



**USAID**  
FROM THE AMERICAN PEOPLE

# Striving for a Healthy Future

*Executive Summary*

GLOBAL HEALTH AND CHILD SURVIVAL PROGRESS REPORT TO CONGRESS



**FISCAL YEAR 2009**

## FOREWORD

Health is at the heart of human progress. And we recognize that the well-being of people around the world is not just an important end in itself but is strongly linked to the security and prosperity of families, communities and societies. For these reasons, President Obama launched the Global Health Initiative to save the greatest possible number of lives by building on our existing health programs to help countries strengthen their own capacity to improve the health of their people. We have made great strides with investments in global health. Still, in many places a woman successfully treated for malaria may die in childbirth. An undernourished child immunized against polio may die of dehydration from diarrheal disease brought on by lack of clean water.

I am particularly pleased to introduce the U.S. Agency for International Development's report to Congress *Striving for a Healthy Future*. The report details the dramatic progress and results of U.S. global health programs achieved in fiscal year 2009, with the expectation of continued and comprehensive progress under the Global Health Initiative.

As part of the government-wide initiative, USAID and other agencies are working more closely with countries and other donors to maximize impact, integrate programs, utilize smart science and innovation, build strategic partnerships and improve health service delivery. We hope that all of this will mean that a woman who enters a health facility will receive the full range of services she and her children need.

Countries have found many ways to achieve greater efficiency and impact by integrating services. The Global Health Initiative will share these innovative approaches. We will learn from a broad set of players how to reach those most in need, and we will target our approach and investments wisely in order to make full use of new technologies and practices for the benefit of the communities we serve.

Central to all of our efforts is an increased emphasis on accountability, including more rigorous monitoring and evaluation, and transparency. Through integration and efficiency in all aspects of our global health programs, we will strive to get the best value for every dollar spent, reducing deaths and improving health.

Dr. Rajiv Shah  
Administrator, U.S. Agency for International Development

# Executive Summary

For U.S. Government global health assistance, fiscal year (FY) 2009 was a year of increased commitment and continuing achievements. The commitment was marked by President Obama's announcement in May 2009 of the Global Health Initiative (GHI) to help developing countries improve their health outcomes and strengthen their health systems. Achievements came largely through ongoing health programs supported by the U.S. Agency for International Development (USAID). With a FY 2009 health budget of \$5.27 billion and bilateral and regional programs in more than 100 countries, USAID continued to take a leading role on the global health stage.

By incorporating and emphasizing a set of seven core principles, the GHI offers a foundation for achieving health improvements and for building effective, country-led platforms for sustainable health care delivery. These principles emphasize 1) country ownership, 2) women- and girls-centered programming that aims for gender equality, 3) strategic coordination and integration, 4) global partnerships and private sector support, 5) sustainability, 6) monitoring and evaluation, and 7) innovation and research. The GHI applies these principles in programs that focus on improving the health of women, newborns, and children.

The report *Striving for a Healthy Future* looks at the progress and results achieved in global health by USAID in FY 2009. It describes USAID's global health strategies, interventions, and achievements in fighting infectious diseases and HIV/AIDS; protecting maternal and child health; supporting voluntary family planning; assisting programs for orphans and vulnerable children; building health systems capacity; and supporting cutting-edge technologies and research.

