


POVERTY IS SEXIST

2016

NOWHERE ON EARTH
DO WOMEN HAVE
AS MANY OPPORTUNITIES
AS MEN. NOWHERE.



ONE

POVERTY

IT'S TIME TO START

INTRODUCTION

Last year ONE released its first “Poverty is Sexist” report, aimed at pressuring leaders to put girls and women at the heart of key policies and decisions. The report demonstrated two truths:

1. That poverty and gender inequality go hand-in-hand.

Being born in a poor country and being born female amount to a double whammy for girls and women:

they are significantly worse off than their counterparts in richer countries, and in every sphere they are hit harder by poverty than men.

2. Investments targeted towards girls and women

pay dividends in lifting everyone out of poverty more quickly, and are essential in the overall fight to end extreme poverty everywhere.

2015 saw the world debate and decide the Sustainable Development Goals (SDGs), the Addis Ababa Action Agenda and a climate deal at COP 21 in Paris. This year, leaders have the opportunity to turn these aspirations into results.

In 2016 half a billion women still cannot read, 62 million girls are denied the right to education¹ and 155 countries still have laws that differentiate between men and women.² It is an outrage that girls account for 74% of all new HIV infections among adolescents in Africa,³ and 40% of women on the continent suffer from anaemia,⁴ which results in 20% of maternal deaths.⁵

2016 is the year that real money and reforms must start to right these wrongs. There are two opportunities in particular that stand out: the Nutrition for Growth Summit II in Rio de Janeiro in August and the replenishment of the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria — key opportunities to boost spending in areas of crucial importance to girls and women and to the fight against extreme poverty overall. On top of nutrition and health, funding for the World Bank’s International Development Association (IDA) and the African Development Bank’s African Development Fund (ADF) will both be decided in 2016; these four opportunities together could amount to \$100 billion over the next 3–4 years in funds for the

PROGRESS IN 2015

- The Addis Ababa Action Agenda placed a clear focus on putting the poorest people first and on women as part of a broader package of economic, social and environmental commitments to achieve the SDGs.
- The SDGs were adopted, and include targets specifically around women’s equality.
- G7 leaders agreed to an initiative to increase vocational training of women by one-third, and committed to improve women’s access to finance and the banking system.

This year the world needs to increase its ambition and turn its commitments into action, with a focus on mobilising the catalytic investments in women and girls that will help bring about the end of extreme poverty.

POVERTY IS SEXIST

TALKING ABOUT IT.

poorest people. IDA and the ADF could also boost social and economic opportunities for women, including through improved education, training and access to Internet connectivity and electricity.

For girls and women to thrive and meet their potential, and to help lift others out of poverty, the political opportunities around health and nutrition need to be grabbed. With funds directed towards the right policies, these moments offer the chance to invest in better opportunities and outcomes for girls and women.

In too many countries, being born poor and female means a life sentence of inequality, oppression and poverty — and in too many cases is also a death sentence. A child born in Nigeria is more than 41 times more likely to die before their fifth birthday than a child born in Norway.⁶ For those children who do survive past their fifth birthday, access to education is an important indicator for thriving in the future. 93% of girls who are not enrolled in school in Mali will never attend.⁷ Globally, 62 million girls will be denied an education.⁸ Barriers to education mean that altogether there are half a billion women in the world who cannot read — two-thirds of the global illiterate population.⁹

The health and nutritional status of girls and women in the developing world is also poor. Some 45% of all mortality amongst children under the age of five is linked to malnutrition.¹⁰ Lack of access to good nutrition continues to plague girls as they move into adolescence and womanhood; more than 500 million women around the world are affected by anaemia, which is often caused by iron deficiency and can cause fatigue and lethargy and impair physical capacity and work performance.¹¹

Critical gaps persist in social and economic opportunities for men and women, and those gaps are more pronounced in poor countries. In too many places there are barriers

blocking women's access to quality paid work, from legal restrictions on employment to inadequate opportunities to lack of childcare. These barriers are keeping women out of the workforce: globally, only 50% of women participate in the labour market, compared with 77% of men.¹²

And yet when girls and women are given the same opportunities as their male counterparts, they can help lift everyone out of poverty more quickly. It is estimated that of the 865 million women worldwide who have the potential to contribute more fully in the labour force, 812 million live in emerging and developing nations.¹³ As more of these 812 million women have the opportunity to participate in the formal economy, they will reinvest their earnings into their families and communities, building human capital which will fuel future economic growth.

As technology plays an increasingly important role in the global economy, women must have equal access to the Internet, to other technology and to electricity. In the developing world, the gender gap in Internet usage is stark, with 16% fewer women than men going online.¹⁴ But organisations like the Women's Technology Empowerment Centre (WTEC) in Nigeria are working to close the gap by empowering women and girls to be confident in technology and use it for work and activism. To date, hundreds of girls have been introduced to the internet and technology through WTEC.

Until leaders tackle the injustices that pervade the lives of girls and women, and until policies and funding unlock the potential of women, half of the world's resources will remain untapped and progress — both social and economic — will be constrained. "Business as usual" is not good enough. Leaders must not be allowed to decide transformational agendas one year and then return to their old ways the next. 2016 is the year we start to hold leaders accountable for the SDGs they signed up for. For health and nutrition, the moments to act are this year. Things have to change.

20 TOUGHEST PLACES TO BE BORN A GIRL

18

Poverty is sexist. But where in the world is it toughest to be born a girl? The biggest determinants of a girl's chances in life include her health, nutrition, education, economic opportunities and participation in decision-making.

In order to best capture a glimpse of how these factors affect girls, ONE looked at a variety of indicators to create an index of the toughest countries in which to be born female. The index takes into account some of the biggest opportunities and threats a girl may face in her life:

1. **the potential economic opportunities for women based on GDP per capita;**
2. **the number of years girls attend school;**
3. **the percentage of women who have access to a bank account;**
4. **the proportion of women who have a paid job relative to men;**
5. **the prevalence of anaemia amongst women;**
6. **the likelihood of a woman dying during childbirth;**
7. **the proportion of parliamentarians who are women.**

