

P2-ABY-366

## USAID INITIATIVES: Promoting Health & Nutrition

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October, 1994

## **USAID INITIATIVES: Overview**

Poor health status in the developing world is one of the major obstacles to broad-based sustainable development. People who are undernourished and disease-prone are less able to contribute to their own development. Opportunities for better education, job training, and community-building are missed, and societies as a whole suffer resounding consequences. Problems of poor health and high mortality are typically exacerbated by rapid population growth, which places additional strain on the social, political and economic systems which are pivotal to better health. While health and population issues in particular are closely linked, development efforts in various sectors -- including the environment, democratization, economic development, population, and health and nutrition -- are mutually-reinforcing and now can be successfully undertaken in isolation.

USAID's strategy to promote better health in the developing world is founded on the premise that integrated solutions offer the most effective and efficient approach to problem-solving. Interventions supported by USAID address the most basic impediments to better health -- common childhood diseases, inadequate nutrition, poor environmental conditions, and inadequate health care -- in a manner which facilitates lasting, broad-based social improvement. Past success in reducing the incidence of vaccine-preventable diseases and improving child nutrition cannot be sustained without integrated efforts to construct more efficient health care systems and a safer environment. Meanwhile, threats such as the worldwide HIV/AIDS epidemic must be addressed in a timely and effective manner or the benefits of child survival programs will be lost. By targeting the health, family planning and nutrition needs of mothers and children in particular, USAID is working to help developing nations pursue a more prosperous future.

Working in partnership with a host of organizations, governments and individuals, USAID seeks to capitalize on opportunities to improve health status by designing unique programs for individual countries based on their special needs. USAID's collaboration with other international agencies active in health and nutrition -- the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the United Nations Development Program (UNDP), the United Nations Fund for Population Activities (UNFPA), the World Bank and other providers of multilateral or bilateral assistance -- is designed to complement and enhance parallel efforts wherever possible. As each agency identifies where and how it can most effectively contribute, an exchange of ideas, information and technical skills serves to increase the overall effectiveness of interventions and minimize duplication of effort. Likewise, USAID's support for international private voluntary organizations (PVOs) utilizes their unique abilities and further advances the common agenda of improving health status in the developing world.

At the national and local levels, USAID's health and nutrition efforts are specifically designed to be sustainable with local financial and human resources. Close cooperation with host-country governments serves not only to improve current programs but to permanently increase local capacity through training of personnel, establishment of more efficient management and information systems and the provision of other forms of technical assistance. USAID's work with the local private sector and non-government organizations (NGOs) is intended to integrate health and nutrition interventions

into the development of participatory social, economic and political systems. A necessary precursor to sustainable development is the empowerment of local communities and disenfranchised groups - especially women and marginalized ethnic groups - to participate in the pursuit of solutions to their own problems. Better educational and economic opportunities for women in particular have been identified as a keystone to any further advances in the areas of population, health and nutrition and USAID makes a conscious effort to integrate the advancement of women into all of its interventions.

USAID's Office of Health and Nutrition operates under the Center for Population, Health and Nutrition in the Bureau for Global Programs, Field Support and Research. Reflecting the Agency's broad-based approach, the office is composed of internal divisions concentrating on the following five general areas: child survival, nutrition and maternal health, environmental health, health policy and sector reform, and HIV/AIDS. As these areas are clearly overlapping, a given division will commonly address issues outside a narrowly defined focus area so that the office as a whole may operate more efficiently. Each division works with USAID missions, the Agency's regional bureaus, central projects and other offices in the Global Bureau -- particularly the Office of Population -- to promote more effective interventions for better health in developing nations. Joint activities with the Office of Population have been fostered in the past and will continue through new initiatives as they are developed and implemented.

## **USAID INITIATIVES: Child Survival**

### Overview

Despite progress by the world community to promote the health and well being of its children, nearly 13 million children still die each year, and millions more are disabled or diminished. Each year, 26 million infants will not be reached by life-saving measles vaccine and a million infants will die from measles and its complications. Half of the world's births will occur without the assistance of a trained person, jeopardizing newborn infants as well as the mother. More than 200 million children will not be properly treated during bouts of diarrhea.

The tragedy is that most of these 13 million deaths are preventable. About one-sixth are due to diseases for which vaccines exist. Nearly a quarter are caused by childhood diarrhea, and a slightly higher portion are due to pneumonia and other respiratory infections -- almost all of which are treatable with appropriate case management.

USAID has been a leading partner in the international effort to improve child health. USAID's collaboration with other international donors, developing country governments, and a host of private voluntary organizations and universities has resulted in one of the most dramatic development success stories of the last decade. More than four million infant and child deaths are now prevented annually, and many countries have dramatically strengthened their capacity to deliver health services even in the face of widespread economic stagnation.

