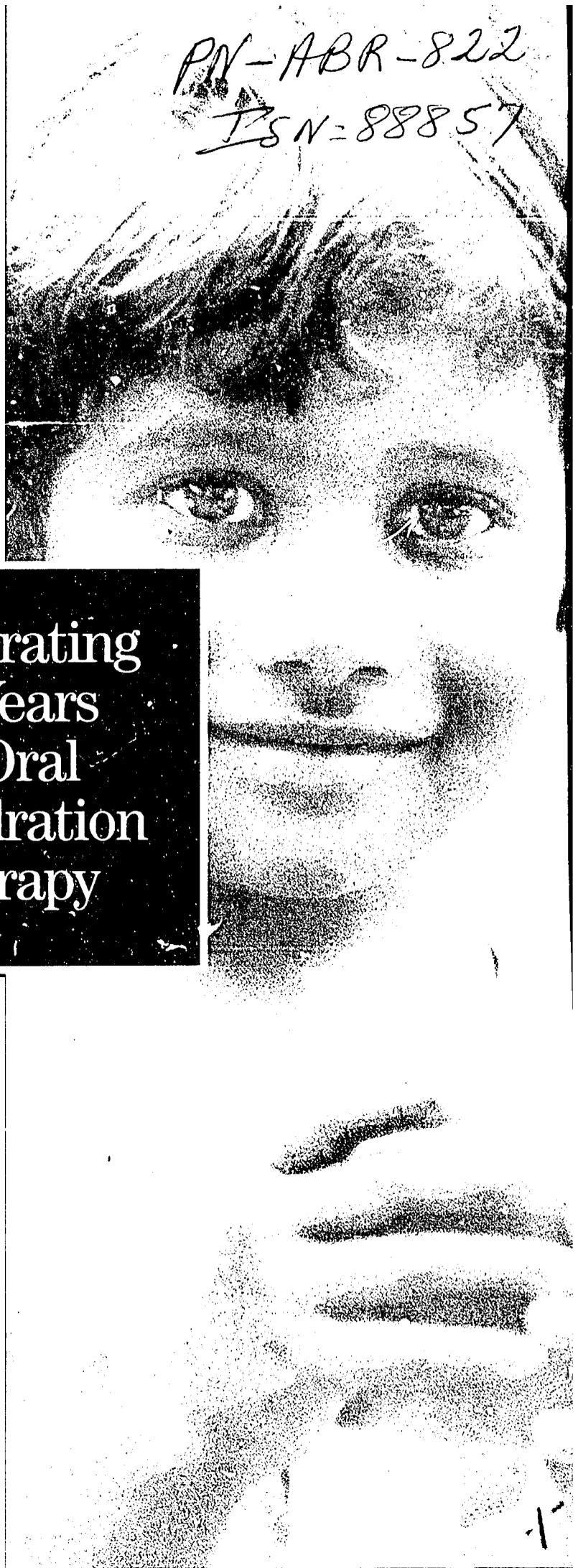
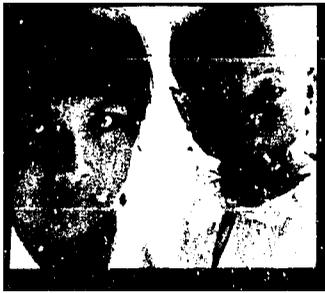


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Celebrating
25 Years
of Oral
Rehydration
Therapy



ORT: 25 YEAR

Oral Rehydration Therapy:

“The administration of fluid by mouth to prevent or correct the dehydration that is a consequence of diarrhea.”

—1985 joint WHO/UNICEF statement

Late 1950s-early 1960s

Basic scientific research uncovers the interactive mechanism of salt and sugar in the intestine. Clinicians raise possibility that this physiologic principle could be applied to fluid loss in cholera.

1968-69

● Researchers from U.S. government-funded institutes in Dhaka (CRL) and Calcutta (ICMRT) publish reports of successful oral rehydration solution (ORS) use for adult cholera patients in clinical trials.

1968-71

- First large scale ORT clinical trial at field hospital, Matlab, Bangladesh.
- Effective use of ORT demonstrated in children with cholera, and adults and children with non-cholera diarrheas.

1970

● First demonstration that addition of an amino acid (glycine) to glucose can enhance fluid absorption and decrease stool loss in cholera.

1971

● First mass use of ORT in crowded refugee camps during epidemic cholera outbreaks yields significantly lower mortality than in other camps using only limited supplies of intravenous fluids.

● ORT studies in the White Mountain Apache Nation, the first on United States soil, show ORT can be used for infants as young as one month, and that feeding early in the course of diarrhea treatment is not harmful. Evidence that feeding plus fluids enhances nutritional outcome is solidified in field trials in the Philippines, Turkey, and Iran in the mid-70s.

● Cholera hits west coast of Africa and spreads throughout the continent after decades-long absence.



USAID Photo

1975

UNICEF and WHO agree to single formula rehydration solution regardless of patient age or cause of diarrhea; UNICEF begins procurement and distribution of standard ORS packets.

1977

● Studies at CRL and in Costa Rica provide definitive proof that rotavirus, a common agent of childhood diarrhea and severe dehydration, can be effectively treated with ORT.

1978

● The British scientific journal *The Lancet* calls the “discovery that sodium transport and glucose transport are coupled in the small intestine so that glucose accelerates absorption of solute and water... potentially the most important medical advance this century.” —Aug. 5, 1978

● International resolution of the World Health Assembly calls for systematic attack on diarrheal diseases and leads to multidonor effort, including WHO, USAID, UNICEF, and UNDP; World Health Organization Diarrheal Disease Control Programme (WHO/CDD) is created.



UNICEF / Steve Me

1979

● CRL is reorganized as a multidonor center—the International Center for Diarrheal Disease Research, Bangladesh (ICDDR,B) with USAID as the largest donor. Researchers work to improve ORS formulation for better nutritional outcome of rehydration.

1980

● Controlled study in Egypt is first to demonstrate a reduction in mortality when ORT is used the clinic and community level



USAID Photo

OF SAVING LIVES

1982

CDDR, B and ICMRT successfully treat patients with oral-based ORS.

1980-85

USAID funds pilot ORT programs. In Egypt, strong national political and financial commitment combine for a substantial impact on childhood diarrhea mortality. Results in Honduras and The Gambia attest to the potential of mass media and communication to increase home ORT use. However, difficulty sustaining gains demonstrates the need for long-term commitments.

USAID commits major resources for diarrheal disease control (CDD) through a series of technical support and research projects. USAID's total CDD funding for 1985-93 is \$332 million.

1983

USAID funds first International Conference on Oral Rehydration Therapy (ICORT I) in cooperation with ICDDR, B, UNICEF, and WHO. Developing world population access to ORS packets reaches 24%. USAID is supporting ORT activities in 19 countries.

1984

ORT is used for approximately 12% of diarrhea cases worldwide.

1985

ICORT II; An estimated 500,000 diarrhea deaths to children have been averted by the appropriate use of ORT between ICORT I and ICORT II.



PRITECH Project

1988

ICORT III; With ORT now used for an estimated 32% of all childhood diarrhea cases, one million diarrhea deaths are averted per year.

Front Cover Photo Credits:
Top Left: UNICEF / 5893 / Roger Lemoyne
Center Left: PRITECH Project
Bottom Left: UNICEF / 5862 / Vilas
Right: UNICEF / Carolyn Watson
Back Cover: UNICEF / 5216 / George Holton

1989

Pakistan study of pediatric cholera patients suggests feeding plus glucose ORS may significantly reduce stool output and duration of diarrhea.

1990

At the World Summit for Children, the international community sets targets for the year 2000 that include increasing the use of ORT plus continued feeding to 80% of diarrhea episodes, and reducing childhood diarrhea deaths by half.

1990-91

Cholera appears in Latin America after an absence of over 100 years. Past investments bear fruit in Latin America where CDD technologies and programs already in place, including the use of ORT, help keep cholera deaths to a minimum. Cholera epidemics reappear in Africa and Asia.

1991

Thirty-seven USAID-assisted countries exceed USAID's target of 45% ORT use.

1992

WHO estimates global access to ORS at 73%. Four out of five ORS packets are now produced in the country where used. ORT is used for approximately 38% of all diarrhea cases.



USAID Photo

1993

The emergence of a new strain of cholera, V.Cholerae 0139, which also infects people normally immune to cholera, greatly increases potential case numbers; this development underlines the need for continuing efforts to strengthen training, surveillance and other elements of CDD programs.

USAID supports CDD activities in over 53 countries.

1994

International efforts have reduced the toll of child deaths due to dehydration from four million each year to less than three million. Applied research, increasingly effective programs, and greater involvement of private sector and community organizations promise to extend the life-saving therapy to greater numbers of children.

Looking to the year 2000, achieving ORT use and diarrhea mortality reduction targets set in 1990 will require political commitment and resources to meet global program needs.





For further information contact:

the BASIC S Project
A USAID funded project operated by the
Partnership for Child Health Care, Inc.
Project no. 936-6006
1600 Wilson Blvd., Suite 300
Arlington, VA 22209



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Celebrating 25 Years of ORT

March 2-3, 1994

Conference Room A
Pan American Health Organization (PAHO)
525 23rd Street, NW
Washington, DC 20037

A SYMPOSIUM SPONSORED BY THE UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID)
AND THE SOCIETY FOR INTERNATIONAL DEVELOPMENT (SID)
IN COLLABORATION WITH
UNICEF, WHO, PAHO, UNDP AND THE WORLD BANK

PROGRAM

WEDNESDAY, MARCH 2, 1994

8:00 - 9:00 am *Registration*

SESSION I

INAUGURATION

MODERATOR: Ann VanDusen, USAID

9:00 - 9:05 am Welcome and Remarks

Carlyle Guerra de Macedo, PAHO

9:05 - 9:35 am Remarks

J. Brian Atwood, USAID
James P. Grant, UNICEF
James Gustave Speth, UNDP
Attila Karaosmanoglu, World Bank

9:35 - 9:50 am ORT: The Technology, Challenges
and Lessons Learned

Norbert Hirschhorn, University of Minnesota

SESSION II

MODERATOR: T. Gebre-Medhin, Ethiopia

9:50 - 11:00 am Panel Discussion I: Achieving
Universal ORT

Bangladesh: Noorun Nabi
Brazil: Dioclecio Campos Junior
China: Zhang Jinglin
Egypt: Nabil Nassar
Equatorial Guinea: Ngore Bernabe

11:00 - 11:15 am *Break*

SESSION III

MODERATOR: Nyi Nyi, UNICEF

11:15 - 12:30 pm Video

USAID

Increasing the Use of ORT:
Country Experiences

Kenya: G. Okelo
Tanzania: A. Mayaguila

The symposium organizers wish to extend special thanks for the efforts and support of the SID, Washington Chapter Work Group on Health, Nutrition and Development (Co-Chairs: Rosalia Rodriguez-Garcia, James Macinko and Josephine Peters)

Increasing the Use of ORT:
Country Experiences (cont'd)

Thailand: Ampol Jindawatthana
Vietnam: Ngo Van Hop

12:30 - 2:00 pm

Lunch

SESSION IV

**MODERATOR: Rosalia Rodriguez-García,
SID-George Washington University**

2:00 - 2:05 pm

Introduction

Stephen F. Moseley, SID

2:05 - 2:55 pm

Diarrheal Disease Control:
Directions for the Future

Overview of Global Status
and Issues for the Future

James Tulloch, WHO

Accelerating CDD Programs
in Developing Countries

Monica Sharma, UNICEF

CDD in the Context of
Sustainable Development

Nils Daulaire, USAID

Wrap-Up

Ihsan Dogramaci, International Pediatrics Association

Discussion

2:55 - 3:15 pm

Break

3:15 - 4:15 pm

Global Challenges: Increasing
Use of ORS and ORT

MODERATOR: Janet de Merode, World Bank

Changing Behavior

William Smith, Academy for Educational Development

Integrated Management of the
Sick Child

James Tulloch, WHO

Accelerating Use of ORT in the U.S.

