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**Introduction**

Chairwoman Granger, Ranking Member Lowey, distinguished members, thank you for inviting me to testify on the FY 2012 Global Health and Child Survival (GHCS) budget request. On behalf of USAID and the people we serve, I want to thank members of Congress for your longstanding support of global health programs.

Improving the health of people in the developing world drives economic growth to fight poverty, supports educational attainment, enables participation in democracy, and strengthens families, communities, and countries. Strong bipartisan support has contributed to unparalleled successes in U.S. global health programs that have reached and will continued to reach millions in need. Americans can be proud that their taxpayer resources are saving lives and improving the health of millions of women, children and their families in the developing world.

**Development – Vital to National Security**

The national security strategy declares that the United States "has a moral and strategic interest in promoting global health. When a child dies of a preventable disease, it offends our conscience; when a disease goes unchecked, it can endanger our own health; when children are sick, development is stalled."

In September, the first policy directive on U.S. global development was released, elevating development -- and with it global health -- as a pillar of US foreign policy, along with diplomacy and defense. Development assistance for is a highly valued and visible investment that has the power to save lives and play a vital role in the U.S. development agenda.

Foreign assistance, specifically global health, is critical to the national security of the U.S. and to our long-term economic growth. We have seen that poverty, disease, and lack of basic necessities can lead to despair, stagnant economic growth, and political instability abroad. Investing in the health of people in developing countries improves families' livelihoods and their country's well-being thus reducing the instability that fuels war and conflict. Fighting global disease directly protects our health in the United States because infectious diseases know no borders.

Within our foreign assistance framework, improving the health of people in the developing world is one of the most powerful investments that the US government can make in improving people's lives overseas.

Progress against malaria is one of development's most impressive stories. Just five years ago it was estimated that malaria killed nearly a million children annually in sub-Saharan Africa. And, the cost to the continent in economic terms was nearly \$30 billion a year in lost productivity. Investing in malaria control is particularly powerful because malaria accounts for such a high proportion of outpatient visits and hospital admissions in children under the age of five – 30% to 40% in most African countries – and the impact of malaria prevention efforts can be rapidly seen.

Working together with national governments and other donors, the President's Malaria Initiative, which is housed at USAID, has reached millions of people in sub-Saharan Africa with life-saving prevention and treatment measures through a variety of approaches that extend out to the community level. In less than five years, due to global efforts, malaria cases have been cut in half in over 40 countries, and childhood malarial deaths have dropped by 200,000. Progress against malaria is generating an entire cascade of public-health benefits. By preventing children from contracting malaria, we are reducing co-morbidity from conditions such as pneumonia and malnutrition, making them healthier and more productive over the long run, and unburdening the health system to free-up resources to address other critical needs.

The evidence is clear: development furthers our national and economic interests. Our assistance is not just from the American people. It's also for the American people. Our assistance develops the markets of the future. Longtime aid recipients like India, Indonesia, Poland and South Korea have become strong trade partners and markets for American goods and American services. Our country's fastest-growing markets, representing roughly half of U.S. exports, are developing countries. In 2009, we exported over half a trillion dollars to those countries and more than 90 percent of those export revenues went to small and medium-sized U.S. companies – precisely those firms that are the engines of job growth in our country.

US development assistance also expresses our American values. In communities across America, through schools, churches, and other organizations, we have seen American families rally to support various development and health issues such as child health, HIV/AIDS, malaria and education.

The Global Health Initiative (GHI) provides a platform to increase the efficiency of our investments in global health. Rather than supporting separate lines of health delivery—focused on diseases—GHI focuses on improving service delivery in an integrated way — particularly for women. Doing so generates efficiencies, allowing far more comprehensive treatment during fewer patient interactions.

### **U.S. Global Health Goals**

The paramount objective of GHI is to achieve major improvements in health outcomes. In partnerships with governments, donors, and other health organizations, the U.S. government will accelerate progress toward ambitious health goals to improve the lives of millions.

