

**STABILIZING WORLD POPULATION GROWTH  
AND PROTECTING HUMAN HEALTH:  
USAID'S STRATEGY**

**The Challenge**

Certain factors play a critical role in keeping nations poor: a lack of resources; limited educational opportunities; a dearth of skills; and economic, social, and political systems that impede broad-based growth. Rapid population growth and poor health are inextricably linked, and they make every one of these conditions worse.

Poor health conditions and rapid population growth are closely associated with low status and limited rights for women. Moreover, the lack of basic rights, high rates of unintended pregnancy, and lack of access to basic health and family planning services threaten the health of both women and children. Conversely, the expectation of infant and child mortality encourages people to have numerous children in order to ensure that a few survive. When access to information about nutrition and sanitation is poor and health care and family planning services are inadequate, the result is increased mortality that contributes to high rates of fertility.

Poor health conditions and rapid population growth obstruct rational planning by forcing the national discourse to focus on day-to-day survival. No other factors so limit the options and flexibility of developing nations. Rapid population growth—renders inadequate any investment in schools, housing, food production capacity, and infrastructure. It challenges the ability of governments to provide even the most basic health and social services. When people are undernourished and disease-prone, they cannot contribute to their own development.

As expanding populations demand an ever greater number of jobs, a climate is created where workers, especially women and minorities, are oppressed. The educational and economic framework gradually collapses from supporting too many people with too few resources.

The problems of population and health in the developing world are being aggravated by the spread of HIV/AIDS. This health crisis threatens to overwhelm already limited health facilities and consume resources needed for long-term investments, both human and financial.

By their nature and consequences, population and health are global issues. Population pressure puts increasing stress on the Earth's already fragile environment. The world's population will grow by almost 1 billion people over the next 10 years, despite

the fact that fertility and growth rates have begun to drop in many countries due to efforts made over the past three decades. This translates into a net increase of more than 270,000 people every day -- 95 percent of them in the developing world.

Actions taken this decade -- especially the expansion of reproductive choice -- will determine when the world's population will stabilize. **What is done, or not done, in the next decade will determine the economic, social, and political prospects for much of the world for the next century.**

The high fertility rates associated with poverty and rapid population growth have implications for the individual and the family. Very early, multiple, closely spaced pregnancies drastically increase the health risks to women and their children, limit opportunities for women, and diminish the ability of families to invest in their children's education and health. Millions of unwanted births and the prevalence of abortion are evidence that many women lack adequate access to reproductive health services.

More than 500,000 women die each year because of preventable complications from pregnancy, abortion, and childbirth; over 35,000 children die each day, mostly from preventable causes, and mostly in the developing world. The HIV/AIDS epidemic continues to spread at the rate of approximately 5,000 new infections per day. These conditions impede sustainable development and are tragedies for individuals, families, communities, and nations.

Yet the population and health problems in the developing world can be addressed. With better access to family planning and health services, individuals can enhance their ability to affect and improve their own lives and the lives of their children. Moreover, by slowing the rate of population increase, societies can give themselves more time and better options.

Progress has been made. The delivery of child survival technologies, notably immunizations and oral rehydration therapy, has led to markedly lower child mortality. At the same time, fertility rates in most countries have been brought down by the increased use of contraception, decreased child mortality, expanded education (especially among females), and economic growth. USAID-supported population and health programs, conducted in close cooperation with concerned national governments, local and international private voluntary organizations (PVOs), other donors, and indigenous non-governmental organization (NGO) partners, have contributed significantly to this progress.

## **Strategic Goals and Areas of Concentration**

USAID's population and health goals are mutually reinforcing. Specifically, USAID will contribute to a cooperative global effort to stabilize world population growth and support women's reproductive rights. Consistent with U.N. projections, this effort should result in a total world population between 8 billion and 9 billion by the year 2025, and less than 10 billion by the year 2050, with very low growth thereafter. Over this decade, USAID also will contribute to a global health goal of halving current maternal mortality rates, reducing child mortality rates by one-third, and decreasing the rate of new HIV infections by 15 percent.

To achieve this, USAID will concentrate its population and health programs on two types of countries:

**Countries that contribute the most to global population and health problems.** Such countries have the following characteristics: childbearing by large numbers of very young and older women; many closely spaced births; high numbers of infant, child, and maternal deaths; high female illiteracy; large numbers of women with an articulated but unmet need for family planning services; and large numbers of persons infected with HIV, or growing rates of HIV infection.

**Countries where population and health conditions impede sustainable development.** Relevant characteristics of these countries include fertility and population growth rates that outstrip the country's ability to provide adequate food and social services; growth rates that threaten the environment; significant reproductive health problems due to heavy reliance on unsafe abortions; health conditions that impede the ability of children to learn and the ability of adults to produce and participate; growing rates of HIV infection; and significant gender gaps in education.

### **Operational Approaches**

At the program level, USAID's operational approach will be founded on these principles and objectives:

- Promoting the rights of couples and individuals to determine freely and responsibly the number and spacing of their children.
- Improving individual health, with special attention to the reproductive health needs of women and adolescents and the general health needs of infants and children.
- Reducing population growth rates to levels consistent with sustainable development.

