

**Testimony on Fiscal Year 2012 Global Health Funding**  
**Subcommittee on State, Foreign Operations, and Related Programs**  
**March 29, 2011**  
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Representing Population Services International, a Washington-based global health NGO that is a major implementing partner of the U.S. Government, I thank the Chairwoman, Ranking Member, and the other distinguished members of the subcommittee for this opportunity to submit testimony on global health appropriations for Fiscal Year 2012.

Members of Congress and their constituents are right to demand greater efficiency and cost-effectiveness from all federal spending. We clearly understand the challenging budgetary environment we face. On behalf of 8,000 PSI employees around the globe working to save and improve the lives of the world's poor and vulnerable, I would like to tell you why I think the United States' investments in global health are smart, cost-effective, and vital to our national interests.

We know that America's future is global. Our markets are increasingly global. Our economic interests and American jobs depend on thriving markets for American goods, dependable trade partners, sympathetic allies, and global stability. Global health programs yield healthy societies and healthy economies, stable and successful partners for the United States, and contributors to the world's prosperity. In contrast, countries that cannot provide for the health of their populations tend also to be those where instability, violence, and threats to international security take root.

As an example of the positive power of global health programs, look at Rwanda, where PSI implements programs addressing child mortality, HIV, malaria, and reproductive health. Rwanda reduced malaria cases by 70 percent between 2001 and 2010, with a 61 percent decline in deaths caused by malaria.<sup>i</sup> The modern contraceptive prevalence rate in Rwanda increased dramatically from just 4 percent in 2000, after the destruction of much of the country's infrastructure during the 1994 genocide, to 27 percent in 2008.<sup>ii</sup>

Public health gains such as these have contributed to the growth of Rwanda's economy. While a significant percentage of Rwanda's population still lives below the official poverty line, the country's GDP has had an average annual growth of 7-8 percent since 2003.<sup>iii</sup> Compared to a decade ago, more Rwandan children are healthy enough to attend school, their parents are able to contribute to the workforce, and the societal financial burden of illness has been lightened.

For these improvements, we must credit the remarkable leadership of the Rwandan government, which benefited from the resources provided by the United States and other donors. I commend this subcommittee for its role in ensuring that Rwanda and other partners have the assistance they need to move their countries down the path to development, democracy, and stability.

President Obama's FY12 budget request reflects a recognition of the return on investment yielded by global health programs. PSI supports, at minimum, the President's requests.

For **HIV/AIDS** programs, the President requested \$5.992 billion for FY12. The increase over current spending will ensure that the United States can fulfill its commitment to people on HIV/AIDS treatment while taking advantage of our ever-expanding knowledge on what works in changing behaviors that put people at risk for HIV, and relatively new biomedical tools like male circumcision that are ripe for greater scale-up.

A substantive portion, \$1 billion, of the HIV/AIDS request was for the **Global Fund to Fight AIDS, Tuberculosis, and Malaria**.<sup>iv</sup> The Global Fund gives the United States a mechanism to prompt commitments from other donors, which is critically important in this resource-constrained environment. Grants from the Global Fund are awarded to and spent by recipients transparently and accountably, and the Global Fund embodies the concept of “country ownership” by requiring that a full range of stakeholders in each country agree on spending priorities before a proposal is made.

The President’s request for **tuberculosis** was \$236 million. A great deal more is needed to fight tuberculosis, which kills up to 6,000 people per day because medical personnel are often challenged to diagnose it without sophisticated equipment, and patients are challenged to adhere to the necessarily long, rigid treatment regimen. The United States supports the Global Plan to Stop TB 2006-2015, which sets ambitious targets to halve TB prevalence and death rates by 2015, but without adequate funding that goal will not be realized.

