

U.S. Agency for International Development
Bureau for Global Programs, Field Support, and Research
Center for Population, Health and Nutrition

STRATEGIC PLAN

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STRATEGIC PLAN

Center for Population, Health and Nutrition
Bureau for Global Programs, Field Support, and Research

I. CONCEPTUAL FRAMEWORK

The Population, Health and Nutrition Center ("The Center") strategy is firmly rooted in Agency principles and guidance in the population, health and nutrition (PHN) sector. The Center's strategic approaches directly contribute to the realization of the Agency goal to stabilize world population and protect human health. The Center Strategic Support Objectives build on thirty years of experience and success, incorporate principles from the Cairo Program of Action (1994) and reflect Agency mandates in the areas of gender and women's empowerment. Shown in Table 1, these objectives directly support and contribute to the achievement of Agency strategic objectives to reduce: unintended and mistimed pregnancies, maternal mortality, infant and child mortality, HIV transmission and threat of infectious diseases. (See attachment A, Strategic Framework)

The Strategic Plan 1998-2003 is an updated version of the first Center Strategic Plan written in 1995. The Plan was updated to reflect major changes in the Center strategies, specifically the revision of SSO2 relating to maternal health, the revision of SSO4 relating to HIV/AIDS, and the addition of a new Agency as well as Center strategy on infectious diseases (SSO5).

Table 1. Strategic Framework: Population, Health and Nutrition Sector					
Agency Goal	World population stabilized and human health protected				
Agency Strategic Objectives	Unintended and mistimed pregnancies reduced.	Death and adverse health outcomes to women as a result of pregnancy and child birth reduced.	Infant and child health and nutrition improved and infant and child mortality reduced.	HIV transmission and the impact of HIV/AIDS pandemic reduced.	The threat of infectious diseases of major public health importance reduced.
PHN Center Strategic Support Objectives	Increased use by women and men of voluntary practices that contribute to reduced fertility.	Increased use of key maternal health and nutrition interventions.	Increased use of key child health and nutrition interventions.	Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic.	Increased use of effective interventions to reduce the threat of infectious diseases of major public health importance.

The Center's program focuses on improving the **availability, quality and use** of key interventions in the PHN sector. Sustainability and program integration are important cross-cutting themes. Program sustainability is promoted by building host country capacity to plan and manage programs. A high degree of integration is reflected in the strategic linkages among the Center's objectives: powerful synergies between their subsectors strengthen the impact of all of the objectives. (For further elaboration of the strategic support objectives and results, see Part II.)

A. Critical Functions of the Center for Population, Health and Nutrition

The Center works to achieve its strategic support objectives by providing global leadership, research and evaluation, and technical support to the field. These critical functions are unique to the Center and their exercise is essential to providing technical support to Agency strategic objectives in the PHN sector. Integral to this strategy is the pivotal relationship of the Center to key customers and stakeholders within USAID, such as missions and regional bureaus, and outside of the Agency, such as non-governmental organizations (NGOs) and host governments.

1. Global Leadership

USAID is a recognized world leader in the population, health and nutrition sector. Over the last thirty years, USAID has been responsible for many major programmatic innovations in the population, health and nutrition field. Many of the program innovations were developed and managed by the Center. Examples include the development and introduction of new and improved contraceptive methods, maximizing access and quality in service delivery systems, the Child Survival initiative, and the mobilization of the international community in response to the HIV/AIDS pandemic.

The Center plays a global leadership role that is fundamental to achieving both Center and Agency strategic objectives. The Center's global leadership focuses on three principal activities: technical innovation, policy dialogue and resource mobilization. Moreover, global leadership contributes to the achievement of all results and strategic objectives by enhancing the implementation capacity of USAID-funded field programs and by influencing the wider global community of countries, donors, and non-governmental organizations.

The Center's technical leadership role is expressed through:

A multi-disciplinary staff. Working closely with bureaus and with access to the latest technical knowledge, the Center is organized to maintain close contact with country needs and is supported by the Center's research and evaluation portfolio. Task forces and working groups organized around technical themes are an important mechanism to help ensure the Center's responsiveness to new needs.

Partnerships with Missions. USAID missions are the point of direct contact with host countries. The Center provides technical leadership to mission programs through its central projects, technical assistance in developing results packages, strategic planning, and joint programming and planning teams.

Partnerships with Cooperating Agencies. The Center's relationships with cooperating agencies (CAs) are a source of technical expertise in policy formulation and the dissemination of technological advances. The Center serves as an important catalyst and source of guidance for CA activities in these areas.

Intersectoral collaboration. The Center is in a unique position to examine and foster the intersectoral linkages needed to achieve the Agency's sustainable development goals. Activities include pilot programs assessing the linkages between women's literacy and fertility reduction, reductions in fertility and child mortality and environmental factors, increased women's empowerment and democracy, and project development in nutrition, food and agriculture. These pilot activities enable policymakers and program managers to better understand the relationships between PHN and other sectors.

Effective collaboration with other development partners. The Center promotes USG and Agency interests in its frequent interactions with multilateral agencies, other bilateral donors, and PVOs and NGOs.

Effective collaboration with the State Department. The Center helps ensure that chiefs of mission, desk officers, economic counselors, and science attachés are aware of PHN sectoral issues and are able to represent them in relevant international and bilateral discussions. Center staff also participate with State Department colleagues on Executive Boards of major multilateral agencies (e.g., UNICEF, WHO, and UNFPA).

Effective collaboration with other U.S. government agencies. USAID provides the Centers for Disease Control and Prevention (CDC) with a significant share of its international budget and CDC is a major partner in USAID's new infectious disease program. The Bureau of the Census (BUCEN) has long been working with G/PHN on demographic data compilation, analysis, and dissemination. G/PHN also regularly discusses HIV/AIDS policy issues with the White House's Office of National AIDS Policy.

2. Research and Evaluation

The Center plays a significant leadership role in the arena of research and evaluation, currently managing more than 80 percent of the Agency's research activities in population, health and nutrition. In this capacity, the Center supports the development, testing and dissemination of new technologies and methodologies that address key technical problems and constraints to program implementation in developing countries. For example, results of Center-supported biomedical, operations, demographic, evaluation, applied, and social science research improve

services and enhance the impact of population, health and nutrition programs worldwide. The Center plays a key role in developing new, cost-effective technologies such as oral rehydration salts (ORS), new antenatal and birthing methodologies, the development of rapid simple STI diagnostics, new and improved contraceptive methods, and the use of vitamin A to enhance child survival. In collaboration with missions, the Center continues to make a significant contribution to the development of improved operational approaches to PHN tasks. Examples include operations research, community-based distribution systems, social marketing approach and behavior change communications in the area of HIV/AIDS prevention, child survival, enhancing maternal health and family planning use.

A pioneer in results monitoring, the Center collects and analyzes data to improve program performance and to assess program progress toward achieving global impact. The Center has taken the lead in the development of indicators and methodologies for evaluating programs and trends in the PHN sector. The Demographic and Health Surveys (DHS), the latest in a series of survey programs begun in the Center over twenty-five years ago, is continuously refined and is recognized as providing the best worldwide data for the PHN sector. The Center also reports performance and impact data to the Agency, Congress and other stakeholders, including the general public. Other donors and international agencies rely heavily on these data and analyses for program planning and evaluation.

3. Technical Support to the Field

The Center is customer-driven with field missions as its primary clients. The rationale for all of the Center's critical functions is to support the field by providing information, commodities, and services. The Center's technical support to the field is the critical link through which advances in research are reflected in program improvements at the country level. The Center also works with missions to ensure an appropriate fit between Global Bureau initiatives and country-specific situations, and provides a ready mechanism by which missions can benefit from the experience and knowledge that USAID has gained worldwide. USAID is a leader in the international donor community with the depth and breadth of its technical assistance and field presence.

The Center manages and provides core support for a wide array of projects as a vehicle for providing technical support to the field. These resources are used to "push the technical envelope" of programs, ensure cross-country dissemination of new ideas and approaches, and support innovative ways of implementing activities.

B. Operational Approach of the Center

Over the years, the Center, in collaboration with field missions, has evolved a *modus operandi* that has served the field well. The model has its counterparts in the private sector but is rare in the development field. In this model, the Center initiates development and field testing of new technologies and approaches, which are further refined and ultimately used to enhance and contribute to mission programs. In general, this approach follows the sequence of:

- need and/or problem identification
- product/program development
- field testing and validation
- diffusion and marketing
- post-diffusion market testing and refinements
- institutionalization

The Center has a long history of success with this operational approach largely because it is empirically based, considers both efficiency and impact, and is consumer-driven from the start. This process also has multiple applications worldwide and is a mechanism for diffusing technology and innovation from north-to-south and also from south-to-south.

The Center shapes programs by drawing on its special capabilities to develop and test new approaches, and then widely disseminating the most effective approaches through mission programs. This strategic approach assures that all missions benefit efficiently from proven worldwide experience. The alternative of missions attempting to gain similar experience and expertise on their own would be costly, administratively burdensome, and less likely to produce replicable results.

The Center has used the iterative process described above to achieve dramatic increases in contraceptive prevalence and reductions in infant and child mortality worldwide. Program approaches and technologies that have reached millions of women and children include community-based delivery systems, the development of oral rehydration therapy (ORT), and new contraceptive methods such as Norplant® and low-dose oral contraceptives. Management and logistics systems developed through this operational approach have contributed to program sustainability and program institutionalization. At the present time the Center is using this process to develop rapid STI diagnostics, new contraceptive methods, Vitamin A supplementation, service delivery strategies for safe motherhood interventions, and quality of care initiatives.

C. Strategies for Priority Setting

The Agency is confronted with severe resource limitations. Consequently, when considering functional and operational approaches to achieving strategic objectives, the Center must establish priorities in terms of both the countries the Center focuses on and the activities it supports. These priorities must be empirically based, considering both efficiency and impact.

1. Country Level Strategy: Joint Programming and Planning

The Center has taken the lead in developing and implementing the Joint Programming and Planning Country Strategy (JPPC). JPPC is a framework that identifies, in collaboration with Agency partners, priority countries for the PHN sector and establishes mechanisms to maximize access to resources for the highest priority countries. Within the JPPC strategy, joint programming countries are those with the highest potential for worldwide, as well as local or regional, impact across the PHN sector. To reach its strategic support objectives, a significant level of Center resources will be committed to achieving results in these joint programming countries. (The list of joint programming countries appears in Attachment B)

Joint planning countries are other sustainable development countries that are lower priority in terms of their global impact but are sites for PHN sector activities implemented under USAID mission-funded assistance programs. Although less critical to the Center strategy, joint planning countries also receive access to Center projects funded through Field Support. The Center is committed to develop and maintain strong responsive relationships with these countries and to support their initiatives in the PHN sector.

