, not just the administrative work but actually having a hands-on program and a project.

Q: When you came in, the Mexico City policy was fully in force, but while you were there and Clinton came in, it was suspended?

KOEK: It went away, yes. That was very exciting. As I said I started in the Family Planning Services Division, but then, after a year or two I moved up to a program assistant position, then there was an opportunity for a second program officer in the front office of the Office of Population. Kathy Kosar was the program officer, so I worked directly for Kathy, and Duff Gillespie was the office director, Sarah Clark was the deputy I believe. I became one of the program officers for the office and that gave me exposure to the entire office. I was in that role when Clinton came in as President, but in addition to the program work I started to do more policy work, working with our legislative colleagues, writing stuff, responding to this and that. I would often be on the phone with the General Counsel's office about Mexico City policy issues and all of the many family planning sensitivities. I was very much working in a special assistant role in the front office.

When Clinton came in and got rid of the Mexico City policy, I supported all the work associated with the policy change, and to get guidance out to everyone. What that also did was open the door to re-fund UNFPA (United Nations Population Fund) because that funding would have been turned off because of a political determination that UNFPA had violated the policy of supporting China. (laughter)

Q: It seemed a little far-fetched but because China was a recipient of UNFPA funds and China—. I can't even remember the argument why UNFPA was—.

KOEK: Because as a UN body they also had a presence in China. It was a thin rationale but nonetheless, there it was. I helped write all of the documents to redo the determination, and restart the grant to UNFPA, which was actually pretty exciting. Those were incredibly exciting days because, not only the Mexico City policy went away, we could start funding UNFPA again, and we could start engaging with a whole group of organizations that we hadn't talked to in the reproductive health space, like ICRW (International Center for Research on Women) and some of the others. I remember being with Liz Maguire who was then the Deputy Office Director and later became the director during that period. I was essentially a special assistant to Liz for a period there. Having those discussions with feminist groups and reproductive health organizations, it was so fascinating, so exciting to be able to talk about these issues openly and really expand what we were doing in family planning, and to take on reproductive health much more explicitly.

Q: Right. The downside was, it was a time when budgets were really being slammed, so you had the policy go-ahead but the resources really got whacked. Can you talk a little about how you and the office dealt with that? If you were doing program work, you clearly were in the center of all of that.

KOEK: It's really interesting. What was happening with budgets, there were certainly limitations but at the same time the focus was on targeting the money to countries. This was Duff's big-country strategy—trying to focus the family planning dollars much more on countries where the funding could have a bigger global impact, which would be the big countries demographically focusing primarily on the magnitude of the burden. There was lots of working with regional bureaus to shift resources to India and Indonesia and most of the big countries in Asia and also in Africa. That's where a lot of the effort was, shifting money around so more resources could go to those countries where the magnitude of the burden was biggest.

Q: Right, and there was certainly resistance on the part of the regional bureaus. Did you have any pressure from outside AID as you were implementing this new policy?

KOEK: Good question. Not that I was exposed to at the time because I was on the back end, supporting what Duff and others were doing. I would imagine so. There was extensive internal pressure and controversy with questions like, "Fine you're worrying about India but what about Rwanda and Malawi?' – you know the smaller countries.

Q: But you didn't have to deal with that.

KOEK: At the time, not me directly.

Q: Do you think it was a well-thought-out and successful strategy?

KOEK: I think there was success around it. A couple of years later I moved away from the family planning space into others, and it was clear that it was important to do both, not only the large countries but also countries where the burden is high, so look at the severity of need in addition to the magnitude. I think that did make more sense, you can't ignore a country simply because it's small. This has been a theme in all the programs I worked with. How do you—when you're sitting in Washington—help target the resources in a way they can have the most impact? We'll come back to this later, it was absolutely an issue with malaria in the 2000s and was behind what ultimately drove resource shifts under the President's Malaria Initiative.

What was also an interesting dynamic (and I'd love to hear whether you were seeing the same dynamic on the health side at the time) was that it was a centralized push for where the resources should go, rather than starting from what missions want, where's the demand, right? It was much more centrally controlled, driven by the Washington perspective as opposed to the country perspective.

Q: The health program was different almost from the inception. In the case of the population office, for a long time it drove things including where pop officers were assigned, it was always a much more centrally driven program. When child survival started to take off and we tried to make it more coherent, there was a lot of—resistance is too strong—more angst on the part of the regional bureaus about a more centrally driven strategy. Maybe it was a different experience in the pop area.

KOEK: It is striking that having worked later in the health office, the cultures of the two are really different. Just fascinating, I think that exists today.

Q: I'm sure that's right and I'd love to hear you talk about it, having not been in the pop office myself, I can't compare it.

I totally missed that you then moved to PPC (Program and Policy Coordination). Maybe you want to talk more about the pop office or we can come back to it but I'm curious how that move came about.

KOEK: It was an opportunity. At the time, mid-'93 or '94, somewhere in there, I was in the population front office, essentially working as a special assistant to Liz Maguire who was the director and was another mentor. She is a wonderful woman who really supported me. At the time, Nils Daulaire came in as a political appointee under the Clinton Administration. The administration had established political positions in PPC – one for each technical area. Nils was the health, population, and nutrition lead. There was an environment lead; and one for democracy and governance; and one for economic growth. This was also the time of the 1994 International Conference on Family Planning in Cairo, which was a big deal and very forward leading, in contrast to the one ten years before when the Mexico City policy was announced. Finally you have a Democratic administration embracing family planning and reproductive health, so it was a pretty exciting time.

Q: Did you go?

KOEK: I did not, but I very much supported the people who went, Liz and Nils and others. At the time, one of Nils' mandates was to bring together a cohesive strategy that brought population, health, and nutrition pieces together into one. Nutrition at the time was also a separate office as you recall. The mandate was to bring them all together into one strategy, and connect health, population and nutrition. I worked closely with Nils on that strategy as a representative of the population office, and also with others and connected well with Nils. Then he created a job in the PPC bureau and convinced the Center for Population, Health and Nutrition—Duff was then the center director (I've lost track of the organizational iterations)—to allow me to be seconded to PPC to work for Nils.

Q: It was a secondment?

KOEK: It was originally a secondment, and I was meant to come back, but then it turned into a job which I applied for and got.

Q: Talk about seeing population programming from the PPC or policy perspective.

KOEK: It was fascinating. Whenever I talk to people I encourage them, even if you love what you're doing, if there's an opportunity to work outside your part of the organization for a time, take it, because seeing your part of the organization from outside is so instructive and fascinating. The population office but also the health office have always been looked at with some suspicion by the rest of the agency. "They'll eat us alive, they have all the money, they have all the power, they get to do what they want"—that kind of perspective. Seeing it from outside was really interesting. Of course there's truth on all sides there.

Q: Having done both sides myself—

KOEK: You definitely understand where both sides are coming from.

Q: Did you have to deal with the Hill a lot?

KOEK: In that role I did a fair bit with the Hill and Congressional staff. Also that coincided with the establishment of the Child Survival and Health Account in the appropriation language. This had pretty clear report language on what USAID should do with that money. I worked with the people in health and family planning for the right guidance—given what the Hill was instructing us to do—and based on that, drafted guidance for how to program the new directed funding, taking into account the technical criteria. This became the first use of funds guidance for health. Originally it was two pages long, then a couple of years later it evolved into a thick thirty page document of what you should do for each technical directive area.

Q: Some of the Hill guidance was basically unactionable so there was the question of how you make them feel like you tried your best or got them something that's even better than what they originally, that's all part of the job I guess.

KOEK: At the time the Hill was protective about health because they cared about health and didn't want health and family planning funding writ large to be used for non-health things or to any significant degree. At the time there was a GAO (General Accounting Office) audit on the use of funds—I can't remember which piece of money it was—but one of their findings called out a bridge in Mozambique that had been built with health money (or at least in part). We had to explain how this was contributing to health outcomes. They were looking for those kinds of things that strengthened the perception on the Hill that "we have to keep USAID on a tight rein and make sure they're doing what we expect them to do with health funds even if the technical folks in USAID can guide that."

Q: Did you do a lot of traveling in that job?

KOEK: Some. One of the themes at the time was transitioning programs, some of the early days of transitioning out of health assistance in Latin America and elsewhere. I did some traveling to Morocco to help them do their transition plan for health and family planning. And then did my first trip to Indonesia in 1996—the start of helping the Mission do a transition plan. Ken Yamashita and I were the Indonesia country team. The Offices of Population and Health had country teams, and I was the country coordinator originally for Nepal then became the country coordinator for Indonesia. I was working closely with the Mission, and helped them do their first thinking about transitioning out of health assistance.

Q: Which hasn't happened yet I don't think.

KOEK: Well in 1997 the mission needed coverage and I had been in PPC for a couple of years, and Nils agreed I could go to Indonesia for five or six months to sit with the mission, which was a great experience. Part of the remit was to help negotiate and work through the transition plan with their government counterparts. I left in August '97 and shortly thereafter the Asian financial crisis collapsed the Indonesian economy so that transition plan lasted for all of a week and a half and suddenly it was "oh we're expanding what we're doing in Indonesia." That went on for several years after that.

Q: Reality does enter! That was a time when Larry Byrne was introducing I think he would say management innovations and I think a lot of people thought it was "throw something on the wall and see what sticks." From the PPC perspective did you work with the Management bureau on some of these things?

KOEK: I remember a lot, that was all part of reinventing government and Larry Byrne was very much the streamliner. I think your analogy is right, throw it on the wall and see, is that a good idea? Maybe not. Let's keep doing it, or try something else, it was a bit of a crapshoot. I do remember lots of conversations with the Management bureau at the time,

partly wearing a PPC hat and partly a health hat in those conversations. You remember, the whole structure for both family planning and health programs had these central agreements that missions used that work in a number of countries, and had been the model for a long time. It's somewhat unique to the health sector in USAID, other sectors don't have so many of those global projects. There was lots of pushback from Larry Byrne and the team about those global projects. The refrain was "this is a waste of money, this is a bad practice, why don't you let missions do it themselves?" We had to try to rationalize and justify and go through excruciating detail on why this might make sense; we also heard from many mission health staff that they liked the ease of using these mechanisms. Years later, when I was the Health Officer in Indonesia, I was the envy of many of my counterparts because I could get responses right away and program resources quickly by using these mechanisms.

Q: So basically there was internal political pressure to eliminate some of the "buy-in?"

