

GLOBAL HEALTH ADVOCACY

M A N U A L



THE WAY THE WORLD IS:

One third of global deaths are preventable.

One out of every seven children born in a developing country will not survive to age five.

There are 42 million people in the world infected with HIV/AIDS.

There are 12 million AIDS orphans in Africa alone.

Malaria kills one million people every year.

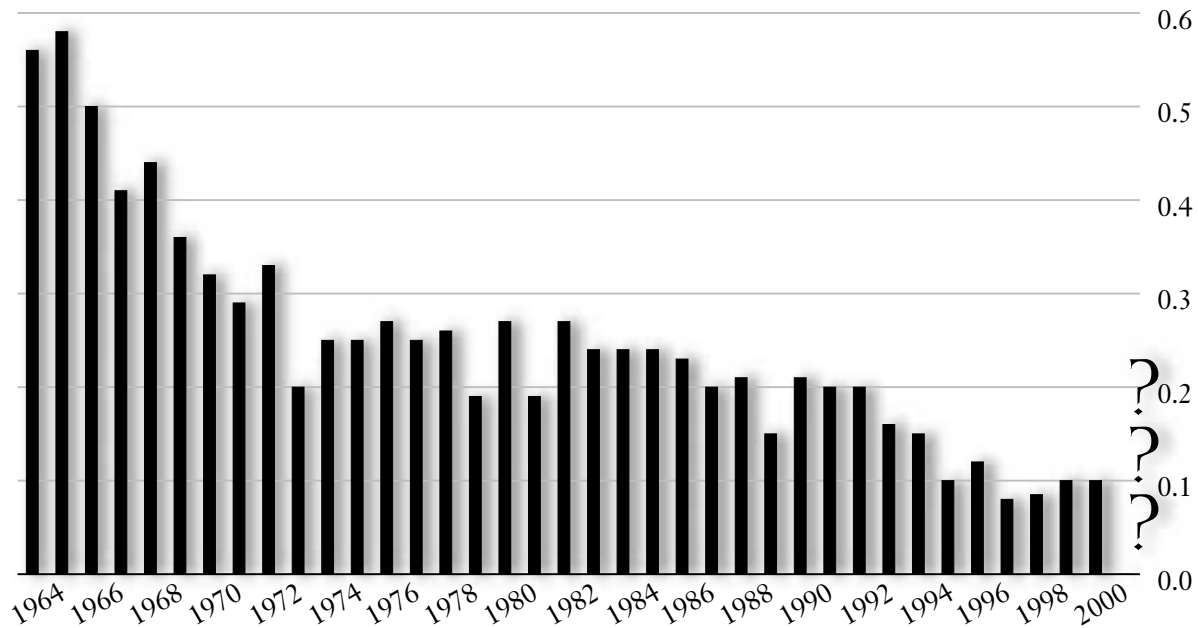
Tuberculosis is still the greatest killer of adults in the world, even though an effective treatment exists.

In sub-Saharan Africa, life expectancies have been dropping the last decade—The average life expectancy is now 48 years.

SO...

Why has the United States percentage of foreign assistance continued to drop?

Percent of U.S. National Income Used for Foreign Assistance



Source: OECD Development Assistance Committee

**You can help to reverse this trend.
NOW IS THE TIME TO TAKE ACTION!
Turn the page to learn how.**



Photo by Carmen Urdaneta

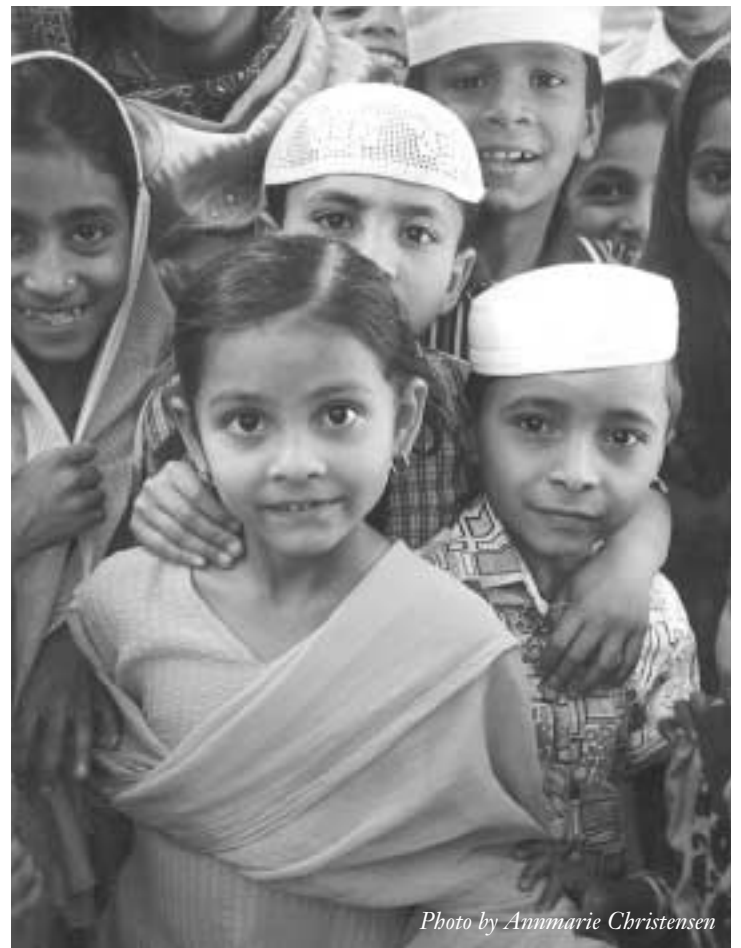


Photo by Annmarie Christensen



Photo by Carmen Urdaneta



KEY ISSUES



Photo by Mary Taylor

Women's Health:

Women's health issues have attained higher visibility and renewed political commitment in recent decades. While targeted policies and programs have enabled women to lead healthier lives, significant gender-based health disparities remain entrenched in nearly every country today. With limited access to education and employment in many nations, the resulting high illiteracy rates and increasing poverty levels are making health improvements for women exceedingly difficult.



Photo by Nils Daulaire

Children's Health:

The health and well being of children is a critical component of the health of families and communities. Yet every year more than 10 million children, mostly from low - and middle-income countries, do not live to reach the age of five. Children who live to reach this milestone are too often faced with a host of further challenges, including chronic disease, hunger, conflict, poverty and abuse. These tragedies, primarily due to avoidable and/or treatable conditions, make the suffering and loss of children needless.

HIV/AIDS:

Forty-two million people are infected with HIV worldwide, with more than 16,000 new infections occurring daily. Of those 16,000 newly infected, 7,000 are young people between the ages 10-24. It is estimated that by 2010 more than 40 million children worldwide will be orphaned due to HIV/AIDS. By 2020, HIV is expected to be responsible for 37 percent of all adult deaths from infectious diseases in the developing world. Apathy toward the disease is one of the primary reasons the pandemic has already reached such critical levels; the numbers may be staggering, but humanity cannot afford to let them become numbing.

Infectious Diseases:

Despite medical advances that have produced hundreds of drugs that are safe and effective against bacteria, viruses, fungi and parasites, infectious diseases are still a major cause of death, disability and social and economic upheaval for millions around the world. In 2002, more than 90 percent of the deaths from infectious diseases were caused by only six diseases: lower respiratory infections, HIV/AIDS, diarrheal diseases, tuberculosis, malaria and measles. Most notably, infectious diseases are the leading cause of death in sub-Saharan Africa

Emerging Threats:

Public health issues evolve over time as a result of planned and unplanned human activities or changing environments that bring humans in contact with organisms that are capable of causing known and unknown diseases. While the evolution of some of these health issues may be positive, as in the case of discovery of antibiotics that enabled humans to survive bacterial infections, others could develop into major public health threats.

NOTES



AN INTRODUCTION TO ADVOCACY AND MOBILIZATION



Dr. Charles Wallace gives a presentation regarding his work as the Division Director for the Tuberculosis Elimination Division of the Texas Department of Health at a Global Health Council Global Health Forum.

GLOBAL HEALTH ACTION NETWORK

a program of the Global Health Council

The Global Health Action Network (GHAN) is the Global Health Council's national grassroots education and advocacy program, mobilizing support for improved global health, with an emphasis on the developing world. The Action Network provides its volunteers with the resources and tools to communicate effectively with elected officials and others about urgent global health matters, including maternal and child health, HIV/AIDS and other infectious diseases.

The goal of GHAN is to support and encourage volunteers to become more informed about global health, learning how to educate representatives in Washington and mobilizing fellow colleagues and community members. Information on global health issues and policies is communicated through all our volunteers in the field and facilitated through a network of regional coordinators that helps the Action Network strengthen its ties to local communities.

Volunteers receive:

- The Action Network's bi-weekly newsletter filled with current global health news, legislative issues, upcoming events, and advocacy opportunities.
- Action alerts on legislative issues including directions on how to communicate your feelings to your representatives.
- Support from the Global Health Council to organize mobilization events in their communities.



Photo by Rich Marchewka

As the progress of the last fifty years shows, saving lives and ending needless suffering is within our reach. The world has the means to accelerate the progress being made in improving health, and to assure that the world's poorest and most disempowered benefit from that progress.

—Nils Daulaire, MD, MPH
 President of the
 Global Health Council

ADVOCACY: A TOOL FOR ACTION

Advocacy is a set of targeted actions directed at decision makers in support of a specific policy issue.

We advocate because the democratic political process of the United States is one in which the policies should represent the views of its citizens. Our elected officials are employed by their constituents and can only retain their jobs with the approval of these constituents. This gives the American public a great deal of power, but also an enormous responsibility. It is each person's responsibility to convey to his or her elected officials the policies that should be enacted. Through the use of letter writing, phone calls, facsimiles, face-to-face meetings, and other advocacy tools, you can communicate your ideas to your representatives. This step is an absolutely critical part of the legislative process. If a majority of members of Congress are urged to support policies that promote improved health worldwide, we can affect change, improving global health through policy here in the United States.