Julius Goepp, Johns Hopkins University

Using Cholera Management and
Prevention to Strengthen CDD

Hector Traverso, PAHO

Wrap-Up

Richard Cash, Harvard Institute for Int'l. Development

Discussion

SESSION V

**MODERATOR: Joseph Mbede, Ministry of
Health, Cameroon**

4:15 - 5:30 pm

Panel Discussion II: Strategies
to Promote Global Commitment:

Benin: Veronique Lawson
Eritrea: Haile Mehtsun
Namibia: Solomon Amadhila
Nigeria: A.O.O. Sorungbe
Peru: Jaime Freundt-Thorne
Philippines: M. G. Roxas

5:30 pm

Closing

THURSDAY, MARCH 3, 1994

SESSION VI

| | | |
|-----------------|--|---|
| 8:30 - 8:45 am | Special Presentation: ORT in the U.S. Health Care System | D.A. Henderson, U.S. Depart. of Health and Human Services |
| 8:45 - 9:45 am | Global Challenges: Strengthening Partnerships | MODERATOR: Alfred Bartlett, USAID |
| | Supporting Mothers and Families: Home Management of Diarrhea | Gretel Pelto, WHO |
| | Working with Communities | Fazli Abed, Bangladesh Rural Advancement Commit. |
| | Involving Health Professionals | Robert Northrup, Brown University |
| | Improving Prescribing Practices through Pharmacists and Health Practitioners | James Trostle, Harvard Institute for Int'l. Development |
| | Harnessing the Potential of the Private Sector | Willie B. Weerasekera, Sterling Health. East Africa |
| 9:45 - 10:00 am | <i>Break</i> | |

SESSION VII

MODERATOR: Richard Reid, UNICEF

| | | |
|------------------|--|--|
| 10:00 - 11:15 am | Social Mobilization and Media Support | |
| | Political Commitment: Translating Policies Into Action | Christophe Dabire, Ministry of Health, Burkina Faso |
| | Audiovisual Presentation of Country Experience | Mexico |
| | Experiences in Mobilizing for ORT | Peter Bourne, Hunger Project Arnaud Godere, Junior Chambers International Abdoulaye Sar, Boy Scouts Ecuador: Polo Barriga Turkey: Ayse Akin Dervisoglu |
| | Discussion | |

SESSION VIII

MODERATOR: Morten Giersing, UNICEF

| | | |
|------------------|--|---|
| 11:15 - 12:15 pm | Panel Discussion III: The Role of Media in Supporting Mobilization for ORT | Jenny Stevens, BBC Frances Cairncross, The Economist Jeff Cowley, Newsweek Inc. Robert Lamb, Television for Environment, UK Bonaventure Assogba, TV Producer Ahyan Karapars, TV Turkey |
| | Discussion | |
| 12:15 - 1:45 pm | <i>Lunch</i> | |

SESSION IX

MODERATOR: Robert Clay, USAID

1:45 - 2:45 pm

Global Challenges: Complementary Strategies for Decreasing Diarrhea Morbidity and Mortality

Overview

Demissie Habte, ICDDR, Bangladesh

Water and Sanitation

Steven Esrey, McGill University

Control and Treatment of Invasive Diarrhea and Cholera

Allen Ries, Centers for Disease Control and Prevention

Control and Treatment of Persistent Diarrhea

Robert Black, Johns Hopkins University

Vaccines

David Sack, The BASICS Project

Discussion

2:45 - 3:00 pm

Break

3:00 - 4:00 pm

MODERATOR: Mariam Claeson, WHO/CDR

Quality of Health System and Health Worker Performance

David Nicholas, Quality Assurance Project

Personal and Domestic Hygiene

Bonita Stanton, University of Maryland

Preventing Diarrhea by Breast-feeding and Proper Complementary Weaning Practices

Sandra Huffman, NURTURE

Nutritional Management of Diarrhea

Kenneth Brown, University of California, Davis

New Targets for ORS: Refugee Camps, Displaced Persons, Disaster Relief

Ronald Waldman, The BASICS Project

Discussion

SESSION X

MODERATOR: Veronique Lawson, Ministry of Health, Benin

4:00 - 5:00 pm

Panel Discussion IV: "Visions for the Future"

Bolivia: Joaquin Monasterio
Cameroon: Joseph Mbede
Ghana: Margaret Clarke-Quaisie
Indonesia: Hadi M. Abednego
Morocco: Abderrahim Harouchi
Nepal: Ramndan Sinha

Discussion

SESSION XI

CLOSING SESSION

Jesus Kumate, Ministry of Health, Mexico

5:00 - 5:30 pm

Adjourn (5:30)



Foreign Aid

An Investment in America's Future

THE UNITED STATES
AGENCY FOR
INTERNATIONAL
DEVELOPMENT

Why is foreign aid in our national interest?

American interests are best served by a stable world in which people can improve their lives and those of their families. The U.S. foreign aid program, by fostering freedom and prosperity, promotes peace and stability in the developing world, Central and Eastern Europe and the newly independent countries of the former Soviet Union. Stable, prosperous countries make strong, reliable allies and trading partners. These nations often become eager customers for U.S. exports. Economic growth stimulates greater exports for U.S. businesses... and, consequently, American jobs.

Foreign aid is an investment in our future.

How is U.S. foreign aid used?

Foreign assistance serves six basic objectives:

- building strong economies with prosperous people;
- improving the individual well-being of people throughout the world;
- supporting the growth of democratic governments and institutions;
- encouraging conservation and the prudent use of natural resources;
- contributing to the solution of global problems; and,
- helping victims of natural or man-made disasters.

What is USAID's role?

The U.S. Agency for International Development (USAID) is the federal agency that manages the U.S. foreign economic and humanitarian assistance program in more than 100 countries. USAID often works with U.S. business and non-profit organizations as partners in development. Agency employees, many of whom are based over-

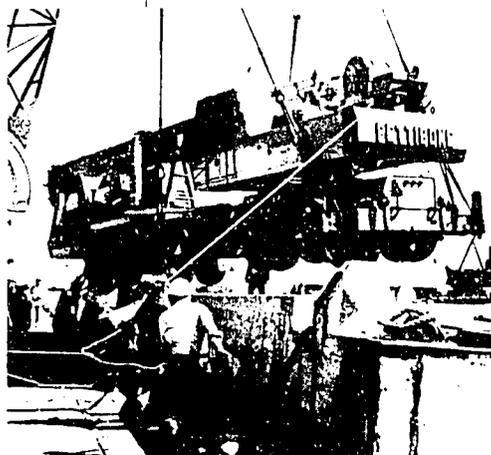


USAID research and funding reduce the threat of diseases worldwide. Today, USAID assistance fights against childhood killers such as dehydration from dysentery, measles, AIDS and hunger.

seas, work to ensure that U.S. aid money is spent prudently and honestly and that it reaches the people for whom it is intended.

USAID programs range from immunizing small children in Asia against polio to helping subsistence farmers in Africa grow more food to supplying shelter and medicine to hurricane victims in the Caribbean. A major thrust of USAID's program is to help countries build democratic governments and encourage private business and free-market economies.

As nations receiving economic assistance prosper, they become greater markets for U.S. exports. In 1992, U.S. exports to developing countries totaled \$167 billion. Every additional \$1 billion in new exports means 19,000 new American jobs.





Throughout the world, USAID programs help developing and other aid-recipient countries make the transition to free, open societies. Promoting democracy is one of USAID's primary objectives.

How much do we spend on foreign aid?

In 1993, U.S. foreign economic assistance will amount to approximately \$7.6 billion, less than 1 percent of the total federal budget.

The returns on America's investment are immense. For example, of the 50 largest buyers of U.S. farm goods, 43 are countries that used to receive food aid from the United States.

Does foreign aid really help?

The short answer is "yes." America, through its foreign aid program:

- helped save 20 million people in Africa from starvation in 1985, during one of the worst droughts in the history of sub-Saharan Africa; and the United States now is providing food to more than 30 million people in 10 southern African countries who are suffering from the continent's worst drought this century;
- helped eradicate smallpox throughout the developing world;

- fostered free elections and free markets in Central America and Eastern Europe;
- increased literacy rates in USAID-assisted countries by 33 percent;
- helps developing countries prevent children from dying in infancy;
- helps in the global fight against AIDS and illegal drug production and use;
- provides 45 percent of all the family planning funds in the world, enabling some 30 million couples to practice family planning;
- helps save millions of acres of tropical forest, together with untold thousands of species of rare animals and plants;
- creates new markets for U.S. goods and services by helping developing and other aid-recipient nations grow and prosper; and,
- gives millions of people around the globe a better chance to live in a world of peace, without hunger or dictatorships and with greater opportunities for all.

Want to know more?

For more information or additional copies, contact:

Public Inquiries Division
Office of External Affairs
U.S. Agency for
International Development
Washington, D.C. 20523-0056
(202)647-1850

For speakers, contact:
USAID's Public Liaison
Division
at (202)647-4213 or
at the above address.

Nepal's national forestry and conservation programs, developed with USAID assistance, help the mountain kingdom save its tropical and temperate forests from destruction.



Front Lines



U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

FEBRUARY 1994



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FEBRUARY 1994

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Administrator: J. Brian Atwood
Director of Public Affairs:
Jill Buckley
Chief of Multimedia Communications:
Suzanne H. Chase
Editor: Victoria Jaffe
Writer-Editor: Jaycee Pribulsky
Writer-Editor: Betty Snead
Staff Assistant: Mary Felder
Photographer: Clyde F. McNair

Correspondents:

AFR: Ranta Russell
ANE: Kerri-Ann Jones
BHR: Dennis King, Mike Mahdesian
ENI: Timothy Dubel, Arlene Kambour
EOP: David Grim
GC: Carl Sosebee
G: Aaron Dannenberg, Ron Grosz
LAC: Phyllis Church
M: Janet Rourke, Darren Shanks
OSDBU: Betty Briscoe
PPC: Glenn Prickett, Jeff Seabright

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USAID Hot Shots

Ain't nothin' like the real thing, baby!



At a surprise office baby shower, Chris Phillips, chief of staff of the Bureau for Legislative and Public Affairs, practices the art of diapering in preparation for the arrival of his first child, a baby daughter. Healthy, happy Alexandra was born a week later.



Photo Credits: Cover, Suchinta Wijesooriya; Jaycee Pribulsky, inside cover, page 9 (bottom); Roger Noriega, pages 2 and 3; Fred Fischer, page 4; Stacy Rhodes, page 5; Clyde McNair, pages 6, 7 (top) and 9 (top); USAID/Poland, page 7 (bottom); United Nations, page 8; Alexandria Businessmen's Association, page 11; Pennsylvania Avenue Development Corporation, page 13.

Cover Photo: A mother uses oral rehydration therapy (ORT) to nourish her child at an ORT clinic in Moharram Bek, Egypt. ORT has saved the lives of millions of people, particularly young children, since its discovery 25 years ago in Bangladesh. See story on page 2.



Front Line is printed on recycled paper.

Front Lines

NEWS & FEATURES

THE FRONT LINES OF A LONG TWILIGHT STRUGGLE FOR FREEDOM—*John F. Kennedy*

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Agency honored for its commitment to oral rehydration therapy



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Have you heard?

13 March 1994 USAID calendar

A solution that saves lives

Agency recognized for its commitment to oral rehydration therapy

At a March 2 celebration on Capitol Hill, UNICEF will present USAID with an award for its leadership and 25-year commitment to oral rehydration therapy (ORT).

The event, hosted by Rep. David Obey (D-Wis.), chairman of the Foreign Operations Subcommittee of the House Appropriations Committee, marks the 25th anniversary of the first successful clinical trials of the simple and inexpensive therapy that revolutionized treatment for severe diarrheal diseases.