- Making programs responsive and accountable to the end-user.

USAID will collaborate with other donors, host country governments, development agencies, universities and academic organizations, the private sector, PVOs, and NGOs. Where appropriate, USAID will pursue and practice joint planning and allocation of resources, sharing of methods, and pooling of technical resources. This will extend from the institutional level to the field.

Working closely with host country governments and local communities, USAID will construct country strategies that address the core elements of sustainable development. The population and health component of the country strategy will take into account the activities of other donors, development efforts in other sectors, and every element of USAID's population and health assistance in that country. These population and health strategy components will address how population growth problems can be solved in that country, how the country can acquire the independent ability to cope with its population and health problems, and how USAID's programs will help the country graduate from foreign assistance. These plans must take into account the quality and strength of the health infrastructure; the true access that citizens, especially women, have to health and family planning services; the situation regarding HIV/AIDS and sexually transmitted diseases; and the employment, education, and empowerment of women.

We will help the United States expand its leadership in the field of population and health. The United States already possesses an extensive network of specialized programs, institutions, and technical experts. USAID will rely on these resources and encourage their expanded use by the donor community and developing nations.

The Agency will operate both bilaterally and multilaterally. It will continue to work with and support the United Nations Population Fund (UNFPA), the International Planned Parenthood Federation (IPPF/London), the World Health Organization (WHO), the United Nations Development Program (UNDP), the United Nations Children's Fund (UNICEF), and the World Bank and other international financial institutions and their global population, health, research, and information activities. This will enhance USAID's ability to deal with the transnational effect of population and health problems while enabling USAID to share its resources with virtually all developing countries.

Population and health programs will be responsive to needs and problems as they are defined locally. They will actively involve women clients, providers, and indigenous experts in the conception, design, operation, evolution, and evaluation of

population and health programs. To be effective, programs must encourage the development and involvement of indigenous PVOs and NGOs.

We will emphasize the use of integrated approaches to expand reproductive choice and rights, help slow population growth, decrease maternal and child mortality, and reduce the spread of HIV/AIDS and other sexually transmitted diseases.

By "integrated approaches," USAID means that population programs should seek to provide individuals with access to a range of family planning methods; should integrate family planning programs, as appropriate, with services that enhance women's health and child well-being and survival, in order to enhance both the effectiveness and the acceptance of family planning services; should utilize family planning systems, as appropriate, to provide information and services that limit the spread of sexually transmitted diseases; and should emphasize the importance of providing education for girls and women. By addressing co-factors, and by implementing related programs at the same place and time, integrated approaches increase the impact and sustainability of population programs.

Integrated approaches can save resources. They also are important in addressing HIV/AIDS because this disease particularly afflicts the very people who are in their most economically productive years and who should be most active in the development process: the young, the well-educated, and people in urban centers. Care and treatment consume ever-larger portions of national resources. The progress of the disease destroys family structure and increases infant mortality and the failure of children to thrive. Limiting the spread of HIV/AIDS thus is an economical and essential investment in sustainable development.

Where appropriate, USAID will seek to integrate family planning programs with programs that enhance public health. For instance, barrier contraceptive methods, particularly condoms, are the most effective means of preventing the spread of AIDS and other sexually transmitted diseases. Similarly, mothers taking their children for immunizations may also wish to take advantage of family planning services.

Finally, USAID will emphasize the quality, continuity, availability, and technical standards of services. We will build on existing health and family planning programs, assets, and investments.

## **Programs and Methods**

The types of programs USAID supports will vary with the particular needs of the individual country and the kind of approaches that local communities initiate and support. However, most of USAID's resources will be directed to the following areas:

**Support for voluntary family planning systems**, including facilities and institutions that provide information on family planning methods and distribute contraceptives. Self-sustaining family planning systems and services will remain the core of USAID's population programs. Over 100 million women in the developing world have an articulated but unmet need for family planning. Moreover, millions of young people will reach reproductive age in the near future, creating even greater demand for family planning services and imposing additional burdens on existing family planning systems. Providing information about and access to a wide range of appropriate family planning methods not only remains the most effective means of reducing population growth rates to levels consistent with sustainable development but also significantly improves the health of women and children.

Building the local capacity of self-sustaining family planning systems and services also requires support for training (including clinical training), management, logistics, other support systems, and access to technical information and technology. Programs designed to affect popular attitudes toward family planning should address the needs and attitudes of men as well as women, emphasize free and informed choice, and assess the reasons why people participate or do not participate in programs. Targets or quotas for the recruitment of clients should not be imposed on family planning providers; over the long term, meeting the unmet need for information and services is the best way to achieve national demographic goals.

**Reproductive health care**, including prevention and control of sexually transmitted diseases, especially HIV/AIDS, and improved prenatal and delivery services. Contraception is but one element of reproductive health, and to be effective, population and health policies must address women's reproductive health needs throughout their lives.