Everybody can do it. There is a common misperception that advocates have to be "important" or "highly influential" people. Though it is certainly helpful to have educated experts in a field to approve and support your issues, many of the most successful advocacy movements have been led by "ordinary people" who are well-informed, committed, and affected by an issue or situation. Make your voice heard through your actions, not just your title.

You can get involved. In this manual you will find guidance for writing letters to your representatives, scripts for calling them, and directions for arranging and completing face-to-face meetings, as well as other advocacy techniques that the Global Health Council uses to positively affect change in policies that promote global health. A strategic combination of these methods will lead to effective advocacy. The Global Health Action Network is here to provide this coordination.

Our staff at the Global Health Council is a resource for information on global health advocacy. If you need more information, please contact us.



EDUCATION

Step 1: Before you can be an effective advocate, you must educate yourself! If you're going to improve global health, you must truly know your issues. By learning about the health issues and the legislation surrounding global health, you will build a knowledge base and in turn become a more effective advocate.

Learn the facts and hear the stories:

- Experience the disparities in global health first-hand: volunteer abroad.
- Volunteer to help people who are living with illnesses domestically, and listen to their real-life stories.
- Talk to policy-makers.
- Visit medical providers and talk to them about the issues.
- Register to receive the Global Health Council and Global Health Action Network newsletters.

Resources:

- Major and alternative newspapers.
- Organization and government websites.
- Books, novels, autobiographies, and biographies.
- Sign up for the Global Health Council's e-news at www.globalhealth.org.
- Global Health Council publications, including *Global HealthLink*[™], *Global AIDSLINK*[™], and various reports available at www.globalhealth.org.



Step 2: Educate others. Tell your family and friends what you have learned and how to get involved. Share your knowledge with the world.

For a list of specific websites and media sources of information, see the additional sheets in the back of this folder.

MOBILIZATION

Becoming a Leader in the Fight for Improved Global Health.

Remember how you felt when you first learned that there are over 14,000 people dying needlessly of HIV/AIDS every day and that tuberculosis (TB), even with an effective treatment, is still the greatest cause of death among adults worldwide?

Engage your peers and colleagues – pass that feeling on! Utilizing events or gatherings is one of the best ways to get people interested and to build coalitions with other individuals and organizations that share your interest in global health.

How to mobilize:

- Be creative. You may not need to organize something new. Think about your community and its activities. Can you collaborate with an existing organization or event?
- Connect the issue locally. For example, teach people why tuberculosis is as much of a concern in our local communities as it is for those in India.
- Seek the participation of community leaders and high-profile people such as celebrities or politicians to attract an audience.



International AIDS
Candlelight Memorial
in Kansas, USA



Agnes Nyamayarwo, a Ugandan citizen living with AIDS, tells her story to more than 400 people in Nashville, TN at the Global Health Council's Local-Global Health Forum. Global Health Council President and CEO Dr. Nils Daulaire and U.S. Senator Bill Frist listen to Agnes tell her story.

MOBILIZATION PROGRAMS: IDEAS FOR YOUR COMMUNITY

The International AIDS Candlelight Memorial

The International AIDS Candlelight Memorial Campaign, a program of the Global Health Council, is a mobilization project that encourages communities and individuals around the world to get involved in HIV/AIDS work by participating in a worldwide memorial that takes place every year on the third Sunday of May. The Global Health Council provides each registered community with the framework to effectively organize a Candlelight Memorial in its community.



Every year, thousands of communities around the world come together in solidarity to light candles and remember those who have been impacted by HIV/AIDS. Local observances are coordinated by organizations, individuals, governments and faith-based communities. The organizing groups are considered “Local Candlelight Coordinators” and receive all the necessary tools, including the official poster and the Coordinator’s Manual, to help them produce an effective Candlelight observance for their community.

Each year, Memorials take place in over 1500 communities in more than 85 countries. The International AIDS Candlelight Memorial has become the largest grassroots AIDS event in the world. More information is available at www.candlelightmemorial.org.

If you have an idea for a mobilization program, create it!

Recently, Hot Seats — a project originally created with the Global Health Council by an advocate just like you — was implemented in Washington, DC. Its purpose is to educate and mobilize youth, specifically students from colleges and universities, to become actively engaged in promoting an awareness of local and global HIV/AIDS issues through grassroots outreach, coalition building and artistic expression. By decorating a chair and expressing their intentions via a short, written statement, students create an artistic impression that can educate others regarding a specific HIV/AIDS issue.

This is just one example of a program that can be used for educating and recruiting advocates. Get creative and get active!



We must make people everywhere understand that the AIDS crisis is not over; that this is not about a few foreign countries, far away.

This is a threat to an entire generation; it is a threat to an entire civilization...

United Nations Secretary-General Kofi Annan

TAKE ACTION

Tips for communicating your ideas to Congress



Photo by WHO/PVIROT

Take Action

GETTING INVOLVED IN THE LEGISLATIVE PROCESS

The purpose of this section is to show you how simple it is to make your voice heard in government on the issues you feel most passionately about. There are many ways to communicate with your elected officials. For any avenue you choose, you should craft your message with four questions in mind. These four questions are what any legislator or his/her office will be thinking about in response to your communication:

- 1) Does this make sense?
- 2) How does it affect my district/state?
- 3) Will it help or hurt me politically?
- 4) Does anyone back home know or care about this issue?

There are several different methods for communicating your views and ideas to your representatives:

- Letters
- E-mails
- Telephone
- Fax
- Face-to-Face Visits

The following pages contain tips to help you effectively communicate your ideas regardless of which method you choose.

For more detailed information on the government structure and the legislative process, go to pages 32–36.



ACTION AT EACH STAGE OF THE PROCESS

The legislative process is made up of various stages, and it is critical to make your voice heard at each stage of the process. The stages are listed below with a discussion of how to get involved, and stay involved along the way, in support of a strong global health agenda.

Keep in mind that there are several days every month that Congress is in recess. These days include most major holidays and the entire month of August. During this time, senators and representatives are often in their respective districts, so this is a good opportunity to meet with them locally, but not the time to write or call them at their Capitol Hill offices.

For the current House schedule, visit <http://www.majorityleader.gov/calendar.asp>.

For the current Senate schedule, visit www.senate.gov.

Before a Legislative Proposal : Bill Introduction

- Call, write, or visit your legislator to urge him/her to become a co-sponsor of legislation. Write a letter using the “Write to Congress” section on the Global Health Council’s website, www.global-health.org.
- You do not have to wait for a legislative proposal to go to committee; contact the relevant legislators early to tell them how you feel about a piece of legislation. Monitor the Global Health Council’s website for action alerts that will keep you up to date on current legislation.

Subcommittee/Committee Level

- Contact subcommittee and full committee members to convey your approval or disapproval for the bill that is being debated.
- If you are an expert on the issue being debated, contact a representative on the committee to offer yourself as an expert for testimony.
- Write a “letter to the editor” or op-ed for your local newspaper about the issue. Encourage people to get involved by writing to their representative.
- Since amendments are being proposed at this point, you should make sure in each of these methods to indicate which portions of the bill you agree/disagree with.

While the Bill is on the Floor

- Contact your representatives. Indicate if the bill should receive general support, opposition or additional amendments.
- If there are amendments that you would like to see added to the legislation, find members who would support them.

Conference Committee Action

- Contact members of the conference committee to tell them which bill you support more – the House or the Senate version.
- Begin contacting the White House to express support or opposition to the bill.
- Continue contacting members of the full House and Senate to make sure that the final version is approved once the conference comes up with a final bill.

Presidential Level

- Contact the White House to tell them whether you support or oppose a piece of legislation.
- If the bill is vetoed, contact members of Congress again to urge support of an override. If the bill is signed into law, contact your members of Congress to thank them for supporting the legislation.

COMMUNICATING IN WRITING

Tips for writing to Congress:

There are three methods for writing to Congress: e-mail, regular mail and fax. Due to the anthrax scares in 2001, sending a letter by mail can take up to five weeks for delivery. It is still an effective method, but not time sensitive. There are many new services to assist with sending letters through e-mail. Our website, www.globalhealth.org, has pre-composed (but editable) letters that contain current information. You can e-mail these letters directly from our website or use the text to write or fax your own letter. A sample letter is included in this section.

Tips for the writing your letter:

- Be personal. Express knowledge, experience and heartfelt emotion.
- Type your letter, including your name, return address and the member's contact information.
- Be courteous, concise and to the point.
- State your position in the first and last sentence.
- Address only one issue per letter and limit it to one page.
- Refer to specific legislation if possible.
- Make a well-reasoned argument, including key information, relevant data, statistics and powerful real-life stories.
- Be positive, conciliatory and avoid harsh criticism.
- Encourage others to join you in a letter-writing campaign.
- Ask the representative to respond with his/her opinion.
- Follow up with a quick call to confirm that he/she received the letter and to thank the member again.
- Avoid form letters. The more effort you put in, the more sincere you will appear.