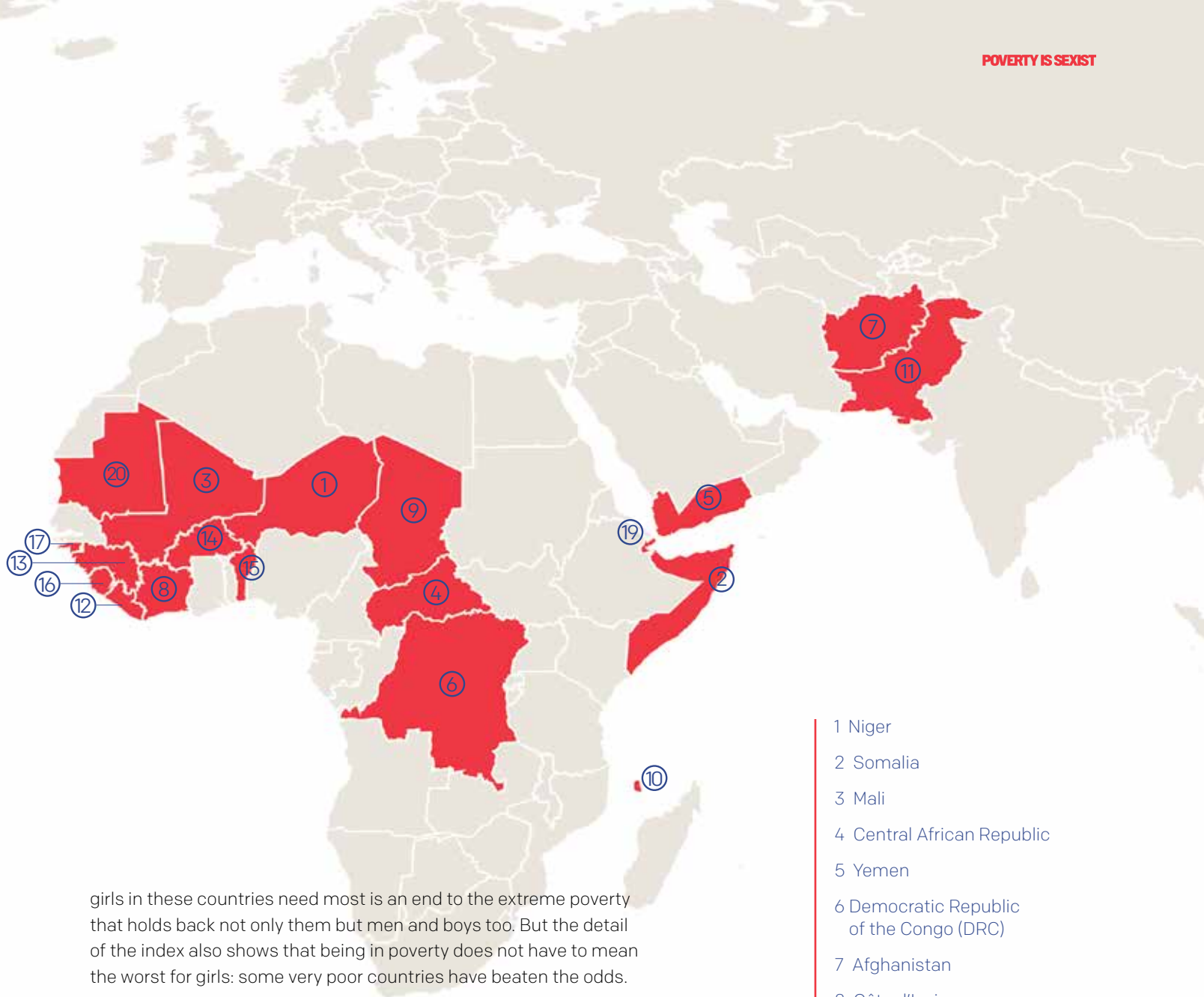
The index is not meant to be comprehensive and the lack of good data in these areas makes the task challenging. But this set of indicators can be seen as a reasonable guide

to a girl's chances in life, through her health and nutrition, education, economic opportunities and ability to participate in political life.

Using this approach, we find that the 20 toughest countries to be born a girl are among the poorest on the planet. Eighteen are classified by the United Nations as Least Developed Countries (LDCs), 13 are on the World Bank's list of 'Fragile Situations' and 12 fall into both those categories.

The country that tops our list, Niger, is a place where a girl can expect to have 16 months less schooling than her brother, a one in 20 chance of dying in childbirth and a one in four chance of delivering a baby that is underweight. In Niger only 2.6% of females aged 15 and over have a bank account, fewer than half of women are in paid employment and only 13% of members of the national parliament are women. Niger lies at the heart of Africa's Sahel region, which is home to a number of other countries on the list. The Sahel has suffered four food security crises in recent years (2005, 2008, 2010 and 2012) and is currently in drought again.

As ONE lays out in this report, being born female and in poverty is a double challenge, and the toughest places on the index seem to bear this out. Clearly, what women and



- 1 Niger
- 2 Somalia
- 3 Mali
- 4 Central African Republic
- 5 Yemen
- 6 Democratic Republic of the Congo (DRC)
- 7 Afghanistan
- 8 Côte d'Ivoire
- 9 Chad
- 10 Comoros
- 11 Pakistan
- 12 Liberia
- 13 Guinea
- 14 Burkina Faso
- 15 Benin
- 16 Sierra Leone
- 17 The Gambia
- 18 Haiti
- 19 Djibouti
- 20 Mauritania

girls in these countries need most is an end to the extreme poverty that holds back not only them but men and boys too. But the detail of the index also shows that being in poverty does not have to mean the worst for girls: some very poor countries have beaten the odds.

For example, Rwanda does not appear in this list. In fact, in a full list it would be in 75th place, between Georgia and Nicaragua. Based on these indicators, the potential for women to thrive in Rwanda seems so much higher than in Mali, despite the GDP per capita of the two countries being relatively comparable. Girls in Rwanda attend school on average for three years longer than girls in Mali, while Rwandan women are three times more likely to have an account at a financial institution and they are about two-and-a-half times less likely to die during childbirth than women in Mali.

It is unacceptable that a woman in Niger has a one in 20 chance in her lifetime of dying while giving birth. It is time to start talking about the challenges that girls and women around the world face. 2016 must be about advancing girls and women **everywhere**.

THE FULL METHODOLOGY, DATA SOURCES AND MORE ON THE DATA CHALLENGES FOR THIS INDEX CAN BE CONSULTED ONLINE AT: ONE.ORG/SEXIST

HOW POVERTY IS SEXIST / THE PATH FOR GIRLS

IN EVERY SINGLE WAY — socially, economically and politically — life is much harder for girls and women in the poorest countries compared both with their female counterparts in the developed world and their male counterparts in the developing world.

If poverty has its way, and is left alone without outside influence, it will dictate the path for a child even before they are born. This path diverges for boys and girls and it is more difficult for girls, particularly in developing countries.

The health of a child starts with the health of its mother before it is born. Malnourished mothers-to-be risk giving birth to children who will be unable to develop to their full physical or mental potential, because of a lack of nutrition while in the womb. If all pregnant women had access to all of the nutrition they needed, over 800,000 infant deaths could be averted every year.¹⁵

An estimated 20 million infants every year have a low birth weight, representing about 15% of all newborns.¹⁶ Without proper nutrition these children are more likely to suffer from stunting and malnourishment, the effects of which will follow them throughout their lives.