**The particular needs of adolescents and young adults**, including easily accessible information, counseling, and services dealing with early sexual activity, the health and economic consequences of early childbearing and unsafe abortions, and prevention of sexually transmitted diseases, including HIV/AIDS. Enhancing the ability and freedom of adolescents and young adults to make informed choices about contraception and health is especially critical.

**Infant and child health**, particularly immunizations, diarrheal and respiratory disease control, and nutrition.

Complete immunization coverage and good nutrition are among the most cost-effective preventive health strategies.

**Education for girls and women**, particularly at the primary and secondary school levels, and basic literacy for adolescents and young women. This also correlates strongly with lower birth rates, improved child survival, and smaller desired family size.

USAID, its indigenous partners, contractors, and grantees will design programs with certain critical standards in mind to maximize their impact and to ensure the greatest return from the development funds invested:

Does the program contribute to achieving population growth rates that are in balance with available resources as measured at the global and national levels?

Does the program contribute to measurable improvements in immunization coverage; reductions in infant, child, and maternal mortality; and reductions in new HIV infections at the global and country levels?

Does the program address the attitudes as well as practices of both men and women? Does it enhance the capacity of local institutions, communities, and individuals to identify and solve health and family planning problems? Do programs and projects address issues of sustainability, especially the technical and managerial aspects?

Does the program take into account links between population and environment, health, working conditions, social mobility, and democratic governance?

Does the program contribute to greater participation by women in the work force? Does it address issues of increased empowerment of women?

### **Measuring Results**

To measure progress toward its goals and the effectiveness of its population and health programs, USAID will evaluate results in terms of the following measures: reduced fertility; reduced infant and child mortality; reduced high-risk births; reduced maternal mortality; and slower growth (and eventual reduction) in the number of new AIDS cases.

Measures of success at the country level will vary. There will be many intermediate signs of progress, such as expanded access to, increased use of, and improved quality of family planning and reproductive health services; increased contraceptive prevalence and continuation; improved women's

reproductive health; expanded immunization coverage; decreases in the incidence and severity of communicable diseases among children; lower malnutrition rates; equal access to health care by gender; and higher school enrollment ratios for girls.

Ultimately, the success of USAID's population and health strategy will be measured in terms of its contribution to expanding reproductive choice and rights, improving the health of women and children, reducing the spread of HIV/AIDS, and stabilizing world population at a level consistent with sustainable development.



**U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT**

**TECHNICAL ANNEX A:**

**POPULATION, HEALTH AND NUTRITION--  
ENABLING INFORMED CHOICES AND EFFECTIVE ACTION**

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## **I. INTRODUCTION**

If *any* of the PHN indicators described in the overview exceed critical levels which indicate a serious constraint to sustainable development, USAID missions should either develop an appropriate strategic response or justify why this area is not an appropriate subject for mission programming. In countries in which these levels are not exceeded, but where specific PHN conditions pose important development obstacles, missions may want to consider strategies in this sector, but are not required to do so. This annex provides further guidance for these purposes.

Rapid population growth, high rates of death, serious illness and malnutrition among women and children, as well as the burden of the HIV/AIDS epidemic, are global problems. They are also critical roadblocks to the ability of entire nations to achieve sustainable development. Equally important, these are fundamental humanitarian issues, as their impact is felt most directly in the daily lives of families and individuals -- especially women. USAID's strategic approach in this sector is designed to address perspectives at all three levels -- individual, national and global -- in a consistent fashion. Our mission is to respond directly to human needs and to support approaches that are both effective and sustainable. This calls for programs that directly involve communities, families and individuals in identifying workable strategies and taking action in key problem areas.

If action is called for in the sector, it is anticipated that most USAID country strategies will need to address all of the following closely related issues. Strategic analysis may then call for programming in some or all of these areas, and it is anticipated that the result of this analysis will often result in more comprehensive efforts. Programmatic focus will be on the development of sustainable systems, with activities generally focused at the community level, and with emphasis on the active participation of intended beneficiary groups in policy development, as well as planning, management and evaluation of activities. The anticipated results of these activities must be clearly articulated and a clear rationale established linking these results with mission and agency strategic objectives.

***Principles.*** USAID has articulated the following guiding principles as the major themes of an effective strategy to stabilize global population and protect human health:

- ***No woman should become pregnant if she does not wish to bear a child.***
- ***No family should suffer the death of a child.***
- ***No person should be subject to the risk of disease as a result of responsible sexual activity.***
- ***No woman should be subject to the risk of death or serious illness because of pregnancy.***
- ***No woman should enter adulthood without basic educational skills.***

***Programmatic Priorities.*** USAID's programmatic priorities in the PHN sector have been chosen because they have been shown to be highly effective in achieving results which address the first four of these principles; the fifth is addressed in the section on Related Strategies.

