Lessons Without Borders:

Local Problems, Global Solutions

Americans are beginning to recognize that U.S. foreign economic and humanitarian assistance works to tackle major environmental, social and economic problems abroad before they pose more serious threats to the United States. Many of the lessons the United States has learned overseas can be applied to help solve some of America's domestic problems. This sharing of expertise and knowledge is a winning proposition for all.

In agriculture, in health, in businesses large and small, in research and in building better communities, there is much the United States can learn from its foreign assistance programs.

The U.S. Agency for International Development (USAID) leads the U.S. effort to carry out development programs abroad. And the agency is working closely with community leaders nationwide in an effort to share solutions to problems that know no borders.

Cairo to California

"There is nothing like a developing country as a crucible for forcing the development and implementation of cost-effective medical treatment," noted pediatrician Julius Goepp has said.

In developing countries, 40,000 children die each day – 28 every minute – the victims of malnutrition and frequent illnesses. In many developing areas, 25 percent of all children die before reaching their fifth birthday.

Child survival is not an issue exclusive to developing countries. The United States has one of the highest infant mortality rates of the industrialized nations. Some low-income neighborhoods in America have infant mortality rates comparable to those in the developing world. In the last few years, it has become clear that simple and inexpensive methods can be effective in saving many of these children's lives.

Breastfeeding is one such method. Exclusively breastfed infants are half as likely to become ill and are 25 times less likely to die of diarrhea during the first six months of life than those fed substitute formulas.

Despite the fact that breastmilk, with its balance of nutrients, is the ideal food for an infant's health, there has been a dramatic decline in the number of urban mothers in the developing world who practice breastfeeding. At the same time, infant and child feeding practices have deteriorated worldwide.

This decline in both the incidence and duration of breastfeeding reported in developing nations since the 1970s is a major concern. USAID works to reverse the trend away from breastfeeding by educating health care professionals, many of whom are still unaware of the benefits of breastfeeding and have minimal professional commitment to it.

Since 1983, USAID-funded Wellstart International in San Diego, Calif., has been educating teams of doctors, nurses and nutritionists about the benefits of breastfeeding and training them in the practical aspects of lactation. The course includes classroom and clinical training to improve knowledge in the science and management of lactation. Courses are offered in English, Spanish, French and Russian.

Wellstart also provides participants with an individualized set of teaching and reference materials to establish their own country programs for training health care providers in lactation management. But the learning does not end when the participants leave San Diego. Wellstart provides in-country technical assistance, fellowships and continuing education through quarterly mailings of selected journal article reprints.

Based on the success of Wellstart's international program, the U.S. Department of Health and Human Services requested that Wellstart develop a regional training program in the United States. Multidisciplinary teams from across the country have participated in Wellstart's lactation management education program designed specifically for the needs of domestic participants.

For more information, contact USAID's Office of Nutrition.

Mali to Manhattan

A joint program by the University of Rochester's School of Medicine and Dentistry, Columbia University's School of Public Health and the Malian National Medical School is attempting to improve child immunization levels among disadvantaged populations in urban and rural Mali and the United States.

Infant mortality rates in Mali are among the highest in the world; over two-thirds of childhood deaths in Mali could be prevented by vaccination. The vaccination rate for measles, a major cause of child death in Mali, is only 47 percent for children under 2.

In the United States, the median immunization rate for children 2 and under is only 57 percent. For children of color, the United States ranks 56th in immunization in the world. In recent years, several U.S. cities have experienced measles outbreaks. In 1990, only half of New York City's 2-year-olds had been vaccinated against measles, and in Rochester, N.Y., the immunization rate against measles for inner-city children in that age group was 39 percent.

In response to these dramatic statistics, President Clinton proclaimed National Infant Immunization Week in April and said, "To guarantee that our children's faith in us is justified, we must renew our commitment to protect them from deadly infectious diseases."

In both New York and Mali, a large proportion of children live in poverty. Their mothers, many of whom lack jobs and have low levels of education, are unable to provide adequate nutrition and health care. Studies show that the reasons for undervaccination in New York and Mali are similar. These include lack of information about vaccinations among parents; clinicians inadequately trained about vaccination schedules; inadequate monitoring of vaccinations; missed opportunities for vaccinations at clinic visits for other reasons; and inappropriate vaccine delivery services for the community. Because the reasons for undervaccination are similar, solutions that work in one region may have applications in other locales.

In 1993, Columbia University hosted the first bimonthly Child Health Promotion Program seminar with speakers on cross-cultural health topics. That same year, Malian officials met with Harlem health officials to discuss immunization. Several ideas for collaboration emerged, including revisions to clinic recordkeeping procedures in both Mali and Harlem. Both locations are conducting similar research projects, which focus on patient-provider interactions and the drop-out patterns between first and subsequent immunization doses.

Methods successfully employed in Mali and elsewhere are being implemented in New York City. For example, the International Road to Health card, developed in Mali to help illiterate or semi-literate parents remember scheduled vaccinations, is currently being adapted for use in New York City.

The world is a neighborhood of communities

When flood waters broke through the levees on the Mississippi River last year, the people of Bangladesh – one of the poorest countries in the world – joined together to send a check for $100,000 to U.S. flood victims.

And why would some of the poorest people on Earth send money to American families? Because Bangladesh regularly is devastated by floods. Because Bangladeshis have seen the killing power of water, and seen homes and entire families swept away by muddy torrents. And more often than not, Americans and American relief efforts were there to lend them a hand when they most needed it. Despite their heavy burden in life, they were determined to reciprocate.

