

Written Testimony

Senate Committee on Appropriations Subcommittee on State, Foreign Operations and Related Operations

Testimony of
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Chairman Leahy, Ranking Member Gregg and members of the Subcommittee, thank you for inviting me to testify before you today on Maternal and Child Health, Reproductive Health and Family Planning. I am Dr. Nils Daulaire, President and CEO of the Global Health Council, the world's largest membership alliance of health professionals and service organizations working to save lives and improve health throughout the world.

Before I begin my remarks, let me thank you, Chairman Leahy, for your service to our home state of Vermont and your longstanding commitment to global health. You have been a proponent and champion of U.S. investment in global health for more than 30 years. Long before PEPFAR, the Global Fund, PMI and other welcome global health initiatives, you fought for basic health services in developing countries, committed to meeting the needs of the poor and most vulnerable. I applaud you, Chairman Leahy and you, Senator Gregg, for your bipartisan collaboration, recognizing that saving lives knows no party lines. On behalf of the Council's 350 member organizations working in over 100 countries across the globe, and the millions whose lives are improved by U.S. Government investments, we thank you.

The Global Health Council's members include non-profit organizations, schools of public health and medicine, research institutions, associations, foundations, businesses and concerned global citizens who work in global health by delivering programs, building capacity, developing new tools and technologies and evaluating impact to improve health among the poor of the developing world. Our members work in a wide array of areas, including child and maternal health, family planning, HIV/AIDS, other infectious diseases, water and sanitation, primary health care and health systems strengthening. The members of the Council share a commitment to alleviating the great health disparities that affect the world's most vulnerable people. The Council serves its members and the broader community of global health stakeholders by making sure they have the information and resources they need to fulfill this commitment and by serving as their collective voice.

It has been my privilege to be part of the global health movement for over 30 years, and much of my career has been spent as a physician and program manager in some of the world's poorest countries. Working in countries such as Nepal, Mali and Haiti, I have had the good fortune to participate in the development and introduction of some important child survival interventions, notably in treating childhood pneumonia and Vitamin A deficiency. I have also had the honor of serving in government as a senior policy advisor in USAID. My remarks today derive from these different perspectives and experiences, as well as the evidence and experience of our membership.

THE WORLD'S WOMEN & CHILDREN

The link between the health of the world's women and children is well-established, as is the link between their health and the well-being of the larger community. Because of these connections, we must view the challenges, interventions and investments as contributing to a continuum of care that has mutually reinforcing benefits from the individual all the way through global society.

Child Health

Today, as every other day, nearly 30,000 children under age five will die ó 1 every 3 seconds. In many countries, one of every five children born won't live to see their fifth birthday. If death rates of this magnitude were happening to the youngest and most vulnerable here in the United States, we would declare a state of national emergency. It is happening, perhaps not in our backyard, but in our world, and we must do more.

This year, more than 10 million children under five will die, mostly from preventable and treatable conditions ó about the same as the total number of American children under five living east of the Mississippi River. Almost four million of these deaths will occur during the first month of life. Two million children will die from pneumonia; 1.8 million from diarrhea; nearly another million from malaria and almost half a million from measles. Virtually all of these deaths can be prevented ó easily and cheaply.

As American parents, we take for granted that our kids will live and thrive. We recall when a skilled medical provider coached us through the stages of labor. We remember

when our babies were whisked away to be dressed with head caps and swaddled to keep them warm. We have all taken our children in for their immunizations to protect them against measles, diphtheria, pertussis, tetanus and polio, diseases which, as a result, are today practically unknown in our country. If my daughter developed diarrhea, she was hydrated and her risks were very low. If my son developed pneumonia, rapid cure was ensured through antibiotics. These are all simple, basic practices that kept our children alive, and we are blessed to be able to take them for granted.

In the developing world, however, too many parents live with the very real fear that death will take their children. The interventions that I have named are neither difficult to administer nor expensive. The cost of some, such as oral rehydration salts, vitamin A supplements and even antibiotics, are measured in cents, not dollars. Breastfeeding and kangaroo care, where mothers hold newborn babies to their breasts to keep them warm, cost nothing at all beyond educating parents. Yet children are still dying because these basic interventions are not reaching them. I couldn't imagine that expectation when my children were born. No parent should have to.

