Global Health Council
The Collective Voice of the Global Health Community

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In-person Testimony on Fiscal Year 2020 Budget Request for Global Health Programs
House Committee on Appropriations Subcommittee on State, Foreign Operations, and Related Programs

Submitted: March 5, 2019

We once thought we could never beat polio or smallpox. Now we know better. We once thought AIDS was insurmountable. Now we know better. We once thought children around the world were doomed to die – early and needlessly – because of where they lived. Now we know better. And we know better because we have done better, lifting up the promise and progress of global health through catalytic resources, leadership, and collaborations worldwide. We are here today, Madame Chair, asking your committee to uphold this legacy of U.S. foreign assistance and commitment to lifesaving initiatives, by sustaining federal funding for Global Health Programs at USAID and State Department at a minimum of FY19 levels. To be clear, we need more than what we have, especially since funding has remained relatively flat for several years, widening the gap between outstanding needs and resources required to meet our targets. However, the investments made have had tremendous impact, because global health works. It works for families and communities, for countries and economies, and for American citizens.

Consider current events: Right now, Ebola continues to plague the Democratic Republic of the Congo. But U.S. investments and innovation have helped change how actors on the ground respond to such outbreaks today compared to similar events in 2014, from the rollout of the first Ebola vaccine to the establishment of a national Emergency Operations Center in the DRC. Not only has our response saved lives but it also enables the country and its neighbors to avoid further instability as a result of the epidemic spreading. This allows an emergent region of the world to stay the course toward the advancement of its individuals and societies, and fully thrive. It also makes people around the world feel safe from global health emergencies and the threat of pandemics.

Of course, global health is about more than a single emergency. Many of the issues on which we focus and their related resources are increasingly interconnected in a way that makes progress in one area reliant on our success in another. In fact, longstanding federal investments in HIV have led to the creation of regional health and surveillance systems that are used by local governments, the U.S., and other partners to mitigate and often prevent disease outbreaks. That's been true for both recent focus areas such as Ebola as well as other established priorities like tuberculosis. So, while funding for PEPFAR and the Global Fund to Fight AIDS, Tuberculosis and Malaria, for example, has and should continue to curb the global AIDS epidemic, those resources also serve broader U.S. interests in health security and infectious disease.

Likewise, we've seen the value of leveraging maternal and child health funding to create an ecosystem of community resources for families on the ground. Thus, a parent seeking reproductive health care can also take advantage of child immunization or nutrition services, all as one seamless program. And the benefit

of complementary programming goes beyond health to other development sectors. At a basic level, we know school attendance and performance are affected by illness such that education and health are inextricably linked. The same goes for adults and their economic development. It's a universal truth that someone stands a better chance at being a productive member of society if he or she is healthy.

The point is to meet people where they are through our work – as people, not the sum of their various conditions. That means doing what we can to get beyond strict "line item thinking" or funding solely in silos. Ultimately, we should revamp the way we plan and fund U.S. global health initiatives so we could finally meet our outstanding goals and help countries address the myriad other health and development priorities they surely will face in the future. In addition to sustaining U.S. commitments and leadership in global health, you all have the opportunity to explicitly link overlapping objectives through more holistic funding streams. It seems like a radical idea, considering how we have come to view our government's investments as major programs focused on singular issues and discrete results. However, as we find ourselves struggling to reach the last mile across several U.S. global health goals, we should be asking ourselves what innovation could put us across the finish line. And it might not be a magic bullet solution such as a new medicine or technology but, rather, allowing ourselves to be that much more flexible in our funding and partnerships.

We already see the global health community moving in this direction. Both government stakeholders and implementing organizations are doing more to operate in a way that addresses or leverages multiple focus areas, identifying creative collaborations and efficiencies that maximize their impact. Some departure from a rigid vertical framework also paves the way for optimal sustainability of our efforts and what has been billed as greater self-reliance of countries and communities worldwide. After all, these communities and countries have a 360-degree view of the factors that influence the health of their population and have argued for coordinated investments for some time. How could we better structure our program resources to build on each other and best serve people on the ground faced with the competing challenges that they define for themselves? Not only has progress slowed on existing objectives but we are also now faced with emerging priorities such as the growing global burden of cancer, diabetes, and other chronic diseases. Given the remaining work to be done and ripple effect of these programs, the U.S. ideally would invest between$11 and $12 billion, and allow for systems approaches that amplify our outcomes. We know other donors, including foundations, the private sector, and grant recipient countries themselves must do their part to increase contributions, as well, and they are. But the U.S. must remain a key partner, too.

Given our longstanding history, the world is looking to us for a way forward on the next era of global health. This committee has a critical role to play in how we respond, not with drastic funding cuts and disengagement but substantial reinvestments coupled with terms that break down barriers to cross-sector, whole-of-government cooperation and emphasize joint strategies or mutual objectives. We appreciate your dedication to the future of global health and your faith in the power it holds to solidify core American values and our pivotal role in foreign relations. We thank you for your ongoing recommitment to our issues and stand ready to work with you in supporting a 21st century agenda.