When it comes to education, we have seen progress in closing the gender gap; girls are almost as likely to go to primary school as their brothers.¹⁷ However, when it is time for secondary school the gap widens. In 2013, of the 268 million students enrolled in lower secondary school in developing countries, only 128 million were girls.¹⁸ There are many reasons why girls drop out of school at greater rates than boys: safety concerns, harassment, lack of appropriate

sanitation facilities and access to clean water, increased responsibility for household chores and — in many cases — because female education is culturally less valued. In a set of 10 countries around the world in 2013, all but one of them Least Developed Countries (LDCs), nine out of ten of the poorest young women had not completed school.¹⁹

When girls leave school early they are all too often subjected to early marriage often to much older men. UNICEF recently reported that one in three girls in developing countries will likely be married before the age of 18, and a startling one in nine before the age of 15.²⁰ Relationships between much older men and children as well as sexual violence increase girls' risk of contracting HIV. For example, intimate partner violence has the potential to increase the risk of HIV by 50%,²¹ due in large part to the fact that a high percentage of these experiences are with older men,²² who are more likely to be infected with HIV than younger men.²³ The consequences are dire: due to these and other related factors, in Africa in 2014, 74% of new HIV infections in adolescents (people aged 15-19) were among girls;²⁴ and for women of all ages across sub-Saharan Africa, there were 12,500 new HIV infections every week.²⁵

Beyond HIV, other health risks are also far greater for girls and women in the developing world. Women living in sub-

WOMEN SHOULD HAVE THE SAME OPPORTUNITIES AS MEN

Saharan Africa have a one-in-36 risk of dying in pregnancy or childbirth in their lifetime, compared with a one-in-4,900 chance in a developed country.²⁶ These averages also mask extreme differences: in Uganda a woman is 123 times more likely to die in childbirth than a woman in the United Kingdom, for instance.²⁷ Of all the stillbirths that occur in the world, 98% happen in low- and middle-income countries.²⁸

When it comes to economic opportunity, the gap between girls and their brothers is still too wide. Too many women in the developing world suffer from “time poverty”, often because of unpaid work. They are often responsible for the household chores: collecting firewood, cooking, looking after children, working small plots of land and in general running the family. Women and girls can spend up to five hours a day collecting fuel, and up to four hours a day cooking.²⁹ Research suggests that in sub-Saharan Africa women and girls in low-income countries spend 40 billion hours a year collecting water — the equivalent of a year’s worth of labour by the entire workforce in France.³⁰ Many women in the developing world spend the majority of their time on household responsibilities because they often lack access to electricity, modern cooking fuel and modern appliances, and because frequently the division of household tasks between men and women is unequal.

Women should have the same opportunities as men to engage in the workforce, and in social and political life. Attitudes, policies and laws all need to change so that the work done in the home and in the workplace can be more equally shared between women and men. Equality still remains far off. Globally, 50% of women participate in the labour market compared with 77% of men.³¹ When women are working, they are less likely to work full-time, and they

earn 10–30% less than men.³² Over 80% of women living in sub-Saharan Africa who are employed are in vulnerable employment compared with fewer than 10% of women in the developed world.³³ In too many places around the world there are still laws on the books that limit a woman’s ability to work.

Women also face unequal access to financial institutions and credit. Entrepreneurial women who own small and medium-sized businesses face a credit gap of roughly \$300 billion, curtailing their ability to access finance and grow their businesses.³⁴ In 2014, 90% of women in high-income countries had access to a financial institution, compared with just 19% of women living in low-income countries.³⁵ Women in low-income countries also have less access to financial institutions than their male counterparts, where 25% of men have access.³⁶

In sub-Saharan Africa, 45% fewer women than men have access to the Internet.³⁷ This limits their ability to engage in mobile banking, continue their education or find out information about health and healthcare online. The ability to access all these activities has a positive impact not only on the life of a woman, but also on her entire family.

Throughout life, the path for girls and women around the world is more difficult than it is for their male counterparts, and these difficulties are only magnified for females in the developing world. Without targeted interventions, the barriers that girls and women face will continue to trap them in a cycle of poverty. This is not acceptable.



INVESTING IN WOMEN AND GIRLS TO END EXTREME POVERTY

Investments targeted at improving the access of girls and women to quality healthcare, education, nutrition, economic opportunity, the Internet and financial institutions are urgently needed. Not only because all human beings should be treated with dignity and respect regardless of their gender, but because investing in women and girls is essential to ending extreme poverty.

Empowering women in the developing world with the ability and choices to improve their lot in life is what will ultimately break the cycle of poverty once and for all.

Investing in maternal health and nutrition benefits a woman and her children. In 2014, nearly three-quarters (73%) of pregnant women living with HIV globally received treatment to prevent transmission of the virus to their babies, up from just 1% in 2000.³⁸ With current approaches now able to reduce the risk of HIV transmission from mother to infant to below 5%,³⁹ the complete elimination of new HIV infections

among newborns is within reach. UNAIDS estimates that by fast-tracking investments between now and 2020, nearly 21 million deaths from HIV/AIDS and 28 million new HIV infections could be averted over the next 14 years, including nearly 6 million new infections in children.⁴⁰

Crucially, progress on driving down global infection rates will be faster if efforts are focused on young women and adolescent girls in low-income settings: every year, one in three adult women infected with HIV around the world is a young woman in Africa.⁴¹ However, investments in HIV/AIDS



LILLIAN UWIVUTAWULI
IS THE CO-FOUNDER OF THE RWANDAN
SOFTWARE DEVELOPMENT FIRM
M-AHWILI

programmes pay dividends: UNAIDS estimates that each dollar spent on life-saving programmes will bring a \$17 return on investment.⁴²

Focusing on women and girls can also help break the intergenerational cycle of malnutrition that keeps so many people living in extreme poverty. Well-nourished mothers give birth to healthy children, and healthy children have a better chance of achieving their full potential in life. Evidence suggests that when women have control over household finances, their children are likely to be better nourished.⁴³ Better educational opportunities are also linked with better nutritional outcomes; in developing countries nearly half of the reduction in hunger that occurred between 1970 and 1995 can be correlated with increases in women's education.⁴⁴

Increased educational opportunities pay economic dividends too. Ensuring that all students in low-income countries, including girls, leave school with basic reading skills could cut extreme poverty globally by as much as 12%.⁴⁵ If an additional 600 million women and girls gained access to the Internet in the next three years, GDP across 144 developing countries could be boosted by up to \$13–18 billion.⁴⁶

Investing in women and girls improves the status of families and communities, and this is why ONE believes that they

must be one of the primary focuses of action in 2016. One of the fastest ways we can accomplish the end of extreme poverty is by targeting investments towards women and girls, in addition to other issues of critical importance in the fight against extreme poverty. This year ONE is focused on two key political opportunities: the Nutrition for Growth II summit being held in Rio de Janeiro in August, where historic increases in new and additional money are needed to meet the gap in global nutrition funding, and the replenishment of the Global Fund to fight AIDS, Tuberculosis and Malaria, which is aiming to raise \$13 billion to fight these epidemics.



She has developed an app called Agro-Fiba, which creates an interface between agro-experts, farmers and cooperative facilitators and serves as an interactive, real-time and up-to-date channel providing advice on farming techniques and information about market opportunities, with easy access for farmers and farming cooperatives. She started the business with some of her friends while in their third year at the Kigali Institute of Science and Technology. She is also a member of a group of professional women who call themselves "Girls in ICT" and who are committed to encouraging girls and young women between the ages of 15 and 25 to pitch their ideas for apps and to compete for the "Miss Gig" award. Lilian is committed to using technology to improve the agriculture sector in Rwanda and to invest in the next generation of Rwandan girls interested in the tech sector. But not every girl has the opportunities that Lilian has had to take advantage of the Internet. Women account for half of the global population — yet 200 million fewer women than men have access to the Internet and in developing countries that gap is eight times greater than in developed countries.

