Global Legislative Handbook 2013

RESULTS and RESULTS Educational Fund
International Conference
July 20–23, 2013

RESULTS
the power to end poverty

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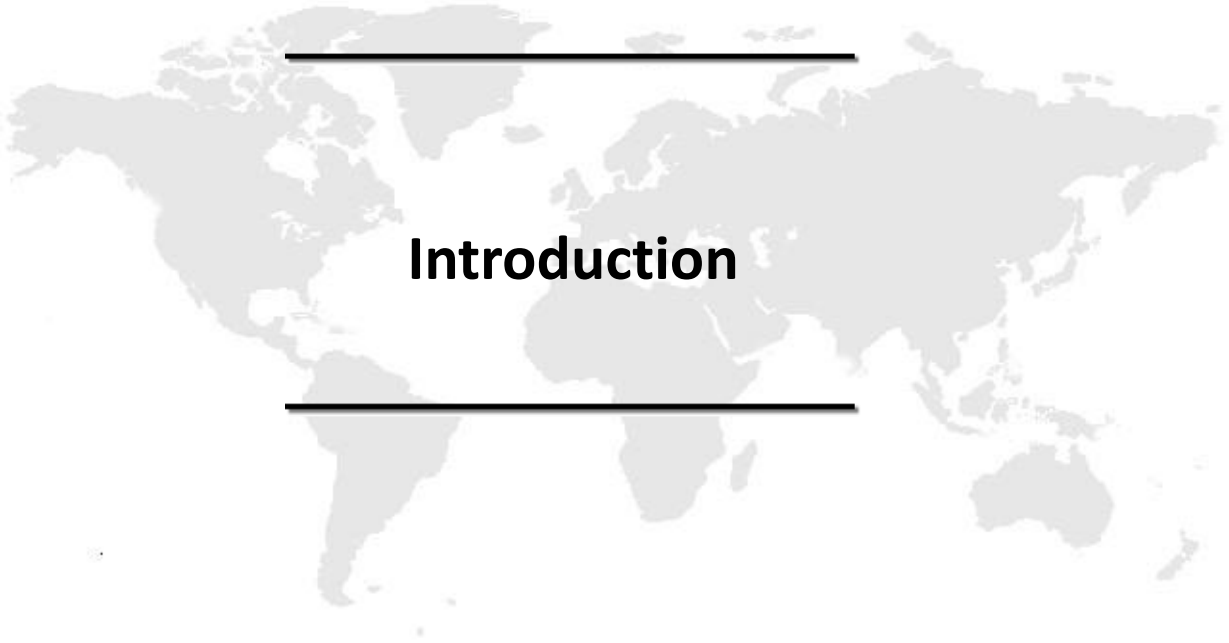

Introduction

In this section:

- **How to use this handbook**
- **Fiscal year 2014 budget and appropriations update**

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

How to use this handbook

The 2013 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 2014 budget and appropriations update

Both the House and the Senate Appropriations Committees are currently working on their fiscal year (FY) 2014 appropriations bills. Each section of this handbook contains information on past appropriations levels, the FY13 continuing resolution level, the President's FY14 request, and RESULTS' request for FY14. 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 three Dear Colleague letters in the Senate – one urged the Appropriations Committee to provide strong funding for basic education, the second focused on support for child health, and the third supported the Global Fund to Fight AIDS, Tuberculosis, and Malaria. There were four letters in the House this year, supporting child health, the Global Fund, bilateral tuberculosis funding, and basic education. **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.**

So where is the process now?

The President's budget request: On April 10th, the President released his budget for fiscal year 2014, 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 accounts, like the GAVI Alliance, while others were disappointingly low, such as bilateral tuberculosis.

House Appropriations Plan: On May 21st, the House Appropriations Committee 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.

The House State and Foreign Operations Appropriations Subcommittee's 302(b) allocation was $40.6 billion for all international affairs programs, including the foreign aid programs on which RESULTS advocates – or approximately 15 percent lower than 2013 levels, even after sequestration. This very low allocation means that it will be incredibly difficult to ensure sufficient funding for the poverty-focused foreign assistance programs we care about.

It also represents a disproportionate cut for foreign assistance. Several other accounts that include programs that RESULTS works on domestically, including for the Labor, health, and human services, education account received a significant cut as well. But other accounts, including defense and homeland security, actually received an *increase* under the house allocations. **We must continue to advocate against disproportionate cuts** for these critical, often lifesaving programs that support the most vulnerable.

Senate Appropriations Plan: On June 20th, the Senate Appropriations Committee approved their 302(b) allocations for fiscal year 2014. As expected, the Senate allocated a much higher amount for the State and Foreign Operations bill than the House did–a total of $50.6 billion for these programs. This is 4.4 billion above the 2013 levels, or 11 percent. Critically, the Senate level is also $10 billion, or 29 percent, above the House allocation. This means that once again this year, the Senate 302(b) allocations will represent the high water mark in our appropriations advocacy. **Supporting the overall Senate numbers will be essential as the process moves forward.**

Global Context: In his State of the Union speech earlier this year, 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 two years 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' 2014 appropriations levels will provide crucial global leadership as the world looks ahead.

Even more, the Global Fund to Fight AIDS, TB and Malaria's replenishment pledging conference is coming up this fall. Next summer, the Global Partnership for Education will hold its own pledging conference. The level of United States support this year will guide the support of other donors as they develop their pledges for these events.

