

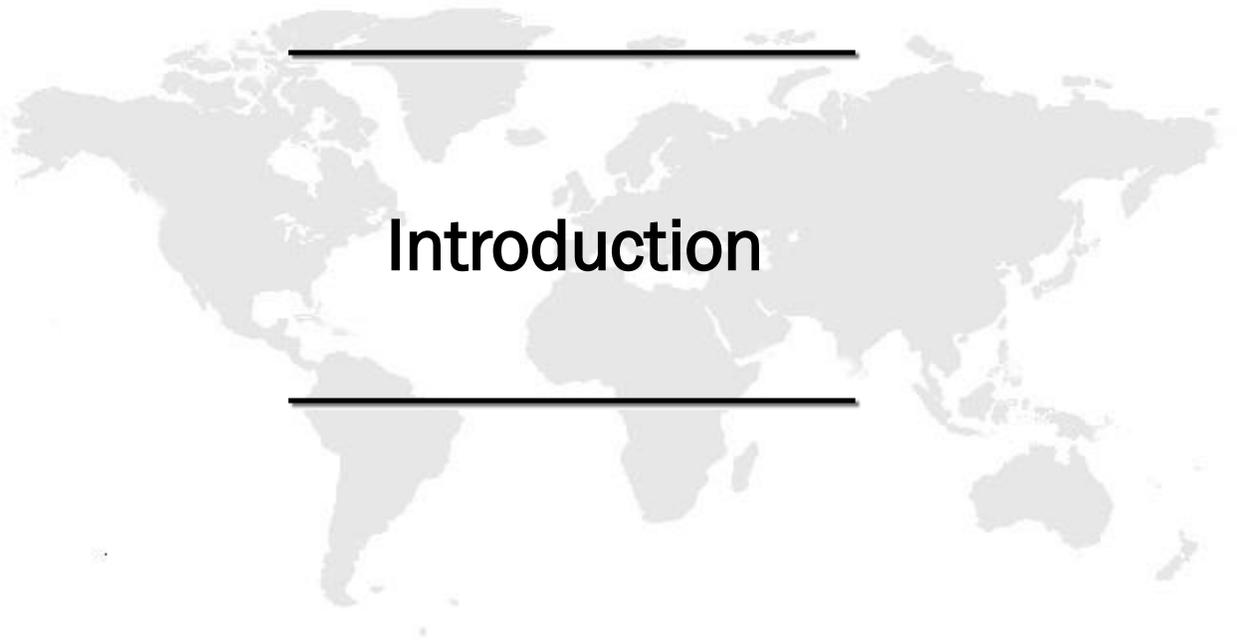

Global Legislative Handbook 2014

RESULTS and RESULTS Educational Fund
International Conference
June 21-24, 2014

RESULTS
the power to end poverty

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The United States will join with our allies to eradicate such extreme poverty in the next two decades, by connecting more people to the global economy, by empowering women, by giving our young and brightest minds new opportunities to serve and helping communities to feed and power and educate themselves, by saving the world's children from preventable deaths, and by realizing the promise of an AIDS-free generation, which is within our reach.

-President Barack Obama, State of the Union, February 12, 2013

The end of poverty

Since their adoption in 2000, the Millennium Development Goals (MDGs) have focused and galvanized the global community. These eight simple goals with clear indicators on reducing poverty and disease, increasing access to education and gender equality, and creating a sustainable, just world for all, have provided a clear vision for the future of health and development.

These goals have inspired and guided the advocacy of RESULTS to create the political will to end the worst aspects of hunger and poverty. As the 2015 deadline for the achievement of the MDGs nears, we are focused on both accelerating progress toward the MDGs and setting the stage for what comes next: the end of extreme poverty.

Extreme poverty is in retreat. In 1990, 43 percent of the developing world lived on less than \$1.25 a day. Today the global poverty rate has dropped to less than 20 percent. There is a real opportunity to end extreme poverty within a generation – this generation. But how realistic is this goal? Achieving it means halving the 2010 poverty rate. Then halving it again. And then nearly halving it a third time – all in less than one generation.

When accepting his Nobel Peace Prize in December 2006, Muhammad Yunus proclaimed, “I firmly believe that we can create a poverty-free world if we collectively believe in it. In a poverty-free world, the only place you would be able to see poverty is in the poverty museums.” In his 2013 State of the Union address, President Obama said, “the United States will join with our allies to eradicate such extreme poverty in the next two decades.” This call was echoed by World Bank President Jim Kim while outlining his vision for the World Bank, saying, “We are at an auspicious moment in history when the successes of past decades and an increasingly favorable economic outlook combine to give developing countries a chance – for the first time ever – to end extreme poverty within a generation.”

With this vision in mind, RESULTS will advocate for increased and more effective resources for education, health, nutrition, and economic opportunity in 2014.

How to use this handbook

The 2014 Global Legislative Handbook is a resource meant to be used before and during the RESULTS International Conference for both new and veteran volunteers. As you prepare for your lobby visits on Capitol Hill, the handbook should help you learn about or re-familiarize yourself with each of our three priority campaigns – Education for All, Global Health, and Microfinance. We recommend that you read through the handbook **before** you travel to Washington for the International Conference. Once there, staff can answer questions and you can maximize time with your group to prepare for your lobby visits.

Each section contains the following information:

- **Background on the issue**, including recent progress and relevant political context, both worldwide and in the United States. This should help new volunteers develop a basic knowledge base on each issue as well as inform everyone as to what's actually going on around the world and with the U.S. government.
- **RESULTS' legislative requests for Congress** – as the IC approaches and additional requests are added to our list, this section will be updated or additional information added separately to round out our list of requests.
- **Stories and other resources** you can use during your lobby meetings. These might be short anecdotes illustrating the importance of each issue, links to recent articles that might be helpful to print out and bring on your meetings, and links to videos that you might consider showing at your meeting. Just a few examples are included here, so don't hesitate to search for and use other resources that speak to you!

Fiscal year 2015 budget and appropriations update

Both the House and the Senate Appropriations Committees are currently working on their fiscal year (FY) 2015 appropriations bills. Each section of this handbook contains information on past appropriations levels, the currently enacted funding for FY 2014, the President's FY15 request, and RESULTS' request for FY15. Although the formal process for members of Congress (MOCs) to request specific appropriations levels to the State and Foreign Operations Appropriations Subcommittees is closed, it remains important to talk with your MOCs about your priority issues. The appropriations process is the foremost avenue for Congress to choose its priorities. Sufficient funding for the entire foreign aid budget and these poverty-focused accounts in particular is imperative to reducing poverty and strengthening the most vulnerable communities around the world.

Earlier this spring, RESULTS supported Dear Colleague letters in both the House of Representatives and in the Senate – one urged the Appropriations Committee to provide strong funding for child health, GAVI, and nutrition, a second supported bilateral tuberculosis funding, and a third supported a two-year pledge to the Global Partnership for Education. Other letters we included in this packet that RESULTS supported but did not work on were on access to basic education in the House and Senate. **If your member signed on to one of these letters, this is a great opportunity to thank them for their support. The list of signers is included in each section of the handbook and additionally can be found in the updated congressional scorecard.**

So where is the process now?

The President's budget request: On March 4, the President released his budget for fiscal year 2015, providing the base for Congress to use as it started the appropriations process. RESULTS priority accounts received mixed levels of support; the President's request included full funding for some issues, like the GAVI Alliance, while others were disappointingly low, such as bilateral tuberculosis.

House Appropriations Plan: On May 8, the House Appropriations Committees released the 302(b) allocations for each of the 12 subcommittees. These allocations are binding levels that govern how much overall funding each Appropriations Subcommittee has as they divide funding between all of the programs in their appropriations bill.

Surprisingly, the House State and Foreign Operations Appropriations Subcommittee's 302(b) allocation was \$42.5 billion for all international affairs programs, including the foreign aid programs on which RESULTS advocates. This is only \$100 million less than current funding levels and puts us in a good position to maintain and potentially increase the funding for the poverty-focused foreign assistance programs we care about.

Senate Appropriations Plan: On May 22, the Senate Appropriations Committee approved their 302(b) allocations for fiscal year 2014. Disappointingly, the Senate allocated a lower amount for the State and Foreign Operations bill than the House did. In order to avoid cuts to domestic programs due to a \$4.3 billion drop in anticipated revenues from the Federal Housing Administration's mortgage program, the Committee cut State and Foreign Operations base funding by \$3 billion (-7%) from current levels. However, they moved \$2.7 billion to an account known as the Overseas Contingency Operations (OCO) account to mitigate the base cuts.

This is a temporary fix. As the name implies, OCO is a contingency account for frontline states and emergencies such as Syria, Afghanistan, Pakistan, and Iraq. **Because it is considered an emergency fund, it is difficult to ensure the funding will be maintained in the next fiscal year. This makes it increasingly difficult to advocate for additional funding.**

Global Context: In his State of the Union speech in 2013, President Obama followed in the footsteps of Nobel Laureate Muhammad Yunus and World Bank President Jim Kim in calling for the eradication of extreme poverty by 2030. With just one year until the deadline for the achievement of the Millennium Development Goals and a new set of challenges emerging for the next 15 years, the United States' 2015 appropriations levels will provide crucial global leadership as the world looks ahead.

Even more, the GAVI Alliance's replenishment pledging conference is coming up later this year. The level of United States support this year will guide the support of other donors as they develop their pledges for these events.

For more information on RESULTS' fiscal year 2015 appropriations requests, visit:
<http://www.results.org/issues/appropriations>.

And to learn about the federal budget and appropriations process, visit:
http://www.results.org/issues/the_federal_budget_process/.



In this section:

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Background: the state of global education

Where are we now?

Around the world, 57 million primary school aged children are still not in school. And 250 million children – nearly 40 percent of the world's children of primary school age – are failing to acquire even basic literacy and numeracy skills. The world has made astounding progress since 1999, when 108 million primary school aged children were out of school. However, progress has stagnated in the last several years. From 2005 to 2011, primary net enrollment rates barely increased, from 87 percent to 89 percent globally.ⁱ

Who are these children? **Because of the progress we have made, the most marginalized and hardest to reach children are often the ones that have been left behind.** Of the 57 million children not in primary school, an estimated one-third of these children live with a disability, approximately 40 percent live in conflict-affected and fragile states, and 54 percent are girls. Girls from poor, rural areas are the least likely to go to school. Over half of out of school children live in sub-Saharan Africa – 30 million.ⁱⁱ

The most recent UNESCO Education for All Global Monitoring Report illustrates the inequities that remain in global education, and the challenges faced as the 2015 Millennium Development Goal Deadline approaches. These include:

- Even with four years in school, one out of four young people in low and lower middle income countries cannot read a sentence.
- In a third of the countries analyzed, less than 75% of primary school teachers are trained.
- By 2015, only 56% of countries are likely to achieve universal primary education.
- The poorest girls in sub-Sahara Africa won't complete lower secondary school until the 22nd century.ⁱⁱⁱ

Teacher shortages exacerbate the challenge of ensuring all children have a quality basic education. To achieve universal primary education, an **additional 1.6 million teachers** must be recruited between now and 2015. Compounding the challenge is the need to sufficiently train teachers. In **one-third** of countries with data collected, **less than 75 percent** of teachers are trained according to the national standards in that country.^{iv}

Unless more effective policies are implemented and there is greater international financial support, more children may still be out of school in 2015 than in 2008.^v Millions more will receive a low-quality education and not be able to read, write, and count. Specific interventions must be designed to not only help children get into school, but ensure that they do so on time, stay in school once they reach the classroom, and learn.

Why does education matter?

