

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

**March 12, 2020**

RESULTS is grateful for this committee's longstanding support for ending preventable child deaths, driving down the diseases of poverty, and ensuring every child, wherever she is born, has access to a quality basic education. This House Foreign Operations Appropriations Subcommittee, especially under the leadership of Chairwoman Lowey and Ranking Member Rogers, 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 such as maternal and child health, including Gavi, the Vaccine Alliance; nutrition programs, and tuberculosis funding; and assistance for Basic Education, particularly the Global Partnership for Education.

**Global Health – Global Fund to Fight AIDS, Tuberculosis and Malaria:** To start – I thank the leadership of this committee for their continued commitment to fighting the leading diseases of poverty and the resolute U.S. support of 1/3 of the global need for the Global Fund to Fight AIDS, TB, and Malaria. I am heartened to see the incredible bipartisan, bicameral political will to ensure the Global Fund has the full resources to continue its efforts to save millions of lives from these treatable/curable diseases. This committee's support for bill language that urges the continuation of a U.S. pledge was critical in the success of the Global Fund's 6<sup>th</sup> replenishment. I urge you to continue to fully support the Global Fund.

*Maintaining an allocation of \$1.56 billion for the Global Fund for FY2021 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 – 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 and 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 Committee's FY20 language in support of Gavi, the Vaccine Alliance and their June replenishment conference that will be co-hosted by the UK government. Gavi's new 5 year strategy to immunize 300 million more children will save 8 million more lives. As the U.S. is a major contributor in Gavi, it is critical that this committee continues to highlight immunization and innovation as key drivers for our future global health successes.

*I urge increased support for the Maternal and Child Health account to \$900 million for FY2021, and maintaining our current support for Gavi, the Vaccine Alliance at \$290 million for FY2021. Again, I thank this committee for their support for a multi-year pledge to Gavi and urge you to maintain the strong annual funding level throughout the next five-year strategic period.*

**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 almost half of all under-5 child deaths are attributed to undernutrition. Globally, at least 1 in 3 children under 5 is not growing well due to malnutrition in its more visible forms: stunting, wasting and overweight. At least 1 in 2 children under 5 suffers from hidden hunger due to deficiencies in vitamins and other essential nutrients.

USAID's nutrition in global health programs are critical for fighting malnutrition globally - especially in the 1000 day window from a woman's pregnancy to a child's second birthday. An additional \$50 million, above the FY20 enacted level of \$150 million, would serve as a down payment to scale up the proven and most-promising interventions that address the most severe cases of malnutrition, when a child is most at risk of death. It would also help to drive down rates of preventable child deaths and prevalence of stunting, a condition that prevents children and nations from reaching their full potential.

Resources from the sub-account support activities such as: nutrition education to improve maternal diets during pregnancy; education to improve breastfeeding practices and infant and young child feeding practices; improving quality and diversification of diet through fortified or bio-fortified staple foods, specialized food products, and community gardens; and nutrition services such as micronutrient supplementation and community management of acute malnutrition (CMAM).

The additional resources would enable USAID to drive change in both the “survive and thrive” aspects of maternal and child nutrition through sustained leadership, capacity building and technical assistance that is vital for scaling up activities in nutrition priority countries.

The increased resources would also create opportunities for cutting edge research and development (R&D) to find innovative solutions to prevent the most severe and complex forms of malnutrition, including maternal anemia, which has lasting ill-effects on both women and their children.

***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.***

**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 about 10 million people and kills 1.5 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 about 4 million people with active TB disease 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. In 2018, heads of state gathered at a high-level UN meeting, and the declaration from that meeting that was endorsed by UN member states included specific commitments to reach 40 million people sick with TB with quality diagnosis and treatment by 2023. 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 ambitious 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 FY2021 would allow for rapidly scaling up effective, innovative approaches that can accelerate access to quality***

*treatment (including for drug-resistant TB), in countries with high burdens of TB and invest more in research and delivery for even better TB diagnostics, vaccines, and medications.*

**Basic Education – Global Partnership for Education (GPE):** Thanks to the incredible leadership of this subcommittee, the U.S. is known as a global leader for quality basic education around the world. This leadership is undeniably because of Chairwoman Lowey’s personal commitment to ensuring girls have access to quality education. RESULTS recognizes her incredible leadership and the role the U.S. has played in getting more and more children access to school.

But – as the global population continues to grow – especially in low-income countries, governments are struggling to keep ahead of the increasing birth cohorts that continue to strain already stretched education resources in country budgets. We know that access to quality education programs can be a pathway out of poverty for our most vulnerable populations. Yet at all education levels, children in marginalized groups have greater barriers to accessing quality education. Worldwide 132 million girls are not in school.

The Global Partnership for Education (GPE), the only public-partnership exclusively focused on achieving quality education for all, is working to changing this. Since 2002, GPE has worked with partners to enroll 64 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.

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 is important in the push for equity in education. 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. 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. Strengthening U.S. support for GPE is critical to reaching the goal.

U.S. investments in basic education through both USAID and GPE are giving countries the boost they need provide their most vulnerable children a quality education, helping them become thriving, productive citizens. Measurable results and innovative financing remain central to USAID’s strategies, and GPE has taken significant strides in these areas.

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 FY2021 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.***