

**Written Testimony Submitted to the House Committee on Appropriations
Subcommittee on State, Foreign Operations, and Related Programs**

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PATH appreciates the opportunity to submit written testimony regarding fiscal year (FY) 2014 funding on behalf of global health initiatives at the US Agency for International Development (USAID). PATH is an international nonprofit organization that transforms global health through innovation. We take an entrepreneurial approach to developing and delivering high-impact, low-cost solutions, from lifesaving vaccines and devices to collaborative programs with communities. We respectfully request that this Subcommittee allocate \$1.65 billion for the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund); \$750 million for USAID's Maternal and Child Health Account, including \$175 million for the Global Alliance for Vaccines and Immunization (GAVI Alliance); and \$680 million for the President's Malaria Initiative (PMI).

We are grateful for the continued leadership of Chairwoman Granger and Ranking Member Lowey. We recognize the Subcommittee faces difficult choices that require serious thought on which programs to scale back making it even more important to prioritize the programs that work. As an organization that partners with the public and private sectors here at home and in more than 70 other countries, we see firsthand the significant impact that U.S.-supported global health programs are able to make with a relatively small amount of funding to support the development of, and expand access to, health interventions. These programs have been enormously effective. For example, thanks in part to US investments in vaccination and the prevention and treatment of childhood illnesses, the number of children under five years old who die each year from preventable causes declined from 12 million in 1990 to 7.6 million in 2010.

Additionally, in the 19 countries where U.S. involvement has been the greatest, maternal mortality has declined by 30 percent in the last 20 years.

The United States leverages support of other donors through funding to multilateral institutions to save lives throughout the world. We are able to provide support for vaccines and immunizations through funding to UNICEF and GAVI. Vaccines save 2.5 million young lives each year and are among the most cost-effective health interventions, with an economic return of 18 to 30 percent. GAVI support has helped over 370 million children get immunized. In 2011, the US government made a three-year, \$450 million commitment to support the GAVI Alliance and its programs. In the final year, \$175 million is required to meet the commitment in FY14.

Working in close coordination with the US President's Emergency Plan for AIDS Relief (PEPFAR) and other US programs to maximize impact, the Global Fund finances prevention and treatment of three diseases that, together, kill 5 million people every year. Operating since 2002, the Global Fund has enabled 4.2 million people to receive antiretroviral treatment, contributed to detection and treatment of 9.7 million new cases of infectious tuberculosis, and supported distribution of 310 million insecticide-treated nets to protect against malaria. In addition, for every \$1 the U.S. provides to the Global Fund, other international and corporate donors provide at least \$2 to finance grants, effectively leveraging the US contribution even as endemic countries are increasing their own financial commitments. We encourage the Subcommittee to maintain U.S. commitment in order to help continue the advances the Global Fund has made and is poised to make.

At the same time, we respectfully request that the Subcommittee maintain and support increased funding levels for bilateral health accounts, including the maternal and child health and malaria accounts. The programs funded by these bilateral accounts complement the work done

by multilateral organizations; they fill gaps in coverage, support country plans, and work directly with endemic country governments, civil society, and the private sector to help strengthen the health systems that are crucial to the sustainable delivery of lifesaving services.

Building on a proud history of U.S. contributions to maternal and child health (MCH), last year the US government committed to the bold goal of ending preventable child deaths within a generation. Funding for MCH programs supports a variety of proven lifesaving interventions, ranging from prenatal care and preventing maternal deaths during childbirth to pediatric immunizations and treatments for some of the leading causes of preventable child death in children under five years old: pneumonia, diarrhea, and birth asphyxia. Leveraging the infrastructure supported by USAID, GAVI has provided new access to immunization for 288 million children and saved more than 5 million lives in developing countries over the past ten years. These efforts are a key reason as to why maternal mortality rates have declined by 47 percent since 1980 and the mortality rate for children under five years old living in the developing world has been reduced from 15 million children per year in the 1980s to 6.9 million children currently per year. Continuing US efforts to address the leading causes of maternal and child death and disability will dramatically accelerate progress toward this noble goal.

Another example of USAID's critical work is in the field of malaria. The US government is reducing malaria's burden through the Global Fund and through PMI. U.S. leadership in Congress has generated tremendous results. Unprecedented support for the scale up of malaria interventions since the beginning of PMI has reduced deaths by more than a quarter, and many countries report impressive declines in malaria cases—down by more than 50 percent in 43 countries around the globe. U.S. support for malaria programs around the world saves a minimum of 485 lives every single day through bilateral and multilateral programs working in

conjunction with one another in-country to achieve maximum results. These successful efforts should be sustained and strengthened in order to ensure that gains are not reversed.

Eliminating malaria will invariably require new tools, including vaccines, an area in which USAID is playing a crucial role. Working with PATH's Malaria Vaccine Initiative and committed partners such as the Walter Reed Army Institute of Research, USAID has contributed to significant advances in malaria vaccine development. Under a cooperative agreement with PATH, USAID currently supports the development of next-generation vaccines, including those that seek to build on the success of the world's most clinically advanced malaria vaccine candidate, RTS,S.

We also ask that the Subcommittee continue to affirm its support for the role that USAID plays in advancing innovations to ensure that people in low-resource settings have access to lifesaving interventions and technologies. Due to its presence in the field and its linkages with end-users, USAID plays a unique and complementary role to that of other US government agencies in the research and development of new tools for global health. While many commercial and nonprofit groups are working on health technologies, there is not a significant commercial market to incentivize research and development for conditions and diseases whose heaviest burden falls on the developing world. In addition, the lack of sophisticated laboratories and trained personnel in many developing countries means that technologies created for wealthier countries are often not appropriate for low-resource settings. USAID helps to fill this commercial gap by collaborating with the private sector, helping to build American businesses, cutting the costs of key interventions, and providing tools for countries to meet their own needs affordably and sustainably.

One example of the benefits of this collaboration is the vaccine vial monitor, which helps to ensure vaccine potency and reduce wastage. Like much of USAID's support of new tools and technologies for global health, the organization identified a need; vaccines were being wasted in places where unreliable electricity meant that it was not always possible to keep them cold. USAID invested a small amount of money that was leveraged by more substantial funding and the expertise of a private-sector partner—the TempTime Corporation in New Jersey—who worked with PATH to develop a vial label that changes color when exposed to heat over time, showing health workers whether a vaccine is spoiled. These labels have been used on more than 3 billion vaccine vials, and their use saves the global health community an estimated \$5 million or more a year.

US investments in global health serve a vital role in the health and well-being of millions of lives domestically and globally. These investments also contribute to the competitiveness of US businesses and the US economy. The United States has been a leader in global health and should take pride in the impact that US investments have had in improving the lives of families around the world. By ensuring that the international affairs budget is not disproportionately cut, the United States is making a strategic and cost-effective move that will help us meet our international objectives during this challenging time period.

For these reasons, PATH supports these allocations and asks that the Subcommittee maintain these critical investments in global health. We also ask that the Subcommittee affirm the role of research and innovation for new tools and interventions in strengthening USAID's capacity to address critical health and development issues. We appreciate the Subcommittee's consideration of our views, and we stand ready to work with Subcommittee members and staff to ensure that the United States maintains its position as a leader in global health.