Universal access to quality education is a fundamental human right and critical to fulfilling global development goals. Education affects areas as diverse as health, gender, and economic growth:

- **Poverty reduction:** If all students in low-income countries were to leave primary school with basic reading skills, 171 million people would be lifted out of poverty.
- **Maternal, newborn, and child health:** A child born to an educated mother is more than twice as likely to survive to the age of five.^{vi} Educated mothers are 50 percent more likely to immunize their children than mothers with no schooling.^{vii}
- **HIV/AIDS:** HIV/AIDS infection rates are halved among young people who finish primary school. If all kids received a complete primary education, at least 7 million new cases of HIV could be prevented in a decade.^{viii}
- **Gender equality:** On average, for a girl in a poor country, each additional year of education beyond third or fourth grade will lead to 20 percent higher wages and a 10 percent decrease in the risk of her own children dying of preventable causes.^{ix}
- **Economic development:** 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.^x Every \$1 spent on a person's education yields \$10-15 in economic growth over that person's working lifetime.^{xi}
- **Nutrition and food security:** Gains in women's education have made the most significant difference in reducing malnutrition, outperforming a simple increase in the availability of food. A 63-country study by the International Food Policy Research Institute (IFPRI) found that more productive farming, as a result of female education, accounted for 43 percent of the decline in malnutrition achieved between 1970 and 1995.^{xii}
- **Security and democracy:** People of voting age with a primary education are 1.5 times more likely to support democracy than people with no education.^{xiii} Countries with higher primary schooling and a smaller gap between rates of boys' and girls' schooling tend to enjoy greater democracy and democratic political institutions (such as power-sharing and clean elections). These institutions are more likely to exist in countries with higher literacy rates and education levels.^{xiv} Every year of schooling decreases a male's chance of engaging in violent conflict by 20 percent.^{xv}

Where do we go from here?

As the 2015 deadline for the Millennium Development Goals and Education for All Goals draws near, a renewed commitment is needed if the world is to truly make progress towards Education for All and deliver prosperity and stability to the world's poorest populations in a post-2015 world.

Moving forward, it is vital that the global community focuses on: **improving access** for the most vulnerable children, particularly those in conflict affected states, children with disabilities, girls, and other marginalized populations; and **improving the quality** of education through increasing teacher effectiveness and resources for education so children in school gain the skills needed to become productive, contributing members of society.

UNESCO now estimates there is a financing gap of at least \$26 billion (after domestic government spending and donor aid) annually to attain universal primary education by 2015.^{xvi} But instead of increasing aid for basic education to help fill this gap, donors are actually cutting aid for basic education – and the cuts are disproportionately hitting the poorest countries where external assistance is needed the most. In fact, while basic education disbursements as a whole have dropped by 16 percent since 2009, those for low and lower-middle income countries, have dropped disproportionately by 23 percent.^{xvii} Already developing countries themselves provide 90 percent of education financing. Donors must fill that gap by increasing education aid overall and, at the same time, drastically increasing the proportion of aid going to the poorest countries.

Despite these challenges, global momentum and political will seems to be increasing. In September 2012, United Nations Secretary-General Ban Ki-moon launched the Global Education First Initiative (<http://www.globaleducationfirst.org/>). Working closely with UN Special Envoy for Global Education, former UK Prime Minister Gordon Brown (<http://educationenvoy.org/>), the Global Education First Initiative is looking to put every child in school, improve the quality of education, and foster global citizenship. In January 2014, the U.S. announced its designation as a Global Education First Initiative Champion Country agreeing to, among commitments, “annual contributions to the multilateral Global Partnership for Education (GPE) Fund.”^{xviii}

The Global Partnership for Education

The Global Partnership for Education (GPE) is the only multilateral partnership exclusively focused on ensuring all children have access to a quality education. The Global Partnership is an innovative and effective model, bringing together civil society, private sector, donor governments and 59 low-income countries to achieve the Education for All goals by developing and funding ambitious national education plans. Thanks to this model, countries like Somalia and the Democratic Republic of the Congo are now implementing their first-ever national education plans.

Since 2002, the Global Partnership has allocated nearly \$3.7 billion to help the world's most vulnerable children get a quality education. In the last ten years, the Partnership has assisted these partner countries to enroll **22 million children in school**, construct over 53,000 classrooms, and train more than 300,000 teachers. Primary school net enrollment rates in GPE developing country partners rose from 66 percent in 2000 to 81 percent in 2011, a higher rate of improvement than developing countries not a part of the Partnership. Once low-income countries join the Global Partnership, they demonstrate their commitment to educating their own people – on average, domestic financing to education as a share of the GDP in GPE countries increased by **10 percent** after they joined the Global Partnership.

By prioritizing children in conflict-affected and fragile states, girls, basic literacy and numeracy skills, teacher effectiveness, and domestic and external funding to education, GPE is tackling the most pressing issues in global education today.

At its upcoming **pledging conference** on June 26 in Brussels, the Global Partnership for Education aims to raise **\$3.5 billion** from donor governments, which could support **29 million** children in school and help increase the number of children completing primary school with literacy and numeracy skills by **25 percent** by 2018. Importantly, donor contributions have the power to leverage an additional **\$16 billion** in developing country partners' domestic financing for education.

The GPE pledging conference is a key moment for the global community to course correct on education, showing a renewed commitment to education for all and setting the stage for a successful post-2015 world.

This is especially true for the United States. At the November 2011 GPE pledging conference, the United States made its first-ever pledge of \$20 million to the Global Partnership. This was a significant first step for the United States. However, the \$20 million represents only 2.5 percent of the U.S.'s basic education

development program in 2012, which totaled \$800 million. Even further, the U.S. still lagged far behind other donor countries in its commitment to multilateral support of global education. For example, the UK and Australia pledged \$352 million and \$278 million, respectively. Even countries such as Denmark and the Netherlands, whose GDPs are only 2-6 percent that of the U.S., stepped up and pledged \$201 million and \$167 million, respectively.

This year, the United States should show leadership on education, committing \$250 million over two years to the Global Partnership for Education.

How is the U.S. government supporting global education?

Appropriations

For fiscal year 2014, Congress appropriated \$800 million for global basic education programs. The President's 2015 budget request included just \$534 million for basic education – approximately a 33 percent decrease from the 2014 levels.

While another contribution to the Global Partnership for Education has not yet been made public, Congress has continued to include legislative language authorizing a contribution to the Global Partnership, leaving it up to the Administration to decide the final amount.

As the Administration finalizes its pledge for the Global Partnership for Education pledging conference and the House and Senate continue their work on 2015 appropriations, it is imperative that both the overall basic education number and the proportion of basic education going toward the Global Partnership are increased. The Administration should commit \$250 million over two years to the Global Partnership in June, and Congress should appropriate \$125 million to GPE in the 2015 appropriations bills.

USAID Education Strategy

Launched in February 2011, the U.S. Agency for International Development (USAID) is mid-way through implementing its Education Strategy. The strategy seeks to focus the U.S. government's bilateral education programming in order to achieve three specific outcomes:

1. Improved reading skills for 100 million children in primary grades by 2015.
2. Improved ability of tertiary and workforce development programs to produce a workforce with relevant skills to support country development goals by 2015.
3. Increased equitable access to education in crisis and conflict environments for 15 million learners by 2015.

As the U.S. implements this strategy, it must also work to follow principles of aid effectiveness, particularly ensuring its bilateral programs are country owned and rigorously evaluated.

Requests for Congress

FY2015 Appropriations Requests for Basic Education and the Global Partnership for Education

Fiscal Year	FY11	FY12	FY13 Continuing Resolution	FY14 Omnibus	FY15 President's Request	FY15 RESULTS' Request
Overall Basic Education	\$925 million	\$800 million	\$767 million	\$800 million	\$534 million	\$925 million
GPE	\$0	\$20 million	Not yet specified	Not specified	Not specified	\$125 million

This spring, Congresswoman Jan Schakowsky (D-IL) led a letter to President Obama urging him to commit \$250 million over two years to the Global Partnership for Education. You can thank your members of Congress if they signed on:

81 members signed on: Jan Schakowsky (D-IL), Earl Blumenauer (D-OR), Suzanne Bonamici (D-OR), GK Butterfield (D-NC), Lois Capps (D-CA), Michael Capuano (D-MA), Andre Carson (D-IN), Kathy Castor (D-FL), Katherine Clark (D-MA), Yvette Clarke (D-NY), John Conyers (D-MI), Joe Courtney (D-CT), Joseph Crowley (D-NY), Danny Davis (D-IL), Susan Davis (D-CA), Diana DeGette (D-CO), John Delaney (D-MD), Rosa DeLauro (D-CT), Suzan DelBene (D-WA), Lloyd Doggett (D-TX), Donna Edwards (D-MD), Keith Ellison (D-MN), Eliot Engel (D-NY), Anna Eshoo (D-CA), Eni Faleomavaega (D-AS), Sam Farr (D-CA), John Garamendi (D-CA), Gene Green (D-TX), Raul Grijalva (D-AZ), Alcee Hastings (D-FL), Danny Heck (D-WA), Ruben Hinojosa (D-TX), Rush Holt (D-NJ), Michael Honda (D-CA), Sheila Jackson Lee (D-TX), Eddie Bernice Johnson (D-TX), Hank Johnson (D-GA), Marcy Kaptur (D-OH), Derek Kilmer (D-WA), Rick Larsen (D-WA), Barbara Lee (D-CA), Sander Levin (D-MI), John Lewis (D-GA), Dave Loebsack (D-IA), Zoe Lofgren (D-CA), Alan Lowenthal (D-CA), Ben Lujan (D-NM), Michelle Lujan Grisham (D-NM), Carolyn Maloney (D-NY), Carolyn McCarthy (D-NY), Jim McDermott (D-WA), Jim McGovern (D-MA), Jerry McNerney (D-CA), Gregory Meeks (D-NY), Gwen Moore (D-WI), Jim Moran (D-VA), Jerrold Nadler (D-NY), Grace Napolitano (D-CA), Eleanor Holmes Norton (D-DC), Frank Pallone (D-NJ), Donald Payne, Jr. (D-NJ), Gary Peters (D-MI), Chellie Pingree (D-ME), Marc Pocan (D-WI), David Price (D-NC), Mike Quigley (D-IL), Charles Rangel (D-NY), Lucille Roybal-Allard (D-CA), Bobby Rush (D-IL), Tim Ryan (D-OH), Jose Serrano (D-NY), Carol Shea-Porter (D-NH), Albio Sires (D-OH), Adam Smith (D-WA), Jackie Speier (D-CA), Mark Takano (D-CA), John Tierney (D-MA), Dina Titus (D-NV), Chris Van Hollen (D-MD), Filmon Vela (D-TX), Henry Waxman (D-CA)

Earlier this year, there were letters in both the House and the Senate urging the Appropriations Committee to include robust funding for global basic education programs. You can thank your members of Congress if they signed on:

9 Senators signed on: Dianne Feinstein (D-CA), Johnny Isakson (R-GA), Barbara Boxer (D-CA), Benjamin Cardin (D-MD), Kirsten Gillibrand (D-NY), Martin Heinrich (D-NM), Jeanne Shaheen (D-NH), Bernie Sanders (I-VT), Debbie Stabenow (D-MI)

63 members signed on: Jim McDermott (D-WA), Ron Barber (D-AZ), Karen Bass (D-CA), Timothy Bishop (D-NY), Earl Blumenauer (D-OR), Julia Brownley (D-CA), Andre Carson (D-IN), Matt Cartwright (D-PA), Joaquin Castro (D-TX), Judy Chu (D-CA), Katherine Clark (D-MA), Yvette D. Clarke (D-NY), Wm. Lacy Clay (D-MO), Steve Cohen (D-TN), John Conyers (D-MI), Joe Courtney (D-CT), Elijah Cummings (D-MD), Danny Davis (D-IL), Peter DeFazio (D-OR), Rosa DeLauro (D-CT), Lloyd Doggett (D-TX), Keith Ellison (D-MN), Elizabeth Esty (D-CT), Lois Frankel (D-FL), Tulsi Gabbard (D-HI), Raul Grijalva (D-AZ), Alcee Hastings (D-FL), Mike Honda (D-CA), Sheila Jackson Lee (D-TX), Eddie Bernice Johnson (D-TX), William Keating (D-

MA), Derek Kilmer (D-WA), Ron Kind (D-WI), Barbara Lee (D-CA), Sander Levin (D-MI), Zoe Lofgren (D-CA), Ben Ray Lujan (D-NM), Stephen Lynch (D-MA), Carolyn Maloney (D-NY), Carolyn McCarthy (D-NY), James McGovern (D-MA), Jerry McNerney (D-CA), Gwen Moore (D-WI), James Moran (D-VA), Jerrold Nadler (D-NY), Eleanor Holmes Norton (D-DC), Donald M. Payne (D-NJ), Chellie Pingree (D-ME), Jared Polis (D-CO), Charles Rangel (D-NY), Bobby Rush (D-IL), Jan Schakowsky (D-IL), Carol Shea-Porter (D-NH), Albio Sires (D-NJ), Adam Smith (D-WA), John F. Tierney (D-MA), Chris Van Hollen (D-MD), Juan Vargas (D-CA), Timothy Walz (D-MN), Maxine Waters (D-CA), Peter Welch (D-VT), Frederica Wilson (D-SC), John Yarmuth (D-KY)

The Education for All Act (H.R. 2780)

Introduced in July 2103 by Representative Nita Lowey (D-NY) and Dave Reichert (R-WA), the Education for All Act is 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, promote education as the foundation for community development, and support multilateral education organizations including the Global Partnership for Education.

