# Global Legislative Handbook
# 2011

**RESULTS and RESULTS Educational Fund**
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RESULTS
the power to end poverty

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# Microfinance

## Microfinance Background

**What are microcredit, microfinance, and microenterprise?**
***Microcredit*** is the provision of tiny loans at competitive interest rates for the very poor.

***Microfinance*** includes microcredit as well as other financial services (such as a safe place to save money and insurance) to the very poor so they can pull themselves out of poverty. Microfinance began as a way to finance self-employment ventures in places where poor people could not find satisfactory employment or obtain needed credit. It has since expanded to cover all the ways poor households can manage their finances through credit for such things as enterprise, education, housing, health care, as well as through protective services such as savings and insurance.

Generally speaking, ***microenterprise*** focuses exclusively on enterprises and includes enterprise credit plus additional financial services such as business development. The U.S. Agency for International Development's microfinance and microenterprise program is called the Office of Microenterprise Development.

When referring to financial services for the poor, especially related to RESULTS' work, it is most accurate to use the term "microfinance."

**Who are the "very poor"?**
According to recent World Bank estimates, 1.4 billion people live on less than $1.25 per day.[1]

**Why is microfinance important for the very poor?**
The very poor do not have access to traditional financial services. Even though they are poor, they still have financial "portfolios" and a need for different financial instruments and forms of money management, just like everyone else. But while we can use banks and insurance companies, the poor have to often rely on informal options that take advantage of their situation and take too much of their hard-earned income. Microfinance bridges this divide.

In Blantyre, Malawi, dozens of women sell potatoes in the marketplace. But Grace Msowoya and her business partner Betty Louhana stand out. Frustrated by their small profit margins, they became the first women to take the bold move of becoming distributors themselves. Every two weeks, they withdraw money from their Opportunity savings to rent a truck. They hire a driver and spend several days on the road to get potatoes directly from farmers, which they then sell to other vendors.

Before Grace became an Opportunity International client in 2007, she kept her hard-earned money hidden in her home. Now, she and Betty are earning interest on nearly $2,000 in a joint savings account. With her biometric-enabled card she can safely deposit and easily access her money at the Opportunity banking kiosk, just 100 meters from her business.

Grace and Betty's courage has paid off. They have dramatically increased profits and redefined the place of women in the local market. And Grace has already made great strides in a short time as an Opportunity client. She has earned enough money to move her family from two small rooms to a two bedroom home, and all three of her children attend school.

*— Opportunity International*

[1] The measure of extreme poverty was revised from $1 per day to $1.25 per day based on 2008 data that the cost of living in developing countries is higher than previously thought. S. Chen and M. Ravallion. The Developing World is Poorer than We Thought, But No Less Successful in the Fight Against Poverty; Policy Working Paper 4703. Washington, DC: World Bank; August 2008. and Chen, Shaohua, Martin Ravallion, and Prem Sangruala, "Dollar a day revisited", World Bank Policy Working Paper 4620, September 2008.

Micro-loans, often averaging less than $150, allow people to start and expand tiny businesses without depending on money-lenders who demand exorbitant interest rates. Loans can also be used to finance health and education needs. But loans aren't the only financial product you need or the very poor need. Both borrowers and non-borrowers need a safe place to save their incomes, and insurance programs are critical to help protect the poor from falling further into poverty should an unforeseen event financially impact their lives, such as illness, natural disaster, or crop failure.

Microfinance provides the poor with the tools they need to reap the benefits of their skills and hard work and gives people the capacity to improve the quality of their lives and the futures of their children. Extra money earned is typically used by families to obtain better food, housing, and education. As a result, the returns benefit the entire community.

**Reaching the very poor**

Microfinance has proven to be an effective tool in addressing the worst aspects of poverty, even among the very poor. According to the *State of the Microcredit Summit Campaign Report 2011*:[2]

- Microfinance institutions (MFIs) have reached over 190 million clients, 128 million of whom were among the poorest when they took their first loan. Assuming five persons per family, 641.1 million family members were affected by these loans.
- Of these 190 million poorest clients, 81.7 percent, or 104 million, are women.

## Why Invest in Microfinance?

**It contributes to universal primary education**[3]

Increased incomes, savings and education loan products provide poor people with the ability to invest in their children's future, particularly in their education. Empirical evidence indicates that, in poor households with access to financial services, children are not only sent to school in larger numbers, but they also stay in school longer. Even where children help out in family enterprises, the poverty-induced imperative of child labor decreases, and school drop-out rates are much lower in client households than in non-client households. Studies on the impact of microfinance on children's schooling show that:

- In Bangladesh, almost all girls in Grameen client households had some schooling, compared to 60 percent of girls in non-client households. The schooling rate for boys was significantly higher — 81 percent of boys in client households received some schooling, compared to 54 percent in non-client households. Basic competency in reading, writing,

In the course of Afghanistan's turbulent past, Homiara's husband was killed in an explosion. She was forced to take her six children and flee her home. When she returned, her home was gone.
Now living in the capital, Kabul, Homiara joined CARE's poultry program. With the money she earns selling chickens and eggs, Homiara sends her children to school. Rona, her 15-year-old, wants to become a doctor. "I hope my children become educated and have a good life," Homiara says. "Before, women had to hide their faces and could not work. Now, I feel very positive about the future."

*— CARE, microfinance stories*

[2] Microcredit Summit Campaign. State of the Microcredit Summit Campaign Report. Washington, DC: RESULTS Educational Fund; 2009. Available at: http://www.microcreditsummit.org/uploads/socrs/SOCR2009_English.pdf.
[3] Take in whole from: CGAP, What Do We Know About Microfinance? http://www.cgap.org/p/site/c/template.rc/1.26.1306/

and arithmetic among children 11 to14 years old in BRAC member households increased from 12 percent in 1992 to 24 percent in 1995, compared to only 14 percent for children in non-member households.

- In Honduras, Save the Children clients increased earnings, which enabled them to send children to school and to lower dropout rates,
- In Peru, Acción Communitaria del Peru-borrower households spent 20 percent more on schooling for their children than non-borrower households.

**It promotes gender equality and empowers women**[4]

According to the UNDP, women represent 60 percent of the 1.4 billion people living on less than $1.25 a day, but own only 1 percent of the world's wealth.[5] Across the world, young girls and women are faced with limited opportunities. 75 percent of the world's women cannot get formal bank loans because they often lack permanent employment and capital and assets, such as land. [6]

There is strong evidence that access to financial services and the resultant transfer of financial resources to poor women, over time, lead to women becoming more confident and assertive. Access to finance enables poor women to become economic agents of change by increasing their income and productivity, access to markets and information, and decision-making power.

This empowerment is very real and can take different forms:

- In Indonesia, female clients of BRI were more likely than non-clients to make joint decisions with their husbands concerning allocation of household money, children's education, use of contraceptives, family size, and participation in community events.
- In Bangladesh, a survey of 1,300 clients and non-clients showed that credit clients were significantly more empowered than non-clients in terms of their physical mobility, ownership and control of productive assets (including land), involvement in decision making, and awareness of legal and political issues.
- In Nepal, 68 percent of Women's Empowerment Program members said that they made decisions on buying and selling property, sending daughters to school, arranging children's marriages, and family planning.
- In India, SEWA clients have lobbied for higher wages, the rights of women in the informal sector, and resolution of neighborhood issues.

**It improve health outcomes**

*HIV/AIDS*

Access to microfinance is also especially crucial in communities devastated by HIV/AIDS by providing income that helps caretakers deal with the financial impacts of the illness on their families and communities. For example, an estimated eighty percent of borrowers of the FINCA program in Uganda are caring for AIDS orphans. In Uganda, nearly 70 percent of World Vision's

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[4] Except for first paragraph, excerpt from: CGAP, What Do We Know About Microfinance? http://www.cgap.org/p/site/c/template.rc/1.26.1306/

[5] United Nations Development Programme. International Women's Day Special: Faces of Strength and Courage (Press Release). March 8, 2009. Available at: http://content.undp.org/go/newsroom/2009/march/international-womens-day/international-womens-day-special-faces-of-strength-and-courage.en.

[6] United Nations Development Programme. International Women's Day Special: Faces of Strength and Courage (Press Release). March 8, 2009. Available at: http://content.undp.org/go/newsroom/2009/march/international-womens-day/international-womens-day-special-faces-of-strength-and-courage.en.

microfinance clients, already with children, welcome into their homes an average of three HIV/AIDS orphans.[7]

*Child mortality and maternal health*[8]
Many microfinance institutions actively promote health education. These activities may take the form of a few simple, preventive health care messages on immunization, safe drinking water, and pre-natal and post-natal care. Some programs provide credit products for water and sanitation that directly improve clients' living conditions.

- In Bangladesh, a study of BRAC clients found that fewer members suffered from severe malnutrition than non-clients and that the extent of severe malnutrition declined the longer clients stayed with BRAC.
- In Bangladesh, Grameen clients showed a higher rate of contraceptive use (59 percent) than non-clients (43 percent). This is attributed to clients' increased awareness of contraceptive programs (from attending group meetings), and from increased mobility, which allowed women to seek out such services.
- In Bolivia, a study found CRECER clients had better breast-feeding practices, responded more with rehydration therapy for children with diarrhea, and had higher rates of DPT3 immunization for children.
- In Ghana, Freedom from Hunger clients also demonstrated better breast-feeding practices, and their one-year-old children were healthier in terms of weight-for-age and height-for-age, compared to children of non-clients.
- In CARE microfinance programs in Mali, members are selected and trained as community health agents to reach out to local women. In the first phase of the project, 4,000 local women were reached with health and family planning information and services, including contraceptives to sell. Women who participated in microfinance groups were more than twice as likely to use contraception as those who were not members.[9]

## Demand in Sub-Saharan Africa

While there are more than 300 million economically active individuals in sub-Saharan Africa, only about 20 million of them — less than 10 percent — have access to any kind of formal financial services.[10] In sub-Saharan Africa, where the population includes the highest burden and percentage of people living in extreme poverty of any developing region,[11] with almost half the population surviving on less than $1 per day,[12] no financial institution — microfinance or otherwise — is reaching 80 percent of the 800 million people living there. Despite the high poverty levels and need for microfinance in Africa, the region receives only 6 percent of foreign investment in microenterprise.[13]

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[7] World Vision. Impact! HIV/AIDS: Uganda Microenterprise Development. Available at: http://www.worldvision.org/worldvision/appeals.nsf/stable/im_uganda_v7.
[8] Taken whole from: CGAP, What Do We Know About Microfinance? http://www.cgap.org/p/site/c/template.rc/1.26.1306/
[9] CARE. Building the Linkage Between Maternal Health and Financial Services for the Poor, Community Action and Women's Empowerment
[10] CARE. *Microfinance in Africa: State of the Sector Report: Bringing Financial Services to Africa's Poor.* 2009
[11] Forty-two percent of sub-Saharan Africa's economy is informal; this is the highest proportion on earth. CARE, Access Africa, "The Power of Financial Services," 2008
[12] United Nations, Millennium Development Goals report 2008, p.1 http://www.un.org/milleniumgoals/pdf/Sub-Saharan%20Africa.pdf
[13] CGAP. Focus Note No. 44. *Foreign Capital Investment in Microfinance: Balancing Social and Financial* Returns. February 2008.