Resources: For more information on the President's budget request, the House and Senate appropriations plan, and more, check out these resources:

- "Strong Senate Appropriation Mark Good for Security, Economy," U.S. Global Leadership Coalition, June 20, 2013. http://www.usglc.org/2013/06/20/strong-senate-appropriations-mark-good-for-security-economy/.
- "Too Little to Go Around: House Appropriations Plan to Increase Defense and Homeland Security Requires Even Deeper Cuts in Other Programs," The Center on Budget and Policy Priorities, June 5, 2013: http://www.cbpp.org/cms/index.cfm?fa=view&id=3969.
- "International Affairs Budget Update," U.S. Global Leadership Coalition, May 17, 2013: http://www.usglc.org/2013/05/21/international-affairs-budget-update-5-17-13/.
- "Obama budget plan underscores U.S. foreign aid commitment," InterAction press release, April 10, 2013: http://www.interaction.org/sites/default/files/04.10.2013%20Obama%20budget%20plan%20-%20final.pdf.

For information on RESULTS' fiscal year 2014 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/.

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
- **Legislative requests for Congress**
  - Congressional oversight of U.S. microfinance programs
  - 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. The U.S. Agency for International Development's (USAID) microfinance and microenterprise program is called the Office of Microenterprise and Private Enterprise Promotion (MPEP).

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.[i] 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.[ii] **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.[iii] 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.[iv]

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. While there are more than 300 million economically active individuals in sub-Saharan Africa, only about 20 million of them—less than 10 percent—have access to any kind of formal financial services.[v] The population here includes the highest burden and percentage of people living in extreme poverty of any developing region,[vi] with almost half the population surviving on less than $1 per day, but no financial institution—microfinance or otherwise—is reaching 80 percent of the 800 million people living there.[vii]

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:[viii]

- **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**: Women represent 60 percent of the 1.4 billion people living on less than $1.25 a day, but own only 1 percent of the world's wealth. 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. For example, an estimated 80 percent of borrowers of the FINCA program in Uganda are caring for AIDS orphans. 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.[ix]

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: [x]

- **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.[xi] 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.[xii] 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.[xiii]

What is the U.S. government doing?

Microenterprise Results and Accountability Act of 2004

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.[xiv] 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.

Over the past decade, USAID Microenterprise funding has slowly but steadily increased, from $188 million in 2002 to $259.4 million in 2008 to $286 million in 2011. However, at the same time, the numbers of beneficiaries has decreased. From 2008 to 2011, the number of microenterprise and microfinance borrowers decreased by 65.4 percent and the number of savers decreased by 27.4 percent. This decline is even more pronounced when looking at 2007 and beyond. While the 2010 MRR notes the increase in support for value chain development over microfinance institutions, additional information is needed to understand the implications of this decrease in beneficiaries and how USAID is using the additional funding and tracking its impact.

When looking at who these borrowers are, the MRRs show a gradual increase in the percentage of funds benefiting the very poor, from 26.9 percent in 2008 to 38 percent in 2011. However, roll out of the Poverty Assessment Tool (PAT) remains very low, accounting for only five percent of funds and 41 percent of participants in 2011. Much more must be done to increase use of the PAT in the future.

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. It remains to be seen if this is a strategic decision to reallocate funds and if this trend will continue in the longer term.[xv]

Legislative requests for Congress

Congressional oversight of U.S. microfinance programs

RESULTS is working closely with our microfinance allies in Congress on the Foreign Affairs Committee to determine why USAID microfinance programs have not reached the mandate of using 50 percent of microfinance funds to target the very poor, as well as why the Poverty Assessment Tools have not been rolled out broadly to ensure widespread measurement of clients' poverty levels. Congressional oversight should help reveal USAID's microfinance and microenterprise priorities and determine where additional pressure and advocacy is needed from Congress and the American public. One possible tool might be new legislation in Congress that will help direct USAID toward effective, evidence-based microfinance and microenterprise programs that best address the needs of the very poor.

2014 appropriations requests for microfinance

RESULTS is disappointed with the President's low request for microfinance in FY14. But more important than the funding level is how the funding is being used. It is especially critical that Congress includes the proposed language below in the FY14 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.

Fiscal Year	FY10	FY11	FY12	FY13 Continuing Resolution	FY14 President's Request	FY14 RESULTS' Request
Microfinance	$265 million	$265 million	$265 million	$276.8 million	$173 million	$500 million

Proposed language to be included in the Appropriations Committee bill:

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

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 intuition, with which she was able to invest in other products to sell and grow her clientele. In 2007, she purchased a freezer and generator and began selling frozen fish and meats. However, Bosede's husband was outraged at his wife's success —and at SEAP for empowering her to start her new venture. He even visited SEAP's offices, threatening loan officers and demanding to know why they lent her money. Soon after, he abandoned Bosede and their children. Nonetheless, she is proud of her accomplishments. She's grown her household income more than six-fold, earning nearly $4.50 per day and placing her family squarely in the Nigerian middle class. Bosede can now pay her children's school fees with ease and is free from worrying about their next meal.

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

Education for All

In this section:

- **Background: the state of global education**
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  - Why does education matter?
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  - The Global Partnership for Education
- **How is the U.S. government supporting global education?**
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- **Legislative requests for Congress**
  - 2014 appropriations requests for basic education and the Global Partnership for Education
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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 many more children who are in school are failing to acquire even basic reading, writing 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.[xvi]

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, and approximately 40 percent live in conflict-affected and fragile states. Children living in urban environments are more likely to go to school than children in rural areas (an average of 12 percent of children out of school vs. 23 percent, respectively), and wealthy children are more likely than poor children (12 vs. 23 percent).[xvii] Girls from poor, rural areas are the least likely to go to school.

According to the UNESCO, almost one-half of these children will never enter a classroom, 23 percent attended school at some point but dropped out, and the remaining 28 percent are expected to enter school at some point in the future.

