



# THE COUNCIL ON WOMEN AND GIRLS: HEALTH AND WELLNESS ACCOMPLISHMENTS



JUNE 2016

### The White House Council on Women and Girls

Since the day he took office, President Obama has fought for policies that are important for women and will expand opportunity for all Americans. He's signed major legislation like the Affordable Care Act and Lilly Ledbetter Fair Pay Act. He's dramatically expanded fair pay and paid leave protections. And his administration has systematically encouraged cities and states to embrace policies like higher minimum wage and paid leave.

Underpinning these actions, President Obama and Vice President Biden have spoken out and driven a conversation about treating women fairly in America. They have pushed for cultural change that gives women the respect they deserve in schools and in workplaces, and joined advocates in dramatically changing our country's approach to sexual assault on campus and elsewhere. That conversation has spurred changes in cities and states, businesses big and small, schools from pre-K to college.

Across the Obama-Biden Administration, this work has been driven by the White House Council on Women and Girls (CWG), which the President created in March of 2009 to help develop and implement these policy priorities. The CWG comprises representatives from each Federal agency, as well as the White House offices, and coordinates efforts across Federal agencies and departments to ensure that the needs of women and girls are taken into account in all programs, policies, and legislation.

Below, we will explore some of the ways the Obama Administration has worked to increase access to quality, affordable healthcare for women and girls.

#### Health and Wellness

The Obama Administration has put an emphasis on ensuring that all Americans are healthy by increasing access to quality, affordable healthcare. The following are key steps that the Administration has taken to foster women and girl's health and wellness:

1. **Implementing the Affordable Care Act;**
2. **Conducting clinical trials and research;**
3. **Supporting nursing mothers;**
4. **Preventing unplanned pregnancy;**
5. **Promoting global women's health; and**
6. **Fighting HIV/AIDS domestically and globally.**

#### Implementing the Affordable Care Act

"That's what the Affordable Care Act, or Obamacare, is all about -- making sure that all of us, and all our fellow citizens, can count on the security of health care when we get sick; that the work and dignity of every person is acknowledged and affirmed."

President Barack Obama, April 1, 2014

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Before health reform, numerous problems in our health system disproportionately affected women. Women typically make health care decisions for their families, and used to struggle to find affordable, quality coverage. They often lacked the services they themselves needed like maternity and contraceptive coverage. The health insurance system discriminated against women: having a C-section or experiencing domestic violence could be used as reasons to deny coverage. And, in most states, women paid more for health insurance than men.

In 2010, President Obama signed into law the Patient Protection and Affordable Care Act of 2010 (P.L. 111-148), as amended by the Health Care and Education Reconciliation Act of 2010 (P.L. 111-152). Collectively, these two pieces of legislation are known as the Affordable Care Act. This landmark legislation included numerous [provisions to improve the health of women](#), including the affordability, accessibility, and quality of their health care.

Since 2010, 20 million people have acquired health coverage as a result of the law. About 9.5 million women have gained coverage since October 2013. More women than men have signed up for health insurance through the Health Insurance Marketplace, which offers a choice of affordable health plan options. Millions more have gained coverage due to the law's option for states to expand Medicaid. The Affordable Care Act extended the Children's Health Insurance Program, which is a critical source of coverage for girls. Young women have the option to stay on their parents' plan until they turn age 26. And, thanks to the Affordable Care Act, women cannot be charged more for health insurance than men, nor can they be denied or charged more for coverage because of a pre-existing condition.

Moreover, Section 1557 of the Affordable Care Act prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in any health program or activity, any part of which receives Federal funding. This means that health care providers who receive Medicare or Medicaid payments, the Health Insurance Marketplaces and issuers that participate in those Marketplaces, and any health program that the Department of Health and Human Services (HHS) itself administers cannot discriminate. A recent HHS rule makes clear that sex discrimination prohibited under Section 1557 includes discrimination based on an individual's sex, pregnancy, childbirth and related medical conditions, gender identity, and sex stereotyping.