2. Program Level Strategy: Establish Priorities

The Center has also established priorities at the program and activity level. To determine programmatic direction and focus, the Center considers whether the activity:

- is **customer-driven** in that there is a clearly stated need/demand;
- is **technically** feasible;
- has an **impact** on the problem or condition;
- is **critical** to achieving the Center's strategic support objectives;
- reflects and builds on the Center's **comparative advantage**;
- promotes **cost-effective and sustainable interventions**;

- is **managerially** efficient;
- has the potential to **leverage** resources; and
- is **mandated** by Congress or of special interest to the Congress and the Administration.

D. Opportunities and Constraints

The coming decade is a particularly important one for the PHN sector. Millions of young people are entering their reproductive ages and, even under the medium fertility assumption of the United Nations, world population is projected to reach 8.9 billion by the year 2050. More than 12 million children under five still die each year in the developing world. WHO estimates that close to 600,000 women die annually from preventable pregnancy-related causes. Today tuberculosis continues to kill 3 million persons and malaria 2.5 million annually. Since the beginning of the epidemic, there have been over 30 million people infected with HIV; this number is expected to rise to 60 million by the year 2000.

While the tasks are daunting, there are clear opportunities to produce significant impact and to attain Center and Agency objectives in the reduction of fertility, infant, child and maternal morbidity and mortality, HIV/AIDS transmission, and infectious diseases. Key positive elements that will contribute to significant achievement in the PHN sector include the existence of a clear demand on the part of consumers for services, and proven technologies and operational approaches to respond to that demand.

The constraints to achieving the strategic support objectives are not unique to the PHN sector. At the host country level, success depends on political will to achieve impact, political stability, the availability of an effective and efficient infrastructure, and strong financial support for population, health and nutrition programs.

Other potential constraints to success in the sector may be internal to USAID and relate to the uncertainty of the Agency's budget situation and inadequate staffing in the PHN sector. Indeed, this strategy is based on the assumption of continued support to international development assistance as a whole, and to the sector in particular.

E. Accomplishments and Lessons Learned

As previously noted, USAID is an acknowledged leader in the PHN sector. This leadership is largely due to USAID's unique combination of a strong field presence and its ability to access technical innovations and benefit from research that closely supports program implementation. One of the important lessons learned over the 30 years of USAID's efforts in the PHN sector is that maintaining a close connection between field implementation and technical innovations is critical to achieving an impact. The accomplishments highlighted below reflect the Center

operational approach discussed earlier and highlight the symbiotic relationship between the Center and field missions.

1. Accomplishments

Decreases in average family size in the developing world (excluding China) from 6 children per woman in the 1960s to 4 in the 1990s. These decreases can be directly linked to USAID's efforts to expand the use of family planning services. Today, more than 50 million couples use family planning, largely as a result of USAID's efforts. USAID's technical leadership and research activities have been crucial to this outcome. These activities include:

- the development and subsequent widespread use of innovative service delivery models, including community-based distribution and contraceptive social marketing;
- biomedical research on new and improved contraceptive methods, such as improved IUDs, better surgical contraceptive techniques, and the development of Norplant®;
- improved distribution channels,
- innovative interventions, including state-of-the-art training techniques and communication strategies; the effective use of evaluation data to improve programs and demonstrate needs; and improved management capacity.

Declines in infant mortality in USAID-assisted countries from an average of 97 deaths per thousand live births in 1985 to 77 per thousand live births in 1995. Launched in 1985, USAID's child survival initiative has had a major impact on infant mortality, and is a direct result of applying technological innovations to targeted field programs. Key achievements include:

- the proportion of the world's children vaccinated against the major vaccine-preventable childhood diseases has increased from 37 percent in 1984 to an estimated 80 percent in the early 1990s;
- Oral Rehydration Therapy has been developed and institutionalized, and is now widely used and accepted as an intervention for diarrheal diseases, preventing millions of infant and child deaths from dehydration;
- interventions have been developed to address micronutrient deficiencies in mothers and children, long known to be linked to mortality in children and other effects such as prematurity, blindness, and lowered productivity;

- support for and increases in breastfeeding which results in significant reductions in morbidity and mortality in infancy and throughout childhood.

Eradication of polio from the Western Hemisphere. USAID's efforts and global leadership in combination with the Pan American Health Organization, the U.S. Centers for Disease Control and Prevention, and Rotary International have been successful in totally eradicating polio from the Western Hemisphere.

Identifying less expensive and more appropriate components of antenatal, delivery and postpartum care for mother and infant. Interventions have been identified that both lower the cost of care and focus in on those aspects which are most important to maternal survival, now known as essential obstetric care, and a subset that can be in place in the community, known as basic essential obstetric care.

Mobilizing resources to fight the spread of HIV/AIDS. In less than ten years, USAID's support for HIV/AIDS prevention has leveraged an unprecedented global response to a single infectious disease. Every WHO member country now has a plan for HIV/AIDS control; new interventions to establish sustained behavior change have been developed and introduced; knowledge about HIV/AIDS, means of transmission and prevention practices have increased significantly in the developing world. USAID-supported programs have reached over 22 million people with comprehensive HIV prevention, education and behavior change activities — in 1996 alone, activities reached 6 million people.

2. Lessons Learned

These accomplishments are the result of effective, efficient program activities. Some of the most important lessons to emerge from these programs are summarized below.

Access to high quality family planning and health programs is important to ensure contraceptive methods, STI screening, comprehensive child survival interventions, and appropriate maternal care. Operations research has shown that where clients are treated with dignity, obtain the method of their choice and are properly counseled, couples are more likely to continue using a modern, effective method of contraception.

Program sustainability should be addressed at the early stages of program planning. Planning for sustainability should include steps to improve management, remove legal or regulatory barriers to service delivery, strengthen local institutions, train managers and service providers, and engage the active participation of the private sector. Two essential lessons for program sustainability are:

- **Programs must make use of a wide variety of implementation channels, including the public sector, nongovernmental organizations, and the for-**

profit private sector. Nongovernmental organizations and private voluntary organizations, noted for their innovative approaches, flexibility and responsiveness to client needs, play a critical role. Reliance on a single delivery channel can make a program vulnerable to disruption (or collapse) of that one channel.

- **Local participation is essential in the design and implementation of programs.** It can also contribute to a sense of "ownership" and continued commitment on the part of community members.

Programs must be constantly improved through technical innovations, managerial improvements, and the application of lessons learned. For example, after research demonstrated the benefits of vitamin A and micronutrient supplementation in combating blindness and child mortality, child survival programs began to incorporate supplementation, food fortification and dietary diversification to reduce these deficiencies. Sophisticated communication technologies have been successfully incorporated into information and education campaigns for family planning, HIV/AIDS prevention and child survival programs. These campaigns have reached millions at relatively low cost and have been shown to affect behavior change. Managerial improvements, such as decentralized administration and better handling of vaccines and other critical supplies have greatly improved the reach and quality of public health programs at local levels. Increasing incidence of resistance to antibiotics and antiparasitics has made clear that we will need to address drug resistance if we want to continue to reduce mortality due to pneumonia, diarrhea and malaria.

Continuity at the international, country and community level is essential. Successful programs require continuous and strong commitment from policymakers, continuous financial and technical support, and a reliable supply of contraceptive or health commodities.

Demonstrating program impact and unmet need requirements have contributed to policy development and has supported the introduction and/or expansion of key program interventions. The use of Demographic and Health Survey data in simulation models has helped convince policymakers in many developing countries of the need to launch family planning, child survival and maternal health programs. Techniques to measure the impact of family planning and child survival interventions on decreasing fertility and mortality have been strengthened remarkably, and have been used successfully to refine programs to better meet client needs.

The unequal positions of women and men in many societies contribute to the persistence of major challenges in the PHN sector. Risk of unintended pregnancy and HIV/AIDS for women is often heavily influenced by the sexual behavior of their male partner. Many culturally-bound practices, such as child marriage, early childbearing, female genital cutting and nutritional strictures, have a disproportionately negative effect on the health of girls and women.

Women have long been the intended beneficiaries of PHN programs. We have learned that numerous sociocultural factors influence the extent to which women are able to decide matters affecting their health and quality of life. Attention to gender issues in development assistance has been USAID policy since 1982 when USAID issued its “Women in Development Policy Paper.” In the PHN sector, the inter-agency Gender Working Group addresses gender issues in our specific technical area, and develops PHN-specific materials for gender analysis. The Gender Working Group is actively contributing to the development of research on gender issues as well as initiatives that enhance sensitivity to gender equity in policy, training, communications, and service delivery programs supported by USAID in the PHN sector.

F. Coordination with other Donor Programs

As a leader among donors in the PHN sector, USAID places great importance on donor coordination as a means to avoid duplication, leverage financial and technical support, and to ensure that the most urgent program needs are met. Although USAID has a comparative advantage in service delivery programs, other donors often play important complementary roles in other areas such as policy dialogue, provision of equipment, and training. Donor coordination occurs through formal and informal communication, and through USAID's leadership in multilateral meetings on population, health and nutrition.

In the population sector, USAID, through the Center, maintains a close working relationship with the United Nations Population Fund (UNFPA), the largest multilateral donor in the sector. USAID continues to cooperate with UNFPA through participation on the U.S. delegation to the UNDP/UNFPA Executive Board, participation on the UNFPA working group on contraceptive requirements and logistics, and through technical consultations with UNFPA staff on operational aspects of integrating reproductive health services into family planning programs. Through its Missions, USAID also coordinates with UNFPA on population program activities at the country level.

The Center also maintains regular contact with the European Commission, the International Planned Parenthood Federation (IPPF), and the World Bank; participates actively on World Health Organization (WHO) task forces and working groups to coordinate biomedical and reproductive health research, global malaria control programs, collaborates closely with WHO in the global polio eradication effort; and is the largest donor to UNAIDS, contributing approximately 25% of their annual budget.

USAID is also a major partner of UNICEF in its work to improve the health and survival of women and children. This collaboration reaches back to the initiation of the international Child Survival initiative in the 1980s. It continues through USAID's active participation in UNICEF's Executive Board; cooperation in monitoring progress toward the World Summit for Children goals; technical partnerships in areas such as strengthening immunization programs, reducing vitamin A deficiency, and implementing Integrated Management of

Childhood Illness; and close cooperation at the country level between many USAID missions and UNICEF field offices.