Every day, with the support of the United States and its partners, the lives of 485 children are saved through proven **malaria** control interventions.<sup>v</sup> Upholding the President's request for \$691 million for malaria in FY12 will reinforce the remarkable gains we've made in malaria over the last several years. The U.S. Government's malaria strategy estimates that with the \$5 billion authorized for malaria programs in the 2008 Lantos/Hyde Act, malaria morbidity and mortality could be halved for 450 million people in Africa, the most-affected region, by FY14.<sup>vi</sup> Scale-up in FY12 beyond the President's request would put us on the path to achieving that goal.

The President requested \$846 million for **maternal and child health** for FY12.

Targeting child survival is a particularly important part of addressing the health and development of an entire community. When parents are confident about their child's survival, they invest more resources in that child's future. As such, improving child survival is an integral part of helping communities escape the cycle of poverty.

One element of ensuring the survival of children past age five is preventing and treating diarrheal disease, which is the aim of the funding appropriated for **implementation of the 2005 Paul Simon Water for the Poor Act** (PL 109-121). The President requested \$302 million in FY12 for this purpose. PSI requests an appropriation for FY12 no lower than the last appropriated level, in FY10, of \$315 million. Safe water, sanitation and hygiene programs are among the most cost-effective interventions available, returning \$8 in economic productivity and decreased healthcare costs for every \$1 spent.<sup>vii</sup>

To maximize the positive health impact of U.S. funding for safe water, sanitation, and hygiene, PSI also requests the following report language:

*The Committee recommends that this funding be spent pursuant only to the Senator Paul Simon Water for the Poor Act of 2005 (PL 109-121) and be allocated based upon the relative burden of unsafe drinking water and lack of sanitation, with the greatest proportion being set aside to meet the greatest need.*

Finally, for international **family planning and reproductive health programs**, the President requested \$626 million for FY12. The estimated U.S. fair share to address unmet need globally is \$1 billion yearly. By fulfilling the unmet need for modern family planning methods (an estimated 215 million women who want to avoid a pregnancy are not using an effective method of contraception), the United States and other donors could achieve a net total savings, because fewer unintended pregnancies mean lower costs for maternal and newborn health services.<sup>viii</sup> Additionally, PSI urges Congress not to reimpose the Mexico City Policy. Its effect is to reduce women's access to contraception, thereby increasing the chance that they will seek abortions for unintended pregnancies. Investments in family planning reduce the number of abortions in the world, and address the appalling fact that the most dangerous condition for women in Africa, for example, is simply to be pregnant. The conscience of America calls us to help meet the needs of women who want access to modern contraception, but who are denied it.

Members of the Committee, I recognize the difficult choices before you and I thank you for your careful consideration of the benefits of robust investments in global health and development generally.

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<sup>i</sup> Ndoli, Fred. Rwanda: malaria decreases by 70 percent. *The New Times* (Rwanda).

<http://allafrica.com/stories/201103210021.html>

<sup>ii</sup> Ministry of Health (MOH) [Rwanda], National Institute of Statistics of Rwanda (NISR), and ICF Macro. 2009. *Rwanda Interim Demographic and Health Survey 2007-08*. Calverton, Maryland, U.S.A.: MOH, NISR, and ICF Macro.

<sup>iii</sup> The World Factbook, CIA. <https://www.cia.gov/library/publications/the-world-factbook/geos/rw.html>

<sup>iv</sup> An additional \$300 million was included in the Labor-HHS budget request.

<sup>v</sup> <http://www.malariafreefuture.org/news/success/485campaign.php>

<sup>vi</sup> [http://www.pmi.gov/resources/reports/usg\\_strategy2009-2014.pdf](http://www.pmi.gov/resources/reports/usg_strategy2009-2014.pdf)

<sup>vii</sup> Bartram, Jamie; Lawrence Haller; Guy Hutton. *Economic and Health Effects of Increasing Low-Cost Water and Sanitation Interventions* (Geneva: World Health Organization: 2006) .

<sup>viii</sup> <http://www.guttmacher.org/pubs/FB-AIU-summary.pdf>