- Promoting the rights of couples and individuals to determine freely and responsibly the number and spacing of their children, and addressing unmet need for contraception through comprehensive, effective, affordable and high quality family planning IEC and service delivery systems which are responsive and accountable to the end user. This will help women and families avoid undesired or high risk pregnancies, thus improving their health and wellbeing.
- Improving public health and reducing high levels of child mortality through key preventive and child survival information and services, especially among high risk families and neglected girl children. This will help to ensure that a decision to bear a child can be made with a reasonable expectation that the child will survive to adulthood.
- Developing appropriate responses to needs, particularly among women and young adults, for reproductive health care, including maternal health and safe motherhood, treatment for serious complications of unsafe abortion, control of sexually transmitted infections, including prevention of HIV infection, and prevention of female genital mutilation. This will improve their own and their children's health, and help women to take responsibility and control over their reproductive lives and decisions.

In certain circumstances, USAID may also devote resources to addressing diseases that pose a major constraint to the economic productivity of adult labor forces among the poor (such as malaria and TB), where this will contribute substantially toward the strategic goal of equitable broad-based economic growth.

## **II. BACKGROUND**

In most of the world, women bear a disproportionate share of the responsibilities and consequences associated with unprotected sexual activity, contraception, pregnancy, childbearing and child nurturing. In much of the world they have little real control over planning their families and protecting their own or their children's health. Often they do not have the education, specific information, or the means needed to make informed choices and may have only limited power to act autonomously. Even when they wish to act, they often lack access to appropriate and adequately functioning services.

Women who have the opportunity, capacity and means to choose have been shown to play a far more active role in family and community decision-making. Generally, they choose to bear significantly fewer children, stay healthier, maintain the growth and health of their children more successfully, and are at lower risk of contracting and passing on sexually transmitted infections (STIs). ***Informed choice and the possibility of effective action***, especially

by women, are the keys to sustainable progress in slowing population growth, improving reproductive and child health, and slowing the pace of HIV transmission. Such choices must be their own, rather than being imposed by national or international authorities, and are the foundation of effective empowerment.

These efforts can only be successful if programs recognize that women often do not have much control over their choices, and that this fact is a critical development constraint which needs to be addressed. While provision of information and services is necessary, women's ability to practice family planning may depend on their partners' willingness to accept or share in the responsibility of contraception, or their status in the extended family if they delay their first pregnancy. Their ability to adequately feed and care for their children may depend on cultural norms concerning what is eaten and who has first call on food within the family, their control over scarce financial resources, and the degree to which arduous manual labor is expected of them. Protection against HIV and other STIs may depend on the extramarital sexual behavior of their partners, women's ability to negotiate the use of condoms, or their ability to find sources of income other than commercial sex. This underlines the importance of seeking linkages between family planning and health programs with development activities which address women's access to education, income, technology, and civic participation.

In the past, family planning and maternal and child health programs have often been designed to deal principally with women. Programs must recognize that men and women are affected by profoundly different experiences, perceptions, risks, needs, power, and relationships. Therefore, messages and programs must now be developed to deal constructively with this reality. Increasing the responsibility of men for their reproductive health and behavior is an essential part of an effective strategy.

USAID's PHN programs must see to it that the needs of clients are considered rather than the dictates of imposed targets, and results criteria must be based on this orientation. Programs that ensure the provision of accessible, appropriate, and high quality communications, services and commodities will enable feasible, effective and self-reinforcing action. This has far more impact on health and fertility in the long run, and is far more likely to be sustainable, than programs based on numerical quotas.

In many settings it may be appropriate to support multiple channels of communications and service delivery, at various degrees of integration, to capitalize on the synergies that exist between family planning, child health and reproductive health programs, and women's development initiatives. Women's domestic and labor demands often occupy sixteen hours a day. They simply may not have the time to seek contraceptives from one source, child health care from another, their own reproductive health care from yet another -- each entailing long travel times and extended waits for service. On the other hand, adolescents seeking reproductive health care or women needing STI treatment may prefer to use services that are more separate, private, and confidential. Intersectoral initiatives, such as between family planning and female education, should be coordinated at the policy and program level, but may often depend on

separate delivery sites and approaches. Decisions concerning the most appropriate level of integration will need to be made at the local and mission level, taking women's needs and community realities into consideration.

It is essential that USAID's programs also strengthen the systems and policies that support and enhance these elements. A supportive host-country policy environment is key to the success of these efforts. Our assistance must help build the capacity to develop and sustain host-country political commitment, promote advocacy for equitable PHN programs, enhance the ability of local organizations and women to define policies and to design and manage their own programs, and encourage increased allocation of host-country resources to this sector. This must involve both the public and private sectors, with special attention to building, supporting and empowering non-governmental organizations wherever feasible.

### **III. PROGRAMMATIC PRIORITIES**

While the primary focus of PHN sector activities is generally on services, USAID does not directly provide these services. Rather, we sponsor interventions to improve the capacity, infrastructure, systems and policies which support these services in a sustainable way.

The programs and activities discussed in this section represent a continuum, rather than totally discrete elements. Sector strategies should be developed which comprehensively address this continuum, with a focus on family planning, child survival, and reproductive health needs, including HIV prevention. While family planning is the core of our sectoral strategic approach, total levels of USAID sectoral resources for PHN are roughly equivalent between family planning and these closely associated child and reproductive health priorities, and balanced strategies are encouraged.