USAID carries out a wide range of donor coordination activities in the population, health and nutrition sector at the policy and technical level, both at the Center and through USAID Cooperating Agencies. A particularly important initiative has been the formalization of cooperation with counterparts in Japan to undertake joint programming in population, child survival and HIV/AIDS under the U.S.-Japan Common Agenda. Also, the Agency:

- is a leading member of a UNDP working group on health sector reform;
- collaborates with WHO and UNICEF on technical and program issues related to child health and nutrition, malaria, sanitation, child survival, and women's health;
- participates in technical consultations and shares program experiences and lessons learned with major bilateral donors such as Canada, Japan, Germany, the Netherlands, and the United Kingdom; and
- cooperates actively with private foundations and NGOs such as the Rockefeller Foundation and the Carter Center.

Donor coordination will become even more important in the future as efforts increase to achieve the goals of the 1990 World Summit for Children, the 1994 International Conference on Population and Development (ICPD), and the 1994 Paris Summit on AIDS. The Center will provide important leadership through the ICPD+5 process in this international effort by identifying urgent program needs, mobilizing global resources, and making key technical contributions to program planning and execution.

G. Accountability Environment

USAID must ensure that its programs are responsive and accountable to the end-user. Program managers strive to meet the individual needs of clients and patients rather than specified targets.

Programs work to be responsive to needs and problems as they are locally defined, emerging from a bottom-up process rather than being imposed from the top-down. The active involvement of women clients, providers, and community leaders is essential. Center programs seek to involve women at all stages of program design, planning and management to ensure that programs are meeting the real needs of clients. In addition, Center programs encourage the development and involvement of indigenous PVOs and NGOs.

Centrally-managed PHN activities seek input from USAID Missions, regional bureaus, and other donors and--at the country level--local counterparts. This participatory process helps to ensure that the Center portfolio benefits from multiple perspectives and fresh ideas. Moreover, the existence of this large and diverse constituency places the Center under a healthy scrutiny.

In addition to the end-user, the Center has a number of other stakeholders. These include the American taxpayer and the U.S. Congress, host country governments, women's health advocates, NGOs, and other U.S. domestic constituencies. These groups have been routinely involved in examinations of USAID's progress in the PHN sector and in the strategic planning process.

STRATEGIC PLAN

II. STRATEGIC SUPPORT OBJECTIVES AND RESULTS

A. Overview

This section elaborates on the Center's Strategic Plan.¹ Section B summarizes the Center's strategic support objectives and results. Section C describes the Center's five strategic support objectives in more detail, the rationale for selecting each objective, the problem areas to be addressed, the intermediate results, key assumptions, and monitoring and evaluation.

As the resources available to achieve results and strategic support objectives are limited, the Center will not continue to support a number of programmatic interventions that do not address these objectives. These activities are discussed in section D. The process by which the strategic plan was developed and reviewed by clients and stakeholders, as well as by colleagues within and outside the Agency, appears in section E.

B. PHN Center Strategic Support Objectives and Results

As noted in Section I, the Center's strategic support objectives contribute to attainment of the Agency's strategic objectives and goal. The five strategic support objectives for the PHN sector are linked. Although each strategic support objective could be pursued independently, there are obvious relationships and synergies. For example, improvements in child survival affect fertility behavior; healthy women are more likely to bear healthy children and to be able to care for them. Improved birth spacing contributes to maternal and child health, while use of barrier methods of family planning helps prevent sexually transmitted diseases, including AIDS. Breastfeeding contributes to birth spacing as well as child survival. Prevention of HIV/AIDS is important to the health of women and their children. Reducing the spread of antimicrobial resistance and improving surveillance capacity through infectious disease programs will be important contributions to efforts in child health/survival, maternal health and HIV/AIDS.

It should also be noted that the Center's strategic support objectives are consistent with the strategic objectives of many USAID Missions and regional bureaus. This is to be expected because the Center shares responsibility with missions and regional bureaus for planning, implementing and monitoring PHN programs in USAID-assisted countries. By accessing the Center's technical capability through pre-positioned contractors, missions can benefit from a wide range of proven expertise and experience. If secured independently, this expertise would

¹ See Attachment A, Strategic support Objective Tree.

be costly, would present an enormous management burden on missions and, perhaps, would produce less technically sound results.

The results are intermediate-level outcomes that guide programs and activities and allow the Center to monitor progress.

Each of the Center's five strategic support objectives has specific intermediate results. These results are intermediate-level outcomes that allow the Center to closely monitor progress toward the strategic support objectives. Importantly, these results reflect the role that the Center plays in its three critical functions: technical leadership, research and evaluation, and technical support to the field.

Strategic Support Objectives	Results
SSO1 Increased use by women and men of voluntary practices that contribute to reduced fertility	IR 1.1 New and improved technologies and approaches for contraceptive methods and family planning programs
	IR 1.2 Improved policy environment and increased global resources for family planning programs
	IR 1.3 Enhanced capacity for public, private, NGO and community-based organizations to design, implement, and finance sustainable family planning programs
	IR 1.4 Increased access to, quality of, and motivation for use of family planning and other selected reproductive health information and services
SSO2 Increased use of key maternal health and nutrition interventions	IR 2.1 Effective and appropriate maternal health and nutrition interventions and approaches identified, developed, evaluated and/or disseminated (IDED)
	IR 2.2 Improved policy environment for maternal health and nutrition programs
	IR 2.3 Improved capabilities of individuals, families, and communities to protect and enhance maternal health and nutrition
	IR 2.4 Increased access to, and availability of, quality maternal health and nutrition programs and services
SSO3 Increased use of key child health and nutrition interventions	IR 3.1 New and improved cost-effective interventions developed and disseminated
	IR 3.2 Improved policies and increased global, national and local resources for appropriate child health interventions
	IR 3.3 Enhanced knowledge of key child health and nutrition behaviors/practices in selected countries
	IR 3.4 Improved quality and availability of key child health/nutrition services

SSO4	Increased use of improved, effective and sustainable responses to reduce HIV transmission and mitigate the impact of the HIV/AIDS pandemic	IR 4.1 Increased quality, availability, and demand for information and services to change sexual risk behaviors and cultural norms in order to reduce transmission of HIV
		IR 4.2 Enhanced quality, availability, and demand for STI management and prevention services
		IR 4.3 Develop and promote approaches that address key contextual constraints and opportunities for prevention and care interventions
		IR 4.4 Strengthened and expanded private sector organizations' responses in delivering HIV/AIDS information and services
		IR 4.5 Improved availability of, and capacity to generate and apply, data to monitor and evaluate HIV/AIDS/STI prevalence, trends, and program impacts
		IR 4.6 Develop and strengthen mechanisms to provide quality and timely assistance to partners (Regional Bureaus, Missions, Other Donors, etc.) to ensure effective and coordinated implementation of HIV/AIDS programs
SSO5	Increased use of effective interventions to reduce the threat of infectious diseases of major public health importance	IR 5.1 New and improved cost-effective infectious disease interventions developed, field tested and disseminated
		IR 5.2 Policies improved and global, national and local resources for appropriate infectious diseases interventions increased
		IR 5.3 Knowledge, beliefs and practices related to effective prevention and management of infectious disease enhanced
		IR 5.4 Quality and availability of key infectious diseases services and systems improved

The Center will achieve its results and strategic support objectives if:

- **USAID continues to be a global leader in population, health and nutrition.** The availability of significant levels of USAID human and financial resources for the PHN sector at both the field Missions and the Center will ensure that the Center has the capacity to influence policies and to design, develop and implement programs.
- **Other donors and international agencies continue to be active partners.** Sustained commitment from other donors is crucial to achieving PHN strategic support objectives. USAID cannot do it alone.
- **Host country and other stakeholders continue to play key roles.** Host country governments, communities, foundations, NGOs and PVOs must maintain if not increase support for activities in the sector.

The Center recognizes the mutually reinforcing role of activities in related sectors. These include interventions that improve the role and status of women, facilitate equitable economic growth, reduce environmental degradation, and promote political stability and good governance. These activities are actively addressed by other units in the Agency. PHN Center activities, however, often contribute to accomplishments in these areas.

C. Strategic Support Objectives and Results of the Center

Strategic Support Objective #1: Increased Use by Women and Men of Voluntary Practices that Contribute to Reduced Fertility

Center Strategic Support Objective #1 and Intermediate Results	
Strategic Support Objective	Intermediate Results
SSO1 Increased use by women and men of voluntary practices that contribute to reduced fertility	IR 1.1 New and improved technologies and approaches for contraceptive methods and family planning programs
	IR 1.2 Improved policy environment and increased global resources for family planning programs
	IR 1.3 Enhanced capacity for public, private, NGO and community-based organizations to design, implement, and finance sustainable family planning programs
	IR 1.4 Increased access to, quality of, and motivation for use of family planning and other selected reproductive health information and services

1. Rationale

This strategic support objective contributes to the Agency's strategic objective of reducing unintended pregnancies, which in turn, contributes to the sector goal of stabilizing world population and protecting human health. When and at what level the world's population stabilizes depends in large part on the speed of the fertility transition. Therefore, the strategic support objective is directed toward reduced fertility.

Some developing countries have completed or are near completing this fertility transition. However, many more are at the mid-stage of this transition and a large number are still at early stages. Fertility has declined dramatically in the developing world since the mid-1960s, with average completed family size declining from more than 6 to 3.8 children per woman by 1998 (excluding China). To reach a world population size of between 8 and 9 billion by the year 2025, and ultimately stabilize at or near 10 billion, fertility levels in developing countries will need to decline further to 2.5 children per woman by 2025. As fertility in developing countries was very high a decade or two ago, large numbers of women are either in or entering their reproductive ages. Though individual women are having fewer children on average than their mothers, there are simply more women having children today. This phenomenon, called population momentum, means that programs must meet the needs of a growing number of people.

Data on fertility and reproductive intentions in developing countries indicate that actual fertility exceeds desired fertility by nearly one child per woman. Fertility can decrease through a variety of means, including delayed age at first birth, prolonged postpartum

amenorrhea achieved through breastfeeding, use of family planning, and abortion.² Foreign assistance legislation prohibits the use of funds by USAID "for the performance of abortions as a method of family planning or to motivate or coerce any person to practice abortions."³ Consistent with this legislation, USAID does not provide any support for abortion information and services.