Maternal Health

In the United States and other developed nations, the risk of death from complications of pregnancy and childbirth is extremely low. Although the risk of a woman in a developed country dying is about 1 in 2800, the lifetime risk of sub-Saharan African women dying from complications in pregnancy or childbirth is 1 in 16. Over half a million women die each year from pregnancy-related causes, and up to 20 million develop long-term

physical disabilities each year because of complications or poor management of pregnancy or childbirth. Almost four million newborn deaths are closely linked to poor maternal health care, especially the absence of a trained provider during and immediately after birth. And each year, more than a million children are left motherless.

Reproductive Health/Family Planning

Notwithstanding the progress in making family planning services available, over 200 million women still have an unmet need for family planning. These are women who are at risk of becoming pregnant, who wish to delay or end childbearing and yet do not have effective access to family planning. This is a denial of the basic right of every woman to decide if and when she will become pregnant. It is utterly meaningless to declare support for the human rights of women and yet fail to provide them with the information, services and commodities that will allow them to make a free, informed and safe decision about whether and when to become pregnant. Women cannot fulfill their potential or assert their rightful place in economies and societies unless they have such access. The decline in U.S. support for family planning flies in the face of our stated national commitment to overcoming the second class status of women in much of the world.

What is less well understood but equally important is that family planning is essential to protecting the health of mothers and their children. Family planning helps young women delay or space pregnancies. Family planning helps all women avoid high risk pregnancies; approximately 215,000 maternal deaths will be averted this year alone thanks to the family planning that is available.

Debate over abortion continues to create stark political divides. Yet, there is one thing we can agree upon — family planning reduces recourse to abortion by enabling women to avoid unintended pregnancies. Every year, there are more than 46 million abortions. 68,000 will also end in the death of the mother. Increasing access to family planning is the surest path to decreasing the number of abortions.

Speaking as a physician who has devoted years to improving children's health worldwide, let me make this clear: family planning is also critical to saving children's lives. Closely spaced births and births to young mothers dramatically raise the risk that the infant will die. A child born less than two years after a sibling is 67 percent more likely to die than a child born after a three year interval. The child of a teenage mother is 30 percent more likely to die than that of a woman aged 20 to 29. Between 20 percent and 40 percent of all infant deaths could be prevented if all women had access to family planning.

Lives, Not Just Deaths

I should point out that the issues of maternal and child health as well as reproductive health are not limited to averting deaths. They are also cause for diminished lives. For every woman who dies during pregnancy, childbirth or immediately following, another 30 suffer debilitating life-long consequences. Each year, nearly 40 million children who suffer early childhood illnesses but do not die become physically or mentally impaired. All of this contributes to the cycle of poverty and the failure of poor countries to develop.