- With funding in the FY 2012 request, USAID will maximize the impact of every dollar invested in global health, and will make substantial progress towards the following GHI goals and targets:
- **HIV/AIDS:** Support the prevention of more than 12 million new HIV infections; provide direct support for more than 4 million people on treatment; and support care for more than 12 million people, including 5 million orphans and vulnerable children.
- **Malaria:** Halve the burden of malaria for 450 million people, representing 70 percent of the at-risk population in Africa. Malaria efforts will expand into Nigeria and the Democratic Republic of Congo.
- **Tuberculosis:** Contribute to the treatment of a minimum of 2.6 million new sputum smear positive TB cases and 57,200 multi-drug resistant cases of TB, and contribute to a 50 percent reduction in TB deaths and disease burden relative to the 1990 baseline.
- **Maternal Health:** Reduce maternal mortality by 30 percent across assisted countries.
- **Child Health:** Reduce under-five mortality rates by 35 percent across assisted countries.
- **Nutrition:** Reduce child undernutrition by 30 percent across assisted food insecure countries, in conjunction with the President's Feed the Future Initiative.

- **Family Planning and Reproductive Health:** Prevent 54 million unintended pregnancies. This will be accomplished by reaching a modern contraceptive prevalence rate of 35 percent across assisted countries and reducing from 24 to 20 percent the proportion of women aged 18-24 who have their first birth before age 18.
- **Neglected Tropical Diseases:** Reduce the prevalence of 7 NTDs by 50 percent among 70 percent of the affected population, contributing to: the elimination of onchocerciasis in Latin America; lymphatic filariasis globally; blinding trachoma; and leprosy.

### Core Operating Principles

**Local Ownership:** One of USAID’s core beliefs is that country ownership and investment in building local capacity are crucial to delivering sustainable health impact. Our health investments are designed to enable local governments, thriving civil societies and vibrant private sectors to take over responsibility for providing basic health services. In Malawi, following the successful implementation of the PMI supported Indoor Residual Spraying (IRS) program in one district, the Malawian government launched their own IRS program in 5 additional districts. This program was locally managed with limited technical assistance from USAID, and funded with Malawian funds.

**Efficiency through Integration:** Under GHI we are learning that by integrating selected programs we not only save money - but also lives. For example, in Kenya, USAID worked with PEPFAR to ensure HIV/AIDS treatment services and maternal and child health and family planning services were available at the same site. As a result, we have improved access to these services from two to all eight of the country's districts at almost no cost. In Mali, we have integrated five separate annual health campaigns into one streamlined program that increased provision of vitamin A supplements and neglected tropical disease treatments while cutting the cost of delivery in half. Through aggressive, results-oriented reform, USAID is improving coverage while saving money. And every dollar saved through efficiencies, can be used to reach more women and children who suffer.

**More Effective Collaboration Within, Across and Beyond the USG:** The whole-of-government approach adopted under GHI improves coordination across U.S. government agencies and collaboration with our partnering countries, other donors, and the intended recipients of our assistance. We are leveraging the expertise and comparative advantage of U.S. government partners including the President’s Emergency Plan for AIDS Relief (PEPFAR), the Department of Health and Human Services, the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), and the Peace Corps. USAID is also reaching out to partners seeking their expertise through annual portfolio reviews to maximize the impact of our investments. Our tuberculosis, neglected tropical diseases and pandemic preparedness reviews included key representatives from CDC, the Office of the Global AIDS Coordinator, NIH, and external stakeholders such as the World Health Organization (WHO), the private sector, NGOs, and foundations. Portfolio Reviews on family planning and reproductive health, maternal health, child health, and nutrition are forthcoming. .

**Creating Value through Partnerships:** USAID will strengthen and leverage every U.S. dollar through our engagement with key multilateral organizations; and develop new public-private partnerships with the commercial sector and civil society to promote sustainability, leverage funding and create synergies and efficiencies to achieve health goals. Through our partnership with the Global Alliances for Vaccines and Immunizations (GAVI), delivery of vaccines and immunizations is rapidly expanding. GAVI with support from its global partners, supported countries to reach more than 250 million children with childhood vaccines, saving the lives of more than 5 million, and shielding millions more from the long-term effects

of illness on growth and development. Through this alliance, every \$1 contributed by USG was matched by \$6.95 from other countries.