KOEK: Yes, there was lots of pressure on the whole buy-in structure and that whole process and to take those big global agreements down and do a different structure. At the same time, there was also the RIF, which affected staff and offices across Washington and also a number of Foreign Service officers.

Q: And is still affecting AID.

KOEK: Yes, still affecting AID, yeah, absolutely. It was absolutely devastating.

Q: Did you or Nils' team have any input, any opportunity to say, "Bad idea?"

KOEK: I don't know whether Nils had the chance to do so; probably not. I do know Nils was trying to push back on some of the choices, for some people who were riffed, certainly on the Foreign Service side, there was a lot of internal politics involved, so certainly advocating for individuals who were trying to push back. But I don't know to what degree, whether within the political senior staff there was any attempt to push back on Larry Byrne. I do know the career staff had no affection for that, the same was true I think for the political staff as well.

Q: Carol Lancaster pushed back and eventually not being successful, she just left.

KOEK: Absolutely, there was no love lost. I assume there were probably some attempts to do so, but futile.

Q: You were in PPC at a really interesting time. It was also the time I recall when there was a big push to have AID subsumed in State and I don't know whether you got involved in any of the task forces?

KOEK: There must have been conversations at the time. That comes up on a regular basis. I'd have to go back and look and think to what degree those issues were coming up at that time.

Q: You were directly involved?

KOEK: More peripherally. Certainly because I worked closely with the budget office at the time, we were giving guidance on funding allocations for health money, so that part was true and there was that kind of engagement from the budget office and how that connected. But the budget office at the time was still part of PPC, and that was a different dynamic than subsequently. If I was it would have been more on the periphery than on any specific task forces.

Q: Was it just you and Nils or who else—?

KOEK: For health it was just Nils and me. But there were others in PPC. Larry Garber was the democracy lead. I think he had somebody working with him. It was not a large group.

Q: I'm a little confused about how you get to Indonesia. Can you talk about how the opportunity came up and how it happened?

KOEK: There were two instances. In the late '90s it was basically a long TDY (temporary duty), then I came back to PPC and then moved to a job as a division chief in the Global Health bureau, in the health office then, in the late '90s. Then years later in 2009, I was at a point, for my family that it was a good time to consider an overseas tour—something I had been interested in doing for some time, but for various reasons it never worked, including for health reasons. Some years earlier I had tried to shift to a Foreign Service posting, but I have type one diabetes so at the time I could not get medical clearance. Now I think they've relaxed the medical restrictions, or increased flexibility.

Q: So initially it was a five-month TDY?

KOEK: Right. Then I came back and remained the Indonesia country team lead in Global Health, then took a different job in Washington. Ten years or so later, I was able to do a four year posting in Indonesia.

Q: We'll come back to that. Five-month TDY, it sounds wonderful and also very disruptive for your personal life. Did it come at a time when you were able to suspend everything else?

KOEK: It did. It seems that the stars kept aligning in so many of my experiences and did align at the time. It was at a point in '97 that some of the work in PPC was dwindling, so Nils could make the case to PPC leadership that this was a good thing to do. I remain grateful for Nils being an incredibly supportive mentor and supervisor. Part of the remit for my long TDY was to help the Mission put together and negotiate a transition plan for health and family planning assistance. There was lots of talk about transitioning

programming so that was a rationale that resonated, not just for the mission but also for PPC to help with the transition.

For my personal life, I got married shortly after I came back from Indonesia. My fiancé came to visit me in Indonesia, and we planned to get married later that year. So on a personal level it was fine, we didn't have kids. It was the right timing.

Q: Fascinating. What if anything surprised you about life in a mission? All of your previous experience had been seeing AID from the center.

KOEK: Right, and short TDYs which don't quite get that perspective. It was interesting. What was most surprising was living the expat culture, and how people look at what they have and don't have. I was living in a USAID house, part of housing in Indonesia. The place I was living was very much like suburban America, right in the middle of Jakarta—which felt pretty strange.(Laughter) Sure you see that briefly when you do short term visits, but to live there, wow this is like American life in the middle of a foreign country and to see that some live in that American bubble in the middle of another country. That was probably most striking.

Q: Were you able to do some tourism while you were there?

KOEK: Yeah, some tourism and work travel, so I did get around a fair bit. That was great. Traveling around Indonesia, it's a big place.

Q: Seven thousand islands or something like that.

KOEK: Seventeen thousand or so. Only ten thousand or so of them are inhabited.

Q: Fascinating time. You were mainly working on the transition strategy?

KOEK: I was doing both. I was working on the transition strategy, but also doing office coverage. We were in transition on the health officers, so I was helping fill in staffing gaps around home leave or transitioning.

Q: You came back but not to PPC, you came back to the Office of Health?

KOEK: Not directly. I came back to PPC and that coincided with the time of USAID getting funding for infectious diseases. We had the child survival and health account at the time and there was family planning money and child survival money, nutrition money. But in the late 1990s, the National Academy of Science had done a report on emerging/re-emerging diseases, if you remember that. Also there was an Ebola outbreak in Congo around that time, so emerging infectious disease was a hot issue at the time. Congress—partly in response to the NAS report—did a whole series of hearings on infectious diseases and USAID was doing little tiny bits of TB (tuberculosis) and a little bit of malaria, not a whole lot on infectious diseases outside of HIV, and HIV at the time was still relatively small, $100 million or so a year. So there was a specific appropriation

made for infectious diseases for USAID – basically brand new programming right? As I said, I was in PPC working for Nils, and brought people together from Global Health and the regional bureaus to develop an infectious disease strategy for USAID. I led that process and brought together the malaria expert and the TB expert and somebody who looked at surveillance, and antimicrobial resistance etc.

Q: So Dennis Carroll must have been there?

KOEK: Dennis Carroll was our malaria person. Amy Bloom was in the HIV division and took the lead for TB. Murray Trostle led on surveillance and Tony Boni on the drug management and microbial resistance. We drafted a strategy but also had a whole stakeholder set of discussions because this was USAID getting in a bigger way into a space that our interagency colleagues had been, so what's the right role for USAID? I was very involved leading that process under Nils' direction, and we had additional money to program.

Q: Was CDC (Centers for Disease Control) a factor? Usually CDC did not particularly like AID to venture into areas they considered theirs.

KOEK: Exactly. At the time, this was before the big PEPFAR (President's Emergency Plan for AIDS relief) dollars so the relationship was fundamentally different in a lot of ways. USAID had been working with CDC on the CCCD program and some of those other pieces so there certainly was a longstanding collaboration that in part involved USAID giving money to CDC. We set up a two or three day meeting where we brought CDC and WHO (World Health Organization) and the TB and malaria community and others together to sort through details of how USAID should proceed. What's the niche USAID could fit within that, and what the priorities should be? At the time I think it was reasonably collaborative, and certainly the malaria partnerships between Dennis and his counterparts in the malaria division at CDC were quite good. Similarly with TB and it was really brand new programming for USAID.

Q: Do you know or can you guess what were the outside groups that influenced the Congressional directive? No strike against Congressional staff but they wouldn't probably have thought of that on their own.

KOEK: Right. Certainly I think it came from a couple of different disease areas. Certainly the American Thoracic Society and the advocates for malaria and antimicrobial resistance; I think it came from a number of different places. I do think the National Academy of Sciences' report was hugely galvanizing. It was resonant with key Congressional leaders like Senator Leahy and Tim Rieser and others who were critical for funding.

Q: Was there anyone on the House side that you recall?

KOEK: I'm trying to remember who had been on the House side at the time. Charlie Flickner was the staff person for Appropriations. He was much more focused on child

survival and a couple of years previously really pushed for the account language. I can't remember who would have been on the House side at the time.

Q: Certainly Rieser, on the Senate side.

KOEK: Absolutely Tim Rieser. Again, very strong support. There certainly were Congressional hearings. As I said I think that was the galvanizing part, that combination of the NAS report plus a major outbreak of Ebola in DRC (Democratic Republic of the Congo) at the time that hit all of the news media was all around Ebola.

Q: I'm trying to remember when avian flu was.

KOEK: Avian flu would have been about ten years later, mid-2000's, like 2005, so this was before avian flu.

Q: You pulled together this task force, came up with a strategy. Then they said, now you come over to Health and implement it?

KOEK: It was a new program area, right? At the time it sat in the health office, one of the divisions was the Environmental Health division, which was a bit of a division of everything else, things that didn't fit elsewhere; the orphans and vulnerable children program was there and environmental health/water and sanitation, malaria and malaria vaccine development all those kinds of things, and that's also where infectious diseases pieces went as well. That division chief position was vacant, and I applied for the role and was selected for that position.

Q: Right. You had to learn a lot about infectious diseases.

KOEK: I had to learn a lot about infectious diseases, right. I read a lot and Nils sat me down with some of his colleagues and said just talk to them and learn as much as you can. Coming from what I knew before—family planning—I really had come up to speed. Then again my role was as the convener, spending time with each of the technical teams and listening. So there was an awful lot of talking to as many people as I could and reading a lot.

Q: I know in the population and also the child survival area there were goals, numeric or quasi-numeric goals that were an organizing principle. Did we also have them in the infectious disease area?

KOEK: We did. I'm trying to remember the specifics. Later on we certainly did, we had metrics and goals and things we had to report on every year. For the strategy that was done in late '97 or early '98, I don't remember our metrics honestly, I probably have it in a closet in the basement. Later on, we did have metrics but they were very specific to our interventions around malaria and tuberculosis, et cetera, very much tracking with some of the global indicators, WHO's annual reports, those kinds of things. But I will say back during my PPC days—this is an issue that always comes around—there was lots of

pressure from some part of the Agency to come up with just those five indicators that will work for all of Health. (laughter) Certainly that was my early exposure to the child survival people, I said "Are you kidding me? We have five just for one disease."

Q: Right. Well, we can come back to the indicators' business. One of the things I wonder about, the infectious disease area, was almost a catch-all. Some of the programs don't naturally link unless what you're doing is basically the surveillance system or something like that. Did you find you were having the malaria people square off against the TB people, or TB people squaring off against HIV programming?