ORT is a mixture of sugar, salt and water that was developed more than two decades ago at the Cholera Research Laboratory in what is now Dhaka, Bangladesh. ORT saved thousands of cholera victims in Bangladesh then and

has since saved the lives of millions of people in developing countries around the world.

Diarrheal illnesses can cause dangerous dehydration leading to shock and death in a very short period of time. Children are especially at risk. Before the discovery of ORT, millions of children died because they lacked access to expensive and relatively sophisticated intravenous rehydration. Developing countries, particularly those with endemic diarrheal disease, frequently lacked the financial resources to provide intravenous therapy. What was needed was a simple, inexpensive treatment that field workers could administer far from hospitals.

ORT, developed and tested in the 1960s with U.S. government funding, advanced the treatment of certain diarrheal diseases,



A mother brings her child to an ORT clinic in Negros Occidental, the Philippines. The clinic was built with USAID funds and serves many of the area's poor, displaced sugar workers.

including those caused by *Vibrio cholerae* and rotavirus.

Although ORT prevents dehydration from diarrhea, which leads to death, it does not prevent diarrhea. Better nutrition, improved water and sanitation conditions and hygiene education are among the many ways to help prevent diarrhea.

Today USAID continues to promote ORT, and 37 countries have met or surpassed USAID's goal of an ORT use rate of 45 percent. Between 1984 and 1992, worldwide use of ORT (excluding China) increased from 12 percent of childhood diarrheal episodes to 38 percent.

Egypt, Guatemala, Mali and Nepal launched particularly successful USAID-supported ORT training and distribution programs. Development of local manufacturing and distribution outlets is an important component of that success. The challenges for these programs are to maintain their high impact and to build



Due to the essential care this child receives at a Philippine ORT clinic, she will not be one of the millions of young children to die from diarrheal disease this year.

“... USAID is joining with U.S. scientists to promote ORT treatment in the United States to save lives and money.”

sustainable systems.

In Pakistan, a USAID-supported government and private sector joint effort expanded production and distribution of the low-cost oral rehydration salts (ORS). An easing of government regulations enabled retail stores to supplant pharmacies as the main distributors of ORS. Today, more than 70 percent of ORS produced in Pakistan is distributed through a broad commercial system.

Despite ORT's life-saving potential, 23 percent of the 12.9 million deaths of children under 5 in the developing world are caused by diarrheal disease. USAID is providing extensive technical assistance and funding vital diarrheal disease research to increase ORT use and develop complementary strategies for diarrheal disease control.

Some of this research is conducted at the International Center for Diarrheal Disease Research, Bangladesh, formerly the Cholera Research Laboratory.

Leaders of most developing countries have targeted 1995 as the year when they will reach 80 percent ORT use. Ironically, ORT has never gained wide acceptance in the United States despite early U.S. government support for the development and testing of ORT and longstanding USAID support for ORT research and promotion in developing countries. While most people in the United States have access to intravenous therapy for diarrhea-associated dehydration, this hospital-based treatment costs \$1 billion each year. Hundreds of American children die because intravenous therapy comes too late. An additional 360,000 people are hospitalized needlessly. Now, USAID is joining with U.S. scientists to promote ORT treatment in the United States to save lives and money.

The Capitol Hill commemoration will feature UNICEF Executive Director James Grant presenting an award to Administrator Brian Atwood in appreciation of USAID's invaluable contribution to saving children's lives through ORT development and promotion. The celebration also will include

a video and brief testimonials from individuals who played major roles in ORT development and who represent a variety of partnerships critical to ORT efforts.

At a recent luncheon of the Overseas Development Council in Washington, Atwood told the audience, "We are proud to be a leader in oral rehydration therapy and in a wide range of programs that help children lead healthier, more productive, more meaningful lives. We have learned what works and what doesn't, and we feel that sharing our knowledge is an obligation and an opportunity.

"The prosperity and security of the United States will depend increasingly on whether we help peoples of other nations to improve the lives of their children."

For more information about the March event, contact Robert Wrin at (703) 875-4600. ■

Callahan is an AAAS fellow in the Applied Research Division in the Office of Health of the Global Bureau, and Miller is the acting deputy chief of the same division.

Child Survival: An Eighth Report to Congress on the USAID Program was a key source of information for this article.

Frederick Machmer

Around the world in 17 years

Frederick "Ric" Machmer is one of those rare Foreign Service officers who served 17 consecutive years overseas before receiving his second Washington assignment.

Actually, it's almost a fluke that Machmer is now stationed in the nation's capital. In December 1992, he left Islamabad as USAID representative for Afghanistan to transfer to Somalia where he had been named mission director. When he returned to Washington the following month for consultations, he knew that security conditions would make it impossible to establish a mission in that troubled country.

Machmer was quickly recruited to head the Office of Middle East Affairs, where his responsibilities have mushroomed with USAID's new emphasis on assistance to the West Bank and Gaza.

This year Machmer celebrates 25 years of service with the agency. He began his

USAID career as an intern and progressed steadily. He has worked in eight countries, both on disaster relief and long-term development, earning a reputation as a crisis specialist. His distinguished work brought him numerous performance awards, most recently the Presidential Meritorious Honor Award in 1992.

Life in the Foreign Service comes naturally for Machmer. His wanderlust for adventure and challenge began after he moved from his native Pennsylvania to New York to earn his law degree at Cornell.

"I saw avarice and greed among my classmates," said Machmer. "I was troubled by law and what it would mean. It was very abstract and theoretical, cruel rather than kind. I took the summer off and went to Europe. It was my first foreign travel. I bought a car and traveled around with no itinerary. It was enchanting, and I found I really liked being exposed to foreign

cultures. The Peace Corps was popping up then, and it seemed practical."

In 1966, Machmer went to Nigeria where he served as the Peace Corps' first high school principal. His service in Nigeria was interrupted in 1967 by the Biafran war, and Machmer transferred to another teaching position in Liberia. After serving three years as a Peace Corps volunteer, Machmer decided that he wanted to live overseas and work in programs that had a "visible, measurable impact on people's lives."

"I saw that living in a foreign culture was the kind of challenge I needed to be more self-aware. In a foreign culture you're always challenged to look at things differently—Is this the right thing to think, the right thing to do? And that makes you enrich others and yourself," he said.

Machmer joined USAID in 1969 as an international development intern, serving first in Liberia and then in Tanzania. After a two-year Washington tour he was posted to Khartoum, Sudan, where his work as agency affairs officer won him a Meritorious Honor Award in 1978. He then moved on to Indonesia.

"Indonesia was the most pleasant post I've ever been to," said Machmer. "We were working on a transmigration project in South Sulawesi, helping with housing and land clearing. The project resulted in increased incomes for the people we worked with. It was very rewarding to see people's lives improve."

In Indonesia, Machmer also moved into management and received a Meritorious Honor award in 1984 for his work there.

The following year Machmer was posted to Ethiopia, a country in the grip of a massive famine. From Addis Ababa Machmer coordinated and oversaw the U.S. relief program there, working with government officers and non-governmental



Frederick Machmer, shown here in Somalia, said, "We have the power to make a decisive impact. We should accept that and get on with it."

organizations. The misery and chaos he experienced there were to become familiar.

"In Ethiopia there was a combination of weather-induced famine and civil strife. We'd travel from Addis to these squalid camps that people came to from the bush. People were dying literally right before your eyes. It was very sad. We'd go back and say, 'Okay, we're going to send 500 tons of food.' We'd send trucks, medicines, blankets—Ethiopia can be cold—whatever was needed, and we actually started saving lives. You could see it working. Even day things were getting a little bit better.

"Ethiopia was a defining moment for USAID. Everything since has been measured by that major foray into humanitarian crises."

For his work in Ethiopia, Machmer won the Distinguished Honor Award in 1988. His next assignments placed him in one crisis after another—Lebanon, Sudan and Afghanistan. Machmer said the fact that he's single has probably contributed to his frequent assignments to troubled areas. "My closest living relative is a first cousin once removed who is over 80," he noted.

Machmer said he's been rewarded in his work not only by the visible impact of development and emergency programs, but by meeting host country nationals wherever he goes. "I find some of these so-called hardship posts very enjoyable. You can establish a rapport with the locals and meet their friends and relatives. It's a grand experience even in countries with hostile governments. In Ethiopia, people risked their safety to deal with Americans. I had to drive to an assigned point and leave my car with its diplomatic plates. The Ethiopians would pick me up and take me to their home. You knew they really wanted you."

Commenting on the reorganization at USAID, Machmer said he welcomes the changes. "The agency needs to think itself out. It should continue its development focus but concentrate assistance in countries where the prospects for success are good. And, it should accept its role in humanitarian crises. We have the power to make a decisive impact. We should accept that and get on with it." ■

Joyce is a free-lance writer in Arlington, Va.

Atwood Answers



Question:

How is the agency going to absorb the personnel coming back from overseas posts as a result of mission closings without a reduction in force (RIF)?

Answer:

One should not assume that a great many USAID employees will be returning from overseas as a result of mission closings. We intend to reassign as many displaced employees as possible to other posts overseas. Though globally, personnel levels will be reduced, and some surpluses are anticipated, employees at missions that are closed will not be expected to bear the brunt of the burden. Congress did not approve buyouts before it recessed for the holidays, but we anticipate that they will soon be approved. In addition, we are experiencing an extremely high level of retirements in 1994. Also, we are reducing the number of personal services contracts agencywide and anticipate that some of these positions can be filled by U.S. direct hires. The combined effect of retirements and buyouts, in addition to other positive options, should alleviate surpluses without the need for a RIF. ■



Lancaster visits Central America

Three weeks after Carol Lancaster was sworn in as deputy administrator of the agency, she made a 10-day trip to Central America, visiting Guatemala, El Salvador, Costa Rica and Nicaragua. Lancaster is pictured above in Chimaltenango, Guatemala, with Mayan students who participate in USAID's bilingual girls education project.

Stacy Rhodes, Guatemala's new mission director, accompanied Lancaster on this part of the trip, which also included site visits to a non-traditional exports cooperative ("Cuatro Pinos"), the Regional Human Rights Ombudsman Office in Antigua, and a family planning clinic in Chimaltenango run by an International Planned Parenthood Federation affiliate.

Liliana Ayalde, deputy director for the Office of Central American Affairs for the Bureau for Latin America and the Caribbean, traveled with Lancaster.



Does it play in Peoria?

To make foreign aid more relevant to Americans, Rep. Lee Hamilton (D-Ind.) said that foreign policy professionals have to explain what America can gain from foreign aid to people who are not necessarily interested in foreign affairs.

The United States cannot sustain policy without the support of the American people.



Rep. Lee Hamilton

Hamilton, chairman of the Committee on Foreign Affairs for the U.S. House of Representatives, said at a recent Secretary's Open Forum in Washington.

Secretary of State Warren Christopher introduced Hamilton, first elected to Congress in 1964, as a "voice of reason and sound judgment,

whose imprint is on ever so many pieces of legislation, including the Foreign Assistance Act and NAFTA."

Hamilton stressed that the mood of the American public is reflected in the U.S. Congress and said "understanding where Congress is on a foreign policy issue is an important first step in getting the American people behind that policy." He cited votes against military intervention

in Somalia, Bosnia and Haiti to illustrate America's reluctance to put its troops in danger.

Foreign aid is another issue whose unpopularity is reflected in Congress, with a steady decline from \$18 billion in 1985 to \$11 billion for 1994.

Hamilton stressed that presidential leadership is the most important ingredient in successful foreign policy, and that President Clinton has to bridge a wide gap between the people and the foreign policy establishment.

Answering a question after his speech about foreign economic assistance in the post-Cold War world, Hamilton said, "Foreign aid levels coming down do not relate to the vision of foreign aid—people are just against foreign aid. They want better water systems in their communities, not overseas." ■

—By Victoria Jaffe



Say goodbye to all this!

