

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

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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.

Global Health – Global Fund to Fight AIDS, Tuberculosis and Malaria: In the dozen years 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). As of December 2014, programs supported by the Global Fund have supported access to antiretroviral therapy for 7.3 million people, tested and treated 12.3 million people for TB, and distributed 450 million insecticide-treated nets to protect families against malaria. Through partnerships with high burden countries and smart investments aimed at improving health systems and increasing access to health care, the United States is helping lay the foundations for defeating these diseases in the next 15 years

But the work is far from done. Each year, 1.5 million people still die from AIDS-related causes. TB is responsible for another 1.5 million deaths and is also the leading killer of people living with HIV. Meanwhile, malaria still kills close to 600,000 people annually – the majority of whom are young children living in Africa.

With strong U.S. leadership, the Global Fund has played a central role in turning the tide against these diseases. As the leading international partnership dedicated to fighting AIDS, TB, and malaria in the world, it continues to support countries to invest in bold plans to combat these leading killers. Today, Global Fund-supported programs are estimated to save over 100,000 lives every month. In addition, the Global Fund is the most effective mechanism we have for leveraging support from other donors and leveraging co-financing from countries themselves to tackle these diseases.

Recently, the Global Fund released a register with \$2 billion worth of quality, technically sound programs in some of the most hard-hit communities across over 70 countries that cannot be funded with currently available resources. This gap further illustrates why maintaining strong U.S. support for the Global Fund is critical for ensuring the most vulnerable communities are reached with life-saving services.

In addition, the next Global Fund replenishment will take place in 2016. It's success will be crucial for sustaining gains and accelerating progress against the diseases. The signal sent by the U.S. Congress via the FY 2016 appropriation will be one of the most important early markers of U.S. leadership and commitment, setting the stage for entire replenishment. Maintaining U.S. funding at the FY 2015 appropriated level of \$1.35 billion is essential for both urgent needs and long-term success.

An allocation of \$1.35 billion for the Global Fund for FY 2016 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. This funding level would still have the U.S. below the 33 percent cap for cumulative Global Fund contribution mandated by law.

Global Health – Tuberculosis: Although most often treatable with a course of inexpensive drugs (\$22–50), tuberculosis still kills 1.5 million people every year. In 2013, there were 9 million new TB cases and TB is the leading curable infectious killer in the world. Drug resistant TB is spreading globally, and there is a growing waiting list for patients needing treatment for this dangerous and deadly form of TB.

One in five HIV deaths is attributed to TB. As the leading killer of people living with HIV/AIDS, TB is undermining the United States' substantial investment through PEPFAR.

TB programs must also be strengthened as part of a comprehensive approach to women's health. TB is the third leading cause of illness and death of adult women worldwide, and women who develop the disease are more likely to die from it than men.

U.S. investments in tuberculosis are needed to save lives and build country capacity. One-third of people sick with TB are not effectively reached and go undiagnosed or receive poor quality treatment. It is critical to invest in increased community involvement and innovative, patient centered approaches that make it easier for patients to get diagnosed and treated. Continuing to strengthen laboratory capacity in countries is also critical. USAID has helped lower medication costs for drug resistant TB by as much as 32 percent through its contribution to the Global Drug Facility, and supports research on improved, faster-acting medications, and important progress is being made on new formulations. US funding also assists in the development of grant applications to the Global Fund.

An allocation of \$400 million for bilateral TB programs in 2016 would allow for a more aggressive response to the emergency of drug resistant TB, scale up innovative approaches that reach more people, and invest 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.

USAID's 2014 report *Acting on the Call: Ending Preventable Child and Maternal Deaths* provides a roadmap to accelerate health outcomes and save lives by prioritizing effective, evidence-based interventions based on country needs. To reach the goal of ending preventable child deaths by 2035, USAID has set bold, intermediate goals of saving 15 million child lives and 600,000 women's lives by 2020. USAID has also taken important steps to further focus and increase the impact of its child and maternal health investments. By working with poor countries to create sustainable change, we can end preventable child deaths in a generation, if we accelerate momentum now. ***To help achieve this goal, and build on USAID efforts to achieve even greater impact through its programs, we would urge increased support for the Maternal and Child Health account to \$850 million for FY2016.***

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 half a billion children, which will save over 6 million lives, and help build health delivery systems.

Recognizing the critical role of immunization in building healthy communities and ending preventable child deaths, leaders from around the world gathered at in January 2015 to commit over \$7.5 billion over 5 years to Gavi. This included a historic \$1 billion commitment from the U.S. for FY15-FY18.

U.S. funding for Gavi will enable poor countries to scale up access to life-saving vaccines, and will support its strategy of immunizing an additional 300 million children by 2020, saving an additional 5 million lives. ***To support this bold goal and to fulfill the U.S. commitment, the U.S. should appropriate \$235 million to the Gavi, the Vaccine Alliance in FY2016.***

Global Health – Nutrition: With U.S. leadership, great strides have been made in reducing child mortality. However progress in addressing undernutrition has 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 has long-term health and economic benefits.

In June of 2013 at the Nutrition for Growth Summit, the U.S. pledged to reduce stunting by 20 percent in Feed the Future focus countries. In 2014, the U.S. co-convened the Acting on the Call Summit to present a roadmap of our commitment to ending preventable child deaths in a generation. Increased investment in proven nutrition-specific interventions will be critical in delivering on both of these goals. *An allocation of \$200 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.*

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 nearly 58 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, the partnership has worked with donors and partner countries to put an additional 22 million children into school, including 10 million girls; trained over 300,000 teachers; and supported the construction of over 53,000 classrooms. Over 45 percent of the Global Partnership's grants are directed to fragile and conflict-affected states, bringing much-needed attention and coordination to the countries most in need.

The Global Partnership's unique model brings together donors and 60 developing country governments, the private sector, and civil society to develop and fund strong national education plans. By focusing on building education systems, the Global Partnership takes an approach to educational development that fosters country capacity and ownership. And reaching the unreached. Investments in the partnership leverage funding from other donors and developing countries. This past summer, the Global Partnership's developing country partners pledged an unprecedented \$26 billion of their own funds to finance the strengthening of their national education systems. Increased donor support will help countries fill critical gaps and reinforce and reward countries' commitment and investment.

This year, the Global Partnership is undergoing a critical strategic planning process and implementing a new funding model. These undertakings will strengthen the partnership even further, and help ensure the most efficient and effective use of its resources towards achieving its mission, more strongly linking its strategic goals and objectives to implementation and data-based outcomes, and incentivizing and capturing the delivery of results.

We welcome the President's FY 2016 budget request of \$70 million for the Global Partnership for Education that build upon the strong leadership shown by this committee. This budget request illustrates important growth in the U.S.'s commitment to the Global Partnership's

work and mission, and we urge the subcommittee to build on this request. *A U.S. contribution of \$125 million to the Global Partnership for Education in FY 2016 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.*