KOEK: This was from the very beginning distinct from the work on HIV. HIV was always separate, even though there should be lots of connections, but HIV was already running on its own path so this was outside, in addition to what was being done on HIV. Early on in the process—and I can't remember if this came from some Congressional directives or our own internal thinking—we settled on four areas of focus at the time: malaria, tuberculosis, surveillance, and antimicrobial resistance. There are definite connections across all four, that became the structure for how we pursued the strategy. In the early days it was $50 million a year, which at the time was amazing. Now it's tiny, compared to what the current budgets are. We divided it more or less equally. Of that fifty million, ten or twelve for each area. That was the approach we took. In the very early days there wasn't too much competition among the areas. Later on, both malaria and TB became their own line items and antimicrobial resistance and surveillance fell by the wayside as stand alone areas, but were incorporated into TB and malaria. Which is unfortunate because there was some really good stuff done with those funds. Antimicrobial resistance in particular was subsumed and well integrated into the work the TB people were doing and malaria as well.

Q: What happened to water and sanitation?

KOEK: (laughter) Interestingly water and sanitation was pretty firmly living amongst the child survival people. If you were to step back and think, "should we be doing water and sanitation when we think about infectious diseases?" I would say yes. It was already established in what we were doing in child survival, and there was some funding for it under child survival to some degree. If we had to do it all over again, would I do that a bit differently? Of course. Hindsight.

Q: When you went to the Office of Health, was David Oot the Director?

KOEK: Joy Riggs-Perla was the office director.

Q: Joy Riggs-Perla. Okay. The relations with the regional bureaus and the programming, did you develop buy-in projects in these areas as well?

KOEK: I did. I think at the time the relationships with the regional bureaus were pretty good. I had very good relationships, partly because there was the legacy of my PPC role, as that role engaged with health and family planning and nutrition technical offices and

also with the regional bureaus. I had established connections, which was helpful. The regional bureaus were very engaged in the whole strategy process for infectious diseases, particularly the Africa bureau who had more staff than some of the others. They were all very engaged.

Q: You couldn't have imagined COVID then I assume?

KOEK: We should have.

Q: That was the longest stint in your career, right? You were there nine years doing that?

KOEK: That's right.

Q: How did the job change over the nine years?

KOEK: It changed hugely. When I first took that job in June of '98, it was the environmental health division. We had Dennis there for malaria and the WASH (water and sanitation) environmental health team there with John Austin and John Borrazzo; Lloyd Feinberg was there for the War Victims and Orphans and Vulnerable Children funds. And malaria vaccine, Carter Diggs was there with the malaria vaccine program. There was a reorganization across the entire agency and bureau in the early 2000s. In that process the name changed to the Infectious Diseases Division. A couple of years later the environmental health work shifted over to the child survival division. So it changed dramatically and grew substantially in the following years. In the early days the infectious disease work was very much across the office as well as effort in working with missions. Amy Bloom was doing TB but was sitting in the HIV division, Murray Trostle was doing surveillance and was sitting in the Child Survival division, and Tony Boni led antimicrobial resistance and was in the Health Systems Division. It was just the malaria folk in the Infectious Diseases division as well as the coordination function. There was a strategy lead hired to bring that team together to implement the larger strategy. But over time it did change a lot. There was increasing interest and money for things like TB.

Then in the mid-2000s, malaria took off partly because of tremendous criticism of USAID for not investing in indoor residual spraying and particularly DDT, "we have this very effective tool and you are not doing it, why aren't you?" While we had been doing an awful lot of work on changing country-level policy around the more effective treatment—artemisinin combination therapy (ACTs)---that's a slow change at country level to adopt a new policy so that the ACTs could be used as first line therapy (if they were available). The money at the time wasn't enough to actually buy the drugs. It was similar to the pressure that the HIV folks had gone through prior to PEPFAR. When there was about $100 million annual budget for HIV, with which you couldn't buy ARVs (anti-retroviral) on an ongoing basis, it's just not doable. So similarly, there was tremendous criticism of USAID on malaria from a number of different sources for not buying ACT drugs and not supporting indoor residual spraying (including with DDT). Lots of articles and press, Congressional hearings. At the time the Assistant

Administrator for Global Health was accused of killing children because USAID was not buying and delivering ACTs medicines and things like that.

That pressure did push the Administration. George Bush was President at the time. At the time our malaria funding was about $30 million a year, not a lot of money, and it was spread across about thirty countries. We had countries that were programming $500,000 in malaria, the big ones were a million dollars and you can't do a whole lot with five hundred thousand or a million dollars. In 2005, Richard Greene, who was the Director of the Health Office at the time and the real architect behind PMI (President's Malaria Initiative), recognized that we had to do something and change how we were programming and addressing malaria. He worked both with the Administrator and the National Security Council and conceived the President's Malaria Initiative which President Bush announced in July 2005. It pulled back malaria money from a lot of countries, focusing the bulk of the money on just a few countries, with a heavy emphasis on buying commodities including insecticide-treated bednets, and malaria drugs as well as putting in place spraying programs.. It started with three countries and kept expanding. With that came increased appropriations for malaria over the next several years

Q: Was there someone in the White House or NSC (National Security Council) that was really keen on this? Or did the White House jump on board when they saw you had a strategy?

KOEK: The way I've heard the story is that there were people in the White House who were very keen on this, but also there was lots of advocacy, especially from some of the evangelical faith-based community, on the President, who had already recognized and embraced and put his support behind PEPFAR, and was convinced that the U.S. could do something about a million people—primarily kids in Africa—who were dying every year from malaria, something that's completely preventable. That was a message that really resonated in the White House and with the President.

Q: Right, and they picked—

KOEK: And they picked it. And the internal planning between Richard's vision and working with the Administrator put it in place; Andrew Natsios was the Administrator at the time and helped move it.

Q: That was also a time though when the budget function moved to State, it was developing coordinators for everything. Did State want to take over the infectious disease activities?

KOEK: That was part of the negotiations - I think PMI was always considered a bit of a win for USAID.It was from the White House, from the President, and we already had a coordinator for PEPFAR that was not USAID who was sitting at State. There was lots of pressure—"we'll need a coordinator because CDC is also doing malaria work"—to establish a coordinator, but where would the coordinator sit? Andrew Natsios and others in the White House, made the case for that coordinator to sit at USAID; there would be a

malaria coordinator responsible for coordinating what CDC and USAID do on malaria, and engage NIH (National Institute for Health), Department of Defense and Peace Corps and others. That was a major win for USAID. In addition, the model for PMI was for it to be much more integrated into the rest of the health programming from the very beginning.

Q: Unlike PEPFAR.

KOEK: Right, which tends to be quite separate. The set-up at country level for PMI was that it be based in USAID, and that in every mission it would be under the direction of the Mission Director, generally delegated to the health officer. Every PMI country would have a USAID malaria advisor and a CDC malaria advisor, based in USAID, in the USAID health office. That was the structure. And that has worked I think, even to date.

Q: Had there been some major wins from this?

KOEK: I'd say the PMI program has been really successful. Part of the approach was to get agreement from whatever country would become a PMI country in advance that countries had to make commitments and make malaria a priority, which was not a terribly difficult sell for most African countries. Also, it would have to be coordinated with the Global Fund for AIDS, TB and Malaria as well, so going into countries where you've got Global Fund money and U.S. money coming together. The teams worked together under the national malaria control program to plan and work together to achieve these quite ambitious targets for scaling up access to treatment and bed net distribution and use of spraying where that made sense, and mapping all that out. In scaling up the interventions, PMI was usually successful. The PMI team has a really impressive map which shows that in countries where PMI has been, under-five mortality in all cases has dropped substantially over the course of PMI, and other indicators such as direct case count, hospital beds with kids with severe malaria also dropped considerably. So, yes, substantive impact.

Q: That's really exciting. Related to that, countries are putting this in their budget, too, so maybe it cannot continue at the same scale if AID or the U.S. were to back off, but it's becoming internalized in country health budgets.

KOEK: That was the idea. Now what I don't have a good sense of is to what degree that actually happened, and to what degree national budgets for malaria increased. That was meant to be the commitment, if you become a PMI country, it's because you're making that commitment to build money for malaria into your own budget.

Q: Right. That's pretty exciting. So, then avian flu came about 2004?

KOEK: Avian flu came in 2005 I think. At the time Dennis Carroll, who had been working on malaria earlier, had shifted over to focusing on avian flu. That was in part an emergency response but also building foundational work around health interactions between animal and human health—the One Health approach.

Q: Right. There was almost no attention to zoonotic diseases before.

KOEK: And now it's there. The other piece that came up even before then was TB, and I became very involved both at the global level and in what we were doing in TB. Amy Bloom was leading the TB work – she was phenomenal, but all by herself she couldn't even get to all the meetings we needed to join, so I started leaning in to help her cover those representational pieces and got very involved with the start of the Stop TB partnership, and represented USAID on the Stop TB Partnership Board. Some years later, I was elected Chair of the STB Board. During that time we built a TB staff, starting with just Amy and I but hiring additional people as the program grew. That was another program that grew over time with USAID taking on a major leadership role in global TB. That continues to be true today.

Q: There was an NGO (nongovernmental organization) or civic organization that really took on TB as their cause, I can't remember which one it was.

KOEK: RESULTS did as an advocacy group, RESULTS had been much more on child survival and food issues but also took on TB as a major advocacy piece. The American Thoracic Society was also very involved in advocacy. There had been European organizations working on TB for decades, like the KNCV in the Netherlands and the International Union against TB and Lung Disease, based out of Paris. They both have been around for a very long time. And there were a number of U.S. organizations that expanded to take on TB.

Q: Was AID focused on drug-resistant TB?

KOEK: It was part of the program but was much more about the holistic diagnosis and treatment. USAID support was integrated within what was happening at a national and country level, supporting the national TB programs or the TB section of the Ministry of Health, focusing on what could be done, what's the niche, the role USAID could play. Because of the work that had been done by our antimicrobial resistance colleagues, we did an awful lot of work on the drug resistance side, on drug management and the behaviors around drugs. And then certainly much work with private providers—TB typically is managed from a public sector standpoint, but people go wherever for services, and if you're sick you'll go to whoever is near. Much of the source for drug resistance is coming from private providers in a number of countries, who aren't necessarily following the basic treatment regimen which at the time was six months, four drugs. It's now shortened but still not particularly easy for patients.

Q: Those are both ongoing, that program is still growing? Is it at the expense of other programs or just the whole portfolio is growing?

KOEK: The overall budget has grown and I think that's true across the board for health. As I said we started with $50 million for the overall infectious diseases portfolio, and now malaria is close to $750 million or more and TB is close to $300 million if not more.