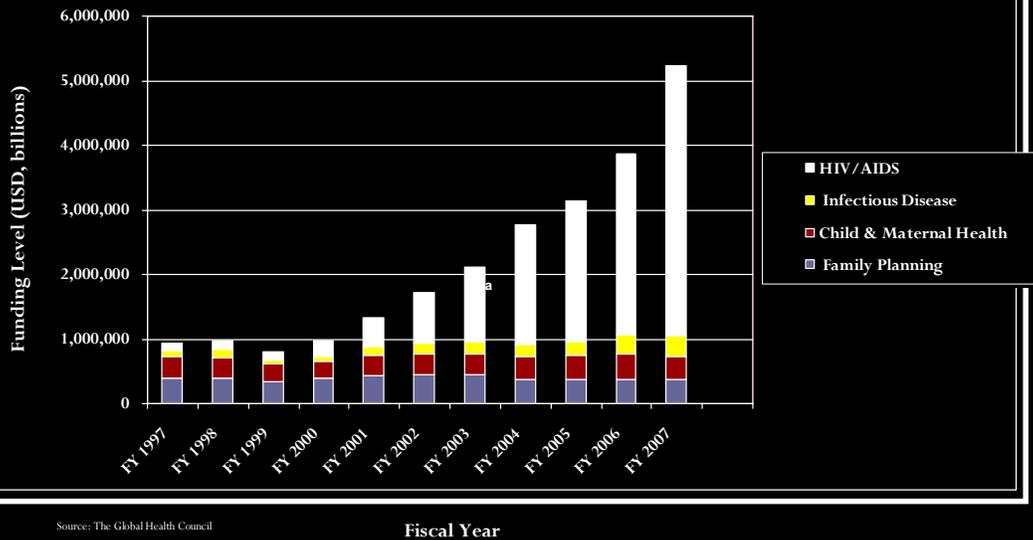
U.S. INVESTMENTS – PROGRESS UNDERMINED

The United States is a tremendously important force in global health. Its decisions about priorities, resource allocation, policies and technical leadership have profound consequences – that is the privilege and burden of our country's unique role. It is widely acknowledged that the United States has made very important and enduring contributions to global health. Yet today, U.S. global health policy is marked by two trends that are in stark opposition and mutually inconsistent. On the one hand we see the rapid expansion of U.S. programs in HIV and malaria; on the other we witness the neglect of maternal health, child health and family planning. This makes no sense.

Contradictory Trends

The U.S. Government (USG) investment in global health has grown and evolved dramatically in just a decade. In fiscal year (FY) 1997, USG spending on global health sat just below \$1 billion. Ten years later, global health spending is well over \$5 billion from the foreign operations budget alone, with additional investments from the Department of Health and Human Services and the Department of Defense. However, the devil is in the details.

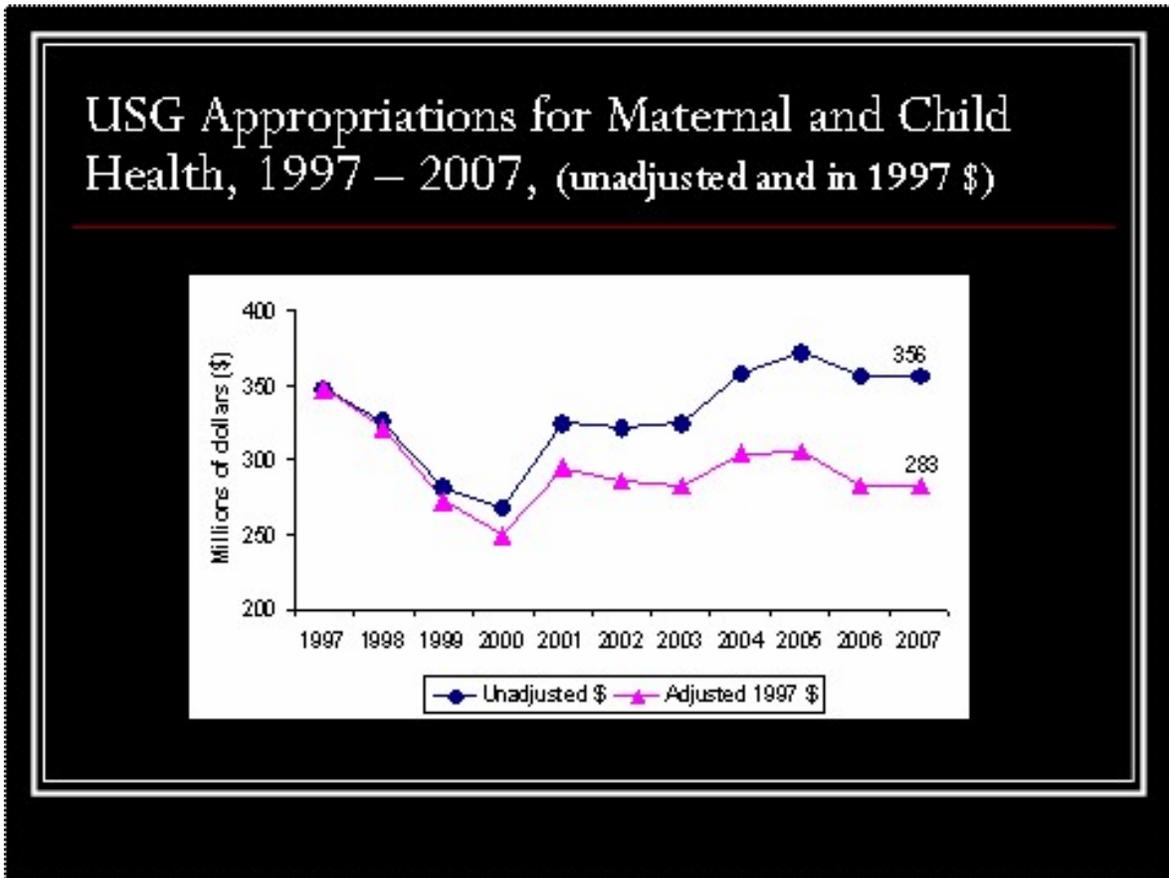
USG Spending on Global Health, FY1997 – 2007