There is ample evidence to demonstrate that family planning programs are the most effective means to close the gap between actual and desired fertility. **An estimated 56 percent of the decline in fertility in the developing world can be attributed to family planning programs.** Family planning programs not only increase contraceptive use, but promote breastfeeding, reduce reliance on abortion, help prevent sexually transmitted diseases, and contribute to lower desired family size. Other interventions, such as female education, also indirectly affect fertility by delaying age at first birth and reducing desired family size.

Family planning programs are most effective when they respond to individual needs. The most successful programs provide ready access to high quality, affordable, and voluntary services. The emphasis on voluntarism in this strategic support objective underlines USAID's commitment to and respect for individual reproductive rights and needs and informed choice in matters relating to family planning.

Finally, Strategic Support Objective #1 explicitly refers to both women and men because the voluntary practices that relate to fertility reduction differ for women and men. Male responsibility in sexual and reproductive behavior is critical. Increased use by men of available methods and support by men for women's use of contraception, breastfeeding and decisions concerning sexual activity, marriage and childbearing are also essential.

2. Problem Areas to be Addressed

Despite important family planning successes, a great deal of work remains to be done. While modern contraceptive prevalence in the developing world (excluding China) has increased dramatically from roughly 10 percent in 1965 to 43 percent in 1998, approximately 150 million women have an unmet need for family planning services today. These women have expressed a desire to space or limit childbearing, but are not currently using any method of contraception. Actual unmet need is much higher if young adults, unmarried women, and women and men who use inappropriate methods are included. During the next decade, more than 200 million additional women will enter their reproductive years, owing to population momentum, presenting new challenges for delivering needed services.

² *These factors are referred to in the scientific literature as "proximate determinants" of fertility.*

³ *22 U.S.C. § 2151b(f)(1) (1992)*

Given this large existing and projected unmet need for services and the proven success of family planning programs in reducing fertility, the Program of Action adopted at the 1994 International Conference on Population and Development (ICPD) recommended that all countries work toward achieving universal access to quality family planning and reproductive health services by the year 2015. Consistent with this goal, USAID's population assistance will focus on improving the accessibility, quality and responsiveness of family planning and related reproductive health services in recipient countries.

USAID has concentrated its effort on maximizing access to information and services and improving the quality of care in family planning. Center programs support all the components of family planning programs, including service provision, training, information and communication, sound program management, research, commodity procurement and logistics, policy development, and program evaluation.

Family planning services are the most cost-effective reproductive health intervention and will continue to be the predominant focus of USAID's population assistance program. New emphasis, however, is being given to broadening the range of services to include, where feasible and appropriate, other selected components of reproductive health, such as HIV/STI prevention, post-abortion care, and prevention of harmful practices, such as female genital mutilation.

Young adults present an important new program challenge, particularly given the large numbers of young women and men entering their reproductive years. At present, these groups are often neglected by family planning and reproductive health programs, and are exposed to the risk of unintended pregnancy and/or sexually transmitted disease. To address this problem, the Center has developed a new initiative to provide basic education on reproductive health and contraception before the onset of sexual activity. The initiative will encourage abstinence and delayed marriage and onset of sexual activity; address the issue of school drop-out due to unintended pregnancy; provide sensitive and confidential family planning information and services; and lay the basis for life-long reproductive health.

Sustainability must be addressed for effects to be lasting. Programs must focus on building and improving management capacity of provider organizations, including the development of strategic plans and management information systems. Increasing cost recovery and financial sustainability are key elements of the Center's assistance to host country organizations.

In addition, programs must involve men more fully in family planning. More communication and shared decision-making on family size and family planning matters between partners need to be encouraged, and male responsibility for sexual health, fertility, and child-rearing must be fostered.

3. Intermediate Results

Four intermediate results contribute to the achievement of the first strategic support objective.

IR 1.1: New and improved technologies for contraceptive methods and family planning programs.

The Center will continue to focus on increasing the number, quality and acceptability of available contraceptive methods, and on identifying and developing improved contraceptive methods and interventions to enhance the availability and acceptability of family planning and reproductive health programs. The activities carried out by the Center will, for example, build on past successes in introducing new IUDs, condoms, and hormonal contraceptives into national programs. The vast majority of USAID funding for this work comes from the Center.

IR 1.2: Improved policy environment and increased global resources for family planning programs.

The Center will continue to work with USAID Missions to encourage host country governments to define, promulgate and implement policies related to the provision of quality family planning and reproductive health services. At the same time, the Center will urge national governments and international donors and lenders to provide increasing support for family planning and reproductive health programs.

IR 1.3: Enhanced capacity for public, private, NGO, and community-based organizations to design, implement, and finance sustainable family planning programs.

The Center will focus efforts on improving the management capacity of family planning provider organizations, including the development of strategic plans and management information systems. The Center also will provide assistance to host country organizations to strengthen business and marketing skills and to develop strategies for increasing cost recovery and financial sustainability.

IR 1.4: Increased access to, quality of, and motivation for use of family planning and selected reproductive health information and services.

The Center's activities will increase motivation for the adoption of voluntary practices that contribute to improved reproductive health and reduced fertility. Center initiatives are designed to increase awareness of and demand for family planning and reproductive health

interventions by improving the policy environment, public information and communication, and spousal communication on family planning and reproductive health issues.

The Center recognizes that demand for reproductive health services is influenced significantly by women's educational levels and child mortality patterns. Demand for family planning tends to be higher among better-educated women, and to increase as infant and child mortality levels decline and couples have greater certainty that their children will survive.

The Center will optimize access to modern, effective, affordable, and high-quality family planning and reproductive health services. It will also emphasize efforts to involve women in the design and management of family planning and reproductive health programs and to ensure the accessibility and sustainability of high-quality service delivery systems.

The Center, in cooperation with USAID Missions and with assistance of the Cooperating Agencies (CAs), is well-placed to address each of these program priorities. USAID is the preeminent donor engaged in the provision of family planning and related reproductive health services. Technical leadership, developed over the past 30 years, and an experienced cadre of trained population specialists at both the USAID Missions and the Center enable the Center to exercise strong leadership in international efforts to address individual family planning and related reproductive health needs.

4. Key Assumptions

Strategic Support Objective #1 and associated results can be achieved if:

Meeting individual reproductive needs continues to lead to fertility reduction. One of the core operating principles of USAID's population assistance program is that individuals and couples have the right to determine freely and responsibly the number and spacing of their children; USAID's role is to help provide the necessary information and means to do so. The U.S. has always opposed and continues to oppose any use of coercive practices in family planning programs.

Experience has proven that when safe, modern, affordable and quality family planning services are made widely available, there is ample demand for such services and, hence, fertility declines.⁴ It is assumed that desired family size will continue to decline in USAID-assisted countries, and that meeting individual reproductive needs will continue to result in significant reductions in fertility.

⁴ *The timing and pace of the decline have varied from country to country.*

5. Monitoring and Evaluation

Service statistics systems developed in the early days of family planning program implementation served as the primary source of data for the acceptor-based evaluation methods used at the time. Concerns about data quality and the fact that service data covered only a subset of the population (i.e., those being served by the program) called attention to the need for population-based data. Despite early skepticism about feasibility and expense, household surveys were seen as the best way to collect the data needed to validate program estimates of contraceptive acceptance, use, and continuation and to then describe contraceptive use and fertility in the population at large. Support from USAID and other donors led to the launching a series of multinational survey efforts such as the World Fertility Surveys (WFS), then Contraceptive Prevalence Surveys (CPS) and now the Demographic and Health Surveys (DHS).

Over the years, WFS, CPS and DHS have provided excellent sources of data on contraceptive knowledge and use, fertility trends, and perceptions of program image and thus have provided measures of many of the family planning indicators, including sustainability, that have been developed. These surveys have been the primary source of information on reproductive health behavior in the developing world. The DHS Project has conducted over 80 surveys covering nearly fifty countries since 1984. DHS will provide one of the primary sources of data for evaluating Strategic Support Objective # 1.

An unfortunate legacy of the move to supplement data from program-based systems with that from surveys is that program information systems in most countries were neglected. As a result, data resources available today that measure family planning program effectiveness are almost totally dependent on household surveys. While these surveys are an excellent source of data on individuals' behaviors and perceptions, they do not provide information on internal program features such as training, logistics, supervision, and management. Gaps in availability of program data seriously constrain evaluation capabilities in many locations, especially with respect to data on program inputs.

The Service Availability Module of the DHS, carried out in some countries, and Situation Analyses, conducted by the Office of Population's Operations Research project, provide at least some of the data needed to evaluate program inputs. These two sources are likely to take on increasing importance as more emphasis is placed on tracking program inputs. In addition, a revitalization of program data systems and better coordination of new and existing program and population-based data collections strategies will be priorities.

Strategic Support Objective #2: Increased Use of Key Maternal Health and Nutrition Interventions

Center Strategic Support Objective #2 and Intermediate Results	
Strategic Support Objective	Intermediate Results
SSO2 Increased use of key maternal health and nutrition interventions	IR 2.1 Effective and appropriate maternal health and nutrition interventions and approaches identified, developed, evaluated and/or disseminated (IDED)
	IR 2.2 Improved policy environment for maternal health and nutrition programs
	IR 2.3 Improved capabilities of individuals, families, and communities to protect and enhance maternal health and nutrition
	IR 2.4 Increased access to, and availability of, quality maternal health and nutrition programs and services

1. Rationale

Beyond the sheer magnitude of maternal morbidity and mortality as a problem for women in developing countries, women's health status is closely linked to other key health and development objectives. At the same time, the interventions to reduce maternal morbidities and mortality are known and feasible. Each year nearly 600,000 women, 99 percent of them in developing countries, lose their lives during pregnancy and childbirth and the majority of these deaths are preventable. A significant proportion of infant deaths are a direct result of poor maternal health and nutrition. The 1993 World Development Report cites maternal causes as the leading contributor to Disability Adjusted Life Years (DALYs) lost among women ages 15-44. Despite overall improvements in health status, maternal mortality levels in developing countries remain 15-20 times higher than in developed countries. Indeed, maternal mortality is the health indicator with the greatest disparity between the developed and the developing world.

It has been estimated that, in addition to maternal deaths, many more millions of women suffer direct and long-term complications from pregnancy and delivery that significantly impact the quality of their lives and impeded their critical contributions to their families and communities. Some of these complications include chronic malnutrition (especially anemia); uterine prolapse; obstetric fistula; and reproductive tract infections, which, when left untreated, increase the likelihood of HIV transmission. Women's health status is a key link between reproductive health, infant and child survival, family welfare, women's economic productivity and participation in civil society.