SPOTLIGHT ON NUTRITION AND HEALTH IN 2016

NUTRITION

At the first Nutrition for Growth event in London in 2013, donors made an initial effort to increase their commitment to nutrition. Funds increased, but data gaps and difficulty in tracking investments mean that progress on the ground is difficult to measure. But we know what we need to do to stop malnutrition, and the cost of ending this scourge will be significant. For stunting alone we know that nearly \$50 billion will need to be raised over the next 10 years.⁴⁷ This August, the Brazilian government will host the second Nutrition for Growth Summit, offering the chance to raise the money needed to put an end to malnutrition, giving girls and women the boost they need to help end extreme poverty for all.

The importance of nutrition for human, social and economic development cannot be overestimated. The first 1,000 days between conception and the age of two are considered to be the most important in the life of a child: it is during this time that their physical and mental future can be unleashed, or brutally curtailed. If a mother-to-be in the developing world lacks access to the right nutrition, her children are born with life chances that are already cut short: their bodies often will not develop to their full potential and, crucially, neither will their brains. It is this silent — and in the case of mental

development — invisible impact that is robbing families, communities and entire economies of their potential.⁴⁸

The importance of nutrition continues after a child is born, and close attention to nutrition in the early years of a child's life is crucial. Malnutrition is the outcome of insufficient food intake (meaning hunger), inadequate food (lack of essential vitamins and minerals) and repeated infectious diseases, and it is the underlying cause of 45% of under-five child deaths.⁴⁹ Globally, one in four children under five years old is stunted (too short for their age), leaving them with diminished cognitive and physical development, reduced productive capacity and poor health for life.⁵⁰ Globally, 50 million children are wasted (too thin for their height), leaving them three times more likely to die than a healthy child.⁵¹ These figures are silent because the underlying and often hidden role of nutrition in early deaths has been, until fairly recently, poorly understood.

This means that women, especially potential mothers-to-be, are at the centre of the solution for future generations, because many of the problems of malnutrition start before pregnancy. Poor nutrition in adolescent girls increases the risks of stunting and of child and maternal mortality.⁵² Good nutrition is a basic right of every girl and woman, regardless of whether she goes on to have children.

Anaemia: Anaemia impairs the health and quality of life of hundreds of millions of girls and women and dramatically increases the risk of adverse maternal and neonatal outcomes. Half of all anaemia in women is due to iron deficiency — and the solution is iron and folic acid supplementation.^{53,54} However, in 2013 donors dedicated only \$76 million to nutrition-specific interventions for anaemia.⁵⁵



BREASTFEEDING IS A CHILD'S FIRST IMMUNISATION — AGAINST DEATH

Low Birth Weight: 20 million babies a year have a low birth weight, which can have both short- and long-term consequences, including mortality, poor mental development and increased risk of chronic diseases later in life. Because birth weight is simple to measure, it has been used to compare babies across populations. However, in sub-Saharan Africa fewer than half of infants are weighed at all at birth.⁵⁶ Differences in adolescent pregnancy rates, chronic maternal malnutrition, low pre-pregnancy body mass index, low weight gain during pregnancy and poor maternal height can all cause low birth weight in children.

Breastfeeding: Breastfeeding provides a child's first immunisation against death, disease and poverty, and also their most enduring investment in physical, cognitive and social capacity.⁵⁷ Increasing breastfeeding rates could

prevent 820,000 deaths of infants annually, nearly half of all diarrhoea episodes and one-third of all respiratory infections in low- and middle-income countries.⁵⁸ It is a designer medicine, offering a protective effect against obesity and other non-communicable diseases (NCDs) later in life. Even with these positive effects, however, only 38% of infants worldwide are exclusively breastfed in the first six months of life.⁵⁹ Infants who are not exclusively breastfed during this time period are six times more likely to die in those first six months of life.⁶⁰ The solutions are cost-effective, accurate information being one of the most important, along with political will, training of healthcare workers, policies to ensure maternity protection and health and maternity services. Women are 2.5 times more likely to breastfeed where breastfeeding is protected, promoted and supported.⁶¹

VERONICA GOMEZ

is a breastfeeding programme manager for the Ghana national breastfeeding policy. She runs a programme that teaches new mothers proper breastfeeding techniques. Traditionally, many mothers did not exclusively breastfeed in the first six months, but supplemented with water, sugar water, and other concoctions which often caused diarrhoea, respiratory infections and other life threatening problems. Ghana's Health Services have initiated programs to encourage breastfeeding within one hour of birth and exclusive breastfeeding for the first six months of life. When asked about the benefits of breastfeeding Veronica said, "There are less problems... the government now spends less money to treat such babies, who otherwise would be having diarrhoea and other problems". Breast milk is considered perfect nutrition for newborns, and babies who are exclusively breastfed are healthier and smarter than those who are not.

SPOTLIGHT ON NUTRITION AND HEALTH IN 2016

HEALTH

In too many countries, women are far too often unable to get the care they need due to financial barriers, cultural attitudes or the distant location of healthcare facilities.⁶² In many sub-Saharan African countries, over half of young women report not having a final say in critical healthcare choices, which can have devastating consequences for their health and well-being.⁶³

Every day preventable causes related to pregnancy and childbirth take the lives of 830 women around the world,

many of whom are still in adolescence. Of all maternal deaths, 99% occur in developing countries.⁶⁴ A recent study published in *The Lancet* found that, at current rates of progress, women in sub-Saharan Africa will have to wait more than 160 years before they have the same chances as women in rich countries of their babies being born alive.⁶⁵ Women in the developing world should not have to wait this long for the same quality of healthcare as their counterparts in richer countries.

Maternal mortality is not the only adverse health event that falls disproportionately on women in the developing world. Chronic NCDs such as cancer, stroke, diabetes and mental health disorders now represent the primary cause of death and disability for women around the world. However, as with maternal mortality, the likelihood of dying from an NCD is significantly greater for women living in developing countries. Age-standardised NCD death rates amongst women in Ethiopia and the Democratic Republic of the Congo, for instance, are four times higher than they are in Australia.⁶⁶

Health systems strengthening: The recent Ebola crisis highlighted the need to strengthen health systems in developing countries to better cope with outbreaks of infectious diseases. Since the Ebola outbreak in Liberia, antenatal visits and institutional deliveries have decreased by 40% and 37% respectively, leading to significant increases in preventable maternal deaths.⁶⁷ Epidemics leave women and children more vulnerable. A study by Save the Children found that vulnerable girls, particularly those who had lost relatives to Ebola, were being forced into





transactional sex.⁶⁸ In parts of Sierra Leone, the teenage pregnancy rate has increased by 65%.⁶⁹