Assistant Administrator for Management Larry Byrne holds a CD-ROM disk that contains the 10,000 pages, 700 chapters and 2,000 graphics that used to be available in 33 agency handbooks (perched on the table). All USAID offices have received the disk, which will be updated on a quarterly basis. Placing the policy and procedures handbooks in electronic form saves the agency about \$300,000 annually in printing and mailing costs.

Labor/management partnership formed

On Jan. 19, the day before the federal government shut down services because of extremely cold temperatures, USAID's management and the unions representing USAID employees began a historic warm-up.

Larry Byrne, USAID assistant administrator for management, John Patterson of the American Foreign Service Association and Fern Finley representing the American Federation of Government Employees signed a joint resolution pursuant to President Clinton's executive order of this past October to establish a Labor/Management Partnership Council.

Each party will choose three permanent representatives to serve on the council.

Under the agreement, management, employees and employees' elected union representatives will join together as partners.

President Clinton's executive order states, "Labor/management partnerships will champion change in federal government agencies to transform them into organizations capable of delivering the highest quality services to the American people."

This cooperative initiative, which originated in Vice President Gore's National Performance Review, will empower employees at all levels. Through their union representatives on the council, USAID employees will participate in many areas of planning and policy formulation previously reserved for management only.

The Partnership Council will consider problems and

make recommendations that will foster the achievement of USAID objectives.

This new relationship between labor and management is essential for transforming USAID into an agency that works better and costs less.

For more information, please contact William Jones in the Management Bureau at (202) 663-1317. ■

The Quality Council

The Quality Council manages the agency's suggestion box, which can be accessed via E-mail (using the F2 key to pull up addresses, type "suggest" and the "AID SUGGESTION-BOX" will pop up.) Please E-mail your suggestions about reforming USAID today!

Pearson sworn in as REDSO/WCA director

Willard Pearson was sworn in on Dec. 20 as director of the agency's Regional Economic Development Services Office for West and Central Africa (REDSO/WCA). As director, Pearson manages a staff of 125 who provide project and technical field support for U.S. economic assistance to 24 countries in West and Central Africa. Based in Abidjan, he also serves as director for the USAID bilateral program with Cote d'Ivoire.

Pearson, a career Foreign Service officer, served in Ethiopia from 1988 to 1993, initially as USAID

representative and later as USAID mission director. He joined USAID through the Presidential Management Intern Program and was assigned to the USAID mission in Senegal. Pearson later returned to Washington to manage the division responsible for

programming U.S. food aid to Africa in USAID's Office of Food for Peace.

Born and raised in Chicago, Pearson is a graduate of Michigan State University and also attended

the University of Stockholm, Sweden. ■



Hammam receives award from Polish government

Regional Housing and Urban Development Officer Sonia Hammam (second from left), USAID/Poland, received an official gold medal award from the government of Poland at a ceremony on Sept. 30. The award was presented by Minister of Spatial Economy and Construction (MOSEC) Andrzej Bratkowski (second from right) in recognition of Hammam's outstanding contributions to the Polish housing sector. Also pictured are Charles Aanenson (far left), USAID program officer, and Irene Herbst (far right), secretary of state—MOSEC.

Hammam is the first professional in the foreign assistance community to receive such a distinguished award from the government of Poland.

Humanitarian



Assistance

Aid depends on restoring stability

USAID Chief of Staff Richard McCall went to Ethiopia in December to lead the U.S. delegation of a U.N.-sponsored conference on humanitarian assistance to Somalia.

The U.S. delegation announced that the United States would provide nearly \$100 million in relief, rehabilitation and long-term development assistance to Somalia if assurances were made by the Somali leaders to guarantee security and stability in their respective regions.

The focus of the conference was the future course of events in Somalia. The fact that only 12 of the 16 political factions were represented and General Mohammed Farah Aideed boycotted the session did not detract from the significant progress made at the conference.

Although the emergency humanitarian crisis in Somalia is now over, the country still faces the possibility of returning to the devastating chaos of the recent past if the Somali people don't take responsibility for restoring stability.

"The future of Somalia will be determined by the Somali people," McCall said. "The



USAID Chief of Staff Richard McCall (at microphone), who led the U.S. delegation to the U.N.-sponsored conference on humanitarian assistance to Somalia in December, is shown with members of the delegation.

United States plans to continue its support after our troops leave to ensure that humanitarian progress is maintained. However, we will not continue to invest in Somalia without assurances that security and a framework for cooperation can be maintained."

Ethiopia's transitional President Meles Zanawi, who has led a regional drive to broker a peace settlement among Somali factions, addressed the opening session and set the tone for the conference by advising the Somalis that this was their last chance for peace and international assistance.

"It is up to those of you who can make a difference to rise up to the occasion. If you insist on fighting each other in the mistaken belief that you can take the upper hand in Somalia, you will all go under, taking Somalia with you down the drain," Zanawi told the Somali representatives.

Zanawi's warnings were echoed by the international

donors attending the conference, who told the Somali warring factions to stop fighting and begin rebuilding their country or face the imminent loss of further international assistance.

U.S. assistance will focus primarily on those areas of the country where there is the greatest stability and security and where there has been the greatest progress in developing viable representative civil institutions.

"The formation of representative district councils is a step in the right direction," McCall told conference participants. "We believe that these councils would be strengthened by the creation of local rehabilitation committees composed of experts in the fields of health, education, agriculture and animal husbandry. Such committees can serve an essential role in coordinating with donors and enabling the proper Somali input to planning and implementation of humanitarian activities."

The new U.S. assistance package could include as much as \$20 million in food assistance, \$45 million in rehabilitation and development activities and \$33 million for police and the judicial system.

The United States is prepared to invest still more in Somalia in the future, but only if Somalis are willing to make all efforts to ensure that U.S. investments will prove fruitful, according to McCall.

"Somalis must make a greater effort to subordinate their personal or factional clan or regional interests and ambitions to the greater benefit of all Somalia," said McCall. "If not, the international community will inevitably draw the conclusion that there is no justification for providing further assistance." ■

—By Renee Bafalis, USAID senior press officer

Population



& Health

USAID resumes funding to Planned Parenthood

At a Nov. 22 press briefing, Administrator Brian Atwood stressed the Clinton administration's continued commitment to voluntary family planning programs, when he announced the award of a \$75 million grant to the International Planned Parenthood Federation/London (IPPF).

The initial installment of \$13.2 million in FY 1993 funds marks the first commitment by the agency to the IPPF since 1984.

Atwood stated that the Clinton administration views family planning as a fundamental human right. Atwood also announced the administration's resumption of funding to the United Nations Fund for Population Activities (UNFPA) and the World Health Organization's Human Reproduction Program.

This grant, like all USAID population grants, is given on the condition that no U.S. dollars will be used directly to fund abortion. Since 1984, foreign non-governmental organizations have been prohibited from receiving U.S. aid money if they used funds from any source to promote



Administrator Brian Atwood (left) and International Planned Parenthood Federation Secretary-General Halfdan Mahler answer questions at a Nov. 22 press conference in the State Department.

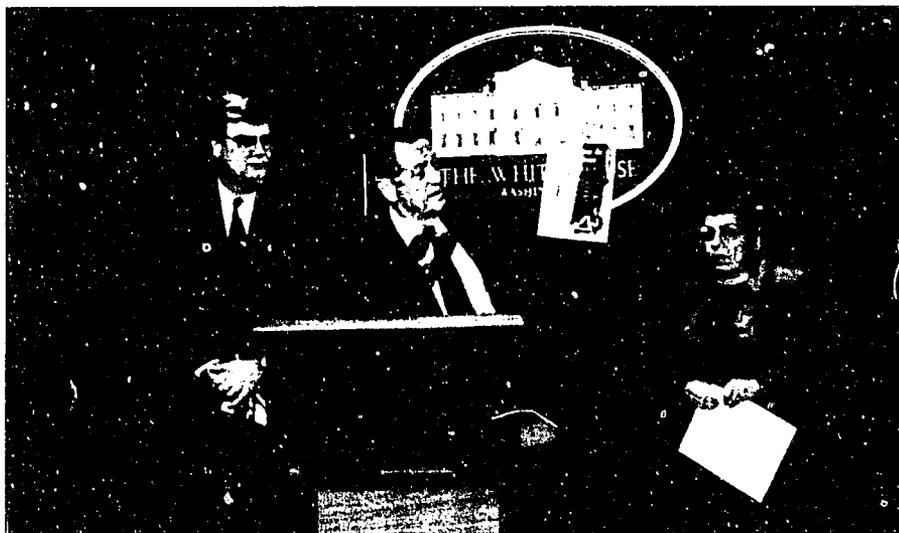
abortion as a family planning method. This policy, known as the "Mexico City policy" because it was announced during the 1984 international conference on population in that city, was overturned two days after President Clinton's inauguration. The removal of the "Mexico City policy" opened

the door to renewed funding for IPPF.

Atwood cited population problems as a major concern to the developing world and warned, "If we aren't able to find and promote ways of curbing population growth, we are going to fail in all of our foreign policy initiatives."

Halfdan Mahler, the secretary-general of the IPPF and former director general of the World Health Organization, said the USAID grant will increase by 20 percent the IPPF's funds for population activities in the developing world. ■

—By Jaycee Pribulsky



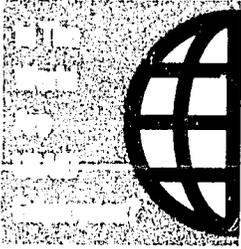
White House press conference highlights children

At a Dec. 21 White House press briefing, James Grant (center), executive director of UNICEF, displays the 1994 State of the World's Children report as Administrator Brian Atwood and Secretary of Health and Human Services Donna Shalala look on.

Atwood discussed USAID's health programs and highlighted the importance of oral rehydration therapy (ORT), which is saving 1 million children from death from diarrhea each year. (See related story on page 2.)

The briefing followed a White House ceremony at which Grant presented the report to President and Mrs. Clinton and honored six "children's health champions."

WHERE



Moved On

Berry, Jane, COMP/FS/REASSGN
Donohue, Thomas John, COMP/
YOC/COOP
Heller, Roger, FA/OMS
Lee, Kenneth, FA/FM/A/NPA
Smialek, Elaine, FA/OP/A/EE

Promoted

Basset, Jeannie, LAC/DR/SA,
administrative operations assistant
(office automation)
Beed, John, Egypt, project
development officer
Bennett, Tanya, IG/RM/GS,
purchasing agent
Brawner, Catherine, FA/OP/
TRANS, traffic management
specialist
Caraway, Sonya, PRE/IBD,
secretary stenography
Conway, Josephine, IG/RM/GS,
administrative operations assistant
typist
Cromartie, Ernestine, IG/A/SPEC
RPTS, program operations
specialist
Hagan, Cassandra, IG/RM/GS,
information analyst
Herrman, John, TDA/P, interna-
tional trade specialist
Livingston, Mary, FA/FM/CMP/
LC, office automation assistant
McGlathery, Louise, IG/RM/GS,
computer specialist
Milne, Alan, IG/I&S/IPS, investiga-
tor
Randall, Kim, FA/OP/PS/CAN,
contract specialist
Shanks, Darren, M/HR/OD,
administrative operations assistant
(office automation)
Wray, Deborah, FA/FM/P/AR,
accounting technician

Retired

Armstrong, Larry, RDO/South
Pacific, regional director, 24 years
Carter, Theodore, Egypt, legal
officer, 28 years
Daly, Ralph, IG/I&S/SAC/WFO,
inspector, 17 years
Flores, George, COMP/FS/
REASSGN, foreign affairs officer,
24 years
Gilbert, Frederick, REDSO/WCA/
OD, regional director, 30 years
Herder, Francis, COMP/FS/
REASSGN, foreign affairs officer,
24 years

Ireland, Michael, Senegal,
supervisory executive officer, 27
years
Kamens, Gerald Lee, AA/M,
special assistant, 29 years
Lambombard, Girard, Pakistan &
Afghanistan, supervisory
commodity management officer,
27 years
Langmaid, Bradshaw Jr., AA/M,
deputy associate administrator, 32
years
McLaughlin, Ulysses, FA/FM/A/
OE, budget assistant, 30 years
Mowbray, Robert, COMP/FS/
REASSGN, agricultural develop-
ment officer forestry, 15 years
Moyer, Loubert Reese, COMP/
DETAIL SUP, supervisory private
enterprise officer, 10 years
Newman, Ray, M/FM/LM,
supervisory accountant, 26 years
Owens, John, AA/M, deputy
associate administrator, 32 years
Perry, Frederick, COMP/FS/
REASSGN, development
coordination officer, 14 years
Raybold, Joan, EUR/PD/PPD,
program operations assistant
(office automation), 6 years
Rollis, R.T. Jr., COMP/DETAIL
SUP, director, 13 years
Shortlidge, Richard Jr., Namibia,
USAID representative, 17 years
Sundermann, Alejandro, Philip-
pines, supervisory engineering
officer, 19 years

Years of service are USAID only.