2. Problem Areas to be Addressed

Maternal survival is the primary focus for Strategic Support Objective # 2. The conceptual framework designed for SSO2 considers two contexts: 1) the life cycle of a woman, including

the needs of the adolescent female, through to the pregnant and postpartum female and her newborn; and 2) the Agency's and the Center's overall goals. The pathway to maternal survival illustrates that all pregnancies pose some risk. If the pregnancy leads to any one of the complications indicated (i.e., unsafe abortion, hemorrhage, obstructed labor, eclampsia, and/or sepsis) the mother is at increased risk of dying. If none of these occurs her chances of survival are improved significantly. Family planning is a primary intervention on the pathway to maternal survival in reduction of unwanted pregnancies, an aspect of the pathway currently addressed under the Center's SSO1. Four areas of intervention have been identified as important interventions on the pathway to maternal survival.

Interventions on the Pathway to Maternal Survival:

- **Promotion of improved nutritional status**
Maternal nutrition includes adolescent (pre-pregnancy), pregnancy and interval (between pregnancy) nutrition. Improving maternal nutritional status demands attention to both micro and macronutrition throughout the life cycle. Appropriate micronutrient interventions include iron to reduce anemia, vitamin A in areas of deficiency, and others, enabling women to better cope with life-threatening complications such as hemorrhage or sepsis. Appropriate macronutritional interventions include increasing overall nutritional stores and weight gain during pregnancy, the strongest predictor of infant birth weight.
- **Birth preparedness**
Since every pregnancy carries risk, prenatal care must include birth preparedness information, i.e., recognition that every pregnancy necessitates preparation for a possible emergency. Birth preparedness includes interventions such as: appropriate prenatal care; planning for a clean and safe delivery attended by a skilled attendant; adequate nutrition, including micronutrient supplements; immunization with tetanus toxoid; malaria chemoprophylaxis and STI treatment when indicated; recognition of complications; and planning for emergency transport and for payment of fees associated with emergency care.
- **Management of complications**
Families and community members need to recognize complications of pregnancy and of spontaneous or unsafe abortion and their severity (e.g., bleeding, fever, prolonged labor, and signs of pre-eclampsia). They also need to have the necessary decision-making skills and economic resources to access local care and obtain transport to a facility when necessary. Care for obstetric complications needs to be timely and of high quality. While some severe cases may require surgical intervention, many life-threatening complications can be treated by mid-level front line providers (i.e., midwives) using basic medications and manual procedures.

- **Safe delivery, postpartum, and newborn care**
Clean delivery and elimination of harmful traditional and modern medical intervention practices are the primary components of a safe delivery. Since approximately 70 percent of all maternal mortality occurs in the seven-day period following delivery, recognition, referral, and treatment of maternal complications must continue into the first two weeks, minimally the first seven days postpartum. Good postpartum care includes counseling on: family planning, especially birth spacing; proper rest, nutrition and hygiene for the mother; awareness of signs of complications; and other reproductive health information. For infants, the most vulnerable time is also the first seven days of life. Keeping the newborn warm; resuscitation, if necessary; proper hygiene; and immediate initiation and support for exclusive and sustained breastfeeding are critical life-saving interventions.

3. Intermediate Results

The strategic support objective will be accomplished through four specific intermediate results.

IR 2.1: Effective and appropriate maternal health and nutrition interventions and approaches identified, developed, evaluated and/or disseminated (IDED).

Research will be focused on filling critical gaps in our knowledge of how to design successful and cost-effective maternal mortality reduction programs. Models for delivering micronutrient supplements, and for detection and treatment of infection and complications; different combinations of safe pregnancy and birth services; and models of integrated family planning/maternal health and nutrition, including post-abortion care services, will be tested, evaluated and disseminated. Measurement issues, particularly the field testing of indicators to assess program achievements, will receive focused attention.

IR 2.2: Improved policy environment for maternal health and nutrition programs.

Policy and advocacy for maternal health and nutrition will be improved at all levels. Health policy and systems reform is essential to lay the foundation for sustainable programs. National-level policymakers can be key to establishing the enabling environment, however, the community level is the most appropriate focal point for most maternal health interventions. The community must have the skills to advocate effectively for the required resources, as well as for client centered services. Deficiencies in supplies, logistics and transport will be addressed through policy and systems reform. Appropriate standards of practice must be in place to guide the delivery of services and barriers to provision of care reduced and/or eliminated. Continued USAID leadership in maternal health and nutrition among the donor community is integral to policy and advocacy activities.

IR 2.3: Improved capabilities of individuals, families, and communities to protect and enhance maternal health and nutrition.

Many women, families and communities do not know how to safeguard the health of a pregnant woman or how to recognize complications. Efforts to increase knowledge of and demand for care must be focused on a variety of decision makers within the family and the community, with particular attention to gender issues and cultural norms. Community systems must be strengthened to respond effectively and efficiently in order to support families and to access services, especially in the face of life-threatening obstetric complications.

IR 2.4: Increased access to, and availability of, quality maternal health and nutrition programs and services.

Improving service quality begins with the existence of appropriate standards and norms and competency-based pre-service education in accordance with those standards. The use of quality assurance systems to identify and address problems within the service delivery setting is required. Training, adjustments in management, improved supervision, more attention to client preference and better MIS or logistic systems may be required. The Center's focal point will be on primary care and facilities that serve as the first line of referral, and the ability to refer women to higher level facilities when appropriate. Capability of existing service delivery sites to provide improved safe pregnancy and birth care, as well as provision of basic life-saving care by frontline providers, will be expanded. Assistance will be provided for community based, preventive and low-cost approaches for services through existing infrastructures and on-going NGO and public sector family planning, reproductive health, and maternal and child health programs.

4. Key Assumptions

Strategic Support Objective #2 and associated results can be achieved if:

The level of political will to address maternal mortality reduction increases internationally and partnerships to implement safe motherhood interventions are formed.

The four preventive and treatment interventions to improve maternal and neonatal survival need to occur simultaneously in countries that also have voluntary, quality family planning and post-abortion care services in place.

5. Monitoring and Evaluation

The Center is committed to monitoring, evaluating and documenting progress toward SSO2. A number of reproductive health indicators have been developed by a wide range of technical experts with USAID support. USAID and its partners also collaborate with WHO, UNICEF, the World Bank, and others to develop international standards and indicators for maternal mortality reduction. Testing the indicators that relate to maternal health and nutrition will be part of the research efforts implemented under this strategy. In particular measures of service quality will be field tested. Indicators need to be developed for assessing policy interventions and women's participation.

Significant work remains to be done in identifying appropriate indicators at the Agency SO level, i.e., for maternal mortality reduction. The maternal mortality ratio is best utilized as an indicator of the magnitude of the problem for purposes of advocacy, but is unsatisfactory for measuring program progress over intervals of less than ten years. Other issues include that most abortion prevalence studies suggest that maternal mortality due to induced abortion is underestimated, and very little community-based data on maternal mortality are available.

The Center will strive to identify valid, reliable, and low-cost indicators for which data can be collected annually. These short term indicators are generally process and output indicators, and may include both quantitative and qualitative measures. Mid-term indicators (i.e., 2-4 year) might include changes in service use, the percent of births attended by a skilled health provider. It is important to remember that the kind of changes USAID seeks may not be measurable with accuracy within such short time frames. In all time frames, USAID will seek those indicators that are currently available, and those that are cost-effective, in assessing impact at different stages of implementation of interventions.

Strategic Support Objective #3: Increased Use of Key Child Health and Nutrition Interventions

Center Strategic Support Objective #3 and Intermediate Results	
Strategic Support Objective	Intermediate Results
SSO3 Increased use of key child health and nutrition interventions	IR 3.1 New and improved cost-effective interventions developed and disseminated
	IR 3.2 Improved policies and increased global, national and local resources for appropriate child health interventions
	IR 3.3 Improved preventive and care-giving practices and behaviors related to child health and nutrition
	IR 3.4 Improved quality and availability of key child health and nutrition services

1. Rationale

USAID's approach to improving child health and nutrition has focused on developing and applying effective low-cost interventions that address the principal causes of morbidity and mortality.

This effort has achieved impressive results:

- worldwide immunization rates of children against the six major vaccine-preventable diseases rose from 37 percent in 1984 to an estimated 80 percent in the early 1990s;
- the use of ORT increased from 12 percent (1983) to 52 percent of diarrhea episodes (1993);
- polio was eradicated from the Americas (1994);
- Indonesia has successfully eliminated child blindness resulting from severe vitamin A deficiency, and
- breastfeeding is no longer declining at a rapid rate worldwide.

These unprecedented improvements in child health save an estimated 4.2 million children's lives worldwide each year and have reduced infant mortality in USAID-assisted countries by more than 10 percent since 1985.

USAID is a global leader in child health and nutrition. Substantial investments in child survival-related research (\$650 million) and implementation activities (\$4 billion) between

1985 and 1994 have produced the enviable record noted above. The Center played a leading role in applied research (e.g., oral rehydration therapy) which has had impact worldwide, far beyond the countries in which the research was conducted.

In many cases, the Center plays a leading role in implementing key child health and nutrition activities. For example, the Center has made pioneering contributions to the development of modern communication and social marketing methods, quality assurance techniques, and health care financing approaches as applied to child health and nutrition programs in the developing world.

But the job is not done. While child survival programs have achieved dramatic decreases in mortality among children, an estimated 13 million children under five years of age still die each year in the developing world. Most of these deaths occur in infancy and are due to prenatal, perinatal and neonatal causes, diarrhea, immunizable diseases (especially measles), and acute respiratory infections. In Africa, malaria accounts for up to 20 percent of child deaths. In addition, many millions more children suffer acute morbidity and disability.

In addition, recent analyses supported by USAID confirm that over one-half of infant and child deaths in the developing world result from the interaction between undernutrition and disease; most of the resulting child deaths are caused by potentially reducible mild and moderate degrees of undernutrition rather than severe starvation. Disruption or premature cessation of breastfeeding can severely harm the infant's immune system, increasing vulnerability to all diseases.

Beyond these specific causes of preventable infant and child mortality, child survival programs must address the programmatic and operational problems that result in child deaths even with the existence of potentially effective interventions. These problems include limited use of known practices that can prevent child illness and undernutrition; inadequate recognition, home care, and care-seeking by families when children are ill; and inadequate quality of care in both the public and private sectors.

Finally, institutionalization of child survival programs is not complete; many countries still need to increase their own capabilities, policy commitment, and resource allocation to achieve equity and sustainability in their child health and nutrition situation.