HIV/AIDS: HIV/AIDS disproportionately affects women and girls. A lack of legal protections and the prevalence of child marriage often put young girls in situations where their risk of contracting HIV is high. Compared with older women, adolescent girls and young women are at greater risk of experiencing physical and sexual abuse. Globally, 120 million girls — one in 10 — are raped or sexually attacked by the age of 20, and in some settings almost half of adolescent girls report that their first experience of sex was forced.⁷⁰ As noted earlier, intimate partner violence has the potential to increase the risk of HIV by 50%,⁷¹ due in large part to the fact that a high percentage of these experiences are with older men,⁷² who are more likely to be infected with HIV than younger men.⁷³

Malaria and TB: In sub-Saharan Africa, around 20% of stillbirths are associated with malaria in pregnancy.⁷⁴ Those most susceptible to malaria are children under five years of age and pregnant women — groups who have little or reduced immunity to the disease. An estimated 269 million people in sub-Saharan Africa still live in households without a single insecticide-treated bed net, and about 15 million pregnant women remain without access to preventative treatment for malaria.⁷⁵ About 60% of TB cases and deaths occur among men, but the burden of the disease is also high among women. In 2014, an estimated 480,000 women died as a result of TB, nearly one-third of whom were HIV-positive.⁷⁶ Smart investments to make headway against these two diseases will need to be gender-specific.⁷⁷

MARY
FOUND OUT
SHE WAS
HIV POSITIVE
DURING HER
FIRST PREGNANCY

This news was devastating, and she struggled with sadness and despair. As she came to accept her diagnosis, she sought out access to services to ensure that her child was born HIV-free. Enter Grace, a Community Health Volunteer who provided Mary with counselling and also made sure she had the anti-retroviral medicines she needed, and that she took them as required. Because of these lifesaving drugs Mary is now the proud mother of 3 healthy HIV-free children. Mary and Grace live in Nakuru County, a rural area of Kenya where nearly 6% of the population is living with HIV/AIDS. This translates to nearly 50,000 adults and 8,000 children, but only about 27% of those people are seeking treatment. Mother-to-child transmission of HIV is preventable and treatment costs as little as 40 cents a day.

WHAT WE NEED IN 2016

This is the year in which the world must deliver on the historic commitments it made during 2015. If civil society pulls together, governments deliver and the private sector provides targeted, strategic investments, we will be one step closer to reaching the end of extreme poverty and the girls and women that will help us get there.

1.

NUTRITION

Governments must commit historic increases in additional funding at the Nutrition for Growth II summit in Rio, and must adopt policies to strengthen data, improve accountability and build global leadership on nutrition.

2.

GLOBAL FUND

Global Fund contributors must raise at least \$13 billion to fight HIV/AIDS, TB and malaria at this year's replenishment round.

3.

LEGAL EQUALITY

All governments must repeal any laws that discriminate against women; and laws that protect the legal, economic and social rights of girls and women — including the right to decide whether and when to marry — must be passed.

4.

WOMEN'S RIGHTS

African Union member states need to prioritise women's rights as part of Africa's Agenda 2063 and in order to deliver on existing AU commitments.⁷⁸

5.

CONNECTIVITY

Girls and women living in the places that are hardest to reach should be connected to the Internet, and should have the appropriate education, technology, access to finance and job opportunities. Reaching girls and women will help to ensure access for all. ONE will launch a report on connectivity for the poorest later in 2016.

6.

ENERGY ACCESS

Efforts to increase access to safe and reliable energy for everyone must continue to be a priority. Innovative financing to bring in the private sector must be combined with regulatory reforms, and support must be given to programmes such as the African Development Bank (AfDB)'s New Deal on Energy for Africa and the UN's Sustainable Energy For All Initiative, which are aiming to bring power to the world's poorest people.

7.

DATA REVOLUTION

Governments, businesses and civil society must open up their own data, guarantee that all data is gender-disaggregated (including for the SDG indicators), invest in open data and support national statistical systems.

8.

GENDER INVESTMENTS

The IDA and the AfDB should be fully funded by governments, and both should deliver increased funding targeted at girls and women in order to catalyse the fight against poverty, including through priority areas such as energy, infrastructure and connectivity. Gender markers, to identify whether funding is gender-sensitive, should be introduced by all development finance institutions and delivery organisations.

9.

TRACKING GENDER PROGRESS

ONE commits to work closely with partners to produce a major new accountability exercise each year leveraging international women's day (IWD) to assess progress made for women and girls through the SDGs by governments, businesses and civil society.

16.

DIPLOMATIC PRESSURE

Governments should use political and economic means to pressure partners to deliver on equality for girls and women in the fight against extreme poverty.

KEY DATES FOR ACTION TO SUPPORT GIRLS AND WOMEN

ONE's Poverty is Sexist campaign will launch on International Women's Day, 8 March 2016, and will run throughout the year. ONE will work in close partnership with organisations engaged on thematic issues, and on gender, to make sure that investments targeted towards girls and women deliver the empowerment and equality needed.

2016

8 March

INTERNATIONAL WOMEN'S DAY AND LAUNCH OF POVERTY IS SEXIST CAMPAIGN

ONE commits to work closely with partners to produce a major new accountability exercise each year leveraging international women's day (IWD) to assess progress made for women and girls through the SDGs by governments, businesses and civil society.

