TESTIMONY OF U.S. REPRESENTATIVE DANIEL M. DONOVAN, JR. (NY-11)

SUBCOMMITTEE ON STATE AND FOREIGN OPERATIONS HOUSE APPROPRIATIONS COMMITTEE

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I would like to thank Chairman Rogers and Ranking Member Lowey, along with the other members of the Subcommittee for allowing me this opportunity to testify in support of international assistance. The United States is a leader in diplomacy and development, and that leadership helps keep Americans safe. I believe our commitment to global health – including our work to end preventable child and maternal deaths and combatting wildlife trafficking is critical not only to the survival of millions of mothers and children around the world, but also to the safety of this nation.

It is thanks to the United States Congress, and in particular this subcommittee, that we have been a world leader in saving children's and mothers' lives for the past several decades. Since 1990, an estimated 100 million children have been saved,ⁱ due in no small part to the United States. In addition, maternal mortality rates have dropped 44 percent.ⁱⁱ With simple, cost-effective interventions like improving access to skilled-assisted deliveries; growth monitoring; immunizations; treatment for diarrhea, pneumonia and malaria; and clean water and sanitation, millions of children have survived and been saved from tragic death.

Vaccines are one of those key interventions where U.S. leadership has dramatically changed the landscape of child survival. Our support for measles and polio eradication efforts have rapidly reduced child deaths in even the most remote places on the planet. Additionally, our support to Gavi, the Vaccine Alliance, has helped to immunize over half a billion children, which will save over 6 million lives. It is important for the U.S. to uphold our 2015 commitment to Gavi to help immunize an additional 300 million children – which will save 5 million more lives. This commitment includes getting vaccines to the poorest countries to drive down some of the leading killers of kids globally, pneumonia and diarrhea. Truly - no child should die of something completely preventable like diarrhea.

I also believe nutrition programs, which are funded by the global health account, Food for Peace and Feed the Future, are also key to child survival. The global health programs support simple but effective interventions, such as: vitamin A, iron and other micronutrient supplementation; food fortification; promotion of good nutrition and hygiene practices for the first six months of life; and treatment for severe, acute malnutrition. This is particularly important for a child's first 1,000 days of life – where chronic malnutrition can lead to physical and cognitive stunting – that has irreversible lifetime effects.

In 2015 alone, 18 million children under five years of ageⁱⁱⁱ had their nutritional intake improved thanks to the United States. We take pride in this work because children who get the right nutrition early are ten times more likely^{iv} to overcome life-threatening childhood diseases such as diarrhea and pneumonia, and they are more likely to achieve higher levels of education. Growing evidence also suggests a strong positive correlation between nutrition and lifetime earnings. Think of the impact; for every \$1 invested in nutrition, we see a \$16 return.^v

The good news is that we have had a lot of success and seen great improvements in child survival worldwide. Mortality for children under five years old has dropped by over 50 percent from where it was 30 years ago. The bad news is that millions of children still bear the burden of poor developmental outcomes. An estimated 66 percent of children under five years old in sub-Saharan Africa and 43 percent of young children^{yi} in other low-income areas of the world are at risk of growing up with stunted bodies and brains. I am confident that expanding existing maternal and child health and nutrition services to include interventions that promote nurturing care, known as Early Childhood Development (ECD), could be an important way to ensure the best outcomes for young children. This integration of ECD into maternal and child health could be used as a resource for the United States Agency for International Development going forward, as doing so would magnify the already impressive impact of our U.S. Maternal, Child Health and Nutrition programs and ensure that children not only live to see their next birthday, but thrive.

In addition to the work and investment shown in maternal and child health, the United States has been leading the effort to combat wildlife poaching and trafficking. The illegal trade of wildlife products like elephant tusks, ivory horns and shark fins, is worth \$8 to \$10 billion annually.^{vii} Big profits and difficulty in tracking the trade has attracted criminal and terrorist groups as a way to fund their heinous activities. I believe it is imperative that we fully fund the wildlife trafficking programs at the State Department and at USAID.

Again, thank you very much for this opportunity to testify. I sincerely and respectfully request that the Committee fully fund the programs aimed at global maternal and child health and nutrition along with combatting wildlife trafficking.

ⁱ https://www.usaid.gov/what-we-do/global-health/maternal-and-child-health

ⁱⁱ <u>https://www.usaid.gov/what-we-do/global-health/maternal-and-child-health/technical-areas/maternal-health</u>

^{III} Feed the Future, 2016 Progress Report: Growing Prosperity for a Food-Secure Future

^{iv} Save the Children, 2016 Final Report: State of the World's Mothers

^v <u>http://www.ifpri.org/blog/2016-global-nutrition-report</u>

vi http://thelancet.com/pdfs/journals/lancet/PIIS0140-6736(16)31659-2.pdf

vii United Nations Convention on International Trade in Endangered Species (CITES)