Armi Vitale, 2002

## MAJOR USAID HEALTH RESULTS, 2009

- In six focus countries of the USAID-led President's Malaria Initiative with comparable survey data from 2005/06 and 2008/09, substantial reductions in all-cause mortality in children under age 5 were documented. Strong evidence indicates that malaria prevention and treatment played a major role in these reductions.
- USAID helped the U.S. President's Emergency Plan for AIDS Relief provide counseling and testing to 7.3 million pregnant women, antiretroviral treatment to 2.5 million patients, and care and support to 7.4 million people affected by HIV/AIDS.
- Results of a USAID-supported clinical trial in South Africa provided the first proof that a vaginal microbicide could reduce the risk of male-to-female HIV transmission.
- USAID helped community-based family planning programs in 21 countries serve 10.7 million direct beneficiaries.
- More than 1.3 million new tuberculosis patients in 20 USAID priority countries were successfully treated by USAID-supported programs.
- USAID-assisted countries continued to reduce newborn mortality, with six achieving declines of more than 30 percent since the early 1990s, and four achieving 20 to 30 percent declines.
- USAID nutrition programs reached more than 18 million infants and young children.
- In a USAID-supported program in India, private sector sales of zinc products for treating child diarrhea increased by 46 percent, from 3.15 million courses to 4.6 million courses.
- USAID programs for vulnerable children assisted more than 260,000 children and adults in 24 countries, and the Child Blindness Program screened nearly 880,000 children.
- In Nepal, USAID and 11 other donors helped the Government draft a unified health sector implementation plan to ensure the use of up-to-date evidence-based approaches and coordination of donor and partner efforts.

### Highlights from USAID Intervention Areas

Over the past decade, U.S. and other donor investments in foreign assistance for global health have increased substantially, with unprecedented and well-documented improvements in health outcomes. For example:

- In 2008, for the first time ever, the estimated number of deaths among children under age 5 worldwide dropped below 9 million, from more than 12 million in 1990.
- Recent United Nations estimates indicate the number of maternal deaths globally declined by 34 percent since 1990.
- More than 2.5 million deaths are averted each year due to basic childhood immunizations; measles deaths have dropped by almost 75 percent since 2000.

In 2009, positive outcomes continued to result from the efforts of USAID and its many partners. Some highlights, which are described in greater detail in the full report, follow.

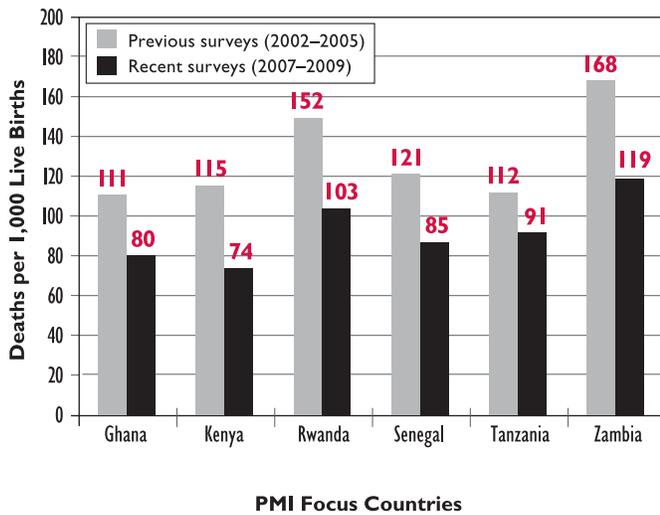
### Infectious Diseases

In 2009, USAID continued to take a leading role in reducing the mortality and morbidity in developing countries associated with infectious diseases, including malaria, tuberculosis (TB), avian influenza and other emerging threats, and neglected tropical diseases (NTDs). During the year, USAID released

new strategies for malaria and TB, thereby renewing its commitment to fighting these diseases.

- **Malaria:** Launched in 2005, the President's Malaria Initiative (PMI) is a five-year, \$1.2 billion, USAID-led effort to reduce the burden of malaria in 15 countries in sub-Saharan Africa. It is a key component of GHI, with the goal of reducing malaria-related deaths by 50 percent in the focus countries by expanding coverage of four interventions: insecticide-treated mosquito nets, indoor spraying, preventive treatment of pregnant women, and artemisinin-based combination therapy drugs. In 2009, PMI reached more than 50 million people with these interventions, including 27 million who received protection as a result of PMI-supported indoor spraying. PMI procured more than 15 million long-lasting nets and more than 29 million drug treatments. In six PMI focus countries (Ghana, Kenya, Rwanda, Senegal, Tanzania, and Zambia) with comparable survey data from 2005/06 and 2008/09, substantial reductions in all-cause mortality in children under age 5 have been documented. Strong evidence indicates that malaria prevention and treatment played a major role in these reductions. In Rwanda, for example, net use by children under 5 increased from 13 to 58 percent between 2005 and 2008. Over approximately the same period, the proportion of hospital deaths attrib-

