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Attention:

Senate Appropriations Subcommittee for State, Foreign Operations, and Related Programs

Regarding:

Foreign Assistance Programs supported by the Department of State and U.S. Agency for International Development (USAID)

Submitted: May 31, 2023

To the honorable Members of the Senate Appropriations Subcommittee for State, Foreign Operations, and Related Programs (or SFOPS), I would like to thank each of you for your continued support for global health. The millions of lives saved by your support of global health investments demonstrate the importance of U.S. leadership to the world, and the achievements made against diseases such as HIV/AIDS, malaria, and many more are directly attributed to the decisions you have made to fund these needed programs. The economic and social gains to individuals, families, and communities worldwide are staggering, with returns on investment exceeding 20 or 30 times the original investment. This is more than good news: this investment is also good diplomacy in a troubled world.

These past years have demonstrated the importance and necessity of robust health systems and global coordination and cooperation to support global health. Diseases do not respect national borders nor differentiate between economic status or racial identity. Fighting disease requires equitable access to appropriate medicines and supplies, trained and competent healthcare workers to use and distribute them, and health services that are clean, accessible, and trusted by their communities. We need supply chain systems that can identify the need to restock medications and diagnostic tools before there are stockouts. Finally, we need research and development professionals to develop the next wave of medicines, vaccines, and diagnostics while knowing the tools we have to fight diseases to remain effective.

As this committee deliberates on providing resources to many worthy and important causes, I urge you to consider that global health programs *are working and delivering proven results*. Not only are they saving lives by preventing the spread of diseases like HIV/AIDS, tuberculosis, and malaria, they are an investment that provides economic and political stability by promoting human dignity. Furthermore, we are achieving these results for less than one percent of the federal budget.

Resilient Local Health Systems

We applaud efforts to make health investments *strategic*. Strategic health investments produce resilient local health systems that adapt to changing conditions and appeal to the populations to change their beliefs and attitudes about health.

For this to occur, we expect a more significant role for local leaders who define challenges, design interventions, deliver services, and deliberate on results. Such efforts are ethical and, paradoxically, more likely to speed progress toward global goals by aligning authority over programs with those responsible for improved health.

We also expect local systems threatened by pandemics, climate emergencies, regional conflict, and disasters to be better prepared. Preparations need to prevent disruptions to supply chains, burnout of health workers, and damage or overuse of health facilities. By investing in prevention, we save millions when health crises inevitably arise.

In addition to the threats to resiliency, populations and disease are changing. Young people are increasing as a proportion of the total population in many underserved countries. Additionally, the fastest-growing health problems are not HIV, Malaria, or other communicable illnesses: it is non-communicable illnesses such as diabetes, heart disease, cancers, and mental illness. Improved community education and mobilization will help; at the same time, progress on these cannot come at the expense of the ground we have gained in communicable illnesses.

In light of these challenges, we see great hope by the partnerships forged between faith-based and secular health leaders. For example:

1. FBOs often care for “last mile” communities, including remote rural areas and underserved urban communities. FBOs are usually the last line of defense for vulnerable and ostracized populations with nowhere to go for care.
2. FBOs are often the first to respond to emergencies, mobilizing local, national, and global resources to meet urgent needs.
3. Over 84% of the world’s population belongs to a major religion, making religious leaders outsized influencers of community values, attitudes, and behavior. Religious leaders are highly regarded and shape community norms and beliefs related, for example, to vaccination, planning for the needs of families, and decreasing stigma from diseases. They overcome taboos and myths that prevent people from accessing needed health services. FBOs are commonly staffed and led by people who are from and live among the community and have the implicit trust of the people they are working with and caring for.
4. FBOs constitute a substantial and vital part of health systems and are necessary for any effort to reach scale in global health initiatives. Faith-based networks provide both national and multi-country platforms to design, launch, test, and grow the reach of innovative health services. For example, data recently released by the [Christian Health Asset Mapping Consortium](#) shows that in just 17 countries in Sub-Saharan Africa, there are over 8,355 Christian health assets, which include: 376 national referral hospitals, 1212 district hospitals, 6,190 local health centers and dispensaries, 156 community-based programs, 380 health worker training institutions, and 41 medical supply organizations.