Under the Affordable Care Act, most private health insurance plans are now required to cover certain recommended [preventive health services for women](#) without charging a copay or coinsurance, including well-woman visits; breastfeeding supplies, counseling, and support; recommended vaccinations; all FDA-approved methods of contraception; domestic violence screening and counseling; tobacco use screening and cessation interventions; and recommended screenings for alcohol misuse, depression, diabetes screenings for those with high blood pressure, and screenings for certain cancers and sexually transmitted infections, as well as other diseases and conditions that adversely affect women. Thanks to the Affordable Care Act, 55 million women are guaranteed private health insurance that covers recommended preventive services without cost sharing. In addition, Medicare now covers many preventive services at no cost to beneficiaries and states are incentivized to cover them in Medicaid. The Affordable Care Act has identified many specific ways the Federal Government can work with states and across agencies to expand access to preventive health care services, including public education campaigns and incentives to improve access to preventive services at no cost to patients.

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Preventative services included are syphilis and gonorrhea screening for women at higher risk. With funding from the Affordable Care Act Prevention and Public Health Fund, CDC awarded \$17.4 million to 22 immunization program awardees to increase HPV vaccination coverage among adolescents. [Get Yourself Tested \(GYT\)](#) is an ongoing campaign developed in 2009 to address and correct misconceptions, minimize perceived barriers, and facilitate access to STI testing and treatment services amongst sexually active women and their sexual partners, ages 25 and under. Data shows that GYT campaign awareness is associated with increased STI testing (usually for chlamydia infection), and healthy communication with partners, friends, and health care providers.

Individual and small group health plans, including plans offered in the Marketplace, must cover a set of 10 categories of health care services, called [Essential Health Benefits](#), which include maternity and newborn care, and mental health and substance use disorder services. And many women gained the right to choose the OB-GYN of their choice from their health plan's network.

The Affordable Care Act included a number of programs and initiatives targeted toward women's health improvements. It created a home visitation program to provide health education and other services to new mothers and funded the Strong Start for Mothers and Newborns Initiative to reduce pre-term births and improve outcomes for newborns and pregnant women. The Affordable Care Act also created a public education campaign on young women's breast health. The Centers for Disease Control and Prevention (CDC) launched [Know](#), a BRCA education initiative to build awareness about how BRCA gene mutations affect risk for breast and ovarian cancer. And to sustain this focus, the law required that there be an Office on Women's Health in the Office of the Secretary of Health and Human Services as well as Offices within key agencies.

To eliminate health disparities in America, several provisions in the Affordable Care Act have focused on standardizing, collecting, analyzing, and reporting data on health disparities. New data collection standards, as authorized by the Affordable Care Act, allow for additional levels of detail for race and Hispanic/Latino ethnicity, sex, primary language, and disability status collected in population health surveys conducted by HHS. This added granularity supports the monitoring of racial and ethnic health disparities in communities and enhances the ability of public health officials to identify and track the health and health care status of many population groups.

The Obama Administration has taken action to implement the Mental Health Parity and Addiction Equity Act, a major step forward in putting mental health and substance use disorder benefits on equal footing with medical and surgical care benefits. Parity is intended to ensure that mental health and substance use disorder benefits are comparable to coverage for general medical and surgical care. And in March of 2016, President Obama signed a Presidential Memorandum establishing a Federal Mental Health and Substance Use Disorder Parity Task Force. The goals of the Task Force are to promote compliance with parity best practices; support the development of tools and resources to support parity implementation; and develop additional agency guidance as needed to facilitate the implementation of parity.

### Conducting Clinical Trials and Research

"Breakthroughs in medical research take far more than the occasional flash of brilliance, as important as that can be. Progress takes time; it takes hard work; it can be unpredictable; it can require a willingness to take risks and going down some blind alleys occasionally -- figuring out what doesn't work is sometimes as important as figuring out what does -- all of this needs the support of government. It holds promise like no other area of human endeavor, but we've got to make a commitment to it."

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In 2010, the National Institute of Health (NIH) published the [NIH Strategic Plan for Women's Health Research, Moving into the Future with New Dimensions and Strategies: A Vision for 2020 for Women's Health Research](#). The Plan identifies six major goals to advance women's health research and represents a synthesis of almost 400 recommendations that emerged from five regional planning meetings. By partnering with NIH Institutes and Centers, the NIH Office of Research on Women's Health leverages funding to help coordinate a cohesive and interdisciplinary trans-NIH approach to address women's health and sex differences research.