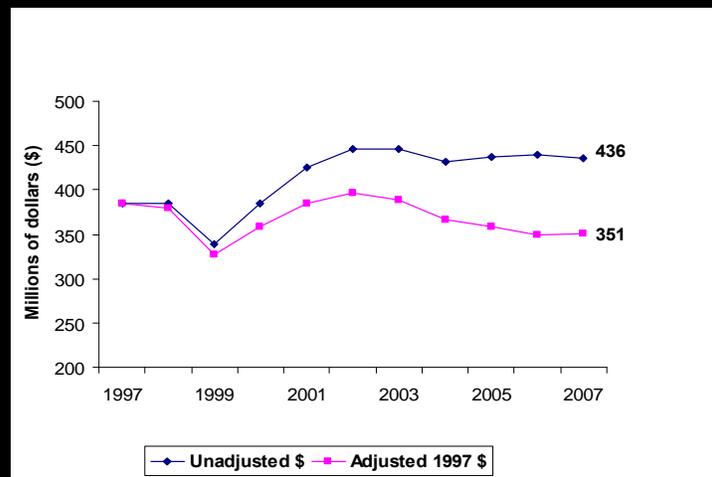
Most of the exponential growth in global health spending over the past decade is due to USG investments in HIV/AIDS ó over \$14 billion since the advent of the PEPFAR, the President's emergency program for AIDS relief ó an important commitment that the Council applauds. More recently, the President Malaria Initiative (PMI) has joined PEPFAR as a priority program of this administration, with a \$1.2 billion pledge over five years. PEPFAR and PMI speak to the USG's generosity and ability to make a difference and, through these programs, many lives are being saved. The USG deserves tremendous credit for its global leadership.

But the U.S. Government has not seen fit to increase in a similar way its historic leadership in maternal and child health and family planning. Once the investment in

AIDS and malaria is subtracted from current spending totals, investments in child health, maternal health, family planning and the remaining infectious diseases remain at about \$1 billion, roughly where they were a decade ago. There has been level funding in most program areas and cuts in others, which means a decrease in programming power once adjusted for inflation and the increase of the number of people in need. This is most notable in the areas of child health and reproductive health and family planning which, when adjusted for inflation, have declined 22 percent and 14 percent, respectively, over the past decade. To this must be added the impact of a 19 percent increase in the number children under five and a 30 percent increase in the number of reproductive age women in the 43 least developed nations. So while the dollars have gone down, the need has gone up. Reduced investment translates into lives 6 millions lost unnecessarily.



U.S. Appropriations for Family Planning, 1997 ó 2007 (unadjusted and in 1997 dollars)



Complements not Contradictions

Let me say again, the Council enthusiastically applauds the growth in spending for AIDS and malaria and the leadership President Bush and the Congress have shown in these areas. But while funding flows through independent and issue-specific channels, these health threats do not occur in isolation. The same communities where individuals are living with AIDS are also those in which non-HIV infected women are at very high risk of dying during child birth from lack of family planning and basic obstetric care. The same young children who now sleep under bed nets to guard against malaria are no less likely to die from diarrhea or pneumonia. We have confused the laudable objective of

fighting disease with the fundamental goal of saving and bettering lives, and our investment is undermined by an excessively narrow perspective. Fortunately, relatively modest increases in USG investment in these neglected areas can save millions of lives through simple, cost-effective interventions.