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.
- **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**.

There are currently 64 cosponsors on the EFA Act. You can search for the bill and check to see if your member is one of them at <http://thomas.loc.gov/>.

Stories, videos, and additional resources

Stories

Gene Sperling's Story: Education, Providing Hope for the Future

In 2000, Gene Sperling, former chief economic advisor to President Bill Clinton was in a village an hour and a half drive from Dakar, Senegal. Mr. Sperling was in Dakar to lead the Clinton administration's delegation

to the United Nations Education for All Conference, a meeting dedicated to ensuring that all primary school-aged children in the world would be enrolled in school. The goal was to have been achieved by 2000, but by that year, there were still more than 100 million children not in primary school. After the conference, Mr. Sperling visited a village that only had a first and a second grade. This is his story:

We went to listen to the second graders. They were coming up to the board doing...math assignments. There were about 80 kids in the class, one teacher. And at the end I said to the guy from the U.S. Embassy, "Can we take some questions?" And he said he didn't want me to have them take any questions. And I said, "Why?"

He said, "Because they're extremely poor children and you're a very rich man to them and if you tell them to ask questions, one of them might make an inappropriate request." So the guy from the Embassy was worried that if I took questions from the second graders they were going to ask for money or shoes or something. So I waved that off and said, "Don't worry about that." So sure enough we asked for questions and the first child puts his hand up, and it was a young boy, and he says "Do you think next year at our school we can have a third grade and a bathroom?"

I'll tell you, if there was a moment I became committed to [this] issue, it was just that simple. Here we were looking at a school for just first and second graders and the reality [is], here's a kid who's finishing second grade and all he wants to do is go to third grade and it's just not in the cards...and then a bathroom. It never crossed my mind there wasn't a bathroom at [this] school. And all I could think in light of this guy from the Embassy's line was, that was hardly an inappropriate request, for a child to want to go to third grade, or fourth grade, or fifth grade and the idea that essentially the answer was no. Nobody cares enough to make sure this school has a third, fourth, fifth, sixth, seventh, [or] eighth grade.

It's just so heartbreaking and so wrong.

A simple bathroom and another year of school... that's all this child wanted. How can we work together to make sure children who want to go to school can?

GPE, May 2011:

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."

People's Daily Online, January 2012:

The GPE will provide \$55.7 million for the Afghan government to promote education quality in the war-torn country. Afghanistan joined the GPE in 2011. The strategy will cover a range of initiatives, with focus on accelerating girls' attendance to school by working with community leaders, recruiting and training additional female teachers, providing alternative pathways to formal education and ensuring that schools are protected through the efforts of communities themselves.

More than 400 schools remain closed due to conflicts and security problems and thus over 200,000 students have been deprived from getting education. Schools for girls in particular have been closed down due to security reasons mostly in the southern provinces where Taliban militants are active over the past few years. Around 8.4 million Afghan children, with over 35 percent of them girls, currently go to school at

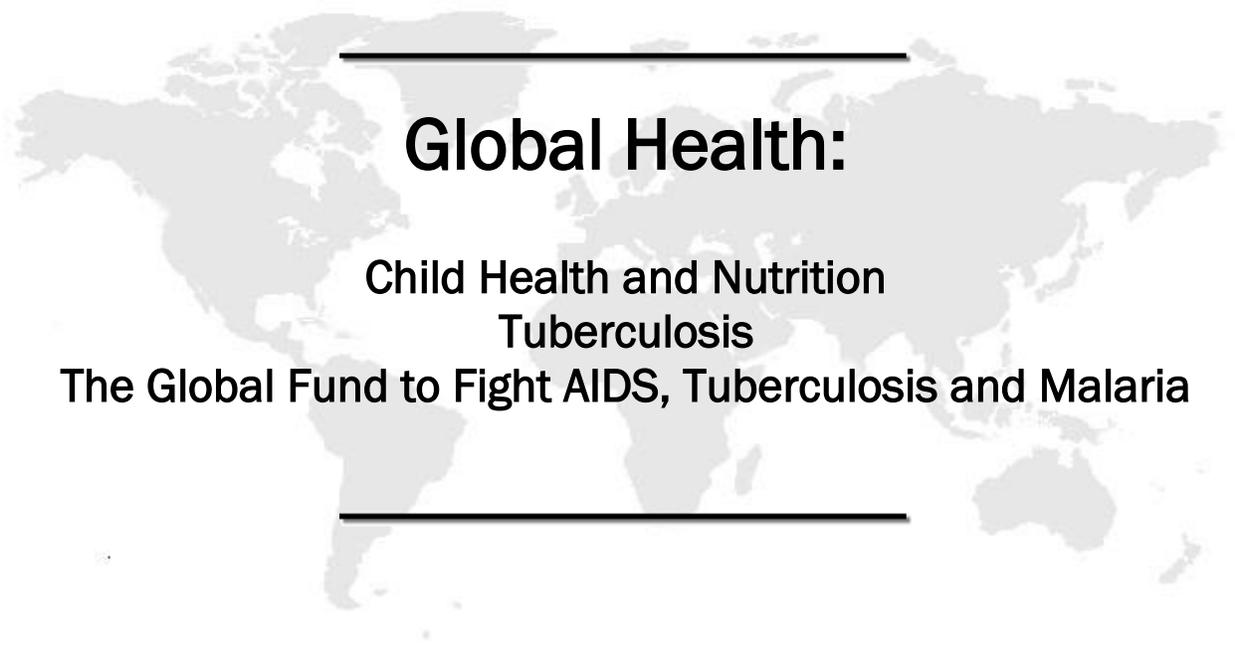
present while the Ministry for Education has been endeavoring to increase the number to 12 million within the next three years.

Videos

- “250 Million Reasons to Invest in Education,” Global Partnership for Education: <http://www.globalpartnership.org/multimedia/video/250-million-reasons-invest-education>
- “How to Get Millions of Children in School and Learning,” Global Partnership for Education: <http://www.globalpartnership.org/multimedia/video/how-get-millions-children-school-and-learning>
- “57 million children out of school,” UNESCO, June 5, 2013: <http://youtu.be/Ft5sDJG054w>
- UN Secretary-General Ban Ki-Moon on why “Every Child Needs A Teacher”: <http://youtu.be/tSE-Cfvfik4>

Recent articles

- “250 Million Reasons to Invest in Global Education,” by Julia Gillard in the Huffington Post, May 12, 2014: http://www.huffingtonpost.com/australian-prime-minister-julia-gillard/250-million-reasons-to-in_b_5310237.html
- “U.S. should pledge to help to help global education efforts,” editorial in the Austin American Statesman, May 8, 2014: <http://www.mystatesman.com/news/news/opinion/us-should-pledge-to-help-global-education-efforts/nfrps/>
- “Get girls education out of the cross hairs,” by Gayle Tzemach Lemmon on CNN.com, May 10, 2014: http://www.cnn.com/2014/05/09/opinion/lemmon-education-nigeria/index.html?hpt=op_t1
- ...and links to many more fantastic global education media pieces here: http://www.results.org/blog/will_president_obama_do_what_it_takes_for_29_million_children/.



Child Health & Nutrition

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Despite everything we have learned over the last decades about how to save children's lives, we are not keeping our promise to the millions of young children who still die every year... mostly from causes we have the power to prevent and diseases we have the ability to treat... And even as the world has made tremendous progress in both saving and enhancing children's lives, gaps between the poorest and wealthiest children – both among and within nations – are actually growing, often concealed by global and national averages. Nowhere is this inequity more glaring, or more galling, than child mortality.

-Tony Lake, Executive Director of UNICEF

Background: improving child health worldwide

Where are we now?

When RESULTS started as an anti-hunger citizen advocacy organization in the early 1980s, it quickly became a leader in the fight against child mortality globally and focused its efforts on improving child health. RESULTS partnered with UNICEF (the United Nations Children's Fund) in the late 1980s during the "Child Survival Revolution" to build U.S. support for key interventions for leading killers of kids. At that time, 14 million children under the age of five died every year around the world of largely preventable and treatable diseases. Today, after three decades of leadership, innovation, and hard work, that grim number has been cut in half. This progress must strengthen our resolve to do more, faster, because today we have more and better tools, and saving the other half is now possible.

The world, with U.S. leadership, has made enormous strides in saving the lives of children when focused commitment has been backed with sufficient resources. Dramatic progress has been made against a handful of major killer diseases. Polio was a devastating cause of death and disability worldwide but is now an endemic in just three countries thanks to eradication efforts. Vaccination against measles has produced rapid improvements in children's health and because of this Africa has seen an 88 percent reduction in measles deaths over the last decade.^{xix} Additionally, between 2000 and 2012, a scale-up of malaria interventions saved an estimated 3.3 million lives. 90 percent, or 3 million, of these are in the under-five age group in sub-Saharan Africa.^{xx}

Thanks to modern public health improvements that most of us take for granted — clean drinking water, vaccinations, sanitary birth conditions, and antibiotics — diseases and infections that claimed so many young lives a century ago are no longer a concern for most of us in the United States. However, the very poorest and most disadvantaged children are still missing out on these life-saving health services. **Of the 6.6 million children dying annually, or nearly 18,000 per day, the vast majority of deaths are in poor countries; half are in sub-Saharan Africa.**^{xxi} **At the current pace of progress, the world not meet the Millennium Development Goal 4 – to reduce child mortality by two-thirds until 2028 – 13 years after the deadline.**^{xxii}

The leading causes of death are almost entirely preventable or treatable. Together pneumonia and diarrhea account for over a quarter of child deaths.^{xxiii} Malnutrition is an underlying factor in almost half of all child deaths. All of these illnesses can be prevented, or treated cost-effectively when they do occur.^{xxiv}

Where do we go from here?

New science and modeling show that we can end preventable child death within a generation. The answer is not a not a single breakthrough miracle drug, but the cumulative impact of innovation and progress gained over the past three decades.

In June of 2012 world leaders gathered in Washington, DC, to commit to **ending preventable child deaths** by the year 2035 at what was called the Child Survival Call to Action. At this summit co-hosted by USAID, Ethiopia, India, and UNICEF, global leaders from 57 both high income countries and high burden countries - signed on to this new audacious goal of bringing developing country mortality rates down to 20 deaths per thousand live births.

There are some key interventions that would need to be scaled up for countries to reach that goal. Firstly, this means investing in newly available tools, and new updates to old tools, to save children's lives from pneumonia, diarrhea, and malnutrition. In 2010, new vaccines to prevent major causes of pneumonia and diarrhea were introduced for the first time in low-income countries through the GAVI Alliance (see below).

A time-tested treatment for diarrheal diseases is oral rehydration solution (ORS), a simple solution of salt and sugar that prevents deadly dehydration. Since its introduction in the 1970s, it has saved 50 million lives. UNICEF and the World Health Organization now recommend adding zinc, which helps recovery and can prevent additional bouts of diarrhea. However, of the millions of kids who suffer potentially life-threatening bouts of diarrheal disease, less than 1 percent currently receives the optimal combined ORS and zinc treatment.^{xxv}

Second, the world has made great strides in understanding how these life-saving vaccines and treatments need to be delivered. The majority of children who die of preventable diseases are not dying in hospitals — they are dying in rural and under-served areas. That's why well-trained community health workers fighting on the front lines of these diseases are so important. Ethiopia's a great example of how to bring health to the community. Over five years, the country trained 40,000 community health workers and deployed them in village health outposts across the country. This resulted in dramatic gains in immunization rates and better and more consistent treatment of pneumonia and severe acute malnutrition. Ethiopia reduced its under-5 mortality by two thirds between 1990 and 2012 – the required reduction for meeting the target of Millennium Development Goal 4, slashing under-five mortality rates from 204 to 68 per 1,000 live births.^{xxvi}

Finally, renewed commitment and resources from the countries where these deaths occur make the goal of ending preventable childhood deaths achievable. Nigeria and India, which together account for one-third of all child deaths, have substantial domestic resources of their own to dedicate to decreasing child mortality on the national level. And countries like Ethiopia, Rwanda, and Nepal have demonstrated that even in very poor countries, lives can be saved with cost-effective tools when the government makes children's health a priority. Fifty countries have joined the Scaling Up Nutrition, or SUN, movement to address childhood

malnutrition in their countries and are developing country-owned plans for how to implement nutrition specific interventions.