USAID's child survival initiatives support the development and implementation of simple, cost-effective interventions to treat and prevent diseases and to save the lives of millions of children in developing countries. The program is designed to increase immunization coverage, promote the use of oral rehydration therapy, treat acute respiratory infections, promote malaria control activities, improve nutrition with an emphasis on breastfeeding and proper infant and child feeding. Recognizing the importance of birth spacing for child survival, USAID promotes the reduction of high risk births by increasing birth intervals. Cross-cutting assistance in capacity building for research and service delivery will also be provided to strengthen the capabilities and sustainability of the broader health systems in which it is applied.

Several strategies guide USAID's child survival program and are pursued through national and international partnerships with a wide range of organizations in the public and private sectors, including private voluntary organizations. These strategies are (1) development and use of targeted cost-effective interventions, (2) support for the development of sustainable programs in participating countries, (3) establishment of measurable targets and goals focused on impact, and monitoring progress toward these goals, and (4) application of results-oriented research to improve the content and quality of child survival interventions.

## Achievements

The broad goal of USAID's child survival efforts is to impact the lives of vulnerable infants and children by reducing mortality in these age groups. Through the use of focused, targeted interventions, the Agency's child survival program represents an investment with substantial returns. Between 1985 and 1992, infant mortality declined by nearly 10 percent in USAID-assisted countries. In some countries, the decline has been even greater, ranging from 17 percent in Bolivia to an unprecedented 50 percent in Egypt. Likewise, during the same period in USAID-assisted countries, mortality in children under five years old dropped by roughly 10 percent in Africa and Asia, and by 30 and even 46 percent in the Latin America/Caribbean and Near East regions, respectively. Interventions and approaches integral in achieving this impact include:

\* Increased immunization coverage. To increase and maintain immunization coverage, USAID focuses on building sustainable EPI delivery systems. The proportion of the world's children immunized against the major vaccine-preventable childhood diseases increased from 20 percent in 1980 to 80 percent in 1990. In Bangladesh between 1984 and 1991, for example, vaccination coverage for measles increased from nearly non-existent to 80 percent of the country's children. In Latin America, polio cases fell from more than 1,000 in 1983 to zero cases since 1992 due to the efforts of a coalition of international donors and national governments, including USAID. And in 1994, polio was formally declared eradicated in the western hemisphere. Globally, vaccination programs prevent 2.8 million deaths per year from measles, neonatal tetanus and pertussis and prevent 520,000 cases of poliomyelitis.

\* Oral rehydration therapy. One million deaths from dehydration caused by acute watery diarrhea are averted each year through the use of oral rehydration therapy (ORT), with either pre-packaged oral rehydration solution or other solutions recommended for use in the home. Between 1984 and 1992, USAID and its international partners helped increase worldwide use of ORT (excluding China) during diarrheal episodes in children from 12 percent to 46 percent. During that time, the proportion of the developing world's population with access to ORS packets and health workers trained in their use doubled, from 35 to 73 percent.

\* Acute respiratory infections. With the emergence of acute respiratory infections (ARI) as the leading cause of death among children under five in many countries, USAID has initiated and supported programs in several countries to improve ARI diagnosis and treatment through the use of standardized case management. This strategy, as well as the design of a vaccine for pneumonia currently under development, were largely the result of research supported by USAID in the 1980s.

\* Malaria. To address an increase in malaria-related illness and death during the past two decades, USAID is integrating malaria control activities into its child survival programs, particularly through malaria case management and environment strategies. This strategy includes improving the quality of malaria-related care through training and updated diagnostic and treatment guidelines and incorporating malaria-related indicators in health information systems to guide programs. Through a malaria vaccine development program, USAID is also involved in producing and

evaluating a vaccine for the disease.

\* Nutrition. Malnutrition, especially when accompanied by diarrhea, is a contributing factor in up to 60 percent of child deaths. USAID's approach to combatting this condition includes interventions to promote breastfeeding, correct micronutrient deficiencies, improve infant feeding practices, and implement nutrition education. In India, a USAID-sponsored project reaching five million people in two impoverished districts worked to reduce severe malnutrition among children by 53 percent in one district and by 25 percent in the other, where a drought occurred.

\* Vitamin A. Indonesia has been declared xerophthalmia-free due to vitamin A supplementation, resulting in half a million lives saved and one million children prevented from becoming blind. USAID-funded vitamin A research applied in country programs has documented up to 30 percent reductions in child mortality through supplementation of children over six months old. Innovative ways to improve vitamin A status in young children have been identified and are now being evaluated.