To ensure the best use of resources and extend the value of our investments, USAID, OGAC, and CDC teams, together with host-country counterparts and civil society partners, have developed GHI country strategies that build on national health plans for eight countries -- Bangladesh, Nepal, Guatemala, Mali, Malawi, Kenya, Ethiopia and Rwanda, covering a combined population of nearly 400 million. These strategies are operational and will be guiding USG health assistance and program activities.

On February 28, 2011, the *Guidance for GHI Country Strategies* was released along with the final GHI Strategy. The *Guidance for GHI Country Strategies* serves as a guide for interagency health teams as they develop, implement, monitor and report on GHI Country Strategies. Developed with extensive consultations across the USG and with development partners, the strategy provides a clear framework for GHI – including the vision, approach, operational plan, and targets and outcomes.

The success of the global health effort depends on innovation and effectively and sustainably implementing a robust and transparent monitoring and evaluation agenda to assess what is working and what is not.

Through USAID Forward, USAID is reinvigorating its capacity for evaluation, research and knowledge sharing, reforming its procurement systems, and, strengthening talent management. USAID is making the tough decisions needed to look internally at our own culture to ensure that openness to new approaches and partnerships is rewarded, that the Agency reinvigorates its excellence in evaluation, practices transparency and accountability, and is willing to not only communicate our successes but to learn from our failures.

The GHI platform will enable the U.S. government to increase the efficiency, effectiveness, and sustainability of our investments in global health. But the real success of GHI will be measured in lives saved – today and in the future. Progress depends on our ability to develop, identify, adapt and deliver the game changers. We cannot be satisfied with marginal improvements for those who are already served. That is why under the GHI, we will make substantial investments in better ways to treat diarrhea and pneumonia in children to save lives and prioritize vaccines, like rotavirus or pneumococcus which are now available, to more effectively prevent disease so children don't have to be treated later.

### **Major Achievements**

- The President's Malaria Initiative (PMI), led by USAID and implemented with the CDC, scaled up malaria prevention and treatment. Dramatic reductions in all-cause mortality in children under five ranged from 23 to 36 percent in seven countries --Ghana, Kenya, Madagascar, Rwanda, Senegal, Tanzania and Zambia.
- USAID is a global leader in large-scale implementation of preventive chemotherapy (PCT) to target neglected tropical diseases, having demonstrated that achieving national-scale coverage with an integrated approach to NTD control is both feasible and cost-effective. In just four years the program has supported the delivery of over 385 million treatments to approximately 168 million people and facilitated the delivery of over \$2 billion worth of drugs made available to countries through the generous donations of several pharmaceutical companies committed to NTD control and elimination.
- In the past two years, USAID funded community-based family planning programs in 21 countries served almost 12 million direct beneficiaries; and leveraged over \$117 million in additional resources for service delivery from the private sector and over \$20 million for survey support from partner country governments and other donors.