The World Bank reports that there has been little sustained decline in the $1.25 a day poverty rate in sub-Saharan Africa since 1981, and in absolute terms, the number of poor people has nearly doubled, from 200 million in 1981 to 390 million in 2005.[14] Too few of the microfinance institutions that serve the hardest-to-reach populations — including the very poor, those in rural areas, marginalized women, the disabled, and other un-served and underserved populations — have the capacity to access and on-lend private investment funds.

Despite the clear need, USAID funding for microfinance activities in sub-Saharan Africa declined from $15.3 million in FY02 to $8.2 million in FY08. In FY09, Latin America and the Caribbean received 35.6 percent of all microenterprise and microfinance funding, compared to 16.5 percent for the 19 countries in sub-Saharan Africa; Colombia alone received 26.2 percent of all funding. Funding for sub-Saharan Africa was only slightly higher than funding to the Middle East (14.8 percent overall), which includes just five countries, with Iraq receiving the bulk of that funding (55.9 percent). The only sub-Saharan African country to be among the top ten recipients was Liberia.

> Seven years ago, Bosede Ogunleye of Nigeria only earned about 26 cents a day selling small satchels of filtered water on the street. Not only was Bosede unable to feed her two small children with the money she made, but she was also in an abusive marriage. At the very least, she needed a way to bring in more income to support her family. Bosede took out a loan for 10,000 Nara (US$90) at Self-Reliance Economic Advancement Programme (SEAP), a microfinance intuition, with which she was able to invest in other products to sell and grow her clientele. In 2007, she purchased a freezer and generator and began selling frozen fish and meats. However, Bosede's husband was outraged at his wife's success —and at SEAP for empowering her to start her new venture. He even visited SEAP's offices, threatening loan officers and demanding to know why they lent her money. Soon after, he abandoned Bosede and their children. Nonetheless, she is proud of her accomplishments. She's grown her household income more than six-fold, earning nearly $4.50 per day and placing her family squarely in the Nigerian middle class. Bosede can now pay her children's school fees with ease and is free from worrying about their next meal.
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> *— Grameen Foundation, "Our Stories"*

## Savings-Led and Asset Building Approaches to Microfinance

The need for savings services is fundamental. Some poor already save in an unorganized manner, such as loans from money-lenders or relatives and savings kept in their homes, but these methods are not safe and do not meet their needs. 99 percent of survey respondents in Uganda stated that unorganized savings methods such as saving at home, or savings in livestock or assets did not help them meet their goals: money was lost or stolen, or it was too easy to spend funds when saved in their home.[15] Informal but well organized savings-led approaches can enable the most poor to build their financial assets and skills through savings rather than debt, offering a mechanism to access financial services in small amounts that are typically not profitable for formal banking systems or many MFIs.

There is a huge unmet demand for access to savings both informally and formally. Savings accounts are being engaged at rates up to 12:1 compared to loans, even when both services are available from the same institution. In Uganda, 43 percent of people said a savings account

[14] CGAP. Focus Note No. 44. *Foreign Capital Investment in Microfinance: Balancing Social and Financial* Returns. February 2008.
[15] Daryl Collins, Jonathan Morduch, Stuart Rutherford, and Orlanda Ruthven. *Portfolios of the Poor: How the World's Poor Live on $2 a Day*. Princeton University Press 2009.

is their greatest financial need, compared to 31 percent who cited credit. [16] Savings – especially informal savings groups that target very poor people – are critical for women's economic and social empowerment. Informal savings-led groups in Niger, Zanzibar, and Nepal have shown and reflected adaptability and resilience in economically and politically charged settings.[17]

## Agricultural Finance

Most very poor people depend on agriculture for their livelihoods, yet lack tools to improve yield. For example, most rural households in sub-Saharan Africa are only producing around 40 percent of their potential capacity in terms of crop yield. And although women produce up to 80 percent of food in Africa, women own only 1 percent of the land, and receive only 7 percent of extension services and 1 percent of all agricultural credit.[18] Training in good agricultural practices and access to input finance, already underway by organizations, could move many households from food insecure to producing surpluses for sale.

> "The biggest thing for me was starting to save. I had never saved before. Now I have savings to tap when it's time for the school fees and other needs, including more food. My family is better now. We eat better…I want to save more so I can use my own money for the farm instead of taking out loans. And I want to meet people who earn more money so I can learn from them."
> *— Rita, member of Freedom from Hunger's Credit with Education program.*

The efforts that have been made to finance agriculture production in Africa have generally failed due to inappropriate lending policies, disregard for external and internal market influences, and a lack of coordinated interventions among key stakeholders. Farmers may receive a loan for an input, but without training on how to make their land more productive, the farmers' yields are limited. Or, when the cash flow of the entire household is analyzed, a financial institution may not adequately cover or spread the risk associated with lending to the agriculture sector and consequently put its overall portfolio at risk. Similarly, while the financial need of farmers during different times of the harvest cycle may be known, the financial institution will rarely lend in the lead-up to harvest to reduce the risk of side-selling. A comprehensive approach must be taken to achieve maximum results.

## Microfinance Advocacy: USAID

RESULTS played a key role in the passage of a critical law in 2004 that require USAID to direct at least 50 percent of all microfinance and microenterprise funding to the very poor.[19] This year, we are supporting the House and Senate introduction of new legislation that will increase the effectiveness of U.S. microfinance and microenterprise funding to the very poor and women, especially in Africa, by setting new targets, supporting the full range of financial services, promoting cross-sectoral and integrated approaches to development, increasing efforts in agricultural finance, and investing in innovative programs that reach the very poor and marginalized.

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[16] Daryl Collins, Jonathan Morduch, Stuart Rutherford, and Orlanda Ruthven. *Portfolios of the Poor: How the World's Poor Live on $2 a Day*. Princeton University Press 2009.
[17] Grant, William J. and Henry C. Allen, "Successful Financial Intermediation in the Rural Sahel," *Journal of Microfinance,* Vol 4, No2.
Anyango, Ezra and Ezekiel Esipisu, Lydia Opoku, Susan Johnson, Markku Malkamaki and Chris Musoke, "Village Savings and Loan Associations – experience from Zanzibar," *Small Enterprise Development,* Vol.18, No.1, March 2007, p. 12.
Mayoux, Linda and Valley Research Group, "Women Ending Poverty, The WORTH Program in Nepal: Empowerment through Literacy, Banking and Business," Pact, June 2008. Hereafter cited as WORTH 2008.
[18] Action Aid UK. "Fertile Ground." http://www.actionaid.org.uk/doc_lib/fertile_ground.pdf
[19] Microenterprise Results and Accountability Act of 2004 (PL-108-484)

# Education for All

We know opening the doors of education to women and girls is not just the right thing to do; it is also the smart thing as well.

— Secretary of State Hillary Rodham Clinton
UNESCO Global Partnership for Girls' and Women's Education

## Education for All Goals

The **Education for All** movement is a global commitment to provide quality basic education for all children, youth, and adults that was launched at the World Conference on Education for All in 1990. Ten years later, with many countries far from having reached this goal, the international community met in Dakar, Senegal and committed to achieving Education for All by the year 2015. They identified six key education goals:

- Expand early childhood care and education
- Provide free and compulsory primary Education for All
- Promote learning and life skills for young people and adults
- Increase adult literacy by 50 percent
- Achieve gender parity by 2005 and gender equality by 2015
- Improve the quality of education

The **Millennium Development Goals (MDGs),** a set of internationally agreed upon targets to reduce poverty and hunger by 2015, also affirm a global public policy agenda for education. Two of the MDGs specifically address education: MDG #2 focuses on achieving universal primary education, and MDG #3 aims to reduce the gender gap at all levels of education. Despite these commitments, progress is severely threatened by the global economic crisis and simultaneous scaling back of donor aid for education.

Despite previous pledges to ensure that the world achieves the Millennium Development Goals, including a promise to establish a $2 billion Global Fund for Education, President Obama has yet to meaningfully tackle the challenge of getting every child in school. The economic crisis and domestic concerns in the U.S. and other donor countries have lead to a dangerous complacency which threatens to leave millions of the world's poorest children without an education. While almost 70 million children will never even make it to primary school, hundreds of millions more are dropping out of school without basic literacy, numeracy and life skills. 39 million out of school children are girls, and two thirds of the world's 776 million illiterate people are women. As the deadline of 2015 draws near, a renewed commitment is needed if the world is to truly make progress towards Education for All.

Despite stagnating education aid, there are positive signals that governments around the world are indeed feeling the urgency to invest in a well-educated young population to ensure the future economic prosperity and political stability, and especially to empower women as drivers of development. In May 2011, UNESCO launched a Global Partnership for Girls and Women's Education which showcased U.N. Secretary General Ban Ki Moon and Hillary Clinton, who have committed to campaign for gender equality in education. As the Obama administration nears the end of its first term, it is vital that voices in the U.S. push for a strong, well-resourced strategy to ensure that the most marginalized children around the world are given the chance to live to their fullest potential.