\* Research. USAID's investments in child survival research have put the Agency on the cutting edge in developing and refining major child survival interventions. For example, USAID-supported work in Nepal, Egypt and other countries has helped develop an approach that health workers in developing countries can use to accurately diagnose and treat acute respiratory infections (ARI). This strategy is already reducing mortality from ARI and expected to reduce inappropriate use of antibiotics. USAID-supported research on efficient and cost-effective service delivery is helping improve child survival programs in Guatemala, Niger, the Philippines, and elsewhere. Through USAID research efforts, an effective treatment for persistent diarrhea through dietary management has been developed and subsequently incorporated into global WHO policy. Techniques to improve the use of antibiotics in diarrheal disease programs, assess the quality of care, and reduce missed vaccination opportunities have strengthened programs and helped conserve scarce health resources.

### Challenges and Strategies

The major challenge for USAID's ongoing child survival initiative is to promote programs which preserve and build on the progress made to date, while simultaneously decreasing host country dependence on donor-provided resources and technical assistance. Morbidity and mortality reductions achieved through extraordinary measures in the 1980s are in danger of being lost if the broad-based health delivery mechanisms established throughout the decade are not institutionalized and sustained. Health threats such as HIV/AIDS, persistent diarrhea, and the resurgence of malaria, cholera, and tuberculosis could slow or even turn back the mortality reductions achieved thus far.

New challenges to improved child health are being explored through USAID's active research program. Research efforts focus on the delivery of health services and the development of innovative technologies to address changing socio-economic situations and new disease patterns.

Sustainability will be addressed by promoting policy dialogue to engender more efficient service delivery and resource allocation by national governments, encouraging participation of the private sector, and building indigenous capacity to implement and finance cost-effective health interventions. At the same time, USAID will focus on empowering women, implementing effective training for those involved in service delivery and child health research, and identifying measures to strengthen the capacity of health systems. The potential for sustainability will also be enhanced through an integrated approach to child survival programs that takes into account the links between child survival and population growth, the environment, working conditions, social mobility, and democratic governance.

## USAID INITIATIVES: Maternal Health

### Overview

Every year, an estimated 500,000 women worldwide die during or shortly after childbirth. Of these deaths, 95 percent occur in the developing world. Over 90 percent of the deaths -- due primarily to hemorrhage, infection, hypertensive disease, obstructed labor and septic abortion -- are preventable.

USAID's response to this tragedy includes a broad maternal and neonatal health program designed to improve pregnancy outcomes, promote breastfeeding, and better the health and nutrition of women of reproductive age and their newborns. The program strives to:

- \* Support the formulation and implementation of policy that will strengthen budgetary and political commitment to improving maternal health and foster effective coordination of relevant services in the health sector
- \* Promote behavior change in mothers and encourage positive attitudes among providers by increasing their awareness of and attention to health and nutrition problems in the community
- \* Improve services through teaching of life saving skills to manage obstetrical and neonatal complications

### Achievements

\* Demonstration projects. Although maternal deaths often occur in isolated areas and frequently are not reflected in reported statistics, demonstration projects have documented the impact that selected interventions could have on maternal health if applied on a regional and national scale. Examples include:

*Impacting maternal mortality and medical training.* In Tanjungsari, Indonesia, a USAID-funded project implemented clinical training and information/education/communications activities to support early recognition, referral, and management of danger signs during pregnancy and labor. As a result, maternal mortality was reduced by nearly 50 percent and obstetrical knowledge of doctors and midwives improved by 28 and 56 percent, respectively.

*Impacting child mortality and family planning.* In Inquisivi, Bolivia, a USAID project worked with women's groups to identify and resolve key nutrition and health issues faced by pregnant women, such as ensuring safer, cleaner births at home, addressing inadequate attendance of newborns, and recognizing danger signs. As a result, perinatal mortality fell from 103 to 38 deaths per 1,000 births, and neonatal mortality dropped from 69 to 16 deaths per 1,000 births.

While virtually no one in the village practiced family planning before project intervention, more than one quarter of group participants now accept family planning methods.

*Impacting child growth and promoting cost-effectiveness.* In Quito, Ecuador, a method of skin-to-skin contact between mother and child for low birth weight infants (called the Kangaroo Mother Method) resulted in an improvement of 150 to 200 grams between the third and sixth months of life. The amount of costly care decreased for these infants in the post-natal period as a result of decreased serious illness and hospitalization.

\* Increased referrals, decreased mortality. In Tanjungsari, Indonesia, the introduction of birthing huts and a village alarm and transport system produced remarkable results. Referrals from traditional birth attendants increased from 17 to 34 percent, maternal mortality fell from 508 to 225 deaths per 100,000 live births during the 1989-93 period, and perinatal mortality decreased from 48 to 36 deaths per 1,000 live births.

\* Integrated approach. Women's groups in Bolivia achieved better health through an integrated approach combining an autodiagnosis of health problems, training of traditional birth attendants, and the establishment of income generation, literacy, and credit programs. During 1991-93, perinatal/neonatal mortality decreased from 117 to 4 deaths per 1,000 live births, the number of maternal deaths decreased, and family planning acceptors increased from 0.1 to 27 percent.