Bangladesh to Baltimore

Viruses, bacteria and parasites cause diarrhea in 16 million American children under 5 every year. For the vast majority, it is a simple illness that quickly ends. But it can cause dangerous dehydration in a matter of hours. Worldwide, 3 million children die every year from dehydration. In the United States it kills up to 600 children and hospitalizes thousands every year. Feeding children a mixture of water, sugar and salt prevents diarrhea from causing dehydration. This treatment, oral rehydration therapy (ORT), saves more than 1 million lives a year, according to the United Nations.

Developed as a result of USAID-funded research in Bangladesh, a solution of oral rehydration salts (ORS) is an inexpensive and easily administered therapy for dehydration and diarrhea in children. Field studies have shown that the use of ORS leads to better growth rates and healthier children. The solution can be administered by parents at home, costs literally pennies per dose and is very effective. In many parts of the United States, particularly inner-city and rural areas, dehydration and diarrhea are very common ailments among children.

In the United States, children typically are given IV fluids in doctors' offices or hospitals. Increased use of ORT could virtually wipe out deaths from diarrhea in this country and greatly reduce the millions of dollars spent on IV treatment in hospitals.

Find out more about ORT and other child survival programs by contacting USAID's Office of Health.

Seoul to Sarasota

Florida's School Year 2000 project aims to serve as a new model for public education in the state. It is designed to achieve comprehensive objectives set by the legislature and the citizens of Florida. The new education system will be learner-centered, competency-based and supported by technology. When instituted, it should be a far more efficient system than the one presently used, with significantly increased student achievement as well as reduced drop-out and increased graduation rates. The cost per graduate also is expected to be reduced measurably.

The School Year 2000 project builds directly on a USAID-funded effort run by Florida State University to revamp the South Korean education system. The Korean education reform effort represented a complete overhaul of the elementary/middle school system in the 1970s. The Korean Educational Development Institute was established to guide and carry out the reform. Originally designed to reduce costs, the reform's focus later shifted to improving educational quality.

The Korean project demonstrated to Florida that it is possible to improve a large-scale education sys-

An ounce of prevention . . .

A long-standing goal of USAID's Office of U.S. Foreign Disaster Assistance (OFDA) has been to invest in prevention, mitigation and preparedness programs that would not only save lives and reduce damage from disasters, but also promote a foreign country's self-sufficiency so that U.S. foreign aid is no longer necessary. One of the best ways to strengthen a country's disaster preparedness is through training emergency response personnel. In 1987, OFDA's regional office in San Jose, Costa Rica, began conducting disaster management training courses for government officials, medical and health specialists, firefighters and other emergency response personnel from Central America. By 1994, more than 3,500 people in 16 Latin American and Caribbean countries had been trained in disaster management, and most of the graduates were instructed in providing the same training at the field level.

Due in part to investments such as this, the total amount of U.S. government expenditures for responding to disasters in the Latin America and Caribbean region declined from $228 million for 1984-1988 to $40 million for 1989-1993.

To learn more about disaster training, contact USAID's Office of U.S. Foreign Disaster Assistance.

tem. The hard data and subsequent comparative evaluations of the academic achievement of Korean children persuaded Florida legislators and organizations that educational reform is a prudent investment of public resources.

Mexico to Miami

The day after the 1985 Mexico City earthquake, USAID's Office of U.S. Foreign Disaster Assistance (OFDA) dispatched a team of 13 specially trained dogs and 17 volunteer handlers from the National Association of Search and Rescue (NASAR) to assist in search and rescue efforts. Later, OFDA trained rescue personnel from NASAR, Florida's Metro Dade County Fire and Rescue Department and the Fairfax County, Va., Fire Department for mobilization in response to disasters overseas. Since then, search and rescue teams have been dispatched to earthquake sites in El Salvador in 1986, Armenia in 1988 and the Philippines in 1990. These personnel have rescued dozens of survivors who were trapped beneath the rubble of collapsed structures.

The teams are used by the U.S. Federal Emergency Management Agency when structural collapse occurs in the United States. OFDA and its teams participate in the International Search and Rescue Advisory Group, which seeks to coordinate all international search and rescue efforts and activities. By American rescue personnel gaining hands-on training in foreign disaster situations, they are even better able to respond to domestic crises.

Tanzania to Texas

One of the greatest and most persistent success stories, in terms of bringing home development lessons from abroad, has been in agriculture. By improving production and storage techniques, by improving yields and creating new plant varieties, by developing chemical-free insecticides, and by improving soil and water management, agricultural research conducted abroad as part of the U.S. foreign assistance program has proved remarkably valuable in America's fields.

- Two-thirds of the cattle in the U.S. Southwest and one-third of the cattle in the Midwest are fed sorghum. By feeding cattle lower-cost, pest-resistant sorghum developed with USAID assistance, the United States saves $389 million annually.
- Sudanese sorghum germplasm tested by Texas A&M University scientists produced 10 drought-tolerant hybrids that were released to private U.S. seed companies with expected far-reaching benefits for drought-prone areas of Texas, Kansas and Nebraska.
- Tanzanian bean varieties resistant to the common mosaic virus are being used in U.S. breeding programs to safeguard the $20 million U.S. bean industry.
- Rust-resistant wheat grown in the United States was made possible by USAID-financed researchers in Kenya.
- USAID-funded peanut research developed an integrated pest management technology expected to save North Carolina and Virginia producers an estimated $1.5 million annually.
- USAID research identified parasite resistance in sheep that increases sheep producers' net returns by $3 million to $6 million per year in Colorado, Texas, Oregon, Wyoming, Kansas and California.

The American university system and independent agricultural researchers, in cooperation with USAID, continue to play an invaluable role in coordinating international partnerships that help fill the world's breadbasket.

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