### Reductions in All-Cause Mortality Rates of Under-5 Children



Note: The countries included in this graph are those PMI focus countries for which there are two data points from nationwide household surveys for the indicator.

Source: President's Malaria Initiative, 2010

uted to malaria fell from 41 to 16 percent, and under-5 mortality from all causes declined by 32 percent. USAID also assisted non-PMI countries in sub-Saharan Africa. In Zimbabwe, USAID and partners supported an emergency spraying program that protected more than 900,000 people. Outside of Africa, USAID conducted malaria activities in Southeast Asia through the Mekong Malaria Program and in Latin America through the Amazon Malaria Initiative.

- **Tuberculosis:** USAID is the leading bilateral donor for international TB control. The majority of USAID's TB investments in 2009 were allocated to direct patient services, including DOTS (directly observed treatment, short course), anti-TB drugs, multidrug-resistant TB, TB-HIV/AIDS, and care and support for TB patients. USAID's TB program

supports the scale-up of the global Stop TB Strategy in 20 priority countries and smaller-scale programs in 20 other countries. These programs make significant contributions to global progress in detecting and treating TB. In the USAID priority countries, case detection of new TB cases has increased by 50 percent since 2001, and more than 80 percent of cases are successfully treated. In addition, USAID's funding support in 2009 for the Stop TB Partnership's Global TB Drug Facility provided treatment drugs to approximately 450,000 patients. USAID is the Facility's largest bilateral donor.

- **Avian Influenza and Other Emerging Threats:** USAID continued to improve its H5N1 (avian influenza) surveillance, prevention, and response activities. Detection of H5N1 outbreaks in birds was faster, with the median number of days for laboratory confirmation after an outbreak declining from 14 days in 2006 to three days in 2009. To protect outbreak surveillance workers and first responders, USAID continued to supply countries with personal protective equipment sets and transported approximately 600,000 sets to 38 countries. USAID also launched its Emerging Pandemic Threats program, which, in recognition of the risks posed by diseases of animal origin to human health, expands on the platforms developed for the H5N1 and H1N1 responses to build capacity in geographic "hot spots" where diseases are most likely to emerge.
- **Neglected Tropical Diseases:** USAID's Integrated Neglected Tropical Disease Program is the largest global effort ever to deliver safe and effective drugs to treat these diseases on a massive scale in the poorest and most remote populations in the world. The targeted diseases are lymphatic filariasis, schistosomiasis, onchocerciasis, blinding trachoma, and soil-transmitted helminthiasis. In 2009, the USAID program delivered 127 million treatments to more than 55 million people in eight countries, bringing the total number

“We will not be successful in our efforts to end deaths from AIDS, malaria, and tuberculosis unless we do more to improve health systems around the world, focus our efforts on child and maternal health, and ensure that best practices drive the funding for these programs.”

– President Barack Obama, May 5, 2009



In a mass drug administration in Mali's neglected tropical diseases program, these community drug distributors stand by with their dosing poles and medicines. The poles are used to measure a person's height, which helps determine drug dosages.

of treatments delivered since the program began in 2006 to 222 million. The program is also one of the largest public-private partnerships to integrate disease-specific treatment programs in order to expand care. In 2009, the value of drugs donated by pharmaceutical companies to countries supported by the program exceeded \$500 million.

an additional 140,000 health care workers. USAID also addresses health systems strengthening activities such as financing, service delivery, laboratory strengthening, institutional capacity, monitoring and evaluation, health information systems, pharmaceutical management, procurement, health governance and leadership, and public-private partnerships.