Since the Child Survival Call to Action, 176 countries have now signed onto the pledge that they will commit to ending child death by 2035. In June, USAID and other partners will host a two-year follow-up event, “Acting on the Call”, to celebrate progress on child mortality and assess remaining challenges.

Vaccines and Immunization

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. **Each year 1.5 million children die of vaccine-preventable diseases and one in five children worldwide do not receive a full course of even the most basic vaccines.**^{xxvii} 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. Investments in polio vaccines have eliminated the debilitating disease in all but three countries. The introduction of basic vaccines that prevent measles, whooping cough, diphtheria, and tetanus, have saved countless lives, but still every year, over 20 million children out of each birth cohort miss the life-saving effects of vaccines.^{xxviii}

By focusing on equity and the hardest to reach, UNICEF has reported that more lives are saved. When investing in vaccine programs we must focus on reaching communities that are not only remote and geographically isolated but also the poorest and those that lack access to basic services. Focusing on the bottom quintile and finding the final fifth of the population that lacks services is critical for saving lives, and ending preventable child death. Using this “equity-based” approach can help countries see faster progress in saving children’s lives, and is more cost effective than business as usual approaches.

Additional opportunities to further reduce child mortality are thanks to two new vaccines which prevent the two leading childhood killers—pneumonia and diarrhea which claim the lives of nearly two million children under-five each year.

- **Pneumococcal disease** is an infection from a bacterium that can attack young children with deadly results. Every day 3,000 children under the age of five die from pneumonia, and the vast majority of these deaths occur in Africa and Asia.^{xxix} Most pneumonia deaths are caused by the pneumococcal bacterium, which occurs when the bacterium infects the lungs and causes fever, coughing, and difficulty breathing.
- **Rotavirus** is a major cause of a leading childhood killer — diarrhea. Rotavirus kills over 450,000 children each year when acute diarrhea leads to severe dehydration.^{xxx} 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.

GAVI Alliance

Since 2000, the GAVI Alliance has driven the unprecedented roll out of almost half a billion vaccines for children in poor countries and by 2015 that will result in 6 million lives saved. The GAVI Alliance is a unique public-private partnership dedicated to protecting children from vaccine-preventable diseases by providing new and underutilized vaccines to poor countries. 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.

- Since introduced in 2001, 72 out of 73 GAVI-eligible countries rolled out the pentavalent vaccine (protects against diphtheria, pertussis, tetanus, Hepatitis B, and HiB) into routine immunization systems, and number 73, South Sudan, will introduce the vaccine in late 2014.
- By the year 2011, the new pneumococcal and rotavirus vaccines to combat pneumonia and deadly diarrhea were introduced, but the vaccines were not yet widely available to the children in poor countries who need them most.
- Through support for GAVI, these vaccines are becoming rapidly more available for poor countries with 25 GAVI-eligible countries already rolling out the pneumococcal vaccine with the goal of reaching 45 countries by the end of 2015. 20 countries have rolled out the rotavirus vaccine with 15 more countries expected to introduce it in the next two years.^{xxxii}

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. Nearly 60% of babies born in 2012 lived in GAVI eligible countries. GAVI also has a strict co-financing policy, which requires every country receiving assistance to contribute to the cost of the vaccines from their own budgets starting at 20 cents per dose for even the poorest countries. This helps ensure the countries are full partners and helps build long-term political and financial support for the routine immunization program within the country.

To support the goals of GAVI, at the first GAVI pledging conference in June of 2011, the United States made a historic three-year pledge of \$450 million to support scale up of delivery of vaccines. The U.S. was one of GAVI's original supporters starting in 2000, and to date has given just over \$1 billion dollars to support vaccine introductions in poor countries.

GAVI's progress shows that investing in immunization pays off in terms of health and value for money. But still, every fifth child born misses the most basic vaccines – that's over 20 million kids a year left unimmunized. Within developing countries, the children who die before the age of five and who miss out on life-saving vaccines are often those living in the hardest to reach areas, in marginalized communities, and in the poorest households.^{xxxiii}

The World Health Organization now recommends 11 vaccine antigens for universal infant use and globally only 5 percent of children are receiving all of these immunizations.^{xxxiiii} Funding for GAVI will continue to focus on increasing immunization coverage for the leading killers of children in developing countries and the U.S. must continue to be a global leader on ending preventable child deaths by ramping up support for GAVI.

The next five years: GAVI's replenishment campaign

In May of 2014, the GAVI Alliance announced an effort to mobilize \$7.5 billion to immunize an additional 300 million children between 2016 and 2020. If implemented, this plan would save an additional 5-6 million lives.^{xxxv}

The upcoming 2016-2020 strategy period presents a tremendous opportunity to accelerate impact, reach more children with the power of vaccines, and ensure the gains made to date are sustained. To build political will and global momentum for this goal, Germany announced it will host a replenishment conference in early 2015 for donors to commit to GAVI's strategy of scaling-up interventions and increasing vaccine coverage to reach that fifth child. To successfully implement this strategy, the global need is \$7.5 billion in

new commitments for GAVI, an average of \$1.5 billion per year over the five year period. This represents a collective 15 percent increase beyond the \$1.3 billion level of direct contributions for 2013.

If GAVI falls short of its funding goal, and if future country demand for support of vaccines cannot be met (including support for the measles-rubella, rotavirus, HPV, and typhoid vaccines which GAVI supports), 1.3 million future deaths that would otherwise be averted could occur. This could also lead to large economic and productivity loss as well. GAVI estimates that its strategy to expand immunization coverage could generate between \$80 and \$100 billion in economic benefits.^{xxxv}

The U.S. fulfilled its three-year pledge with the passage of the FY2014 State and Foreign Operations Appropriations bill in an omnibus vote in January 2014.^{xxxvi} A strong U.S. commitment for fiscal year 2015 for GAVI of \$200 million can leverage increased support from other donors and signal continued faith in GAVI's work. However, as GAVI's need has increased by 15 percent, U.S. leadership on GAVI should respond in-kind to the growing demand for life-saving vaccines. In the lead up to this pledging conference, RESULTS will push for the U.S. to make a strong multi-year pledge, with an increased funding commitment, to support GAVI's strategy for saving 5-6 million lives.

Child Nutrition

Almost half of the preventable deaths of young children are due to inadequate nutrition — that's 3.1 million kids dying annually. When young children are malnourished, they become much more susceptible to illness, and much more likely to succumb to illnesses that well-nourished children have the immunity to fight. According to a recent report from UNICEF, kids who suffer from severe undernutrition are 9.5 times more likely to die from diarrhea and 6.4 times more likely to die from pneumonia.^{xxxvii} These common childhood ailments are treatable, but when they afflict children already weak from undernutrition, they become much more deadly.

One in four children (165 million in 2011) under the age of five is stunted, meaning that chronic undernutrition has resulted in serious and often irreversible physical and cognitive damage. Stunted children may struggle to reach their full potential in school and the workplace, and undernutrition can cost a person 10 percent of their lifetime earnings.^{xxxviii}

The cost of undernutrition is not limited to individuals; it acts as a drag on national economies. According to the World Bank, undernutrition can cost countries 2-3 percent of GDP.^{xxxix} In 2012, a panel of Nobel Laureate economists and other experts ranked child nutrition first on their list of cost-effective investments to improve global welfare.^{xl}

The good news is that **by focusing appropriate nutritional support on the 1,000 day window from pregnancy to a child's second birthday, undernutrition and its lifelong consequences can be averted.** In 2008 and then again in 2013, *The Lancet* medical journal described a package of effective nutrition-specific interventions including: providing essential vitamins and minerals through enriched foods and supplements, promoting breastfeeding and nutritious complementary feeding for weaning babies, and treating severely malnourished kids with nutrient-rich therapeutic foods.^{xli} There are two major ways in which the global community defines nutrition interventions:

- **Nutrition-specific:** Programs and plans that are designed to address the immediate causes of suboptimal growth and development.

Examples include: promotion of exclusive breastfeeding for young children, therapeutic food to treat severe acute malnutrition, micronutrients and vitamins for pregnant mothers and young children alike to fight micronutrient deficiencies.

- **Nutrition-sensitive:** Interventions that address the underlying and basic determinants of malnutrition and incorporate specific nutrition goals and actions.

Examples include: Supporting agriculture programs to get more nutritious foods to market in areas with low food diversity, School feeding programs, women’s empowerment programs to build economic security with the intent on increasing food security.

Several countries have demonstrated that real progress is possible, even in very difficult circumstances. Nepal is one of the poorest countries in Asia and emerged from a decade of conflict with a national peace accord in 2006. Since then, it has expanded nutrition and health services for women and children, and reduced stunting among children by 16 percent since 2006.^{xliii} In 2001, Tanzania began a national campaign to reach children with supplemental vitamin A, and has consistently reached over 90 percent of children in need. This and related health and nutrition efforts were instrumental in Tanzania cutting child mortality in half since 2001.^{xliii} In Niger, one of the poorest countries on earth, a project to provide iron supplements and de-worming medication, and educate mothers about breastfeeding, reduced anemia from 40 percent to 7 percent among pregnant women.^{xliv}

Progress on nutrition

Because of our history on child survival advocacy and the direct tie with access to quality nutrition on children’s health, in early 2013 RESULTS started a major advocacy campaign on nutrition because of a major global event that we had an opportunity to shape, both from a policy perspective and as a moment to mobilize increased resources for nutrition.

In June 2013, the United Kingdom convened the *Nutrition for Growth* Summit to accelerate global progress on nutrition. In the lead up to this meeting, RESULTS advocates pushed for:

- A clear baseline of spending on nutrition-specific and nutrition-sensitive interventions across government
- A whole-of-government strategy on nutrition to better coordinate, monitor, and evaluate U.S. investments
- Increased resources for nutrition, especially as it focuses on the 1,000 day window

At the Nutrition for Growth meeting, the U.S. did not commit to new funding for nutrition. However, it announced that it is spending far more than previously reported on nutrition interventions and committed to making public the baseline of spending on nutrition. To date, the detailed baseline for funding across all nutrition interventions (both on nutrition-sensitive and nutrition-specific spending) has not been made public.

While the U.S. was found to be spending more on nutrition than previously known, the worrisome issue is that most of the funding reported to affect nutrition did not have clear nutrition goals and indicators. That meant funding for nutrition could not be tracked for nutrition outcomes and was not necessarily targeting where investments can have the greatest impact – adolescent girls, pregnant mothers, newborns, and young children – right before and during the 1,000 day period.

In 2013 the U.S. also committed to developing a whole-of-government nutrition strategy. On this, they have made progress. The administration made a solid first step to reaching that goal by releasing the USAID Multi-Sectoral Nutrition Strategy in May 2014 that coordinates across the agency’s health and development accounts. The USAID strategy directs U.S. missions in developing countries to coordinate and report across their nutrition work in Health, Humanitarian Assistance, Agriculture, Food Security, Economic Strengthening, Education, Water and Sanitation, and Reproductive Health programs. The U.S. has also announced they are working on a whole-of-government Global Nutrition Coordination Plan and has asked for feedback on their draft plan (in May 2014).

One year after the Nutrition for Growth moment, RESULTS is glad to see the momentum that nutrition has made and the attention it has gotten across health and development. Both the USAID Strategy and the Global Coordination plan promise to deliver better monitoring and evaluation for the U.S. work on nutrition, but those strategies must also come with clear and accurate and public tracking of funding and defined indicators and nutrition outcomes. RESULTS continues to push for increased funding that targets the 1,000 day window that has the most impact while working to ensure that funding going to nutrition has clear nutrition objectives, and results are publicly reported.

The U.S. Commitment to Ending Preventable Child Deaths

Today, around the world, the rate of decline in under-5 child mortality is around 2.5 percent. To achieve the MDG target that we all believe deeply is achievable; we will need to accelerate that to nearly 12 percent. And to eliminate preventable child death overall, we'll need to address the glaring disparities that can occur between countries and within countries on our way to these goals. Progress starts with a pledge, a commitment to achieve this goal that we hope every country around the world will make.