Missions are discouraged from addressing only single programmatic elements unless clearly supported by a strategic analysis. While all of these elements will not need to be directly supported by USAID if they are already being appropriately addressed by others, they should be taken into consideration in policy dialogue with host governments and with other donors.

Addressing these priority needs depends on building the capacity for effective demand at the grass roots level and responsive supply of services at the institutional level. Our strategic focus on the effective empowerment of women and communities will support appropriate individual action and the development of programs built on encouraging and responding to demand rather than driven by supply. Increasing the participation of women and target communities in the design, management and evaluation of programs at all levels is an essential aspect of this approach. Development and strengthening of indigenous capacities, organizations and institutions to marshal and manage lasting change will allow the establishment of services that are responsive, effective and sustainable. This calls for client-centered, high quality information and service delivery systems along with the support structures needed to make these systems work.

## ***INTERVENTIONS***

The core of USAID's assistance will be directed toward a limited set of activities with proven public health impact and high cost-effectiveness.<sup>1</sup> USAID sponsored research will be targeted on expanding and sharpening our understanding of how various new and existing interventions meet these criteria, on developing and testing promising new approaches, on cost-effective ways of measuring results, and on operational research to enhance effective implementation.

USAID will encourage flexibility in building, supporting and funding programs which address a variety of the needs, defined here as programmatic priorities. Taking advantage of synergies through tying together the subsectors may enhance the achievement of our sectoral strategic objectives. In order to improve services and increase the demand and utilization of these services, serious efforts should be made to make optimum use of existing infrastructures by adding health, women's empowerment, and other development activities.

***Family Planning.*** Each year, more than 100 million children are born, yet estimates are that at least 120 million women in the developing world currently have an expressed but unmet need for contraception; over the next decade, 200 million more women will enter their reproductive years. USAID's family planning activities will focus on addressing this current and anticipated future unmet need, and on assuring the coverage, responsiveness, and quality of these family planning services.

The principal elements of USAID supported family planning activities are: choice, variety and reliable availability of contraceptive methods with proven efficacy; sufficient quantity and high quality contraceptive supplies; ongoing attention to continuous improvement of the quality of services; eliminating unreasonable barriers to access to contraception; comprehensive and appropriate training, stressing technical issues, appropriate counselling and a focus on serving the client; sound management; encouraging multiple service delivery channels; public and private sector involvement; responsive and effective information and communication; and special emphasis (in addition to efforts directed at the general population) on reaching high risk women; and measurement and evaluation of program impact, centered in the short term on contraceptive prevalence and continuation rates, and using indices of client satisfaction, and, in the medium term, on levels of unintended pregnancy and unmet need for contraception.

Adolescents represent an important challenge, particularly given the large numbers of young women now entering their reproductive years. Programs must be developed to: provide education concerning family planning and reproductive health before the onset of sexual activity; encourage abstinence, delayed marriage and onset of sexual activities; address issues of school drop-out due to pregnancy; and assure adequate privacy and confidentiality to enable the use of family planning services.

Finally, family planning efforts must reach men with effective programs to increase motivation for family planning, to encourage more communication and shared decision-making on family size and family planning methods with their partners, and to increase male responsibility for sexual health and fertility.

***Child Survival.*** Reproductive decisions to bear a child cannot be meaningful unless the outcome of these decisions are reasonably certain. Each year, an estimated 13 million children die around the world and another 3.8 million are stillborn. The large majority of these deaths are due to a limited number of causes, principally pneumonia, diarrhea, vaccine preventable disease, and neonatal sepsis. In most of these deaths, malnutrition -- of the child, and often of the mother as well -- is an important underlying factor. USAID's activities will focus on these principal causes of death and of severe lifelong disabilities contracted during this period; programmatic emphasis will be on children under the age of three, who account for well over 90% of child deaths.

The principal elements of USAID supported child survival activities are: timely immunization against major vaccine-preventable diseases of early childhood through reliable and sustainable routine service delivery channels; early and appropriate detection and treatment of diarrhea and pneumonia; improved delivery and post-delivery practices, including warming and care of the newborn and programs to identify and treat neonatal sepsis; promotion of infant breastfeeding, appropriate weaning, and improved nutritional practices, supplementary feeding in emergency situations or in support of ongoing programs in severe food deficit areas; control of micronutrient deficiency through supplementation, food fortification and diet diversification, especially with respect to vitamin A, iron and iodine deficiency; prevention and treatment of childhood malaria cases in areas with high rates of malaria infection among children; development of both public and private sector channels to address these activities, taking into consideration existing patterns of care and care-seeking; management, information and quality of care systems for delivering these services in an operationally sustainable fashion; reliable supplies of vaccines, ORS, antibiotics, and vitamin A, and dependable supply systems, including commercial channels; IE&C activities directed at actionable behavior change with clear benefit to child health and survival; and a process for measuring and analyzing the impact of USAID assistance, including support for the development and use of new measures or data on child health or protection.