- In TB, USAID and its partners provide comprehensive technical support to expand the STOP TB strategy, ensuring the disease is diagnosed and treated properly by providers in both public and private sectors; managing multi-drug resistant TB treatment; expanding integrated TB/HIV programs, strengthening community support for TB care, and supporting surveillance of TB drug resistance. The US Government also provides financial support to the Global TB Drug Facility, which provided drugs to treat 450,000 TB patients in 2009. Eleven of USAID's 20 TB priority countries met or surpassed the treatment success rate target of 85% and four countries met or surpassed the case detection rate target of 70%.
- USAID's efforts to limit the threat of avian influenza (AI) have contributed to dramatic downturns in reported poultry outbreaks and human infections. At the peak of its spread in 2006, AI was reported in 53 countries across three continents. Today, the H5N1 virus is endemic in only five countries (Indonesia, Vietnam, China, Bangladesh and Egypt), with periodic "spill over" outbreaks in 5 neighboring countries (Laos, Cambodia, Burma, India, and Nepal).
- Under its Emerging Pandemic Threats program USAID launched programs in the greater Congo region of central and east Africa and in South East Asia – two "hot spots" for new disease emergence. Most notably it has successfully partnered with coalitions of 14 schools of public health and veterinary medicine in central and east Africa to strengthen capacities critical to controlling these emergent threats. USAID is currently expanding these partnerships to Southeast Asia and South Asia.
- One key to a healthy delivery is ensuring skilled attendance at birth. USAID trained and equipped skilled midwives are preventing complications, such as postpartum hemorrhage, and improving the management of obstetric emergencies. In addition, our programs prepare community health workers who educate mothers on preparing for birth and proper newborn care. As a result, USAID's long-term consistent investments in maternal and neonatal health and voluntary family planning have contributed to substantial reductions of 20-50% in maternal mortality in more than 12 high burden countries.
- Vaccines are the best public health investment we can make. USAID is a major partner of the Global Alliance for Vaccines and Immunization (GAVI) that has reached more than 257 million children with immunizations, saving the lives of more than 5 million, and shielding millions more from the long-term effects of illness on growth and development.
- Through 2010, the USAID fistula repair program has provided more than 18,800 surgical repairs for women since the start of the program in 2005. USAID focuses on preventing fistula; identifying, referring, and treating women who have fistula; and reintegrating women who have undergone fistula repair back into their communities.
- In nutrition, USAID supported country programs that reached 29 million infants and children with vitamin A supplementation. Through our partnership with GAIN and the private sector, USAID increased access to fortified, higher quality foods in 15 countries with over 20 companies; and USAID has supported the elimination of iodine deficiency disorders, primarily through the iodine fortification of salt that helped protect 21 million infants and young children in 9 countries from lifelong mental impairment.

## **FY 2012 Request Global Health and Child Survival Programs**

Funding for the Global Health and Child Survival (GHCS) account has increased since the inception of the account, thanks to congressional support that recognizes the on-the-ground successes of USAID's health programs. The FY 2012 request of \$3.074 billion for USAID is an increase from the FY 2010 enacted level of \$2.5 billion. Funds will expand basic health services and strengthen national health systems which are key investments that significantly improve people's health, especially that of women, children, and other vulnerable populations. USAID has prioritized 24 countries where the majority of maternal deaths, under-5 deaths, and unintended pregnancies occur. USAID will continue to focus on scaling-up proven interventions that respond effectively and efficiently to the largest public health challenges and developing key life-saving technologies for the future.

The FY 2012 request of \$3.074 billion includes, \$846 million for Maternal and Child Health, \$150 million for Nutrition, \$691 million for Malaria, \$626 million for Family Planning and Reproductive Health, \$350 million for HIV/AIDS, \$236 million for Tuberculosis, \$100 million for Neglected Tropical Diseases, \$60 million for Pandemic Influenza within Other Public Health Threats, and \$15 million for Vulnerable Children. With this funding USAID will also support activities crucial to achieving our targets in a sustainable way such as health systems strengthening, integration, building partnerships, research, and innovation.

**Maternal and Child Health:** \$846 million. For most American women, access to hospitals or trained health professionals during a birth is a given. But for women in developing countries, where access to hospitals and medical care is limited or non-existent, giving birth can be a potentially life-threatening process for mother and baby. While the proportion of births attended by a skilled attendant has increased globally, fewer than half the births in Africa and Southeast Asia have a skilled attendant present.

**Maternal Health:** USAID welcomed the publication of new international estimates which reported a 34 percent decline in the number of maternal deaths from the levels of 1990. With these gains in mind, USAID is focusing on key interventions to improve maternal care during pregnancy, childbirth, and the post-partum period, including new approaches to the control of post-partum hemorrhage (the leading cause of maternal mortality in the developing world). Key programs to reduce morbidity will include fistula prevention and rehabilitation.

With FY 2012 funding USAID will accelerate action on a set of highly-effective interventions targeting specific high-mortality complications of pregnancy and birth – hemorrhage, hypertension, infections, anemia, and prolonged labor. Together, these complications account for two-thirds of maternal mortality. Hemorrhage alone accounts for almost one-third, and USAID has been in the forefront of promoting “active management of the third stage of labor” (AMSTL), a highly-effective technique for preventing postpartum hemorrhage. To ensure women have access to quality care and information, USAID will train and equip skilled midwives to manage obstetric emergencies, and programs prepare community health workers who then educate mothers on preparing for birth and proper infant care.