14–24 March

COMMISSION ON THE STATUS OF WOMEN

NEW YORK, UNITED STATES

15–17 April

WORLD BANK SPRING MEETINGS

WASHINGTON, DC, UNITED STATES

11–13 May

WORLD ECONOMIC FORUM AFRICA

KIGALI, RWANDA

Mid-May

INTERNATIONAL ANTI-CORRUPTION SUMMIT

LONDON, UK

16–19 May

WOMEN DELIVER CONFERENCE

COPENHAGEN, DENMARK

23–28 May

69TH WORLD HEALTH ASSEMBLY

GENEVA, SWITZERLAND

26–27 May

G7

TOKYO, JAPAN

8–10 June

UN HIGH LEVEL MEETING ON AIDS

NEW YORK, UNITED STATES

11-20 July

**UN HIGH-LEVEL POLITICAL FORUM
ON SUSTAINABLE DEVELOPMENT**
NEW YORK, UNITED STATES

17-22 July

INTERNATIONAL AIDS CONFERENCE
DURBAN, SOUTH AFRICA

4 August

NUTRITION FOR GROWTH II SUMMIT
RIO DE JANEIRO, BRAZIL

5-21 August

OLYMPIC GAMES
BRAZIL

4-5 September

G20
HANGZHOU, CHINA

13-26 September

71ST SESSION OF THE UN GENERAL ASSEMBLY
NEW YORK, UNITED STATES

7-9 October

WORLD BANK ANNUAL MEETINGS
WASHINGTON, DC, UNITED STATES

11 October

INTERNATIONAL DAY OF THE GIRL CHILD

16 October

WORLD FOOD DAY

17 October

**INTERNATIONAL DAY FOR
THE ERADICATION OF POVERTY**

Autumn 2016

FIFTH GLOBAL FUND REPLENISHMENT

Autumn 2016

WORLD ASSEMBLY FOR WOMEN
TOKYO, JAPAN

25 November

**INTERNATIONAL DAY FOR
THE ELIMINATION OF VIOLENCE
AGAINST WOMEN**

December

IDA AND ADF REPLENISHMENTS CONCLUDE

1 December

WORLD AIDS DAY

BACKGROUND

ON NUTRITION, THE GLOBAL FUND, IDA AND THE ADF, AND INTERNET CONNECTIVITY

Nutrition: Despite the importance of nutrition, the sector is vastly underfunded: basic nutrition represents less than 1% of official development assistance (ODA),⁷⁹ despite the malignant effects of malnutrition.⁸⁰ In August 2016, Brazil will be hosting the second Nutrition for Growth Summit, where world leaders must commit to putting girls and women at the centre of development efforts. Nutrition provides a great return on investment for developing countries: for every \$1 invested in nutrition, the returns are \$16.⁸¹ Rio offers a moment when the institutions that deliver nutrition around the world can be rebooted and funds for this crucial cause can be raised. Governments around the world must step up to fully fund both of these important development initiatives. Fully funding their pledges to both the Global Fund and Nutrition for Growth is essential to helping women and girls achieve the health and well-being needed to close the gender gap, particularly in the developing world.

The Global Fund to Fight AIDS, Tuberculosis and Malaria is the single largest funder of the fight against TB and malaria. Its strategy for 2012–16 specifically seeks to maximise investments to improve the health of mothers and children, and it is increasingly targeting its funding towards programmes that invest in women and girls. This year the Global Fund is aiming to complete a \$13 billion replenishment over the next three years; if achieved, this will be one of the world's first big down-payments on the SDGs for health and will bend the curve of these epidemics towards their defeat by 2030. We cannot simply maintain the status quo. If this \$13 billion is raised, it will save up to 8 million lives, avert up to 300 million new infections of HIV/AIDS, TB and malaria and lead to broad economic gains of up to \$290 billion over the coming decades, while benefiting women and girls in particular.⁸²

The World Bank's International Development Association (IDA) and the AfDB's African Development Fund (ADF) are two of the largest sources of multilateral assistance for Africa's poorest countries, and both

are hosting replenishments in 2016. These funds are essential to ending extreme poverty, and they must put women and girls at the heart of this fight. Governments across the world have an opportunity to close gender gaps and promote equality by agreeing to strong policy commitments on gender, including improving access to quality health services, education and nutritious food; advancing economic opportunities for women; and investing in statistical capacity to collect more data and produce high-quality, sex-disaggregated statistics in a timely manner.

Internet Connectivity: When people have access to the tools and knowledge of the internet, they have access to opportunities that make life better. Internet access is a force multiplier in providing people with the tools they need to further their education, engage with their governments, and create new business opportunities. However, almost 60% of the people on the planet do not have access to the Internet, and most of these are women and girls.⁸³ The gender gap in internet connectivity is more pronounced in the developing world, where 16% fewer women than men use the internet, compared with only 2% fewer women than men in the developed world.⁸⁴ In nine developing countries surveyed by the World Wide Web Foundation in 2015, nearly all women and men owned a phone, yet women were still nearly 50% less likely to access the Internet than men in the same age group with similar levels of education and household income.⁸⁵ However, despite low access rates, the digital economy is already opening up opportunities for women in the developing world that did not exist before. For example, 44% of users of Elance, a global platform for online work, are women; and four in 10 online shop owners on Alibaba, a Chinese owned e-commerce platform, are women.⁸⁶ ONE partnered with Facebook last September as the UN General Assembly was adopting the SDGs to raise awareness about how internet access is essential for achieving the goals, and launched a Connectivity Declaration calling for universal Internet access; to date nearly 15,000 people have signed the Declaration.

WHEN WE END POVERTY
FOR WOMEN,
WE END POVERTY FOR
EVERYONE.



