

**Statement of Joanne Carter
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**House Committee on Appropriations
Subcommittee on State, Foreign Operations, and Related Programs**

March 5, 2019

The House Foreign Operations Appropriations Subcommittee has played a critical role in ensuring U.S. investment in some of the most high-impact, effective mechanisms and programs that save lives, improve futures, and help countries to build their capacity to deliver quality health and education to all children and families. I urge you to continue to support and give particular priority to key global health and education efforts, including: the Global Fund to Fight AIDS, Tuberculosis and Malaria; bilateral tuberculosis programs; maternal and child health, including Gavi, the Vaccine Alliance; and nutrition programs; and assistance for Basic Education, particularly the Global Partnership for Education.

Basic Education – Global Partnership for Education (GPE): Thanks to leadership of this subcommittee, the U.S. has become a global leader for quality basic education around the world. Yet despite progress, there are 61 million primary school aged children not in school, and 250 million primary school aged children are failing to acquire even basic reading, writing and numeracy skills.

We face a critical moment when we must decide how to most effectively program our education aid dollars to achieve the most sustainable and high impact results for the poorest and most vulnerable children around the world.

The Global Partnership for Education is the only multilateral partnership exclusively dedicated to ensuring all children have access to a quality education. Since 2002, GPE has worked with partners to enroll 77 million more children in primary school in the poorest countries. At GPE's February 2018 financing conference, donors and low-income countries alike came together to fund a three-year strategy that will put 25 million more children in school for the first time. The plan supports over 80 low-income countries to convene education stakeholders to develop, implement, and fund quality national education plans.

Strengthening U.S. support for GPE is critical to reaching the goal. Important in the push for equity in education is GPE's emphasis on inclusive education for children with disabilities, increasing support for girls' secondary schooling, and increasing access for early childhood development programs, particularly in the hardest to reach places and areas in conflict. GPE places its low-income country partners at the forefront of the strategy and aligns donors and other partners behind them. With this approach GPE helps build strong, sustainable education systems that will provide children an education for generations to come.

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become thriving, productive citizens. Measurable results and innovative financing remain central to USAID’s strategies, and GPE has taken significant strides in these areas.

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As a model of aid effectiveness, transparency, and accountability, GPE is using its newly developed Results Framework – a comprehensive series of baselines, milestones, and targets for 37 indicators – to monitor and report progress against the goals and objectives of their new strategy.

As a leader on innovative finance, GPE has recently established the “GPE Multiplier,” a new funding opportunity for developing country partners that further co-finance their education sector plans with additional external resources, such as those from development banks or other donors. This new fund provides \$1 of GPE grant funds for every \$3 a country secures in additional external financing for education.

A U.S. contribution of \$125 million to the Global Partnership for Education in FY2020 along with continued strong support of bilateral education funding would have a powerful impact on the lives of children worldwide, help leverage both domestic and donor resources, and demonstrate our government’s continued leadership to improving education for all.

Global Health – Global Fund to Fight AIDS, Tuberculosis and Malaria: Since the creation of the Global Fund to Fight AIDS, Tuberculosis, and Malaria, the world has made huge strides in scaling up treatment and effective preventions of HIV/AIDS, in reducing malaria in the hardest hit countries, and in expanding of treatment of tuberculosis (TB). In 2017 alone the Global Fund provided antiretroviral therapy for 17.5 million people, tested and treated 5 million people for TB, and distributed 197 million insecticide-treated nets to protect families against malaria.

The Global Fund has helped drive extraordinary progress in global health, but ending these epidemics will require renewed focus, financing, and leadership. Tuberculosis is now the leading infectious killer, and health systems still miss 40 percent of cases. Progress on malaria has stalled, and resistance to insecticides to stop mosquitoes and drugs to treat the disease put gains at risk. Deaths from HIV/AIDS have been cut in have since their peak in 2004, but poverty, stigma, and gender disparity still fuel the disease, with nearly 1,000 adolescent girls and young women becoming infected with HIV every day.

The structure of the Global Fund – an innovative partnership of donor and implementing countries, private sector, civil society, and affected communities – helps ensure that U.S. investments are well-spent. By pooling funding and leveraging its purchasing power, the Global Fund has saved hundreds of millions of dollars on medicine and other health supplies. Contributions from donor countries are matched by implementing countries, which have increased their own funding commitments by 41 percent in the current grant cycle. And for every

\$1 the U.S. provides to the Global Fund, we have leveraged \$2 from other donors to fight these diseases of poverty.

The Global Fund now has an ambitious plan to cut the death toll from AIDS, TB and malaria in half by 2023, saving 16 million lives and preventing 234 million cases or infections of these diseases. To reach this goal, the Global Fund has asked donor countries to pledge \$14 billion over the next three years. Continued U.S. leadership and maintaining the U.S. full one-third total commitment will be critical the Global Fund's success.

An allocation of \$1.56 billion for the Global Fund for FY2020 would support the U.S. commitment to creating an AIDS-free generation and underpin progress against all three diseases. It would also serve as a strong signal to leverage investments from other donors so that these programs can be sustained and expanded.

Global Health – Tuberculosis: This committee's leadership and support for increased global tuberculosis funding over the past two fiscal years must be commended. The efforts to get ahead of this dire disease are critically important for saving lives. Since 2015, tuberculosis (TB) has been the leading global infectious disease killer, surpassing even HIV/AIDS and malaria combined. While often thought of as a disease of the past, the World Health Organization now reports that TB sickens 10.2 million people and kills 1.6 million people each year.