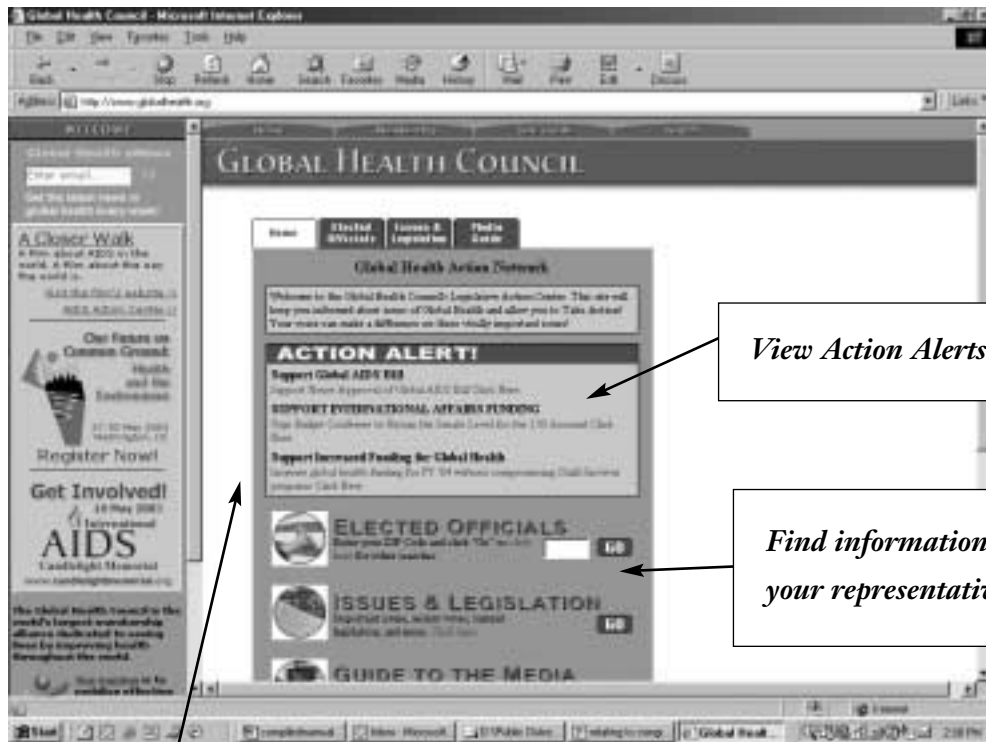


Photo by Nils Daulaire

In your written communications with elected officials, you will likely not have the benefit of photographs to enhance your policy requests. Include personal stories, however, that can connect the bill you are advocating to men, women and children around the world who need our support.

COMMUNICATE BY E-MAIL

Use our website under the “Write to Congress” section at www.globalhealth.org. You will find form letters for current legislative issues and information on the Members.



View Action Alerts Here

Find information on your representatives

Click on one of the Action Alert descriptions to see pre-composed letters to your representatives. You can view the letter, personalize it, and send the letter in less than a minute.

COMMUNICATE BY MAIL

[SAMPLE LETTER]

Julia Ruben
 2525 Capitol Drive
 Bethesda, MD 20892
 Phone: (301) 555-4102
 Email: jruben@globalhealth.org

The Honorable Representative Henry Waxman
 2204 Rayburn House Office Building
 Washington, D.C. 20515-0530

April 1, 2003

Dear Representative Henry Waxman:

As a constituent of yours, I am writing you to urge you to support HR1298 by becoming a co-sponsor and by opposing any weakening amendments. The House International Relations Committee is scheduled to mark-up HR 1298, the Global AIDS bill, on Wednesday, April 2. The bill is a bipartisan measure sponsored by Chairman Henry Hyde (R-IL) and Ranking Democrat Tom Lantos (D-CA).

The bill would authorize \$3 billion for Global AIDS overall, with up to \$1 billion for the Global Fund to Fight AIDS, TB and Malaria. This authorization bill would serve to implement President Bush's \$15 billion Emergency Plan for AIDS Relief, which he announced during his State of the Union address in January.

Global health issues have global consequences that not only affect the people of developing nations, but also directly affect the interests of American citizens. The HIV/AIDS pandemic is a humanitarian disaster that could also cause an economic crisis in emerging markets such as South Africa, China and the former Soviet Union, where the virus is spreading fast.

I commend the President's historical initiative and, as a constituent with a strong background in global health issues, strongly urge you to help make it a reality by supporting HR 1298 through co-sponsorship, as well as opposing any weakening amendments during mark-up.

Sincerely,

Julia Ruben, Ph.D.

Include complete contact information

Correctly address your policymaker

Identify yourself as a constituent

Identify one issue; give proper name of legislation; be specific with your request.

Provide facts/data for your position

Reiterate your request at the end of your letter



FACE-TO-FACE VISIT

The most effective method to make your voice heard in the political process is to meet directly with your elected official or one of their staff members. This is not as difficult a task as you might think. The following information will take you through some tips for setting up the visit and then carrying it out.

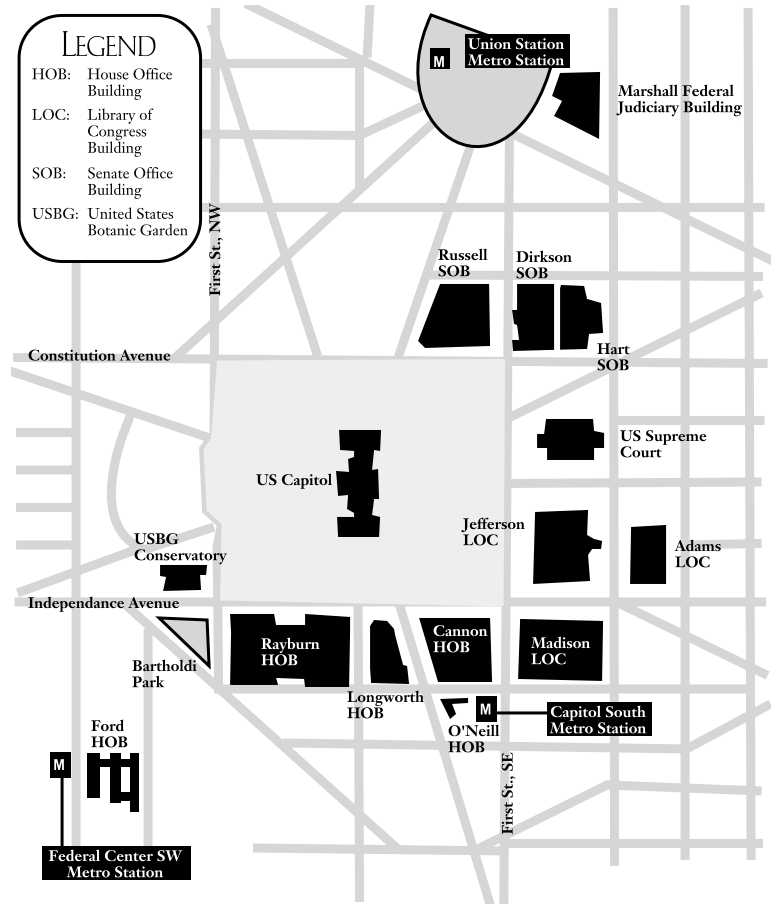
Call to make an appointment:

- Be courteous and patient when requesting a meeting with the member.
- If you are on the Capitol Hill, you will usually meet with the staffer, but if you are from their District, the member will usually try to meet with you personally and his/her staff person will usually be present.
- If you want to visit the DC office, say that you are from their District (if you are), and that a group of you (if that is the case) will be in DC and would like to meet with the Member for a few minutes.

Meet with your Member:

- Be on time and wear business attire. Have the office phone number handy so if you are running late, you can call to let them know. Members and staff schedules are very tight, so keep that in mind.
- Be prepared! Establish your agenda and goals beforehand, so that you can make a clear request. Bring materials and visual aids.
- Once you are in the meeting, be friendly. It is acceptable to talk about personal connections you may have with the Member, and then give a brief overview of where you are from and why you are there.
- If there is a specific piece of legislation that you want the Member to support, know the bill number, who the co-sponsors are, key points of the bill, where it is in the process, whether it will be heard in committee anytime soon, and why you think he or she should support the bill.
- Know how the Member stands on your issues.
- It is a good idea to bring a written document with your requests to your meeting. You should leave this written account with whomever you are meeting with.

- Be concise. Illuminate statistics with stories.
- It is nice to bring something for the Member, but make sure it is not something so grand as to be perceived as inappropriate. Something local to your area or to the issue is recommended.



****A Tip****

To go to the House Office Buildings, take the Blue or Orange Line on the Metro to Capitol South.

To go to the Senate, take the Red Line to Union Station.

To visit the Capitol Building, use the metro stop listed for the House or Senate, depending on which chamber you are visiting.

Take Action

NOTES



USING THE MEDIA TO MAKE YOUR VOICE HEARD



Media

WELCOME TO THE MEDIA

The media, in all its forms, is a significant means of facilitating communication between the government, advocates and average citizens. It is a powerful force in educating the public about current events and issues. Through partnering with the media, advocates can achieve visibility and credibility. Using the media effectively can awaken incredible advocacy efforts by reminding people of their own latent opinions and beliefs, changing certain attitudes, and moving them to take action. The result often leads public officials and other policy-makers to take action themselves. The power of the media in shaping the opinions and actions of the public cannot be overstated. No one contests the fact that global health issues are important—that too many people are sick who should not be, that countless children die needlessly every day, and that women’s health is often ignored. The media, however, can help to remind us all and to give these realities the attention they deserve, supplying a voice for health with the strength necessary to promote real change.

The next few pages will provide you with the tools to foster productive relationships with the media in order to expand the reach of your work. Any advocate, for any issue, should know how to be a good source for a reporter, productively meet with an editorial board, and be interviewed. You should also learn how to successfully write an op-ed, a letter to the editor, a press advisory and a press release.

The way you communicate with the media will depend on the type of media you are dealing with (e.g., a campus newspaper or a major news station). It will vary depending on the size of your event and the relevant issue, as well as your target audience. Your affiliation with the Global Health Council — whether or not you are functioning through a Council chapter, are directly sponsored by the Council, or are simply working through common issues — all define how you talk to the media and how (or if) you reference the Global Health Council as an organization.