Reassigned

Aarnes, Anne, COMP/FSLT,
supervisory program officer, to
project development officer,
Kraie
Allem, Janet Faye, AA/M, special
assistant, to chief of staff
Anania, John, Egypt, agricultural
development officer, to COMP/FS/
REASSGN
Anders, Glenn, Sri Lanka,
supervisory agricultural develop-
ment officer, to supervisory project
development officer, Armenia
Ball, Douglas Hillary, COMP/NE/
OJT, IDI (private enterprise), to
Dominican Republic
Baum, Raymond, Botswana, project
development officer, to supervisory
general development officer
Beebe, James, R&D/AGR/APP,
agricultural economics officer, to
supervisory general development
officer, South Africa
Bennett, Carlton, Afghanistan,
supervisory contract officer, to
Pakistan & Afghanistan
Blumhagen, Dan, COMP/FSLT,
health/population development
officer physician, to Burundi
Brooks, Charles, Swaziland and
Lesotho, controller, to Zimbabwe
Carpenter, Louis, Afghanistan,
financial management officer
budget/analyst, to Pakistan &
Afghanistan
Charney, Donald Kenneth, AA/M,
special assistant, to senior adviser
for financial management
Cowper, Steven, COMP/NE/OJT,
IDI (financial management), to
Zimbabwe
Dickie, Alexander, IV, COMP/
FSLT, agricultural development
officer, to natural resources officer,
Guatemala
Dugan, Maureen, LAC/CEN,
program officer, to supervisory
project development officer, Egypt
Edwards, Christopher, El Salvador,
IDI (financial management), to
financial management officer
financial analyst
Fickenscher, Karl, COMP/NE/OJT,
legal officer, to GC/PRE
Gary, Philip-Michael, Indonesia,
deputy mission director, to mission
director, Nepal
George, Gene Vincent, EUR/RME/
PD, supervisory project develop-
ment officer, to COMP/FSLT
Graham, William, India, controller,
to Swaziland and Lesotho
Grant, John, Togo, supervisory
program officer, to FHA/PPE
Greaves, Nancy, M/HR/PS, policy
analyst, to M/HR/EM
Grigsby, Carol, POL/SP, interna-
tional trade specialist, to COMP/
DETAIL SUP
Hadley, Stephen, COMP/FSLT,
supervisory private enterprise
officer, to private enterprise
officer, Ukraine
Harber, Richard, AFR/SA/MBZ,
program officer, to program
economics officer, South Africa
Hradsky, James, LAC/DR,
supervisory general development
officer, to deputy mission director,
Morocco
Hurdus, Alan, R&D/AGR,
supervisory agricultural develop-
ment officer, to COMP/FSLT
Johnson, Wilhelmina, A/AID,
confidential assistant, to secretary
stenography, AA/M
Kammerer, Kelly, Nepal, mission
director, to counselor, A/AID
Lark, Evelyn, M/HR/SCD, file clerk
(typing), to M/HR/POD
Lewellen, Mary, Zimbabwe,

controller, to Philippines
Lofton, Earlene, LAC/DR/HPN, program operations assistant (office automation), to MHR/WPRS
Mansavage, Gary, Sudan, foreign affairs officer, to COMP/ES/REASSGN
Mitchell, Robert, Guinea-Bissau, general development officer, to COMP/ES/REASSGN
Myers, Desaux, III, NIS/TF/FA/R, program officer, to COMP/ESLT
Nishihara, Richard, Indonesia, agricultural development officer, to Sri Lanka
Pearson, Willard Jr., Ethiopia,

mission director, to regional director, REDSO/WCA
Primm, Barry, Philippines, agricultural economics officer, to general development officer, Kazakhstan
Reynolds, Nataki, COMP/CS/RECRUIT, secretary typist, to secretary (office automation), EUR/RME/ER/PF
Smith, Margaret Ann, Tanzania, project development officer, to COMP/LT TRNG
Sprague, David, COMP/ESLT, senior adviser/executive secretary, to supervisory general development officer, Ukraine

Spriggs, Conchita, EUR/RME/D, secretary, to MHR/OD
Spriggs, Edward, GC/AFR, legal officer, to USAID representative, Namibia
Swain, Diana, NE/ME, program officer, to NIS/TF/FA/R
Travett, Evette, AFR/CCWA/MS, office automation assistant, to AFR/DP/PAB
Trujillo, Audon Jr., COMP/ESLT, agricultural development officer, to contract officer, FA/OP/CC/P
Zeitlin, Michael Lawrence, MHR/OD, special assistant, to AA/M

Susan H. Atkinson died of congestive heart failure at her home in Arlington, Va., on Jan. 7, 1994, at age 60. She joined USAID's predecessor agency in 1955 serving in Washington and Iran. As a Foreign Service officer, she continued her career with USAID, serving in Ghana, Vietnam, Laos and Washington until her retirement in 1972.

Richard P. Burke died of cancer at his home in Falls Church, Va., on Oct. 11, 1993, at age 54. A senior program officer, Burke joined USAID in 1969 and served in Turkey, Nepal, Guatemala and Costa Rica. He received USAID's Distinguished Honor Award at a special ceremony at his home last year.

Charles Gladson died in Arlington, Va., on Nov. 15, 1993, at age 57. He joined USAID in 1969 as general counsel and then served as mission director for Thailand and Kenya. From 1987 until his retirement in 1989, Gladson was assistant administrator for Africa.

Nancy Ferebee Lewis, executive assistant to the deputy director at USAID/Cairo, died of acute respiratory and circulatory failure on Christmas Day in Cairo. She was 39 and had worked for the agency in Egypt, Tunisia and Washington.

Dan F. Miller Jr. died of cancer at his home in Waldron, Ark., on Aug. 29, 1993, at age 72. Miller joined USAID in 1962 and served as chief engineer in Nigeria, Guatemala, Guyana and Washington until his retirement in 1980.



Margaret Carpenter, assistant administrator for Asia and the Near East, gives a loan certificate to a first-time borrower while visiting a small and microenterprise project in Egypt. The project is run by the Alexandria Businessmen's Association.

Carpenter reviews Near East projects

In November, Margaret Carpenter, assistant administrator for the Asia and Near East (ANE) Bureau, visited Egypt, Jordan, Israel, the West Bank and Gaza on her first tour of the region.

Carpenter was sworn in as assistant administrator for ANE on Oct. 8. She came to USAID from the White House, where she served as the associate director of presidential personnel, with responsibility for

identifying candidates for presidential appointments in the international agencies.

Before coming to Washington, Carpenter served as the director of public affairs at the Asia Foundation in San Francisco.

From 1982 to 1983, Carpenter was the deputy director of the Joint Voluntary Agency in Thailand, a State Department-funded non-profit organization responsible for

screening Indochinese refugee applicants.

George Laudato, deputy assistant administrator for ANE, accompanied Carpenter to Egypt. Most of their time was spent in Alexandria, where they visited other USAID projects, including the recently completed Alexandria Wastewater Plant and a health and family planning clinic in the Moharram Bek area. ■

AWID conference: Setting the stage for the '95 Beijing meeting

Over 1,200 women from more than 80 countries gathered in Washington for the sixth international forum of the Association for Women in Development (AWID) last fall. Policy-makers, political leaders, scholars and technical experts shared their strategies to effect changes through diplomacy, networking, education and advocacy.

The conference helped set the stage for the Fourth United Nations Conference on Women to be held in Beijing from Sept. 4-15, 1995. "At this critical time at the turn of a century, it is important to join together to present women's strengths, to listen to diverse women's voices and to condense the vast knowledge now available to focus on strategic areas of action for women," Gertrude Mongella, secretary-general for the U.N. Women's Conference, said.

Participants at the AWID conference discussed a range of topics from health and family to political action, human rights, income and employment, environment and agriculture.

AWID, a non-profit international membership association, was founded in 1982 to promote the full and active participation of women in development and to ensure that women share in the benefits of participatory development.

Carol Lancaster, the first woman to serve as deputy administrator of USAID, addressed the conference and stressed the importance of women's leadership and involvement in the development process.

Palestinian delegation attends AWID conference

USAID's Office of Women in Development supported the participation of 18 women from around the world. In addition, a delegation of six Palestinian women from non-governmental organizations (NGOs) in the West Bank and Gaza met for the first time at the conference. USAID supported their participation through AMIDEAST, a U.S. private voluntary organization with

offices in Arab countries, the West Bank and Gaza.

Jamileh Abu Duhou, manager of a women's program at Bisan Center for Research in Development in Ramallah West Bank, said the broad exposure she got at the AWID conference made institutional links more accessible.

Sharing experience is essential today, especially when nationalism, fundamentalism and civil strife have set back progress for women in culturally and politically oppressive situations.

Hind Salman, a business professor from Bethlehem University in Jerusalem, said many but not all Palestinians were deeply affected by the peace process. "We knew of political changes, but they have not yet touched the lives of most residents in the West Bank and Gaza. We feel cautious about changes because we have been through so much," Salman said.

Women from the Palestinian delegation added that recent peace had not curbed the violence in the region, but merely displaced it to the private domain of the household. They stressed the need for increased response to domestic violence, including mental health facilities, legal assistance and legal training for women.

This transition period may shed light on the invisible but significant entrepreneurship of Arab women, as discussed in one of the panels. Palestinian women of the West Bank and Gaza may eventually play an important role in the political decision-making process, and their role as entrepreneurs is growing.

At the upcoming U.N. Women's Conference, member states, with the help of NGOs, will have an opportunity to report on their countries' progress in enhancing the status of women. They will address key obstacles to the advancement of women and discuss the challenges and demands of the 21st century. The meeting will culminate a process of consensus building between governments, NGOs and individuals at the

national, regional and global level. Regional U.N. preparatory conferences, scheduled in Indonesia, Argentina, Jordan, Austria and Senegal this year, will be an integral part of the process.

For more information about the U.N. Women's Conference, call Joan Wolfe at (703) 875-4699. ■

—By Diana Cabcabin and Mari Clarke

Cabcabin is an international cooperation assistant at the West Bank and Gaza Desk, and Clarke is an evaluation adviser in the Office of Women in Development in the Global Bureau.

“

Have You Heard?

”

“Due to severe budgetary constraints, the light at the end of the tunnel has been temporarily turned off.”