The Women's Health Initiative (WHI) is a long-term national health study focused on strategies for preventing heart disease, breast and colorectal cancer, and osteoporotic fractures in postmenopausal women. In 2014, [researchers](#) determined that each dollar invested in the NIH-funded WHI estrogen plus progestin clinical trial resulted in a return of \$140 in net economic value through fewer cases of cardiovascular disease, fewer users of combined hormone therapy, fewer cases of breast cancer, and medical cost savings. The WHI is currently collecting annual follow-up data from participants in the [WHI Extension Study 2010-2015](#), focusing on cardiovascular events and aging, to complement the existing WHI resource. Finally, the WHI Strong and Health Study started in 2015 and plans to enroll 52,000 women ([clinicaltrials.gov](#)) to test the hypothesis that a centralized public health intervention can reduce major cardiovascular events among older women.

In 2014, the FDA released the [FDA Action Plan to Enhance the Collection and Availability of Subgroup Data](#). The Action Plan reflects FDA's commitment to encouraging the inclusion of a diverse patient population (with reference to sex, age, race, and ethnicity) in biomedical research that supports applications for FDA-regulated medical products.

In October 2015, NIH addressed Sex as a Biological Variable in NIH research by updating application instructions and reviewing language to include new requirements in which applicants explain how relevant biological variables, such as sex, are factored into research designs and analyses for studies in vertebrate animals and humans. Strong justification from the scientific literature, preliminary data, or other relevant considerations, must be provided for applications proposing to study only one sex. Accounting for sex as a biological variable in biomedical research will produce robust and relevant new discoveries about basic biology and help to inform sex- and gender-appropriate individualized health care for women and men, boys and girls.

Also in 2015, the U.S. Preventive Services Task Force (USPSTF) released its Fifth Annual Report to Congress on High Priority Evidence Gaps for Clinical Preventive Services. In this annual report, the USPSTF prioritized evidence-based gaps related to women's health that warrant further examination. These areas include: screening for intimate partner violence, illicit drug use, and mental health conditions; screening for thyroid dysfunction; screening for Vitamin D

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deficiency, Vitamin D and Calcium supplementation to prevent fractures, and screening for Osteoporosis; screening for cancer; and, implementing clinical preventive services.

The President launched the Precision Medicine Initiative (PMI) in January 2015 to enable a new era of medicine through research, technology, and policies that empower patients, researchers, and providers to work together toward the development of individualized care. This effort will enable health care providers to tailor treatment and prevention strategies to people's unique characteristics and help researchers answer questions about the genetic, environmental, lifestyle, and alternative factors that impact women's health, and the health of all Americans. For example, thanks to breakthroughs in medical research, we are now able to identify a specific gene that predisposes women to breast cancer. With PMI, the Administration is working to harness the power of genomic information and combine it with additional data and technology, to better understand ways to prevent and treat diseases.

In his final State of the Union Address in January 2016, the President announced a national effort to put the world on a path to cure cancer, and put Vice President Biden in charge of this Cancer Moonshot. The mission of the Cancer Moonshot is to double the rate of progress in cancer research and treatment, striving to accelerate what could be achieved in 10 years in just five with a particular focus on: realigning the incentives of the research system to promote breakthrough progress in preventing and treating cancer; creating a new paradigm of generating, sharing, and integrating data to enhance patient care; and accelerating bringing new prevention strategies, diagnostics, and therapies to patients in communities across the world. The Administration is committed to making progress in 2016 as part of the Cancer Moonshot and will produce a report charting out a path to continue accelerating progress that makes a difference for patients. For example, the National Cancer Institute (NCI) is working with pharmaceutical companies to expand the number of cancer drugs available for combination clinical trials, the Food and Drug Administration is launching a new Oncology Center for Excellence, which will streamline the review process for cancer products, particularly combination products, and a team of Presidential Innovation Fellows is working with patients and the NCI to re-design the way people can learn about and search for cancer clinical trials on the NCI website.

These efforts will help women, and all Americans, better understand their health and the way we treat disease.

