

# HOUSE APPROPRIATIONS STATE, FOREIGN OPERATIONS, AND RELATED PROGRAMS

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Thank you, Madam Chair Lowey, Ranking Member Rogers, and members of the subcommittee for the opportunity to testify on behalf of IntraHealth International, which houses the secretariat of the Frontline Health Workers Coalition. I speak in support of the urgent need for greater focus on and investment in strengthening the frontline health workforce in communities of least access around the world—an intervention critical to maximizing the impact of US global health appropriations. For global health accounts, we urge the subcommittee to adopt the Global Health Council's evidence-based FY 2020 recommendations of \$7.05 billion for global health programs at the Department of State and \$4.39 billion for USAID; and \$435 million for water in all accounts.

Frontline health workers have been at the forefront of the successes the US has catalyzed—which include a more than 50% cut since 1990 in under-five child deaths, an almost 50% decline in annual deaths from HIV since 2005, and a 63% cut in malaria deaths from 2000-2015. Recent research also has upended traditional economic thinking that framed training and paying health workers as a cost—a 2016 World Bank paper found the effects of higher health sector employment are even greater than that of the financial sector. This 9-1 return on investment in health holds particular potential for women, who comprise 70% of the health and social workforce worldwide compared to 40% across all sectors.

Thanks in part to the strong leadership shown by Chairwoman Lowey, Representative Diaz-Balart, and this subcommittee, the US helped lead a global agreement on a strategy to achieve a sustainable and fit-for-purpose health workforce by 2030 and a five-year action plan to catalyze the investments and policies needed to achieve this strategy. The action plan specifically calls on international assistance to focus on countries currently least able to ensure a sustainable workforce able to deliver essential health services.

This recommendation centers on the reality that children, women, and men who die of preventable causes are most likely living in the same communities with the least access to trained and supported frontline health workers. For global health appropriations to have the greatest impact in saving lives and halting disease epidemics, US global health programming must place sustainable frontline health workforce teams at the heart of strategies to achieve epidemic control of HIV, end preventable maternal and child deaths, and ensure global health security.

Because US health workforce strengthening efforts are supported across several SFOPS accounts, the subcommittee should provide the flexibility US agencies need to support countries with locally tailored workforce solutions, as well as hold to account the collective efforts of agencies to strengthen the global

health workforce. For example, we believe requirements of health programs the US supports has in part led to agencies providing separate trainings of existing health workers on individual health issues, while major needs remain unmet in support of pre-service training institutions in or near communities with little to no access to health workers.

IntraHealth and our Frontline Health Workers Coalition secretariat recommend the subcommittee asks agencies to annually report on their collective frontline health workforce pre-service education, recruitment, training, retention, connectivity, and safety efforts so future appropriations can be guided toward the highest-impact interventions. And we strongly urge the subcommittee to support an evidence-based appropriation to global health programs that can save lives, foster economic growth, and ensure global health security.

Thank you again for the opportunity to testify.