

*Chairman's Statement*  
*Sen. Tom Coburn, M.D. (R-OK)*  
*Bilateral Malaria Assistance: Progress and Prognosis*  
*January 19, 2006*

Malaria sickens somewhere around 500 million people and kills nearly 2 million every year. Of those, 85% of victims reside in sub-Saharan Africa. As we sit here for the next two hours, 240 more children will die from malaria.

The United States will spend \$105 million to fight malaria this year, and the President has committed \$1.2 billion over the next five years. With plans to scale up spending so dramatically in so short a period, it is all the more important that we get it right – that our program saves lives in a measurable way.

After our hearing on this subject last year, USAID went through its books and reported that less than 8% of the bilateral malaria budget went toward life-saving commodities such as the \$2 drugs that cure the disease, insecticides to kill the mosquitoes that carry the disease and nets to keep those bugs off people when they're sleeping. What's worse is that the majority of that 8 percent was spent to SELL bed-nets to poor Africans rather than providing them free in quantities enough to make a dent in the malaria problem. When we brought some sunshine to the budget, we discovered that the vast majority of the malaria money was going to advice-giving programs, administrative overhead, travel and conferences. In other words, we spent most of our money telling people how to use the cheap and effective tools to fight malaria, and very little money actually providing them those tools.

Despite good intentions all around, our priorities have been out of whack. But things are changing. I want to commend President Bush and USAID for recognizing the problem and announcing major reforms over the past 6 months to change course.

The President's plan targets a few focus countries at a time for nation-wide coverage with life-saving interventions, including insecticide-spraying in homes and drug procurement. But even in countries not initially targeted, USAID recently announced an overhaul of its malaria programming so that by next year, 50 percent of its budget will go toward purchasing commodities. 25 percent of funding will be spent on spraying.

This is ground-breaking stuff, and I'm encouraged to think how many children and pregnant women might be spared death from this preventable and curable disease. I want to congratulate the President for his leadership, and especially Assistant USAID Administrator Kent Hill and his Deputy Michael Miller, who is here today, for their courage and commitment in the face of the grueling task of implementing reforms at the programmatic level. It's very easy for Members of Congress to throw stones and criticize. It's quite another thing to actually turn the ship of a large, international bureaucracy in a different direction.

We're having a follow-up hearing today because the sound policy and planning that have been achieved so far are only the beginning. So let's get into some of the details of what we'll be looking for over the coming months to carry out the new initiatives.

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One of the first principles we aim for here is transparency. We've been assured that a web site would be launched that tracks all the money and progress made with that money toward measurable indicators. So far, the web site isn't quite up and running. I'll be interested to hear a firm date for that launch, so that taxpayers and Congressional overseers can see U.S. dollars in action.

Second, the President's initiative sets an ambitious goal: 85% coverage in focus countries of vulnerable populations with life-saving interventions, as appropriate. It's that "as appropriate" that provides wiggle room, some of which is legitimate. But we don't want to open loopholes that allow for those who are content with the status quo to rest on their laurels. So far, I haven't seen any set of technical guidelines or criteria that govern when, where and for whom certain interventions should and should not be used. It seems that these decisions are being made on an *ad hoc* basis for each country, which makes it difficult to evaluate the compare results across countries, to assess the scientific soundness of those decisions, and also for other donors and countries who are looking to us for guidance about how to fight malaria in other countries to imitate what we hope may be the most successful anti-malaria campaign since the world eradication effort last century.

Let me outline some of the basics we're looking for:

- Insecticide-spraying in homes virtually everywhere.
- The use of the cheapest and most effective insecticide, which almost always turns out to be DDT. The WHO and other elites have stigmatized DDT long enough, even as environmental groups now concede that the chemical SHOULD be used for malaria control. No human OR wildlife harm has ever been demonstrated when DDT is used for indoor spraying of homes. The unnecessary death toll caused by anti-DDT bias needs to end right here and right now. I'll expect USAID to reverse years of damage caused by this anti-DDT messaging by enthusiastic and vocal support, with dollars and words, for spraying with DDT.
- Next, a bed-net distribution strategy that can realistically reach 85% coverage for vulnerable populations. Since almost every household contains a child under 5 or a woman of child-bearing age, that means you have to get at least one, maybe 2 or 3, bed-nets into most houses in focus countries. That's going to involve a lot of free net distribution and not just a social marketing campaign to SELL nets.
- We'll want to see artemisinin [art-eh-MEE-sin-in]-based combination therapy, or "ACT" drugs used everywhere where resistance to older drugs is greater than 10%. If we don't know what the resistance levels are in a given area, we should play it safe and use ACT anyway until we get that resistance data.
- USAID can streamline the use of indoor insecticide spraying through lifting regulatory barriers. Massive environmental impact assessments for public health initiatives were never the intent of Congress in the National Environmental Policy Act (NEPA). I suggest that USAID carefully review these laws and regulations. Rather than trying to justify onerous regulations as not as problematic as they seem, I'd rather see the Acting Administrator of USAID exercise his authority to remove those barriers altogether.

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- Finally, setting numerical goals for commodity allocations will further validate this Administration's commitment to saving African lives. While a commitment was made for countries not targeted by the President's initiative, I'd like to see some targets set for the President's focus countries as well.

You see, what the U.S. *says*, and what the U.S. *buys* echoes around the world. We're only one player, but we're the biggest player when you count both our bilateral and multilateral contributions to malaria control. If our message and our money go out in a science-based, unapologetically reformist way, the whole world will change with us. Given the death toll from this disease, nothing short of dramatic change by every donor and every host country's malaria program is necessary. We are losing generations in the meantime. These photographs are just a few of the children who died in one year at one school in Uganda from malaria. Every minute we take to get these programs up and running is precious time lost for millions of children just like them.

I know our witnesses share my passion, and I'm grateful for their time and hard work to end the scourge of malaria on the world's children and families. Thanks for being here today.