Over half of out of school children live in sub-Saharan Africa – 30 million. Of those with data available, twelve countries account for almost half of the population of out-of-school primary aged children, led by Nigeria, Pakistan, Ethiopia, and India. (Countries like Afghanistan, Bangladesh, and Sudan do not have data available but have high populations of out-of school children.)[xviii]

Teacher shortages exacerbate the challenge of ensuring all children have a quality basic education. By 2015, the world will need 6.8 million trained teachers. Of these, 5.1 will be needed to replace teachers leaving the

field, while 1.7 million new teachers will be needed to fulfill the demand from students entering the education system.

Unless more effective policies are implemented and there is greater international financial support, 72 million children may still be out of school by 2015 — more than in 2008.[xix] 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.[xx] Educated mothers are 50 percent more likely to immunize their children than mothers with no schooling.[xxi]
- **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.[xxii]
- **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.[xxiii]
- **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.[xxiv] Every $1 spent on a person's education yields $10-15 in economic growth over that person's working lifetime.[xxv]
- **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.[xxvi]
- **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.[xxvii] 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.[xxviii] Every year of schooling decreases a male's chance of engaging in violent conflict by 20 percent.[xxix]

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.

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 $26 billion (after domestic government spending and donor aid) annually to attain universal primary education by 2015. **But instead of increasing aid for basic education to help fill this gap, donors are actually cutting aid for basic education**. From 2010 to 2011, donor aid for basic education fell from $6.2 billion to $5.8 billion. Of the 10 biggest bilateral donors, six of them reduced their aid in this time period, including the United States. Even further, existing aid fails to go to the countries that need it most, with only $1.9 billion of the $5.8 billion actually going to the poorest countries where aid is needed most. Aid to sub-Saharan Africa, where one-half of the world's out-of-school children live, fell by 7 percent between 2010 and 2011. Donors must increase education aid overall while, at the same time, drastically increase the proportion of aid going to the poorest countries. [xxx]

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. Together, these two high-profile initiatives and leaders are working to build the political will to deliver on the world's commitments to ensure every child has a quality basic education.

The Global Partnership for Education

The Global Partnership for Education (GPE) is the only multilateral partnership focused on ensuring all children have access to a quality education. The GPE is an innovative and effective model, bringing together civil society, private sector, donor governments and 58 low-income countries to achieve the Education for All goals by developing and funding ambitious national education strategies. The GPE is a vital mechanism to align and harmonize all aid flows to education and help fill the financing gap to ensure that the hardest to reach children are given the chance to go to school.

Since 2002, GPE has raised $3.5 billion to help the world's neediest children get a quality education. It has supported an additional 23 million children to attend and remain in better equipped and supported schools. In **GPE countries, the primary school completion rate rose from 56 percent to 71 percent between 2000 and 2010 and the number of out of school children fell from 34 to 18 percent**. It is expected to fall to 12 percent by 2020. In addition, the share of government expenditures in GPE countries allocated to education increased from 17 percent in 2000 to 19.4 percent in 2011 and represented 5.8 percent of GDP in 2011 against 3.8 percent in 2000. Increasing developing countries' domestic financing for their own education systems is key to GPE's model.

For every additional $1 million invested in GPE:

- 74 new classrooms will be constructed;
- 8,000 more children will enter primary school;
- 500,000 textbooks will be distributed; or
- 1,000 teachers will receive a year of training.

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.

In November 2011, partners gathered for GPE's replenishment conference. Despite holding a seat on the Board of Directors, the United States had never contributed to the Global Partnership for Education — until this conference. There, the United States made its first-ever pledge of $20 million to the GPE.

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.

With 32 countries expected to apply for $1.3 billion in support in 2013, support for GPE now is needed more than ever before.

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

Appropriations

For fiscal year 2013, Congress appropriated an estimated $835.6 million for global basic education programs (final 2013 numbers are still being determined by the Administration). The President's 2014 budget request included just $501 million for basic education – approximately a 40 percent decrease from the 2013 levels.

Despite this overall low request, for the very first time, the President's budget request included a $15 million contribution to GPE, as well as legislative language authorizing the contribution. While lower than RESULTS's request of $125 million, the inclusion of an explicit request for GPE is an important step forward to ensuring 2012's contribution is not a one-time exercise.

As the House and Senate continue their work on 2014 appropriations, it is imperative that both the overall basic education number and the proportion of basic education going toward GPE are increased. This is especially critical as **the Global Partnership for Education's donor pledging conference is coming up in June 2014. This conference is a significant opportunity for the U.S. to show leadership on education, and a strong contribution to GPE in the 2014 appropriations process is the first step to a successful replenishment.**

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.

Legislative requests for Congress

2014 Appropriations Requests for Basic Education and the Global Partnership for Education

For the first time ever, the President included a request for the Global Partnership for Education in his annual budget request. Congress must retain this request and increase both the base funding for education as well as the U.S. contribution to GPE in FY14.