For these global health programs to be successful at scale, they must include the expertise and capacity of the faith-based sector. Therefore, I urge the committee to continue to view FBOs as an integral piece in implementing these life-saving programs and partners in the strategy development stage.

Our organization, Christian Connections for International Health (CCIH), is a global network of over 100 organizations and hundreds of individuals who work in over 90 countries. Motivated by our Christian faith and values, CCIH envisions a world where all have access to quality healthcare and prevention services. Our membership represents the broad spectrum of Christians and their partners working in global health, such as program implementers, Christian Health Associations, and academic and training institutions working in over 90 countries. I am inspired daily as I talk to our members about their work, accomplishments, and challenges to reach the goal that no one should die from a preventable disease.

When we speak with our local members and visit their project locations, we see firsthand the impact of US Government investments. Based on our global perspective, we support the following.

Department of State

President's Emergency Plan for AIDS Relief (PEPFAR)

CCIH and our members are proud to continue our support for this vital program. We recommend a clean renewal of PEPFAR to prevent any break in the continuity of this life-saving program. This initiative, and the countless people and programs who partner with PEPFAR, have been the main reason a diagnosis of HIV/AIDS is no longer a death sentence for millions worldwide. PEPFAR works with faith communities to reduce stigma, encourage people to get tested to know their status and to receive treatment if they are positive, or encourage behaviors to remain negative. PEPFAR also provides cross-cutting training procedures to make health systems more resilient and robust to handle our ever-changing health challenges.

Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund)

The complementary relationship between the Global Fund and PEPFAR allows for better-coordinated efforts to achieve an AIDS-free generation. The leveraging power of the U.S. contribution to the Global Fund ensures that donor partners remain engaged in these health challenges. It also incentivizes recipient countries to put their domestic resources towards tackling these global health issues.

USAID

Maternal and Child Health

Healthy mothers and children are vital to strong families and communities. These programs provide for clean water, sanitation, and hygiene; nutrition; and immunization initiatives, which help create the foundation for a safe and healthy community. These programs reinforce one another, as cleaner environments and access to nutritious food allow for healthier immune systems, making vaccinations more effective. I hope this committee will provide robust funding to this account so that these programs continue to

successfully save the lives of women and children and reverse the backsliding we have seen due to the COVID-19 pandemic.

Family Planning

CCIH defines Family Planning as “enabling couples to determine the number and timing of pregnancies, including the voluntary use of methods for preventing pregnancy, not including abortion, harmonious with their values and religious beliefs.” Due to poverty and lack of knowledge about healthy timing and spacing of pregnancies (HTSP), many families in developing nations cannot plan their pregnancies for when they are healthiest for the mother and child. We see HTSP as an answer to our Christian calling, helping families survive and thrive. Any fully functioning health system allows families to plan for safely adding to their families. I urge this committee to continue its support for these critical initiatives.

President’s Malaria Initiative (PMI)

I want to reiterate our support for another program improving maternal and child health. PMI has not only been one of the most successful initiatives supported by Congress and USAID, but it also serves as a model for agency-to-agency coordination and cooperation focused on a common cause. The Centers for Disease Control’s Malaria and Parasitic Division and PMI work closely for the common cause of developing new generations of tools to eliminate malaria and to ensure those tools are placed in the hands of communities most vulnerable to malaria. As you deliberate funding levels, I urge this committee to support programs with a proven track record of producing results for these essential agencies.

Climate Adaptation

Most of our members eagerly seek support and leadership to embrace forecasted climate challenges. By working with the U.S. government and their governments to address this issue, they would like to adapt and prepare for emergencies that come their way proactively. I ask the committee to continue to support robust funding for global health security and climate adaptation initiatives that can have a multiplier effect on global health programs.

In closing, I thank this committee for your continued support of global health programs. Your work, as well as your committee and personal office staff, have saved the lives of millions worldwide and positively impacted millions more. CCIH, and our partners across the globe, stand ready to continue to be a resource to this committee and your colleagues throughout the Senate Chamber to highlight the value of these life-saving initiatives.