## Investing Wisely in Our Future — Why Education Matters

Education is a basic human right and a critical factor in the development of children, communities, and countries. Opening classroom doors to all children, especially girls, will help break the intergenerational chains of poverty because education is intrinsically linked to all development goals, such as gender empowerment, improving child and maternal health,

reducing hunger, fighting the spread of HIV and diseases of poverty, spurring economic growth, and building peace.

**Education empowers women and girls.** Educating girls reduces the spread of HIV/AIDS, improves the health of women and their children, delays the age of marriage, reduces female genital cutting, and increases self-confidence and decision-making power. For a girl in a poor country, each additional year of education beyond grades three or four, on average, will lead to 20 percent higher wages and a 10 percent decrease in the risk of her own children dying.

**Education contributes to improving child survival and maternal health.** A child whose mother can't read or write is 50 percent more likely to die before the age of five and twice as likely to suffer from malnutrition as children born to mothers who completed primary school. Educated mothers are 50 percent more likely to immunize their children.

**Education helps reduce hunger.** Expanding education for girls is one of the most powerful ways to fight hunger. Gains in women's education make the most significant difference in reducing malnutrition, out-performing a simple increase in the availability of food.

**Education helps fight poverty and spur economic growth.** Education is a prerequisite for short- and long-term economic growth: No country has achieved continuous and rapid economic growth without at least 40 percent of adults being able to read and write. Failing to offer girls the same educational opportunity as boys costs developing countries $92 billion each year, according to a study by Plan International. That's $1 trillion per decade in forgone earnings and unnecessary costs.

**Education provides a foundation for building peace.** Education nourishes peace. Across society, every year of schooling decreases a male's chance of engaging in violent conflict by 20 percent.

Suzan Mwase who lives in a remote district in Malawi, began primary school at the age of 10. Now, seven years later, at the age of 17 she can read and write. The only child of three in her family to have attended school, Suzan is now proving to be a vital 'communications link' between her family and the rest of the world. Apart from utilizing her numeracy skills for the benefit of her family, Suzan is now an "expert" letter writer for her parents and relatives all tenant farmers at a tobacco estate in Mchinji, west of the Malawi capital of Lilongwe. "She is an asset and source of pride to us. We find her most useful particularly when we want to write to our relatives. She also reads and translates any communication to us," says Mabvuto Mwase, Suzan's father. Mabvuto, 53, was driven into tenant farming by poverty and landlessness. Both Mabvuto and his wife, Tamanda, are illiterate. They also failed to send their first two girls to school because they could not afford the fees and the uniform.

— *UNESCO, Inter Press Service*

## UNESCO Global Monitoring Report 2011: Key Findings[20]

UNESCO's 2011 *Education For All Global Monitoring Report* shows that although the world made great strides toward achieving the Millennium Development Goal of universal primary education, progress is uneven and the road ahead very difficult for some countries and regions. Below are key findings from the 2011 report.

[20] UNESCO. *EFA Global Monitoring Report 2011*: *The Hidden Crisis: Armed Conflict and Education*. Paris: UNESCO Publishing; 2011. Available at http://www.unesco.org/new/en/education/themes/leading-the-international-agenda/efareport/reports/2011-conflict/

**Global education progress**

- The number of children out of school is falling too slowly. From 1999 to 2008, an additional 52 million children enrolled in primary school; enrolment rates rose by one-third. The number of children out of school was halved in South and West Asia.
- In 2008, there were still 67 million primary-school age children out of school.
- In sub-Saharan Africa, 10 million children drop out of school every year.
- Hunger holds back progress in education: in developing countries, 195 million children under five – one in three – experience malnutrition which causes irreversible damage to their cognitive development.
- Gender disparities hamper progress in education. Had the world achieved gender parity at the primary level in 2008, there would be an additional 3.6 million girls in primary school.
- About 17 percent of the world's adults – 796 million people – still lack basic literacy skills. Nearly two thirds are women.
- Another 1.9 million teachers will be needed by 2015 to achieve universal primary education.

**Education and conflict**

- It would take just six days of military spending by aid donors to close the US$16 billion Education for All external financing gap.
- The humanitarian aid system is failing children caught up in conflict: education accounts for only 2 percent of humanitarian aid.
- In Afghanistan, at least 613 attacks on schools were recorded in 2009, up from 347 in 2008.
- In Thailand's three southernmost provinces, 63 students and 24 teachers and education personnel were killed or injured in 2008 and 2009.
- Of the rapes reported in the Democratic Republic of the Congo, one-third involved children (and 13 percent are against children under the age of 10).

Rwandan Education Minister, Charles Murigande, on his country's focus on EFA: "Going beyond the obvious truth that the only way to develop a country is to invest in education, in Rwanda, the case for education has been strengthened by the genocide. This tragedy led to the killing of close to 80 percent of our intellectuals… leaving a huge gap in our human resources. Add to this that our nation is not endowed with major natural resources. So, our major resource is our people. Therefore, our only way to achieve our vision to become by 2020 a middle-income country and to develop a knowledge-based economy is to invest in human resources, to transform our people in the most important human and economic assets for the development of Rwanda".

— *Story courtesy of FTI*

- The 'youth bulge': In many conflict-affected countries, over 60 percent of the population is aged under 25, but education systems are not providing youth with the skills they need to escape poverty, unemployment and the economic despair that often contributes to violent conflict.

**National expenditure**

- Low income countries as a whole have increased the share of national income spent on education from 2.9 percent to 3.8 percent since 1999.

- The financial crisis took a heavy toll on education budgets. Seven of the 18 low income countries surveyed in the report cut education spending in 2009. These countries had 3.7 million children out of school.

**Donor spending (aid to education)**

- Donors have not met the commitments they made in 2005 to increase aid. In 2008, they invested US$4.7 billion in aid to basic education.
- Current aid levels fall far short of the $16 billion required annually to meet the world's education goals in low-income countries.
- Several major donors continue to skew aid budgets towards higher levels of education: if all donors allocated at least half their education aid to the basic level, an additional $1.7 billion could be mobilized annually.

## The Next Step: A U.S. Education Initiative

Although President Obama has failed to live up to his commitment to establish a Global Fund for Education, the United States has launched food, health, climate change, and child and maternal health initiatives that have helped to galvanize international momentum and raise new resources for the fight against poverty. As the administration nears the end of its first term, there is a striking lack of U.S. leadership to achieve Education for All. The warm words in support of education from Secretary of State Clinton have not yet materialized into a meaningful vision for how the United States can drive a global effort to renew the commitments made in 2000 to achieve the Education for All goals. Congress must also support Education for All and ramp up support to achieve universal basic education. Now is the time to demonstrate that this issue transcends partisan politics and has the full support of Americans across the country.

Twelve year old Sakina lives in the far northwest of Nigeria where in some places as few as 1 in 3 girls are enrolled in school and many more girls drop out of school due to severe poverty and cultural beliefs.

"I used to go to the primary school here in Tudun Kose but now I m too old to go there and there isn t enough money to send me to the secondary school which is far away. Also, they are preparing me to get married soon. There are a few boys who have asked my father if they can marry me but a choice hasn t been made yet. I spend my day fetching water and pounding millet to make grain for our meals. When I see the other girls going to the western school I feel happy for them and admire them. One day I followed them to school but the teacher said I was too old for school and I had to come away."

Girls represent 60 percent of all children out of school. Education saves lives by giving women the confidence and power to make better choices for themselves and their children.

— *Global Campaign for Education*

## The Education for All – Fast Track Initiative

A U.S. education initiative should maximize all available channels for education aid, by increasing U.S. bilateral support for basic education, while scaling up multilateral support for education development in partnership with governments around the world. In November 2011, all international education donors will convene to pledge new commitments to education as part of the replenishment campaign of the Education for All- Fast Track Initiative (FTI). The FTI brings together civil society, private sector, donor governments and 44 low-income countries to achieve the Education for All goals by developing and funding ambitious national education

strategies. The FTI partnership will be re-launching its Education for All Fund (a multilateral fund for education). It will be a vital mechanism to align and harmonize all aid flows to education and help fill the financing gap to ensure that the hardest to reach children are given the chance to go to school.

Over the past year, and in large part due to the calls for a Global Fund for Education, the FTI has taken huge strides to ensure that its EFA Fund is based on the principles that RESULTS activists have articulated: country-ownership, mutual accountability, transparency, aid effectiveness, and participatory governance. A U.S. contribution to the FTI replenishment will signal to donors around the world that this is an international priority and that the world's largest economy will finally get behind a global effort to achieve a breakthrough in basic education. Many developing countries who have applied for FTI funding in the past now face the prospect of huge resource gaps in their education plans — and will have to fire teachers, end scholarship programs, and stop building schools unless the replenishment is a success. It is now or never for the U.S. to commit new resources, support the FTI, and launch a global initiative to hit the 2015 targets.

## The Education for All Act of 2011

At the end of June 2011, Representatives Nita Lowey (D-NY) and Dave Reichert (R-WA) will re-introduce the Education for All Act of 2011 (EFA Act). The EFA Act will be a critical vehicle to demonstrate the breadth of support for basic education, while bringing together a united voice in Congress demanding that the U.S. step up to the plate to achieve Education for All.

The EFA Act seeks to ensure the U.S. provides resources and leadership to contribute to a successful international effort to provide all children with a quality basic education. To achieve the goal of universal quality basic education, the EFA Act lays out a U.S. policy to assist developing countries and strengthen their educational systems, assist NGOs and multilateral organizations (including the FTI), and promote education as the foundation for community development.

The EFA Act also calls for a comprehensive strategy to accelerate progress toward universal basic education. Key elements of this strategy include:

- **Increase access to quality** basic education for all children, particularly marginalized and vulnerable groups, including girls, children affected by conflict or humanitarian crises, disabled children, children in remote or rural areas, religious or ethnic minorities, indigenous peoples, orphans and children impacted by HIV/AIDS, child laborers and victims of trafficking.