To begin:

- Establish your message and your goals. You should never approach the media unless you have determined what you hope to accomplish and what message you are trying to convey.
- Make a media outreach list. This list should include editors and reporters from local and national newspapers and magazines, as well as news directors, assignment editors and reporters from radio stations and television networks. The aim is to make “contacts” with those in the media who regularly cover international health issues, health legislation or federal policy.
- Your local library will have two important reference books that may help you with your outreach list: the latest issues of *Editor and Publisher Yearbook* and *Broadcasting Yearbook*. Both list, by state, all the media outlets and their addresses, phone numbers and even the beat reporters’ names.
- If you are part of a group, appoint a chapter member or officer to act as a media liaison. This person will serve as the contact person for reporters and will also send reporters releases and event information. Reporters are more likely to call people they know and trust, and this step will be the beginning of that relationship.
- Learn and respect deadlines for newspaper and magazine pieces, as they will vary by section and publication.

Good luck in spreading the word!



THE MEDIA ADVISORY

Advisories can be used, along with phone calls, to alert journalists about upcoming newsworthy events. Your advisory should be simple, straightforward and supply all of the basic information — answering the who, what, where, when and why of the event or issue. It should include little more than the names of the relevant organization and speakers and the location, date, time, and purpose of the event. This key information should appear in boldface font. The advisory should, most importantly, tell the media why this event is significant and why the press should cover it. Always include the name and the telephone number of your media contact. And, as always, a strong headline helps a lot. Send advisories in advance, one week before, and then again two days before. When time and staff permits, place follow-up calls to assignment editors (radio and TV) or news desks (print) to encourage attendance. Keep your calls short, to the point, and call early in the morning.



Photo by Rich Marchewka

[SAMPLE MEDIA ADVISORY]



MEDIA ADVISORY

CONTACT: Press Office 202.833.5900 (office)

MEDIA AVAILABILITY AT NOON – GOLD ROOM – LOWES VANDERBILT HOTEL

Protecting Infants from HIV: Nashville and Beyond

WHAT: A forum to highlight the role of private-public partnerships in both the Nashville area and globally in preventing mother-to-child transmission of HIV (MTCT).

“Protecting Infants from HIV: Nashville and Beyond” will feature U.S. Sen. Bill Frist (R-TN) and Comprehensive Care Center Executive Director Dr. Stephen Raffanti, who will discuss innovative partnerships at work in Tennessee to prevent MTCT.

Bono, AIDS activist and lead singer of U2, will report on his Heart of America Tour: Africa’s Future and Ours for his nonprofit DATA (Debt, AIDS, Trade, Africa), which culminates in Nashville on December 8th.

WHO: **Nils Daulaire, MD**, President & CEO, Global Health Council
U.S. Sen. Bill Frist (R-TN)
Bono, AIDS Activist, Lead Singer, U2
Stephen P. Raffanti, MD, Executive Director, Comprehensive Care Center, Nashville
Agnes Nyamayaro, woman living with HIV, Uganda

WHEN: Monday, December 9, 2004, Luncheon Program 12:30 pm – 2:00 pm.

WHERE: Loews Vanderbilt Hotel, 2100 West End Ave., Nashville, Tennessee

SPONSOR: Global Health Council

CO-SPONSORS: Nashville CARES!, Save The Children, Vanderbilt University School of Medicine, Vanderbilt University School of Nursing, Vanderbilt University Margaret Cuninggim Women’s Center

MEDIA: **CREDENTIALS REQUIRED;** Please confirm attendance to global@globalhealth.org or 202.833. 5900

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THE PRESS RELEASE

While advisories are helpful in alerting media to important news events, press releases are most useful for explaining an event or issue in more detail. This is where you get the opportunity to package the news — the event, study or general issue — as you want the public to see it. It should be released to reporters at an event, then faxed and e-mailed afterward to those media contacts that did not attend. Preparation should start two weeks in advance.

A Press Release Should Include:

- The who, what, where, when and why of the issue or event
- Succinct information and plain language: no longer than two pages with short paragraphs
- A powerful, revealing headline
- The name of your organization (use letterhead if possible) and the name and phone number of one contact person
- Strong quotes, placed within the first three paragraphs, from spokespeople at your event or figures involved with the issues
- The release time: “For Immediate Release” or “Embargoed Until [date]” at the top of the page
- A “###” to indicate where the story ends
- Proofread, check facts, then proofread again.

Follow up with a phone call to make sure the release was received.

Choose News Hooks to Help Get Noticed:

- **Special Event:** A conference, rally or large gathering that captures the issue
- **Localize National/International Story:** Relate your local activities to an international issue or a related project abroad.
- **Dramatic Human Interest:** Include stories about real people.
- **Trends:** Connect activities to new opinions, behaviors and attitudes like emerging activism or awareness of global health issues.
- **Calendar:** Connect to holidays, voting schedules, national or international awareness days or anniversaries.
- **Profiles:** Highlight influential individuals or community leaders who are well-known.
- **Reaction:** Respond to news others have made.
- **Strange Bedfellows:** Unify unlikely allies, such as opposing political parties, over your issue.



[SAMPLE PRESS RELEASE]



PRESS RELEASE

CONTACT: Press Office 202.833.5900

FOR IMMEDIATE RELEASE

December 9, 2004

Protecting Infants from HIV: Nashville and Beyond

NASHVILLE, Tenn. – International AIDS activists today called on Congress to fund a special initiative aimed at reducing the risk of AIDS to children and women around the world. The program, supported by the Washington-based Global Health Council and U.S. Sen. Bill Frist (R-TN), would reduce mother-to-child transmission (MTCT) of AIDS, get mothers the prenatal care they need to have healthy pregnancies, ensure that they receive voluntary testing and counseling for AIDS, and determine whether their children would benefit from a simple drug treatment during delivery.

“A financial commitment from the United States could mean the difference between life and death for millions,” said Nils Daulaire, president and CEO of the Washington-based Global Health Council. “We should assure that children get the basic care they need, and that their HIV-infected mothers be first in line for treatment and care.”

Daulaire’s remarks came at a forum, “Protecting Infants from HIV: Nashville and Beyond,” which examined the growing issue of mother-to-child transmission of HIV/AIDS. The Nashville gathering was one in a series of Local-Global Health Forums sponsored by the Global Health Council, the world’s largest membership alliance dedicated to improving health worldwide. U.S. Sen. Bill Frist (R-TN) and Dr. Stephen P. Raffanti, executive director of the Comprehensive Care Center in Nashville, also spoke at the forum. Bono, international AIDS activist and lead singer for the group U2, addressed the forum about his “Heart of America” tour, along with Agnes Nyamayarwo, a Kenyan woman living with HIV.

Forum participants noted that the global AIDS pandemic continues to grow at an alarming rate, with five million new infections every year. Last week the United Nations reported that for the first time in the AIDS epidemic’s two-decade rampage, more women and children are infected than men. They are the fastest-growing group of AIDS victims.

Daulaire praised a local Nashville program managed by the Comprehensive Care Center and Nashville CARES! as a model public-private partnership for addressing U.S. and international HIV/AIDS issues. The program is leading the fight against mother-to-child transmission of HIV, offering direct services to more than 1,300 people with HIV-related illness who live within a 13-county area in Middle Tennessee. The program also conducts education programs for more than 40,000 adults and youth.

“Nashville CARES employs all important program components and should be replicated extensively. Successful global programs are reaching high proportions of pregnant women with the life-saving drug interventions that prevent mother-to-child transmission of HIV in resource-poor countries,” said Daulaire. “The best programs provide MTCT transmission prevention services, affordable or free medications, and related care and treatment for the families involved.”

HIV transmission from mother to child can occur during pregnancy, during labor and delivery and through breast milk. Reducing mother-to-child transmission of HIV is vital, particularly in areas of the world most affected such as sub-Saharan Africa, where more than 30 percent of pregnant women are infected with HIV in some locations, and 25-35 percent of their children will be born infected. Other regions, including the Caribbean, India and China, face similar statistics if immediate action is not taken.

The Global Health Council teamed with the following local leaders for the forum: Nashville CARES!, Save The Children, Vanderbilt University School of Medicine, Vanderbilt University School of Nursing, Vanderbilt University Margaret Cuninggim Women’s Center. The David and Lucille Packard Foundation, the Bill & Melinda Gates Foundation, the Robert Wood Johnson Foundation and the Rockefeller Foundation also provided financial support for the forum. Previous local-global health forum locations have included Boston, Chicago, Denver, Miami, New York City, Portland, Seattle, Tucson and Washington, DC. A webcast of this event will be available later at kaisernetwork.org, a free service of the Kaiser Family Foundation. The webcast, transcript and related resources can be found at <http://www.kaisernetwork.org/healthcast/ghc/09dec02>.

###

THE LETTER TO THE EDITOR

The letters section of the newspaper tends to be a popular section in publications, and can be an excellent way to get a point across not only to the public, but also to members of Congress and their staffs. When seeking a publication for expressing your views, keep in mind national newspapers as well as local dailies and weeklies. Your letter can be in response to a previous story, or simply play off a relevant issue or event. A letter to the editor can use an endless number of “news hooks” to convey a substantiated opinion. For example, you could write a letter in advance of World AIDS Day or World TB Day. An article detailing a burdened health care system could spur a response detailing an epidemic’s share of this burden to draw attention to the problem. Mention of a local tuberculosis outbreak could foster a letter about international outbreaks or the co-infection of HIV/AIDS.

Remember:

- Keep it brief. Use previously published letters as examples.
- Respond immediately, without any delay.
- Refer to other stories, editorials or letters from the publication.
- Write consistently and without grammatical errors.
- Use facts and striking statistics to back a strong opinion.
- Use engaging language surrounding one specific point.
- Include contact information with your name, address, email and phone number.