Funding for all the areas grew but also the child survival/maternal health budget grew up to a point, not huge increases for child and maternal health but it has all grown. Did other sectors decline? I don't think they declined but they didn't grow in a commensurate way. Overall the Global Health budget certainly has grown over the last decades. On a proportional basis yes, but the others didn't shrink, they just didn't grow as much.

Q: Got it. Honestly that sounds like a most exciting, intellectually challenging assignment. But probably also exhausting and I don't know whether exhaustion had something to do with your decision to take an overseas position.

KOEK: It was fabulous, a terrific experience. It was exciting, lots of support, money, we were growing the teams quickly so you weren't having to figure out how to cut staff, none of that, it was more "who can we bring in?" We also started the NTD (neglected tropical diseases) program at around the same time (2006 or 2007) – which is another area where USAID developed a global leadership role – and has had a direct impact on the elimination of several diseases in a number of countries. Lots of really exciting work which was showing impact, which is always incredible.-

Q: Gratifying.

KOEK: Absolutely. My son was born in 2001, so he was a small kid during that period. It was manageable. Yes it was intense, it was busy, it was exhausting at times, but manageable. Then after having done that for about nine years, my husband and I were interested in living overseas, in part to give our son some exposure to living in another country.

Q: Shades of what your dad did.

KOEK: Exactly. It worked well for me, so it should work for him! So we were starting to think about it. The process for a Civil Service employee to go after a Foreign Service position is not so straightforward; you can typically only apply for positions that have been rejected by Foreign Service officers for two rounds in the assignment cycle. It is usually the third position in Nigeria or DR-Congo or something that is available. Just at the time I put my hat in and indicated interest, Indonesia happened to open. It was truly stars aligning. The fact that Indonesia was open for a Civil Service, you know -

Q: Transfer.

KOEK: Transfer, was remarkable. As it happened, there had been this odd multiple turnover of office directors in the health office in Indonesia, people staying for less than a year – something like three or four people in a row had stayed for a year or less which was incredibly disruptive. My immediate predecessor curtailed to go to Afghanistan, a critical priority post – leaving the position vacant.

Q: Were you specifically looking at Indonesia? Or were you open to others?

KOEK: I was open to others. As I said I indicated, "please consider me", and got on the list for FS positions—and didn't think Indonesia would be on the list. At that time, I was no longer the country coordinator for Indonesia—that was one of the things that had to go, I couldn't manage that any more on top of everything else.

Q: Perfect. I'm curious about the mechanism. Was it just for this post, or from that could you have then applied to other Foreign Service positions?

KOEK: No. It was just for this post, essentially a Foreign Service limited appointment where the agency has to give you a job at the same level you left when you return. Now, you could then transfer permanently. After two years you could apply to be transferred over completely to the Foreign Service.

Q: You said you were there for four years. Did it work out the way you hoped for your child? Did your husband find something to do?

KOEK: For our son I think it did. He's about to graduate from college. I don't know quite what directions he's ultimately going to go in, but he has an appreciation, understanding of the world and is interested in travel, so that part was a success. For my husband, he's a lawyer, he had his own practice when we left, so he continued to do that for the first year we were in Indonesia on a virtual basis, and traveled to the U.S a couple of times to go to court for his clients and things like that. Then after about a year, he stood down from his practice and a couple of months later took a job with the Embassy's Regional Security Office, which I often described as a bigger cultural shock for him than Indonesia! He did that for about two years. In the last six months or so that we were in Indonesia, we took our son out of school and Curt home-schooled our son, and the two of them traveled in Indonesia and did a tour through Southeast Asia, like the ASEAN (Association of Southeast Asian Nations) tour. That in and of itself was worth the experience, their six months together.

Q: That is amazing. How about you? Was the job what you expected?

KOEK: Yes, and more. It was a terrific experience, really wonderful. I had an incredible team. I worked with an amazing group of Indonesian and American staff. When I came in, as I said, there had been this high turnover of all of my predecessors going back for close to four years, so the first question the staff asked me was, "Are you going to stay?" And my response was: "Yes, unless there is some issue with my family, I'm here for the duration." That worked out.

It was also a really low point in the U.S. government's relationships with the Ministry of Health. Partly because of avian flu. There used to be the NAMRU (Navy Medical Research Unit) lab in Indonesia, and there had been some accusations that NAMRU had been misusing or not sharing data with the Ministry of Health and lots of politics, incredibly bad relationships. There had been months of negotiations to keep NAMRU in Indonesia that had completely fallen apart a month before I arrived. My family and I arrived in March and negotiations had fallen apart in February; by June, all of the

NAMRU staff had to pack up and leave, and the lab shut down. There was no senior level communication or relationship between the U.S. Embassy or agencies and the Ministry of Health. It was a really low point.

The USAID programs were all in a holding pattern, in part because they were waiting for an office director to come. Walter North was the Mission Director. My first meeting with him, he said "the health office is really hitting below its weight, so you have work to do." He wasn't wrong, he was right on. I didn't think it was going to be a cakewalk. We spent some months with my staff and the embassy trying to rebuild the relationships with the Ministry of Health and the government. That was multiple people engaging on a number of different fronts, all trying to work through counterparts and others to rebuild the relationship. That was successful.

Q: Describe the health program you inherited, other than the fact that relations were poor. What were we programming? Was it mainly child survival?

KOEK: We had maternal child health, HIV/AIDS,TB and emerging pandemic threats. Lisa Baldwin was there as our PEPFAR coordinator. We were a PEPFAR country, but with a small—less than ten million dollar—budget implemented primarily by USAID with the Department of Defense having a tiny piece of money. That program was more or less on track. Much of the rest of the program was very much not in a very good place or all pending new designs.

The family planning program had been a success story partly because it had been a huge priority for Suharto when he was President. There was high coverage of family planning and relatively low fertility. In 2006, I think, they stopped the USAID family planning program pretty quickly, within a year, and that was probably a little too fast for turning off the program and stepping away from multiple decades of partnership with the national family planning program. When I was there, once we started working again with our Ministry and government colleagues, it was a rare meeting where I didn't hear, "wow you all left us in family planning, when are you going to come back to family planning?" Almost every single meeting, it would invariably come up throughout the tenure of my time in Indonesia.

Q: Did they need AID back?

KOEK: They appreciated the partnership. What they would describe is what they really wanted was the exposure to what was happening outside of Indonesia. Less technical assistance or even the money—they didn't need that—but the kind of partnership and exposure and helping engage what was happening in Indonesia with other countries and the global community. That's what they wanted.

Q: And that doesn't even cost very much.

KOEK: But it does cost something, and since we had stopped family planning that was not a line of work we could really pursue. In spite of my attempts at advocacy back with my former colleagues in Washington, it was to no avail.

We were rebuilding the relationship with our counterparts and ultimately that was successful. We started to design a new maternal child health program that was launched within a year or so, then expanded the TB work and started a neglected tropical disease program. There was also some global health security programming. At the time it was the emerging pandemic threats program, which was still very much a centralized program managed out of Washington although there was an actual Indonesia-specific program. The relationships by the time I left were really strong across the board. I thought we had quite vibrant, impactful programming and we were in a pretty good place.

Q: Were you able to do a fair amount of recruiting so you could put it back on a stable basis?

KOEK: I think so. We had some really great Indonesian staff with deep expertise and strong staff. Some have now transitioned off, gone elsewhere or retired, obviously, this is now ten years ago.

We had the two Foreign Service positions, mine and the deputy. Unfortunate timing, we both left at the same time.. Then we had a couple of PSCs (personal services contractors) and other American staff. Some stayed and some left, a bit of a mix.

Q: It's one thing to turn a program around; it's another to turn a relationship around. What would you say, other than focusing on it, how do you turn around a situation where you've got the government thinking you're not serious?

KOEK: "You're not serious and you're not trustworthy." Yeah, which is basically what the perception was. There were a couple of things that happened. We worked through Indonesian friends and stakeholders. There were a couple of people who knew USAID and also had relationships with the government, like Dr. Firman Lubis, who unfortunately passed away some years ago. He was internationally recognized but had also served as the professor for many senior Indonesians. He and others were able to quietly make introductions or suggest speaking to someone. It's not just Pak Firman but others. Bill Hawley was there from CDC and had been in Indonesia for years and speaks beautiful Indonesian. He also had deep relationships at different levels. There were a number of us working with colleagues outside of government who had contacts in government, who helped pave the way to having those side conversations. For example, somebody paved the way for me to meet and shake the hand of the Minister at a group meeting, and relationships continued to improve. It was not just me but certainly me and staff at USAID but also our colleagues at the embassy, and CDC—all working together. We did re-establish a constructive and ultimately a strong relationship with the Indonesian Ministry of Health.

Q: But you couldn't have done it from Washington, you had to be there.

KOEK: There's no way to have done it from Washington, no way.

Q: Or from a regional position.

KOEK: No, because it absolutely was those quiet conversations, this person who had relationships with the government counterpart, friend, colleague, who could have those informal conversations with their friends in the government and say, "They're actually okay, you should talk to them, you can trust them", giving credibility to both sides and telling me and others, "go talk to this person". It was not just meetings with the Minister but down the line. Of course, Walter was ready and willing to have as many conversations as need be and certainly did as well.

Q: I'm curious, in Indonesia is there a tradition of inviting people to your home? Was entertaining part of the effort?

KOEK: Not so much. You did that a little bit. I was always reluctant, traffic in Jakarta is so awful so I hesitated to ask people to come to my house and then spend five hours getting home again at the end. (laughter) I have a good friend who had lived there for many years, and she said "you know, I've almost never been invited to a colleague's home". You could meet at restaurants, invite people to a meeting, dinner at a restaurant and those kinds of things. That was done.

Q: Interesting. You had an assignment cycle so you knew you were going to be leaving in four years. Did you have three years and then extended?

KOEK: No, it was two two-year tours. I knew I would be there for four years. In the last few months, I helped the mission review the bidders for the position. Jonathan Ross took my place.

Q: Did you have to bid on the next?

KOEK: No, I came back to Washington. Then it was calling up my colleagues in the Global Health bureau, saying "hey I'm coming back, is there a job?"

Q: And there was?

KOEK: Well at the time the job that was open was back in the Population Reproductive Health office as the deputy office director. They'd just established a Civil Service deputy position.

Q: Back to home base.

KOEK: Back to home base, right.