Fiscal Year	FY10	FY11	FY12	FY13 Continuing Resolution	FY14 President's Request	FY14 RESULTS' Request
Overall Basic Education	$925 million	$925 million	$800 million	$835.6 million	$501 million	$925 million
GPE	$0	$0	$20 million	Not specified	$15 million	$125 million

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:

14 Senators signed on: Feinstein (D-CA), Isakson (R-GA), Baldwin (D-WI), Boxer (D-CA), Cardin (D-MD), Chambliss (R-GA), Heinrich (D-NM), Kaine (D-VA), Levin (D-MI), Sanders (I-VT), Schatz (D-HI), Stabenow (D-MI), Whitehouse (D-RI), Wyden (D-OR)

28 members signed on: Jim McDermott (D-WA), Robert Andrews (D-NJ), Timothy Bishop (D-NY), Earl Blumenauer (D-OR), Lois Capps (D-CA), Michael Capuano (D-MA), Andre Carson (D-IN), Yvette Clarke (D-NY), John Conyers, Jr. (D-MI), Joe Crowley (D-NY), Rosa DeLauro (D-CT), Raul Grijalva (D-AZ), Rush Holt (D-NJ), Sander Levin (D-MI), John Lewis (D-GA), Stephen Lynch (D-MA), James McGovern (D-MA), Gwen Moore (D-WI), Grace Napolitano (D-CA), Eleanor Holmes Norton (D-DC), Mark Pocan (D-WI), Jared Polis (D-CO), Charles Rangel (D-NY), Jan Schakowsky (D-IL), Adam Smith (D-WA), Chris Van Hollen (D-MD), Maxine Waters (D-CA), Frederica Wilson (D-FL)

The Education for All Act

Introduced in the past several Congressional sessions by Representative Nita Lowey (D-NY) and Dave Reichert (R-WA), the Education for All Act has served as 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 has not yet been reintroduced this Congress, but RESULTS will continue to advocate for cosponsors when the bill is introduced in the House and Senate this year***.

The EFA Act will seek to ensure the U.S. provides resources and leadership to contribute to a successful international effort to provide all children with a quality basic education. To achieve the goal of universal quality

basic education, the EFA Act lays out a U.S. policy to assist developing countries and strengthen their educational systems, assist NGOs and multilateral organizations (including the GPE), and promote education as the foundation for community development.

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

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

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

- "57 million children out of school," UNESCO, June 5, 2013: http://youtu.be/Ft5sDJG054w
- Trailer for the new film Girl Rising: http://vimeo.com/60590970
- UN Secretary-General Ban Ki-Moon on why "Every Child Needs A Teacher": http://youtu.be/tSE-Cfvfik4

Recent articles

- "A New Drive Toward Universal Primary Education," *The New York Times*, April 22, 2013: http://www.nytimes.com/2013/04/19/world/europe/a-new-drive-toward-universal-primary-education.html?pagewanted=all&_r=0
- "U.S. should help education children around world," by Shabnam Lutafali in *The Houston Chronicle*, April 11, 2013: http://www.chron.com/opinion/outlook/article/Lutafali-U-S-should-help-educate-children-4427710.php
- "Africa 'must think big for its children'," CNN, February 13, 2013: http://www.cnn.com/2013/02/13/opinion/children-education-africa-mbengue/

Global Health:

Child Health and Nutrition
Tuberculosis
The Global Fund to Fight AIDS, Tuberculosis and Malaria

Child Health & Nutrition

In this section:

- **Background: improving child health worldwide**
  - Where are we now?
  - Where do we go from here?
  - Childhood vaccination
  - GAVI Alliance
  - Child Nutrition
- **The U.S. commitment and legislative requests for Congress**
  - 2014 appropriations requests for Maternal and Child Health, GAVI, and Nutrition
- **Stories, videos, and additional resources**

> 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?

RESULTS has long been a leading advocacy group fighting child mortality and improving child health. In the late 1980s when UNICEF launched its "Child Survival Revolution" under the leadership of Executive Director Jim Grant, 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. Africa has seen a 92 percent reduction in measles deaths over the last decade.[xxxi] And the distribution of hundreds of millions of insecticide-treated bed nets and other measures have cut malaria deaths by half in 11 African countries.[xxxii]

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 live-saving health services. **Of the 6.9 million children dying annually, or nearly 19,000 per day, the vast majority of deaths are in poor countries; half are in sub-Saharan Africa**.

The leading causes of death are almost entirely preventable or treatable. Together pneumonia and diarrhea account for over a third of child deaths. 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.

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, leaders from 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 are getting the optimal ORS and zinc treatment.[xxxiii]

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 has trained 40,000 community health workers in the last five years and deployed them in village health outposts across the country. This has resulted in dramatic gains in immunization rates and better and more consistent treatment of pneumonia and severe acute malnutrition.

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 the problem of child illnesses. 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. Forty countries have joined the Scaling Up Nutrition, or SUN, Movement to address childhood malnutrition in their countries. Sixteen of those countries already have costed plans for how to implement nutrition specific interventions.

At the Child Survival Call to Action, 57 countries signed onto the pledge that they will commit to ending child death by 2035. RESULTS and its partners will work to hold governments accountable to keep their promise.

Childhood Vaccination

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

Vaccines are responsible for some of the most important achievements in public health. For example, after a concerted global vaccination effort, smallpox, which had afflicted human society since the ancient Egyptians, was eradicated in 1979. 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, however one out of five children still does not receive basic vaccines.

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.

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 over two million children under-five each year.

Pneumococcal disease is an infection from a bacterium that can attack young children with deadly results. Every year 500,000 children die from pneumococcal disease, and the vast majority of these deaths occur in Africa and Asia. Most pneumococcal disease deaths (90 percent) are from pneumonia, which occurs when the bacterium infects the lungs and causes fever, coughing, and difficulty breathing.

Rotavirus is a major cause of a leading childhood killer — diarrhea. Rotavirus kills over 450,000 children when acute diarrhea leads to severe dehydration. While many other causes of diarrhea such as bacteria and parasites can be prevented by improving water and sanitation, rotavirus is so resilient that these efforts are not enough. Children must be vaccinated to protect them from this virulent disease.