2. Problem Areas to be Addressed

Child survival includes a variety of interventions. Some, like ORT and immunization, have been supported by donors and host country governments for over a decade and have met the early challenges of creating awareness and facilitating access. For the present and future, the key challenges are to expand access (especially to highest risk families), promote demand, improve quality of care, recruit increased participation of private sector providers and

institutions, and strengthen delivery systems (especially in the face of major changes in the health sector such as sector reform and decentralization).

Other programmatic areas of child survival (such as ARI⁵ diagnosis and treatment and the prevention and/or treatment of malaria in selected African countries) have received less attention and assistance. While substantial progress has been made in promoting breastfeeding in health facilities through programs such as the “Baby Friendly Hospital” initiative, breastfeeding and appropriate child feeding support need to be expanded, especially at the community level. In most countries, antenatal and neonatal conditions are now the causes of half or more of infant mortality, making the identification and implementation of effective and feasible interventions in this area a major priority. Child spacing is a vital contribution to child survival. Finally, the problems of quality of services, excessive reliance on public sector services, and dependence on donor assistance remain to be addressed. Thus, the major problem areas to be addressed by the Center are:

- further increasing the use of existing child survival interventions, including ORT, immunization, and treatment of pneumonia, especially in high risk populations;
- developing, evaluating, and introducing new technologies and approaches that will further reduce infant and child mortality from these and other major causes, including malaria and maternal, prenatal and neonatal causes;
- developing more effective behavioral approaches to increasing the use of key preventive practices, including exclusive breastfeeding, sustained breastfeeding with appropriate weaning, and other supportive child feeding;
- strengthening performance of health systems in delivering child health services;
- increasing private sector involvement in the delivery of child health interventions and related information and commodities (such as oral rehydration salts and insecticide treated bednets);

3. Intermediate Results

The strategic support objective will be accomplished through four specific intermediate results.

⁵ *acute respiratory infections.*

IR 3.1: New and improved cost-effective interventions developed and disseminated.

A range of technologies and interventions will be developed, evaluated and made available for adoption by national programs. Key examples include new vaccines against major causes of childhood pneumonia and diarrhea, low cost rapid diagnostic tests for malaria and micronutrient deficiencies, identification and evaluation of interventions to prevent or treat major causes of perinatal and neonatal illness, and systematic evaluation of effectiveness and cost-effectiveness of Integrated Management of Childhood Illness and other innovative program approaches.

IR 3.2: Improved policies and increased global, national and local resources for appropriate child health interventions.

The Center will focus on fostering a favorable policy environment and increasing public and private sector human and financial resources to support child health activities. Emphasis will be placed on ensuring that national and local resources are invested to address priorities in child health, such as increasing host country financing of essential child vaccines and using private sector channels to increase the availability of child health services and essential commodities such as ORS and insecticide treated bednets. Investment in maternal health is necessary to lower perinatal and infant deaths.

IR 3.3: Improved preventive and care-giving practices and behaviors related to child health and nutrition.

The Center will develop, evaluate, and apply information, education, communication and behavior change approaches, and identify and implement strategies to promote the adoption of effective preventive and care-giving behaviors by households and communities. Efforts will also focus on developing systematic approaches for identifying most appropriate behavioral interventions as well as measurement tools and indicators for evaluating results of these interventions.

IR 3.4: Improved quality and availability of key child health and nutrition services.

The Center will identify and apply approaches aimed at increasing access to key child health and nutrition interventions, especially for families whose children are least likely to receive those services and who are thus at greatest risk. The Center will also improve the effectiveness and efficiency of child health services through the development and implementation of policies, plans and programs promoting quality of care and assuring the routine availability of essential child vaccines and pharmaceuticals. In addition, the Center will develop approaches to assure that major initiatives in the health sector — including

disease control initiatives such as Polio Eradication as well as sector reform activities such as cost recovery and decentralization — are implemented effectively and in ways that have the greatest positive effect on availability, use and sustainability of key child health and nutrition interventions.

4. Key Assumptions

Strategic Support Objective #3 and associated intermediate results can be achieved if:

Strategies tested on a small scale can be scaled up to have a larger impact. New technologies and methods need to be tested and validated in a limited area. However to have an impact on infant and child mortality, activities will need to be expanded. Based on past successes, the Center is confident that successful pilot activities can be replicated on a larger scale by communities, host country governments and other donors.

Improved health services, better caretaker practices and greater household and community demand will increase the sustainability of child health services. If services are improved and the consumers of those services express greater demand and support for care, child health services will be more sustainable and require less outside support. Evidence to date supports this assumption but close program monitoring will be required to ensure that the desired long-term sustainable impact is achieved.

5. Monitoring and Evaluation

The Center's commitment to child survival includes a strong foundation in monitoring and evaluation of program performance and impact. A standard set of core process and intermediate-outcome indicators has been used to monitor the global program, to manage regional and country programs, and to report annually to Congress. Working in partnership with UNICEF, WHO, and host countries, USAID makes considerable investments in the data needed to track progress in child survival. These efforts contributed to a set of globally agreed-upon goals at the 1990 World Summit for Children, which are scheduled for mid-decade evaluation through surveys to be carried out in over 100 countries.

Performance indicators for the strategic area of child health and survival focus primarily on knowledge and practices within households and communities and among health providers/facilities. At an impact level, DHS data provide the best available direct measures to assess the Agency's goal of reducing infant and under-five mortality. DHS data also cover many of the Center's performance indicators at the strategic support objective level.

Center-supported projects are developing indicators for new challenges and program emphases, such as measuring the sustainability of child survival programs, quality of services delivered by health workers and individual and community-level behavior change. Additional

new child survival approaches, such as integrated management of childhood illnesses, will require corresponding measures for performance monitoring. Building on past efforts, innovative methods such as the preceding birth interval technique that measures under-two year old mortality, are being developed for local use and to provide measures of childhood mortality at the national, provincial and district levels.

Strategic Support Objective #4: Increased Use of Improved, Effective and Sustainable Responses to Reduce HIV Transmission and Mitigate the Impact of the HIV/AIDS Pandemic.

Center Strategic Support Objective #4 and Intermediate Results	
Strategic Support Objective	Intermediate Results
SSO4 Increased use of improved, effective and sustainable responses to reduce HIV transmission and mitigate the impact of the HIV/AIDS pandemic	IR 4.1 Increased quality, availability, and demand for information and services to change sexual risk behaviors and cultural norms in order to reduce transmission of HIV
	IR 4.2 Enhanced quality, availability, and demand for STI management and prevention services
	IR 4.3 Develop and promote approaches that address key contextual constraints and opportunities for prevention and care interventions
	IR 4.4 Strengthened and expanded private sector organizations' responses in delivering HIV/AIDS information and services
	IR 4.5 Improved availability of, and capacity to generate and apply, data to monitor and evaluate HIV/AIDS/STI prevalence, trends, and program impacts
	IR 4.6 Develop and strengthen mechanisms to provide quality and timely assistance to partners (Regional Bureaus, Missions, Other Donors, etc.) to ensure effective and coordinated implementation of HIV/AIDS programs

1. Rationale

UNAIDS estimates that 38.5 million adults and 3.8 million children throughout the world have been infected with the human immunodeficiency virus (HIV). According to WHO, the global total could reach 60 million by the year 2000. The majority of this increase will take place in the developing world, where 90 percent of current infections exist (WHO/GPA 1995).

Unlike other major communicable diseases (malaria, measles, infectious diarrheas, etc.), HIV/AIDS primarily affects young adults, generating prolonged morbidity and death in their most productive years. HIV has become the leading cause of adult deaths in high prevalence countries, overburdening fragile hospital and community-based health care systems, robbing children of HIV-positive parents, and facilitating the resurgence of other killers such as tuberculosis. Young women are at greater biological and social risk of HIV infection than their male counterparts, highlighting the need to address gender and other inequities.

HIV prevention is critical, since infection and infectiousness are irreversible, and have enormous personal and societal consequences. HIV has profound direct impacts on family, community, and national economies. In the most severely affected countries of Asia and East Africa, approximately 25-30 percent of household income is being devoted to care and support costs for family members with HIV-related illness. In many areas, individual and family reserves that could otherwise be devoted to economic advancement, education, and civic participation are exhausted. In the most seriously affected countries, the epidemic will

reduce productivity and GNP per capita, and create an enormous human and financial burden for the health care system. The potential political and economic destabilizing effects are of great concern.

In 1987, USAID launched a major initiative to address the global HIV/AIDS pandemic. Since then, the Center has become the acknowledged leader in the design and implementation of HIV/AIDS prevention and control programs. Center leadership has been able to mobilize technical expertise, from both the U.S. and developing countries, in areas such as epidemiology, STI control, international health, and behavior change communications to address this issue.

The Center has worked closely with host country and other donor colleagues to develop and test innovative approaches to delivering HIV/AIDS prevention services. These include, for example:

- incorporating HIV/AIDS and other STI messages into ongoing social marketing programs;
- the design and implementation of community-based approaches to educating persons about HIV/AIDS and promoting safe sexual practices;
- strengthening condom distribution systems;
- using local media (e.g., street theater) to educate about HIV/STIs and to promote safe sex;
- using highly participatory approaches, often involving high-risk groups, to plan and implement program interventions; and
- developing and testing simple and effective approaches to improve the diagnosis and treatment of STIs.

2. Problem Areas to be Addressed

Despite the success to date in increasing knowledge about HIV/AIDS and making condoms more available, much remains to be done. Interventions successfully tested on a small-scale need to be expanded. Reliable condom supply and distribution systems for HIV/AIDS prevention are still not in place in many countries, and techniques for involving the community in planning and implementing programs are only beginning to be applied. New, simplified approaches to diagnosing and treating STIs, though demonstrated to be effective, remain to be adopted in many national programs.

In the absence of effective drug therapy or a vaccine, USAID will continue to refine and expand prevention interventions. Among the important unmet needs are improved female-controlled methods, such as vaginal microbicides, and improved, low-cost diagnostics, both for STIs as well as HIV.

The Center strategy continues to make prevention of sexual transmission the first priority, since this activity is likely to have the greatest impact. The Center will also continue to build local capacity, strengthen NGO involvement and provide technical assistance in the following three areas:

- HIV/STI prevention programs using proven strategies to prevent transmission;
- policy reform addressing social, cultural, regulatory and economic issues related to HIV/AIDS and other STIs; and
- development and testing of new strategies and methods to prevent transmission including assessment of ways to reduce mother to infant transmission.