### Supporting Nursing Mothers

"And finally, it's one thing we can think about, is working to make sure that our kids get a healthy start from the beginning, by promoting breastfeeding in our communities."

First Lady Michelle Obama, July 12, 2010

The Affordable Care Act added a new section to the Fair Labor Standards Act (FLSA), requiring employers to provide nursing mothers with a reasonable break time to express milk for one year after her child's birth and a private space, other than a bathroom, that is shielded from view and free from the intrusion of others. In January 2013, the U.S. Office of Personnel Management (OPM) released [the Guide for Establishing a Federal Nursing Mother's Program](#)

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extending requirements from the Affordable Care Act so that Federal agencies support nursing mothers in the workplace. In August 2015, OPM and HHS released a joint memo during World Breastfeeding Week with an [Employers Support for Nursing Mothers Fact Sheet](#). The fact sheet provided information and guidance for Federal agencies on employer support for nursing mothers.

### Preventing Unplanned Pregnancy

“As long as we've got to fight to make sure women have access to quality, affordable health care, and as long as we've got to fight to protect a woman's right to make her own choices about her own health, I want you to know that you've also got a President who's going to be right there with you fighting every step of the way.”

President Barack Obama, April 26, 2013

There is a growing recognition of the toll that unplanned pregnancy takes on American women, men, and children, as well as the taxpayer. Opportunity shrinks for teen parents and their children. Only half of all teen mothers receive a high school diploma by age 22 and, in the aggregate, the children of teen mothers are less likely to complete school and are more likely to experience health problems and unemployment. They are also more likely to become teen parents themselves. Furthermore, reducing unplanned pregnancy has been identified as a public health goal, and HHS' Healthy People 2020 campaign aims to reduce unintended pregnancy by 10 percent. And, we are making progress. In 2011, there was a decrease in the proportion of unplanned pregnancies from 51 percent to 45 percent.

The Affordable Care Act helps make prevention affordable and accessible for all Americans by requiring most health plans to cover and eliminate cost sharing for certain recommended preventive services. As a result, women with reproductive capacity have access to all FDA-approved contraceptive methods, and patient education and counseling, as prescribed by a health care provider, without cost-sharing.

In April 2014, HHS developed and released, “[Providing Quality Family Planning Services: Recommendations from Centers for Disease Control and Prevention and the US Office of Population Affairs \(QFP\)](#).” The QFP provides recommendations to support all primary care providers in delivering quality family planning services within a broader context of preventive services, in order to improve health outcomes for women, men, and children.

In July 2014, the Center for Medicaid and CHIP Services (CMCS) launched the [Maternal and Infant Health Initiative](#) to improve maternal and infant health outcomes. The initiative has two primary goals: to improve the use and content of postpartum visits and to increase access to effective methods of contraception. In April 2016, CMCS published an [informational bulletin](#) for State Medicaid programs that identifies strategies that states can and are using to provide timely, patient-centered, comprehensive coverage for the provision of long acting reversible contraception (LARC) contraceptive services for women. CMCS issued guidance in April 2016 to remind states that they cannot exclude providers of family planning services simply because they provide the full range of reproductive health services.

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Also in April 2016, CMCS issued guidance clarifying a state's obligation to follow longstanding Federal law guaranteeing that Medicaid beneficiaries have the right to receive covered services, including family planning services, from any qualified provider of their choice. The guidance further clarifies that state actions against providers that restrict beneficiary access – including termination of a provider from the program – are justifiable only if they are based on the provider's inability to perform the covered medical services or appropriately bill for those services and are supported by evidence documenting a provider's failure to meet reasonable provider standards. The guidance also emphasizes that states cannot target providers for impermissible reasons and are required to treat similar types of providers equitably and in an evenhanded, consistent manner.

The Title X Family Planning Program provided family planning services to more than four million primarily low-income individuals in 2015. Services provided through Title X-funded health centers enable individuals to freely determine the number and spacing of children, by providing services that assist with preventing unintended pregnancies and achieving pregnancies that result in positive birth outcomes.