GAVI Alliance

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. New vaccines to combat pneumococcal and rotavirus present an extraordinary opportunity, but the vaccines are not yet widely available to the children in poor countries who need them most. Through support for GAVI, these vaccines are becoming more available for poor countries

An important part of GAVI's approach is to shape the vaccine market, both by assuring manufacturers that there will be a reliable demand for vaccines, and by using the market's size and purchasing volume to help drive down

costs. GAVI also has a strict co-financing policy, which requires the developing countries that receive assistance to contribute to the cost of the vaccines from their own budgets. This helps ensure the countries are full partners and helps build long-term political and financial support for the program within the country.

In June of 2011, donors pledged $4.3 billion dollars to support GAVI's ambitious immunization agenda to assist developing countries to immunize 250 million children by 2015 to save four million lives. The United States made a historic three year pledge of $450 million to support scale up of delivery of vaccines.

The GAVI Alliance is delivering on the promise made at the 2011 pledging conference to help developing countries immunize an additional 245 million children and prevent four million future deaths by 2015. GAVI's progress shows that investing in immunization pays off in terms of health and value for money. But there are still 22 million children who've never been immunized. 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. Funding for GAVI will continue to focus on increasing immunization coverage for the leading killers of children in developing countries.

Since its founding in 2000, GAVI has supported the immunization of over 370 million children who might not otherwise have had access to vaccines. These efforts are estimated to have prevented five-and-a-half million deaths.

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 from those illnesses. 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.[xxxiv] 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.[xxxv]

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.[xxxvi]

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 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.[xxxvii] Last year, a panel of Nobel Laureate economists and other experts ranked child nutrition first on their list of cost-effective investments to improve global welfare.[xxxviii]

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.[xxxix] 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.[xl] 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.[xli]

In June 2013, the United Kingdom convened the *Nutrition for Growth* Summit to accelerate global progress on nutrition. At this meeting the U.S. announced that it is spending far more than previously reported on nutrition interventions. However, most of this funding does not have clear nutrition goals and indicators. As the U.S. develops a nutrition strategy, RESULTS is working to ensure that funding going to nutrition has clear nutrition objectives, and results are publicly reported.

The U.S. commitment and legislative requests for Congress

> 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*

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.

In President Obama's fiscal year 2014 budget requests, the Maternal and Child Health account was one of the few programs in the foreign affairs account that saw an increase in funding. Also, the budget is on track to meet the GAVI pledge by providing full funding for the GAVI Alliance at $175 million. The U.S. must continue to ramp up MCH funding, fulfill its three-year pledge of $450 million to GAVI, and better focus its nutrition work on the critical 1,000 day window from pregnancy to a child's second birthday to ensure that essential health services and vaccines for children are reaching the most vulnerable and the hardest to reach.

2014 appropriations requests for Maternal and Child Health, GAVI, and Nutrition

Fiscal Year	FY10	FY11	FY12	FY13 Continuing Resolution	FY14 President's Request	FY14 RESULTS' Request
Maternal and Child Health	$549 million	$549 million	$605.55 million	$594.15 million	$680 million	$750 million
GAVI	*$78 million*	*$78 million*	*$130 million*	*Not specified*	*$175 million*	*$175 million*
Nutrition	$75 million	$90 million	$95 million	$93.2 million	$95 million	$200 million

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:

11 Senators signed on: Boxer (D-CA), Blumenthal (D-OR), Cardin (D-MD), Coons (D-DE), Klobuchar (D-MN), Lautenberg (D-NJ), Levin (D-MI), Murphy (D-CT), Schumer (D-NY), Stabenow (D-MI), and Wyden (D-OR)

64 Representatives signed on: Betty McCollum (D-MN), David Reichert (R-WA), Lois Capps (D-CA), Aaron Schock (R-IL), Robert Andrews (D-NJ), Karen Bass (D-CA), Earl Blumenauer (D-OR), Bruce Braley (D-IA), Andre Carson (D-IN), Yvette Clarke (D-NY), Steve Cohen (D-TN), John Conyers (D-MI), Joe Crowley (D-NY), Danny Davis (D-IL), Susan Davis (D-CA), Rosa DeLauro (D-CT), Ted Deutch (D-FL), Lloyd Doggett (D-TX), Keith Ellison (D-MN), Eliot Engel (D-NY), Elizabeth Esty (D-CT), Al Green (D-TX), Raul Grijalva (D-AZ), Michelle Lujan Grisham (D-NM), James Hines (D-CT), Rush Holt (D-NJ), Henry Johnson (D-GA), William Keating (D-MA), Sheila Jackson Lee (D-TX), Barbara Lee (D-CA), Sander Levin (D-MI), John Lewis (D-GA), Zoe Lofgren (D-CA), Ben Ray Luján (D-MN), Steven Lynch (D-MA), Carolyn Maloney (D-NY), Jim McDermott (D-WA), James McGovern (D-MA), Grace Meng (D-NY), Gwen Moore (D-WI), James Moran (D-VA), Jerrold Nadler (D-NY), Grace Naplitano (D-CA), Eleanor Holmes Norton (D-DC), Bill Pascrell (D-NJ), Donald Payne, Jr. (D-NJ), Gary Peters (D-MI), Mark Pocan (D-WI), Jared Polis (D-MA), David Price (D-NC), Charlie Rangel (D-NY), Lucille Roybal-Allard (D-CA), Jan Schakowsky (D-IL), Wasserman Schultz (D-FL), Bobby Scott (D-VA),Albio Sires (D-NJ), Adam Smith (D-WA), Mark Takano (D-CA), John F. Tierney (D-MA), Chris Van Hollen (D-MD), Henry Waxman (D-CA), Peter Welch (D-VT), 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.