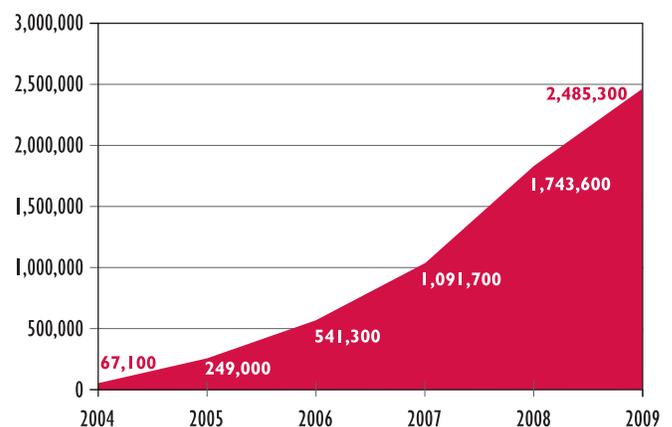
**HIV/AIDS**

In 2009, USAID supported programs in 63 countries and managed more than half of the funds supporting HIV/AIDS programs under the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Prevention programs reached 77.7 million people with critical "ABC" (Abstinence, Be faithful, and correct and consistent use of Condoms) messages. USAID also contributed to PEPFAR's expanded programs for preventing mother-to-child HIV transmission, which provided services during 7.3 million pregnancies and treated 510,000 HIV-positive women with antiretroviral prophylaxis, thereby preventing an estimated 96,900 newborn infections. Another 21 million individuals received counseling and testing services in other settings. With USAID support, the cumulative number of people receiving treatment under PEPFAR reached 2.5 million in 2009, and pediatric treatment expanded rapidly, from 85,900 children treated in 2007 to 201,500 in 2009. USAID also played a key role in helping PEPFAR provide care and support services to 7.4 million people living with HIV and to 3.6 million orphans and vulnerable children. Through PEPFAR, USAID scaled up its support for efforts to provide care for opportunistic infections. HIV-TB co-infection is especially important because TB is the leading cause of death among HIV-positive people in the developing world. USAID's other HIV/AIDS activities included building health workforces that can respond to the challenges of implementing and sustaining quality HIV/AIDS programs. One goal of this effort is to train

**Child Survival and Maternal Health**

USAID global health programs have contributed to striking improvements in health indicators for women and children throughout the developing world. Deaths of children under 5

**Number of People Directly Supported on Treatment by PEPFAR**



Note: PEPFAR defines direct treatment support as treatment services provided through service delivery sites or providers directly supported by U.S. Government interventions or activities at the point of service delivery. An intervention or activity is considered to be direct support if it can be associated with counts of uniquely identified individuals receiving treatment services at a unique program or service delivery point benefiting from the intervention or activity.

Source: PEPFAR

years of age fell to 8.8 million worldwide in 2008 – down by 30 percent since 1990 – and recent evidence suggests substantial declines in maternal mortality as well.

USAID's maternal and newborn programs focus on interventions in family planning, birth preparation through antenatal care and household practices, safe delivery, postpartum and newborn care, and treatment of complications. To protect child health, USAID supports immunizations, promotion of breastfeeding and appropriate complementary foods, vitamin A supplements, community-level pneumonia treatment with antibiotics, diarrhea treatment with oral rehydration and zinc, and improvements in water supply, sanitation, and hygiene.

- **Maternal and Neonatal Health:** In 2009, USAID worked in approximately 20 countries to expand the use of “active management of the third stage of labor” (AMTSL) to prevent postpartum hemorrhage, the largest cause of maternal death worldwide, using oxytocin and misoprostol, two drugs that reduce the amount of blood lost during childbirth and placental delivery. In Ecuador, use of AMTSL has scaled up to nearly 100 percent of deliveries in 86 hospitals. In Mali, USAID-supported research demonstrated that auxiliary nurse midwives are capable of practicing AMTSL, resulting in an official policy change in 2009 that authorized these midwives to administer AMTSL, including oxytocin injections. In addition, USAID's fistula repair program reached a major benchmark, surpassing 12,000 repairs since the start of the program in 2005.