-Raj Shah, USAID Administrator at the Child Survival Call to Action, 2012

In 2000, the global community made a promise to children to reduce the under-five mortality rate by two-thirds between 1990 and 2015. With less than two years left until the deadline, our promise and our credibility are in jeopardy. *If current trends continue, the world will not meet Millennium Development Goal 4 until 2028.* Hanging in the balance are the lives of 35 million children who could die between 2015 and 2028 if we do not accelerate our progress. These staggering figures are all the more tragic because the majority of child deaths are preventable.

The prospect of failing to meet Millennium Development Goal 4 is cause for outrage. But moral indignation is only meaningful if accompanied by unrelenting action.

- Anthony Lake, Executive Director of UNICEF, Committing to Child Survival: A Promise Renewed, Progress Report 2013

USAID's role in the Child Survival Call to Action brought a spotlight to the critical need for ramping up treatment and prevention to end child deaths. For the first time ever, President Obama called for ending preventable child deaths in his 2013 State of the Union address to Congress, elevating child survival as one of the administration's key development goals.

Tony Lake called for "unrelenting action" in UNICEF's recent child health progress report when he pointed out if current trends continue, the world will not meet MDG Goal 4 until 13 years after the 2015 goal. Not meeting that goal puts the lives of 35 million children on the line that could die if global efforts are not accelerated.

While ending preventable child deaths is a primary global health goal of the administration, disappointingly, President Obama's fiscal year 2015 (FY15) budget requests, the Maternal and Child Health (MCH) account faced a \$10 million cut from fiscal year 2014's (FY14) enacted level of \$705 million and additionally there was a 12 percent cut to the Nutrition account in Global Health. Within the MCH account, the President's FY15 budget requested \$200 million dollars for the GAVI Alliance to support new and underutilized vaccines in poor countries, which was an increase of \$25 million from FY14. This was in line with RESULTS' FY15 request, and puts us in a great position to support GAVI's replenishment conference in early 2015.

However, an increase in funding for GAVI within a decreasing MCH account line means that core funding for the MCH account has decreased by \$35 million dollars. MCH core funding is critical to supporting a continuum of care that starts with healthy mothers to ensure healthy babies. This funding provides training for skilled birth attendants for safe deliveries, newborn health care, and technical support to countries rolling

out new GAVI supported vaccines, to name a few of the critical ways that it supports our goals of ending preventable child deaths.

To continue the momentum from the 2012 Call to Action to end preventable child deaths in a generation, the U.S. must increase support maternal and child health and nutrition. U.S. efforts in child health should work to ensure that essential health services for children are reaching the most vulnerable and the hardest to reach.

Requests for Congress

The U.S. must continue to ramp up MCH funding, commit to a multi-year pledge to GAVI proportionate with the increased need, and increase funding for its nutrition work on the critical 1,000 day window from pregnancy to a child’s second birthday.

FY2015 appropriations requests for Maternal and Child Health, GAVI, and Nutrition

Fiscal Year	FY12	FY13 Continuing Resolution*	FY14	FY15 President’s Request	FY15 RESULTS’ Request
Maternal and Child Health (MCH Account)	\$605 million	\$595 million	\$705 million	\$695 million	\$800 million
GAVI Alliance (from the MCH account)	\$130 million	\$138 million	\$175 million	\$200 million	\$200 million
Nutrition Account	\$95 million	\$93 million	\$115 million	\$101 million	\$200 million

*In FY13 Congress included a five percent across-the-board cut, known as sequestration, and additional 0.1 percent rescission on top of that in final appropriations bills.

This year, there were letters in both the House and the Senate supporting robust funding for Child Survival efforts that supports both the GAVI Alliance’s work on vaccines and supports nutrition interventions to fight malnutrition in children. Thank your members of Congress if they signed on:

23 Senators signed on: *Barbara Boxer (D-CA), Susan Collins (R-ME), Cory Booker (D-NJ), Richard Blumenthal (D-CT), Sherrod Brown (D-OH), Ben Cardin (D-MD), Chris Coons (D-DE), Richard Durbin (D-IL), Al Franken (D-MI), Kristen Gillibrand (D-NY), Kay Hagan (D-NC), Mazie Hirono (D-HI), Johnny Isakson (R-GA), Tim Johnson (D-SD), Amy Klobuchar (D-MN), Carl Levin (D-MI), Edward Markey (D-MA), Chris Murphy (D-CT), Bernie Sanders (I-VT), Chuck Schumer (D-NY), Jeanne Shaheen (D-NH), Debbie Stabenow (D-MI) Ron Wyden (D-OR)*

105 members signed on: *(David Reichert (R-WA), Betty McCollum (D-MN), Aaron Schock (R-IL), Lois Capps (D-CA), Karen Bass (D-CA), Joyce Beatty (D-OH), Ami Bera (D-CA), Earl Blumenauer (D-OR), Bruce Braley (D-IA), Corrine Brown (D-FL), G. K. Butterfield (D-NC), Andre Carson (D-IN), Matt Cartwright (D-PA), David Cicilline (D-RI), Katherine Clark (D-MA), Yvette Clarke (D-NY), Steve Cohen (D-TN), John Conyers (D-MI), Joseph Crowley (D-NY), Elijah Cummings (D-MD), Danny Davis (D-IL), Susan A. Davis (D-CA), Peter DeFazio (D-OR), John Delany (D-MD), Rosa DeLauro (D-CT), Suzan Delbene (D-WA), Theodore Deutch (D-FL), Lloyd Doggett (D-TX), Tammy Duckworth (D-IL), Donna Edwards (D-MD), Keith Ellison (D-MN), Elliot Engel (D-NY), Anna Eshoo (D-CA), Elizabeth Esty (D-CT), Sam Farr (D-CA), Chaka Fattah (D-PA), Lois Frankel (D-FL), John Garamendi (D-CA), Alan Grayson (D-FL), Al Green (D-TX), Raul Grijalva (D-AZ), Michelle Lujan*

Grisham (D-CA), Luis Gutierrez (D-IL), Janice Hahn (D-CA), Alcee L. Hastings (D-FL), Denny Heck (D-WA), James Himes (D-CT), Rush Holt (D-NJ), Mike Honda (D-CA), Eddie Bernice Johnson (D-TX), Hank Johnson (D-GA), William Keating (D-MA), Derek Kilmer (D-WA), Adam Kinzinger (R-IL), Ann McLane Kuster (D-NH), Rick Larsen (D-WA), Barbara Lee (D-CA), Sheila Jackson Lee (D-TX), Sander Levin (D-MI), John Lewis (D-GA), Zoe Lofgren (D-CA), Alan Lowenthal (D-CA), Ben Ray Lujan (D-NM), Stephen Lynch (D-MA), Carolyn Maloney (D-NY), Carolyn McCarthy (D-NY), Jim McDermott (D-WA), James McGovern (D-MA), Jerry McNerney (D-CA), Gregory Meeks (D-NY), Grace Meng (D-NY), Gwen Moore (D-WI), James Moran (D-VA), Grace Napolitano (D-CA), Eleanor Holmes Norton (D-DC), Beto O'Rourke (D-TX), Frank Pallone, Jr. (D-NJ), Bill Pascrell, Jr. (D-NJ), Donald Payne, Jr. (D-NJ), Pedro Pierluisi (D-PR), Chellie Pingree (D-ME), Mark Pocan (D-WI), Jared Polis (D-CO), David Price (D-NC), Charlie Rangel (D-NY), Dennis Ross (R-FL), Lucille Roybal-Allard (D-CA), Jan Schakowsky (D-IL), Debbie Wasserman Schultz (D-FL), Bobby Scott (D-VA), David Scott (D-GA), Bradley Schneider (D-IL), Albio Sires (D-NJ), Carol Shea-Porter (D-NH), Louise McIntosh Slaughter (D-NY), Adam Smith (D-WA), John Tierney (D-MA), Dina Titus (D-NV), Chris Van Hollen (D-MD), Marc Veasey (D-TX), Filemon Vela (D-TX), Maxine Waters (D-CA), Henry Waxman (D-CA), Peter Welch (D-VA), Frederica Wilson (D-FL)

Stories, videos, and additional resources

Stories

Dr. Mercy Ahun, GAVI's Special Representative:

"My mission in life is saving children." When working as a medical doctor in her home country of Ghana, Dr. Mercy Ahun saw firsthand the importance of basic health interventions and she is clear about her mission – saving the lives of kids.

When asked why she works on these issues, Mercy tells a story about traveling to a very rural village in Ghana as part of a polio immunization team early in her career. While in a remote area giving out the routine polio drops to children, Mercy saw a small child – maybe only 18 months old – lying on a grass mat to the side suffering from fast and shallow breaths. From an initial sight exam, Mercy knew the child was suffering from pneumonia. She said, "This child needs more than just a polio vaccine." When asking the parents why they didn't take the child to the nearest clinic, Mercy knew the distance itself was too far and the child was so sick she wouldn't survive the trip. Basic drugs, like antibiotics could have made the difference. If the pneumococcal vaccine had been available then, it could have made a difference. That day left a real impact on Mercy and though she doesn't know what happened to that little girl, that memory serves as her motivation for working at GAVI and on child survival issues.

One of the new vaccines that GAVI supports developing countries to introduce is the pneumococcal vaccine to protect against pneumonia, the leading killer of children under the age of 5. If fully funded, GAVI estimates that the pneumococcal vaccine will be rolled out in 40 countries by the year 2015 and by the year 2030 it will save 7 million lives.

Video

- Saving Lives and Protecting Health in Africa, <https://www.youtube.com/watch?v=Cx2ZnV72Uwg>
- The Impact and Origins of the GAVI Alliance, <https://www.youtube.com/watch?v=SECvSIXRUiA>
- Hans Rosling's Demographic Party Tricks with Bill Gates, <https://www.youtube.com/watch?v=2nDh8MQuS-Y>

Recent Articles

- GAVI's Replenishment Press Announcement: <http://www.gavialliance.org/Library/News/Press-releases/2014/GAVI-Alliance-sets-out-opportunity-to-save-up-to-six-million-lives-through-immunisation/>
- Action scorecard on GAVI commitments to GAVI: <http://www.action.org/documents/ACTION-ImmunizationScoreCard-April2014.pdf>

- Interview with Joan Awunyo Akaba, Civil Society Representative to the GAVI Board: <http://www.one.org/us/2014/04/23/world-immunization-week-joan-awunyo-akaba-the-ghanaian-voice-no-one-could-stifle/>
- Roger Thurogh, *The Atlantic*, “1,000 days: The Period that Decides the Health and Wealth of the World” <http://www.theatlantic.com/international/archive/2014/05/1000-days-the-period-that-decides-the-health-and-wealth-of-the-world/361471/>
- Thousand Days, <http://www.thousanddays.org/about/undernutrition/>

Tuberculosis

In this section:

- **Background: the state of tuberculosis**
 - What are TB infection and active disease?
 - The connection to poverty
 - How does it affect women, children people living with HIV?
 - The growing threat of drug resistance
 - Where do we go from here? Making the most of new technology
 - **How is the U.S. government supporting action to stop TB?**
 - **Requests for Congress**
 - 2014 appropriations requests for TB
 - **Stories, videos, and additional resources**
-

Background: the state of tuberculosis

What are TB infection and active disease?

Tuberculosis (TB) is the leading curable infectious killer in the world. Over two billion people are currently infected with the TB bacterium, roughly one-third of the world's population, and when the infection becomes active it can be deadly. In 2012, there were 8.6 million new cases of TB, resulting in 1.3 million deaths, including 320,000 deaths from HIV-associated TB. TB kills three people every minute.^{xiv}

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, TB infection can occur. Young children are especially vulnerable: without proper preventative therapy, up to 50% of babies infected with TB develop TB disease, of which 30% could be severe forms, including TB meningitis, which can cause brain damage.^{xvi} If left untreated, someone with active TB will typically infect 10 to 15 people every year, mainly by coughing.

TB is curable, provided patients get the support they need to make it through the long and complicated course of treatment—six to nine months for drug-sensitive TB, or two or more years for multi-drug-resistant TB (MDR-TB). Usually after a few weeks of treatment a patient is no longer infectious, meaning that treatment is prevention.