[SAMPLE LETTER TO THE EDITOR]

Missing AIDS Activist

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To the Editor:

Our global AIDS community is shocked by the disappearance of Wan Yanhai (“China’s Top AIDS Activist Missing; Arrest Is Suspected,” news article, Aug. 29). Dr. Wan has shown extraordinary courage and perseverance in his efforts to fight the spread of AIDS in China. Recently he came to Washington to receive the 2001 Jonathan Mann Award for Global Health and Human Rights on behalf of Dr. Gao Yaojie, who had herself not been permitted to travel to the United States to accept the award. His courage in telling her story – and in speaking out on behalf of the thousands infected with H.I.V. who have fallen victim to the financial interests of some Chinese provincial officials – could very well have put him in harm’s way.

We must all continue to tell the victims’ stories if we are to trigger action that will stop the march of this disease across China. Denial and greed feed the explosive spread of AIDS globally, and efforts to silence the honest voices of AIDS activists work against all of humankind.

NILS DAULAIRE

President, Global Health Council
Washington, D.C., Aug. 30, 2002

THE OP-ED

Opinion articles offer an opportunity to present an extended argument on a specific issue or event. Op-eds can offer a side of the story that a news story may leave out and unlike editorials, are written by members of the community like you and me. However, these articles generally carry more weight and are more difficult to publish than letters to the editor. In national papers, they are usually written by well-known public figures, so you should focus on local newspapers, magazines and campus media. You should target a particular policy issue and time the editorial accordingly. It may be helpful to call and ask the editorial page editor for submission guidelines or arrange an appointment with the editor to discuss your qualifications, organization and issue.

Plan:

- What is the issue's take-home message for your readers?
- How can you relate your message to policy?
- What is happening now that makes this a good time to write?
- What is your specific solution to the problem?
- Do you understand the issue and the relevant statistics?
- Have you chosen the best news source for the issue?

Write:

- Indicate authorship and organization.
- Generally, 700-1000 words long; consult the editor for guidelines.
- Open by stating your main point.
- Localize your article for a community angle.
- Aim at a specific target and/or a local member of Congress.
- Include statistics/data for credibility.
- If you want to explicitly mention the Council, contact us regarding the use of our name.
- End with a strong conclusion.

Please see the next page for a sample Op-ed.

[SAMPLE OP-ED]

We Can Protect Women and Children from HIV/AIDS

By Bill Frist and Nils Daulaire

When we began our medical studies thirty years ago, HIV/AIDS was not even known. When it first appeared twenty years ago it didn't even have a name. Today, 42 million people around the world live with the killer virus in their bodies and another 20 million have already died. Experts estimate that if nothing is done, 100 million people – nearly equal to the entire population of the United States east of the Mississippi – will have died of AIDS around the world by 2020. In all human history there has been nothing like it, not even the Black Death in the Middle Ages.

Recently, the United Nations reported that for the first time in the AIDS epidemic's two-decade rampage, more women and children than men are infected. They are the fastest-growing group of AIDS victims.

This year a million and a half women of childbearing age will die of AIDS, and for every one who dies nearly two more will become newly infected. Virtually all will be infected by their husbands. And because the virus remains hidden for many years, these young women will, in turn, unknowingly pass the infection on to their children during labor and delivery. Experts predict that nearly 800 thousand babies will be born with HIV infection in 2002 – innocent victims doomed to short and painful lives. The “lucky” ones who escape infection will likely become orphans before they are old enough to go to school, as their mothers succumb to the disease.

But there is hope. While there is still no cure or vaccine for HIV/AIDS, we have learned a great deal over the past two decades. New antiretroviral drugs can slow the progression of the disease and give many years of healthy life. And we know how to prevent HIV from being spread. Fidelity, abstinence and safe sex prevent infection among adults.

Most promising, we now have drugs that can dramatically reduce mother-to-child transmission of this killer disease. Over the last several years, efforts in Africa and elsewhere to prevent mother-to-child transmission of HIV have been rapidly expanding, using a well-established package of low-cost and effective practices, including the anti-retroviral medication Nevirapine. President Bush cited these facts at a White House event this past summer, at which he announced a new \$500 million initiative to reduce mother-to-child transmission of the disease. Unfortunately, to date, not one dollar has been appropriated for this new program.

When the 108th Congress begins its work in January, one of the first orders of business must be to fund a special initiative aimed at reducing the risk of AIDS to children and women around the world. A commitment from the United States could mean the difference between life and death for millions. If we lead, others will follow.

The new program would focus on developing and improving the basic health care infrastructure in Africa and elsewhere that will get mothers the prenatal care they need to have healthy pregnancies, to ensure that they receive voluntary testing and counseling for AIDS, and to determine whether their children would benefit from this simple drug treatment during delivery. We should assure that children get the basic care they need, and that their HIV-infected mothers are first in line for treatment and care. We should set as our national goal getting these services to every woman and child in the world, as it is today available to virtually every American woman and child.

Solving a global problem requires global leadership. National governments, non-governmental and faith-based organizations, international bodies and the private sector must work in concert toward these common goals based on our common commitment to humanity. America is the global leader in the fight against AIDS, but we can and we must do more.

This is not an enormously expensive proposition. And for a can-do nation, it should not be seen as a daunting task. The global polio eradication effort, spearheaded by Rotary International, has shown us the miracles that we can accomplish through global partnerships of noble humanitarian purpose.



Photo by WHO/P.VIROT

The greatness of America is that leadership comes from all over. In Nashville, the Global Health Council is working with the Comprehensive Care Center and Nashville CARES!, committed citizens who have been leading the fight against mother-to-child transmission of HIV right here in our own community, to inform the public about the need to lend U.S. expertise and resources to our neighbors across the world. We joined together with Bono, lead singer of U2 and one of the world's most effective AIDS activists, to bring this message to the people of Tennessee – and to share why and how they can get involved in the global response to the AIDS pandemic.

During our medical and public service careers, we have traveled and worked in Africa, Latin America and Asia, witnessing first hand the horrific impact of HIV/AIDS on families, on communities, on economies and on civil society. This killer does not distinguish between rich and poor, male and female, young and old. Now we see that the United States has an historic opportunity to take its global leadership to a new level in the battle against HIV/AIDS.

It took AIDS only two short decades to become a global crisis. Today, by leading a more aggressive and concerted global effort, we can begin to roll back the rising tide of HIV/AIDS.

In 2020, how will we look back upon this day? Can we prove the experts and doomsayers wrong with expanded U.S. initiative and leadership? Of course we can.

Bill Frist, a physician and heart surgeon, is Majority Leader of the United States Senate. Nils Daulaire, a physician and member of the Institute of Medicine, is President and CEO of the Global Health Council. They attended medical school together.

THE EDITORIAL

An editorial is an effective way to reach policy makers and public opinion by gaining the support of a newspaper. Editorials are typically written to reflect the opinion of the community at large, even though this is not always the case. Editorials are written by a newspaper's staff and are not signed. You can influence an editorial by scheduling a meeting with the newspaper's editorial board staff. While it is important to time an editorial board meeting around the public debate of a particular issue, editorials are often not written until action is about to be taken.

Editorial Facts

- The editorial is one of the most read items in a newspaper.
- It is written by the newspaper's editorial board staff.
- The editorial board chooses the issues included on the editorial page.
- People who have an established trust with a newspaper will be greatly influenced by an editorial because they look to it for information and guidance.
- Local, state and national elected officials place great importance on editorials.
- The contact person is usually the editorial page editor or his/her assistant.
- You should seek an editorial board meeting if your issue is topical, your organization is pushing for a particular action, or new information is available that could persuade the paper to take or change its position.

How to Proceed:

Scheduling an Editorial Board Meeting

- 1) Write a request letter explaining why the issue is important and your connection to the issue, and then asking for a meeting.
- 2) Follow up with a call.
 - a. Make a one-sentence introduction.
 - b. Ask if the editor has time to discuss your issue.
 - c. Address the global health issue, tying in recent news and take a local angle.
 - d. Talk about the solution (i.e., policy changes, events).
 - e. Request a meeting to supply more information.
 - f. If the meeting is declined, ask to whom you can send helpful information.
 - g. If yes, schedule a meeting and determine who will be attending.
- 3) Study the issue, write down key facts and list your main points before the meeting.
- 4) Research the newspaper's previous editorials to get a feel for its position.
- 5) Learn the latest news on the issue.
- 6) Send background information to attendees.
- 7) Bring representatives with you who are knowledgeable about some part of the issue (e.g. professors, someone with a personal experience with that health issue, an activist, a doctor).
- 8) At the end of the meeting, ask if the editorial board will write on the issue.
- 9) Send a thank-you note to newspaper staff who attended your meeting. If some time passes between your meeting and potential action on an issue and the newspaper has not written an editorial, write the editorial board staff again, reminding them of your meeting and the position you want them to take on your issue.



[SAMPLE EDITORIAL]

EDITORIAL OBSERVER

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On Capitol Hill, Ideology Is Distorting an African AIDS Success Story

By TINA ROSENBERG

In 1991, 15 percent of Ugandans had the AIDS virus. A decade later, the rate was 5 percent, a drop unmatched anywhere in the world. How this was done is now the focus of a tragically ideological argument about the shape of Washington's programs to fight AIDS overseas.

*Photo by Rich Marchewka*

The religious right is convinced that it knows Uganda's secret: abstinence. But only by understanding the entire program can one grasp Uganda's success and build models for other countries. Meanwhile, religious conservatives are opposing the passage of AIDS legislation in Congress because they say the current House bill — written largely by Henry Hyde, a conservative himself — does not sufficiently focus on abstinence. Talking about safe sex and condoms is a failed strategy, Representative Joseph Pitts of Pennsylvania claims.