USAID's programs for newborns continued to reduce neonatal mortality, with reductions of 30 percent or more in six countries and between 20 and 30 percent in four others since the early 1990s. To address the three major causes of newborn death – infections, asphyxia, and prematurity/low birthweight – USAID supported high-impact interventions, such as clean cord care, immediate and exclusive breastfeeding, and immediate drying and wrapping, in 31 countries. In a USAID project in Bangladesh, 11,711 newborns (33 percent) received all three of these essential newborn care components, and 26,102 (74 percent) received a health check-up by a trained community health worker within three days of birth.

- **Immunization:** USAID's primary investment in immunization is through the GAVI Alliance, to which USAID has contributed \$569 million since 2001 and which has saved an estimated 4 million lives by vaccinating more than 257 million children. USAID is supporting GAVI in its goals of introducing pentavalent vaccines and rolling out pneumococcal and rotavirus vaccines against some forms of



With a boost from the “kangaroo mother care” newborn warming intervention, these low-birthweight twins in Nepal are now thriving.

high-mortality pneumonia and diarrhea that together kill approximately 1.25 million children under age 5 annually. Outside of GAVI, USAID helps national immunization programs improve. USAID assistance in Uganda and Ghana in 2009 enabled these programs to attain, respectively, 80 and 90 percent coverage. With USAID assistance, Rwanda became the first developing country to introduce the new Prevnar vaccine for pneumococcal disease.

- **Polio Eradication:** USAID remained a leading supporter of the global polio eradication effort administered through the World Health Organization (WHO), the United Nations Children's Fund, and USAID implementing partners. In 2009, 273 polio campaigns in 24 countries administered more than 2.2 billion doses of polio vaccine. More than 500 million children received the vaccine. The majority of campaigns were in Afghanistan, India, Nigeria, and Pakistan, the four remaining polio-endemic countries. In Pakistan, USAID contributed to 10 national campaigns that vaccinated more than 32 million children. Intensive USAID support also helped stop a polio outbreak in Uganda, northern Kenya, and Southern Sudan, where more than 3 million under-5 children received vaccine. USAID also supported a wide variety of planning, communication, logistics, and polio surveillance and detection activities in Africa, South Asia, and the Middle East.
- **Nutrition:** USAID supports interventions that promote and strengthen maternal and young child nutritional status, including maternal nutrition, exclusive breastfeeding, use of appropriate complementary foods and feeding practices beginning at age 6 months, targeted micronutrient supplementation, and improved hygiene and sanitation. In 2009, USAID nutrition programs reached more than 18 million children in Asia, Latin America, and sub-Saharan Africa. USAID remained a technical leader in the field of nutrition and helped countries plan, implement, and monitor vitamin A supplementation, breastfeeding and infant and young



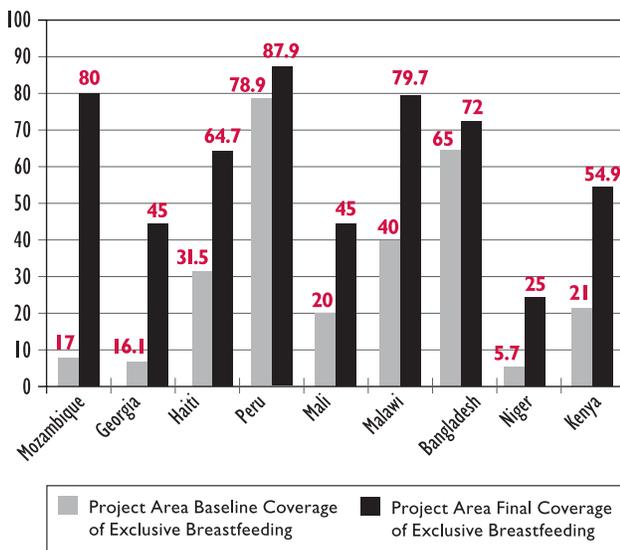
An infant in Cambodia receives vitamin A as part of a growth promotion and nutrition program.