This airborne disease disproportionately affects people in poor and vulnerable communities. With U.S. leadership, progress has been made to fight TB where it most often occurs. The U.S. Agency for International Development (USAID) states that in the 23 countries with bilateral US funding the rate of new cases has fallen by 25 percent since 2000, and by 6 percent from 2016 to 2017, which is six times greater than in countries not receiving this assistance. Our work is not yet done. Most patients are treated for TB without being checked for drug-resistance, with many countries still relying on antiquated diagnostic approaches, and most people with drug-resistant TB going untreated.

Additionally, every year 4.1 million people are "missed" by health systems after failing to be diagnosed, treated, or reported, due to poor patient management. Few countries are using quality improvement strategies to improve procedures and keep patients on track during the diagnostic and treatment process.

USAID supports patient-centered approaches to make it easier for patients to get proper treatment and improve the quality of care. Further resources and global commitment are needed to expand efforts to find the "missing millions/"

The fight against TB is gathering momentum. Last year, heads of state gathered at a high-level UN meeting and made make specific, public commitments to end TB. Countries are stepping up their own domestic resources. In India, where the world's biggest TB epidemic persists, the Prime Minister has increased TB funding and urged action. Investments in TB research are paying off, with promising, new drug regimens, diagnostics and vaccines being developed. Congressional action to ensure the necessary funding levels will reinforce and strengthen global progress.

An allocation of \$400 million for bilateral TB programs in FY2020 would allow for a more aggressive response to the emergency of drug resistant TB, scale up innovative approaches that reach more people, in more regions of the world, and invest more in research and delivery for even better TB diagnostics, vaccines, and medications.

Global Health – Maternal and Child Health: Since the U.S. instituted the Maternal and Child Health Account, the world has made enormous strides in saving children’s lives. In 1990, over 12 million children under the age of five died each year of mainly preventable and treatable causes in the world’s poorest places. But, through investment and political commitment to expand coverage of key health interventions, as well as investments in development that have built the foundations for health, the number of children who die each year before age five has been cut by more than half, even as population has increased.

Training skilled birth attendants, providing treatment for leading killers of kids such as pneumonia and diarrhea, and increasing capacity for frontline health workers are also key elements for improving health delivery systems overall in poor countries.

To reach the goal of ending preventable child deaths by 2035, USAID laboriously took on reforms in 2014 to further focus and increase the impact of its child and maternal health investments. These reform efforts, as recommended by the Blue Ribbon Panel, supported increased coordination across MCH and nutrition efforts to sharpen USAID’s strategy, while also increasing transparency. These efforts must continue.

I applaud the fiscal year 2019 report language from this Committee that requires USAID to report on its goals to end preventable child and maternal deaths and requires a comprehensive strategy using the highest-impact evidence-based interventions. In addition, I urge the Committee to ensure this strategy is backed by empowered leadership at USAID. In 2014 USAID created a Child and Maternal Survival Coordinator position, fulfilling a recommendation of the independent ACES Blue Ribbon Panel and modeling the position on the President’s Malaria Initiative Coordinator. This important reform was endorsed by 212 members of the House of Representatives in the last Congress who cosponsored the Reach Every Mother and Child Act. According to recent press reports, USAID has notified Congress that it intends to eliminate this position as part of a broader reorganization package. I urge this committee to support the continuation of the Child and Maternal Survival Coordinator and engage with USAID in how this important role can be strengthened.

Along with supporting the continuation of a Child and Maternal Survival Coordinator, and to help achieve the goal of ending preventable child and maternal deaths, we would urge increased support for the Maternal and Child Health account to \$900 million for FY2020.

Global Health – Gavi, the Vaccine Alliance: Gavi is a highly effective global partnership between donor and developing countries to roll out new and underutilized vaccines to the poorest countries. Since 2000, Gavi has supported poor countries to immunize over half a billion children, which will save over 6 million lives, and help build health delivery systems.

U.S. funding for Gavi since its 2015 replenishment has enabled the 73 Gavi-eligible countries to scale up access to life-saving vaccines, and it supports Gavi's strategy of immunizing an additional 300 million children by 2020, saving an additional 5 million lives. ***To maintain the progress here, the U.S. should appropriate \$290 million to the Gavi, the Vaccine Alliance in FY2020.***

Global Health – Nutrition: With U.S. leadership, great strides have been made in reducing child mortality. However progress in addressing undernutrition has seriously lagged and today 45 percent of preventable child deaths are attributed to undernutrition. Ensuring quality nutrition during the “1,000 Day” period from pregnancy to a child's second birthday is critical to saving lives and preventing stunting, which impacts a child's physical and cognitive development and has a life-long impact on education, economic and health outcomes.

Ten high-impact nutrition interventions that target this critical thousand-day window were outlined in a 2013 *Lancet* report. Scaling up nutrition, including the promotion of breast-feeding, access to micronutrients for pregnant women and young children, prevention and treatment of severe acute malnutrition, and access to nutrient rich foods improves birth weights, increases brain development and also has long-term health and economic benefits.

An allocation of \$250 million for Nutrition within Global Health would be a key component of our goal of reducing stunting, reinforce our other investments in child survival programs, and set the foundation for improved health and gains in economic development.