Recent Articles

- "How Will We End Preventable Child Deaths by 2035" Interview with Ariel Pablos Mendez, USAID, *Forbes*: http://www.forbes.com/sites/skollworldforum/2013/06/10/how-will-we-end-preventable-child-deaths-by-2035/
- "Immunization one key intervention to end two million child deaths a year" GAVI Press statement: http://www.gavialliance.org/library/news/statements/2013/immunisation-one-key-intervention-to-end-two-million-preventable-child-deaths-each-year/
- "Good Nutrition Fuels Economic Growth," by Kul Chandra Gautam, Real Clear Policy, June 6, 2013: http://www.realclearpolicy.com/articles/2013/06/06/good_nutrition_fuels_economic_growth_534.html
- "US should invest more in nutrition," by John and Jan Bradley, *The Tennessean*, June 5, 2013: http://www.tennessean.com/article/20130606/OPINION03/306060048/U-S-should-invest-more-nutrition?nclick_check=1
- "Diet and Growth" by Agnes Binagwaho, Minister of Health of Rwanda, Project Syndicate, May 31, 2013: http://www.project-syndicate.org/commentary/stepping-up-the-fight-against-childhood-undernourishment-by-agnes-binagwaho

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?**
- **Legislative 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 2011, there were 8.7 million new cases of TB, resulting in 1.4 million deaths, including 430,000 deaths from HIV-associated TB. TB kills three people every minute.

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. The body generally walls off the infection, but the infection can break through and become an active disease. This often occurs when the immune system is weakened because of diabetes, HIV infection, or another condition. If left untreated, someone with active TB will typically infect 10 to 15 people every year, mainly by coughing.

TB treatment works, 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 drug resistant 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. As an example, with U.S. support, Cambodia has achieved a 45 percent drop in TB since 2002 and at the same time has expanded TB services to children.

However, despite the relatively low cost of most TB treatments, a lack of political commitment and funding allows TB to remain a leading global killer. The African and European regions are not on track to reach the TB-related Millennium Development Goal, which is to cut TB morality by 50% by the year 2015. The spread of diabetes, particularly in Asia, means TB-associated diabetes could increase significantly.

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. Approximately 20 to 30 percent of annual income may be lost if the household's breadwinner is struck down with active TB. Additionally, children may be removed from school when they contract TB or to help provide care when family members become sick.

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.

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 half a million women died from TB in 2011. Women with TB are often diagnosed late compared to men, for reasons including more limited access to health care and the negative social stigma. Pregnant women with TB who receive a late diagnosis are four times more likely to die in childbirth, and the babies of women with TB are twice as likely to have low birth weight or be born prematurely.

- **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. At least half a million children become ill with TB each year, disproportionately affecting children who are orphaned, malnourished, and HIV positive. A recent survey of hospitals in South Africa found that TB accounted for 7.1 percent of deaths among children under five years old, 20 percent of deaths among children 5-18 years, and was the leading cause of death among older children. 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.

- **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 2011, some 430,000 people died of HIV-related TB, making TB responsible for about one in four AIDS deaths.

  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.

The growing threat of drug resistance

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 treatment can 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.

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 the 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 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.

The world can make faster progress on TB with approaches that put patients first:

- **The U.S. government should back innovation in TB programming**, including community-centered approaches and the latest technology, which TB REACH, an initiative of the Stop TB Partnership, has demonstrated can be used to reach many more patients.
- **The U.S. should combine TB prevention and care 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.

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

TB funding is used to find and treat the disease, prevent the development of drug-resistant strains, and support the research and development of new tools to fight the disease.

As TB has no borders, strong global TB control is in the national interest of the United States to prevent a costly increase in TB cases, particularly of drug-resistant TB. Drug-resistant TB poses a particular challenge to domestic TB control due to high treatment costs, estimated at $100,000-$300,000 per case.

In 2008 Congress renewed and expanded efforts to fight TB by passing the Tom Lantos and Henry J. Hyde Global Leadership Against HIV/AIDS, Tuberculosis and Malaria Reauthorization Act of 2008. The Lantos-Hyde Act provides a clear legislative framework for bolstering U.S. efforts to combat TB. The legislation authorized $4 billion over five years for global, bilateral TB programs, mandated stronger coordination of TB and HIV programs, and enhanced reporting requirements.

The passage of the Lantos-Hyde Act has been instrumental in strengthening the U.S. response to TB, laying the groundwork for funding increases since 2008. Unfortunately, while the Lantos-Hyde Act mandates a five-year US government strategy to treat 4.5 million cases of TB under DOTS (Directly Observed Therapy) and 90,000 multi-drug resistant (MDR) TB cases, the Obama Administration's TB strategy proposes only 2.6 million DOTS treatments and treatment of only 57,200 MDR-TB cases by 2014. This is less than two-thirds of what is called for in the Lantos-Hyde Act.

In addition, for fiscal year 2014, the Administration has proposed a significant funding cut for USAID's TB program. The President's FY14 budget proposal includes a $45 million cut, or 19 percent, to USAID's TB program. This cut could lead USAID to have to reduce the number of countries it is assisting, and it has already cut TB aid to Mexico. The cut could reduce USAID's aid to expand MDR-TB programs, improve the quality of the TB programs so they reach the vulnerable and marginalized, and help countries obtain Global Fund resources and then make rapid, productive use of those resources. Representative Eliot Engel (D-NY), a founder and co-chair of the TB Elimination Caucus, called the cut "shortsighted," and a group of 94 TB experts, including Dr. Paul Farmer, recently sent a letter to the Congress urging that they not approve this cut.

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.

Legislative requests for Congress

FY2014 appropriations requests for TB

Fiscal Year	FY10	FY11	FY12	FY13 Continuing Resolution	FY14 President's Request	FY14 RESULTS' Request
Bilateral Tuberculosis	$225 million	$225 million	$236 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 2014 for U.S. bilateral tuberculosis funding. You can thank your member of Congress if they signed on to this letter.