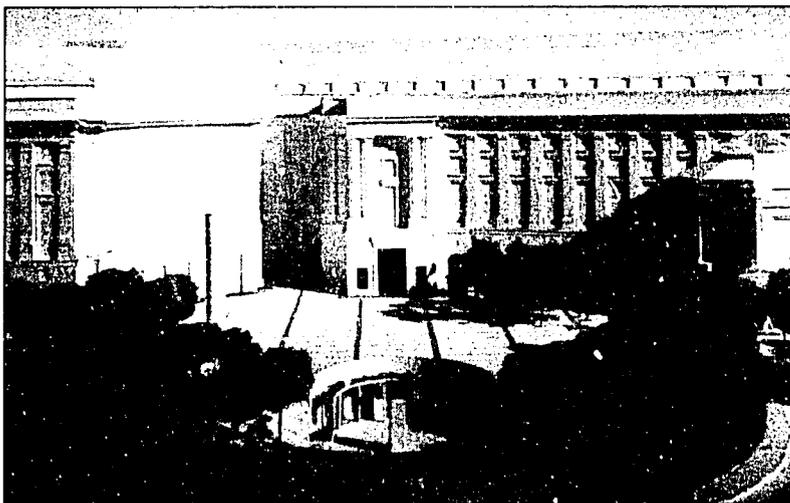
“The entire Development Fund for Africa, now distributed to over 35 countries, is \$785 million, only 5.5 percent more than the public school budget for 1994 of \$744 million in Montgomery County, Md.”

“Insanity is doing the same thing the same way and expecting different results.”

“A travel authorization for a contractor who was requested to come to Washington from her home in Philadelphia for a two-day orientation authorized 22 lbs. of excess baggage and reimbursement for bottled water. Have things in Washington gotten this bad?”

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|--|---|---|--|---|--------------------------------------|
| | | 1 U.S. Peace Corps established, 1961 | 2 USAID receives award from UNICEF honoring 25 years of ORT Protocol and U.S. Representation Abroad* | 3 "Star Spangled Banner" made anthem, 1931 American Studies* | 4 Original U.S. inauguration day > | 5 |
| 6 Alamo fell, 1836 | 7 | 8 International Women's Day Russian Revolution began, 1917 | 9 | 10 | 11 | 12 |
| 13 | 14 Security Overseas Seminar (703) 302-7269 > | 15 Tax Seminar* | 16 | 17  St. Patrick's Day | 18 First space walk, 1965 | 19 |
| 20  First day of spring | 21 | 22 | 23 Understanding Regulations, Allowances & Finances in the Foreign Service Context* | 24 | 25 > | 26 Going Overseas Seminar* |
| 27 Palm Sunday, Passover begins | 28 Security Overseas Seminar (703) 302-7269 > | 29 | 30 | 31 | | |

*Classes held at Overseas Briefing Center, Arlington, Va. Call (703) 302-7268 to enroll.



Getting our act together

In November 1993, the agency was selected as one of three federal tenants for the Federal Triangle Building (FTB) under construction at 13th Street and Pennsylvania Avenue, N.W., in Washington. This action culminates over 20 months of negotiations with the General Services Administration for new headquarters that would consolidate all of USAID/W's nine office buildings currently located in Washington and Rosslyn, Va. USAID/W will occupy approximately 47,250 square meters (525,000 square feet) in the FTB, starting in fall 1995. The FTB provides an opportunity to realize a long-sought objective—a consolidated USAID with a new direction and a new home. Watch for further information!

ORT--A Lifesaving Therapy

"AID's child survival initiative may be among the most important efforts in foreign assistance that our government has undertaken. It is a permanent challenge to every nation--ours included--until every child in the world is ensured the best possible chance for survival."

Former Surgeon-General C. Everett Koop

In the late 1960s, scientists from two U.S.-funded cholera research projects demonstrated success in treating life-threatening fluid loss--dehydration--and preventing death in adult cholera patients with "oral rehydration therapy" (ORT). At that time, few unfamiliar with cholera would have imagined the potential of this treatment. Twenty five years later, ORT is one of the major components of USAID's child survival initiative--part of a global effort to ensure better health for the world's children through the application of simple, cost-effective technologies. (For a detailed historical overview, refer to "The Role of Research in Diarrheal Disease Control in Developing Countries".)

Diarrhea's Impact on the World's Children

Diarrhea affects people of all ages on all continents, but children are most vulnerable to its potentially lethal consequences. Worldwide, approximately 1.5 billion episodes of diarrhea occur each year in children under age five. For this age group, dehydration from diarrhea ranks as the second leading cause of death, accounting for roughly three million deaths per year--or nearly 8,000 childhood deaths per day.

In the U.S., where diarrhea is often perceived more as a nuisance than a serious childhood illness, the impact is still considerable: children under five years of age experience over 20 million episodes of diarrhea each year, leading to several million doctor visits and over 200,000 hospitalizations. MHWR 1992;41(No.RR-16) Diarrhea is associated with 9% of all hospitalizations of children under five in the U.S.

During diarrhea, the body loses fluids and important minerals (electrolytes). This fluid loss can lead to dehydration which, if left untreated, can result in death. In developing countries, where a child may experience up to ten episodes of diarrhea each year, these recurrent bouts are also a primary cause of malnutrition: diarrhea impedes absorption of nutrients and often is accompanied by loss of appetite or withholding of foods by parents and health care providers. A malnourished child is more vulnerable

to infections, including diarrheal illness, and will tend to experience longer and more severe diarrhea. This vicious cycle sets the stage for significant adverse impact on the child's growth, health, and chances for survival.

What is Oral Rehydration Therapy?

Oral rehydration therapy is the administration of fluid by mouth to prevent or correct the dehydration that is a consequence of diarrhea. Appropriate management of a case of watery diarrhea includes ORT to replace the loss of fluid and electrolytes, as well as continued feeding and breastfeeding during and after an episode of diarrhea and quick referral of serious cases to appropriate medical facilities. Even in medical facilities, almost all cases--except those where the patient is in shock from severe dehydration--can be treated successfully with ORT.

For the treatment of dehydration, a single oral rehydration solution--ORS--has been developed and is promoted by WHO and UNICEF, according to the following formula:

| | |
|--------------------------|------------|
| glucose | 20.0 grams |
| sodium chloride | 3.5 grams |
| base (trisodium citrate) | 2.9 grams |
| potassium chloride | 1.5 grams |
| water | 1.0 liter |

Ideally, oral rehydration should begin early in the diarrhea episode to prevent dehydration. For this purpose, ORS is only one way to accomplish ORT; simple solutions can be prepared using ingredients commonly found in the home. If dehydration occurs, then use of the special ORS formulation is indicated.

ORT--the simple solution...

The discovery in the late 1960s that a solution composed of a few common ingredients, given orally to a cholera patient by a family member, could replace intravenous (IV) therapy is now recognized as a public health milestone. Compared to IV therapy for diarrheal dehydration, ORT has been called "the simple solution". IVs are expensive and cumbersome, requiring trained medical personnel, a fixed medical care facility, and sterile equipment--all in short supply in the developing world.

By contrast, ORT is a simple but powerful therapy. Since it is given by mouth, oral rehydration encourages the active involvement of the parent in the treatment of a child with diarrheal dehydration. In the clinic, a mother can easily continue feeding and breastfeeding her sick child, unencumbered by IV tubes and related equipment. The child benefits from the mothers' closeness and is spared the trauma of the more invasive (IV) treatment. Experience has shown that even village health workers

with little training and supervision can teach mothers how to prepare and use ORT at home.

Commercially packaged ORS is simple to prepare. At a manufactured cost of approximately 14 cents per packet, one liter of ORS is about ten times less expensive than IV solution. Experience from the developing world indicates that use of ORT in the U.S. could save several hundred million dollars annually. However, despite the recommendations of most medical professional societies, ORT remains tremendously underused in our own country.

By 1978, the international community had acknowledged the benefits, safety, and efficacy of ORT for the treatment of diarrheal illness. The World Health Organization Programme for the Control of Diarrhoeal Diseases (WHO/CDD) was initiated as part of a multidonor effort to bring this lifesaving treatment to children in every corner of the world. In anticipation of this global effort, in 1975 UNICEF began mass procurement of ORS packets to supply new national diarrheal disease control (CDD) programs in countries around the world.

The United States, through USAID, soon became a leader in this global effort. Since 1983, USAID has contributed more than \$ 370 million for research to improve diarrheal disease control and for development and strengthening of diarrheal disease control programs. USAID supported ORT/CDD activities in over 53 countries in 1993.

...and not so simple

Though ORT--"the simple solution"--is less complicated than many other health interventions, assuring its constant availability and convincing families and health care providers to use it in place of other treatments have proven enormous challenges. These challenges have yielded innovations which today are improving not just diarrheal disease control and child survival programs, but other components of public health programs in developing countries. Among these innovations are:

- better national planning and policy formulation;
- improved training;
- more effective health communication and an emphasis on behavior change in public health;
- improvements in critical elements of effective health systems, such as logistics and supply of ORS and other essential drugs;
- involvement of private sector health providers and private pharmaceutical and health products industries.

USAID success in reducing childhood mortality from diarrheal diseases has been especially notable for improvements in the following areas:

Health worker performance

To counter the resistance of health professionals to changing long practiced treatment methods, USAID-supported training programs have emphasized more active hands-on training and the training of cadres of effective trainers. Both the trainers and their methods have been widely utilized by other health programs, reflecting the success of this approach.

Behavior change

Acknowledging the need to understand the cultural and other determinants of mothers' and families' behaviors when diarrhea occurs in order to effect behavior change, USAID has been a pioneer in the application of the principles of social marketing to health. USAID-supported health communication initiatives stand as successful models for applying this approach in support of new and more effective health practices, both in the U.S. and abroad.

Collaboration between public and private sectors

With USAID encouragement, governments have increasingly sought the partnership of the private sector to broaden coverage of ORT and other child survival interventions. Private sector initiatives have included the production, marketing and distribution of ORS packets; training of non-government health providers; and marketing of products related to diarrhea prevention (e.g., soap marketed for handwashing rather than for beauty).

In an ongoing effort to resolve remaining problems, USAID also supports an active research program. This research targets technical, behavioral, epidemiological and health systems issues in diarrheal disease control, including improved ORS formulations, management of persistent diarrhea and dysentery, rational use of drugs in diarrhea management, improved service delivery, improved hygiene in the home, vaccine development, and improved child weaning and feeding practices.

Looking to the Future: Building on our Success

In 1978, the world community declared an all-out effort to combat childhood diarrheal mortality through the widespread use of ORT. Between the mid-1980's and 1990, when world leaders met again at the World Summit for Children, diarrhea's toll on children had been reduced by 25%, from four to three million diarrhea-associated deaths each year. Encouraged by this progress, leaders at the World Summit set child survival goals for the year 2000, including:

- ▶ increased use of ORT plus continued feeding to 80% of all

- diarrhea episodes (now at 38%);
- ▶ 50% reduction in childhood diarrhea-associated deaths (averting an additional 1.5 million deaths each year);
 - ▶ 25% reduction in the incidence of diarrheal illness;
 - ▶ 50% reduction of severe and moderate malnutrition.

These ambitious goals require the firm commitment of the more than 100 countries with national CDD programs and the continued support of donors and international organizations. In many countries, ORT has gained the recognition needed to sustain it as an accepted part of the national health care agenda. To meet the World Summit for Children goals, continued promotion of ORT will need to be complemented by strategies aimed at improved treatment of other lethal forms of diarrhea such as dysentery, and at prevention of diarrheal diseases at the level of communities and households.

Finally, the successes to date with ORT and CDD give hope that the same approach might be applied to other major causes of child death worldwide, such as acute respiratory infections (ARI). The elements of this successful approach have been: clear focus on a major health problem; targeted research leading to the development of cost effective interventions; support for the development of sound national plans and programs; use of communication and social marketing to promote widespread knowledge and support behavior change; involvement of a broad coalition of public and private sector entities in reaching child survival targets; and systematic identification and resolution of impediments to availability and use of this life-saving treatment.

In conclusion, as we look to the future, child survival is more a priority than ever before. The achievements of ORT during the past 25 years give us a great deal to celebrate.