### Challenges and Strategies

Challenges to improving pregnancy outcome and promoting maternal and neonatal health are substantial. For example, while prenatal care remains essential to the health of a mother and child, risk assessment tools are not consistently predictive and healthy women can experience complications that lead to death. And while maternal mortality rates are falling in many countries, more and more adolescent girls are entering their reproductive years, thus intensifying the challenge of reducing the annual number of maternal deaths.

Prevention of maternal mortality must occur both in the community and in referral health centers. Women, their families and traditional birth attendants must learn to recognize signs of complication and to seek specialized care. Health care providers need interpersonal counseling and life saving skills. Policy makers must ensure adequate budgets for life saving medicine and equipment, as well as provide for supervision, monitoring and evaluation.

Yet strategies to improve health are not the same as those to decrease mortality. Therefore, health promotion strategies emphasizing nutrition and healthy behaviors will be targeted to the community, and women's responsibility for their health and that of their children will be emphasized.

A key strategy to improve maternal and neonatal health is the integration of reproductive health services with maternal health programs. Ideally, an integrated service delivery system should be able to provide prenatal care, labor and delivery, postpartum care, family planning services, STD/HIV prevention, diagnosis and treatment, and nutrition activities. Offering such services at the same place and time provides women with consumer-friendly services and is a more cost-effective approach to service delivery. Finally, integrated approaches are necessary because health services alone will not bring an end to maternal mortality. Literacy, employment and empowerment programs are essential complements to health services delivery.

## USAID INITIATIVES: Nutrition

### Overview

Malnutrition is a common, everyday occurrence in much of the developing world. While only a small percentage of the world's children exhibit visible signs of malnutrition, over 780 million people in developing countries -- 20 percent of their population -- do not have access to enough food to meet their basic nutritional needs. More than two billion people, mostly women and children, suffer from one or more micronutrient deficiencies. Malnutrition is a contributing factor in more than 60 percent of child deaths and it profoundly hinders development by reducing learning capacity and worker productivity.

Through a wide range of public and private sector programs, USAID is contributing to improved nutrition in the developing world. The Agency's nutrition programs seek to:

- \* Increase the availability of and access to a nutritious diet, especially for vulnerable groups
- \* Integrate nutrition into the agriculture, health, population, and education sectors
- \* Improve nutrition-related practices at the household level
- \* Create partnerships with the private sector in developing technologies and approaches to alleviate hunger and malnutrition

This approach includes the promotion of breastfeeding, interventions to correct micronutrient deficiencies, improved infant feeding practices, nutrition education, and the use of growth monitoring interventions which promote sustainability by emphasizing preventive, behavior-related solutions.

### Achievements

\* Social Marketing. Social marketing, which uses a consumer-centered approach to inform and motivate positive changes in behavior, has improved infant feeding practices and maternal nutrition in a number of countries. In Mali, for example, a two-year pilot effort in the Macina Region resulted in a decrease in malnutrition among children 0 to 3 years old from 14 to 5 percent. In Honduras, a national communication effort to promote exclusive breastfeeding motivated 21 percent more women to practice optimal feeding behavior in the first month postpartum.

\* Breastfeeding promotion. USAID assisted in establishing national and regional breastfeeding programs in 18 countries. Worldwide, some 500 people have been trained in lactation management education, who in turn trained 74,000 health professionals and administrators, reaching nearly 65 million mother-infant pairs.

\* Micronutrients. The Agency has played a pioneering role in guiding and supporting the research that established micronutrient interventions as effective, affordable and sustainable.

Interventions aim to increase micronutrient consumption through diet diversification, food fortification, and supplementation. More than 20 countries have initiated salt iodization programs with USAID support and sugar has been successfully fortified with vitamin A in four Latin America countries.

\* Food technology. Experts from U.S. food manufacturing companies have improved food quality and safety in over 40 countries. Food technologists in Sri Lanka helped develop a low-cost nutritional supplement for pregnant/lactating women and young children. In Guatemala, food quality experts are improving the capacity to assess the safety of processed food.

### **Challenges and Strategies**

In collaboration with its international and host country partners, USAID is working toward the 1990 World Summit for Children goal of reducing severe and moderate malnutrition rates among children under five by 50 percent. But perhaps the greatest challenge to reducing malnutrition around the world is generating funding to support needed interventions. While proven and cost-effective technologies are now available, shrinking national budgets make it difficult for governments to invest adequate resources. USAID's strategy includes the development of an interactive computer model which allows policy-makers to examine the costs and benefits of investing in nutrition. Activities such as these help the Agency to illustrate that nutritional well-being is both an outcome of and a contributor to successful development.