That is the good news ó solutions are within easy reach at low cost. In the past 30 years, thanks to the investments and efforts that have been undertaken, the child mortality rate in the poorest parts of the world has declined by 40 percent. Because of family planning efforts, birth rates have also declined by 40 percent. What an incredible moment: For all of human history, people have lived with the expectation that many of their children will die young and that women will endure one pregnancy after another, regardless of the impact on their health and survival. The 40 percent decline in birth and death rates is a stunning change. The advent of simple, inexpensive vaccines, antibiotics, oral rehydration salts, anti-malarials, micronutrients and contraceptives have radically changed expectations and reality in many parts of the world. What a tragedy it would be not to finish a job so well begun.

This progress makes the choice *not* to increase our investment in women and children intolerable. Allowing women and children to die from easily preventable causes is just that ó a choice. We are at a loss to understand how this administration, so generous in the response to HIV/AIDS and malaria, now proposes substantial cuts in maternal and child health and family planning.

IMPROVING HEALTH, SAVING LIVES

As I have described, U.S. support for basic maternal health, child health and family planning services has been declining. This must be reversed. The United States must reassert its historic and essential leadership in saving the lives of women and children. Providing these basic interventions for women and children is the cornerstone for securing improved health and is at the heart of building sustainable public health systems. The record is clear. Every time the United States has approached a major global health problem with tenacity and at the requisite scale, our country has had a tremendous positive impact.

On the scale of global need, the amount needed to achieve important gains in child health and family planning is manageable. Six million children could be saved every year if the global budget for child health were increased by \$5.1 billion. Providing essential obstetric care to 75% of women in 75 countries would cost an additional \$6.1 billion. 200 million women with an unmet need for family planning could receive these services for an additional \$3.9 billion per year. So the math is simple. If *from all sources*: US, other donors, developing nations of the world devoted an additional \$15 billion per year, 6 million children would be saved annually, most women would have maternal health care and 200 million more women would have access to family planning. I urge this Committee and the Congress to move the United States into the same leadership role on family planning, maternal and child health that it has shown in AIDS and malaria.

MODEST INVESTMENTS, MAXIMUM IMPACT

To illustrate the potential impact of a heightened U.S. commitment, I'd like to reflect on what even a modest ramp-up in investments could return. The U.S. share of the additional global investment needed to reduce child mortality is roughly \$1.6 billion. The United States should add \$2 billion per year to its spending on maternal health. The U.S. should increase its contribution to family planning by \$1.3 billion per year. We have a long way to go. However, we can take modest steps and still see great gains. The projections I share with you are based on solid scientific analyses by the Council and others.

Investment Scale-Up

Every \$100 million in attacking the most common causes of child death with the most cost-effective interventions would have the following impacts:

- At least 113,000, and perhaps as many as 200,000, young children's lives saved
- Over 812,000 children provided with 16 essential interventions, at an average cost of just over \$12 per child

Every \$100 million devoted to maternal health programs would:

- Avert nearly 12,000 maternal deaths
- Avert more than 15,000 newborn deaths
- Provide basic and essential care for 4 million women
- Treat 140,000 women with life-threatening conditions
- Treat an additional 880,000 women with serious pregnancy and childbirth-related conditions

Every \$100 million invested in family planning would have the following impacts:

- 3.6 million more family planning users
- 2.1 million unintended pregnancies avoided
- 825,000 abortions prevented
- 970,000 fewer births
- 70,000 fewer infant deaths
- 4,000 maternal deaths averted

These are remarkable outcomes for relatively moderate additional outlays. *Each* increment of \$100 million would yield proportionate gains, the virtuous cycle writ large. We therefore urge this Committee to approve a significant increase in the budgets for maternal and child health and family planning with investments on par with the other global health priorities.