An estimated 20 million people are alive today as a direct result of TB programs.^{xvii} As an example, with U.S. support, Cambodia has scaled up community-based programs and achieved a 45 percent drop in TB prevalence since 2002.^{xviii}

However, despite the relatively low cost of most TB treatments, a lack of funding and political commitment allows TB to remain a leading global killer. Every year 3 million people with TB are missing out on quality care and treatment. Sub-Saharan Africa and Europe are not on track to reach the TB-related Millennium Development Goal, which is to cut TB mortality by 50% by the year 2015. The spread of diabetes, particularly in Asia, means TB-associated diabetes could increase significantly.^{xlix}

The connection to poverty

People living or working in conditions of poverty (overcrowding, malnutrition, poor ventilation, etc.) are more susceptible to falling sick with TB and the most likely to lack access to detection and treatment services. On average, TB patients in low and middle income countries face expenses and income loss equal to more than 50% of his or her annual income.ⁱ Additionally, children may be removed from school when they contract TB or to help provide care when family members become sick.

Because of TB's economic impact, investing in TB programs really pays off: every dollar spent on TB generates up to \$30 through improved health and increased productivity.ⁱⁱ

Because it is associated with poverty and because it provokes fear of infection, people with TB can often suffer from discrimination and rejection. Stigma inhibits people from accessing treatment, leading to needless death, or may interfere with treatment completion, leading to the development of drug resistance.

How does it affect women, children and people living with HIV?

- **TB and women's health:** TB is one of the top killers of women worldwide and 410,000 women died from TB in 2012.ⁱⁱⁱ Women with TB are often diagnosed late compared to men, due to more limited access to health care and the negative social stigma. TB among mothers is associated with a six-fold increase in perinatal deaths and a two-fold risk of premature birth and low birth-weight for age.ⁱⁱⁱ
- **TB and children:** TB is one of the top 10 killers of children worldwide, and children are more likely to develop the most deadly forms of TB, such as TB that affects the brain. One million children become ill with TB each year (with 32,000 of them MDR TB), disproportionately affecting children who are orphaned, malnourished, and HIV positive.^{iv} Although many children are given a vaccine (i.e. 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 have often been given low priority within national TB programs. In addition, in 2010 there were about 10 million orphaned children as a result of TB deaths among parents.^{iv}
- **TB and HIV:** About 12 percent of people with active TB are living with HIV, and, among people living with HIV, TB is the leading killer. In 2012, some 320,000 people died of HIV-related TB, making TB responsible for about one in five AIDS deaths.^{vi}

Untreated, TB can kill a person with HIV/AIDS in a matter of weeks, but with treatment for both TB and the underlying HIV infection, 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 access to anti-retroviral drugs soon after HIV diagnosis has been proven to lower new TB cases by 63 percent. TB-related deaths among people living with HIV in Africa have declined by 28 percent since 2004.^{vii}

The growing threat of drug resistance

While TB deaths are decreasing, the percentage of global TB cases reported as drug-resistant continues to grow – now 1 out of every 20 cases is drug-resistant. The continued spread of drug-resistant TB poses a grave risk to global health—and country budgets. 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 South Africa, drug-resistant TB consumes about a third of the country's annual TB budget. Side effects of the two years of treatment often include acute pain and hearing loss.

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 or substandard TB drugs. While a regular TB case can be cured within six months, MDR-TB can take two years or longer to treat.

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 often fatal in HIV-positive patients. XDR-TB threatens to reverse progress made against HIV/AIDS and global TB control.

Multi Drug Resistant TB has spread to the US, where it leads to annual medical costs in the tens of millions of dollars. Since 2008 the US has also had 14 cases of XDR TB.^{lviii} As TB has no borders, strong global TB control is in the national interest of the United States.

The rise of drug-resistant TB strains underscores the urgent 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 most drug regimens are 40 years old.

Major innovations in TB treatments that will reduce suffering, cut treatment time and save money are now on the horizon. Progress has also been made in vaccine research, with more than a dozen vaccine candidates in clinical trials. However, more investment will be needed to finalize the research, including from USAID which finances late stage global health research.

Where do we go from here? Making the most of new technology

A new technology, called “Xpert”, was developed by an American company and is revolutionizing the fight against TB. Xpert is a machine that dramatically reduces the time it takes to obtain an accurate diagnosis from days or even weeks or months to just two hours. 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. This new approach needs to be made widely available, along with much greater access to treatment for the patients found to have drug resistant TB, and more funding to develop even better tests is urgently needed.

The world can also make faster progress on TB with approaches that **combine TB prevention and treatment with other services**, including those for mothers and children. Making TB services an integral part of HIV, prenatal care, family planning and immunization will prevent millions of unnecessary deaths among women and children.^{lix}

How is the U.S. government supporting action to stop TB?

USAID is the lead agency in the U.S. government’s work to end the global TB epidemic. It implements programs and builds capacity with through technical assistance in 27 countries, helping countries actively find and treat TB cases by implementing community-based approaches and engaging with the private sector. USAID supports countries to develop strong applications to the Global Fund for TB resources and then use those resources effectively. USAID also supports late-stage clinical research to develop better TB tools, such as faster-acting medication.

The USAID TB program has had a number of successes. Since 1990, in the 27 focus countries, TB deaths and the prevalence of the disease have both decreased by about 40%.^{lx} The number of Multi-Drug Resistant TB patients enrolled in treatment nearly doubled from FY12 to FY13 in these countries. In addition, through

its contribution to the Global Drug Facility, USAID has helped lower the cost of medication for drug resistant TB by more than 25%.^{ixi}

Other U.S. agencies also play crucial roles. PEPFAR addresses TB-HIV co-infection by providing TB services as well as AIDS treatment. The Centers for Disease Control and Prevention (CDC) supports the response to TB in the US, funds some important research, and strengthens laboratories and disease surveillance abroad. The National Institutes of Health (NIH) supports basic TB research. The U.S. also supports the Global Fund, a funding mechanism which provides more than 80 percent of international financing for TB.

Unfortunately, for fiscal year 2015, the Administration has proposed a significant funding cut for USAID’s TB program. The President’s FY15 budget proposal includes a \$45 million cut, or 19 percent, to USAID’s TB program. This would force USAID to reduce the number of countries it is assisting and curtail urgently needed TB research funding. The cut could reduce USAID’s aid to improve the quality of the TB programs so they reach the vulnerable and marginalized, and technical support for countries to obtain Global Fund resources and then make rapid, productive use of those resources.

Despite growing investments in global health, the U.S. has not yet given priority to TB commensurate with the public health threat it presents. Countries like South Africa and others have shown a commitment to addressing TB, but the global fight against TB remains fragile and the momentum to break this disease is at risk of faltering. This puts lives at risk globally as well as in the U.S., where the proportion of cases among the foreign-born has increased.

Requests for Congress

FY2014 appropriations requests for USAID TB

Fiscal Year	FY12	FY13	FY14	FY15 President’s Request	FY15 RESULTS’ Request
USAID Tuberculosis	\$236 million	\$224.5 million	\$236 million	\$191 million	\$400 million

Rep. Eliot Engel (D-NY), Rep. Gene Green (D-TX), and Rep. Don Young (R-AK) initiated a bipartisan sign-on letter in support of RESULTS’ request of \$400 million in FY 2015 for U.S. bilateral tuberculosis funding. Please thank your member of Congress if they signed on to this letter.

43 members signed on: Eliot Engel (D-NY), Don Young (R-AK), Gene Green (D-TX), Ami Bera, M.D., Corrine Brown (D-FL), Andre Carson (D-IN), Kathy Castor (D-FL), David Cicilline (D-RI), Yvette Clarke (D-NY), John Conyers, Jr. (D-MI), Joseph Crowley (D-NY), Elijah E. Cummings (D-MD), Peter DeFazio (D-OR), Rosa L. DeLauro (D-CT), Theodore E. Deutch (D-FL), Donna F. Edwards (D-MD), Keith Ellison (D-MN), Alan Grayson (D-FL), Raul Grijalva (D-AZ), Denny Heck (D-WA), James A. Himes (D-CT), Rush Holt (D-NJ), Michael M. Honda (D-CA), Eddie Bernice Johnson (D-TX), Derek Kilmer (D-WA), Barbara Lee (D-CA), Zoe Lofgren (D-CA), Ben Ray Lujan (D-NM), Carolyn Maloney (D-NY), Jim McDermott (D-WA), Gwen Moore (D-WI), Jerrold Nadler (D-NY), Bill Pascrell, Jr. (D-NJ), Donald Payne, Jr. (D-NJ), David E. Price (D-NC), Charlie Rangel (D-NY), C.A. Dutch Ruppersberger (D-MD), Gregorio Kilili Camacho Sablan (D-MP), Janice D. Schakowsky (D-IL), Albio Sires (D-NJ), Eric Swalwell (D-CA), Chris Van Hollen (D-MD), Filemon Vela (D-TX), Henry A. Waxman (D-CA)

Senator Brown (D-OH) initiated a sign-on letter in support of RESULTS’ request of \$400 million in FY 2015 for U.S. bilateral tuberculosis funding. Please thank your Senator if they signed on to this letter.

12 Senators signed on: Sherrod Brown (D-OH), Tammy Baldwin (D-WI), Cory Booker (D-NJ), Barbara Boxer (D-CA), Ben Cardin (D-MD), Mazie Hirono (D-HI) Edward Markey (D-MA), Brian Schatz (D-HI), Chuck Schumer (D-NY), Jeanne Shaheen (D-NH), Ron Wyden (D-OR)

Stories, videos, and additional resources

Stories

From [Management Sciences for Health](#) (MSH)'s Global Impact Blog: Azmara Ashenafi, a 35-year-old woman from the Amhara region of Ethiopia, was diagnosed with tuberculosis (TB) and placed on treatment. She was fortunate. Many people with TB are missed by health systems altogether. But Azmara's treatment wasn't helping. Despite taking medicine for months, her symptoms persisted and became more severe.

In many places, her story would have a sad ending—TB is one of the top three leading causes of death for women 15 to 44 in low- and middle-income countries.

But Azmara went to the Muja Health Center—one of over 1,600 supported by USAID's Help Ethiopia Address Low TB Performance (HEAL TB) program, and where U.S. funding has supported the training of health workers to screen patients for multidrug-resistant TB (MDR-TB).

MDR-TB cannot be treated with the two most potent first line anti-TB drugs and infects 6,000 Ethiopians each year. To help curb the spread of the disease, health workers learn how to screen people in close contact with MDR-TB patients. All of Azmara's family members were tested and both she and her three year old son Feseha were found to have MDR-TB.

Thanks to effective detection, they were able to begin treatment immediately. Now both Azmara and Feseha are stable and in good health.

Videos

- Video on how Xpert can dramatically speed up TB care: <http://www.action.org/resources/item/new-technology-saves-lives>
- Video on how USAID funding to MSH has supported early detection of TB: <https://www.youtube.com/watch?v=2UfhleE1v1k>
- "TB Silent Killer" – an intimate portrait of lives forever changed by multi-drug-resistant TB in Swaziland—the country with the world's highest incidence of TB: <http://www.pbs.org/wgbh/pages/frontline/tb-silent-killer/>
- Interview on TB in children with Dr. Anneke Hesseling: <http://vimeo.com/22948777>
- "EXPOSED: The Race Against Tuberculosis" – four-part film series tells the story of the deadly global epidemic of tuberculosis and the importance of vaccine development: www.aeras.org/exposed

Recent Articles

- "TB's Global Resurgence Amplifies U.S. Risk," *Wall Street Journal*, December 18, 2012: <http://online.wsj.com/article/SB10001424127887324296604578178314246581852.html>
- "Study: One Million Children Infected with Tuberculosis Yearly," VOA News, March 23, 2014: <http://www.voanews.com/content/one-million-children-infected-with-tuberculosis-yearly-study/1877620.html>
- "Child Survival Linked to TB Control," *The Union*, March 24, 2014: <http://www.theunion.org/news-centre/news/world-tb-day-lancet-viewpoint-child-survival-linked-to-tb-control>

The Global Fund to Fight AIDS, Tuberculosis, and Malaria

In this section:

- **Background: The Global Fund to Fight AIDS, Tuberculosis, and Malaria**
 - The Global Fund's achievements: over a decade of progress & innovation
 - Not just more—better aid
 - Global Fund replenishment and the defeat of AIDS, TB and malaria
 - **U.S. support for the Global Fund**
 - **Requests for Congress**
 - 2015 Global Fund appropriations
 - **Stories, videos, and additional resources**
-

Background: The Global Fund to Fight AIDS, Tuberculosis, and Malaria

The Global Fund to Fight AIDS, Tuberculosis (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's achievements: over a decade of progress & innovation

Just over a decade ago, the future of the fight against these diseases was bleak. An AIDS diagnosis was essentially a death sentence for those living in poor countries without access to anti-retroviral treatment. TB programs suffered from decades of neglect. And malaria was a largely unchecked killer of children and pregnant women in sub-Saharan Africa.