“When I hear this debate I get very annoyed,” said Sophia Mukasa Monico, who until 2001 was the director of TASO, Uganda's premier group helping the infected. “It is so unfair to pull out one element of a bigger picture — a very small percentage of the whole picture — and say, ‘This is what works.’ “ Uganda is indeed a model for nations fighting AIDS, but it is not quite the model the religious right would like to believe.

Ugandans are responding to a campaign known as ABC, which says: Abstain. If you can't abstain, be faithful. If you can't be faithful, use a condom. Contrary to the assertions of Mr. Pitts and others, there is nothing unusual about this slogan. “ABC came to us from the World Health Organization,” said Ms. Mukasa Monico, who now works for the Global Health Council in Washington. “It was the standard public health approach to prevent sexually transmitted diseases.”

Why, then, has it worked better in Uganda? Mostly because the government and society are effective at getting out the message. Sex and AIDS are talked about openly, not suppressed. And strong political leadership has been crucial. President Yoweri Museveni's early energetic response — he called fighting AIDS a “patriotic duty” — contrasted with the denial and inaction of other leaders°.

The other key component has been to spread information through word-of-mouth. The national AIDS control program trained thousands of people to be AIDS counselors and educators in their communities. Studies show that Ugandans are more likely than Kenyans and other Africans to get information through personal networks rather than mass media.

The point is to demystify and destigmatize AIDS, breaking down the “couldn't happen to me” barrier and allowing people to consider the possibility that they may become — or may already be — infected...Ugandans have fewer sexual partners and are much more likely to use condoms in casual relationships than they were 10 years ago. Rates of young people's sexual activity have fallen sharply. In one school district in 1994, more than 60 percent of students 13 to 16 years old reported that they had already had sex. In 2001, the figure was fewer than 5 percent.

...Uganda's AIDS prevention program resists an ideological label. It does emphasize abstinence and monogamy, and does work closely with religious organizations. But Uganda also promotes condom usage and has been able to make condoms available to those who need them. Uganda also does AIDS education among prostitutes and gay men. Its work with these high-risk groups is nonjudgmental, to avoid driving the epidemic underground. As a result, condom use is around 95 percent among prostitutes in Kampala, the capital — up from virtually zero before the epidemic hit.

Any embrace of the Uganda strategy must include the full spectrum of its anti-AIDS efforts. Perhaps the most essential aspect of Uganda's response is the fact that the country has reacted to the epidemic as if it were World War III, as one academic who studies Uganda put it. Instead of holding up AIDS funds with arguments over religious correctness, politicians in Washington should be tackling the difficult task of promoting the committed leadership and total social mobilization that have been crucial to Uganda's success.

GIVING INTERVIEWS

If there is any possibility you may be interviewed on a global health issue or event, make sure you are prepared! You should have a clear understanding of the facts and your message beforehand. It is perfectly acceptable to ask if you can call a reporter back after an interview request. This will give you time to prepare. If the interview is in person, dress professionally and bring an outline or notes. Do not use notes on television. Speak in a natural audible tone; remain comfortable, interested and friendly. Prepare according to the expected length of the interview.

An Interview is Successful if You Get Your Message Out!

- State your key points up front, and repeat them throughout the interview.
- Make sure you are familiar with recent media coverage, the reporter's reason for the interview and any opposing viewpoints.
- Answer questions asked by tying them into your message as much as possible.
- Do not repeat negative questions or statements made by the reporter.
- Answer clearly, concisely and slowly, showing enthusiasm for the subject.
- Use anecdotes and personal stories.
- Speak in language the general public will understand, including key phrases and avoiding jargon.
- Patiently restate information if an interviewer misunderstands what you have said.
- If you do not know an answer, acknowledge that you do not know it, and refer the reporter to a place where he/she can find the information. Do not make something up on the spot or say "no comment."
- Watch what you say, as you are representing yourself, your organization and the issue. Be wary of speaking "off the record."
- Maintain eye contact.
- Never argue with the host or interviewer and avoid appearing angry or upset.
- Bring back-up literature on the issue to leave with the reporter after the interview.



THE LEGISLATIVE PROCESS

What you need to know to be an effective advocate



THE THREE-BRANCH SYSTEM

Laws that affect global health are created and enacted through a three-branch system of governance. Before becoming an active advocate, it is important to have an understanding of the processes that you are trying to influence.

The following is a description of each branch of government and an overview of the federal budget process.

Executive Branch

The power of the executive branch is vested in the President. The President appoints the Cabinet and oversees the various agencies and departments of the federal government. The President sets the budget agenda and policy priorities in the State of the Union address each January. This proposal is released in February and it is the starting point for the federal appropriations process.

Judicial Branch

The judicial branch hears cases that challenge, or require interpretation of, the legislation passed by Congress and signed by the President. It consists of the Supreme Court and the lower federal courts. Appointees to the federal bench serve for life or until they voluntarily resign or retire.

The Supreme Court is the most visible of all the federal courts. The number of Justices is determined by Congress rather than the Constitution, and since 1869, the Court has been composed of one Chief Justice and eight Associate Justices. Justices are nominated by the President and confirmed by the Senate.

The Legislative Branch

The legislative branch of the federal government consists of the Congress, which is divided into two chambers -- the Senate and the House of Representatives. The chief function of Congress is the making of laws. Each member of Congress is elected by the people of his/her state. The House of Representatives, with membership based on state populations, has 435 seats, while the Senate, with two members from each state, has 100 seats. Members of the House of Representatives are elected for two-year terms, and Senators are elected for six-year terms.

Most advocacy efforts are focused on Congress. Congress works through the details of the budget appropriations process. It is in this process that advocates can have the most significant impact.



THE FEDERAL BUDGET

The federal fiscal year (FY) begins on October 1st and ends September 30th of the following year. The official start of the budget process occurs in late January of each year when the President gives his State of the Union address. The State of the Union sets the budget agenda and policy priorities for the year. Following the State of the Union, the President releases his budget in early February. The Congressional Budget Office (CBO) reports on the economic and budget outlook to the House and Senate Budget Committees within a few weeks of the release of the President's budget. Both the House and Senate Budget Committees develop their own budgets, which may or may not reflect the spending priorities contained in the President's budget.

Budget Resolution

By April, Congress acts on legislation called the *budget resolution*, which coordinates all of the revenue and spending decisions submitted by the various committees. By law, the Budget Committees are required to issue two budget resolutions during the fiscal year. The first resolution sets revenue and spending targets; the second resolution is issued later in the year and updates the first resolution to reflect current economic data. The deadline for approval of the budget resolution is April 15th of each year.

Appropriations

After approval of the budget resolution, Congress begins considering *appropriations* bills to determine the actual levels of funding for budget items. All appropriations legislation begins in the House and is processed by the Appropriations Committees of the House and Senate. Each Appropriations Subcommittee holds hearings and votes on funding totals for agencies under its jurisdiction. Although the rules prohibit inclusion of authorization language in appropriations bills, amendments eliminating funding or restricting the use of funds for a particular purpose can be considered.

Reconciliation

If government spending exceeds the parameters outlined in the budget resolutions, Congress may direct a committee to make changes in existing laws or legislation to bring a program in line with the completed budget resolution. This is called *reconciliation*. Budget reconciliation is initiated when each authorizing committee is instructed to make changes to programs that fall within the budget targets specified in the budget resolution. After all committees have completed reductions and program changes, their recommendations are combined into one reconciliation bill. Congress must approve reconciliation legislation.

Continuing Resolution

The entire budget process must be completed before the close of the fiscal year, September 30. Often, not all of the appropriations legislation has been passed by that date and Congress must provide interim funding for programs until the corresponding appropriation for the fiscal year has been approved. This interim funding is referred to as a *continuing resolution*, which continues funding programs until work on the outstanding appropriations legislation is completed.

Authorization

Bills that define the mission, provide direction for programs and authorize funding for agencies and programs are called *authorization* bills. Congress often fails to appropriate as much money as it has authorized for a program. Agencies and programs are usually authorized for a number of years, typically three to five, such that authorization does not need to be sought each year.

Authorization bills do not ensure that programs will be funded at the level approved in the bill. Rather, these bills provide direction to the Appropriations Committees about what level of funding should be provided to the agency.

CONGRESSIONAL COMMITTEES

There are several committees within the House and Senate that are of key importance for attaining increased funding and improved public health policy for global health. This page lists and describes those committees. It is critically important for the members of these committees to view global health issues as issues that their constituents are concerned about.

Senate Appropriations

Committee/House Appropriations

Committee – This committee is responsible for writing legislation that allocates federal funds to government agencies on an annual basis. Subcommittees review the President’s budget request, hear testimony from government officials and draft the spending plans for the coming fiscal year; work is then passed on to the full

Senate/House Appropriations Committee, which reviews and modifies the bills and forwards them to the full Senate for consideration. The Subcommittee on foreign operations determines funding levels for global health programs.



Senate Foreign Relations/House International Relations Committee

– This committee considers legislation relating to foreign policy. It also holds jurisdiction over all diplomatic nominations. Through these powers, the committee helps shape foreign policy. This committee develops legislation related to programs at the Department of State.

Senate Health, Education, Labor and Pensions Committee – This committee has jurisdiction over any legislation relating to health, education, labor and pensions. This committee develops legislation related to programs at the Department of Health and Human Services (HHS) and the Department of Labor in the Senate.

House Energy and Commerce Committee – This committee maintains principal responsibility for legislative oversight relating to telecommunications, consumer protection, food and drug safety, public health, air quality and environmental health, the supply and delivery of energy, and interstate and foreign commerce in general. This committee develops legislation related to programs at the Department of Health and Human Services (HHS) in the House of Representatives.