Q: We'll take a break now as you're contemplating going back to the Office of Population, and we'll resume next time with the rest of your AID career and beyond because I want to hear about Save the Children.

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Q: Today is May 19th and we're having our second session with Irene Koek. I think it would be helpful if we backtracked a little bit and talked about your overseas assignment in Indonesia, because I have a feeling, it was the end of a session, we gave it short shrift. So if you could talk a little bit again about it, it was a broad portfolio as I recall, everything from MCH (maternal child health) to tuberculosis, AIDS, say a little bit more about that.

KOEK: Thanks Ann. It was a broad portfolio and I think every sector USAID was working on except for family planning because USAID had transitioned out of family planning several years before I arrived, in the mid-'90s, much to the unhappiness of my Indonesian colleagues, it was a rare meeting where they didn't bring up, "when are you coming back to family planning?" There was a lot of great work that my team and I did during those years.

For example in tuberculosis we had been doing some TB programming with one of USAID's major partners in TB who had been active in Indonesia for many years. We expanded that program, got additional funding, and worked in close collaboration with the Ministry of Health's national tuberculosis program and helped them scale up and expand the number of labs across the country capable of diagnosing drug-resistant TB. At the beginning of that effort, there was just one lab in Jakarta for diagnosing drug-resistant TB, so if you can imagine, the patient might have had to come from Papua, a seven-hour flight to Jakarta, to be diagnosed, which is really not what you want to have happen with someone who has drug-resistant TB. We helped expand the capacity of those labs across the country, that was a major effort and I think made a huge difference for the progress of TB in Indonesia.

Q: On TB, was it a growing epidemic and was it at all related to HIV, or had it always been there and we just were getting around to attending…

KOEK: There has long been a high burden of TB in Indonesia and it really was not driven by HIV. In most of Asia—where you have a number of high-burden TB countries—the TB epidemic is not driven by HIV for the most part. Certainly among some populations, but in Asia—including Indonesia—TB is generally not only among those living with HIV. I don't remember where Indonesia stands on the list of high-burden TB countries but it is in the top ten, and a longstanding problem.

Multidrug-resistant TB (MDR-TB) was certainly growing and there was concern that MDR-TB was going to continue to expand, partly because lots of people go to private providers for treatment and may or may not get the right regimen of treatment; they might just get one antibiotic as opposed to the full course, and invariably you'd go to a

TB hospital and talk to a drug-resistant TB patient and they share something like: "I went to the local clinic and I got some medicines and I was never better and I finally got to the TB program and they diagnosed me as having drug-resistant TB." There was lots of work on that, including my team working with the national program.

The other piece we did is encourage the government to be more expansive in engaging with civil society and NGOs who could really reach people who were at risk for or had TB to make sure they access to systems and services and could easily get in for treatment or had support accessing treatment

Q: Were there other donors engaged, or was this really a unique U.S. effort?

KOEK: The donors were the United States and the Global Fund [the Global Fund to Fight AIDS, TB and Malaria]. Of course we were very engaged with the Global Fund, and worked very closely with the Global Fund grantees. We had somebody in my office who was basically a technical advisor to the Country Coordinating Mechanism for the Global Fund so the collaboration was very close, in part to make sure our work in HIV and TB was closely connected, but also to help make sure the work of the Global Fund was smooth and worked well and the government and principle recipients had the support they needed.

Q: Did CDC have an officer assigned there?

KOEK: Yes, CDC did have an officer. They had a small office. They were doing some malaria work in partnership with UNICEF, but it was not a President's Malaria Initiative country and were also doing some work on emerging pandemic threats and they were doing interesting research. And we had a very close, good positive relationship with CDC. That's one of the things I'm proud of during my time in Indonesia—the cross-U.S. government relationships were really good and strong.

Under PEPFAR, we had a small PEPFAR program, small by PEPFAR standards, I think about $7.5 million dollars, which is tiny for PEPFAR. USAID was the primary implementor with a little tiny bit going through the Department of Defense (DOD) for doing HIV work with the Indonesian military. I was the PEPFAR coordinator as well as the USAID Health Officer and the Deputy Chief of Mission (DCM), at one point named me as the Health Attaché. The role of a health officer for USAID is actually quite similar to the role of the health attaché, huge overlap, except for the representation for Health and Human Services, but also in that role I facilitated the work of some NIH colleagues who were interested in doing more in Indonesia, and worked closely with with some researchers and scientists on my staff. We had really strong intra-U.S. government relationships.

Q: That's great and positive, not always like that as you know. Your years there were years when China was really expanding its own aid programs, sometimes they didn't call it aid. Did they have a presence in Indonesia?

KOEK: Not an obvious or strong one. I'm trying to remember. There were pieces of that but it wasn't a major factor, it would occasionally come up within the Embassy conversations. But we didn't see a huge presence of the Chinese, certainly not in the health sector, they may have been more active in other sectors but less so in health at the time.

Q: The U.S. has always been a very large donor there and even in 2010, that was still the case.

KOEK: It was absolutely, and we'd have conversations and in the typical fashion there were partners/donors meetings, but there was a lot of turnover for some of the other bilateral donors. The Japanese had some funding, the UN was quite active and we had strong relationships with the UN. But not so many others; GTZ was basically stopping their program. It was primarily the U.S. The World Bank had some loans but not a lot in health because the Indonesians didn't want loans for health. They were lower-middle income status so not eligible for IDA (International Development Association).

Q: Before I let you go to the next assignment let me ask, was there anything that you wanted to try there or get going but you just couldn't, either because of resources or you couldn't get the commitments you needed, or was the program pretty much what you hoped to be able to do?

KOEK: For the most part I would say it was what I hoped to be able to do. We developed a very constructive and positive relationship with the Government and other Indonesian partners—turning that relationship completely around. The Health Office team was incredibly strong and cohesive and we had a reputation of being one of the best places to work in the Mission. I had really good relationships with my Indonesian colleagues outside and inside USAID and was able to serve as a champion for recognition of the Foreign Service National (FSN) staff.

We had impactful programs across the portfolio. As I said, we did a lot on TB, were able to start neglected tropical diseases work in Indonesia, that was exciting. We turned around or took in a new direction the work on maternal/child health, really focusing on some of the key issues around quality of care, that I was really proud of. We did try to do some advocacy to get more pieces of family planning support back to Indonesia because the Indonesians really wanted that and the transition out of assistance was very quick, it happened over the course of a year. That was the place where it was not successful. Duff Gillespie was at Johns Hopkins at the time, he came to visit the program with funding from the Gates Foundation, so he and I were both trying to seed some words back to our colleagues back in Washington which fell on pretty deaf ears. I understand, there are needier countries out there. While it was disappointing from an Indonesian context, if I were in Washington I would make exactly the same decision.

Q: Then you got reclaimed by the Office of Population.

KOEK: Then I was reclaimed by the Office of Population. The rule is, when you do a Foreign Service limited assignment, they have to take you back in your home bureau.

Q: So it was time to leave Indonesia, I guess your son was getting ready for college?

KOEK: No, he was just about to start middle school, 12 years old when we came back. It was the right time. I had been there a little over four years so the tour was over, it was time for somebody else to have the opportunity to lead the Indonesia program.

Q: You came back, but you talked about it as temporary. Did you expect to stay in the Office of Population?

KOEK: When I took the position, I did. It was a newly established Civil Service position as deputy in the office, there had already been a Foreign Service deputy, so I came in as the deputy working under Ellen Starbird who is fabulous and a wonderful director, so that was terrific. The Office of Population—as you know is now the Office of Population and Reproductive Health—is incredibly well organized and well run, fabulous programming. So working with Ellen and the team, that was quite good. But it was 2014, and while the West Africa Ebola epidemic didn't affect PRH (Office of Population and Reproductive Health) all that much, it certainly affected other parts of the bureau and leadership. Along with funding to respond to the Ebola epidemic and help rebuild health services in Guinea, Liberia and Sierra Leone there was funding for global health security. There was considerable intensity associated with those additional funds. There was lots of work on responding to the Ebola epidemic in West Africa, but then as that eased, the post-outbreak work, and at the same time global health security work, continued. That was a huge piece of work. About nine months after I had come back to Washington, Ariel Pablos-Mendez, who was the AA (Assistant Administrator) and Wade Warren who was the senior DAA (Deputy Assistant Administrator) for Global Health, asked me if I'd be willing to step in and help on global health security and some of the post-Ebola-outbreak work and work with the team already doing that. So I did that.

Global health security work was very much interagency work; there was lots of money through USAID and through CDC, and very heavily controlled by the National Security Council and the State Department—every agency you can imagine was engaged—with lots of internal agency negotiations. It took some negotiation with the NSC to make sure they were comfortable with what we were doing, the countries we were working in. I did some of that, and also made sure the USAID missions were engaged. This was all central money. It wasn't being allocated to countries for direct country-level programming, but missions were aware of it, and they had a say in how it was going to be programmed and in the multisectoral, multi-agency country planning.

Q: Right. So you had already earlier in your career worked on infectious diseases, but this was basically infectious diseases on steroids, with a lot more representation and interagency work, and probably a whole lot more money.

KOEK: It was a lot of money. I don't even remember the numbers any more. It was one-time money—all emergency appropriations so it wasn't necessarily going to be ongoing funding, which was the other difficult dimension, although we had more years to spend it than for Ebola recovery. There was work across the agency and Administration to think how this would be built into budget requests on an on-going basis. Of course global health security was the hot topic at the time.

Q: Yeah, not that it actually ever disappears as a hot topic.

KOEK: Not that it disappeared, it's now I think more attention is on pandemic preparedness, which is not totally different.

Q: Just a different label I think. I can imagine some of the missions might have been concerned about ramping up something when the money was going to be time limited.

KOEK: Yeah.

Q: So convincing them that it's worth spending time on—

KOEK: It was and also the way global health security was approached at the time. The idea is that it is multisectoral, it's certainly country level and it doesn't just live in health, but you've got to bring in everything from border control to the agricultural folk and environmental sectors. Ideally you have these interagency structures at country level, led by the Prime Minister or his or her designee. It was a very senior, very high visibility effort with resources. There were staff, and we worked with missions to identify staff and to place staff, either local hires or personal services contractors or contract staff, so missions would have the bandwidth to be engaged on this, which was pretty important. But also part of it was just getting the message out to the countries so they had that information, making sure that each country knew the funding allocated for each country and the priorities we're seeing from other agencies, and making sure the mission staff had all of that information in hand. It was such a highly centralized effort, very much driven by the National Security Council, as opposed to the usual USAID approach which is generally driven from the country level, then Washington says yes or no. I tried to make sure the missions did have the information and felt some ownership.