Preventing unintended teen pregnancy is also of immense importance to the Administration. Research by the Brookings Institution shows that, when teens delay birth, the average family income of their offspring increases—and the longer a teen birth is delayed, the larger the average family income of the offspring. The combination of delaying births and increasing education can lead to significant gains in the child's future income. The Administration has implemented a number of strategies to work to end unplanned teen pregnancy and thus increase both educational and economic opportunity. In 2010, HHS implemented [the President's Teen Pregnancy Prevention Initiative](#) to support both evidence-based programs and innovative approaches to preventing teen pregnancy and STIs, including HIV. For example, HHS successfully implemented 10 [community-wide initiatives](#) to reduce teen pregnancy and address disparities in the pregnancy and birth rates in communities with the highest rates, focusing on non-Hispanic Black and Hispanic teens aged 15-19 years. With technical assistance from five national organizations, the community-wide initiatives involved five key components: working with diverse communities, engaging stakeholders, mobilizing the community, providing evidence-based programs for youth, and improving access to and the quality of reproductive and sexual health services for youth.

In 2013, HHS launched the [Teen Pregnancy Prevention Resource Center](#) to help professionals across the country better serve adolescents.

In 2016, CDC found that teen birth rates fell nearly 50 percent amongst Hispanic and Black teens, dropping the national teen birth rate to an all-time low.

### Promoting Global Women's Health

"We cannot wall ourselves off from the world and hope for the best, nor ignore the public health challenges beyond our borders."

President Barack Obama, May 5, 2009

### Agency Efforts to Improve Global Women's Health



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[USAID saves the lives of women and newborns](#) by ensuring that women have access to high quality, respectful care during pregnancy, labor, and delivery. USAID trains skilled care providers, encourages women to deliver in a facility, and focuses on small and sick newborns. Since 2008 alone, USAID's maternal and child health efforts in 24 high-burden countries have saved the lives of 4.6 million children and 200,000 mothers. Between 2008 and 2015, the percentage of women giving birth in health facilities in USAID's 24 priority countries rose from 42 to 54 percent. The neonatal mortality rate during the same window decreased 18.5 percent in USAID's priority countries.

The Administration has joined with the private sector, foundations, and civil society collaborators to launch alliances to promote global health. These efforts include the [Mobile Alliance for Maternal Action \(MAMA\)](#), which delivers health information to new and expectant mothers through mobile phones. Participants include USAID, Johnson & Johnson, the United Nations Foundation, mHealth Alliance, and BabyCenter. MAMA started with a three-year, \$10 million investment to create and strengthen programs in three countries – Bangladesh, India, and South Africa – and to enhance the global capability of mobile health information programs for mothers. Through Saving Mothers, Giving Life, a public-private effort, U.S. Government investments have helped reduced maternal mortality by 53 percent in target facilities in Zambia and by 45 percent in Uganda.

The State Department has led a number of efforts to prioritize maternal health, working with partner governments, the private sector, and foundations to reduce maternal mortality rates. Through a \$4.5 million grant from the Bill & Melinda Gates Foundation for the Women's Health Innovation Program, the State Department joined with the What to Expect Foundation to provide expectant mothers with pregnancy information, education, and social support in Bangladesh and Liberia.

Enabling women to choose the number, timing, and spacing of their children advances reproductive rights and is vital to safe motherhood, healthy families, and prosperous communities. The United States has been the world's largest donor of bilateral family planning and reproductive health assistance for nearly 50 years. [USAID's programs](#) advance and support rights-based, voluntary family planning programs in nearly 40 countries across the globe. Moreover, the Agency's work focuses on 24 high-priority countries where the need for family planning is greatest.

In FY 2013, [USAID's family planning programs](#) reached more than 84 million women, preventing 15,000 maternal deaths and saving the lives of more than 230,000 infants. As a core partner in [Family Planning 2020](#), USAID is working with the global community to reach an additional 120 million women and girls in the world's poorest countries with access to voluntary family planning information, contraceptives, and services by 2020. The U.S. Government's partnership with the United Nations Populations Fund (UNFPA) supports sexual and reproductive health information and services, including voluntary family planning, in over 150 countries.

