

Sandy Pappas: How policy set here affects lives over there

U.S. foreign assistance ought to be more flexible, so it can be effective in solving health problems.

This past July, I traveled to Ethiopia as part of a study tour for state legislators in the United States. The purpose of the trip, which was sponsored by the Washington, D.C.-based nonprofit Center for Health and Gender Equity, was to examine women's health in Ethiopia and the effects of U.S. foreign assistance on the health and well-being of the women and families in that sub-Saharan nation. It was a "hands-on" experience that showed me how policies made here play out in the daily lives of women and families so far away.

I traveled for two days, across an ocean, several mountain ranges and two continents to reach Ethiopia. Once there, I met with women who had traveled for two days just to reach their local clinics, which were less than 50 miles away. They had walked, hitched rides in makeshift taxis and spent hard-earned money so that they could have medical attention during one of the most life-threatening situations Ethiopian women face: childbirth.

The United States provides critical financial support to Ethiopia and its health programs. In fact, Ethiopia was just selected as a focus country for the Global Health Initiative, the government's new global health policy that will play a role in determining how and where to spend some of our foreign assistance. As an elected official, I have an obligation to see that public money is well-spent and that the funds are leveraged for the best possible results. As a concerned world citizen, I have an interest and moral obligation to promote and ensure human rights and to help women worldwide receive the best health services available.

Both of those roles shaped my perspective during our tour. I saw some things that were promising. The Ethiopian government has launched initiatives that have great potential. One example: a national program that trains women at the village level to provide basic preventive health services in their communities, such as antenatal care, family planning, and HIV counseling and testing.

But while U.S. foreign assistance has supported Ethiopia's response to health needs, U.S. politics limit how effective the support actually is. Presently, U.S. foreign assistance is rigidly divided into different funding and programming streams for separate but connected health issues -- maternal health, family planning, HIV/AIDS. As a result, the services are also delivered separately, thereby making the already difficult challenge next to impossible. For example, the women I spoke with traveled for days to get to a clinic that could provide some, but not all, of the services they needed. If they needed prenatal care, they could get it at one clinic, but not the same one where they could get information and resources on planning and spacing pregnancies. If they were HIV-positive and needed care, or information on how to avoid passing HIV to an unborn child, they needed to travel to yet another site. This means multiple visits to multiple clinics. Each of those visits can require days of travel and money that is hard to come by. The end result of such a disjointed system is that women's health is seriously jeopardized.

The solution is to allow for flexibility. We need to give organizations the freedom to integrate separately funded programs in the most effective and efficient ways to deliver services based on the needs of the individuals they serve. It seems simple when described in a sentence, but the distance between Washington and Ethiopia can complicate things. The United States also needs to fully fund maternal health, including reproductive health and family planning globally. For international family planning alone, the necessary amount is \$1 billion.

There are things we can do here, and reasons why we should care. Next week there will be public meetings in the Twin Cities with members of the study group, women's health advocates and public officials. We will discuss how Minnesotans can help shape federal policy and improve the lives of women and their families.

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As an elected official, I intend to let Washington know how federal policy actually unfolds on the ground. I want leaders there to know what is really going on and to offer realistic solutions. I want to ensure that my constituents' tax dollars are being put to good use.

And, as a global citizen, I want to help women worldwide to have healthy lives and have healthy children. We all need to be reminded that the policies we make right here at home really do impact the lives of others so far away. Let's try to make sure that the results of those policies are the very best possible. •

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