## USAID INITIATIVES: HIV/AIDS

### Overview

AIDS -- the Acquired Immunodeficiency Syndrome -- has grown from a relatively isolated and poorly understood health phenomenon of the early 1980s into a global epidemic. The deep social and economic impacts of this pandemic are only beginning to be fully comprehended. The World Health Organization (WHO) estimates that some 16 million adults and one million children worldwide are now infected with the Human Immunodeficiency Virus (HIV) that leads to AIDS. Most victims are found in developing nations, with more than half in Sub-Saharan Africa. Areas which were more isolated from the pandemic in the 1980s, such as South and Southeast Asia, are now experiencing the most rapid onslaught of HIV.

The impact of HIV/AIDS is not limited to those who contract the HIV virus. Scores of children are orphaned by AIDS each year. Households, friends, co-workers, and businesses must also cope with the loss of AIDS victims. Health care systems face an enormously increased burden, particularly in Africa, and may no longer be able to perform adequately to meet overall health care needs. Opportunistic diseases such as tuberculosis have reemerged among those with AIDS and have subsequently spread to non-AIDS sufferers as well. HIV/AIDS clearly poses a significant threat to sustainable development and is a major public health issue that crosses international borders.

USAID is deeply engaged in the struggle against HIV/AIDS and has committed more than \$500 million to HIV/AIDS prevention activities since 1986. USAID is the lead U.S. government agency providing support to and complementing HIV/AIDS prevention efforts of other U.S. government agencies, United Nations agencies, international private voluntary organizations (PVOs), local governments, and local non-governmental organizations (NGOs). USAID is the largest single donor to WHO's Global Programme on AIDS (WHO/GPA) and has provided direct bilateral assistance for HIV prevention to more than 70 developing countries around the world.

### Achievements

In collaboration with various international and local organizations, USAID is helping to educate at-risk groups and individuals engaging in high-risk behaviors about HIV transmission and how to avoid it, promote awareness about the impact of AIDS, distribute condoms to protect against sexual transmission of HIV, improve the management of other sexually-transmitted diseases (STDs) in order to decrease the efficiency of HIV transmission, and improve detection of HIV. USAID's achievements include:

- \* Host country technical capacity. Nearly 40,000 developing country professionals have been trained to support HIV/AIDS prevention programs in their countries since 1986. USAID works to strengthen the technical capacity of host nations develop and implement effective HIV/AIDS prevention programs, to evaluate these programs, and monitor HIV prevalence among at-risk groups. The Agency also provides assistance to countries in integrating STD prevention, diagnosis, and

treatment into primary health care services.

\* Prevention education. Since 1986, over 850,000 individuals have received comprehensive HIV prevention education. High-risk behaviors are targeted through strategies incorporating the unique abilities of PVOs and local NGOs to reach specific audiences through the workplace and through social, professional or religious organizations. Diverse information, education and communication (IEC) activities also promote awareness and understanding of HIV/AIDS within society as a whole.

\* Policy decisions. Consensus among government ministries, NGOs and donors in 20 countries was reached on a multi-year HIV prevention strategy and action plan. USAID-supported IEC activities and AIDS economic impact assessments are designed to influence local policy-makers whose decisions must be properly informed regarding the pandemic.

\* Condom distribution. Nearly 62 million condoms have been sold or distributed. Of these, 90 percent were sold through social marketing programs which seek to achieve sustainable HIV prevention by promoting the sale of condoms to a clientele that understands the threat of AIDS and places proper value on protection against HIV.

\* USAID/WHO collaboration. To increase the potential impact and sustainability of its efforts, USAID has collaborated with WHO/GPA to provide technical guidance for national AIDS programs, including the development of evaluation indicators to measure their success in preventing HIV transmission.

### Challenges and Strategies

Despite international efforts, the HIV/AIDS pandemic continues to afflict growing numbers of people around the world. After seven years of intensive involvement combatting the spread of HIV, USAID has refined its policy to focus on recognized effective interventions and development of new methods to prevent HIV transmission. Support will continue for IEC activities, condom social marketing, improved STD diagnosis and treatment, and policy dialogue with host country decision makers. USAID will also preserve its emphasis on community-based approaches to HIV prevention and encourage links between U.S.-based PVOs and local NGOs as they are proven effective intervention strategies. Increased efforts are underway to address the prevention needs of women and adolescents as the pandemic expands into these general populations.

Research efforts will focus on areas that hold promise to immediately and directly improve the effectiveness of existing programs, provide women with improved HIV prevention tools, support policy dialogue, or reduce the impact of AIDS in severely affected areas. Examples include determinants of sexual behaviors and condom use, testing and improving models for behavior change, and understanding STD service utilization behaviors, and the integration of HIV/AIDS prevention with other health and non-health sector activities.

## USAID INITIATIVES: Environmental Health

### Overview

Each year, a variety of traditional and newly emerging environmental health hazards contribute to disease and death in the developing world. Diseases related to inadequate water supply and/or sanitation measures account for nearly 15 percent of all deaths and nearly two-thirds of illnesses in developing countries. Diarrheal diseases alone take an annual toll of 2.8 million lives. Each year in Africa, 1.5 million people die from malaria, mostly young children and women during pregnancy.

