News from Congresswoman
Nita M. Lowey
Chairwoman, State and Foreign Operations Appropriations Subcommittee

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Contact: Matt Dennis (202) 225-6506

Statement of Chairwoman Nita M. Lowey
Subcommittee on State Foreign Operations and Related Programs
FY 2011 Global Health
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I would like to welcome Dr. Eric Goosby, the United States Global AIDS Coordinator and Ms. Gloria Steele, the Senior Deputy Assistant Administrator of the Bureau for Global Health at USAID to discuss the President's Fiscal Year 2011 request for global health.

This Committee has made global health a key priority, providing over $30 billion over the past five years, with impressive results: HIV/AIDS programs directly supported 2.4 million people on treatment; malaria programs have protected 19 million families with bednets; and 19 million women have accessed voluntary family planning services. Despite expanded services, the development of parallel systems or "stovepipes of excellence," present challenges with integration and efficiency. It makes no sense for a woman to travel east of her village for a pre-natal visits, west to get her daughter vaccinated, and north for an HIV/AIDS test. I'm pleased the budget request purposes to better coordinate our efforts, particularly given the strong foundation within our HIV/AIDS programs

The budget requests $8.5 billion for the Global Health Initiative – a 9% increase that supports a coordinated health program in key countries, with the goal of increasing access to health services and reducing mortality and morbidity. I hope you'll address how U.S. government-supported health programs will become more effective and efficient in target countries. Overall, I applaud this streamlining effort and look forward to working with both of you on implementation.

Looking to specific health issues, the budget request provides a total of $1.49 billion for maternal health, child survival, family planning and nutrition. In fiscal year 2008, USAID developed a comprehensive strategy, at the direction of this Subcommittee, to expand child survival programs – focusing resources in 30 countries. What results were attained with these additional resources? What lessons learned will be applied to the GHI? Do we expect improved results with an integrated model under the GHI?

I have championed expanded access to voluntary family planning for many years. We still find ourselves unable to meet the demand in much of the developing world. Under the GHI, how will U.S. government resources ensure access to those most in need of these services? What efforts will be made to integrate family planning with other services for mothers, including child survival and malaria programs? Other donors have prioritized family planning, and I am interested to hear how you will coordinate with them so the expanded U.S. effort fully complements their programs.

With increased focus on host country ownership, which is critical, many remaining questions require evaluation. How will this new priority impact implementation of global HIV/AIDS programs? Will OGAC funding be provided to governments as budget support? Will grants and contracts with non-governmental entities end or will these programs be implemented by host country governments? What monitoring and evaluation is in place to ensure consistent and accessible services for patients during this transition?

Finally, although the new HIV/AIDS strategy prioritizes prevention, I am concerned the budget request does not reflect this new commitment. Although new infections have dropped and young people in some parts of the world are waiting longer to become sexually active, the number of infections continues to grow. Every minute, five people become infected, and nearly 25 years into this pandemic, we still do not know what prevention strategies work. This Subcommittee requested a prevention strategy in the fiscal year 2010 conference agreement that was due to the Committee last week, but has not yet been provided. When can we expect this report? What new strategies will you put in place to strengthen our prevention interventions? What new research is emerging to slow the pandemic? Obviously, prevention is just a piece of the picture and U.S. funding will continue to support care and treatment. I look forward to addressing these issues during the Q&A portion of the hearing.

The challenges before us are immense, and I am pleased the U.S. will continue its leadership role in global health. We are lucky to have your expertise, and I look forward to hearing your remarks and working with both of you on these and other global health issues.

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