In response to this emergency, donor countries and poor countries, together with civil society and the private sector, formed a unique partnership. Determined to turn the tide, they created what then-UN General Secretary Kofi Annan called a “war chest” to change the future of the fight against AIDS, TB, and malaria.

What followed was one of the most extraordinary decades in the history of public health. In just over a decade, the Global Fund has become the largest external source of funding for AIDS, TB, and malaria, and fundamentally altered our ability to fight these diseases.

Since its establishment in 2002, the Global Fund has achieved remarkable results:^{lxii}

- **HIV/AIDS:** Currently 6.1 million people are receiving anti-retroviral therapy to treat HIV with Global Fund support. Globally, AIDS related deaths have fallen by nearly one-third from 2005 to 2011.
- **Tuberculosis:** The Global Fund has helped detect and treat 11.2 million cases of TB, an increase from 2.9 million just six years ago. Mortality from TB has fallen by 41 percent since 1990.
- **Malaria:** The Global Fund has financed the distribution of 360 million insecticide-treated bed nets to protect families from malaria. Malaria deaths have dropped by 26 percent, and in 32 countries have made enough progress that they are pursuing the complete elimination of malaria.

Each of these three diseases is at a critical turning point. The next phase of the Global Fund will build on the progress that's already been made, and set the stage for defeating AIDS, TB, and malaria. If we do not seize the opportunity to invest now, the long term costs—both financial, and lives lost—will continue to grow.

Perhaps the most transformational opportunity for Global Fund is in fighting HIV/AIDS. The Global Fund will be key to implementing new scientific evidence that can end the AIDS epidemic as we know it.

In May 2011, researchers announced the results of a breakthrough study, HPTN 052, which proved conclusively what AIDS researchers had long suspected: AIDS treatment can prevent the spread of the virus. Treating HIV-positive people with anti-retroviral therapy early in the disease cycle dramatically reduces transmission of the virus to uninfected partners. In fact, researchers found that when treatment was initiated early in the progression of the disease, as opposed to waiting for those infected to become sick, there was a 96 percent reduction in the risk of transmission.^{lxiii} This discovery was named the 2011 "Breakthrough of the Year" by Science magazine.

The implication of this new finding, along with other breakthroughs in prevention, is that we now have the tools to end the AIDS epidemic.

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 countries and people that implement these programs develop proposals, an independent review panel of experts evaluates them, continued funding is awarded based on performance and the results—successes and failures—are transparently reported. 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 Global Fund's bottom-up approach extends to how it is governed. The Board of Directors 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 and affected by HIV/AIDS, TB, and malaria.

The Global Fund's financing model has recently been updated to maximize the impact of its grants. Rather than develop a Global Fund grant application separate from existing efforts, countries present a concept note that is based on existing national strategic plans to fight ADIS, TB and malaria. The updated model is more flexible, allowing countries to align Global Fund grants with national budget cycles, and providing countries with early feedback to streamline the grant application process and reduce delays. The Global Fund has also updated its funding allocation model to ensure support is focused on the world's poorest countries with the highest disease burden.

The Global Fund is also a smart investment because it stretches 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. Moreover, the U.S. is able to leverage its contribution by urging matching contributions from others. Historically, every \$1 the U.S. contributes to the Global Fund has been matched with \$2 from other donors.

U.S. support for the Global Fund

The U.S. is the largest single donor to the Global Fund and has been instrumental in its success over the past decade.

In December 2013, the U.S. hosted a global pledging conference to mobilize donor commitments to the Global Fund. The U.S. committed to contribute \$1 to the Global Fund for every \$2 contributed by other donors, up to \$5 billion over the next three years. This historic commitment has the potential to leverage \$10 billion in other donor support, enabling the Global Fund to reach its 3-year, \$15 billion target and save millions of lives. The President's FY15 budget request includes \$1.35 billion for the Global Fund, with up to an additional \$300 million contingent on other donor contributions.

In announcing the U.S. commitment, President Obama urged other donor countries: "Don't leave our money on the table." Since the U.S. is prohibited by law from providing more than one-third of the Global Fund's total resources, the pledge has served as a tool to urge other donors to do more.

Requests for Congress

FY2014 Global Fund appropriations

In the FY 2015 budget proposal to Congress, President Obama requested \$1.35 billion for the Global Fund. RESULTS is working to ensure that Congress provides \$1.35 billion at a minimum, and up to \$1.65 billion contingent on contributions from other donors.

Fiscal Year	FY12	FY13 Continuing Resolution	FY14	FY15 President's Request	FY15 RESULTS' Request
Global Fund	\$1.3 billion	\$1.65 billion	\$1.65 billion	\$1.35 billion	Up to \$1.65 billion

Stories, videos, and additional resources

Stories

Luwiza Makukula is an Administration Officer at Community Initiative for TB, HIV/AIDS and Malaria (CITAM+) in Zambia:

I lost my spouse of 13 years in 2001. Immediately after his death, I started getting sick with persistent fevers. I then suffered from tuberculosis (TB) and was diagnosed HIV positive in 2002. At that time, I had no knowledge about TB and HIV.

In March 2002, I was hospitalized and put in an isolation ward. That was one of the most difficult moments in my life, mostly because of the stigmatization attached to TB, including stigma from health care workers. As if I had not had enough, I lost my memory, I could not walk, I had no feeling in my feet, and I could only operate from a wheelchair. I was put on TB treatment and after three months I started my HIV treatment.

At the time I started my HIV treatment I bought antiretroviral drugs (ARVs) with financial support from my family. Unfortunately, some of my friends and family who were eligible for treatment could not afford to purchase them in Zambia. Fortunately, I only bought ARVs for four months until the Zambian government, through the Global Fund, introduced free drugs.

The most touching part of my life around 2002 was that a lot of lives were lost to TB/HIV due to unavailability of free treatment. It was also difficult for me to adhere to my treatment regimen as I was taking more than ten tablets at once every day – besides the ARVs – due to multiple opportunistic infections.

I nearly went into depression, but because I had the WILL to live for the sake of my two beautiful daughters and also the support and love I received from my family, I thought to myself that if I give up nobody would take care of my children who were still very young at the time. I was both their mother and father and that motivated me to continue living a productive and positive life with my children. The fact that I imagined my daughters growing up as mothers and I could be a happy grandmother heightened my strength. This, as of today, has since come to pass as I am a happy grandma of two.

We must increase funding for essential drugs and support services from the Global Fund so that we can speak for the voiceless and serve millions of people – especially those on life saving treatment.

Videos

- 10 Years of Impact, The Global Fund: <http://www.youtube.com/watch?v=OA-31xD0log>
- Women's Voices in Support of the Global Fund, Here I Am Campaign: <http://www.action.org/resources/item/here-i-am-campaign-womens-voices-in-support-of-the-global-fund>



Microfinance

In this section:

- **Background: the state of microfinance**
 - What are microcredit, microfinance, and microenterprise?
 - The state of microfinance
 - Why does microfinance matter?
 - Where do we go from here?
 - **How is the U.S. government supporting global education?**
 - Microenterprise Results and Accountability Act of 2004
 - Latest results: USAID's Microenterprise Results Reporting
 - **Requests for Congress**
 - 2014 appropriations requests for microfinance
 - **Stories, videos, and additional resource**
-

Background: the state of microfinance

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, and health care, as well as through protective services such as savings and insurance.

Microfinance is an economically sustainable method of fighting poverty. In developing countries, the rate of repayment of well-established microfinance programs can be in the 90 percent range. Repayment rates are high because, through a system of peer support and pressure used in many microfinance models, borrowers are responsible for each other's success. They help ensure that every member of their group is able to pay back their loans.

Microfinance programs are often cost-effective and financially self-sufficient. With support to grow, microfinance programs in developing countries need less grant money, can utilize loans and loan guarantees, and eventually are linked into the formal financial system. Many well-run microfinance organizations in developing countries are eventually able to sustain their operations through interest income.

Generally speaking, **microenterprise** focuses exclusively on enterprises and includes enterprise credit plus additional financial services such as business development.

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

The state of microfinance

The World Bank estimates that 1.2 billion people live on less than \$1.25 per day, and if current rates of progress continue, \$1 billion people will still live in extreme poverty by 2015.^{xiv} These very poor people do not have access to traditional financial services—instead of using banks and insurance companies, the poor often have to rely on informal options that take advantage of their situation and take too much of their hard-earned income. In fact, it is estimated that 2.5 billion people around the world still lack access to safe,

reliable, and well-priced financial services.^{lxv} **Microfinance provides financial opportunities for the very poor so they can work to pull themselves out of poverty.**

As of 2011, there were approximately 195 million microfinance clients around the world. Of this number, 125 million clients were considered very poor.^{lxvi} Despite these high numbers of clients, the number of total clients and of the poorest clients decreased for the first time since the Microcredit Summit Campaign began collecting data in 1998. Most of this decline happened in Asia and the Pacific, where microfinance institutions (MFIs) are widespread. India and Bangladesh alone, where the majority of the decrease in clients happened, still account for 76 percent of clients living in extreme poverty.^{lxvii}

Despite the decline in Asia and the Pacific, the number of microfinance clients in sub-Saharan Africa actually increased in 2011—the region most in need of increased microfinance services for the very poor. The population here includes the highest burden and percentage of people living in extreme poverty of any developing region,^{lxviii} but less than a quarter of adults have access to any kind of formal financial institution – and the wealthiest adults are four times as likely as the poorest to have a formal account.^{lxix}

The Microcredit Summit Campaign, a project of RESULTS, is working to track the number of microfinance clients and very poor clients through their State of the Campaigns Report and, moreover, is working with partners in the sector to help 100 million families lift themselves out of extreme poverty through the 100 Million Project. Visit <http://www.microcreditsummit.org/> for more information about the work of the Microcredit Summit Campaign.

Why does microfinance matter?

Microfinance provides the poor with the tools they need to reap the benefits of their skills and hard work. It gives people the capacity to improve the quality of their lives and the futures of their children. Both borrowers and non-borrowers need a safe place to save their incomes, and insurance programs are critical to helping protect the poor from falling further into poverty should an unforeseen event financially impact their lives. Extra money earned is often used by families to obtain better food, housing, and education. As a result, the returns increase the impact of other development programs and benefit the entire community:^{lxx}

- **Microfinance increases universal access to education:** Increased incomes, savings and education loan products provide poor people with the ability to invest in their children’s future, particularly in their education. In poor households with access to financial services, evidence indicates that children are not only sent to school in larger numbers, but they also stay in school longer.
- **Microfinance contributes to gender equality and women’s empowerment:** 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. But access to finance and the transfer of financial resources enables poor women to become economic agents of change by increasing their income and productivity, access to markets and information, and decision-making power.
- **Microfinance improves health outcomes:** Access to microfinance can provide income that helps caretakers deal with the financial impacts of HIV/AIDS on their families and communities. Beyond HIV/AIDS, many microfinance institutions actively promote health education. These activities take the form of simple, preventative health care messages on immunization, safe drinking water, and pre-natal and post-natal care—education that is critical to the health of mothers and their young children. And some programs provide credit products for water and sanitation that directly improve clients’ living conditions.^{lxxi}

Where do we go from here?