ENDNOTES

1. United States Agency for International Development (USAID). Let Girls Learn Initiative. <https://www.usaid.gov/letgirlslearn>
2. World Bank, 2016, "Women, Business and the Law 2016", *World Bank, Washington, D.C.* <http://wbl.worldbank.org/~media/WBG/WBL/Documents/Reports/2016/Women-Business-and-the-Law-2016.pdf>
3. United Nations Programme on HIV/AIDS, African Union Commission, June, 2015, *Empower Young Women and Adolescent Girls: Fast-Tracking the end of the Aids Epidemic in Africa, UNAIDS/AU, Geneva*, http://www.unaids.org/sites/default/files/media_asset/JC2746_en.pdf
4. World Health Organization. 2015. "The Global Prevalence of Anaemia in 2011" *WHO Geneva*. http://www.who.int/nutrition/publications/micronutrients/global_prevalence_anaemia_2011/en/
5. World Health Organization. 2016. "Micronutrient deficiencies: Iron deficiency anaemia" *WHO Geneva*, <http://www.who.int/nutrition/topics/ida/en/>
6. World Bank, World DataBank. <http://databank.worldbank.org/data/reports.aspx?source=2&country=ALB&series=&period=>
7. UNESCO, Institute for Statistics. <http://www.uis.unesco.org/gallery/Pages/Default.aspx?SPSLanguage=EN#>
8. United States Agency for International Development (USAID). Let Girls Learn Initiative. <https://www.usaid.gov/letgirlslearn>
9. UNESCO. 2015. "International Literacy Day 2015". <http://www.uis.unesco.org/literacy/Pages/literacy-day-2015.aspx>
10. World Health Organisation. 2016. "Fact Sheet: Children: Reducing Mortality". *WHO Geneva* <http://www.who.int/mediacentre/factsheets/fs178/en/>
11. World Health Organization. 2015. "The Global Prevalence of Anemia in 2011". WHO: Geneva. http://www.who.int/nutrition/publications/micronutrients/global_prevalence_anaemia_2011/en/
12. T. Khokhar and H. Maeda. 2016. "Four charts on gender gaps we still need to close". *The World Bank Data Blog*, <http://blogs.worldbank.org/opendata/four-charts-gender-gaps-we-still-need-close>
13. Elborgh-Woytek, K, et al. 2013. "Women, Work, and the Economy: Macroeconomic Gains from Gender Equity". International Monetary Fund <https://www.imf.org/external/pubs/ft/sdn/2013/sdn1310.pdf>
14. International Telecommunication Union. 2013. "The World in 2013: ICT Facts and Figures". <https://www.itu.int/en/ITU-D/Statistics/Documents/facts/ICTFactsFigures2013-e.pdf>
15. R.E. Black et al. 2013. "Maternal and child nutrition: building momentum for impact". *The Lancet*. [http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(13\)60988-5.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(13)60988-5.pdf)
16. World Health Organization, 2014, "Low Birth Weight Policy Brief", WHO Geneva, http://www.who.int/nutrition/topics/globaltargets_lowbirthweight_policybrief.pdf
17. World Bank, World DataBank. "Gross enrolment ratio, primary, gender parity index for LDC countries". <http://databank.worldbank.org/data/reports.aspx?source=2&Topic=4>
18. UNESCO, Institute for Statistics Database. http://data.uis.unesco.org/Index.aspx?DataSetCode=EDULIT_DS&populcustomise=true&lang=en
19. UNESCO. 2013. "Education for All Global Monitoring Report: Girls' education — the facts." <http://en.unesco.org/gem-report/sites/gem-report/files/girls-factsheet-en.pdf>. The 10 countries highlighted were: Somalia, Niger, Mali, Guinea, Guinea-Bissau, Yemen, Central African Republic, Burkina Faso, Pakistan and Benin.
20. United Nations Population Fund. 2012. "Marrying Too Young: End Child Marriage". UNFPA: New York. www.unfpa.org/sites/default/files/pub-pdf/MarryingTooYoung.pdf
21. UNAIDS. 2015. "How AIDS Changed Everything: MDG 6-15 Years, 15 Lessons of Hope from the AIDS Response", op. cit.
22. amFAR: The Foundation for AIDS Research. 2015. "Women and HIV/AIDS: Fast-Tracking the U.S. and Global Response". Capitol Hill Conference. <http://www.amfar.org/amfarconference-women-and-hiv-aids/>
23. United Nations Programme on HIV/AIDS, July, 2015, *How AIDS Changed Everything: MDG 6 – 15 Years, 15 Lessons of Hope from the AIDS Response*, UNAIDS, Geneva, http://www.unaids.org/sites/default/files/media_asset/MDG6Report_en.pdf.
24. United Nations Programme on HIV/AIDS, African Union Commission, June, 2015, *Empower Young Women and Adolescent Girls: Fast-Tracking the end of the Aids Epidemic in Africa*, UNAIDS/AU op. cit.
25. United Nations Programme on HIV/AIDS, July, 2015, *How AIDS Changed Everything: MDG 6 – 15 Years, 15 Lessons of Hope from the AIDS Response*, UNAIDS, Geneva, http://www.unaids.org/sites/default/files/media_asset/MDG6Report_en.pdf. ONE calculations based on UNAIDS data
26. WHO, UNICEF, UNFPA, World Bank Group, United Nations Population Division. 2015. "Trends in Maternal Mortality: 1990 to 2015". WHO: Geneva. http://apps.who.int/iris/bitstream/10665/194254/1/9789241565141_eng.pdf?ua=1
27. World Bank, World DataBank. databank.worldbank.org/data/reports.aspx?source=2&Topic=4
28. J. Froen, et. al. "The Lancet's Series: Ending preventable stillbirths". *The Lancet*. <http://www.thelancet.com/pb/assets/raw/Lancet/stories/series/stillbirths2016-exec-summm.pdf>
29. UN Food and Agriculture Organization. "Women Feed the World". FAO: Rome. <http://www.fao.org/docrep/x0262e/x0262e16.htm>
30. UNDESA. "International Decade of Action, 'Water for Life' 2005–2015". <http://www.un.org/waterforlifedecade/gender.shtml>
31. T. Khokhar and H. Maeda. 2016. "Four Charts on gender gaps we still need to close", op. cit.
32. World Bank Group. 2016. "Gender Equality, Poverty Reduction, and Inclusive Growth: 2016–2033 Gender Strategy". http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2016/02/10/090224b084164057/2_0/Rendered/PDF/World0Bank0Gro0and0inclusive0growth.pdf
33. United Nations. 2015. "Millennium Development Goals: Gender Chart" *UN, New York*, http://mdgs.un.org/unsd/mdg/Resources/Static/Products/Progress2015/Gender_Chart_Web.pdf
34. International Finance Corporation. 2014. "Women-Owned SMEs: A Business Opportunity for Financial Institutions". IFC, Washington. <http://www.ifc.org/wps/wcm/connect/b229bb004322efde9814fc384c61d9f7/WomenOwnedSMEs+Report-Final.pdf?MOD=AJPERES>
35. T. Khokhar and H. Maeda. 2016. "Four Charts on gender gaps we still need to close", op. cit.
36. Ibid.
37. Intel, 2012, "Women and the Web". <https://newsroom.intel.com/news-releases/intel-announces-groundbreaking-women-and-the-web-report-with-un-women-and-state-department/>
38. United Nations Programme on HIV/AIDS, July, 2015, *How AIDS Changed Everything: MDG 6 – 15 Years, 15 Lessons of Hope from the AIDS Response*, UNAIDS, Geneva, http://www.unaids.org/sites/default/files/media_asset/MDG6Report_en.pdf
39. World Health Organization, 2015, *Mother to Child Transmission of HIV/AIDS*, WHO Geneva, <http://www.who.int/hiv/topics/mtct/en/>.
40. UNAIDS. 2014. "Fast-Track: Ending the AIDS Epidemic by 2030". UNAIDS: Geneva. http://www.unaids.org/sites/default/files/media_asset/JC2686_WAD2014report_en.pdf
41. United Nations Programme on HIV/AIDS, July, 2015, *How AIDS Changed Everything: MDG 6 – 15 Years, 15 Lessons of Hope from the AIDS Response*, UNAIDS, Geneva, op. cit
42. Ibid.