**Child Survival:** In child survival, USAID supported programs will work to identify and expand the use of high-impact interventions, such as essential new-born-care; immunization; prevention and treatment of diarrhea, pneumonia, and newborn infections; improved nutrition; point-of-use water treatment and other interventions to improve water supply, sanitation, and hygiene. Despite the success of immunization programs, vaccine-preventable diseases are still estimated to cause more than 2 million deaths every year. Together with the GAVI partners, we can prevent more of them. USAID is increasing our focus on pneumococcal and rotavirus vaccines, and providing the technical support that countries need to introduce these vaccines effectively. Our support to Rwanda, the first African country to introduce pneumococcal vaccine, allowed them to strengthen and expand the cold chain, re-train health

workers, and revise the child health immunization records, all of which were required to deliver potent vaccine effectively to children.

Pneumonia, diarrhea, and malaria are the major killers of children, especially those without access to health facilities. To save these children, USAID has collaborated with UNICEF, WHO, Save the Children and other partners to introduce and scale-up “Integrated Community Case Management” (ICCM) of child illness in Africa and in southern and western Asia by training and equipping community health workers to detect and treat these life-threatening diseases. By the end of 2010, ICCM had been introduced in 15 sub-Saharan African countries, building on the PMI platform in many of those countries.

With funds provided in this budget we will continue successful efforts to achieve a 90 percent reduction in measles deaths among children –and continue to measurably impact reductions in death and disease from the introduction of vaccines against pneumonia and rotavirus and polio eradication.

**Newborn Survival:** Of the estimated 8.8 million children under 5 that die each year – 3.7 million are newborn infants who die within the first four weeks after birth. Up to two-thirds of these deaths can be prevented through existing effective interventions delivered during pregnancy, childbirth and in the first hours, days and week after birth. With funding in FY2012, USAID will introduce and scale up delivery of simple, low-cost approaches with the greatest potential to prevent death and treat severe illness in low-resource settings with limited access to quality facility-based care. For example, each year, 10 million babies suffer from birth asphyxia; 10 percent of these newborns do not survive. USAID will scale up newborn resuscitation training materials and devices used to develop the American Academy of Pediatrics’ Helping Babies Breathe (HBB) training curriculum.

**Malaria:** \$691 million. The President’s Malaria Initiative (PMI) will continue to support host countries’ national malaria control programs and strengthen local capacity to expand use of four highly effective malaria prevention and treatment measures. These measures include indoor residual spraying (IRS) of homes with insecticides, use of long-lasting insecticide-treated bed nets (ITNs), treatment with artemisinin-based combination therapies (ACTs), and implementation of interventions to address malaria in pregnancy (intermittent preventive treatment or IPTp).

With FY 2012 funding, the President’s Malaria Initiative (PMI), led by USAID and implemented jointly with the CDC, will expand malaria control in both the Democratic Republic of Congo and Nigeria beyond the present limited presence. These countries represent more than 50 percent of the remaining at risk population in Africa. The program will focus on reaching 85 percent of pregnant women and of children under-five in the target countries this focus will led to further reductions in all-cause mortality in children under-five.

As PMI progresses, new strategic challenges are emerging. With reductions in malaria transmission and burden in many focus countries, PMI will need to work with National Malaria Control Programs and other partners to improve laboratory diagnosis of malaria, surveillance, and the capacity to respond to malaria epidemics. Additionally, with the increasing reports of artemisinin drug resistance in Southeast Asia, PMI will expand its program in the Mekong region to contain and mitigate the impact of this resistance.

**Family Planning and Reproductive Health:** \$626 million. An estimated 215 million women in the developing world either want to space their next birth or have no more children, and yet are not using family planning. Family planning is a key health intervention, contributing to improved maternal and child health outcomes through healthy timing and spacing of pregnancy and by preventing unintended pregnancies and associated health risks. Greater access to family planning also reduces abortion. In addition to its health impacts, family planning improves women’s economic opportunities, family well-being and country stability. USAID has sharpened its focus in 24 countries where the majority of maternal deaths, under-5 deaths, and unintended pregnancies occur, designing and supporting programs

that match local needs. Additionally, USAID is graduating countries with mature programs. Between 2008 and 2012 eight countries will have graduated from family planning assistance.