Q: This might be an unfair question but do you think that any of the work that AID did during that phase helped in any way with missions when COVID came along?

KOEK: I think so. I don't know if it was exclusively from the global health security work. I do think there were investments in response centers from the global health security funding—and I heard this from some countries—that some of those investments paid off in having a rapid response center, to help make sure you've got your messaging out and could mount a response, and investments in response concepts, approaches and practices all of that certainly did play out to some degree on COVID.

For the COVID response, it did build on not just what might have been done through global health security but certainly all of the other programming infrastructure that USAID had done, including PEPFAR, including TB, all of the other pieces as well as immunization later. It's a bit of a mix. I don't have enough of the details having left USAID in the middle of COVID, so I no longer have that visibility of how that all played out at the country level.

Q: But certainly the health system strengthening had to have helped.

KOEK: I do think so and I hope so. Those would be really interesting Ph.D. theses. I would hope that we did see some of them, I do believe it's true, I don't know that I could speak to specific examples.

Q: I suspect since your next assignment was as DAA in that bureau that you didn't totally leave infectious diseases behind since you were still there. Can you talk about what caused you to move to that DAA position and how your work changed?

KOEK: I did the global health security work for probably about a year. In early 2016, Wade Warren, who was the Senior Executive Service DAA in the Global Health bureau was asked by the Administrator to head up the policy bureau, leaving a gap, so they were going to have to fill in behind him. In order to not to leave that vacant, the Bureau asked me to step into that as an acting role with the idea to apply for the SES role when it was posted.

Q: So first acting, and then—

KOEK: Then go through the competition round, which is a long process. An SES position quite frankly had never been something on my list of things to look at. But there it was. So after a little bit of soul-searching, because another opportunity was also coming due to a reorganization in the Global Health bureau and the establishment of the position of director for the Office of Infectious Diseases which was coming open, so I had to think about what job was the one I most want to do? I ended up choosing to take on the acting DAA role, and then was put into that position some months later after the competition.

Q: Did the AA change during the time you were the DAA?

KOEK: It changed, but not in the first year. In 2016 Ariel Pablos-Mendez was the AA and I worked closely with him, and had known him prior to his USAID time. He was there for the full year, and then when of course the administration changed in 2017, Ariel left and Jennifer Adams was at that time the Senior Deputy Assistant Administrator. She was there as the Senior Foreign Service DAA in the Global Health bureau. Jennifer became the acting AA for the first six or seven months, but then went overseas in August to be the Mission Director in Mozambique, and that left me.

Q: Holding the bag. So you spent a fair amount of time running the whole bureau I imagine.

KOEK: I was acting AA for a while. A political appointee came in. I'd have to go back to see exactly when Alma Golden came in first as DAA and she was later nominated to be the AA. Seems like it must have been 2017 when she was appointed as DAA and then late 2018 when she was nominated to be AA.

Q: It probably was, a lot of that transition was pretty slow.

KOEK: It was pretty slow. Mark Green was nominated to be Administrator fairly early, and came in in August as Administrator. But I was senior DAA and acting AA off and on through much of the four years of the administration.

Q: Right. Been there, done that, so I know it's hard to categorize it, but you were both managing the internal system and with other parts of AID as well as the interagency work, work with the Hill, with outside groups, and anything that comes over the transom.

KOEK: It is that odd place to be. You're responsible but because you're career and acting you don't quite have the full authority to do what you really want to do, a very strange placeholder role.

Q: Let's start with the internal dynamics. The Global Health bureau had been well run and different offices weren't eating each other. Did it run itself, or were there internal issues you had to deal with?

KOEK: A lot of it ran itself. There were very strong office directors and there always have been, which is a blessing when you're the AA or DAA, you could really rely on the office directors to do day to day management and lead the specific programs. They are for the most part not eating each other, although there's always some conflict. There were years of conflict around what we called the cross-bureau budget – funding for things that don't clearly fall in an office and for overall operations. Everybody's got to contribute, but there were Coordinator's overseeing some of the money, so the pieces of money that did not have Coordinator oversight/protection – like maternal/child health, family planning and TB – were often pushed to take on a greater share of the cross-cutting costs. It was difficult and that became quite difficult over the course of that administration.

But there were also some big issues that came up during that period, less the running of the bureau. There were long-standing issues around staffing and contract staffing. By that point probably two-thirds if not three-quarters of the Global Health staff were under some sort of non-direct-hire status, hired through various contract mechanisms. These are career staff, right, they've worked for USAID for their entire careers, USAID is highly dependent on these staff, they are terrific leaders in their field, but they are employed under a contract that comes up for renewal every five years, so incredibly difficult, very disruptive for staff and the bureau. That renewal came up while I was DAA, with a protest on the contract award, so lots of worries for staff – and the need for constant messaging out to staff, "your job is safe, trust us" which after several months becomes a really difficult message. That was under way.

In 2016 we had also started the transition of the supply chain program—the giant supply chain program that USAID has run for a long time—which buys all of the ARVs and medicines and test kits for HIV and PEPFAR, all of the malaria drugs and diagnostics, and all of the family planning contraceptives, commodities—all through this giant, nine billion dollar contract. After many years of the same contractor, there was a switch to a new contract beginning in 2017 and their performance wasn't particularly good at the beginning. There were lots of management problems.

Q: I think we can name it, it went from JSI to Chemonics, is that correct?

KOEK: It went from the JSI/MSH consortium to Chemonics, after JSI/MSH having run the predecessor contracts for years. There were management issues, with late delivery on a number of products in the first months of operations. Our team had been working with Chemonics to try to fix these problems but in August 2017 it hit DEVEX, so not only was it a huge management problem we needed to solve urgently because it affected when product was going to get to country, but it was also highly visible. There was lots of work with the contractor to fix it. They restructured themselves and I do give them credit for eventually fixing things, and lots of credit to the USAID supply chain team that were all working really well together and overseeing the contractor. But there were constant meetings with the Hill staff who were doing detailed oversight, and constant updating to the agency front office. There was a hearing on the Hill where I had to testify; so an incredibly difficult time.

The other change that happened with the Trump administration is the longstanding Mexico City policy that had come in place with every Republican Administration and usually focused on family planning programming for USAID. The policy was expanded substantially by the Trump administration to cover all global health assistance—not just family planning—by all agencies.

Q: That meant any organization doing anything in health?

KOEK: In global health assistance, right. Again the rule is, any non-U.S. organization who's getting U.S. global health assistance funding cannot support or promote abortion as a method of family planning. Instead of only applying to family planning—which it had for every Republican administration since the Reagan Administration—this was expanded so it wasn't just family planning, it was all global health assistance. It applied to HIV/AIDS and PEPFAR, tuberculosis funding, maternal/child health, neglected tropical diseases, global health security, all of it.

Q: That did not have anything to do with reproductive health?

KOEK: Right, exactly. For the TB folks it was like, "wait, what?" And also other agencies who had never had to deal with this before. There were lots of interagency discussions, with USAID staff sharing, "this is how we've done it in the past, things you've got to do, guidance you've got to share, because you have to do all of the

monitoring that's implied with that." And of course, within USAID there was broad impact because the natural instinct was, "Well the family planning people will take care of it" and the family planning people said, "Well, we'll help you but it can't just be on us." We had to build capacity across the bureau so there would be people who could take this on within every technical office and give guidance to missions and work with interagency. It was a huge change.

Q: In that era with that administration, did you have to cancel any programs you were doing?

KOEK: There were several partners who would not sign. It is up to the partner whether they sign or not and if they don't, that grant comes to an end. There were a number who did sign and some that did not. It was something we had to track, but certainly there were several in HIV/AIDS who refused to sign. The family planning office had had agreements with IPPF (International Planned Parenthood Federation) and Marie Stopes International, and they knew their grants were going to end when the Republican administration came into being. There were a few other non-U.S. organizations that stopped their relationship. There were also a few under CDC. Then USAID or the prime grantee had to find somebody else to do the work, and in some cases that was challenging.

Q: The Trump administration was not very supportive of federal workers and the rumor was that a lot of federal workers either got really discouraged or some even just decided to leave. Did that affect your program at all, employee disaffection?

KOEK: I would say it was a really difficult time for all staff. We didn't have a lot of people that left as a result, although I did have more than one person refer to me and colleagues as being deep state. I'd been a public servant for a really long time and I always follow administration policies, whatever my personal views are. To be told that was very strange because I had never experienced that before in any previous administration.

Q: So there was this we and they—?

KOEK: Absolutely a much stronger we and they than I had ever experienced before. There's always tension between career staff and political staff, but in some administrations it goes more smoothly than others. But it was absolutely a we and they, and with an awful lot of suspicion. It felt like a lot of suspicion of the career staff. Not across the board, I do think USAID was very lucky to have Mark Green as the Administrator for so many years. He was very sensitive, committed to the mission, treated people and the career staff well, so I give him lots of credit and I think he provided a buffer for USAID.

Q: I was going to ask you that. He did try to protect the agency and its programs?

KOEK: That was always my sense. Do I know exactly what he did? Absolutely not. But he was a strong supporter of the work USAID was doing, and vocal.

Q: I think one of the ironies, I can imagine you were describing the we-they tensions within the organization, but one of the amazing things that has happened over the last say ten years and certainly accelerated during the last administration, was active support for AID from the Hill. For a long time, AID was the organization everyone loved to hate, but what we're seeing is bipartisan support and credit, a lot of things from MFAN (Managing Foreign Assistance Network) and other advocacy groups. That must have felt different from the inside.

KOEK: Absolutely. I did lots of briefings for Hill staff throughout the years I was in Washington and particularly during the previous administration there were dramatic cuts to the request levels, like zeroing out family planning again.

Q: Right, and then put it right back in?

KOEK: Put it right back in and the Hill did that. What was always fascinating to me is I'd go to these meetings and there'd always be Republican and Democratic staff there, and they were all on the same message, it was really clear. And coming from the administration and having to defend the administration's position or budget request and say something to the effect of: "yes, that's right, that's a zero for family planning, it'll be fine, really" (laughter). But the questions they asked and the pushback, they were clearly as you say, coming together in support of what USAID was doing.