While the Center will focus on prevention, there is a critical need to develop affordable approaches to assisting people infected with, and affected by, HIV. AIDS is having adverse social and economic impacts on individuals, families, and communities. As AIDS takes its toll, care and cost implications must be considered an increasingly important component of efforts to combat the effects of the epidemic. The expanded strategy will include selected basic care and psycho-social support for HIV infected individuals and their survivors.

Finally, resources are insufficient to address the pandemic. While the U.S. has been a major contributor to this global effort from the outset, support from other international donors has been disappointing as has been host country financial allocations to combat the epidemic. The Center looks to the new UN Joint and Co-sponsored Program (UNAIDS) to mobilize increased host country and donor support for this global emergency.

3. Intermediate Results

The primary focus of USAID's program strategy will be to build upon and scale-up program interventions that have been shown to be effective in reducing the risk of HIV transmission. This will include increasing the correct use of condoms (and female-controlled methods) among high-risk groups, increasing the use of effective STI diagnosis and treatment services, and increasing the use of new technologies for reducing the risk of perinatal and parenteral transmission.⁶ Finally, the Center expects that new community-level approaches for caring for persons living with HIV will be in place in selected priority countries.

⁶ *Parenteral refers to transmission through blood.*

It is important to emphasize that unlike other diseases, HIV/AIDS must be addressed before it surfaces as a major cause of morbidity and mortality. For that reason, criteria that will govern the allocation of Center resources for HIV/AIDS will consider not only those countries already seriously affected, but those countries (particularly in Asia) where the potential is high for the rapid spread of the disease. Six intermediate results will contribute to achieving Strategic Support Objective #4.

IR 4.1: Increased quality, availability, and demand for information and services to change sexual risk behaviors and cultural norms in order to reduce transmission of HIV.

Sexual transmission accounts for approximately 85 percent of HIV infections in the developing world. The reduction of sexual transmission entails the adoption of safer sexual behaviors, norms and situations. The Center plans to contribute to the achievement of this Intermediate Result by improving and expanding two of its most successful interventions - behavior change intervention programs and the social marketing of barrier methods - and by promoting, where appropriate, the integration of HIV services in formal and informal public health and health care settings.

IR 4.2: Enhanced quality, availability, and demand for STI management and prevention services.

The presence of sexually transmitted infections can dramatically increase the efficiency of HIV transmission, and prompt, effective STI case management is among the most effective measures available for reducing HIV transmission. Achieving this result will require the Center to promote policies and programs to develop and disseminate sound treatment guidelines; develop improved techniques and approaches to prevent and manage STIs; and provide technical assistance to strengthen public and private sector initiatives in STI prevention and management.

IR 4.3: Develop and promote approaches that address key contextual constraints and opportunities for prevention and care interventions.

HIV/AIDS prevention and management efforts are often hampered by the policies, norms, and financial constraints under which these efforts operate. The Center shall address these environmental constraints by: effectively communicating the economic, social and health costs of HIV/AIDS to key policy-makers and budgetary decision-makers; promoting the de-stigmatization and dignity of vulnerable communities; promoting the elimination of barriers that inhibit the flow of HIV/AIDS prevention and management information and services to youth, women, people living with AIDS (PLWA) and other vulnerable groups; developing and promoting effective strategies for providing basic care and support services for PLWA; and,

supporting initiatives to dedicate increased resources for HIV/AIDS prevention and management.

IR 4.4: Strengthened and expanded private sector organizations' responses in delivering HIV/AIDS information and services.

The participatory design of the Strategic support objective highlighted the need for creative new approaches to reach marginalized vulnerable populations, to expand successful interventions, and to sustain needed services over time. Assistance will be provided to US PVOs both to strengthen and expand their capacity, and to local NGO partners, to plan and implement effective HIV/AIDS interventions. Improved HIV/AIDS policies and programs will also be established in the commercial sector, both at the global and national levels. Improved indigenous capacity to plan, implement, monitor, and evaluate effective HIV/AIDS interventions will be achieved by linking successful, experienced US NGOs with indigenous NGOs.

IR 4.5: Improved availability of, and capacity to generate and apply, data to monitor and evaluate HIV/AIDS/STI prevalence, trends, and program impacts.

Making the best use of scarce resources is an essential objective of HIV/AIDS programming. This implies a commitment to careful surveillance, monitoring and evaluation, not only to assess effectiveness and to improve service quality; but also to be able to communicate effectively the results of USAID's investments in HIV/STI interventions. The Center shall, in partnership with UNAIDS, help countries to establish and/or strengthen surveillance, monitoring and evaluation systems; assist in the development of improved tools and models to collect this information; and promote improved dissemination of the knowledge gathered from these information-gathering activities.

IR 4.6: Develop and strengthen mechanisms to provide quality and timely assistance to partners (Regional bureaus, Missions, Other Donors, etc.) to ensure effective and coordinated implementation of HIV/AIDS programs.

Intermediate result 6 addresses the need to sustain and improve the quality of relationships between central and field-level activities and actors. In order to achieve this objective, the Center shall support field partners' objective, the Center shall support field-partners' access to appropriate technical and management assistance; ensure a responsive mechanism through which USAID HIV/AIDS activities in the field can be implemented; and ensure that research results inform implementation activities and vice versa.

The Center is uniquely capable of influencing the achievement of these outcomes. Through its network of regional and country-level technical staff, the Center is able to provide continuous on-site technical assistance. No other donor possesses this capacity. In addition, USAID is the largest donor to the UN Joint and Co-sponsored Program on AIDS (UNAIDS). Through USAID financial and technical support, the Center will play a critical role in shaping the implementation of this important program.

4. Key Assumptions

Strategic Support Objective #4 and associated intermediate results can be achieved if:

The new Joint and Co-sponsored Program is successful in mobilizing the increased donor and host country financing for the implementation of national HIV/AIDS prevention programs.

International donor and host government financing is available to help finance the growing requirement for condoms and for drugs to treat STIs.

The level of political will and commitment to addressing the HIV/AIDS issues increases rapidly, especially in countries currently seriously-affected and in those likely to be seriously affected in the future.

5. Monitoring and Evaluation

Measuring success in the area of HIV/STIs is challenged by factors including the stigma attached to HIV/STI conditions, the absence of a protective vaccine or cure for HIV, the asymptomatic nature of many sexually-transmitted diseases and the biological, social and geographic dynamics of HIV/STI transmission. For example, due to the latency period between infection and disease, sometimes up to ten years, even in the presence of extremely effective prevention interventions, decreases in HIV prevalence will not be measured for at least five to 15 years at a national level.

Thus, HIV/STI program performance measurement relies on the use of interim markers and indicators with an approach that distinguishes between short- (program process), medium- (program outcome) and long-term (program impact) tiers. The state-of-the-art in HIV/STI performance measurement is evolving rapidly and many of the indicators discussed here are in the development and field-trial stages.

Through the Center, USAID collaborated with WHO to establish a set of global prevention indicators to be used both by national HIV/AIDS control programs and by the donor community. At the process and outcome measurement level, these indicators include: knowledge by the target audience of preventive practices, condom availability, use of condoms, proportion of the population who report "non-regular" sex partners and the quality of STI case management. At least three of these indicators appear in the Center plan for

performance measurement. Selected for their usefulness for program monitoring and relative ease of measurement, these indicators are measured through: community surveys for condom outlet assessment, health facility surveys, and cross-sectional studies conducted in antenatal clinics. In addition, an HIV/AIDS module recently developed by the DHS provides data on several of these indicators. To date, DHS AIDS/STI surveys are completed for several HIV/STI emphasis countries.

With the increased emphasis on curable STIs which exacerbate the HIV epidemic, and on integrating HIV/STI prevention and management interventions into family planning and other health care settings, new indicators for evaluation are being developed by the Center. These would assess the awareness and demand for appropriate medical treatment of microbial STIs and the degree of integration, quality and utilization of services. Priority outcome measures will include the level of "safer sex" practice in both conjugal and casual relationships. The worldwide "double-standard" in sexual practices requires gender-specific HIV/STI programming and these indicators thus disaggregate progress in male and female behavior change.

A growing concern is the increasing number of orphans and children who are HIV-positive due to Maternal to Child Transmission (MTCT) and maternal deaths. It will be important to assess the relative role for the HIV/STI program in this arena, and to ensure that a solid scientific approach is taken in evaluating cost-effectiveness, feasibility, and long term impact.

USAID experience demonstrates that national commitment and community-level participation are essential for long-term, sustainable HIV/STI prevention and care. New indicators have been developed to track progress in strengthening the participation of affected communities and commitment to HIV/STI prevention at the national level.

Strategic Support Objective #5: Increased Use of Effective Interventions to Reduce the Threat of Infectious Diseases of Major Public Health Importance

Center Strategic Support Objective #5 and Intermediate Results	
Strategic Support Objective	Intermediate Results
SSO5 Increased use of effective interventions to reduce the threat of infectious diseases of major public health importance	IR 5.1 New and improved cost-effective infectious disease interventions developed, field tested and disseminated
	IR 5.2 Policies improved and global, national and local resources for appropriate infectious diseases interventions increased
	IR 5.3 Knowledge, beliefs and practices related to effective prevention and management of infectious disease enhanced
	IR 5.4 Quality and availability of key infectious diseases services and systems improved

1. Rationale

USAID's strategy to address the threat of infectious diseases is built upon a clear development principle: we will work with our partners to prevent disease while at the same time utilizing and strengthening existing health systems for treatment and control programs. To this effort, USAID will focus on infectious diseases that have a major public health impact in the developing world (concentrating on those diseases that are the sources of significant mortality) and on building the capacity of developing countries to prevent, treat and minimize the spread of infectious diseases.

Under Strategic Support Objectives 2, 3 and 4, the Center focuses upon maternal and neonatal health, the major killers of children under five (pneumonia, diarrhea, measles, malaria, and malnutrition), and HIV/AIDS. USAID is committed to continuing those investments in developing simple, affordable technologies capable of ameliorating the effects of such deadly diseases and in strengthening health systems to address endemic childhood diseases. These efforts have been critical for assuring an effective response to epidemic diseases such as cholera and dysentery.

Under Strategic Support Objective #5 the Center is also prepared to confront new challenges, especially addressing diseases that threaten public health achievements in developing countries. For example, antimicrobial resistance threatens progress made in malaria, pneumonia and diarrheal disease control programs. Improvements in effective surveillance and rational use of drugs also are imperative for continued progress. The majority of USAID's funding for infectious diseases is allocated for the prevention, surveillance and treatment of diseases of major public health importance.