Activities will support the key elements of successful FP programs, including commodity supply and logistics; provider and supervisory training; behavior change communication; policy analysis and planning; biomedical, social science, and program research; knowledge management; and monitoring and evaluation. Priority areas include contraceptive security, community-based approaches for family planning and other health services, expanding access to different methods, integration of FP into MCH and HIV programs, promoting healthy birth spacing; and cross-cutting issues including gender and equity.

**HIV/AIDS:** \$350 million. \$350 million to fight the global HIV/AIDS epidemic by supporting USAID field programs, providing critical technical leadership, and conducting essential operational research. Funding will contribute to PEPFAR to focus on HIV/AIDS treatment, prevention, and care interventions worldwide – including support for orphans and vulnerable children affected by the epidemic, as well as continuation of the successful microbicide program including further development of 1% tenofovir gel, a candidate with very promising results last year. USAID collaborates closely with the Office of the U.S. Global AIDS Coordinator and other U.S. Government agencies to ensure that activities funded under this account complement and enhance efforts funded through the Department of State.

**Tuberculosis (TB):** \$236 million. USAID will focus on assisting national TB control programs to implement their five year national strategic plans through the delivery of high-quality services to diagnose and treat TB, preventing the development of drug resistant disease. Tremendous progress has been made in TB globally including a 35% decline in mortality since 1990, 14% decrease in the prevalence of TB between 1990 to 2009 and the emergence of new diagnostic technologies which will allow us to better detect TB and resistance to one drug. Despite this progress, TB continues to be a major public health threat that often strikes people living in urban poor settings and other immune-compromised groups including people living with HIV. Large numbers of TB cases go undetected and/or not properly treated, fueling new cases and deaths. The frightening existence of drug-resistant strains of TB on all continents—some of which cannot be treated—make the case for combating the disease more urgent than ever.

In FY 2012, USAID will re-focus our TB efforts on key countries and continue scaling up promising new interventions to achieve universal access to TB diagnosis and treatment. USAID is refocusing its TB program from 40 countries to 28 priority countries with the highest burdens of TB and MDR TB. This will consolidate investments and reinforce the introduction and scale-up of new innovations and technologies. The programs will detect TB cases earlier, preventing further infections, by active case finding through more targeted interventions and scaled-up community and private sector involvement. Furthermore, the USAID TB program will improve the quality of the services provided through the public, private and community sectors. Quality improvement methods will be enhanced including the strengthening the supervisory, monitoring and surveillance systems as well as a patient centered approach. The new technologies including the new TB diagnostic Xpert will be introduced, evaluated and scaled-up. We will continue to work to diagnose and treat drug resistant disease, invest in the rapid and appropriate uptake of new technologies and in research and development of other new tools.

**Nutrition:** \$150 million. USAID programs will achieve reductions in child and maternal undernutrition through the delivery of high impact interventions focused on the first 1,000 days that are delivered at the community and facility level. The package and delivery mechanisms will be tailored to each country and will be grounded in country-led plans. USAID will continue to partner with country governments, civil society partners, other donors, and the private sector to support countries as they scale up nutrition, building upon the Scaling-Up Nutrition (SUN) movement (a global multi-stakeholder effort to intensify and coordinate action for improving nutrition).

Nutrition is a high-level objective of both the Global Health and the Global Hunger and Food Security initiative called Feed the Future, with a common goal of reducing child undernutrition by 30 percent across targeted food-insecure countries. Nutrition programs are jointly designed and implemented by both FTF and GHI. With FY 2012 funding, we will focus on 16 countries with needs and opportunities based on their priorities: Bangladesh, Nepal, Uganda, Rwanda, Tanzania, Kenya, Malawi, Ghana, Senegal, Mali, Mozambique, Ethiopia, Liberia, Zambia, Guatemala and Haiti. In alignment with both global initiatives, USAID is supporting countries to improve their nutrition capacities at all levels, incorporate nutrition into food security and health investment plans and policies, monitoring and evaluation systems, translate nutrition research into use, and to develop and strengthen partnerships with UN, private sector and civil society partners.