As many of the world's developing nations become increasingly urbanized and industrialized, environmental health problems have emerged which were previously non-existent or not given high priority. For example, chronic exposure to air pollutants and other hazardous substances plays a role in increased mortality due to acute respiratory diseases and cancer, while in peri-urban areas of Africa, tropical diseases such as malaria are rapidly on the rise as the result of new environmental and demographic determinants.

The major causes of the developing world's disease burden are addressed in USAID's environmental health programs. Interventions in the areas of tropical diseases, water supply and sanitation, solid waste, and wastewater build upon USAID's past experience. More recently, USAID has added capabilities for technical assistance dealing with air pollution, food hygiene, hazardous materials, occupational health, and injury.

### Achievements

USAID initiatives are designed to identify and combat causes of poor health due to adverse environmental conditions. USAID's efforts in this field focus on diverse in-country activities and interdisciplinary technical assistance.

\* Economic impact of infectious disease. In order to increase local policy-makers' awareness of the urgent need to address environmental health hazards, USAID has supported analyses of the economic impact of Chagas disease in Bolivia, malaria in Malawi, Kenya, Nigeria, and Rwanda, and cholera in Peru.

\* Cholera response. Responding to the re-emergence of cholera in the Americas in 1991, USAID played a key role in helping Latin American nations develop and implement national plans to combat the disease. In this region of the world, the Agency is a leading source of technical assistance for improving water supply and sanitation systems and mobilizing and educating populations about proper hygiene practices for cholera prevention.

\* Malaria control. Historically, USAID has helped to develop national malaria control

strategies in El Salvador, Kenya, Ghana, Niger, Chad, Honduras, Ecuador, Pakistan and Nepal. More recently, USAID has collaborated with the World Health Organization (WHO) toward the implementation of the new WHO global malaria control strategy, particularly in the Africa region where 90 percent of the world's malaria persists. As an outcome of this collaboration, USAID is assisting WHO in developing its regional program for Africa and training African medical managers in the epidemiology and appropriate case management of the disease. USAID has also called upon the Centers for Disease Control to undertake a series of analytic studies on the challenges of malaria control under the African Child Survival Initiative, as well as in the field testing of pyrethrin-enhanced mosquito nets for use in community-based prevention of malaria.

\* River blindness prevention. Since the early 1970s, USAID, in collaboration with the World Bank, has been the major donor to the Onchocerciasis Control Program of West Africa (OCP), often quoted as one of the Agency's most successful programs. As a result, more than 25 million hectares of agricultural land previously abandoned due to the disease have been returned to cultivation. USAID continues to support the devolution process of the OCP, while in extra-OCP areas, USAID has supported prevention efforts of non-governmental organizations and national programs in Burkina Faso, Cameroon, Guatemala, Niger, and Nigeria that consist of training health promoters and distributing ivermectin, a drug that can significantly reduce risk of blindness in endemic areas. Since 1991, more than two million doses of ivermectin have been delivered.

\* Guinea worm eradication. USAID, along with other major donors, supports the guinea worm disease eradication program implemented by the Carter Center/Global 2000. The goal of this ambitious effort is to interrupt transmission of this debilitating disease in the 18 remaining endemic countries by the end of 1997.

\* Water and sanitation. Since 1980, USAID has worked on some 800 activities in 85 countries to transfer the know-how and tools needed to attain the water supply and sanitation goals set by these countries. In Sri Lanka, for example, technical assistance from USAID over an eight-year period helped transform the National Water Supply and Drainage Board from an inefficient, heavily subsidized agency with serious operational weaknesses to an efficient and sustainable utility which effectively provides residents with safe water and sanitation. In Tunisia and Belize, the Agency helped facilitate the transfer of responsibility for rural water and sanitation services to local community associations. Recent regional training activities have included a seminar on wastewater management for Andean countries and a workshop on wastewater treatment for Middle Eastern nations.

\* Risk Assessment. To help prepare the Central Asian Republics to assess and manage the health impacts of environmental degradation, USAID held a regional workshop in 1993 which was attended by delegations from Kazakhstan, Uzbekistan, Turkmenistan and Tajikistan.

\* Vaccine development. USAID supports a large number of vaccine development activities aimed at improving child survival, including efforts addressing environmental health concerns such as malaria, cholera, and schistosomiasis.

\* Industrial pollution. In Zlatna, Romania, where operation of a copper smelter plant leads to respiratory diseases and other severe health problems and contaminates surrounding agricultural lands, USAID is seeking to facilitate improvements in health conditions without disrupting vital economic activity. To facilitate a participatory planning process, the Agency, in close collaboration with Romanian counterparts, is bringing together experts from numerous disciplines to develop and implement a sustainable plan of action for the area.