Local development partners endorsed Ghana's Education Sector Plan in 2004. Before joining the EFA FTI, Ghanaian schools lacked basic facilities for girls and were unable to keep them in school past puberty. By joining EFA FTI, Ghana made the goals of gender parity and universal primary completion the stalwarts of government policy. With grants and publicity campaigns to break down gender stereotypes, the government of Ghana increased enrollment and transition to secondary education for girls.

Between 1999 and 2004, there has been a modest increase in girls' enrollment of about 5 percent over four years. Post FTI endorsement in 2004 and over the next four years, Ghana witnessed a significant 32 percent increase in gross enrollment (GER). The commitment to the FTI process resulted in better delivery of education services and increases in the demand for education. Increases in girls' enrollment are based on the size of the new recruits. The Grade 1 intake for girls, post-EFA (2004 to 2008), is 27 percent, compared to the negative intake trend in the years before. This may have directly resulted from improved access to education facilities for girls.

— *FTI, December 2010*

- **Improve quality** by committing resources to monitor and evaluate the effectiveness and quality of basic education programs and develop specific indicators to measure learning outcomes.
- **Build country capacity** and ownership by supporting the creation and implementation of national education plans to achieve quality universal basic education. It also requires the U.S. to align assistance to support these plans; coordinate and integrate bilateral and multilateral assistance so that aid is directly responsive to country needs, capacity, and commitment.
- **Support a multilateral education initiative**, like the Fast Track Initiative that adheres to strong principles of aid effectiveness. In difficult economic times, coordinating aid with other countries provides a cost-effective way to deliver aid to education without having to expand bilateral aid. It reduces overhead, relying on donor agencies with the lowest unit cost and the greatest comparative advantage to deliver its support in each country – ensuring that donor aid has the most impact.
- **Support "Communities of Learning"** approach which recognizes schools as a foundation for community development and services such as health, nutrition, adult literacy, business training, democracy education, and housing programs.
- Considering that over half of children out of school live in countries in conflict, the EFA Act focuses on **assisting children affected by conflict or humanitarian crises**.

In his first address to the UN General Assembly in 2009, President Obama pledged to return in 2010 with a plan to achieve the MDGs. In 2010, President Obama missed the boat when he launched his Global Development Strategy with scant attention to the one essential ingredient to achieve all the MDGs: investing in education. In 2011, with the support of Congress, the U.N. Secretary General Ban Ki Moon, and the FTI partnership, the U.S. can correct this omission in its approach to foreign assistance. But it will be of utmost importance that people across the U.S. speak up for education, support the Education for All Act and ensure that tax payer dollars are spent on the best investment in our future and the future of the world: Education for All.

# Global Health

The philosophy behind science is to discover truth. The philosophy behind medicine is to use that truth for the benefit of your patient. The philosophy behind public health is social justice. That's the important point. Public health programs are attempts at social justice.

— Dr. Bill Foege

## Vaccines and Child Survival

Vaccines are widely regarded as one of the "best buys" in global health. While other critical health interventions may cure or treat illness, vaccines prevent children and adults from getting sick in the first place. By preventing deaths, promoting health, and reducing the burden on stretched health care systems, vaccines are extremely cost effective. Widespread vaccination even benefits individuals who may not be immunized by reducing the overall prevalence of the disease in a community and breaking the chain of transmission, an effect known as "herd immunity."

**Proven success and tremendous potential**

Vaccines are responsible for some of the most important achievements in public health. For example, after a concerted global vaccination effort, smallpox, which had afflicted human society since the ancient Egyptians, was eradicated in 1979. Polio was a devastating cause of death and disability globally, and is now endemic in just four countries thanks to eradication efforts. Vaccination against measles has produced rapid improvements in children's health, reducing the number of cases from 733,000 in 2000 to 164,000 in 2008. In Africa, there was a 92 percent reduction in measles deaths in the last decade. There are exciting opportunities to further reduce child mortality thanks to two new vaccines which prevent common childhood killers — pneumonia and diarrhea.

**Pneumococcal disease** is an infection from a bacterium which, though common, can attack young children with deadly results. Every year 800,000 children die from pneumococcal disease, and the vast majority of these deaths (95 percent) occur in Africa and Asia. Most pneumococcal disease deaths (90 percent) are from pneumonia, which occurs when the bacterium infects the lungs and causes fever, coughing, and difficulty breathing. Pneumococcal disease can also cause meningitis by infecting the brain.

**Rotavirus** is a major cause of a leading childhood killer — diarrhea. Rotavirus kills over 500,000 children when acute diarrhea leads to severe dehydration. While many other causes of diarrhea such as bacteria and parasites can be prevented by improving water and sanitation, rotavirus is so resilient that these efforts are not enough. Children must be vaccinated to protect them from this virulent disease.

New vaccines to combat pneumococcal and rotavirus present an extraordinary opportunity, but the vaccines are not yet widely available to the children in poor countries who need them most. Of the 129 million babies born in 2008, only 7 percent received the pneumococcal vaccine, and only 8 percent received the rotavirus vaccine.

**GAVI Alliance**

The Global Alliance for Vaccines and Immunizations, or GAVI Alliance, is a unique public-private partnership dedicated to protecting children from vaccine-preventable diseases. GAVI is a true partnership, with representation on its governing board from developing and donor governments, non-governmental organizations, multilateral health organizations like the World Health Organization (WHO) and UNICEF, philanthropic foundations, and the private sector.

GAVI is particularly focused on rapidly increasing access to new vaccines as they become available. An important part of GAVI's approach is to shape the vaccine market, both by assuring manufacturers that there will be a reliable demand for vaccines, and by using the market's size and purchasing volume to help drive down costs. GAVI also has a strict co-financing policy, which requires the developing countries that receive assistance to contribute to the cost of the vaccines from their own budgets. This helps ensure the countries are full partners and helps build long-term political and financial support for the program within the country.

> "When it comes to human lives, the word "million" should not be passed over without comment. It was the unit of measure for 20th-century genocides. So it is remarkable that a poorly named international organization [GAVI], almost unknown to Americans, with no apparent instinct for self-promotion, should count 5 million success stories. It is a demonstration, for anyone who doubted it, that foreign assistance can be effectively redesigned and focused on achievable outcomes. It is also living proof that science, guided by conscience, is one of the most powerful, hopeful forces of history."
>
> — *Michael Gerson, "Global vaccine efforts offer hope to millions," 18 January 2011, Washington Post, op-ed columnist and former top aide to President G.W. Bush*

Since its founding in 2000, GAVI has supported the immunization of nearly 300 million children. These efforts are estimated to have prevented five million deaths.

## Tuberculosis

Tuberculosis is an ancient disease, but not merely a disease of the past. Over two billion people are currently infected with the TB bacterium, roughly one-third of the world's population. In 2009 there were 9.4 million new cases of TB, resulting in 1.8 million deaths.

A person with infectious TB can expel TB bacteria into the air when they cough, sneeze, laugh, or even sing, and the bacteria may be inhaled by others. If the bacteria reach the lungs, a latent TB infection (LTBI) occurs. If left untreated, those with active TB will typically infect 10–15 people every year.

Directly observed treatment short-course, or DOTS, is the corner stone of the global strategy to stop TB. A proven regimen of carefully monitored treatment, DOTS is an extremely cost-effective means of controlling TB, costing just $20 to $100 to save a life. DOTS produces cure rates of up to 95 percent, even in the poorest countries. In the last 15 years, the DOTS approach has cured 36 million cases of TB globally. However, despite being an affordable treatment, DOTS is reaching fewer than half of people sick with TB. We know how to treat and cure TB, but a lack of political commitment and funding allows TB to remain a leading global killer.

**A cause and a consequence of poverty**

People living in conditions of poverty (overcrowding, malnutrition, poor ventilation, etc.) are more susceptible to falling sick with TB and most likely to lack access to detection and treatment services. Since 95 percent of people with TB live and die in the developing world, many living in the world's wealthy countries fail to realize the magnitude of the problem.

More than 75 percent of TB-related disease and death occurs among people between the ages of 15 and 54 — the most economically active segment of the population. Approximately 20 to 30 percent of annual income may be lost if the household's breadwinner is struck down with active

TB; the income of 15 years will be lost if this person dies. Additionally, children may be removed from school when they contract TB or to help provide care when family members become sick. This disrupts their personal education development, and their prospects for future productive employment.

**TB and women's health**

Despite TB's immense and unique impact on women, little attention is paid to the disease as a women's health issue. While there are more cases of TB among men than women, TB is the third leading cause of illness and death of adult women worldwide. In 2008, 3.6 million women developed TB and approximately half a million women died from it. Women with TB are often diagnosed late compared to men, for reasons including women's more limited access to health care, and the negative social stigma for women with TB. Pregnant women with TB who receive a late diagnosis are four times as likely to die in childbirth, and the babies of women with TB are twice as likely to have low birthweight or be born prematurely.

**TB and children**

TB is one of the top ten killers of children worldwide. In 2009, over 1 million children developed TB and at least 176,000 died as a result. In developing countries children make up 20-40 percent of all TB cases, disproportionately affecting children who are orphaned, malnourished, and HIV positive. Although many children are given a vaccine (BCG) to protect against TB, immunity from the vaccine wears off with age and causes adverse effects in children with HIV. Because they are less likely to be infectious, children are given low priority within national health programs. Few resources are put towards preventing, diagnosing, and treating TB in children.

**TB and HIV: "A combination made in hell"**

Stephen Lewis, the former U.N. special envoy for AIDS in Africa, calls TB and HIV/AIDS "a combination made in hell." TB is the leading killer of people living with HIV/AIDS. The two diseases work in deadly synergy, as those with compromised immune systems from HIV/AIDS are particularly susceptible to TB infection. In 2009 some 400,000 people died of HIV-related TB, which makes TB responsible for one in four AIDS deaths.