30 members signed on: Eliot Engel (D-NY), Gene Green (D-TX), Don Young (R-AK), Earl Blumenauer (D-OR), Andre Carson (D-IN), Yvette D. Clarke (D-NY), John Conyers, Jr. (D-MI), Joe Crowley (D-NY), Danny K. Davis (D-IL), Rosa DeLauro (D-CT), Donna F. Edwards (D-MD), Keith Ellison (D-MN), Chaka Fattah (D-PA), Raul Grijalva (D-AZ), Michelle Lujan Grisham (D-NM), Eddie Bernice Johnson (D-TX), Derek Kilmer (D-WA), Barbara Lee (D-CA), Zoe Lofgren (D-CA), Jim McDermott (D-WA), Gwen Moore (D-WI), Jerrold Nadler (D-NY), Bill Pascrell Jr. (D-NJ), Donald M. Payne Jr. (D-NJ), Gary C. Peters (D-MI), Mark Pocan (D-WI), David E. Price (D-NC), Charles B. Rangel (D-NY), Jan Schakowsky (D-IL), Frederica S. Wilson (D-FL)

Stories, videos and additional resources

Stories

Winstone Zulu was born in Zambia as the sixth of thirteen children. He was diagnosed with polio at the age of three, lived with HIV/AIDS since 1990, and became sick with — and was cured of — TB in 1997. TB affected Winstone's life in profound ways. His story has moved us out of our ignorance and complacency, and like him, we are now dedicated to fighting this deadly co-epidemic.

My brothers Erasmus and Christopher got tuberculosis at around the same time. It was so tragic. Erasmus died on the 7th of December 1990 and his wife died the following day, and then Christopher died a week later. And then there was Shadrek, he was the eldest of all of us. He worked for BP, he was a truck driver. He left six children. He died in 1996 from tuberculosis as well. His wife died the following year. Danny, he was the youngest. Danny was a really good musician, he used to work in South Africa. Then he came back and we started living close to each other, we became very close. He died in 2003.

They shouldn't have died. TB is preventable, whether people are HIV-positive or not. TB treatment gives patients more time. If my brothers had survived TB they might have lived long enough to access HIV drugs like me.
We adopted my son Michael before the era of prevention of HIV from mum to child. He is 9 years now and has had TB but got cured. He is on antiretrovirals for HIV infection. I also directly support Matildah and Clara who are my late brother Shadreck's daughters, Musa and Morey who are late Christopher's kids. There are other nieces and nephews that I help too but they are looked after full time by my sisters.

Winstone's story highlights that we cannot separate the epidemics of TB and HIV/AIDS and that unless we act more urgently and with the resources commensurate with the problem, TB will continue to be a needless tragedy that aggressively kills those with HIV/AIDS. While there is no cure for AIDS, there is a cure for tuberculosis.

Videos

- Video on how Xpert can dramatically speed up TB care: http://www.action.org/resources/item/new-technology-saves-lives
- 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

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**
  - 2014 Global Fund appropriations
  - Global Fund replenishment pledge
- **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 the past 10 years, the Global Fund has become the largest source of funding for AIDS, TB, and malaria, and fundamentally altered our ability to fight these diseases. The Global Fund currently channels 82 percent of international funding for TB, 560 percent of malaria funding, and 21 percent of international funding to fight HIV/AIDS.

Since its establishment in 2002, the Global Fund has achieved remarkable results:

- **HIV/AIDS**: Currently 4.2 million people are receiving anti-retroviral therapy to treat HIV with Global Fund support. In sub-Saharan Africa, and estimated 56 percent of people eligible for treatment receive it, an increase from less than 5 percent in 2000.
- **Tuberculosis**: The Global Fund has helped detect and treat 9.7 million cases of TB, an increase from 2.9 million just five years ago.

- **Malaria**: The Global Fund has financed the distribution of 310 million insecticide-treated bed nets to protect families from malaria. In sub-Saharan Africa, 53 percent of households at risk of malaria have at least one bednet, an increase from just 3 percent in 2000.

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. Changes include more flexibility for countries to align Global Fund grants with national budget cycles, and a simplified and streamlined grant application process. 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.

Global Fund replenishment and the defeat of AIDS, TB, and malaria

In the fall of 2013, the Global Fund will hold its fourth replenishment, an international conference where donors will come together to pledge future funding. The Global Fund has set a fund-raising target of $15 billion for this replenishment. This funding would support an ambitious new strategy by the Global Fund to save an additional 10 million lives.

Each of these three diseases are at critical turning points. 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, that 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.[xlii] 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.

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 2010, the U.S. made a three-year (FY2011-2013), $4 billion pledge to the Global Fund. RESULTS was instrumental in building political support for this pledge, the first first-ever multi-year commitment to the Global Fund by the U.S. A letter led by Representative Barbara Lee (D-CA) to President Obama urging a multi-year pledge was signed by 101 members of Congress, due in large part to RESULTS advocates contacting their representatives. RESULTS advocates helped amplify this message and draw attention to the work of the Global Fund by generating over 80 pieces of media.

The Obama Administration and Congress have worked together to fulfill this pledge over the last three years. U.S. funding for this period is a 38 percent increase over the preceding three-year period, a remarkable increase in light of severe constraints on the foreign aid budget. The fulfillment of this has been critical to the Global Fund's ability to continue to accelerate progress in fighting AIDS, TB, and malaria.

Requests for Congress

FY2014 Global Fund appropriations

In the FY 2014 budget proposal to Congress, President Obama requested $1.65 billion for the Global Fund. RESULTS is working to ensure that this request is fully funded by Congress.