child feeding programs, and community management of acute malnutrition. In project areas in nine countries, USAID's Child Survival and Health Grants Program (CSHGP) contributed to increases in exclusive breastfeeding ranging from seven to 63 percentage points between 2004 and 2009. Other programs supported the integration of community management of acute malnutrition into national health systems in Ghana, Sudan, and Southern Sudan. USAID's efforts since 2000 to develop a standard instrument and tabulation plan for food-insecure settings in developing countries culminated in 2009 with the development of a new Household Hunger Scale for use at the population level.

- Pneumonia and Diarrhea:** In 2009, USAID continued to advocate for expanded community case management of child pneumonia, which annually causes more than 2 million child deaths worldwide, most of them in South Asia and sub-Saharan Africa. In Nepal, USAID supported the scale-up of community-based management to cover 64 of 75 districts. More than 875,000 children under age 5 received antibiotic treatment for pneumonia from trained health workers.

Diarrhea is another leading cause of death among children under age 5, causing about 1.5 million child deaths each year. USAID focuses on increasing the global availability of quality zinc products that have proved effective in reducing the frequency and severity of diarrhea episodes. In 2009, the Agency helped 12 countries introduce zinc, with oral rehydration solution, for child diarrhea treatment. USAID and its partners also worked to ensure that zinc supplementation was adopted as policy in diarrhea case management, and by 2009, 46 countries had zinc policies. In India, increased production, marketing, and distribution of zinc brands through commercial distribution networks reached approximately 15,000 pediatricians and 75,000 general practitioners nationwide. Private sector sales of pediatric zinc products increased by 46 percent, from 3.15 million courses to 4.6 million courses. In Pakistan, USAID-trained health care workers treated more than 934,000 cases of child pneumonia with antibiotics and 1.6 million cases of child diarrhea.

**Increases in Exclusive Breastfeeding in CSHGP Project Areas, 2004–2009**



Source: USAID CSHGP grantees, 2004–2009

- Water, Sanitation, and Hygiene:** Almost one-tenth of the global disease burden – and 88 percent of the diarrheal disease burden – could be prevented by improving water supplies, sanitation, hygiene, and water resources management. In 2009, USAID activities focused on promoting three evidence-based improved hygiene behaviors: safe water storage and point-of-use treatment of drinking

## Maternal and Child Health Support for “Critical Priority Countries” in Middle East and South Asia

USAID considers maternal and child health assistance a crucial part of development assistance to the “critical priority countries” of Afghanistan, Iraq, and Pakistan. In 2009, maternal and child health results reported from these countries included the following:

### Afghanistan:

- The midwife workforce was three and a half times larger than in 2002, and 676 students were enrolled in midwifery schools. Five new schools were near to opening.
- Maternal and neonatal health standards benefited from USAID quality improvement initiatives.
- In July and September polio immunization campaigns, only 5 percent of children were inaccessible, down from more than 20 percent at the start of the year.

### Iraq:

- A five-year maternal and child health project concluded, having carried out interventions in diarrhea control, infant and young child feeding, and integrated management of childhood illnesses.

### Pakistan:

- USAID’s maternal and child health program expanded to 14 new districts and increased its target population from 13 million people to 34 million. The program treated more than 934,000 cases of child pneumonia and 1.6 million cases of child diarrhea; trained 2,503 master trainers; and upgraded 152 health facilities.
- USAID supported 10 national polio immunization campaigns that vaccinated more than 32 million children.

water; optimal technique and timing of handwashing with soap; and sanitary disposal of human feces at the household level. USAID supported large- and small-scale hygiene and sanitation improvements in a number of countries. In Ethiopia’s Amhara region, for example, USAID and the World Bank supported community mobilization and household-level behavior change to reach approximately 1.2 million people, and 600,000 people achieved the goal of no open defecation. In India, a USAID project reached 1.1 million people with a range of point-of-use water treatment options, and 28 percent of households began treating their drinking water.