- ▶ We celebrate the scientific curiosity and rigorous research which led to the development of a solution that could be used for the rehydration of both adults and children, regardless of the cause of diarrhea.
- ▶ We celebrate the joint efforts of the international donor community, governments, national and local organizations, and communities that have made ORT available to nearly three-fourths of the developing world's population and that have resulted in a tripling of ORT use in the last ten years.
- ▶ Above all, we celebrate the fact that each year more than one million children's lives are saved through the use of ORT.

Dedicated efforts to extend this remarkable progress to yet unreached populations will lead to the saving of millions more young lives.

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The Role of Research in Diarrheal Disease Control in Developing Countries

The development of Oral Rehydration Therapy (ORT) is heralded as one of the great achievements in medicine. Throughout history every culture has had its remedies for the constellation of ailments known as diarrhea. However, not until the early part of this century was the "scientific method" rigorously applied to deal with the problem and well-designed studies carried out in the locales where diarrhea was a threat to life. In these locales - The Philippines, India, Bangladesh and Taiwan - researchers were highly motivated to develop ways to reduce death from diarrhea and thus to move quickly from basic laboratory studies to field application.

From the 1940's through the 1950's and early 1960's, basic research which formed the underpinnings for the development of ORT proceeded rapidly, although all too often these early efforts failed to yield practical solutions because study designs were flawed, and well-defined treatment regimens were not established. Nonetheless, these studies paved the way for the first clear demonstration of oral rehydration's utility by Captain Robert Phillips and his colleagues in the Philippines between 1962-1964. However, these clinical trials, in which many patients developed congestive heart failure, caused many (including Dr. Phillips) to doubt the potential usefulness of oral therapy.

In 1960, The U.S. government established two research centers in Asia - centers which played pivotal roles in the development of ORT. With funds provided by USAID, the Pakistan SEATO Cholera Research Laboratory was established in Dhaka. Through an agreement between Johns Hopkins University and the National Institutes of Health, the Center for Medical Research and Training was established in Calcutta, India. With the participation and collaboration of other Indian institutions such as the Calcutta School of Tropical Medicine, the All India Institute of Hygiene and Public Health, and the Indian Council of Medical Research, the Center undertook studies complementing those being conducted in Dhaka.

Building on studies by Watten and Phillips in Bangkok, researchers in Dhaka and Calcutta worked to define the physiologically correct mixture for intravenous rehydration of cholera patients. In the mid 1960's, physiological studies in Dhaka and Calcutta confirmed earlier observations that glucose enhanced the movement of sodium across the intestinal mucosa in cholera patients and that water and electrolyte balance could be maintained by oral glucose and electrolyte solution alone during severe cholera.

In 1967, the Christian Mission Hospital in Pakistan requested help from the Cholera Research Laboratory in coping with a cholera epidemic. A treatment protocol derived from studies conducted during this epidemic was formulated and used with success on adult patients during a subsequent cholera outbreak in Dhaka in 1968. A Calcutta study provided important confirmation of the Dhaka work soon after. Encouraged by these developments, researchers from Dhaka carried out the first large scale ORT clinical trial under field conditions in rural Bangladesh in 1968-69. The study proved that ORT was a practical treatment which could be used to save the lives of large numbers of patients lacking access to expensive intravenous rehydration at hospitals. ORT was taken one step further and shown to be effective in children with cholera, as well as in adults and children with non-cholera diarrhea. The first mass use of ORT in crowded refugee camps in India in 1971 further

strengthened the credibility of Oral Rehydration Solutions (ORS). The complementary and mutually reinforcing work of the Dhaka and Calcutta laboratories during this extraordinarily productive period did much to strengthen the scientific basis of ORT.

Research continues to seek more effective ORS and ORT. ORS solutions with different electrolyte compositions have been tested against diarrhea of different origins, in different clinical environments, using a variety of training and marketing techniques. Research using different cereal-based ORS formulations has demonstrated that improved taste yields better acceptance and shorter duration of illness, as well as reduced stool output. Behavioral and anthropological research have provided insight into ways to increase correct ORT usage both at home and in health facilities. Social science research has focused on families, health workers, pharmacists, and educators and has resulted in new approaches to communicating face-to-face and via mass media. Studies related to mothers/caretakers at home and better ways to interact with the private sector also promise to provide information that can be used to increase use of ORT. Research on feeding during diarrhea has demonstrated that feeding plus fluids enhances clinical and nutritional outcomes, adding to the understanding of the interrelationship of diarrhea and malnutrition. Numerous country-specific studies which identified methods to provide optimally nutritious diets based on inexpensive, locally available ingredients and suitable home fluids have set the stage for early home-based management of watery diarrhea. Scientific evidence showing the advantages of continued breastfeeding during diarrhea has led to breastfeeding promotion with benefits not only during diarrhea but also for the prevention of diarrhea.

At the Cholera Research Laboratory, research on antidiarrheal drugs kept pace with research on ORT. In the early 1960s, investigators in Dhaka showed that tetracycline diminished stool output and shortened the duration of diarrhea in cholera patients. Recent research on antidiarrheal drugs has focused on the evaluation of both modern and traditional drugs; ineffective, costly and sometimes harmful drugs have been identified and in some cases removed from the marketplace. Early studies that used tetracycline in conjunction with ORS for severe cholera provided the impetus for the development of guidelines which specify judicious use of antibiotics for cholera and dysentery, a type of diarrhea with potentially high rates of mortality for which ORT does not provide adequate treatment.

Research to decrease diarrhea morbidity and mortality endeavors not only to improve case-management of watery diarrhea but also to identify cost-effective ways to complement this strategy, including means for prevention and for case management of other types of diarrhea. Vaccines effective against the major causative agents of diarrhea - rotavirus, E. coli, cholera, shigella - are under development and being evaluated in the field. As drug resistance spreads, alternative drugs are being identified. The impact on diarrheal disease of Vitamin A supplementation (of mothers and/or their children in conjunction with EPI) is another area of research currently pursued. Research on persistent diarrhea, now an important cause of death in children worldwide as deaths from acute watery diarrhea have declined, has resulted in dietary case management guidelines. Greater understanding of the causes of persistent diarrhea is necessary to improve its management and prevention.

Prevention of diarrhea through improved access to clean water, correct disposal of feces, and appropriate hygiene in the home are other foci for research. Although basic infrastructure plays an important role in providing access to clean water in many countries, behavioral studies indicate that much can be done to improve hygiene in the home regardless of access status.

Research on ORT and complementary strategies to reduce diarrhea morbidity and mortality has not only resulted in new technologies and methodologies but also has strengthened the capacity of developing countries to identify and solve problems in diarrheal disease control, thus helping to sustain gains made. Some researchers previously participating in laboratory- and clinic-based studies are now in decision making positions in their governments, enhancing the likelihood that research results will be incorporated into policy and implementation programs. In many places, trained researchers are able to adapt global guidelines to their country-specific situations. Investigators currently conducting diarrheal disease research are teaching their students in new ways that stress hands-on, field-oriented approaches to problem solving.

Twenty five years after the first successful ORT clinical trials in the developing world, research continues to provide new strategies for conquering disease and death from diarrhea. For researchers and other partners in development, the challenge is to sustain gains and to amplify these new findings.

The Society for International Development (SID)

Washington Chapter



Nutrition, Health and Development Workgroup

About SID

The Society for International Development (SID) was founded in Washington, DC, in 1957 to meet the professional needs of a growing number of practitioners, policy-makers, and planners in the emerging field of international development. Today, the Society has over 10,000 members in 132 nations and territories around the world. Together they form an expansive global network of individuals dedicated to the successful and equitable practice of economic, social, and political development. Although each chapter functions independently, all are devoted to three basic objectives:

SID's Objectives

- *To promote international cooperation and dialogue on global development issues*
- *To encourage the expansion of skills and knowledge of development practitioners worldwide*
- *To serve as a network of individuals and organizations in various sectors of international development.*

SID - Washington Chapter

SID-Washington Chapter, with nearly 1,300 individual members and 60 institutional members, has been referred to as the flagship of SID. Located in the financial and policy capital of the international development community, the Washington DC Chapter takes full advantage of the diverse and abundant resources which surround it.

The SID Nutrition, Health and Development Workgroup

The SID Nutrition Health and Development workgroup was founded in 1993, to provide an open forum for international health and development practitioners, educators and students to explore the impact of health on development, the impact of development on health and nutrition, and the determinants, mechanisms, attributes and consequences of these relationships in the realms of political, economic, social, and human development.

The Nutrition, Health and Development workgroup, which builds on and expands upon the former

Health and Nutrition workgroup, meets monthly at the George Washington University. It has sponsored numerous events, including the annual World Food Day teleconference, guest presentations on issues such as "global learning for health", "gender and child survival", and "new directions in international development", and other events in collaboration with other SID workgroups, and international institutions.

The workgroup is housed at the George Washington University Center for International Health, and is chaired by Dr. Rosalia Rodriguez-Garcia, the Center's director, with James A. Macinko and Josephine Peters.

For Information

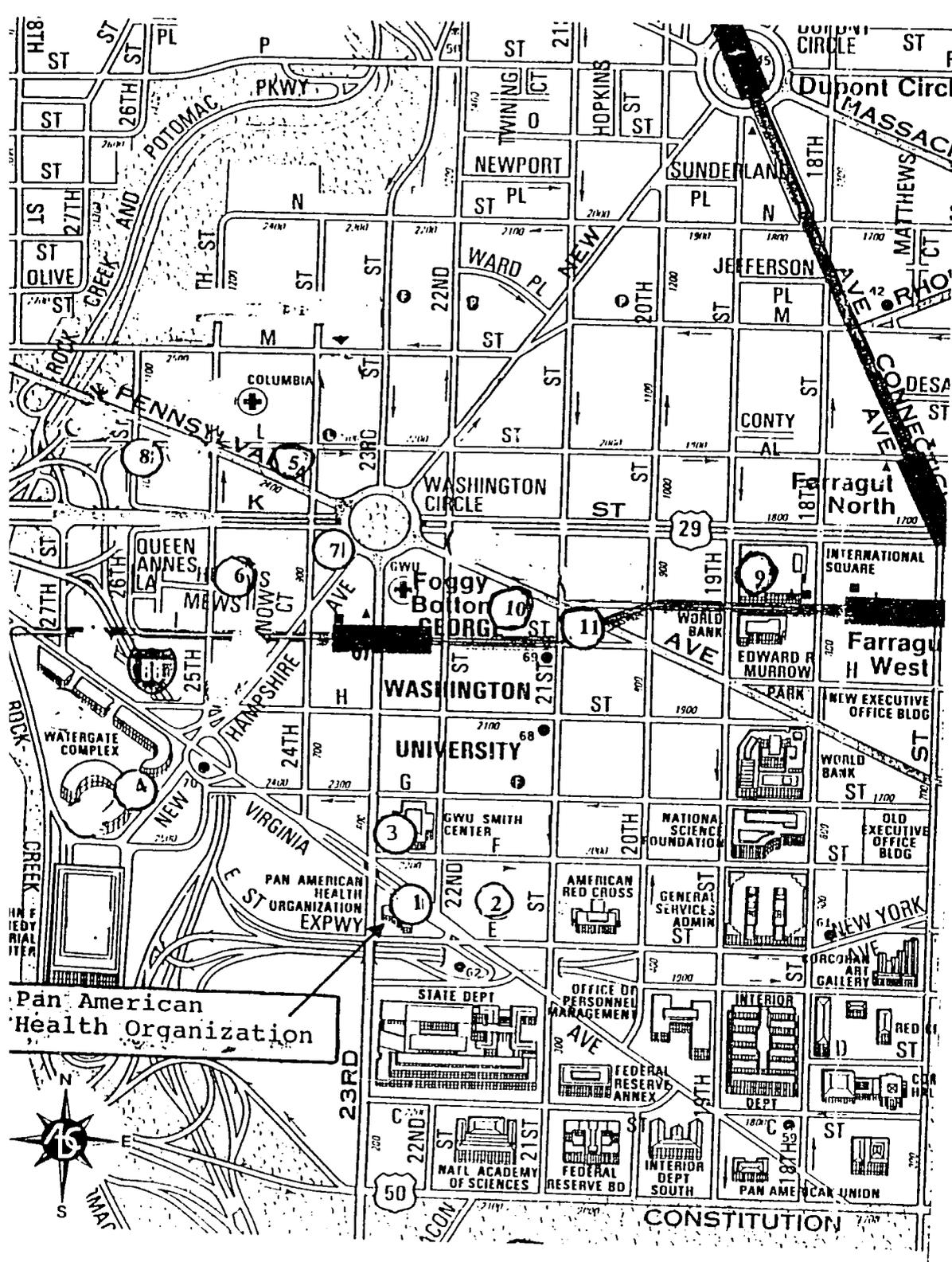
SID-Washington Chapter Contact

Mr. Lawrence Goldman,
Executive Director,
at (202) 347-1800.