Fiscal Year	FY10	FY11	FY12	FY13 Continuing Resolution	FY14 President's Request	FY14 RESULTS' Request
Global Fund	$1.05 billion	$1.3 billion	$1.3 billion	$1.65 billion	$1.65 billion	$1.65 billion

To support full funding for the Global Fund, Rep. Barbara Lee (D-CA), co-chair of the Congressional HIV/AIDS Caucus, initiated a sign-on letter to the Appropriations Committee requesting $1.65 billion for FY 2014 and full funding for PEPFAR. You can thank your member of Congress if they signed on to this letter.

101 members signed on: Barbara Lee (D-CA), Karen Bass (D-CA), Joyce Beatty (D-OH), Ami Bera (D-CA), Sanford Bishop (D-GA), Earl Blumenauer (D-OR), Suzanne Bonamici (D-OR), Robert Brady (D-PA), Corrine Brown (D-FL), G.K. Butterfield (D-NC),

Lois Capps (D-CA), Tony Cardenas (D-CA), André Carson (D-IN), Joaquin Castro (D-TX), Matt Cartwright (D-PA), Judy Chu (D-CA), Yvette Clarke (D-NY), Lacy Clay (D-MO), James Clyburn (D-SC), Steve Cohen (D-TN), John Conyers (D-MI), Donna Christensen (D-VI), David Cicilline (D-RI), Elijah Cummings (D-MD), Danny Davis (D-IL), Rosa DeLauro (D-CT), Suzan DelBene (D-WA), Peter DeFazio (D-OR), Donna Edwards (D-MD), Eliot Engel (D-NY), Anna Eshoo (D-CA), Elizabeth Esty (D-CT), Chaka Fattah (D-PA), Lois Frankel (D-FL), Marcia Fudge (D-OH), John Garamendi (D-CA), Al Green (D-TX), Raúl Grijalva (D-AZ), Michelle Lujan Grisham (D-NM), Luis Gutierrez (D-IL), Janice Hahn (D-CA), Alcee Hastings (D-FL), Denny Heck (D-WA), Jim Himes (D-NY), Rush Holt (D-NJ), Jared Huffman (D-CA), Sheila Jackson-Lee (D-TX), Hakeem Jeffries (D-NY), Eddie Bernice Johnson (D-TX), Hank Johnson (D-GA), William Keating (D-MA), Joe Kennedy (D-MA), Derek Kilmer (D-WA), Rick Larsen (D-WA), Sander Levin (D-MI), John Lewis (D-GA), Zoe Lofgren (D-CA), Ben Ray Luján (D-NM), Carolyn Maloney (D-NY), Edward Markey (D-MA), Jim McDermott (D-WA), James McGovern (D-MA), Gloria Negrete McLeod (D-CA), Jerry McNerney (D-CA), George Miller (D-CA), Gwen Moore (D-WI), James Moran (D-VA), Jerrold Nadler (D-NY), Eleanor Holmes Norton (D-DC), Beto O'Rourke (D-TX), Donald Payne, Jr. (D-NJ), Gary Peters (D-MI), Charlie Pingree (D-ME), Mark Pocan (D-WI), Jared Polis (D-CO), David Price (D-NC), Charles Rangel (D-NY), Bobby Rush (D-IL), Linda Sanchez (D-CA), John Sarbanes (D-MD),Robert "Bobby" Scott (D-VA), Jan Schakowsky (D-IL), Terri Sewell (D-AL), Carol Shea-Porter (D-NH), Brad Sherman (D-CA), Albio Sires (D-NJ), Jackie Speier (D-CA), Eric Swalwell (D-CA), Mark Takano (D-CA), Bennie Thompson (D-MS), John Tierney (D-MA), Paul Tonko (D-NY), Juan Vargas (D-CA), Chris Van Hollen (D-MD), Marc Veasey (D-TX), Filemon Vela (D-TX), Debbie Wasserman Schultz (D-FL), Maxine Waters (D-CA), Melvin Watt (D-NC), Henry Waxman (D-CA), Frederica Wilson (D-FL)

In the Senate, Senators Johnny Isakson and Chris Coons led a bipartisan letter in support of the Global Fund and the President's Emergency Plan for AIDS Relief. You can thank your Senator if he signed on:

10 Senators signed on: Johnny Isakson (R-GA), Chris Coons (D-DE), Roy Blunt (R-MO), Richard Durbin (D-IL), Mike Enzi (R-WY), Tim Kaine (D-VA), Marco Rubio (R-FL), Brian Schatz (D-HI), Sheldon Whitehouse (D-RI), Ron Wyden (D-OR)

Global Fund replenishment pledge

At the international replenishment meeting later this year, RESULTS is urging the Obama Administration to make a three-year (FY2014-2016) pledge of $5 billion to the Global Fund. The three-year pledge, $4 billion pledge made in 2010 was critical to the Global Fund's success, and the President should build on that success by making another pledge for the remainder of his second term.

As the largest single donor to the Global Fund, U.S. leadership is essential for the Global Fund to reach its $15 billion replenishment goal. Because every $1 the U.S. gives to the Global Fund has historically been matched by $2 from other donor nations, a $5 billion pledge could lead the way to a global replenishment of $15 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

[i] "Regional aggregation using 2005 PPP and $1.25/day poverty line," The World Bank. April 2013. http://iresearch.worldbank.org/PovcalNet/index.htm?1.
[ii] "Microfinance and Financial Inclusion," The World Bank Issue Brief. March 2013. http://web.worldbank.org/WBSITE/EXTERNAL/NEWS/0,,contentMDK:20433592~menuPK:34480~pagePK:64257043~piPK:437376~theSitePK:4607,00.html.
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