USAID assistance to child survival service delivery programs will be focused on the community, the primary health care system, and to a limited extent the first level hospitals. Emphasis will be on enabling caretakers to take effective action on behalf of their children's wellbeing and on assuring gender equity in children's access to preventive and curative health.

***Reproductive Health.*** Each year, an estimated 500,000 women die due to complications of pregnancy and childbirth and millions more are permanently injured. Problems associated with approximately 30 million annual illicit and unsafe abortions, account for approximately 100,000 of these deaths. An estimated 2-3 million persons, a majority of them women or youth,

are newly infected with HIV each year and virtually all will die prematurely from AIDS. Most new cases of HIV are the result of unprotected heterosexual intercourse, and people with lesions caused by pre-existing STIs are at considerably higher risk of HIV infection. In addition, hundreds of millions of girls and women suffer from serious long term health problems stemming from difficulties in pregnancy and delivery, unsafe abortion, other STIs, and the effects of female genital mutilation. Women's and girls' nutrition and health, as well as care during pregnancy and childbirth, also have very profound impacts on infant and child mortality. USAID's activities in reproductive health will focus on these principal preventable causes of death and severe morbidity.

The principal elements which may be addressed in USAID supported programs are: basic prenatal care, notably tetanus toxoid immunization, the prevention and treatment of anemia and STIs, and malaria chemoprophylaxis in endemic areas; early detection and management of serious obstetric complications, including referral where feasible; promotion of safe, clean delivery by trained personnel and training of health personnel in life-saving skills; early detection and treatment of postpartum hemorrhage or infections in the mother and newborn; prevention of unsafe abortion, and provision of appropriate post-abortion treatment of infection and hemorrhage; post-partum and post-abortion contraception; development of reproductive health services designed specifically for adolescents; detection and treatment of STIs, especially among the young, street children, and high risk groups; identification of high risk groups for STIs and HIV and development of strategies to reduce the risk of exposure to HIV; prevention of STI and HIV transmission through promotion of negotiating skills, abstention, delayed start of sexual activity, and partner reduction among adolescents; active promotion of condom use as a principal means to prevent transmission of STIs and HIV, and assurance of adequate condom supplies through public and private sector channels; promotion of male sexual responsibility; policy dialogue and general awareness-raising in countries in which AIDS is already a public health problem, or where conditions are right for it to become such a problem; information and data collection to quantify and track the progression of the AIDS epidemic and the impact of interventions on high risk behavior, and when feasible on HIV/AIDS incidence and prevalence; the development, testing and implementation of approaches to eliminate the practice of female genital mutilation in cultures in which it is currently prevalent; and appropriate nutritional education, counselling and supplementation for adolescent girls and women.

USAID assistance for reproductive health and safe motherhood will be focused on education and outreach, primary health care and first level referral facilities. Treatment of AIDS cases is considered a low priority pending the development of proven cost-effective therapy, but basic care and assistance to families may be appropriate in certain circumstances to mitigate the enormous economic consequences of the AIDS pandemic.

***Lower Priorities.*** USAID's resources in the PHN sector should be principally directed towards these priority objectives. Low priority is accorded to the use of sector resources for programs principally directed at non-reproductive public health issues among adults, or at illnesses of childhood with lower public health significance (either due to small numbers affected

or to low risk of death or severe morbidity). At the country level, resources should be used for lower priority activities only if the higher priority activities have been fully and adequately addressed, and if these activities directly support another USAID's strategic objective.

***ESSENTIAL SUPPORTING ACTIVITIES.*** An important overarching objective for USAID efforts in sustainable development is to build national human, technical and institutional capacities. This includes sustained support to private or public sector institutions, investments in human resources and nurturing indigenous technical capacities to develop and carry out programs. Where host country policy commitment or institutional capacity is not adequate to sustain these priority sectoral activities, support should be given to policy reform and capacity strengthening where it is feasible, and to the development of alternative indigenous channels in the non-governmental sector.

Programs and activities which directly support these priority activities are included within the umbrella of these priorities as long as their principal focus serves one or several of these areas. Programmatically relevant research specifically focused on priority issues is recognized as a historic strength of USAID in the population, health and nutrition sector, and continued emphasis will be placed on the development of appropriate technologies through fundamental research (such as contraceptive and vaccine development) and on the practical application of new findings through applied and operational research.

Key systems elements which may be addressed in these programs include: building human resource capacity, especially among women, through development of managerial and technical skills at all levels; support of strong management and financial systems, notably in logistics, supervision, and the use of information; policy reform to reallocate or increase national resources devoted to these priority activities and to increase their efficiency; efforts to secure a stable and diversified resource base, including alternative financing and cost recovery mechanisms where this would support programmatic objectives and sustainability; mechanisms to foster health-enhancing behavior and continued demand for priority services, notably through face to face and mass communications as well as social marketing; and strong ongoing evaluation mechanisms to encourage continuous improvement of the quality of systems and services.