BUILDING CAPACITY WHILE SAVING LIVES

There is the misperception in some quarters that U.S. assistance for maternal and child health has been an example of charity or created dependency. This is far from the truth. Improving health is not merely a matter of delivering pills and vaccines, though pills and vaccines are essential. It's about improving health equity by putting in place sustainable systems for delivering essential care. Improving health means supporting educational programs to foster new attitudes and behaviors; building community leadership and organizations committed to improved health; strengthening the capacity of health

providers and institutions; better measurement of what programs accomplish; and, adopting better health policies and health financing schemes. The U.S. role has been to strengthen the capacity of national health systems to deliver essential maternal and child health care. Achieving long term sustained change requires patience and sustained investment, but the record of building capacity while achieving gains in health outcomes is clear.

Another invaluable U.S. contribution has been to invest in technical leadership and research and development, areas where the U.S. has historically excelled. These core functions support the development of new technologies and innovative means of delivering services, which have enduring impact. The overall decline in resources has seriously affected these core functions, a consequence exacerbated by the declining percentage of available resources devoted to technical leadership and research and development. I am greatly concerned that the technical leadership role of the United States has been starved of resources and I urge the Committee to be sure it is adequately funded.

IN THE U.S. INTEREST

The United States has a compelling national interest in saving the lives of the most vulnerable women and children. The stated goal of U.S. foreign assistance is "To help build and sustain democratic, well-governed states that respond to the needs of their people, reduce widespread poverty and conduct themselves responsibly in the

international system." There is no more dramatic marker of this goal than saving the lives of millions of women and children.

Poor maternal and child health indicators are viewed by many as evidence of the failure of governments to provide basic services. Conversely, alleviating the burden of disease among women and children is clear evidence of improving governance through concrete, specific gains. Even low income societies can achieve dramatic gains by providing widespread access to essential services and information. Improving access to basic health care for women and children is an exercise in good governance, meets a basic need, redresses pervasive inequities and creates a model for other essential services.

Poor maternal and child health also brings economic ruin to families and households. What truly marks poor households is vulnerability. A childhood illness or complications from pregnancy force a poor family into excruciating choices, when they must choose between buying seeds or paying for basic health care. Preventable illness and death can tip a poor family over into destitution as they divest themselves of meager savings and borrow money to pay for health care or funerals. Efforts to alleviate poverty must address this underlying cause of household vulnerability.

Mr. Chairman, it is no secret that the international reputation of the United States is at low point. Multiple surveys reveal the widespread negative perceptions of our country. One could argue whether these perceptions are justified, but there is no arguing with the urgent need for effective public diplomacy. But public diplomacy is more than words

and promises, it is deeds. The most powerful statement our country could make is to save the lives of the world's most vulnerable women and children. This is an enormous opportunity for constructive engagement with much of the world. Most importantly, a renewed commitment to saving women and children will express the values of a decent and generous American people, who invariably support effective efforts to alleviate needless suffering.

A CALL TO ACTION

Chairman Leahy, Senator Gregg, Members of the Subcommittee and colleagues, my most fundamental message to you today is of hope and possibility. We know how to save millions of women and children through simple, inexpensive means. We know what works. We know how to deliver the interventions. We know what they will cost and we know what will happen once these services are provided: lives will be saved; communities strengthened; futures built and countries developed.

The responsibility for improving maternal and child health does not rest principally with the United States. That responsibility for meeting basic needs rests with national governments. Non-governmental organizations, faith communities, multilateral institutions and other donors all have a role to play. As I speak before you today, global partners are gathered in Tanzania under the invitation of the Partnership for Maternal, Newborn and Child Health. An increasing global commitment guarantees that the United States is not in this alone. But there is no substitute for U.S. leadership or for active U.S. partnership in a global compact for women and children.

Mr. Chairman, we need a bold commitment on the part of the U.S. Government and the American people ó a commitment to the world's most vulnerable families so that they may enjoy the same expectation we have for our children's survival, planned pregnancies and mothers'safe deliveries. We simply must decide that this is the right thing to do in partnership with other governments and the communities in need. Relatively modest yet sustained increases in resources will make a significant difference in the lives of millions of women and children. And this clear commitment to the well being of families also will make a significant difference in popular perceptions of the role of the United States abroad.

I appeal to you to boldly reestablish that commitment with real dollars, measured in the hundreds of millions. It's time to act.

Thank you for your time and for hosting this hearing. I look forward to addressing any questions you have, and to working with you to continue to save and improve lives.

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