### Family Planning and Reproductive Health

USAID is the world’s largest bilateral donor to family planning programs. In 2009, USAID helped community-based family planning programs in 21 countries serve 10.7 million beneficiaries. Couple-years of protection (CYP) – the amount of contraceptive commodities necessary to protect one couple for one year – increased an average of 60 percent in the assisted countries. In Malawi, USAID helped the Ministry of Health pilot the provision of injectable contraceptives by trained community health workers, which contributed to a 178 percent increase in CYP from 2008. In the Democratic Republic of the Congo, communication and outreach activities contributed to a 173 percent increase. To engage men in family planning and reproductive health, a program in Rwanda promoted counseling

of couples, and campaigns in Uganda targeted men with educational messages.

### Vulnerable Children

Since its inception in 1989, USAID’s Displaced Children and Orphans Fund has worked to improve the lives of children at risk, including orphans, unaccompanied minors, children affected

USAID Health Budget, Fiscal Year 2009		
Technical Area	Total Health Budget	From Global Health and Child Survival Account
Infectious Diseases	\$781.3 million	\$715.0 million
HIV/AIDS	\$3.29 billion	\$450.0 million
Child Survival and Maternal Health	\$651.0 million	\$495.0 million
Family Planning and Reproductive Health	\$522.4 million	\$455.0 million
Vulnerable Children	\$30.5 million	\$15.0 million
<b>TOTAL</b>	<b>\$5.27 billion</b>	<b>\$2.13 billion</b>
Note: Funding for health systems strengthening and research and technical innovation are included in the above amounts.		



■ Nurse Susan Kajuju, hired under Kenya's Emergency Hiring Plan, educates women and men about their family planning options from her rural outpost.

## USAID Expands Family Planning Options in Rural Kenya

In Ijara district of Kenya's remote and conservative North Eastern province, nurse Susan Kajuju provides family planning services. When she first arrived in Ijara, USAID had no family planning program there, and the modern contraceptive prevalence rate was less than 1 percent, compared with the national rate of 39 percent. Hired by USAID's CAPACITY project under Kenya's Emergency Hiring Plan program, Kajuju was one of 830 health workers deployed to 219 sites across Kenya to meet the growing health care needs of a country suffering from a chronic health care worker shortage.

Kajuju began her work by meeting with local groups, visiting people in their homes, and attending social events. Quickly she learned that "here the men must be involved – they're the ones that make the decision as far as the community is concerned." To earn the trust of her clients, Kajuju offered services through her home and at unusual hours, shared her personal experiences with family planning methods, and used creative approaches to deal with challenging situations.

Before Kajuju arrived in Ijara, women were only using the injectable contraceptive Depo-Provera and had not been introduced to other methods. "When I came here, there was only one method given to the clients," she recalls, "and I found very few were taking the method – five in a month, 10 in a month." Now, women in Ijara are aware of and using a variety of methods. The number of women Kajuju counsels has grown to 100, sometimes even 170 a month, a giant leap from five or 10.

by armed conflict, and children with disabilities. In 2009, the Fund supported projects in 24 countries and provided services or training to 790 organizations and more than 260,000 children and adults. Projects included a vocational training, job placement, and literacy program in Nepal that helped more than 11,000 young people; innovative market-based pilot projects in Afghanistan, Liberia, Mozambique, and the Philippines designed to reduce young people's economic vulnerability; and a highly regarded sports-based program in refugee camps on the Thailand-Burma border with more than 15,600 participants. USAID's Child Blindness Program screened nearly 880,000 children, provided more than 15,400 children with glasses, and supported 1,909 eye operations.