Q: Right. I think it wasn't just opposition to that administration, I think the groundwork had been built for a long time. It was almost like the kind of support AID had from the Hill back in the '60s and '70s.

KOEK: But very active. I will say, coming from the health sector, there was always pretty strong support for health activities, even in the '90s; clearly the health money continued to grow where it didn't happen for other sectors. But indeed, strong and vocal support for staff. One of the other things USAID did during the Trump administration was a fairly substantive reorganization across the board. The Global Health bureau had just done a reorganization just a few years before, so things were just settling down in the new structure. At first we were given a pass because we had just done a reorganization, but then later on there was lots of pressure to reorganize again. There were lots of conversations with staff. There's always stuff to fix, always ways to do things better and restructure.

Q: But it takes so much time and energy away from—

KOEK: Yeah. However I think what went forward in the end, probably in the last year I was there, did not reflect what came out of all the staff discussions but really reflected political priorities, and the Hill refused to approve it.

Q: Did any new programs get started in the Global Health bureau during the Trump administration?

KOEK: It was the usual turnover of programs, but not many new technical areas. The new partner initiative came into being during that administration, intended to create opportunities for organizations that hadn't worked with USAID before, or that may have only had small pieces of money. This actually is a good plan, if you structure it in a way that makes it easy for organizations that are not used to working with USAID.

Q: I totally missed that. That was an initiative—

KOEK: A lot of it was geared toward bringing in more from the faith-based community. But it wasn't exclusively for that, and there are still some remnants of the new partnership initiative. I do think that broadly and strategically under Mark Green, there was the whole focus on sustainability. Every administration has a different name for working toward the sustainability or transition, engaging new and local partners. For the Trump Administration, it was the journey to self reliance, looking how do you shift ownership and empowerment to the countries. It was not a new concept, it has different terms and approaches under every administration. That was another big piece.

There was interest and some pressure to look more at non-communicable diseases, things like cervical cancer, which was very interesting and had lots of internal support. Bill Steiger—who was the Agency Chief of Staff—was a huge supporter and feels strongly about the issue. The money was always a little bit of a problem; there's not a clear piece of money for cervical cancer, so you're patching together some family planning money, reproductive health money, maternal health, so it was a little complicated to do but some interesting pieces were started. Nothing that took off in the same way that malaria and HIV and others took off in previous administrations.

Q: Interesting. You talked about previous times when interaction with the State Department was quite significant. Less so in your last job?

KOEK: Well it was intense in a couple of ways. I would say certainly around the whole negotiations on how to approach the expanded Mexico City Policy, renamed the Protecting Life in Global Health Assistance policy. I worked very closely with the State Department on that. But also in the first year of the Trump administration there was the State Department's "Redesign" effort – which was a reorganization of State but also a reorganization between State and AID with a view yet again to put them together.

Q: Dust off the briefing sheets from four years ago and eight years ago…

KOEK: Exactly, let's go back to 1972, right? But there was a huge amount of work on that, looking at possible duplication in departments in State and AID and how do we bring them together. Lots and lots of effort to go through that. Rex Tillerson was Secretary of State.

Q: Did the budget function come back to AID?

KOEK: Not in that administration. I understand it's back now but that would have been since I left. I'm not really sure where that stands, it was supposed to, that was the plan.

Q: The perennial issue of AID and State, together, once again came up.

KOEK: Once again came up and then it was resolved to step back from that. Huge amount of work that didn't come to very much about ways to come together. Certainly at the beginning of the Trump administration that was a lot of focus and time on the State Redesign effort.

Q: The budget keeps growing. You're encouraged to bring in new actors who haven't had their bite of the apple. So bringing them up to speed and ready to work, that was a huge thing.

KOEK: Right. At the same time there was a freeze on staffing. A hiring freeze was in place. At the time there was a whole cross-agency process where you had to justify any new staff you wanted to bring on, or even refilling vacant positions, where it had to be approved because there were only so many slots the agency could fill in any given month. It was really difficult to hire and fill in vacancies. Again with new partners, what you need are more agreement officers and finance officers, certainly in missions and also in Washington. There are perennial shortages of agreement officers and those staff are completely overworked. That is still a great limiting factor for USAID to really expand work with both national/local partners as well as brand new partners, because you do need more hands-on effort from USAID staff and if you don't have enough agreement and finance and technical staff to work with those partners, it's really difficult.

Q: You had the money to bring on the non-direct hires although I guess NSDD-38 (process for adding new positions to embassies) probably limited how many you could put in the field.

KOEK: At a country level, absolutely. At country level there was also the factor that they were co-locating USAID and the embassy into one building, actual physical space was a factor. The missions were having a really hard time bringing on staff even if the programs and the money justified it, because of the physical constraints.

Q: Right. Sounds like a lot of challenges. I can't imagine why you decided it was time to leave!

KOEK: There were several fun things going on in this period. I became the USAID representative on the Gavi board, so I was very involved with Gavi which was a fascinating experience intellectually and challenging but a lot of fun.

Q: You want to talk a little bit about Gavi just for future readers?

KOEK: Gavi is the Vaccine Alliance—formally known as the Global Alliance for Vaccines and Immunization. Gavi is an international partnership set up twenty-something years ago, with funding from bilateral donors, foundations and the private sector. Gavi does partnerships with countries and buys a lot of the vaccines that low-income countries use. All countries are meant to pay a share, and an increasing share as national income rises. Over time, the donated cost gets reduced and the amounts that countries put into their budgets to pay for vaccines increases. Gavi provides a substantial amount of the vaccines used for countries for childhood immunizations and now HPV (human papillomavirus) for teenage girls and boys, et cetera, and became a big player for the COVID vaccine, part of the COVAX (COVID-19 Vaccines Global Access) piece.

Q: COVAX was within Gavi?

KOEK: Gavi was part of COVAX, yeah. I was only on the outside of that one, it was after I left USAID. The U.S. is a big donor to Gavi, but prior to COVID, not the biggest. At the time when I was on the board, the UK (United Kingdom) was the biggest then the Gates Foundation, either Norway or the U.S. was number three depending on how the money worked. We were an important player, and it was a hugely important complement to whatever work we and our CDC colleagues were doing at country-level around immunization. Gavi has had a massive impact on increasing the numbers of kids who have been vaccinated and fully vaccinated, even though still 20 percent of all kids have had no vaccines. Gavi also invests in cold-chain equipment and in contributions to the health sector and the health systems, everything it takes to deliver those vaccines are some of the investments that countries get from Gavi.

Q: Our contribution to Gavi sits in the Global Health budget, right?

KOEK: Yes. It's a line item, a directive within the Global Health budget.

Q: So you never had to decide how much goes to Gavi versus what goes to your bilateral programs?

KOEK: That's right. I will say the Gavi advocacy staff have always been clear that any increases to Gavi could not come at the expense of maternal/child health funding, you had to raise the overall level to accommodate an increase. What effectively happened was increases for Gavi happened without increases for maternal/child health but it also didn't mean any decreases.

It was a set amount, but the team that was working on Gavi did an awful lot of work to reach out to missions to make sure missions were engaging with Gavi at country level, and that Gavi was aware. "Make sure you invite USAID staff to your country meetings and when you're making plans around what to do with annual allocations for technical assistance", and trying to make sure missions engage. Missions would invariably say, "oh that's Gavi, it's not my thing", but we would try to make sure they understood that it is your thing, you should take advantage of it and be aware of it, and influence, where it makes sense to complement what you're doing.

Q: Did most missions get that or do you think a lot of them just said, if I don't control it I'm not going to spend time on it?

KOEK: It was a bit of a mix. A lot said great, glad you're telling me this, I just have no time. Which I get, bandwidth is a problem. I think for the most part we got a pretty good response. Some were more active, and not all missions had an active immunization program so it partly depended on what they were doing and what subsectors they were working in. Generally the reaction was pretty positive, and not like, "I can't control it, I don't want it." I think where they could, they did interact. The bigger issue for missions was having the information ahead of time when there would be these planning sessions– Gavi doesn't have country-level staff, they give money to Ministries of Health and governments for the most part, but Gavi staff would travel to country and work with the Ministry of Health staff on detailed plans for using the Gavi resources. For USAID mission staff, knowing when those Gavi visits and planning sessions were going to happen and having the space and time to engage when those discussions are happening at country level was important and useful—and not knowing or having advance notice was probably the bigger problem.

Q: I suspect because you were acting and then deputy, you were pretty tied to Washington. Other than going to Gavi meetings, did you get out of town at all?

KOEK: Toward the last couple of years all my travel was meetings, I have to say, or it certainly felt that way. I did get to go to Sierra Leone to see the post-Ebola work when that was closing down in 2017, which at a personal level was wonderful, since I lived there as a young child. To go back to Sierra Leone for the first time since I was nine years old was pretty terrific. When you're in that role, you're not going out to provide TA (technical assistance) to a mission. You go and you're creating a lot of work, "Oh the DAA is coming, we've got to get the car to go pick her up!"

Q: Exactly. But a certain amount of representation work.

KOEK: Representation was always good, there was a lot of that. When there was travel around a meeting, I would make sure to add a couple of days to spend time with the mission, that was always something to do, either do site visits with them or spend time with missions. Those were always the best trips.

Q: Had you been thinking you were near the end of what you wanted to do with AID, or did the Save the Children job come out of the blue?

KOEK: I had been thinking about it for a while. I had been with USAID for all of my adult life, essentially, and had reached the point where I was eligible to retire, I was old enough and had enough time in government. I thought that if I were ever going to do anything other than work for the U.S. government and USAID, now would be the time right, because I wouldn't be able to do it in five or eight years or whatever. I had been pondering it for a year or so, talked to people on the outside and colleagues and friends

who had been at USAID and left, or others, just to get a sense of what one does. It's hard; how you manage that, how do you envision what you're going to do after having these very senior roles in U.S. government where people listen to you because you're from the U.S. government, right?

Q: Right. To where getting your phone calls answered is a little more difficult.

KOEK: "What do you mean, you don't want to take my call?" So in that sense it was happenstance. Robert Clay, who had been in the job I'm in at Save before me, had been one of the people I'd been chatting with. He let me know he would be leaving this job and it would be open. It seemed like a good option to consider. Save the Children is an organization with a good reputation, I have a lot of respect for it, all of the people in this role had been former USAID people. So it seemed like a good option to consider. At the time, I did feel I needed a change, the last couple of years had been quite stressful and difficult.

