FISCAL YEAR (FY) 2015 REQUESTS FOR FOREIGN OPERATIONS
SUBCOMMITTEE LEADERSHIP

House
Rep. Kay Granger, Chair
Rep. Nita Lowey, Ranking Member

Senate
Sen. Patrick Leahy, Chair
Sen. Lindsey Graham, Ranking Member

Child Health and Nutrition

- FY15 Request: Provide $800 million for Maternal and Child Health (MCH)
- FY15 Request: Include $200 million for GAVI Alliance for childhood vaccines in MCH
- FY15 Request: Provide $200 million for Nutrition within global health programs

Maternal and Child Health Funding History

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>FY11</th>
<th>FY12</th>
<th>FY13 Continuing Resolution</th>
<th>FY14 Omnibus</th>
<th>FY15 RESULTS’ Request</th>
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</thead>
<tbody>
<tr>
<td>MCH funding level</td>
<td>$549 million</td>
<td>$605.6 million</td>
<td>$627.3 million*</td>
<td>$705 million</td>
<td>$800 million</td>
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<tr>
<td>GAVI funding level</td>
<td>$78 million</td>
<td>$130 million</td>
<td>$138 million*</td>
<td>$175 million</td>
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<tr>
<td>Nutrition funding level</td>
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<td>$95 million</td>
<td>$95 million*</td>
<td>$115 million</td>
<td>$200 million</td>
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*These numbers were enacted after sequestration in 2013.

Progress in Child Survival

With U.S. leadership, the world has made enormous strides saving the lives of children when focused commitments have been backed with sufficient resources. Because of increased investments and targeted interventions, over the past 50 years, child mortality has dropped by 70 percent worldwide. UNICEF has reported that in the past two decades alone child deaths have fallen dramatically, plummeting from 12 million children dying a year in 1990 to 6.6 million in 2012.

While innovation and increased access to health interventions have drastically improved global child survival rates, of the 6.6 million children still dying annually, the vast majority are in poor countries; half are in sub-Saharan Africa alone. The poorest and most disadvantaged children continue to miss out on basic, life-saving health services and modern public health improvements — such as vaccinations, antibiotics, clean drinking water, proper nutrition, and sanitary birth conditions.

The leading causes of death in young children are almost entirely preventable or treatable. Together, pneumonia and diarrhea account for about a third of child deaths. Child malnutrition is a condition that results in 3.1 million child deaths...
annually and is the underlying factor in almost half of all under-five child deaths. Through early intervention, such as access to micronutrients, exclusive breastfeeding, and immunization against pneumonia and rotavirus (the leading cause of deadly diarrhea), many of these conditions can be prevented and/or treated cost-effectively when they do occur.

**Ending Preventable Child Deaths**

In June 2012, the United States, Ethiopian, and Indian governments co-hosted the Child Survival Call to Action in Washington, DC, in partnership with UNICEF. Over 175 countries around the globe have now endorsed a simple yet audacious goal: *ending the preventable deaths of children by 2035*. For the first time, there is consensus among scientists and global health experts that this is possible. It is the political leaders who must now devote the attention and the resources to achieve this bold, yet absolutely achievable goal.

**Vaccines and the GAVI Alliance**

Vaccines are widely regarded as one of the "best buys" in global health. While other critical health interventions may cure or treat illness, vaccines prevent children and adults from getting sick in the first place. By preventing deaths, promoting health, and reducing the burden on stretched health care systems, vaccines are extremely cost-effective.

The GAVI Alliance is a public-private partnership dedicated to protecting children from vaccine-preventable diseases. GAVI support enables developing countries access to new and underutilized vaccines at reduced cost and supports the introduction and scale up of these vaccines into routine immunization systems.

Globally 22 million children are still under- or unimmunized and most of these children live in remote and hard to reach places. Recognizing the critical role of fully immunizing a child in ending preventable child deaths, leaders from around the world will gather at the end of this year to commit resources to the GAVI Alliance to enable poor countries to scale up access to life-saving vaccines.

*Strong U.S. support for GAVI this fiscal year will send a signal of confidence to other donors, which will build global momentum and leverage resources for ending preventable child deaths.*

**Nutrition and the First 1000 Days**

Nutrition sets the foundation for human health and economic development, yet malnutrition is one of the least addressed development challenges. Undernutrition – a form of malnutrition – contributes to 3.1 million child deaths annually and contributes to the stunting of 165 million children every year. This condition can cause serious, often irreversible, physical and cognitive damage. Without urgent and intensified action to improve nutrition, progress on hunger and poverty alleviation will be harder and costlier to achieve.

The economic and societal implications of malnutrition are immense. Undernutrition drains billions of dollars in lost productivity and health care costs from poor countries. Increased nutrition is proven to have enormous macro-economic impact, boosting a country’s GDP through greater workforce productivity and health care cost savings.

A 2013 study in the Lancet showed that the quality of a person’s nutrition early in life, particularly during the 1,000 days between a woman’s pregnancy and her child’s second birthday, can determine the future course of the child’s health, educational attainment, and lifetime earning potential. The study also identified the need to scale-up 10 nutrition-specific interventions including exclusive breast-feeding, micronutrients, iron treatments for pregnant women, and therapeutic treatment for acute malnutrition to save more lives and reduce stunting. The U.S. must increase nutrition investments to support nutrition outcomes particularly for women and young children in the 1000 day window.

**For additional information, please contact:**

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