### Health Systems Strengthening

A core objective of USAID health programming is to strengthen health systems so they can sustain health impacts, develop country capacity, and increase equity, quality, and access to health services. With GHI's strong focus on health systems strengthening, USAID helps countries integrate their health systems across WHO's six health system "building blocks" (human resources; medical supplies, vaccines, and technology; health financing; information; leadership and governance; and service delivery) and within their national infrastructure. Activities in 2009 included strengthening health care financing in Armenia, Azerbaijan, Georgia, and Senegal through the use of national health accounts; helping nine countries implement human resource information systems; and instituting performance assessments to raise standards for HIV services in six Central American countries. In Nepal, USAID worked closely with the Ministry of Health and Population and 11 other health donors to draft a unified health sector implementation plan to ensure use of the most up-to-date evidence-based approaches and coordination of donor and partner efforts. In Latin America, USAID helped national family planning programs integrate contraceptive pricing and logistics systems. This enabled the Guatemala program to make price comparisons and obtain low-price, high-quality contraceptives. In El Salvador, the program achieved better than 85 percent supply rates in all of its 406 health facilities.

### Research and Technical Innovation

Research allows USAID to develop, test, and refine new and improved health tools, approaches, and interventions. To achieve the greatest health impact, USAID engages the technical expertise of multiple partners in the U.S. Government,

“The QAMSA (Quality of Antimalarials in Sub-Saharan Africa) study is the most comprehensive study out there on antimalarials and should be a wake-up call.”

– Rachel Nugent, Center for Global Development

United Nations agencies, partner-country governments, universities, nongovernmental organizations, and commercial sector partners. In 2009, results of a USAID-supported clinical trial of the tenofovir vaginal gel in South Africa provided the first-ever proof that a vaginal microbicide could safely and effectively reduce the risk of transmission of HIV from men to women. USAID also supported research by the International AIDS Vaccine Initiative, which announced the discovery of antibodies that could be potential candidates for vaccine development. The Household Hunger Scale for assessing household hunger at the population level was also developed with USAID support and included as a key indicator in the results framework of Feed the Future, the U.S. Government’s global food security initiative. Other research activities included a study in Zambia that showed community health workers can effectively manage childhood pneumonia and malaria and the large-scale QAMSA study of antimalarial drugs in sub-Saharan Africa, which revealed that a high percentage of medicines circulating in national markets are of substandard quality. USAID also provided support for a multicountry study to examine the effectiveness of a shortened regimen to treat multidrug-resistant TB.

### USAID-Supported Trial Shows Microbicide Protects against HIV Infection

“CAPRISA 004 is a model for future research studies in which clinical trials will be led by in-country investigators backed up by the scientific and operational expertise of their U.S. colleagues.”

– USAID Administrator Rajiv Shah, July 2010

Clinical trials of microbicides to prevent HIV infection in women have been the highest priority in microbicide research and development, and Congress has supported this priority with generous funding for more than a decade. The results of one such trial – the CAPRISA 004 trial of tenofovir 1% vaginal gel – has produced the first solid evidence that using an antiretroviral-based microbicide gel can significantly reduce the risk of HIV infection in women. Supported through USAID as part of the U.S. President’s Emergency Plan for AIDS Relief, the trial was conducted among 889 South African women at high risk of HIV infection by the Center for the AIDS Program for Research in South Africa. It found that the tenofovir gel was 39 percent effective at reducing a woman’s risk of becoming infected with HIV during sex and up to 54 percent effective in women who were more consistent in using the gel. The results were announced at the XVIII International AIDS Conference in July 2010.

The complete *Striving for a Healthy Future* report to Congress contains more information on the USAID activities described here, plus many other activities and results. The full report can be found online at the USAID Global Health Web site:

[http://www.usaid.gov/our\\_work/global\\_health/](http://www.usaid.gov/our_work/global_health/)

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