As a founding member and core donor of the Reproductive Health Supplies Coalition (a global partnership of over 300 public, private and non-governmental organizations) and a member of the Alliance for Reproductive, Maternal and Newborn Health, USAID collaborated with other donors and Merck in 2011 to lower the price of Merck's contraceptive implant by 14 percent. Building on this work, multi-donor collaboration (including USAID) through the

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Implant Access Program in 2012 created a minimum volume guarantee with Bayer and Merck for their contraceptive implants. In addition to reducing risk to pharmaceutical developers, this guarantee expanded family planning method choices available to women at a more affordable cost to donors and countries (i.e., contraceptive implant unit prices dropped by 50 percent). The reduced prices enabled USAID Missions to triple contraceptive implants provided to family planning service delivery programs with only a 25 percent increase in spending (from one-million implants for \$22.8m in 2011 to 3.1 million implants for \$28.5m in 2015).

On January 23, 2009, President Obama rescinded the Mexico City Policy, enabling the U.S. Government to resume funding some of the most experienced and qualified family planning providers working at the grassroots level to meet the growing demand for voluntary, safe family planning and other critical health services. As the President noted, “It is clear that the provisions of the Mexico City Policy are unnecessarily broad and unwarranted under current law, and for the past eight years, they have undermined efforts to promote safe and effective voluntary family planning in developing countries. For these reasons, it is right for us to rescind this policy and restore critical efforts to protect and empower women and promote global economic development.”

USAID has also supported work against gender-based violence (GBV) for those affected by militant violence in Nigeria. In 2014, more than 200 young girls and women were abducted by Boko Haram in North Eastern Nigeria, with additional abductions of girls and women since. A USAID project developed and implemented a rapid assessment amongst key individuals and institutions at the forefront of fighting GBV and sexual violence in [Nigeria](#) to develop management guidelines for survivors of violence. The Ministry of Health then led the formation of a collaborative national partnership – ‘Chibok Girls Support Group’ – for stakeholders. As part of this work, the USAID project developed an algorithm to guide healthcare providers in the management of escaped or rescued abductees, as well as a tracking tool to document their socio-demographics and health status. As a result, health care providers are being trained, and referral sites are prepared to deliver more comprehensive management of GBV.

In addition, a USAID-supported program trains female journalists from developing countries to report on reproductive health and rights and women’s empowerment. After the widely reported gang-rape and death of a young medical student in India, a USAID-trained journalist investigated the status of a 2009 government notification advising States to establish rape crisis centers. The journalist’s widely read 2013 article, which reported that the advisory had been largely ignored, contributed to national momentum for government action. Shortly after her piece, a commission (formed in response to the gang-rape) added crisis centers to its recommendations and the government announced a pilot project establishing one-stop rape crisis centers. In Kenya in 2012, a trained journalist galvanized support for a 16-year-old Busia girl who was gang-raped. Continued reporting prompted 1.5 million people to sign a petition demanding justice and prompted Kenya’s Supreme Court Chief Justice to call for action. As a result, one suspect was tried, another was arrested, and other unprosecuted rapes in the country were investigated. In Senegal in 2011, coverage of child marriage by USAID-trained journalists led local leaders to form community organizations to advocate against early marriage and contributed to the creation of a parliamentary commission to investigate child marriage.

Launched in 2005, the President’s Malaria Initiative (PMI), in line with World Health Organization guidelines, supports a multi-pronged approach to reducing malaria in pregnancy. To ensure that pregnant women receive ITNs as early as possible in their pregnancy (and

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preferably before), PMI supports coverage of ITNs through mass campaigns as well as continuous routine distribution during antenatal care. PMI also supports intermittent preventive treatment (IPTp) during pregnancy with sulfadoxine-pyrimethamine (SP). Over the last year, PMI procured approximately 21 million SP treatments (more than 58 million treatments since 2005). Finally, PMI supports activities to ensure the prompt diagnosis and effective and appropriate treatment of anemia and malaria among pregnant women. Nearly 32,000 health workers were trained in IPTp over the last year alone. These efforts have contributed, in part, to major successes: ITN use amongst pregnant women, measured through national household surveys, has increased in PMI focus countries from a median of 17 percent at baseline to 48 percent, and coverage of pregnant women with at least two doses of IPTp in PMI focus countries has increased from a baseline of 14 percent to 38 percent. PMI's efforts in this area are delivered through integrated antenatal care platforms.