LEGISLATIVE PROCESS

As the Global Health Council works with our advocates and Congressional members to increase awareness and attention to global health issues, we strive to affect the views of members at each step of the process. In order for legislation that supports global health to become a law that can help to save lives, it must pass through each of the steps below. The chart on this page will help illustrate the order of these steps.

Legislative Proposal

Before a piece of legislation can become a bill, a member of the House or Senate must introduce it. Once it is introduced, the speaker of the House/Senate will refer it to a committee.

House or Senate Subcommittee

The subcommittee will hear expert testimony, hold hearings and amend proposed legislation before referring it to the full committee for its consideration. The subcommittee may choose to not do anything with the bill. In this case, the bill is allowed to “die in committee.”

House or Senate Committee

Once the subcommittee has finished its work on a bill, it will send the bill back to the full committee. The full committee may hold its own set of hearings, attach its own amendments or accept the recommendations of the subcommittee. A majority of the roughly eight thousand bills introduced during a session of Congress die in committee.

Floor Action

If Congressional leadership feels that a bill is important, it can be brought up for floor debate and consideration in the House of Representatives or the Senate. During floor consideration, members of Congress can offer amendments, and notes are taken.

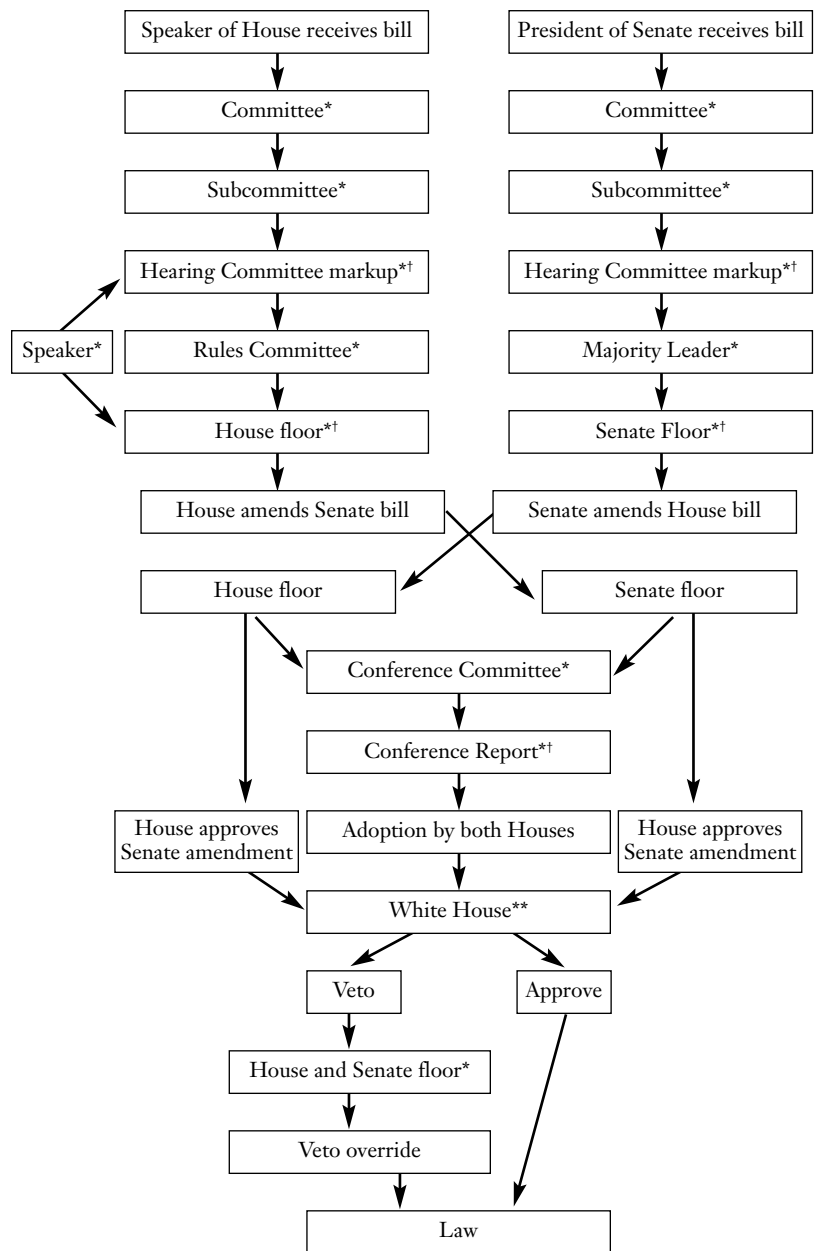
Conference Committee

Since a bill goes through this process in both houses of Congress separately, the final versions of the same bill from each house may look vastly different from each other and from the original version. A conference committee composed of the senior members of the committees or subcommittees that initiated the bills (from both houses) may be required to iron out the differences between the two pieces of legislation with a majority vote of agreement. The agreement must then be approved by both houses of Congress.

Presidential Approval

Once adopted by the House and Senate, a bill is sent to the President to be signed into law. The veto is the President’s constitutional power to reject a piece of legislation.

How a Bill Becomes a Law



*Points at which bill can be amended.

†Points at which bill can die.

**If the president neither signs nor vetoes the bill within ten days, it automatically becomes law.

APPROPRIATIONS CALENDAR

The appropriations process repeats itself each year at approximately the same time. Congress does not always meet these deadlines, but this chart provides a general guideline. This chart provides an idea of when the Global Health Council will call on you to contact your members of Congress.

DEADLINE DATE	ACTION
First Monday in February	The President submits his budget to Congress.
February 15th	Congressional Budget Office submits report on economic and budget outlook to House and Senate Budget Committees.
Six Weeks after President's Budget	Committees submit reports on views and estimates to respective budget committee.
April 1st	Senate Budget Committee reports budget resolution.
April 15th	Congress completes action on budget resolution.
May 15th	Regular appropriations bills may be considered in the House (even if action on the budget resolution has not yet been completed).
Late summer	House and Senate Appropriations Committees report last regular appropriations bills.
Early fall	House completes action on regular appropriations bills and any reconciliation legislation.
July 15th	President submits "Mid-Session Review" of his budget to Congress.
October 1st	Fiscal year begins.

For information on the U.S. Government and the state of proposed and existing legislation visit: <http://thomas.loc.gov>



GLOBAL HEALTH COUNCIL: THE VOICE FOR GLOBAL HEALTH



Photo by Rich Marchewka

GLOBAL HEALTH COUNCIL

The Global Health Council is the world's largest membership alliance dedicated to saving lives by improving health throughout the world.

****We are the VOICE FOR ACTION** on global health issues. This includes our efforts to mobilize people locally and globally, to advocate and educate, and to reach out to the media. The Council serves as a voice for the thousands of individuals and organizations involved in every aspect of global health, as well as a large, growing network of concerned citizens – in the US and abroad – who view health as a basic human right.

****We are the VOICE FOR PROGRESS** in the global health field. This includes our efforts to disseminate information, share knowledge and put research to work. While many serious health problems can be addressed inexpensively and effectively with the right knowledge, too often practical advances in public health are not widely shared. The Council seeks to ensure that advances in primary health care are recognized, understood, and promoted so that they are accessible for those who can use them to save lives.

The Mission of the Global Health Council is to promote better health around the world by assisting all who work for improvement and equity in global health to secure the information and resources they need to work effectively.

Our MEMBERSHIP is comprised of health-care professionals and organizations, including non-governmental organizations (NGOs), foundations, corporations, government agencies and academic institutions that work to ensure global health for all.

The Global Health Council is helping people to secure their very freedom, for without health other freedoms cannot be enjoyed or cherished.

-Former U.S. President Jimmy Carter



THE HISTORY OF THE GLOBAL HEALTH COUNCIL

The Global Health Council was born when a task force of health organizations realized the need for a central standing body for international health. In 1971, the National Council for International Health (NCIH) was created. The purpose of the NCIH was to foster dialogue and create networks between various organizations and individuals working in international health.

In the summer of 1973, the Council held its first annual international conference in Washington, DC. This event was designed to serve as a venue for colleagues and leaders in the field of health care, development and humanitarian assistance to share experiences from the field and grapple with issues related to the state of global health. The international conference has grown over the years to become the biggest annual collection in the world of people dedicated to health issues in poor communities in the world. Featured speakers over the years have been Nobel Laureate Mother Theresa of Calcutta who addressed the 1986 conference, former U.S. Vice President Albert Gore and the current UN Secretary-General, Kofi Annan.

As the Council evolved, our name had to evolve to correctly reflect the scope of our work. In 1998, the National Council for International Health became the Global Health Council (GHC) to better represent its work in the 21st century. The inclusion of global in its name reflected the Council's goal to include more international organizations and individuals in its membership and become the preeminent non-governmental source of information, practical experience, analysis and public advocacy for the most pressing global health issues.

A former senior policy advisor at USAID with a distinguished background in the international health field, Dr. Nils Daulaire, was recruited in 1998 to become the Council's new president and CEO. Daulaire placed strong emphasis on the notion that health has become globalized, as disease is not limited by national boundaries. Additionally, Daulaire recognizes the need to include the private sector in the discussion on global health because of its economic influence in peoples' lives and the resources international corporations can bring to bear for health issues.

Since 1998, the Council has been organizing the Global Health Action Network in pursuit of its advocacy building goals. The idea is to establish groups of motivated citizens across the U.S. with the objective to educate local communities and their elected officials about the need for a more proactive approach to global health. With this type of network in place, the Council will be able to implement nationwide advocacy campaigns dealing with vital global health issues.

As part of the Council's work in advocacy and developing awareness of the AIDS crisis, the seventeen-year-old International AIDS Candlelight Memorial event came under the stewardship of the Council in 1999. This event has grown to include 1500 communities in 85 countries. It is the world's largest and oldest grassroots HIV/AIDS event.