Untreated, TB can kill a person with HIV/AIDS in a matter of weeks, but with proper treatment lives are saved. TB services can also be a gateway to HIV/AIDS testing, counseling, and treatment services, particularly where there are high rates of TB-HIV co-infection. Providing routine HIV testing and counseling to TB patients is one of the most effective means of finding those with HIV and ensuring access to treatment for both diseases. However,

Lucy Chesire is a Clinical Nutritionist originally from Eldoret, Kenya. Lucy's HIV status was revealed to her in 1992, and in 1997 she courageously became the first female health professional to publicly acknowledge having the disease. In 2000, Lucy started experiencing persistent coughing, weight loss, night sweats and a loss of appetite. An x-ray revealed that she had TB in her chest. Later, the TB infection would move to her lymph nodes and knee joints, resulting in several surgeries and a seven month hospital stay.

"It's really strange," Lucy recalls, "because for 10 years I was able to live with HIV very well and manage it in a very, very good way. And it's only getting to know that I had TB that actually almost brought me to my death-bed...somebody can live with HIV for many years. The suffering I went through was because of TB."

— *ACTION.org*

the global health community has not fully embraced TB control as a critical piece in the effort to halt and reverse the HIV/AIDS pandemic.

**The rise of drug-resistant TB**
The continued spread of drug-resistant TB poses a grave risk to global health. Multidrug-resistant and extensively-drug resistant TB — known as MDR and XDR — are the result of inconsistent and incorrect treatment of standard TB. MDR and XDR TB are far deadlier than normal TB, and are much more difficult and expensive to treat.

Multi-drug-resistant TB (MDR-TB) is a dangerous form of TB that is resistant to the two most powerful anti-TB drugs available today. MDR-TB is caused by inconsistent or incorrect treatment of standard TB. There are many reasons why TB patients may not complete their treatment: they start to feel better and think they are cured; the economic burden of seeking treatment is too great; their health care provider improperly manages them; or because of inadequate supplies of TB drugs. While a regular TB case can be cured within six months, MDR-TB can take two years or longer to treat.

Ineffective management of MDR-TB has created extensively drug-resistant tuberculosis (XDR-TB). Resistant to a number of critical first- and second-line TB drugs, XDR-TB spreads through the air, is extremely difficult and costly to treat, and is nearly always fatal in HIV-positive patients. XDR-TB threatens to reverse progress made against HIV/AIDS and global TB control. XDR-TB can be cured, but those infected have an 85 percent mortality rate.

The rise of drug-resistant TB strains underscores the desperate need for new tools to stop TB. The most common diagnostic technique is 125 years old, the vaccine is 85 years old and offers limited protection, and the drug regimens are 40 years old. More investment is needed in the research, development and implementation of new TB diagnostics, drugs and vaccines.

**Breakthrough for accurate TB diagnosis**
The World Health organization recently endorsed a new technology (called “Xpert”) developed by an American company which has the potential to revolutionize the fight against TB. Xpert could replace the current diagnostic technique used throughout the developing world, which is over 100 years old. Xpert dramatically reduces the time it takes to obtain an accurate diagnosis from days or even weeks or months to just two hours. Because the machine is self-contained and easy to use, it requires little training. Xpert is more accurate than the current diagnostic technique (examining sputum under a microscope). It can detect whether TB is a drug-resistant strain so the patient is not given ineffective drugs. In studies Xpert improved diagnosis of MDR-TB by 300 percent. The microscope method also fails to detect most TB in people with HIV/AIDS, but Xpert provides an accurate diagnosis.

**TB and U.S. global health policy**
Despite growing investments in global health, the U.S. has not yet given priority to TB commensurate with the public health threat it presents. In 2008 Congress renewed and expanded efforts to fight TB by passing the Tom Lantos and Henry J. Hyde Global Leadership Against HIV/AIDS, Tuberculosis and Malaria Reauthorization Act of 2008. The Lantos-Hyde Act authorizes $48 billion over five years for these three diseases of poverty, continuing our leadership against AIDS and malaria, and stepping up our response to tuberculosis.

The Lantos-Hyde Act provides a clear legislative framework for bolstering U.S. efforts to combat TB. Incorporating provisions of the Stop TB Now Act, the Lantos-Hyde Act strengthened

ongoing TB assistance by aligning U.S. policy with the Global Plan to Stop TB and the Millennium Development Goal (MDG) of halving TB deaths and disease by 2015. The legislation provides:

- $48 billion over five years for all three diseases;
- $4 billion over five years for global, bilateral TB programs;
- Ambitious targets to treat 4.5 million TB patients with DOTS, and 90,000 MDR-TB patients.
- Stronger coordination of TB and HIV programs;
- Enhanced reporting requirements to ensure the effective use of funding.

In April 2008, President Obama announced a new Global Health Initiative (GHI), a welcome attempt to build on the success of U.S. investments in global health while broadening our focus to include additional health priorities. Unfortunately, despite broad bipartisan support for the Lantos-Hyde Act, the proposed GHI fails to fully implement key provisions of the legislation with respect to TB.

While the Lantos-Hyde Act mandates a five-year USG strategy to treat 4.5 million cases of TB under DOTS and 90,000 multi-drug resistant (MDR) TB cases, the GHI proposes only 2.6 million DOTS treatments and only 57,200 MDR-TB cases by 2014. The GHI plans to treat less than two-thirds of what the Lantos-Hyde Act calls for, and to do it over six years rather than five. The GHI targets are a significant step back from the clear mandate of the Lantos-Hyde Act to scale up treatment for TB, and a missed opportunity to aggressively fight the leading curable infectious killer of adults.

The GHI proposal particularly fails to meet the challenge of drug-resistant TB. Based on the WHO's modest 2007 MDR-TB & XDR-TB Response Plan, the Lantos-Hyde Act aspires to treat 18,000 MDR cases per year – still less than 4 percent of the global need. The GHI disappointingly reduces this target even further. Working to do our part to fill the financing gap to fight drug resistant TB, as well as strengthening basic DOTS efforts to prevent MDR, would be a critical contribution to health security abroad and at home.

## The Global Fund to Fight AIDS, Tuberculosis and Malaria

The Global Fund to Fight AIDS, TB and Malaria is a multilateral funding mechanism that was founded in 2001 to streamline funding to the poorest countries for AIDS, tuberculosis, and malaria. It uses a model where wealthy countries and the private sector make donations, and poor countries apply for grants for programs directly affecting people with HIV, TB, and affected by malaria.

The Global Fund is an innovative model that rewards good performance while allowing recipient countries to prioritize their own needs. Countries applying submit their grant proposals to an independent review panel which recommends funding for the best grants to the Global Fund's Board. The Board is made up of representatives from wealthy countries like the U.S., recipient countries, the private sector, foundations, and civil society, including people from communities living with HIV, TB, and affected by malaria. Grants that perform well are eligible for additional continuation funding.

**Achievements**

The Global Fund is the most effective tool we have in the fight against TB, as well as HIV/AIDS and malaria. To date, it has committed US$ 21.7 billion in 150 countries to support large-scale

prevention, treatment, and care programs against the three diseases. Since its inception in 2003, the Global Fund has saved 6.5 million lives.

The Global Fund has supported remarkable achievements in a few short years. Thanks to Global Fund financing, as of December 2010:

- HIV/AIDS: 3 million people are receiving antiretroviral treatment.
- Pediatric AIDS: more than 1 million HIV-positive pregnant women have been treated to prevent their babies from being born with HIV.
- Malaria: 160 million insecticide-treated bednets have been distributed and 142.4 million malaria drug treatments have been delivered.
- Tuberculosis: 7.7 million cases of infectious TB have been detected and treated.

With adequate funding, the Global Fund could support the virtual elimination of pediatric AIDS, the elimination of malaria as a public health threat in many countries, and universal access to TB treatment. Gains are fragile: A reduction – or even stagnation – of funding would lead to reversals of recent progress.

**Not just more — better aid**

The success of the Fund is not just what's been achieved, but in how it's been achieved. On a broad range of best practices — transparency, accountability, performance-based financing, country-led development — the Global Fund is on the cutting edge of translating aid effectiveness theory into practice.

The Global Fund operates on a performance-based model, with grant renewals dependent on real results. Every grant is audited, and to further safeguard our investment, the Global Fund has an independent Inspector General (IG) to investigate allegations of waste, fraud, and abuse. Project documents, including grant evaluations, are publicly available on the Global Fund's web site.

The conservative-led UK government, in an exhaustive Multilateral Aid Review of 43 development institutions, rated the Global Fund as one of nine organizations with an "excellent track record" for delivering results, and promised increased funding. The Multilateral Aid Review concluded that the Global Fund produced "impressive results", "…catalysed and supported important and innovative policies and programmes in many countries", and noted that the "Fund's decision to publish/require recipients to publish procurement data has been a major driver for a range of innovations in transparency."

Milicent attends the La General Hospital Chest Unit in Ghana. She's one of more than 40,000 people treated for free by a Global Fund financed program in Ghana. Every patient in the country is given the highest standard of TB treatment, known as DOTS. Before the program, the treatment success rate was only 6 out of 10. Now 9 out of every 10 patients complete treatment until they are cured. TB is still associated with poverty and sufferers fear disgrace. This challenge is typical – only one in three people with TB in Ghana face up to their need for help. That's why hospitals encourage patients to look out for people with TB symptoms in their community. Milicent is a 'prefect' for her clinic. She persuaded her neighbor to come in for help and now he's on treatment too.