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In 2015, the United States launched the "Healthy Women, Healthy Economies" initiative through the Asia-Pacific Economic Cooperation (APEC) Forum. This initiative brings together leaders in government (health, labor, and gender officials), the private sector, academia, and other interested sectors to raise awareness and promote good practices to enhance women's economic participation by improving women's health. In 2015, a group of experts from across APEC economies developed a policy toolkit, which provides concrete recommendations for governments and private sector companies to pursue to advance this initiative.

The U.S. Government is partnering with the African Development Bank to support women, girls and orphans in post-Ebola countries through the five-year Post-Ebola Recovery Social Investment Fund (PERSIF). Started in 2015, PERSIF seeks to contribute to basic social services to restore livelihoods and economic opportunities while enhancing resilience in communities affected by the Ebola outbreak. This \$30 million program includes \$5 million in funding from the U.S. Government.

In February 2016, President Obama released the [first Presidential statement](#) denouncing female genital mutilation and cutting both domestically and internationally. Federal agencies and civil society members have worked together to raise awareness amongst communities at risk to FGM/C about the U.S. Government's opposition to the practice and the [many resources](#) available to assist victims. Agencies across the U.S. Government have marked the International Day of Zero Tolerance for FGM/C on February 6<sup>th</sup> with strong [statements](#) opposing FGM/C.

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Since 2014, the State Department has supported a \$1.5 million comprehensive project to prevent and respond to FGM/C in Guinea titled “Accelerating the Abandonment of Female Genital Mutilation and Cutting,” which worked to strengthen institutional, community, and family prevention and protection mechanisms for at least 65,000 girls and women in Guinea exposed to FGM/C practices at all geographical levels in the country’s eight regions. Working with over 2,500 direct beneficiaries, the project included multimedia awareness campaigns to promote behavioral changes around FGM/C at societal, institutional, community, and individual levels. The project also trained a broad spectrum of community leaders, including representatives from religious, traditional, health, and education sectors to actively engage in promoting and monitoring the worldwide abolishment of FGM/C.

### **Clean Cookstoves and Climate**

In 2010, the Environmental Protection Agency (EPA) with the State Department and other Federal agencies and global leaders launched the [Global Alliance for Clean Cookstoves](#), a United Nations Foundation initiative, to improve women’s health through the dissemination of better cookstoves. Using clean cookstoves results in healthier indoor air and reduced premature deaths from exposure to smoke indoors, which disproportionately affects women and children. Through 2015, Alliance partners reported disseminating improved cookstoves to roughly 30 million households, which improved the lives of more than 150 million people.

Today, over four million people a year still die because of exposure to smoke from dirty cookstoves; it is the second worst overall health risk factor in the world for women and girls. More efficient and cleaner stoves and fuels can prevent these deaths, improve the well-being of millions of women and girls, and empower women economically. The United States has made a \$75 million commitment to strengthen and scale the adoption of clean cooking solutions worldwide.

Since 2009, as part of President Obama’s Climate Action Plan, EPA has worked to protect people across the country from climate change by taking action to reduce greenhouse gas pollution from cars and trucks, carbon pollution from power plants, methane from the oil and gas sector and landfills, and HFCs. Greenhouse gas pollution threatens Americans’ health and welfare by leading to long-lasting changes in our climate that can have a range of negative effects on human health and the environment. Climate change is one of the greatest environmental and public health challenges we face. The most vulnerable among us – including children, older adults, people with heart or lung disease and people living in poverty – may be most at risk from the impacts of climate change.

In June 2016, the interagency U.S. Global Change Research Program released their latest report called [The Impacts of Climate Change on Human Health in the United States: A Scientific Assessment](#), which significantly advances what we know about the impacts of climate change on public health. The report finds that every American is vulnerable to the health impacts associated with climate change. Pregnant women are particularly vulnerable to climate-related exposures such as heatwaves, changes in air quality, and extreme weather events. Estimates indicated that there were more than 56,000 pregnant women and nearly 75,000 infants directly affected by Hurricane Katrina and that pregnant women with high hurricane exposure and severe hurricane experiences were at a significantly increased risk for post-traumatic stress disorder (PTSD) and depression.