The Council continues to grow as the voice for global health by using media outreach and its publications, conference and website to mobilize people locally and globally, and to promote advocacy, education and information sharing.

INTERNET EDUCATION: ORGANIZATIONS, ACRONYMS AND WEBSITES

General Global Health Information:

The Global Health Council: <http://www.globalhealth.org>
 The Center for Disease Control and Prevention: <http://www.cdc.gov>
 The National Institutes of Health: <http://www.nih.gov>
 The World Health Organization: <http://www.who.int/en/>

Legislative Information:

The U.S House of Representatives: <http://www.house.gov>
 The U.S. Senate: <http://www.senate.gov/>
 Thomas Legislative Information: <http://thomas.loc.gov/>

Governmental, Non-governmental, and Non-profit Global Health Organizations:

Action Against Hunger: <http://www.aah-usa.org/>
 AIDS Education Global Information System (Aegis): <http://www.aegis.com/>
 AF-AIDS (Southern Africa AIDS Listserve) <http://archives.healthdev.net/af-aids/>
 AIDS Action: <http://www.aidsaction.org/>
 AIDS India eForum: <http://groups.yahoo.com/group/AIDS-INDIA/>
 Aidspan: <http://www.aidspan.org>
 American College of Nurse Midwives (ACNM): www.midwife.org
 The Body: <http://www.thebody.com/index.shtml>
 Canadian International Development Agency (CIDA): www.acdi-cida.gc.ca/
 CARE: <http://www.care.org/>
 The Communications Initiative: <http://www.comminit.com/>
 Danish Agency for International Development Assistance (DANIDA): <http://www.um.dk/danida/>
 Development Gateway: <http://www.developmentgateway.org/>
 Eldis: <http://www.eldis.org>
 Family Health International (FHI): <http://www.fhi.org/>
 Food and Agriculture Organization of the United Nations (FAO): <http://www.fao.org/>
 Global Alliance for Vaccines and Initiatives (GAVI): <http://www.vaccinealliance.org>
 Gates Foundation: <http://www.gatesfoundation.org>
 Gender and AIDS Portal Web Portal: <http://www.genderandaids.org/>
 The Global Fund: <http://www.globalfundatm.org>
 ICASO, International Council of AIDS Service Organizations: <http://www.icaso.org>
 International AIDS Economic Network (IAEN): <http://www.iaen.org>
 International AIDS Vaccine Initiative (IAVI): <http://www.iavi.org/>
 International Confederation of Midwives (ICM): <http://www.internationalmidwives.org/>
 International Federation of Gynecology and Obstetrics (FIGO): <http://www.figo.org/>
 International Labor Organization (ILO): <http://www.ilo.org/public/english/>
 International Planned Parenthood Federation (IPPF): <http://www.ippf.org/>

Japan International Cooperation Agency (JICA): <http://www.jica.go.jp/>
 The Joint United Nations Programme on HIV/AIDS (UNAIDS): <http://www.unaids.org/>
 Kaiser Family Foundation (KFF): <http://www.kff.org>
 Medscape: <http://www.medscape.com/>
 National Institutes of Health (NIH): <http://www.nih.gov>
 Pan-American Health Organization (PAHO): www.paho.org
 Safe Motherhood Initiative (SMI): <http://www.smi-usa.org/>
 Safe Motherhood Inter-Agency Group (IAG): <http://www.safemotherhood.org/>
 Save the Children: <http://www.savethechildren.org>
 Swedish Agency for Development Assistance (SIDA): www.sida.gov.se
 The AIDS Support Organization (TASO): <http://www.taso.co.ug/>
 United Kingdom Department for International Development (DFID): <http://www.dfid.gov.uk/>
 United Nations Children's Fund (UNICEF): <http://www.unicef.org/>
 United Nations Development Fund for Women (UNIFEM): <http://www.unifem.org/>
 United Nations Development Programme (UNDP): <http://www.undp.org/>
 United Nations Education, Scientific and Cultural Organization (UNESCO): <http://www.unesco.org/>
 United Nations Fund for Population Activities (UNFPA): <http://www.unfpa.org/>
 United States Agency for International Development (USAID): <http://www.usaid.gov>
 The US Coalition for Child Survival: <http://www.child-survival.org/>
 U.S. Centers for Disease Control and Prevention (CDC): <http://www.cdc.gov>
 U.S. Department of Health and Human Services (DHHS): <http://www.hhs.gov/>
 U.S. Department of State, Bureau of Population, Refugees, and Migration (PRM): <http://www.state.gov/g/prm/>
 World Bank: <http://www.worldbank.org>
 World Food Programme (WFP): <http://www.wfp.org>
 World Health Organization (WHO): <http://www.who.int>
 World Health Organization Regional Office for Africa (AFRO): <http://www.whoafro.org/>
 World Health Organization South-East Asia Regional Office (SEARO): <http://w3.whosea.org/>
 World Health Organization, Regional Office for the Eastern Mediterranean (EMRO): www.emro.who.int/

Volunteer Opportunities:

The Global Volunteer Network (GVN): www.volunteer.org.nz
 Volunteer Abroad: <http://www.volunteerabroad.com/search.cfm>
 Peace Corps: www.peacecorps.gov
 Americorps: <http://www.americorps.org/>

HEALTH ACRONYMS

Acquired Immune Deficiency Syndrome (AIDS)
Antenatal Care (ANC)
Child Mortality Rate (CMR)
Child Survival (CS)
Community Health Volunteer (CHV)
Community Health Worker (CHW)
Comprehensive Emergency Obstetric Care (CemOC)
Diphtheria, Pertussis, Tetanus (immunization) (DPT)
Displaced Person (DP)
Emergency Obstetric Care (EmOC)
Essential Obstetric Care (EOC)
Family Planning (FP)
Human Immunodeficiency Virus (HIV)
Infant Mortality Rate (IMR)
Infectious Diseases (ID)
Institute of Medicine (IOM)
Integrated Rural Health and Family Planning (IRH/FP)
Internally Displaced Person (IDP)
Latin America and the Caribbean Region (LAC)
Low Birth Weight (LBW)
Maternal and Child Health (MCH)
Maternal Mortality Ratio (MMR)
Ministry of Health (MOH)
Ministry of Public Health (MOPH)
Mother-to-Child Transmission of HIV/AIDS (MTCT)
Non-governmental Organization (NGO)
Oral Polio Vaccine (OPV)
Oral Rehydration Solution/Salt (ORS)
Oral Rehydration Therapy (ORT)
Orphans and Vulnerable Children (OVC)
People Living with HIV/AIDS (PLWHA)
Post-partum hemorrhage (PPH)
Prevention of Maternal Mortality (PMM)
Primary Health Care (PHC)
Private Voluntary Cooperation (PVC)
Private Voluntary Organizations (PVO)
Public Service Announcement (PSA)
Reproductive Health (RH)
Sexually Transmitted Disease (STD)
Sexually Transmitted Infection (STI)
Traditional Birth Attendant (TBA)
Tuberculosis (TB)
Voluntary Counseling and Testing (VCT)

GLOBAL HEALTH FUNDING

<i>Program</i>	<i>FY 2002 Funding</i>	<i>FY 2003 Funding</i>	<i>FY 2004 President's proposal</i>	<i>FY 2004 GHC Funding Recommendations</i>
Child Survival/ Maternal Health	\$346.5 m USAID including: <ul style="list-style-type: none"> • \$155 m core AID child survival • \$50 m for maternal health • \$30 m for micronutrients • \$25 m for vulnerable children • \$1.3 m for blind children • \$4.75 m for iodine deficiency • \$53 m for GAVI • \$27.5 m for polio \$120 m for UNICEF	\$349 m USAID <ul style="list-style-type: none"> • \$180 m core AID child survival • \$50 m for maternal health • \$30 m for micronutrients • \$27 m for vulnerable children • \$2 m for blind children • \$2.5 m for iodine deficiency • \$60 m for GAVI \$120 million UNICEF	\$284.6 million USAID \$120 UNICEF	\$470 million USAID
Family Planning	\$446.5 m USAID \$0 m UNFPA	\$446.5 million USAID \$35 million UNFPA	\$425 million USAID	\$695 million USAID
HIV/AIDS	\$435 m USAID including <ul style="list-style-type: none"> • up to \$10 m for IAVI • \$15 m for microbicides \$144 m CDC \$25 m DOA \$10 m DOL \$14 m DOD	\$630 m USAID <ul style="list-style-type: none"> • up to \$10.5 m IAVI • \$18 m microbicides • up to \$100 m MTCT initiative \$183 m CDC <ul style="list-style-type: none"> • \$40 m for MTCT initiative \$25 m DOA \$0 m DOL \$7 m DOD	\$690 million USAID <ul style="list-style-type: none"> • \$150 m MTCT initiative \$293 m CDC <ul style="list-style-type: none"> • \$150 m for MTCT initiative \$0 m DOA \$0 m DOL \$7 m DOD	\$690 million USAID \$293 million CDC
President's AIDS Initiative			\$450 m State Dept*	\$730 m State Dept
Global Fund	\$100 m USAID \$100 m HHS	\$250 m USAID \$100 m HHS	\$100 m USAID \$100 m HHS	\$1.2 billion
Infectious Diseases	\$175 m USAID including <ul style="list-style-type: none"> • \$65 m for malaria • \$75 m for TB • \$35 m for AMR 	\$155 m USAID <ul style="list-style-type: none"> • \$65 m for TB • \$65 m for malaria • \$25 m for AMR 	\$104.4 million USAID	\$350 million USAID
TOTAL	\$2.0 billion	\$2.3 billion	\$2.6 billion	\$4.6 billion

Prepared by the Global Health Council

**President Bush's budget included \$275 m for NIH global AIDS research and \$11 m at the CDC for global AIDS research.*



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