### Challenges and Strategies

USAID will continue support for interventions proven to be most effective in helping developing nations reduce environmental risk factors and thereby improve overall health conditions. Additional anticipated benefits of environmental health initiatives include enhanced economic development, environmental protection and democratization. Activities will focus on setting priorities among environmental health problems, strengthening public institutions responsible for safeguarding the environment, collaborating with the private sector to find sustainable environmental health solutions, and facilitating the participation of local communities to improve living conditions.

## USAID INITIATIVES: Health Policy & Sector Reform

### Overview

The challenge to today's health care systems is providing better services to more people with fewer resources. Although these systems vary widely in developing countries, most are characterized by resource-poor, highly centralized public sectors. Resources tend to be concentrated on urban, hospital-based services, while community-based public health initiatives are generally under-funded. Policy and legal frameworks are seldom in place to encourage the private sector to participate in achieving national health goals. As many governments began to face these challenges, the global recession of the 1980's and the additional burden of HIV/AIDS also exacerbated movement towards health sector reform.

To meet these challenges, USAID has introduced health financing and management interventions which have produced measurable impacts on the quality, efficiency, and equity of health services. Developed by USAID and implemented by the Agency's counterparts in the field, these interventions have made health services more affordable and more accessible, contributed to the efficiency and effectiveness of drug procurement and distribution and improved the quality of client-based care.

Within the international donor community, USAID has taken a leading role in health sector reform by assisting developing nations to more effectively use existing resources and mobilize new resources to finance health care. USAID has worked to encourage those responsible for organizing and financing the delivery of health services to explore an array of options to increase the efficiency, equity, coverage, and effectiveness of the health sector.

### Achievements

Examples of the Agency's activities and achievements in health policy and sector reform include:

\* **Policy formulation and monitoring.** Many countries are attempting health sector reforms which fundamentally address how their resources are used -- re-balancing the scales between hospital care and other, usually less-expensive forms of care is one such approach. These countries are defining national health goals and developing active strategies for change. In considering change, those responsible for the health sector evaluate policies and resource requirements using quantitative, data-based tools to understand not only the health-related impacts, but also the demographic, economic, and political implications. USAID supports a variety of health sector reform activities in Bolivia, El Salvador, Ecuador, the Central African Republic, and Kenya.

\* **Quality assurance.** In addressing deficiencies in the quality of health services, USAID stresses the importance of ensuring that routine tasks are well done, instead of seeking more resources to do the work. This emphasis on increasing quality through improved management has achieved remarkable results:

- \* In Guatemala, a 42 percent reduction in case fatality rates from cholera and a 56 percent drop in the post-Caesarean infection rate
- \* In Chile, a 91 percent increase in correct assessment of ARI patients

\* **Health financing.** Improved financing of the health sector includes making better use of those resources already available and simply finding more resources. Because complex financing arrangements such as health insurance mechanisms can be costly to operate, USAID assists countries to identify options which best suit their budgets. Attention is uniformly given to protecting low-income and vulnerable groups' access to services regardless of how the services are financed. USAID's involvement in the area of health financing has led to important achievements, including:

- \* Establishing cost-sharing, user fees, and ability-to-pay protection arrangements in Niger, Cameroon, Burkina Faso, Central African Republic, Jamaica, and Egypt, among others
- \* Developing social financing and insurance programs in order to spread the financial risk of costly illnesses and make services available to all segments of the population in the Philippines, Indonesia, Kenya, Ghana, and Jamaica

\* **Institutional reform and management.** Through interventions introducing improved approaches to management, decentralization, private sector involvement, and pharmaceutical, USAID has assisted countries in addressing key problems affecting publicly-available services. Examples include:

- \* Public sector pharmaceutical procurement and distribution system reform, decentralization of pharmaceutical management, and promotion of rational drug use by prescribers and patients are being addressed in Ecuador, Nepal, the Russian Federation, and in the Eastern Caribbean drug service.
- \* USAID supports private-public collaboration for the delivery of basic health services in Bolivia, Ecuador, Nigeria, and Ghana.
- \* Management development, decentralization, and other system improvements are part of USAID's involvement in a number of countries, including the Philippines, Jamaica, Kenya, and Egypt.