***DISASTER AND EMERGENCY SITUATIONS.*** Disaster situations require a somewhat different approach, notably in that sustainability is a lower priority than rapid response to a humanitarian crisis. However, the health situation faced by populations in these circumstances differ in degree rather than in kind from those in our sustainable development efforts. Priority consideration will need to be given to key emergency issues: the need for food security to avoid famine, including micronutrient supplementation; the control of major communicable diseases to avoid epidemics, including ongoing childhood immunization (notably against measles and polio); basic family planning and reproductive health services, including condom provision, in recognition that women are at even greater reproductive risk in emergency situations; and child survival services, particularly management of diarrhea, pneumonia and malaria.

The reality of disaster situations today is that they are becoming permanent fixtures in many places. In situations where the likelihood of rapid resolution is low, many of the issues relating to indigenous capacity development and institutionalization which are of concern in sustainable development countries will need to be addressed early in the implementation of a PHN strategy.

#### **IV. RELATED PROGRAMS: SHARING A COMMON STRATEGY**

Missions and bureaus are encouraged to consider promising areas of cross-sectoral interaction as part of their broad strategic development. Women's empowerment is a key overarching goal of USAID across all our programs, and an essential element of sustainable development. It cannot be accomplished without educational equity. Basic education programs aimed specifically at girls and young women should be a priority for consideration as part of an intersectoral strategy. Female literacy and education have powerful long-term effects on family size and maternal and child health, as they do on economic growth at the household level, natural resource utilization and environmental conservation, and the establishment of robust democratic institutions. All USAID efforts in basic education need to be sharpened to ensure increased school enrollment rates for girls and increased literacy among young women.

In support of this end, and consistent with the Cairo Programme of Action, USAID intends to increase the level of resources available for girls' and women's education within the broad rubric of basic education, and encourages missions to seek maximum synergy with efforts in the PHN sector. In addition, limited use may be made of funds designated for population and family planning if the activities which these funds support are specifically designed to be directly and programmatically linked to increasing access to and use of family planning in the near term (see State 128823; 14 May, 1994 and State 183043; 9 July, 1994). This latter use of population funds will require prior clearance from both PPC and G Bureaus.

Equally essential are those programs which promote Women in Development (WID). Developing women's economic, social and civil participation and girls' educational opportunities address the root causes of high fertility, women's low status and sustainable land and water use. Further, WID should be an integral strategy to promote lower population growth, improve economic conditions at the family and national levels and increase democracy through women's enfranchisement. Enlisting NGOs, including women's groups and women's rights groups, in dialogue, planning and implementing PHN initiatives serves two basic principles: increasing women's empowerment, and augmenting and monitoring the quality and accessibility of services offered by the public sector.

In countries in which water or industrial pollution is severe and results in major public health damage, environmental activities designed to reduce risk should be considered an intersectoral priority. In areas where food security is threatened, the impact of high levels of malnutrition on health status is likely to be high, and intersectoral strategies to address food supply should be a high priority. Similarly, many PHN sector interventions may have

significant effects in other areas, such as worker productivity, economic growth and school performance.

## **V. PRIORITIZING COUNTRIES AND SUBREGIONS**

Achieving USAID's global strategic goals for PHN in a time of serious resource limitations will require particular attention to countries which contribute the most to global population growth, levels of under-five and women's reproductive mortality and serious morbidity, and the spread of HIV infection, as well as to those countries where these health and population-related conditions stand as major impediments to sustainable development.

Consideration will be given to the likelihood that PHN investments will be appropriately and efficiently utilized, and to the level of need for these investments. Consistent with the strategic approach of viewing population, reproductive health, and child health as a single related entity, resource decisions will be made for the sector as a whole, rather than separately for individual program elements.

Countries identified as priority will receive preference in PHN resource allocations, including technical staffing and field support from the PHN center in the Global Bureau.

***Operational criteria.*** Operational criteria will assess the likelihood of impact, and of sustaining that impact. These criteria relate to a number of USAID's activities and may be of importance in achieving impact in this sector. They cover two aspects of "actionability"; one related to the host country environment and one related to the role and presence of USAID sector assistance. Assessment of these factors will rely on the detailed country-specific knowledge and judgement of USAID mission personnel and others with an in-depth knowledge. Factors to be considered include:

### ***Host country environment***

- Host country policy environment and political commitment to family planning, child survival, reproductive health, and HIV/AIDS control
- Host country and third party (NGO) institutional capabilities and potential
- Realistic service coverage prospects
- Potential for long-term operational sustainability
- Demonstration potential and replicability
- Leveraging of other donor resources

### ***USAID role/presence***

- Protection of prior USAID investment and proven accomplishments
- Potential impact of the planned intervention and expected results of USAID's investment in the country

- Strategic targets of opportunity
- USAID mission staffing capacity or alternative (USAID/Washington, regional or Cooperating Agency) capacity

These factors are not intended to be absolute criteria that must all be met before any intervention can be implemented. However they must be carefully considered and used as an indication of likely impact in a country, and to help determine the types of assistance. These operational criteria will also provide useful information on appropriate programmatic interventions at the country level.