Nutrition, Health and Development workgroup Contact

The GW Center for
International Health
at (202) 994-5682.

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1. Pan American Health Organization
2. The Garden Café at the State Plaza Hotel
2116 F Street, N.W. International
3. The Magic Gourd
528 23rd Street, N.W. Chinese
4. Les Champs at the Watergate Complex
600 New Hampshire Avenue, N.W. International
5. The Bristol Grill at the Wyndham Bristol Hotel
2430 Pennsylvania Avenue, N.W. International
6. Foggy Bottom Café at the River Inn Hotel
924 25th Street, N.W. International
7. West End Café at the One Washington Circle Hotel
One Washington Circle, N.W. International
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2514 L Street, N.W. Italian
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11. Dominique's
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PAHO



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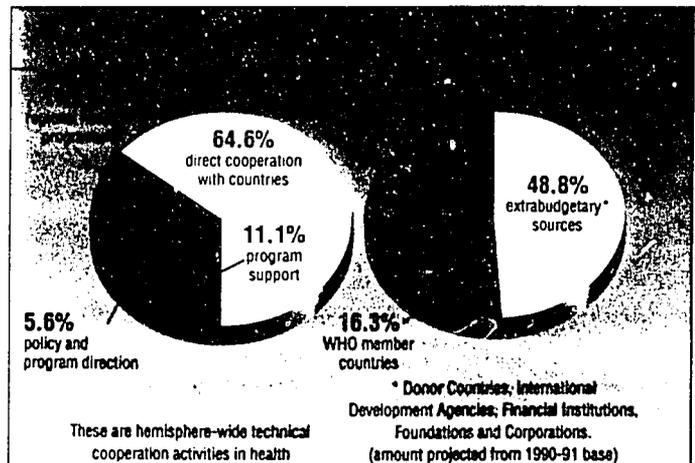
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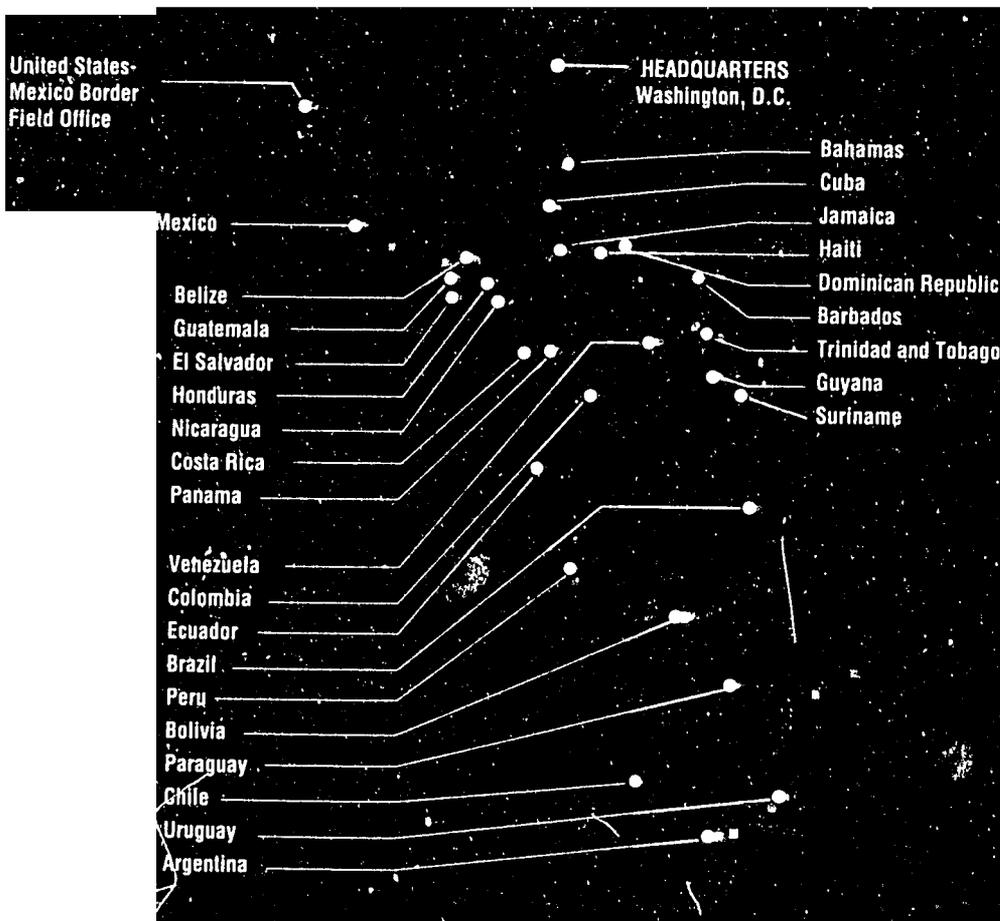




- ❑ **PAHO DISSEMINATES** scientific and technical information through its publications program and a vast network of academic libraries, documentation centers, and local health care libraries.
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- ❑ **PAHO SUPPORTS** efforts to control malaria, Chagas' disease, urban rabies, leprosy, and other diseases which affect the people of the Americas.
- ❑ **PAHO COLLABORATES** with governments, other agencies, and private groups to address major nutritional problems including protein-energy malnutrition, and is now working to eliminate iodine and vitamin A deficiencies.
- ❑ **PAHO EXPEDITES** health promotion to help countries deal with health problems typical of development and urbanization, such as cardiovascular diseases, cancer, accidents, smoking, addiction to drugs and alcohol, and others.
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- ❑ **PAHO SEEKS** outside funding, in addition to its core budget financed by quota contributions from its Member Governments, to help implement special programs and initiatives in response to vital health needs.
- ❑ **PAHO ACCEPTS** tax-deductible contributions for health and education projects in the Americas through the Pan American Health and Education Foundation (PAHEF).



PAHO OFFICES, SCIENTIFIC AND TECHNICAL CENTERS



PAHO Offices

PAHO Scientific and Technical Centers

Caribbean Epidemiology Center (CAREC)

16-18 Jamaica Boulevard
Federation Park
Port-of-Spain, Trinidad
Tel: 622-4261

Caribbean Food and Nutrition Institute (CFNI)

University of the West Indies
Kingston 7, Jamaica
Tel: 927-1540

Institute of Nutrition of Central America and Panama (INCAP)

Carretera Roosevelt, Zona 11
Guatemala, Guatemala
Tel: 715-655

Latin American and Caribbean Center on Health Sciences Information (BIREME)

Rua Botucatu 862, Vila Clementino
CEP 0423-062
São Paulo, SP, Brasil
Tel: 549-2611

Latin American Center for Perinatology and Human Development (CLAP)

Hospital de Clínicas, Piso 16
Montevideo, Uruguay
Tel: 472-929

Pan American Center for Human Ecology and Health (ECO)

Apartado Postal 37-473
06696 México, D.F. México
Tel: 16-43-44

Pan American Center for Sanitary Engineering and Environmental Sciences (CEPIS)

Calle Los Pinos 259
Urbanización Carmacho
Lima 12, Perú
Tel: 371-077

Pan American Foot and Mouth Disease Center (PANAFTOSA)

Avenida Presidente Kennedy 7778
Antiga Estrada Rio-Petropolis
25000 São Bento, Duque de Caxias
Rio de Janeiro, Brasil
Tel: 771-3128

Pan American Institute for Food Protection and Zoonoses (INPPAZ)

Calle Talcahuano 1660
(C.P. 1640) Martínez
Provincia de Buenos Aires, Argentina
Tel: 792-4047

PAHO OFFICES

Headquarters

525 Twenty-third Street, N.W.
Washington, D.C. 20037, U.S.A.
Tel: (202) 861-3200

Argentina

Marcelo T. de Alvear 684, 4º piso
1058 Buenos Aires
Tel: 312-5301

Bahamas

Third Floor Curry House Building
Shirley Street
Royal Victoria Compound
Nassau
Tel: 326-7390

Barbados

P.O. Box 508
Bridgetown
Tel: 426-3860

Belize

P.O. Box 1834
Belize City
Tel: 448-85

Bolivia

Edificio Forcomin, 3er piso
Av. 20 de Octubre #2038
La Paz
Tel: 371-644

Brazil

Setor de Embaixadas Norte, Lote 19
70800-400, Brasília, D.F.
Tel: 312-6550

Canada

Canadian Society for Int'l Health
170 Ave. Laurier Ave., Suite 902
Ottawa, Ontario, K1P-5V5
Tel: (613) 230-2654

Chile

Calle Monjitas 689
Piso 5, Oficina 58
Santiago
Tel: 6330-625

Colombia

Calle 95 No. 9-80
Bogotá, D.C.
Tel: 616-0177



Costa Rica

Calle 16, Avenida 6 y 8
Distrito Hospital
San José
Tel: 338-878

Cuba

Calle 4 No. 407, entre 17 y 19
Vedado
La Habana
Tel: 323-666

Dominican Republic

Avenida San Cristóbal
Esquina Avenida Tiradentes
Santo Domingo
Tel: 566-2705

Ecuador

Edificio del Club de Leones, 4º piso
Av. Naciones Unidas No. 1204
Quito
Tel: 456-800

El Salvador

73 Avenida Sur No. 135
Colonia Escalón
San Salvador
Tel: 983-491

Guatemala

Edificio Etisa, Plazuela España
7a. Avenida 12-23, Zona 9
Guatemala
Tel: 322-032

Guyana

Lot 8 Brickdam Stabroek
Georgetown
Tel: 530-00

Haiti

No. 295 Avenue John Brown
Port-au-Prince
Tel: 458-666

Honduras

Colonia Palmira No. 2036
Avenida República de Panamá
Tegucigalpa MDC
Tel: 32-3911

Jamaica

Imperial Life Building
60 Knutsford Boulevard
Kingston 5
Tel: 926-1990

Mexico

Avenida de las Palmas No. 530
Lomas de Chapultepec
C.P. 11000
México, D.F.
Tel: 202-8200

Nicaragua

Complejo Nacional de Salud
Camino a la Sabana
Cuarto Postal 1309
Managua
Tel: 942-00

Panamá

Ministerio de Salud
Avenida Cuba y Calle 36
Panamá
Tel: 253-328

Paraguay

Herrera 1010 c/E.E.U.U.
Casilla de Correo 839
Asunción
Tel: 214-139

Peru

Los Cedros 269, San Isidro
Lima 27
Tel: 409-200

Suriname

Gravenstraat 60 (boven)
Paramaribo
Tel: 472-401

Trinidad and Tobago

49 Jerningham Avenue
Port-of-Spain
Tel: 624-7524

Uruguay

Av. Brasil 2697, Apts. 5-6-8
Esquina Coronel Alegre
Código Postal 11300
Montevideo
Tel: 773-590

Venezuela

Avenida Sexta entre 5a. y 6a.
Transversal, Altamira
Caracas 1010
Tel: 262-2085

United States-Mexico Border Field Office

6006 N. Mesa St., Suite 600
El Paso, Texas 79912
Tel: (915) 581-6645