**Neglected Tropical Diseases (NTDs):** \$100 million. USAID will continue to work with country partners to strengthen delivery platforms, particularly at the community level, and integrate NTD activities with other priority health interventions to deliver treatments for seven of the highly prevalent NTDs through targeted mass drug administration and training of community-based and professional health care workers. The vast majority of these drugs are centrally negotiated by USAID with the private sector, which donates hundreds of millions of dollars' worth of medication each year to reduce the burden of seven debilitating NTDs, including onchocerciasis (river blindness), trachoma, lymphatic filariasis, schistosomiasis, and three soil-transmitted helminthes. Building on this strong base of scaled-up integrated programs, this request also includes funding to initiate programs to target elimination of one or more of the diseases.

**Pandemic Influenza:** \$60 million. USAID is intensely focused on efforts to contain and control H5N1 and other emerging diseases of animal origin that pose significant public health threats such as H1N1. USAID's Emerging Pandemic Threats (EPT) team will, with FY 2012 funding, continue to build a global surveillance system to detect and prevent spillover of pathogens of pandemic potential that can move between wildlife, domestic animals and people in four geographic areas or "hot spots" where new diseases are most likely to emerge – the Congo Basin of central and east Africa, Southeast Asia, the region along the Ganges Plain in South Asia and western Amazon Region of South America.

One major component is improving wildlife surveillance and the early detection of dangerous pathogens. A host of wild animals, from primates to bats, rodents, and birds, have transmitted viruses to humans, and yet wildlife has been largely understudied when compared with domesticated animals like pigs, chickens and cattle. Another key component of the EPT program is working within these hotspots to strengthen local capacity to effectively combat zoonotic disease emergence and spread. Called RESPOND, we leverage existing, successful partnerships to bring human, animal and environmental health disciplines together to improve the speed at which zoonotic disease threats are detected and response and prevention measures are employed, thus reducing impact on public health. For example, RESPOND supports the One Health Central and East Africa (OHCEA) network, composed of 14 schools of public health and veterinary medicine from six African countries.

**Vulnerable Children:** \$15 million. Vulnerable Children programs include the Displaced Children and Orphans Fund (DCOF) and other program activities. With the requested funding, DCOF will support projects that strengthen the economic capacity of vulnerable families to protect and provide for the needs of their children, strengthen national child protection systems, and facilitate family reunification and social reintegration of children separated during armed conflict, including child soldiers, street children and institutionalized children. The Agency's Child Blindness Program will provide eye health education, comprehensive vision screening, refractive error correction, sight-restoring surgery, and education for blind children.

## **Collaboration with Global Partners**

U.S. partnerships with multilaterals and other donors are designed to leverage investment, set the leadership agenda and align with our priorities in health. The specific international partnerships supported through USAID include microbicides, neglected tropical diseases (NTDs), the International AIDS Vaccine Initiative (IAVI), the Tuberculosis Global Drug Facility, and the Global Alliance for Vaccines and Immunizations (GAVI).

USAID continues to provide technical assistance to the Global Fund to Fight AIDS, Tuberculosis, and Malaria. The TA helps maximize the impact of the U.S. Government investment to the Global Fund. U.S. bilateral programs and Global Fund-financed programs are complementary. Neither can fully succeed without the other. Together, these programs help more people than either alone.

All 17 PMI countries have received significant malaria financing from the Global Fund. Coordinating PMI investments with local initiatives financed by Global Fund grants is critical to the success of both initiatives. In addition to its annual contributions to the Global Fund, the U.S. Government also has a permanent seat on the Global Fund Board and the U.S. Global Malaria Coordinator is a member of the U.S. delegation to Global Fund Board meetings. The Deputy Coordinator represents the USG in the Board's Policy and Implementation Committee. Through this participation, PMI helps shape policy issues at the highest level of the Global Fund's governance mechanisms. Since the Global Fund has no in-country technical staff, PMI Resident Advisors play an important role in coordinating and planning malaria activities at the country level, and sharing information with Global Fund Secretariat staff on grant implementation issues. USAID staff are also members of the Technical Review Panels for Global Fund proposals and sit on Global Fund Country Coordinating Mechanisms.