## Challenges and Strategies

USAID continues to help developing countries identify policy and sector reform issues, promote lessons learned on a worldwide basis, and refine and apply methods to improve operations of the health system. Toward these goals, USAID supports health policy and sector reform initiatives by:

- \* Assisting countries committed to effective and equitable services by applying problem-solving methods to identify financial, managerial, and quality gaps and by establishing specific targets for anticipated health system impacts to be achieved by the reforms
- \* Absorbing some of the short-term risks which may be associated with changing health policies and management approaches in the health sector by demonstrating potentially useful reforms in situations where political or cultural obstacles may hinder adoption of these reforms
- \* Disseminating information about available methods of health policy and sector reform to the widest possible audience, emphasizing the need for effective training and supervision in the use of these methods
- \* Providing the international donor community with models for program design and evaluation in the areas of health sector quality, financing, and management
- \* Conducting applied research to fill gaps in currently available health reform technologies. In many areas, USAID continues to improve upon what is known, such as:
  - \* How to bridge the gap between the concept of cost-effectiveness analysis as a management method and its implementation on a practical basis
  - \* How to protect poor and vulnerable groups in a population while at the same time ensuring that all who can pay for services are encouraged to do so
  - \* How to manage at national level the policies for improving the quality of service delivery and broadening access to those services, while at the same time seeking decentralized, local management of service programs

Measurable improvements in a country's health systems lead to measurable improvements in the health of people. USAID collaborates with communities and countries by identifying available worldwide options to improve the health sector and by guiding the process of selecting and implementing those reforms.

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The Center for International Health Information (CIHI) prepared this material under contract number HRN-5991-C-00-3041-00 with the Office of Health and Nutrition, Bureau for Global Programs, Field Support and Research, USAID. CIHI is managed by Information Management Consultants, Inc. (IMC) in collaboration with the International Science and Technology Institute and The Futures Group.

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# USAID INITIATIVES: Promoting Reproductive Health

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Office of Population, Center for Population, Health & Nutrition,  
Bureau for Global Programs, Field Support and Research, USAID

October, 1994

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## **USAID INITIATIVES: Population and Reproductive Health**

### Overview

Rapid population growth, unmet need for family planning, and poor reproductive health status are closely interrelated problems in almost all of the developing countries assisted by USAID. The total fertility rate for developing countries as a group still exceeds four births per woman, and the annual rate of natural increase exceeds 2 percent. Surveys indicate that over 120 million women who wish to space or limit births are not using family planning. Each year, half a million women die of pregnancy-related complications, of which a large percentage is due to unsafe abortion. There are over 250 million new cases of sexually transmitted diseases each year, of which over 1 million are HIV infections.

USAID's reproductive health program is designed to address these problems and support the overall strategy of the Agency in population and health. Priority program components are:

- \* Family planning and related fertility services.
- \* Safe pregnancy services, improvement of women's nutritional status, and the promotion of breastfeeding.
- \* Prevention and management of STDs/HIV.

Reproductive health programs are carried out through close collaboration between the Office of Population and the Office of Health and Nutrition as well as USAID's regional bureaus and country missions. A key objective is to focus on reproductive health interventions that are the most cost-effective in promoting quality, maximizing access to services, and achieving public health impact. Prevention is a key element in all USAID-supported reproductive health program components.

In addition to programs concerned with reproductive health services and information, USAID supports basic demographic data collection, biomedical research on contraceptive methods, population and reproductive health policy development, and intersectoral programs concerned with population/environment relationships. The Agency's population and reproductive health programs harmonize closely with the recommendations of the International Conference on Population and Development (ICPD) held in Cairo in September, 1994.

### Achievements

(See also USAID Initiatives: Promoting Health & Nutrition, sections on HIV/AIDS and Maternal Health).

USAID Agency for International Development, Washington D.C.



- \* USAID's support of service and communications programs has led to **improved quality of care, dramatic increases in contraceptive use, and declines in fertility** in many countries receiving USAID assistance.
- \* USAID has trained close to **200,000 medical and paramedical personnel** from 120 countries and has helped develop family planning training capacity in many of these countries by providing technical assistance, training materials and other resources.
- \* USAID provides **about two-thirds** of the developing world donor-provided **contraceptives**, providing supplies to more than 100 family planning delivery systems in 80 countries.
- \* USAID's **contraceptive development** programs have helped support and develop women-controlled barrier methods, improved IUDs, the lactational amenorrhea method (LAM), natural family planning, surgical contraception techniques, and NORPLANT®.
- \* USAID has established **innovative private sector initiatives** including: expanding social marketing programs for commercially provided contraceptives and pursuing financial investments with commercial family planning providers in a joint venture framework.
- \* USAID supports the world's **largest survey research effort**, the Demographic and Health Surveys. Since 1972 results from more than 160 surveys in 68 countries have vastly increased our understanding of contraceptive use and reproductive health needs.
- \* USAID has contributed to **population policy development** by assisting countries with data collection, policy dialogue, and planning for resource mobilization and program implementation.

### Challenges and Strategies

USAID programs in population and reproductive health will focus on the following priorities:

- \* maximizing access and quality of care;
- \* addressing needs of adolescents;
- \* reducing unsafe abortion and strengthening post-abortion care;
- \* integrating and linking other selected reproductive health interventions with family planning;
- \* strengthening linkages with related areas, such as child survival, female literacy/education, women's empowerment, and the environment.