43. L. Rubalcava et al. 2008. "Investments, time preferences and public transfers paid to women". *Economic Development and Cultural Change*, Vol. 57, No. 3, pp.507-538. <https://scholars.duke.edu/display/pub802127>
44. L.C. Smith and L. Haddad. 2000. "Explaining child malnutrition in developing countries: A cross-country analysis". *Research Report 111*, IFPRI: Washington, DC. <http://www.ifpri.org/publication/explaining-child-malnutrition-developing-countries-0>
45. UNESCO. 2014. "Education for All: Global Monitoring Report 2013/14". <http://unesdoc.unesco.org/images/0022/002256/225660e.pdf>
46. USAID. "Closing the Digital Gender Gap". https://www.usaid.gov/sites/default/files/closing_the_digital_gender_gap.pdf
47. The World Bank Group, Results for Development, 1,000 Days, the Children's Investment Fund Foundation (CIFF), the Bill and Melinda Gates Foundation, 2015, "Reaching the Global Target to Reduce Stunting: How Much Will it Cost and How can We Pay for it?" <http://thousanddays.org/tdays-content/uploads/Stunting-Costing-and-Financing-Overview-Brief.pdf>
48. R. Martorell and A. Zongrone. 2012. "Intergenerational influences on child growth and undernutrition". *Paediatric and Perinatal Epidemiology* 2012, 26:302S.
49. R.E. Black et al. 2013. "Maternal and child nutrition: building momentum for impact", op. cit.
50. IFPRI. 2014. "Global Nutrition Report: 2014 Nutrition Country Profile", op. cit.
51. International Food Policy Research Institute. 2015. "2015 Nutrition Profile: Global" IFPRI. Washington, DC. <http://ebrary.ifpri.org/utils/getfile/collection/p15738coll2/id/130134/filename/130345.pdf>
52. R. Martorell and A. Zongrone. 2012. "Intergenerational influences on child growth and undernutrition", op. cit.
53. World Health Organization, 2014, "Global Nutrition Targets 2025: Anaemia Policy Brief" WHO Geneva, http://apps.who.int/iris/bitstream/10665/148556/1/WHO_NMH_NHD_14.4_eng.pdf?ua=1
54. Noting that solutions in malaria-endemic areas should also include measures to prevent, diagnose and treat malaria.
55. Analysis by Results for Development (R4D), based on OECD data (2013).
56. WHO. 2013. "Global Nutrition targets 2025: Low birth weight policy brief". WHO: Geneva. http://www.who.int/nutrition/publications/globaltargets2025_policybrief_lbwn/en/
57. K. Hansen. 2016. "Breastfeeding: a smart investment in people and in economies". *The Lancet Breastfeeding Series*, "Comment". [http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(16\)00012-X.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(16)00012-X.pdf)
58. Ibid.
59. WHO. 2014. "Global Nutrition Targets 2025: Breastfeeding policy brief". WHO: Geneva. http://www.who.int/nutrition/publications/globaltargets2025_policybrief_breastfeeding/en/
60. Ibid.
61. K. Hansen. 2016. "Breastfeeding: a smart investment in people and in economies". *The Lancet Breastfeeding Series*, "Comment". [http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(16\)00012-X.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(16)00012-X.pdf)
62. UN Women. 2015. "Making Health Services Work for Women". <http://www2.unwomen.org/~media/headquarters/attachments/sections/library/publications/2015/poww-2015-factsheet-health-en.pdf?v=1&d=20151023T211421>
63. UNAIDS. 2015. "How AIDS Changed Everything: MDG 6: 15 Years, 15 Lessons of Hope from the AIDS Response". UNAIDS: Geneva. http://www.unaids.org/sites/default/files/media_asset/MDG6Report_en.pdf
64. WHO. 2015. "Fact sheet: Maternal mortality". WHO: Geneva. <http://www.who.int/mediacentre/factsheets/fs348/en/>
65. J.E. Lawn et al. 2016. "Stillbirths: rates, risk factors, and acceleration towards 2030". *The Lancet*. [http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(15\)00837-5.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(15)00837-5.pdf)
66. Institute for Health Metrics and Evaluation (IHME), "Global Burden of Disease: Visualization Hub", <http://vizhub.healthdata.org/gbd-compare/>.
67. United Nations, World Bank Group, European Union, and the African Development Bank. 2015. "Recovering from the Ebola Crisis". UNDP. New York. http://reliefweb.int/sites/reliefweb.int/files/resources/Recovering%20from%20the%20Ebola%20Crisis-Full-Report-Final_Eng-web-version.pdf
68. Save the Children. 2015. "Children Report Increased Exploitation, Teenage Pregnancies in Ebola-Affected Sierra Leone". <http://www.savethechildren.org/site/apps/nlnet/content2.aspx?c=8rKLIXMGiPl4E&b=9241341&ct=14736265¬oc=1>
69. Irish Aid/UNDP. 2015. "Assessing Sexual and Gender Based Violence during the Ebola Crisis in Sierra Leone". http://www.sl.undp.org/content/sierraleone/en/home/library/crisis_prevention_and_recovery/assessing-sexual-and-gender-based-violence-during-the-ebola-cris.html
70. UNAIDS and the African Union. "Empower Young Women and Adolescent Girls: Fast-Tracking the End of the AIDS Epidemic in Africa". http://www.unaids.org/sites/default/files/media_asset/JC2746_en.pdf
71. UNAIDS. 2015. "How AIDS Changed Everything: MDG 6-15 Years, 15 Lessons of Hope from the AIDS Response", op. cit.
72. amFAR: The Foundation for AIDS Research. 2015. "Women and HIV/AIDS: Fast-Tracking the U.S. and Global Response". Capitol Hill Conference. <http://www.amfar.org/amfarconference-women-and-hiv-aids/>
73. United Nations Programme on HIV/AIDS, July, 2015, *How AIDS Changed Everything: MDG 6 – 15 Years, 15 Lessons of Hope from the AIDS Response*, UNAIDS, Geneva, http://www.unaids.org/sites/default/files/media_asset/MDG6Report_en.pdf
74. L. Debernis et al. 2016 "Stillbirths: ending preventable deaths by 2030" *The Lancet*, [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(15\)00954-X/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)00954-X/fulltext)
75. WHO Global Malaria Programme. 2015. "World Malaria Report 2015". WHO: Geneva. <http://www.who.int/malaria/publications/world-malaria-report-2015/wmr2015-without-profiles.pdf?ua=1>
76. WHO. 2015. "Global Tuberculosis Report 2015". WHO: Geneva. http://apps.who.int/iris/bitstream/10665/191102/1/9789241565059_eng.pdf?ua=1
77. Global Fund to Fight AIDS, Tuberculosis and Malaria. 2015. "Women & Girls". The Global Fund: Geneva. <http://www.theglobalfund.org/en/womengirls/>
78. African Union. 2016. "The Future we want for Africa: Agenda 2063" <http://agenda2063.au.int/>
79. "This only includes Nutrition specific spending under the DAC code 'Basic Nutrition' and not 'Nutrition Sensitive' spending that isn't tracked by the OECD DAC.
80. Organisation for Economic Co-operation and Development. Nutrition Database. www.stats.oecd.org
81. Independent Expert Group. 2015. "Global Nutrition Report: Actions and Accountability to Advance Nutrition and Sustainable Development". International Food Policy Research Institute, Washington, DC. <http://ebrary.ifpri.org/utils/getfile/collection/p15738coll2/id/129443/filename/129654.pdf>
82. The Global Fund. 2015. "Investment Case for the Global Fund's 2017-2019 Replenishment: The Right Side of the Tipping Point for AIDS, Tuberculosis and Malaria". The Global Fund: Geneva. <http://www.theglobalfund.org/en/search/?q=right+side+of+the+tipping+point>
83. Alliance 4 Affordable Internet. "The 2014 Affordability Report" http://a4ai.org/affordability-report/report/2014/#executive_summary
84. International Telecommunications Union. 2013 "The world in 2013, ICT facts and figures" <http://www.itu.int/en/ITU-D/Statistics/Pages/facts/default.aspx>
85. The World Wide Web Foundation. 2015. "Women's Rights Online - Translating Access into Empowerment" <http://webfoundation.org/wp-content/uploads/2015/10/womens-rights-online21102015.pdf>. The nine countries are: Cameroon, Columbia, India, Indonesia, Kenya, Mozambique, Nigeria, Philippines and Uganda.
86. The World Bank Group, 2016. "World Development Report 2016: Digital Dividends." <http://www.worldbank.org/en/publication/wdr2016>

This report went to print on 2 March 2016. The information it contains was, to the best of our knowledge, current up to this date. We acknowledge that events that occurred after this point may mean that some of the information in this report is out of date.

"I AM NOT F
WHILE A

EVEN WHEN
HER
ARE VERU DI

FREE
ANY WOMAN
IS UNFREE,
SHACKLES
DIFFERENT
FROM MY OWN."

— AUDRE LORDE

ONE.ORG

ABUJA / BERLIN / BRUSSELS / JOHANNESBURG / LONDON / NEW YORK / OTTAWA / PARIS / WASHINGTON, DC