The U.S. is committed to ensuring Global Fund resources are used to save lives as effectively and efficiently as possible. The success of the Global Fund is essential to global efforts to fight disease. The US cannot turn the tide against HIV/AIDS, tuberculosis and malaria on our own. USAID is committed to working with and through international partnerships such as the Global Fund to save lives and build durable, country-owned responses to global diseases. Working together through the Global Fund and global health programs supported by the US and other countries, the global community will continue to improve the health of people around the world.

## **Science, Technology and Innovation**

USAID is committed to delivering game changing innovations that will dramatically improve health for the poorest.

New vaccines and vaccine delivery devices, oral rehydration therapy, and insecticide-treated bed nets have all led to dramatic improvements in quality of life for people around the world. And in addition to the human benefits, it's important to note that these innovations have increased the impact of our investments by delivering greater results for each dollar spent. Building on this approach, we will focus on scientific, technical, and operational breakthroughs to bend the curve of global health progress in maternal and neonatal health.

For example, in July, we witnessed the transforming power of science, technology, and innovation, as well as the imperative of partnership – between nations, disciplines, organizations, sectors, and people. USAID's bold investment, a South African research team, with the help of 889 female volunteers in Durban, South Africa, showed for the first time that an antiretroviral microbicide gel can reduce the risk of HIV infection in women by half. The results of the CAPRISA trial may be a watershed moment in empowering women in the fight against HIV/AIDS. The Tenofovir gel has great potential for reducing HIV by allowing women to take control of their own risk of HIV infection. In fact, statistical modeling conducted by CAPRISA 004 researchers estimates that this microbicide can prevent up to 1.3 million new

HIV infections over the next 20 years in South Africa alone. USAID will, with FY 2102 funds, work with partners to accelerate the development and introduction of microbicides.

### **Saving Lives at Birth: A Grand Challenge for Development**

In March, USAID launched a new partnership that aims to spark revolutionary advances to dramatically reduce maternal and newborn deaths around the world. Saving Lives at Birth: A Grand Challenge for Development is a partnership between USAID, the Government of Norway, The Bill and Melinda Gates Foundation, Grand Challenges Canada, and the World Bank. By harnessing the spirit of ingenuity, we can adapt and advance lifesaving technology, better service delivery models, and innovations that empower women and their families to be aware of and access health care at the time of birth and adopt healthy behaviors. Over five years, the partners aim to invest in groundbreaking and sustainable projects with the potential to have a transformative effect on the lives of pregnant women and newborns in the hardest-to-reach corners of the world. Grand Challenges taps in to America's unique strengths in science, technology, and innovation to accelerate progress toward practical solutions around the world. This leverages one of the core strengths of the United States and of USAID.

### **Conclusion**

The U.S. through USAID is a leader in global health and our assistance has been critical in creating and delivering products and services that save lives throughout the developing world. Health is at the heart of human progress and the well-being of people around the world is not just an important end in itself but is strongly linked to the security and prosperity of families and societies around the world. While we have made many strides with our investments in global health many challenges remain. Large-scale and innovative breakthroughs are needed, health posts need to be appropriately staffed and stocked to deliver a broad range of health services. In countries with high mortality rates and weak health systems, high impact community-based approaches such as treatment of child pneumonia, diarrhea, and newborn sepsis and drugs to prevent post-partum hemorrhage must be delivered to the people who need them most.

As Dr. Shah said, our battleground to improve health is outside the formal system and in the community. We must concentrate on extending the reach of health interventions. Our largest opportunities to improve human health do not lie in optimizing services for the 20 percent of people in the developing world currently reached by health systems. They lie in extending our reach to the 80 percent who lack access to health facilities. In the poorest countries of the world, we find that the highest levels of unmet need are among the poor segments of the population, among the rural, among the less educated, so the key is to get the services closer to the women and families in the communities.