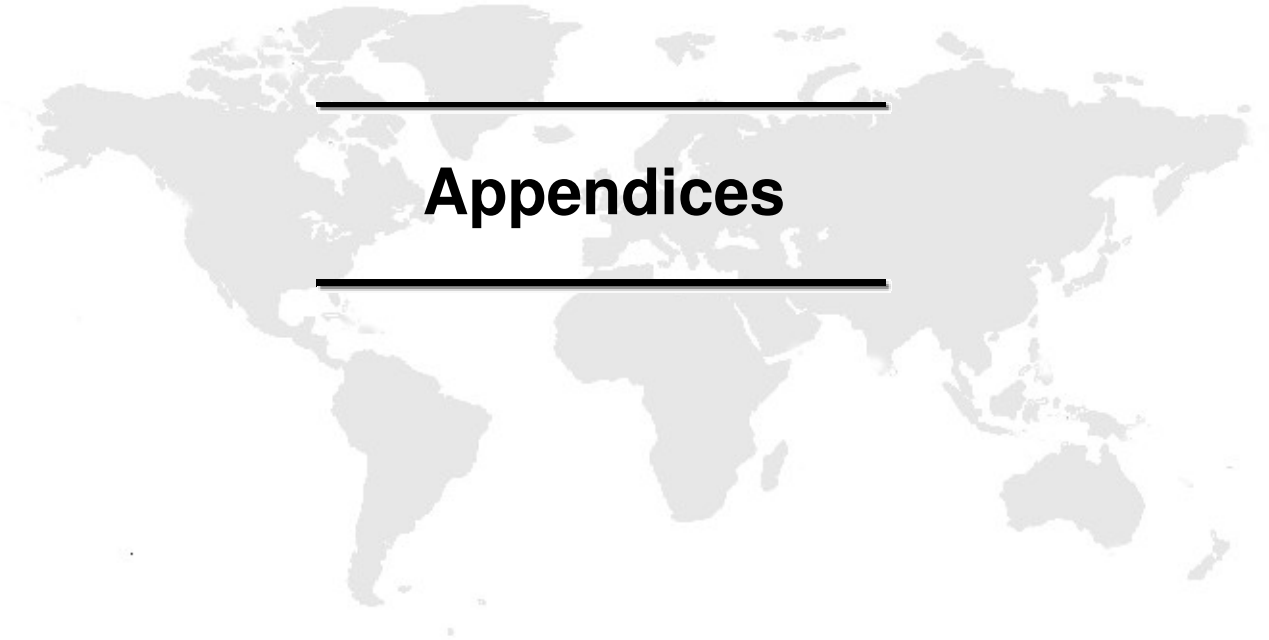
— *Global Fund to Fight AIDS, TB and Malaria*

Congress is rightfully concerned with stretching our limited foreign aid resources. Every dollar contributed to the Global Fund by the U.S. goes to support programs in country, and the

operating expenses of the Secretariat are covered by the interest earned on contributions. By relentlessly focusing on value for money the Global Fund has identified $1 billion in efficiency savings. In one innovative example, Global Fund programs are required to procure commodities through a competitive process, and then report price information on key products like anti-retroviral drugs and bednets to a publicly accessible database. This information enables cost comparisons, and gives leverage to other programs to negotiate lower prices.

**U.S. support for the Global Fund**

The U.S. is the largest donor to the Global Fund, and in 2010 made a commitment to provide $4 billion over three years (FY 2011-2013). While the true demand for Global Fund resources is even higher, the U.S. must at least meet its minimal commitment to the Global Fund to allow countries to continue to scale up effective HIV/AIDS, tuberculosis and malaria programs.



# Appendices

## Appendix A: Status of FY2012 Appropriations Priorities

| Program | Final FY10 | FY11 President's Request | FY11 House | FY11 Senate | RESULTS FY12 Request | President's FY12 Request |
|---|---|---|---|---|---|---|
| **Microfinance** | $265 M | $78 M | not released | $230 M | $500 M | $155.5 M |
| **Basic Education: Overall** | $925 M | $843 M | $925 M | $845 M (includes $20 M for FTI) | Highest possible level | $749.6 M |
| **Basic Education: FTI** | $0 | $0 | $40 M | $20 M | $100 M | $0 |
| **Global Fund to Fight AIDS, TB and Malaria** | $1.05 B ($300 M in LHHS) | $1 B | $1.125 B ($300 M in LHHS) | $1.1 B ($300 M in LHHS) | $1.75 B | $1.3 B |
| **TB (bilateral)** | $225 M ($15 M for Global TB Drug Facility) | $230 M | $240 M | $230 M | $650 M | $236 M ($15 M for Global TB Drug Facility) |
| **GAVI (Global Alliance for Vaccine Immunization)** | $78 M | $90 M | $95 M | $105 M | $175 M | $115 M |

# Appendix B: RESULTS FY11 Appropriations Wish List Requests

**Appropriations Leadership: House**
Appropriations Committee Chair: Harold Rogers (R-KY),
Appropriations Committee Ranking Member: Norm Dicks (D-WA)

Foreign Operations Subcommittee Chair: Kay Granger (R-TX)
Foreign Operations Subcommittee Ranking Member: Nita Lowey (D-NY)

**Appropriations Leadership: Senate**
Appropriations Committee Chair: Daniel Inouye (D-HI),
Appropriations Committee Ranking Member: Thad Cochran (R-MS)

Foreign Operations Subcommittee Chair: Patrick Leahy (D-VT)
Foreign Operations Subcommittee Ranking Member: Lindsay Graham (R-SC)

## The Global Fund to Fight AIDS, Tuberculosis and Malaria

**FY12 Request: $1.75 billion for the Global Fund to Fight AIDS, Tuberculosis and Malaria.**

| Fiscal Year | FY06 | FY07 | FY08 | FY09 | FY10 | FY11 | FY12 President's Request | FY12 RESULTS' Request |
|---|---|---|---|---|---|---|---|---|
| Funding Level | $ 550 million | $724 million | $840.5 million | $ 900 million | $ 1.05 billion | $1.05 billion | $1.3 billion | $1.75 billion |

- Since it's inception in 2003, the Global Fund has saved 6.5 million lives.
- To date, it has committed US$ 21.7 billion in 150 countries to support large-scale prevention, treatment, and care programs against the three diseases.
- The Global Fund is the main multilateral funder in global health. It channels two-thirds of the international financing provided to fight TB and malaria and a fifth of the international financing against AIDS.
- The Global Fund has supported remarkable achievements in a few short years. Thanks to Global Fund financing, as of December 2010:
    - HIV/AIDS: 3 million people are receiving antiretroviral treatment.
    - Pediatric AIDS: more than 1 million HIV-positive pregnant women have been treated to prevent their babies from being born with HIV.

    - Malaria: 160 million insecticide-treated bednets have been distributed and 142.4 million malaria drug treatments have been delivered.
    - Tuberculosis: 7.7 million cases of infectious TB have been detected and treated.
- With adequate funding, the Global Fund could support the virtual elimination of pediatric AIDS, the elimination of malaria as a public health threat in many countries, and universal access to TB treatment.
- Gains are fragile: A reduction – or even stagnation – of funding would lead to reversals of recent progress.

- Global Fund investments to combat HIV, TB, and malaria are also major investments in health systems – bolstering infrastructure, strengthening laboratories, expanding human resources, augmenting skills and competencies of health workers, and developing and supporting monitoring and evaluation activities. These enhancements, in turn, increase countries' ability to improve services in other health areas. Ultimately, the investments translate into a healthier population and increased productivity, enabling countries to further their development.
- **Effectiveness.** The Global Fund is on the leading edge of implementing the best practices and principles of effective aid, making it the most powerful tool we have to fight AIDS, TB, and malaria. Proposals are developed by the countries that implement them, they are evaluated by an independent review panel, and continued funding is awarded according to performance.
- **Leverage.** Historically, every $1 the U.S. contributes to the Global Fund has been matched with $2 from other donors. This fall donors will gather to determine their three-year pledges to the Global Fund, so a U.S. pledge at this time would amplify our contribution by encouraging other donors to do more.
- The Global Fund always seeks to learn, improve and innovate through its operations, partnerships, evaluations and independent audits. The continuous attention to evaluation and learning helps the Global Fund maximize its responsiveness, efficiency, and effectiveness.
- The Global Fund operates on a **performance-based model,** with grant renewals dependent on real results. Every grant is audited, and to further safeguard our investment, the Global Fund has an independent Inspector General (IG) to investigate allegations of waste, fraud, and abuse. The Global Fund is leading the way in demanding good governance and accountability, creating added confidence that our investment is being used wisely.
- The conservative-led UK government, in an exhaustive Multilateral Aid Review of 43 development institutions, rated the Global Fund as one of nine organizations with an "excellent track record" for delivering results, and promised increased funding. The Multilateral Aid Review concluded that the Global Fund produced "impressive results", "…catalyzed and supported important and innovative policies and programs in many countries", and noted that the "Fund's decision to publish/require recipients to publish procurement data has been a major driver for a range of innovations in transparency."

## Tuberculosis

### FY12 Request: Provide $650 million to for International TB Control

| Fiscal Year | FY06 | FY07 | FY08 | FY09 | FY10 | FY11 | FY12 President's Request | FY12 RESULTS' Request |
|---|---|---|---|---|---|---|---|---|
| Funding Level | $92 million | $92 million | $163 million | $162 million | $225 million | $225 million | $236 million (including $15 million for Global TB Drug Facility) | $650 million |

- Although usually treatable with a course of inexpensive drugs ($16–20), tuberculosis (TB) kills 1.8 million people every year. TB is the leading curable infectious killer in the world.
- There were 9.4 million new TB cases in 2009, including 1.1 million cases among people with HIV.
- In 2008, Congress passed into law the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act. It authorized $4 billion over five years in bilateral TB funding, which is the U.S. share of the funding needed to implement the Global Plan to Stop TB and the WHO's drug-resistant TB response plan.

**TB-HIV Co-infection**

- TB is the leading killer of people living with HIV/AIDS in Africa. Worldwide one in four TB deaths is HIV-related. People with HIV are up to 50 times more likely to develop TB than people free of HIV infection.
- Without treatment, the vast majority of people with HIV and TB will die within a few months. TB is the leading killer of people with HIV/AIDS and accounts for half of HIV/AIDS deaths in some parts of Africa.