Q: Robert Clay was before you. Was Joy Riggs-Perla before him?

KOEK: David Oot had been the director of health at Save the Children before Robert, and then he retired and Robert took that on. Joy was the head of the Saving Newborn Lives program at Save, so she was there probably when David was there though her time might have overlapped a little bit with Robert. As was Al Bartlett, and Massee Bateman on Saving Newborn Lives. Massee was also a dear friend and with me in Indonesia.

Q: And Anne Tinker.

KOEK: Anne Tinker, exactly, before, who started Saving Newborn Lives under David. All of the people we know.

Q: You didn't expect too many surprises since you had a whole family tree of AID.

KOEK: That's right.

Q: Even though you don't expect surprises, they come up and bite you. So tell me about the transition from AID to Save the Children, any surprises that you ran into?

KOEK: The Save folk are terrific, the biggest joy about the job is the people you work with - which was true at USAID as well. Probably at a personal level what was even more difficult than I thought was leaving USAID. I knew it would be difficult but it was much harder on an emotional, personal level than I expected it to be. In part because it was the last couple of months of the Trump administration and things got really crazy at that period. Walking away from my family of origin at USAID at a time that was difficult for the USAID staff. I had lots of guilt associated with that, even though they were just fine. So that change was more than I was expecting it to be, and it took me a little while to get to the point where, yeah, it's okay, they're going to be okay, and I'm going to be okay and yes, it's okay to be just colleagues.

I knew this but living it is different. The substance of what you're talking about is the same; you're still talking about child survival and whether or not that newborn is going to get the care and support he or she needs in those first hours, and whether or not adolescents are going to have access to appropriate sexual reproductive health support - the substance is the same. But the angle and the things you have to worry about are very different. I knew that, but seeing and living it has been fascinating, it's been really different.

Q: You want to talk a little bit about the differences? One of my surprises was budgeting. In AID, you fight over the budget but once you've got it, you've got it. Whereas at Save, I think you go into a year with maybe half the money secured?

KOEK: Yep, and you have to worry about the other half, and there is uncertainty. You can do the best proposal but if somebody has a slightly better one… At USAID once you have the budget, you've got the budget, you're good to go. More or less, what you had last year, there's a decent chance you'll get the same next year. There are changes but for the most part it is a different source of stress.

The other thing is, at USAID I did a lot of work on budget all throughout my career, working closely with the budget leads both in the budget office as well as in the Global Health bureau, talking to the Hill about it, worrying about allocations, working with the regional bureaus. The focus was on the four billion dollars that USAID allocates for health, right? I was concerned with millions of dollars in allocations. At Save, I've got to worry about whether I have that $5000? "We're off by $127!" My decimal points are in a completely different place. I was certainly aware that new business development would be a part of the job—and it's probably in part driven by how the organization is changing and the roles of Save U.S. versus other parts of the federation—but its an increasingly important part of the role, which is not unexpected but the importance of it is more than I thought it would be.

Q: Paying attention to the whole Save consortium?

KOEK: There's that, then there's the internal reorganization, the Save consortium. I am also spending more time on the internal reorganization, restructuring, cross-federation internal issues than I expected to.

Q: The other thing is, you have one donor at AID, which is the Hill. Granted, lots of people influencing the Hill, but it's a one-stop shop. Whereas anyone who makes an appointment to see you could be a donor.

KOEK: Exactly. And you have to talk to all of them. With the Hill you have to know if you are going to talk to staff, what are they most interested in, what do they care about. You tweak whatever you're talking about to make sure you're ready to answer these twelve questions as opposed to those twelve questions you know you're going to get from

their colleague down the hall. It's different, being able to speak to that huge array of private donors and foundations is quite different.

Q: I don't know whether Save is doing anything in the communicable disease area now, I don't think they were.

KOEK: We're doing some work but not as much as I'd like, given my previous history. Save does have some Global Fund grants including TB. Of course as part of child survival you're worried about pneumonia and acute respiratory infections, diarrhea, immunization, the common child health issues. There's been some work on pandemic preparedness, more through our emergency/humanitarian colleagues, but I think there is potential there that we could do more with. There's the engagement of civil society and communities, risk communication and behavior change which are all important for communicable disease, pandemic preparedness, and surveillance.

Q: Did you have a lifetime prohibition on talking to AID about health issues? Or was it a two-year limitation?

KOEK: I had a one-year prohibition on talking to USAID about anything, and a lifetime prohibition on anything that was awarded to Save during the time I was in the leadership of the bureau. Which is a little bit awkward because some global programs have been extended, and I still can't talk to USAID about them. But fortunately I can talk to AID about other things as long as it's not those specific things that came into being and that Save took on while I was in charge of the bureau, or deputy.

Q: Are you having fun?

KOEK: I am, except the amount of time on some of the internal stuff, not so much. The people are terrific. You may recall Save the Children does three-year strategies; they're now extending the current strategy for a couple of years, because we kind of have it right, there's a lot of work to be done, so that's good. But in health priorities include focusing on climate and health which I'm very excited about, as well as adolescent nutrition which is a sweet spot for Save the Children given both our work with adolescents and on nutrition. Then also a focus on equity. Equity is everybody's issue, but what does that mean, how do you program differently to really reach those kids, women and kids who are completely unreached by the system and suffer from discrimination or poverty or all of those things.

Q: That's both the international program and the program in the U.S.?

KOEK: Well, the program in the U.S. is not taking on health at this moment in time.

Q: Not taking on health equity?

KOEK: Yeah, which is a big disappointment. I hope that will change, we have to do some internal advocacy. There's an awful lot about our longstanding work and expertise in

maternal mortality globally and other areas that could be applied in the U.S. The climate and health stuff is very interesting and exciting. Lots of opportunity. Also for an organization like Save the Children that is not a climate organization but recognizes how fundamental climate change is to the health and future of kids.

Q: Yep. Are there other parts of Save working on it, too?

KOEK: Yeah. It's actually federation-wide, the priority of climate change. We in Save U.S. have, I think, the most climate and health expertise - mostly because we invested in bringing in the expertise. It's a new area for Save the Children, and the tiny climate and health team at Save U.S.is working across the federation.

Q: The distinction, I think the U.S. always had the technical expertise within the alliance, and other parts did the advocacy work, and it sometimes got awkward when advocacy and expertise didn't always agree. Maybe that's always going to be a problem in an international consortium.

KOEK: I think it remains a bit of a tension. For the most part we do have an advocacy team within Save U.S. that works closely with our colleagues so I think for the most part, it works, we're more or less on the same page and that's all good. Occasionally things come up obviously; "let's not go that direction, not quite the right message, thanks." Indeed the U.S. does have most of the technical expertise, certainly in health. Our UK colleagues have a smaller health team and we work closely with them, but that's about it. The Australian member is leading on climate writ large because Save the Children is a Green Climate Fund-accredited organization, one of the few, I think the only INGO (international NGO) that's an accredited Green Climate Fund organization.

There are complications; you know what it was like when you were at Save. I joke that Save is more complicated than the U.S. government; I sometimes feel like it is not a joke.

Q: In so many ways. We haven't even talked about the board. The board, I thought "Well I've dealt with the Hill." Very different. But it is a wonderful organization. I think doing wonderful things, really good about that.

KOEK: Completely agree.

Q: So far so good. How much time do you have to spend in Connecticut, if any?

KOEK: I have yet to go to the Connecticut office.

Q: Get out, is that right?

KOEK: Seriously, yes. In part because I joined in the middle of the shutdown, in mid-2020. My office space didn't change from when I was at USAID to when I was at Save the Children. It wasn't until about nine months later that we started initial few meetings in the office, and not until about a year ago that we started going into the office.

Even so, that's still a work in progress. There's a purpose to coming into the office every now and then.

Q: Right. So, are you in five days a week, three days a week, once a week?

KOEK: Once a week. Sometimes five days, depending on the week, sometimes a couple of times. I do try to go in at least once a week and get my team in. The requirement now is once a month, which is nothing. Then I'm trying to get the health people in a second time a month at least, and have set up department-wide discussions so there's a reason to come in and get together.

Q: Maybe this is the last question, but how does AID look from the other side of the table?

KOEK: There's a couple of things. It's harder to get some of the detailed information that was so easy to get at internally. Like, who's where, is really hard to get. USAID, I know, tries to get information out and be transparent, but it's not as successful as I think they'd like to be.

What's been fascinating is the assumptions about how USAID makes its funding decisions. I've had this conversation with other former USAID people who are now in partners, and we all hear the point that "it's positioning and relationships are critical, that's how you win the awards." Well, it's not unimportant but if it is a competitive award, you can have the best relationships in the world but if your proposal is not as good as Organization XYZ, then you're not going to win. It's been interesting.

Positioning and relationships are important but they're not what's going to make the difference. People are absolutely convinced, "USAID was mad at us, that's why we're going to lose this." Well, depending on how mad and about what that may be a factor, but that is unlikely to be the only factor.

Q: Do you try to disabuse people?

KOEK: I do, I do, and they don't believe me.

Q: I've certainly seen that. It's maybe easier to blame the personal preferences rather than, "Maybe our proposal wasn't as good…"

KOEK: Exactly. Again I know this from the inside, what you can share about why, the feedback. Depends on your agreement/contract officer and what they're willing to share. Some of it doesn't come off as being as clear from the outside, it's just the nature of the beast.

That's a piece of it. I do think, this understanding of the structure, the internal pieces, are not so clear when you're on the outside. I think that's part of the nature of the beast, but there we are.

Q: I guess you spent your whole career in and around the health and pop area, and you had to be very careful that you don't get crosswise. You're an intermediary of sorts.

KOEK: I will say one of the nice things about not being in government anymore is I can say things I never felt like I could say when I was in the government.

Q: I think one of the first revelations was that I was un "Hatched," I didn't have to worry about having an opinion about what's happening in the country.

KOEK: Exactly. I can say that, that's pretty exciting. Very interesting.

Q: This has been great fun. I would just say, if when you go through the transcript there are things you forgot and want to add, just add them. If there's enough that it would make sense to do another hour or two, I'm available. But what an incredible career you are having, I'm really impressed.

KOEK: Coming from you, I'm very flattered by that, thank you.

Q: I appreciate the time you've taken on this.

KOEK: It's been a pleasure to reconnect, Ann.

End of interview