As we work to expand appropriate and sustainable financial opportunities, including microfinance, to the poorest households, the international community must follow key principles that will allow the poorest communities to truly lift themselves out of poverty: ^{lxxii}

- **Focus on the poorest:** Public funds play a vital role in helping microfinance and microenterprise organizations achieve their missions of reaching the poor and marginalized, who are excluded from the traditional financial sector. But microfinance alone is often not enough. A growing body of research points to the benefits of linking microfinance to other development interventions. Value chain development, livelihoods, and social protection programs, as well as health and nutrition education, access to health services, and literacy programs can have a significant impact on progress out of poverty. This includes expanding investment in sub-Saharan Africa, where financial opportunities, especially for the very poor, are scarce.
- **Improve access for women:** Women are more vulnerable to poverty, but when women receive more resources, they spend their money to ensure their children have better nutrition, education, and health care. This investment creates a multiplier effect that strengthens families and communities over time. Thanks to microfinance, married women often gain greater control over household assets, a more equal share in family decision-making, and greater freedom to engage in and control income generating activities.
- **Increase opportunities for savings:** The need for savings services is fundamental. Some poor already save in an unorganized manner, through loans from money-lenders or relatives and savings kept in their homes. However, these methods are not safe and do not meet their needs. In Uganda, 99 percent of survey respondents 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. ^{lxxiii} Informal but well organized savings-led approaches can allow the poorest to build their financial assets and skills through savings rather than debt. 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. And savings—especially informal savings groups that target the very poor—are critical for women’s economic and social empowerment.
- **Improve access to 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. ^{lxxiv} 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.
- **Apply client protection principles:** Microfinance institutions must adhere to the Client Protection Principles, a set of core principles developed through a global effort to ensure safe and responsible treatment of microfinance clients. These principles include: appropriate product design and delivery; prevention of over-indebtedness; transparency; responsible pricing; fair and respectful treatment of clients; privacy of client data; and mechanisms for complaint resolution. ^{lxxv}

What is the U.S. government doing?

Microenterprise Results and Accountability Act of 2004 (P.L. 108-484)

In 2004, RESULTS played a key role in the passage of the Microenterprise Results and Accountability Act of 2004 (now Public Law 108-484), introduced by Representative Chris Smith (R-NJ). The law mandates that USAID develop “no fewer than two low-cost methods for implementing partner organizations to use to assess the poverty levels of their current incoming or prospective clients.”

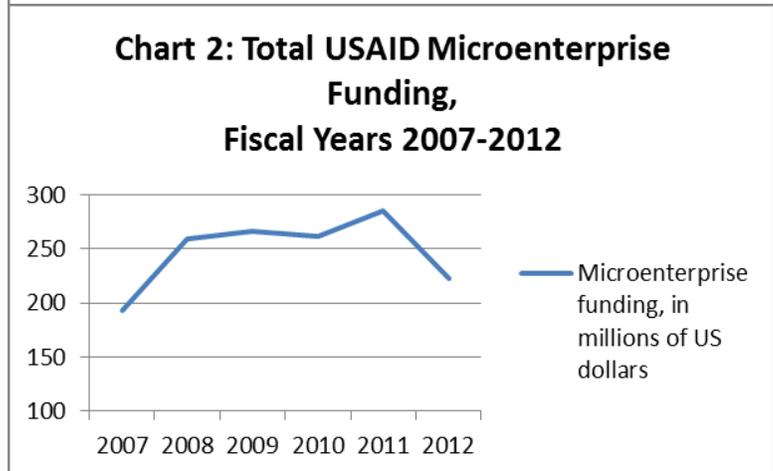
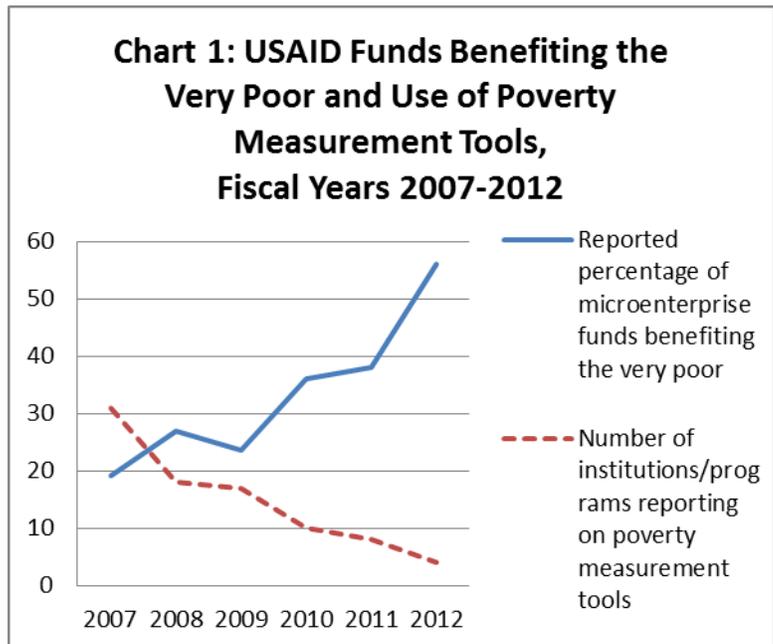
While many factors played a role in the decrease in microfinance clients in 2011, better measurement is one. Oftentimes, MFIs and others providing microfinance services think they’re serving the very poor, but the results are different when they actually and accurately measure.^{lxxvi} Poverty measurement tools, like the USAID’s Poverty Assessment Tools (PAT) or Grameen Foundation’s Progress Out of Poverty Index, have been developed specifically to ensure microfinance programs are reaching populations most in need.

The adoption of poverty measurement tools in USAID’s Office of Microenterprise was necessary to track whether USAID was meeting the requirement in the law that 50 percent of microfinance and microenterprise resources target clients who are very poor. Accurate measurement will help to ensure USAID is targeting their programming to clients most in need and to interventions that will best help clients lift themselves out of extreme poverty. Mandating that USAID develop Poverty Assessment Tools and have their partners use the PAT to assess their success in targeting the very poor was a step toward ensuring that the U.S. government’s microfinance programs are effectively reducing poverty.

Latest results: USAID’s Microenterprise Results Reporting

The 2004 microfinance law also required that USAID issue an annual Microenterprise Results Reporting (MRR) to Congress on the agency’s microenterprise and microfinance activities. The most recent MRR shows just how much work USAID still must do to reach its legislative mandate.

Despite the legal mandate in P.L. 108-484, USAID’s use of poverty measurement tools has actually **declined** since the agency first started using them in 2007. That first year, 31 institutions used a poverty measurement tool; in 2012, the most recent year with available data, only four institutions reported.^{lxxvii} At the same time, while measurement is going down, USAID’s estimate of the percentage of microenterprise funds benefiting the very poor is going up (Chart 1). In 2012, for the first time, USAID reported that the percentage of funds benefiting the very poor was 56 percent – exceeding the target set by the 2004 law. In the same report, the agency recognized that the low percentage of reporting entities rendered this estimate nearly meaningless.^{lxxviii} Until USAID ensures its partner institutions use poverty measurement tools developed and/or approved by USAID to base their

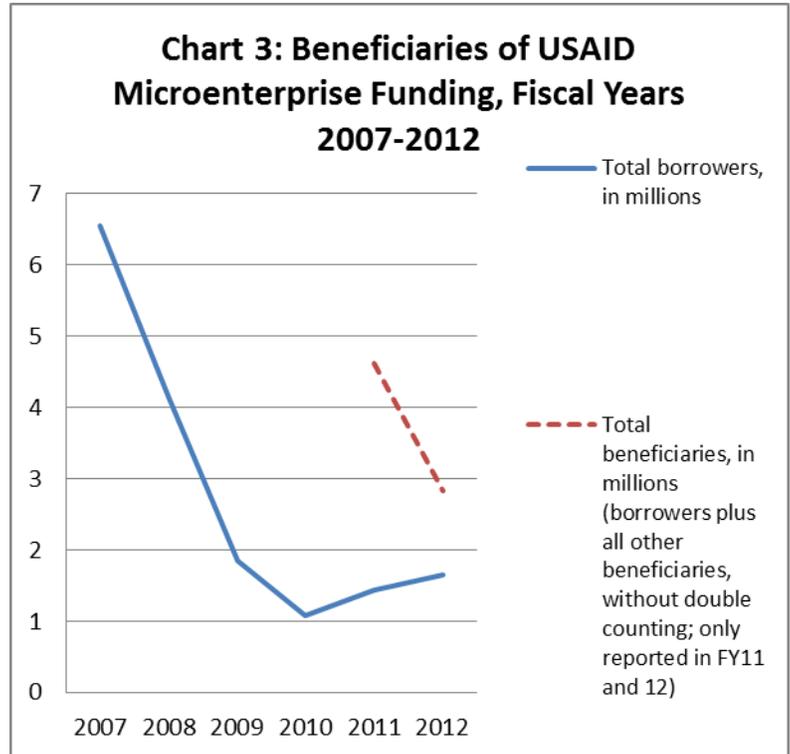


outreach in evidence, it will be impossible to determine the percentage of microenterprise funds benefiting the very poor.

Over the past decade, USAID microenterprise funding has slowly but nearly steadily increased, from \$188 million in 2002 to \$251.5 million in 2012,^{lxxix} with funding peaking in 2011 at \$286 million (Chart 2).

However, in the same time period, the numbers of borrowers has substantially decreased and, from the data available, so has the number of total beneficiaries (Chart 3). From 2007 to 2012, the number of microfinance borrowers decreased by nearly 75 percent and the number of savers decreased by 55 percent. From just 2011 to 2012, reported data indicates that total beneficiaries decreased by approximately 38 percent.^{lxxx}

Finally, the past several years have seen an increase in funding for sub-Saharan Africa where microfinance services are most needed. While the region received only 12.19 percent of funds in 2008, the levels climbed to approximately 30 percent in 2010 and 2011 and up to 43 percent of the sample in 2012. It remains to be seen if this is a strategic decision to reallocate funds and if this trend will continue in the longer term.^{lxxxi}



Requests for Congress

2015 appropriations requests for microfinance

It is especially critical that Congress includes the proposed language below in the FY15 Appropriations Committee bills we work to hold USAID accountable for targeting its microfinance and microenterprise resources to the very poor in an effective and cost-effective way.

Proposed language to be included in the Appropriations Committee bill:

Microenterprise: *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 is concerned about the very low uptake of poverty measurement tools, which has resulted in insufficient evidence showing USAID’s fulfillment of the legal target to reach the very poor. The Committee recommends that USAID work with partner organizations to increase uptake of poverty measurement tools developed and/or approved by USAID.*

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 directs increased investment in microfinance in sub-Saharan Africa within the USAID microfinance and microenterprise program to reach the poorest and most marginalized.

Stories, videos, and additional resources

Stories

Jamii Bora: Microfinance, Changing Lives in the Slums of Nairobi:

Jamii Bora is a microfinance institution in the slums of Nairobi. It focuses on the very poor, people that everyone else writes off as unreachable. The loans are very small (less than \$90). But these small loans – and the support and hope provided by Jamii Bora – have an amazing impact on the lives of the poorest.

Beatrice Ngendo is a single grandmother. She lives with her 12 grandchildren in Mathare Valley. Her children and their spouses have all died of AIDS. Now the grandchildren only have their grandmother to take care of them. Beatrice did not sit down feeling sorry for herself. She said to herself: “I now have to work twice as hard as other mothers in Mathare Valley to feed and educate 12 children.” Beatrice heard about Jamii Bora and joined as a member in 2000. She now has three successful businesses in Mathare Valley: a grocery store and butchery, and a restaurant, and a stone house, which allows her to rent out rooms. Her grandchildren are in school and the oldest has just graduated as a qualified nurse and has joined the staff in Jamii Bora’s outpatient clinic in Mathare. Beatrice has been a model for many. Anyone that has met her will never talk about problems again but what they can do to follow Beatrice’s example.

CARE:

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.”

Grameen Foundation, “Our Stories”:

Seven years ago, Bosede Ogunleye of Nigeria earned just 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 institution, 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.

Videos

- Professor Muhammad Yunus thanks RESULTS volunteers during his Congressional Gold Medal acceptance speech, April 17, 2013: <http://www.youtube.com/watch?v=4oWJXh2XHQ>
- Trailer for *Bonsai People – The Vision of Muhammad Yunus*: https://www.youtube.com/watch?v=CDA_EGUHTOM

Recent articles

- “Microfinance for Slum Dwellers - Four Solutions that Work,” *Huffington Post*, June 8, 2013: http://www.huffingtonpost.com/josephine-dallant/microfinance-for-slum-dwe_b_3399420.html
- “Microfinance in Madagascar helps small businesses buck the system,” *The Guardian*, May 18, 2013: <http://www.guardian.co.uk/global-development/2013/may/18/microfinance-madagascar-small-businesses>
- “Lessons from Yunus – Finance as a Force for Good,” *American Banker*, May 6, 2013: <http://www.americanbanker.com/bankthink/lessons-from-yunus-finance-as-a-force-for-good-1058832-1.html?zkPrintable=1&nopagination=1>

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