**Drug-Resistant TB**

- The emergence of drug-resistant TB poses a grave risk to global health. Multidrug-resistant and extensively drug-resistant TB — known as MDR and XDR — are the result of inconsistent and incorrect treatment of standard TB.
- MDR- and XDR-TB are far deadlier than normal TB and are much more difficult and expensive to treat. In a recent case, it cost $500,000 to treat a young Peruvian student studying in Florida with a new highly resistant strain of TB.
- In 2008, there were an estimated 440,000 new cases and 150,000 deaths from MDR-TB.
- In 2010, the largest WHO MDR-TB survey reported the highest rates ever of MDR-TB, with peaks of up to 28 percent of new TB cases in some settings in the former Soviet Union.

**Breakthrough for Accurate TB Diagnosis**

- The World Health organization recently endorsed a new technology (called “Xpert”) developed by an American company which has the potential to revolutionize the fight against TB. Xpert could replace the current diagnostic technique used throughout the developing world, which is over 100 years old.
- Xpert dramatically reduces the time it takes to obtain an accurate diagnosis from days or even weeks or months to just two hours. Because the machine is self-contained and easy to use, it requires little training. Xpert is already being successfully piloted in very poor settings, including South Africa’s largest slum.
- Xpert is more accurate than the current diagnostic technique (examining sputum under a microscope). It can detect whether TB is a drug-resistant strain so the patient is not given ineffective drugs. In studies Xpert improved diagnosis of MDR-TB by 300 percent. The microscope method also fails to detect most TB in people with HIV/AIDS, but Xpert provides an accurate diagnosis.

**TB and Women**

- TB is the third leading cause of illness and death of adult women worldwide.
- In 2008, 3.6 million women developed TB and approximately half a million women died from it. Women with TB are often diagnosed late compared to men, for reasons including women's more limited access to health care, and the negative social stigma for women with TB.
- Pregnant women with TB who receive a late diagnosis are four times as likely to die in childbirth, and babies of women with TB are twice as likely to have low birth weight or be born prematurely.

**TB and Poverty**

- People living in conditions of poverty (overcrowding, malnutrition, poor ventilation, etc.) are more susceptible to fall sick with TB and most likely to lack access to detection and treatment services.
- More than 75 percent of TB-related disease and death occurs among people between the ages of 15 and 54 — the most economically active segment of the population. Approximately 20 to 30 percent of annual income may be lost if the household’s breadwinner is struck down with active TB. Additionally, children may be removed from school when they contract TB or to help provide care when family members become sick.
- A study by the World Bank found that countries with a high incidence of tuberculosis could reap enormous economic benefits by investing more in TB control. The study found that by fully funding a global plan to halve TB deaths in the next decade, countries could see a return of nine times their investment in TB treatment and prevention.

## GAVI Alliance — Childhood Vaccines

### FY12 Request: Provide $175 million for the GAVI Alliance for Childhood Vaccines

| Fiscal Year | FY07 | FY08 | FY09 | FY10 | FY11 House | FY11 Senate | FY11 | FY12 President's Request | FY12 RESULTS' Request |
|---|---|---|---|---|---|---|---|---|---|
| Funding Level | $69.3 million | $72.5 million | $75 million | $78 million | $95 million | $105 million | | $115 M | $175 million |

- There are breakthrough opportunities to dramatically reduce child mortality thanks to two new vaccines that prevent common childhood killers — pneumonia and diarrhea.
- **Pneumococcal disease** is an infection from a bacterium which, though common, can attack young children with deadly results. Every year 800,000 children die from pneumococcal disease, and the vast majority of these deaths (95 percent) occur in Africa and Asia. Most pneumococcal disease deaths (90 percent) are from pneumonia, which occurs when the bacterium infects the lungs and causes fever, coughing, and difficulty breathing. Pneumococcal disease can also cause meningitis by infecting the brain.
- **Rotavirus** is a major cause of a leading childhood killer — diarrhea. Rotavirus kills over 500,000 children when acute diarrhea leads to severe dehydration. While many other causes of diarrhea, such as bacteria and parasites, can be prevented by improving water and sanitation, rotavirus is so resilient that these efforts are not enough. Children must be vaccinated to protect them from this virulent disease.
- New vaccines to combat pneumococcal and rotavirus present an extraordinary opportunity, but the vaccines are not yet widely available to the children in poor countries who need them most. **Of the 129 million babies born in 2008, only 7 percent received the pneumococcal vaccine and only 8 percent received the rotavirus vaccine.**
- The GAVI Alliance is a unique public-private partnership dedicated to protecting children from vaccine-preventable diseases. GAVI is a true partnership, with representation on its governing board from developing and donor governments (including the U.S), non-governmental organizations, multilateral health organizations like the World Health Organization (WHO) and UNICEF, philanthropic foundations, and private sector vaccine manufacturers.
- Since its founding in 2000, the GAVI Alliance has supported the immunization of nearly 300 million children. **These efforts are estimated to have prevented five million deaths.**
- GAVI is particularly focused on rapidly increasing access to new vaccines as they become available. An important part of GAVI's approach is to shape the vaccine market, both by assuring manufacturers that there will be a reliable demand for vaccines and by using the market's size and purchasing volume to help drive down costs. GAVI also has a strict co-financing policy that requires the developing countries that receive assistance to contribute to the cost of the vaccines from their own budgets. This co-financing policy helps ensure the countries are full partners and build long-term political and financial support for the program within the country.

- To seize the unprecedented opportunity presented by new vaccines, GAVI will need the strong support of donor countries like the U.S. With full funding between now and 2015, GAVI can immunize an additional 240 million children against pneumococcal disease, rotavirus, and other life-threatening conditions. **This effort would save an estimated 4.2 million lives.**
- Vaccines are widely regarded as one of the "best buys" in global health. While other critical health interventions may cure or treat illness, vaccines prevent children and adults from getting sick in the first place. By preventing deaths, promoting health, and reducing the burden on stretched health care systems, vaccines are extremely cost effective. Widespread vaccination even benefits individuals who may not be immunized by reducing the overall prevalence of the disease in a community and breaking the chain of transmission, an effect known as "herd immunity."
- Vaccines are responsible for some of the most important achievements in public health. For example, after a concerted global vaccination effort, smallpox, which had afflicted human society since the ancient Egyptians, was eradicated in 1979. Polio was a devastating cause of death and disability worldwide and is now endemic in just four countries thanks to eradication efforts. Vaccination against measles has produced rapid improvements in children's health, reducing the number of cases from 733,000 in 2000 to 164,000 in 2008. In Africa, there was a 92 percent reduction in measles deaths in the last decade.
- In June 2011, donors from around the world will gather in London for a pledging conference to determine their future contributions to GAVI. **A U.S. contribution in FY2012 of $175 million** would set strong positive tone for that conference, and provide critical support for GAVI's plans to accelerate access to vaccines. Without strong support, the world will miss an opportunity to close the gap in the between wealthy and the poor.

## Basic Education

**FY12 Request: Provide $100 million for the EFA-Fast Track Initiative**

| Fiscal Year | FY07 | FY08 | FY09 | FY10 | FY11 House | FY11 Senate | FY11 Final | FY12 President's Request | FY12 RESULTS' Request |
|---|---|---|---|---|---|---|---|---|---|
| Overall Basic Education | $485 million | $694 million | $700 million | $925 million | $925 million | $845 million | $925 million | $749.6 million | Highest possible amount |
| EFA-FTI | $0 | $0 | $0 | $0 | $40 million | $20 million | $0 | $0 | $100 million |

**Proposed language to be included in the Appropriations Committee bill**
*Basic Education*
*Of the funds specified for basic education, $100 million shall be in the form of a contribution to the Education For All-Fast Track Initiative (FTI), a global partnership of donors and developing countries, multilateral institutions, private foundations and companies, and civil society organizations dedicated to ensuring that all children receive quality basic education. The EFA-FTI approves of low-income country national education strategies and provides support for those strategies through in-country donor coordination and grants.*

- There are nearly **70 million primary school aged children not in school**; 55 percent are girls. Unless the current trend changes, 56 million children will still be out of school in 2015.
- Education is one of the most effective ways to fight poverty and disease and promote democracy and development. Educated women marry later and have fewer children and better prenatal care. Their children have better survival rates, better health and nutrition, and are more likely to succeed in school.
- The Education for All – Fast Track Initiative (EFA-FTI) is a global partnership of donors and developing countries, multilateral institutions, private foundations and companies, and civil society organizations dedicated to ensuring that all children receive quality basic education.
- The EFA-FTI approves of low-income country national education strategies and provides support for those strategies through in-country donor coordination and grants.
- The EFA-FTI to date has supported 44 low-income countries (25 in Africa; Afghanistan joined in March 2011) with over $2 billion in funding for basic education between 2004 and 2008, helping to get 19 million more children in school and learning for just $105 per child. The number of children enrolled in school in African EFA-FTI countries went up 50 percent, compared to 27 percent in non-EFA-FTI African countries.
- As of 2010, the EFA-FTI support has:
    - helped to build close to **30,000 classrooms.**
    - provided over **200 million text books**.

    - provided **700,000 children** every day with a school meal, including 50,000 children in Haiti, and 200,000 children from the poorest households in Mauritania.

- While on average there are over 40 students per teacher in Africa, making teaching and learning more difficult, **EFA-FTI countries were able to increase the number of primary school teachers by 55 percent.**
- In Rwanda, funding from the EFA-FTI, USAID, and other donors — combined with increased domestic funding — enabled the government to build 112,000 classrooms, hire 2400 teachers, and supply textbooks in core subjects to all primary schools across the country.
- The United States, despite being a voting member of the Board of Directors, has never contributed to the EFA-FTI to support grants.
- In difficult economic times, the EFA-FTI provides a cost-effective way to deliver aid to education without having to expand bilateral aid. It reduces overhead, relying on donor agencies with the lowest unit cost and the greatest comparative advantage to deliver its support in each country – ensuring that donor aid has the most impact.
- A U.S. contribution to the EFA-FTI can help **to leverage commitments from other donors**; e.g., a $100 million matching grant provided by the UK helped to mobilize donor funds in early 2011.
- The EFA-FTI has been cited by the G-8 as a **model of aid effectiveness**. The EFA-FTI is evidenced-based and has taken the lead in developing a Results Framework to define and set clear and measurable targets in access and learning.
- The EFA-FTI is based on the principle of mutual accountability: In exchange for technical support and additional funding, recipients must ensure sufficient domestic commitment of financial and political resources, as well as transparent budgeting and sound monitoring for outcomes. EFA-FTI countries increased their domestic expenditures for primary education by 6 to 9 percent per year between 2000 and 2005, higher on average than their economic growth.