### **Fighting HIV/AIDS Domestically and Globally**

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“So fighting HIV / AIDS in America and around the world will require more than just fighting the virus. It will require a broader effort to make life more just and equitable for the people who inhabit this Earth. And that’s a cause to which I’ll be firmly committed so long as I have the privilege of serving as President.”

President Obama, July 13, 2010

In March 2012, the President ordered the establishment of a Federal working group on the [intersection of HIV / AIDS, violence against women, and gender-related health disparities](#). Led by the Office of National AIDS Policy and the Office of the Vice President, the group released a 56-point action plan in September 2013 and an [updated report](#) in October 2014. On March 10, 2015, the Office of National AIDS Policy in collaboration with the Office of the Vice President and Council on Women and Girls hosted an event at the White House to commemorate National Women and Girls HIV / AIDS Awareness Day. In July 2015, the working group was integrated into the Federal Interagency Working Group on HIV and its recommendations were included in an [updated National HIV / AIDS Strategy](#). The updated Strategy also called for federal agencies to ensure that cost-effective, scalable interventions are prioritized in the communities where HIV is most concentrated for key populations including Black, Latina, and transgender women.

In August 2015, the Department of Housing and Urban Development's Office of HIV / AIDS Housing, in collaboration with the Department of Justice's Office on Violence Against Women, announced a new \$9 million [VAWA / HOPWA \(Housing Opportunities for People With AIDS\) Demonstration Project](#). Selected applicants will provide housing assistance and supportive services to low-income persons living with HIV / AIDS who are homeless, or in need of transitional housing or other housing assistance as a result of sexual assault, domestic violence, dating violence, or stalking and for whom emergency shelter services or other crisis intervention services are unavailable or otherwise insufficient. On Tuesday, June 14th, to coincide with the White House Summit on the United State of Women, HUD will announce the awarding of that \$9 million in funding.

In 2014, the [President's Emergency Plan for AIDS Relief \(PEPFAR\)](#) launched DREAMS, a \$385 million partnership with the Bill & Melinda Gates Foundation, The Girl Effect, Johnson & Johnson, Gilead Sciences, and ViiV Healthcare to reduce new HIV infections in adolescent girls and young women in 10 sub-Saharan African countries. [DREAMS](#) aims to reduce infections by 40 percent by the end of 2017 and deliver a core package of interventions that combine evidence-based approaches by extending beyond the health sector, addressing the structural drivers that directly and indirectly increase girls' HIV risk, and including poverty, gender inequality, sexual violence, and a lack of education.

Since 2011, PEPFAR has been integrating family planning / contraceptive services into HIV care and treatment, making family planning available to women living with HIV. PEPFAR supports a person's right to choose the number, timing, and spacing of their children and invested \$25 million to accelerate integration in Zambia, Malawi, Nigeria, Tanzania, and Uganda.

Since 2004, PEPFAR has supported testing to identify pregnant women living with HIV and the provision of antiretroviral drugs for prevention of transmission, with a rapid scale up since

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2009. This treatment has prevented over 1.5 million infant HIV infections. In 2015, PEPFAR supported HIV testing and counseling for over 14.7 million pregnant women and antiretroviral treatment to over 831,000 pregnant and breastfeeding women living with HIV.

In 2015, USAID launched an innovative project that will integrate population, family planning/ reproductive health and climate change adaptation. The Pamawandi a Chinyamata (Youth as Agents of Change) is a four-Year Social Behavior Change Communication (SBCC) activity that will increase the adoption of positive behaviors related to climate change adaptation, sexual reproductive health, and family planning amongst youth in Malawi. An integrated approach to SBCC will advance the mission's objectives for climate change resiliency and family planning while linkages with other activities help advance broader development priorities. This activity draws financial support from both health and climate change adaptation funding. This is in line with various Executive Orders on climate change that require U.S. Government executive departments and agencies with international development programs to systematically factor climate-resilient considerations into international development strategies, planning, programming, investments, and related funding decisions.