***Needs-Based Criteria.*** Initial identification of countries for sector assistance is aimed at capturing two dimensions fundamental to USAID's strategy.

- The *magnitude* of these problems in a given country or subregion with respect to the total global magnitude. Measured in absolute numbers, magnitude variables are indicative of an individual country's contribution to global population and health trends.
- The *severity* of these problems. Measured by rates and other population-based variables with standard denominators, severity variables point to conditions within specific countries which hinder development, but may not have sufficient magnitude to have significant global impact.

A set of variables, capturing both magnitude and severity, represent the strategic emphasis within the PHN sector: family planning, child survival, and maternal and reproductive health. Consideration of these two sets of technical criteria will afford equal weighting to magnitude and severity variables.

Because of its epidemic nature, HIV/AIDS prioritization will often need to be considered separately, and will require analysis of a separate set of factors. In some cases, clusters of adjacent countries with similar cultural, social and epidemiologic factors and high levels of cross-border contacts likely to effect the dynamic of HIV transmission may be most appropriately considered as a block.

## **VI. MEASURING RESULTS**

USAID's *Strategies for Sustainable Development* defines our long-term strategic goal in this sector as contributing to a cooperative global effort to stabilize world population growth. The anticipated near-term results of our efforts over the next decade are: a substantial improvement of women's reproductive health, especially unmet need for contraception; a reduction of child mortality rates by one third; a reduction of maternal mortality rates by one half; and a decrease in the rate of new HIV infections. If successful these efforts are expected to result in a total world population of less than 9 billion by the year 2025, and enable and enhance sustainable human and economic development.

Evaluation must be built in to PHN sectoral activities from the beginning. Each country strategy will include PRISM indicators for monitoring impact. Regular population-based surveys (e.g. DHS) as well as other data collection tools (e.g. situation analysis) will be undertaken for all priority countries to monitor progress. An analysis of trends will be carried out periodically as part of strategy reviews, and each strategy will undergo periodic evaluations and revisions. Host country nationals represented by public and private sector stakeholders are an essential part of good strategy planning. Evaluation should include women's perspectives on quality, accessibility and affordability.

Managing for results and the implementation of USAID's population, health, nutrition and education strategy requires attention to data collection and use and the establishment of program performance monitoring systems. Results should be tied to progress towards the five guiding principles described in the beginning of this annex. Obviously these principles are ideals rather than fully achievable results. In order to monitor the progress towards these goals, there needs to be a clear agenda put forth for the collection and use of data to assess progress, refine implementation and demonstrate achievement of results. Some indicators are presented below, but these are by no means a fully comprehensive list. However, they do indicate important benchmarks on the road towards sustainable development.

***Strategic Objective:***

***Program Impact Indicators:***

**Reducing Unintended Pregnancies**

Number of unintended pregnancies  
Total fertility rate  
Proportion of fertility which is unintended

***Program Outcome Indicators:***

Percent of unmet need satisfied  
Contraceptive prevalence rate  
Couple years of protection

***Strategic Objective:***

***Program Impact Indicators:***

***Program Outcome Indicators:***

**Reducing STI Transmission, including HIV**

HIV prevalence  
Behavioral change including condom use  
Knowledge of preventive practices  
Availability and quality of STI management  
STI prevalence

***Strategic Objective:***

***Program Impact Indicators:***

***Program Outcome Indicators:***

**Reducing Maternal Mortality**

Maternal mortality ratio (measured every ten years)  
Perinatal mortality rate  
Percent of births attended by medically trained personnel  
Prenatal care coverage  
Met need for emergency obstetrical and post-abortion care  
Case fatality ratio

<b>Strategic Objective:</b>	<b>Reducing Infant and Child Mortality</b>
<b>Program Impact Indicators:</b>	Under-five mortality rate Infant mortality rate
<b>Program Outcome Indicators:</b>	Vaccination coverage rates Percent of children with appropriate case management of acute diarrhea, lower respiratory infections and malaria Percent of infants exclusively breastfed for first four months Percent of children with low weight-for-age

To measure progress in these areas, other indicators that monitor the progress of program process are also important. The Global Bureau has devoted resources and personnel to refinement of these indicators over the next year. In the near future, Global will prepare a technical paper with in-depth information on indicators for the PHN sector.

In some cases, additional data will be needed to set priorities, determine activities to be supported, assess the feasibility and impact of various interventions, identify further constraints and report broadly on results. The need is particularly great in newer priority areas, such as reproductive health, especially among young adults, and prevention of HIV/AIDS, where the magnitude of the problem, key interventions and appropriate measures for and nature of change are not yet fully developed. This requires investment in improved methodology and modelling as well as data collection and analysis.

Program performance monitoring and reporting systems will need to be an integral part of all proposed or on-going PHN programs. This requires setting objectives, agreeing upon indicators, determining expected results within finite time periods and examining and reporting actual results. Much of this is already being done at the country level with bilateral programs. Further work is required to apply these systems to regional or global programs as planned under the new programming and management procedures.

1. Note the analysis described in detail in World Development Report 1993: Investing In Health. The World Bank.