## Microfinance

**FY12 Request: Provide $500 million for the microfinance and microenterprise funding and language to direct funds to the very poor**

| Fiscal Year | FY06 | FY07 | FY08 | FY09 | FY10 | FY11 House | FY11 Senate | FY12 President's Request | FY12 RESULTS' Request |
|---|---|---|---|---|---|---|---|---|---|
| Funding Level | $200 million | $200 million | $243 million | $245 million | $265 million | Not released | $230 million | $155.5 million | $500 million |

**Proposed language to be included in the Appropriations Committee bill**
*Microenterprise*
*The Committee recommends $500,000,000 for microfinance and microenterprise development programs for the poor, especially women. Because the delivery of financial services is an especially important tool in enabling the poor to escape from poverty, the Committee encourages investment in a variety of financial services that allows the poor to save, borrow, and access insurance, remittances, and other key services. The Committee is concerned about the lack of funding for sub-Saharan Africa and directs increased investment in microfinance in sub-Saharan Africa within the USAID microfinance and microenterprise program. As required by section 251(c) of the Foreign Assistance Act of 1961, USAID is to target half of all microfinance and microenterprise funds to the very poor, defined as those living on less than $1.25 a day. The Committee recommends that USAID modify and improve the poverty assessment tools so that the tools can assist partner organizations' management and outreach to the very poor.*

- Microfinance is the process of extending small loans and other financial and business services, such as savings, to very poor people, so that they can start up or expand tiny businesses, thus allowing them to care for themselves and their families.
- An estimated **2.7 billion people around the world have no access to formal financial services**, which are both safer and less expensive than the informal alternatives.
- The global financial crisis reduce credit opportunities for the poor worldwide: the number of loan accounts remained unchanged in 2009, and loan volume as a percentage of GDP declined in most economies.
- Yet demand is still high, and the poor want access to a safe place to save, especially in difficult times. The number of savings deposits globally grew an average of 4.3 percent — the largest increase took place in the poorest 20 percent of countries, showing that access is improving more rapidly in less-developed countries.
- While poverty affects many people throughout sub-Saharan Africa, there is economic progress that offers hope: more than 35 percent of Africans live in economies that have seen sustained growth of more than 4 percent a year for the last 10 years. Continued growth depends on an active financial sector, and progress with broad economic indicators cannot substitute for a simultaneous effort to ensure that the poor have access to financial services, as they are too often the last to benefit from such broad economic growth.
- The poor have very complex financial "portfolios" and a need for different financial instruments and forms of money management, just like everyone else. But while we can use

banks and insurance companies, the poor have to often rely on informal options that exploit their situation and take too much of their hard-earned income. Microfinance bridges this divide.

- Microfinance is a suite of financial services, including loans, secure savings, and insurance that the poor can use to pull themselves out of poverty. Microfinance began as a way to finance self-employment ventures in places where poor people could not find satisfactory employment or obtain needed credit. It has since expanded to cover all the ways poor households can manage their finances through credit for such things as enterprise, education, housing, health care, as well as through protective services such as savings and insurance.
- Public funding is critical to reaching the poorest and most marginalized, because very little of the private foreign investment capital in microfinance and microenterprise is going to the countries with greatest need — especially in Africa — or to support the microfinance services that reach the most marginalized. **Despite the high poverty levels and need for financial services in Africa and Asia, these regions receive only six and seven percent of foreign private-sector investment in microenterprise, respectively.**
- With support to grow and become self-sufficient, microfinance programs in developing countries need less grant money, can utilize loans and loan guarantees, and eventually get linked into the formal financial system. Well-run microfinance organizations in developing countries are eventually able to sustain their operations through interest income. Organizations have been able to cover 100 percent of operational costs with the interest income generated by loan repayments.
- Across the world, young girls and women are faced with limited opportunities. Seventy-five percent of the world's women cannot get formal bank loans because they often lack permanent employment and capital and assets, such as land. Microfinance programs offer them an alternative to a life of despair, providing them with the income they need to start small businesses and earn a living with dignity.

# Appendix C: Congressional Actions on FY12 Appropriations

**House Appropriations Letter on Tuberculosis: 31 Signers**
Reps. Payne (D-NJ) and Young (R-AK) initiated a sign-on letter to the House State and Foreign Operations Appropriations Subcommittee urging $650 million to fight global TB.
Signers (31)**:**Donald M. Payne (D-NJ), Don Young (R-AK), Henry A. Waxman (D-CA), Engel (D-NY), Clarke (D-NY), Rangel (D-NY), Conyers (D-MI), Bass (D-CA), Moran (D-VA), Davis (D-IL), Hirono (D-HI), Towns (D-NY), Grijalva (D-AZ), Nadler (D-NY), Filner (D-CA), Schakowsky (D-IL), Moore (D-WI), Price (D-NC), Blumenauer (D-OR), Baldwin (D-WI), Wilson (D-FL),Ellison (D-MN), Lewis (D-GA), Jackson Lee (D-TX), Holmes Norton (D-DC), Maloney (D-NY), Brown (D-FL), Frank (D-MA), Christensen (D-VI), DeLauro (D-CT), Johnson (D-GA).

**House Appropriations Letter on GAVI Alliance for childhood immunizations: 62 Signers**
Chris Van Hollen, Bobby Rush, Aaron Schock, Colleen Hanabusa, Charles Rangel, Barbara Lee, Alcee Hastings, Karen Bass, Earl Blumenauer, Jay Inslee, Edolphus Towns, Frederica Wilson, Donna Christian-Christensen, John Conyers Jr., Mike Honda, Ben Lujan, Bob Filner, Donald Payne, G.K. Butterfield, Corinne Brown, John Garamendi, Lloyd Doigget, Lois Capps, Sander Levin, Hank johnson, Jessee Jackson Jr., Keith Ellison, norm Dicks, Raul Grijalva, Maxine Waters, Leonard Boswell, Bwen Moore, Jared Polis, Zoe Lofgren, Jan Schakowsky, Betty McCollum, Jim McDermott, Jerry McNerney, Martin Heinrich, Shelley Berkley, Gerald Connolly, Sheila Jackson Lee, George Miller, Bobby Scott, Henry Waxman, Fortney "Pete" Stark, David Wu, Chellie Pingree, Jim Moran, Andre Carson, Chris Murphy, Steve Rothman, Dale Kildee, Rosa DeLauro, Kathy Castor, Donna Edwards, Jim McGovern, Danny Davis, Emanuel Cleaver, Rush Holt, Peter DeFazio, Al Green.

**House Letter to Obama: Three-Year Pledge to the Global Fund to Fight AIDS, TB and Malaria: 101 signers**
Congratulations! Your hard work got 101 representatives to sign a letter to the president asking him to make a three-year commitment of $6 billion to the Global Fund. The letter was initiated Rep. Barbara Lee (D-CA). It was critical in ensuring a three-year pledge was made at the last replenishment conference in the Fall 2010.

**Signers (101)**: Baldwin (D-WI), Berkley (D-NV), Berman (D-CA), Blumenauer (D-OR), Bordallo (D-GU), C. Brown (D-FL), Butterfield (D-NC), Capps (D-CA), Capuano (D-MA), Carnahan (D-MO), Carson (D-IN), Castor (D-FL), Christensen (D-VI), Clarke (D-NY), Clay (D-MO), Cleaver (D-MO), Conyers (D-MI), Cummings (D-MD), D. Davis (D-IL), S. Davis (D-CA), DeGette (D-CO), Delahunt (D-MA), DeLauro (D-CT), Doggett (D-TX), D. Edwards (D-MD), Ellison (D-MN), Engel (D-NY), Eshoo (D-CA), Farr (D-CA), Fattah (D-PA), Filner (D-CA), Frank (D-MA), Fudge (D-OH), Grayson (R-FL), A. Green (D-TX), G. Green (D-TX), Grijalva (D-AZ), Hare (D-IL), A. Hastings (D-FL), Himes (R-CT), Hinchey (D-NY), Holt (D-NJ), Honda (D-CA), Jackson Jr. (D-IL), Jackson-Lee (D-TX), E.B. Johnson (D-TX), H. Johnson (D-GA), Kildee (D-MI), Kilpatrick (D-MI), Larsen (D-WA), Lee (D-CA), John Lewis (D-GA), Lofgren (D-CA), Maloney (D-NY), E. Markey (D-MA), McDermott (D-WA), McGovern (D-MA), McNerney (D-CA), Meeks (D-NJ), B. Miller (D-NC), George Miller (D-CA), D. Moore (D-KS), G. Moore (D-WI), James Moran (D-VA), Nadler (D-NY), Napolitano (D-CA), Norton (D-DC), Oberstar (D-MN), Olver (D-MA), Pastor (D-AZ), Payne (D-NJ), D. Price (D-NC), Quigley (D-IL), Rangel (D-NY), Richardson (D-CA), Rothman (D-NJ), Roybal-Allard (D-CA), Rush (D-NJ), T. Ryan (D-OH), Linda Sánchez (D-CA), Loretta Sanchez (D-CA), Sarbanes (D-MD), Schakowsky (D-IL), R. Scott (D-VA), Serrano (D-NY), Shea-Porter (D-NH), Shuler (D-NC), Sires (D-NJ), A. Smith (D-WA), Speier (D-CA), Stark (D-

CA), B. Thompson (R-MS), Towns (D-NY), Van Hollen (D-MD), Velázquez (D-NY), Waters (D-CA), Watson (D-CA), Watt (D-NC), Waxman (D-CA), Woolsey (D-CA), Wu (D-OR).