2. Problem Areas to be Addressed

Early in FY 1998, USAID developed a new Agency objective for infectious diseases: "Reducing the threat of infectious diseases of major public health importance." This strategy was developed through extensive consultations with external partners, including WHO, CDC, NIH, the research community, and NGOs, PVOs and other elements of the private sector.

The Center's infectious diseases efforts under SSO5 focus on the four priority areas targeted by the Agency's infectious diseases strategy:

- Development and implementation of strategies and interventions to understand, contain and respond to the development and spread of **antimicrobial resistance**.
- Sustainable reduction in incidence of **tuberculosis** among key populations in selected countries;
- Sustainable reduction of deaths due to **malaria** and incidence of other infectious diseases of major public health importance among key populations in selected countries;
- Improvement in the capacity of selected countries to obtain and use good quality data for the **surveillance and effective response** to infectious diseases.

The Center will achieve results in these four areas through:

- the provision of technical assistance to developing country partners
- applied and other relevant research in strategically critical areas; and
- helping to build indigenous capacity to address these issues on a continuing basis

The four components of this strategy reinforce each other in a variety of ways. Both surveillance and reduction of antimicrobial resistance are cross-cutting and important elements of TB and malaria efforts.

3. Intermediate Results

The primary focus the Center's infectious diseases strategy will be to build upon and scale-up program interventions that have been shown to be effective in reducing the threat of infectious diseases. Under the expanded infectious diseases initiative the Center will support the following kinds of activities:

- Developing new tools for the detection of drug resistant microbes; low-cost and simple diagnostics for microbe causing infectious diseases; and a malaria vaccine.

- Mobilizing and participating in global partnerships with other donors and the private sector to coordinate strategies, activities and data needs.
- Fostering policy dialogue to focus attention of partner governments on the continued importance of infectious disease control;
- Improving capacity of health professionals to diagnose and manage illness;
- Strengthening links between better data and programmatic action, including overall drug management;
- Promoting improved community level interventions for the prevention and management of diseases;
- Identifying gaps in knowledge and implementation to be met through targeted and operations research.

IR 5.1: New and improved cost-effective interventions developed, field tested and disseminated

This IR substantially encompasses the research and development capabilities of G/PHN in support of efforts directed towards the four categories targeted under this SSO: malaria, tuberculosis, antimicrobial resistance and surveillance. The planned results under this IR will be supported substantially, although not entirely, with G/PHN's own resources and will involve partnerships with multilateral and other bilateral organizations, other U.S. government agencies, non-governmental organizations, and the commercial sector. The products of this IR will necessarily include both the production of new or improved interventions, and strategic planning for their successful introduction into infectious diseases programs. A range of technologies and interventions for the prevention and management of tuberculosis, malaria, and antimicrobial resistance, and enhanced capabilities for surveillance and disease response will be developed, field evaluated and made available for adoption by national programs.

IR 5.2: Policies improved and global, national and local resources for appropriate infectious disease interventions increased

This IR includes improvements both in the broad policy environment in which the commitment of resources to selected infectious diseases areas is made, and in the technical quality of those policies so that the resources committed will have the greatest impact. At the international level, these results will be achieved primarily through G/PHN's own analyses and leadership, in collaboration with multilateral, bilateral and other U.S. government agencies and private institutions. At the national and local level, results will most often be achieved through G/PHN participation in USAID country programming, again in partnership with national and local -- including community -- representatives and partner organizations. Increased resources for addressing infectious diseases will include: human and financial resources of donors and host country governments; involvement of the private sector in the provision of appropriate goods, services, and information; and the increased application of communities' and families' own resources to support these interventions. The Center will focus on supporting the development and adoption of policies that promote sound strategic

approaches for the prevention and control of select infectious diseases, as well as increased allocation of public/private sector human and financial resources to support implementation of infectious disease activities. Emphasis will be placed on the formulation of global strategies, such as in the case of tuberculosis and antimicrobial resistance, and on ensuring that national and local resources are available to address priority infectious disease areas.

IR 5.3: Knowledge, beliefs and practices related to effective prevention and management of infectious diseases enhanced

This IR recognizes that effective mobilization of the demand for and appropriate use of infectious diseases intervention is essential to maximizing the sustained impact of these interventions, and complements efforts to increase access and quality on the "supply side" of programs. More importantly, this intermediate result recognizes that choices and actions by families, in the context of their communities, are essential for reducing the burden of infectious diseases and contributing to improved health -- certainly in preventive interventions, but also in detection, initial care-giving, and care-seeking in the case of illness. The planned results identified under this IR will be achieved by applying proven information/education/communication, social marketing, social mobilization, and behavior change approaches developed by USAID and other organizations. Achievement will be enhanced by the introduction of new and improved approaches developed under IR 5.1. In these instances, the approaches will most often be implemented through partnerships between G/PHN and field missions in the context of infectious diseases programming in USAID-assisted countries. The Center will support information, education, communication and behavior change activities as part of a comprehensive effort to promote the adoption of effective preventive and care-giving practices at the household and community levels.

IR 5.4: Quality and availability of key infectious disease services and systems improved

In most USAID-assisted countries, substantial effort is still required to improve the accessibility, quality, and effectiveness of targeted, cost-effective infectious diseases services, both preventive and therapeutic. Such effort is essential to increasing the impact of infectious disease programs; particularly in a way that increases countries' and individuals' capabilities to sustain that impact. One element of achieving this result is improving the performance of health workers by providing appropriate knowledge and skills, which in turn demands increased effectiveness of investments in training. Performance in most countries also requires improvement of the health care delivery system, including: more efficient management and planning; developing reliable supplies and logistics systems for essential drugs, vaccines, and commodities; improving the collection and use of information; and employing quality assurance techniques to identify and resolve problems. In addition, new strategies will have to be targeted toward reaching those populations at highest risk of mortality and illness. Planned results under this IR will generally be achieved in the context

of USAID country programs, applying existing approaches and technologies as well as those developed under IR 5.1. The Center will promote improvements in the availability, quality and cost-effectiveness of key infectious disease services, focusing on the four priority areas: TB, malaria, antimicrobial resistance, and surveillance. In addition, the Center will support the development and implementation of policies, plans and programs promoting standards for a high quality of care.

4. Key Assumptions

Strategic Support Objective #5 and associated intermediate results can be achieved if:

Additional Management and Technical Staff Are Available To manage and coordinate this new infectious disease initiative, USAID will need additional expertise to provide the technical oversight required to effectively manage field activities and coordinate central efforts with other organizations such as WHO and CDC.

Programming of Infectious Disease Activities is Coordinated Guiding the Center's investments in SSO 5 is the Agency's strategic document "*Reducing the Threat of Infectious Diseases of Major Public Health Importance: USAID's Initiative to Prevent and Control Infectious Diseases.*" The success of SSO5 will depend on close coordination between the Center and other parts of the Agency in the implementation of this strategy.

Adequate Financial Resources are Available The Agency's Infectious Disease Initiative has been planned on the basis of an annual budget of \$50 million. The Center's success in achieving the IRs. will be dependent of these funds being available annually over the 10 year life of the initiative.

5. Monitoring and Evaluation

SSO5 is part of an expanded commitment by the Agency to the prevention and control of infectious diseases -- which has the stated goal of reducing mortality by infectious diseases by 10% by the year 2007. Measuring progress towards this goal, specifically the Center's contribution, requires developing a standard core of process and intermediate indicators for each of these new areas.

Of the four program areas captured under SSO5, three -- tuberculosis, antimicrobial resistance, and disease surveillance -- are largely areas of new investment for the Agency. Monitoring and evaluating tuberculosis and antimicrobial resistance are especially challenging as there are no global strategies in place to guide either the investments or the setting of targets for achievements. Developing such global strategies are a necessary priority for establishing indicators. During the first year of the initiative the Center is expected to work closely with the international community to formulate strategies and develop plans of action

for each of these components . On the basis of these efforts the indicators included in G/PHN's performance monitoring plan will be reviewed and refined, as will be the systems to record and report on data.

D. Activities Not Supported

The Center will design, implement and evaluate a wide range of activities to achieve its intermediate results and strategic support objectives. Within each strategic support objective area the Center focuses on the most efficacious and cost-effective interventions. Described below are interventions that, in general, will not be supported.

Under Strategic Support Objective #1: **Increased Use by Women and Men of Voluntary Practices that Contribute to Reduced Fertility.** Foreign assistance legislation prohibits the use of funds by USAID "for the performance of abortions as a method of family planning or to motivate or coerce any person to practice abortions."⁷ Consistent with this legislation, USAID does not provide any support for abortion information and services. Indeed, one of the aims of providing broader access to quality family planning services is to reduce the incidence of abortion. The Center will not support infertility treatments; however, it does support efforts to prevent the spread of STIs, a major cause of infertility.

Under Strategic Support Objective #2: **Increased Use of Key Maternal Health and Nutrition Interventions.** The Center will support safe delivery care and timely detection and case management of complications. However, although included in the WHO package of essential obstetric services, the Center will not support caesarean sections, blood transfusions, or the general provision of essential drugs and supplies, nor medical intensive care approaches for neonates.

Under Strategic Support Objective #3: **Increased Use of Key Child Health and Nutrition Interventions.** The Center will not support isolated campaign approaches for immunization, production facilities for ORS and essential drugs, or the construction/renovation of facilities. Research on or programs addressing hepatitis, yellow fever or other diseases outside the key program areas (CDD, EPI,⁸ malaria and ARI) will not be supported.

Under Strategic Support Objective #4: **Increased Use of Improved, Effective and Sustainable Responses to Reduce HIV Transmission and Mitigate the Impact of the HIV/AIDS Pandemic.** The Center recognizes the need for treatment of opportunistic infections for individuals living with HIV. However, given the program's primary focus on preventing HIV/STIs, the Center will not supply or distribute drugs to mitigate the impact of HIV/AIDS or STIs.

Under Strategic Support Objective #5: **Increased Use of Proven Interventions to Reduce the Threat of Infectious Diseases of Major Public Health Importance.** The Center will not support the building of facilities for care, nor construction of laboratories.

⁷ 22 U.S.C. § 2151b(f)(1) (1992)

⁸ EPI refers to Expanded Program of Immunization.

In general, the Center will not support long-term training or basic research. Other units of the Agency are responsible for training activities. The Center's biomedical, demographic, social science and operations research program focuses on meeting practical program needs. The Center's research focus is on short- to medium-term research that enhances program operations and impact.

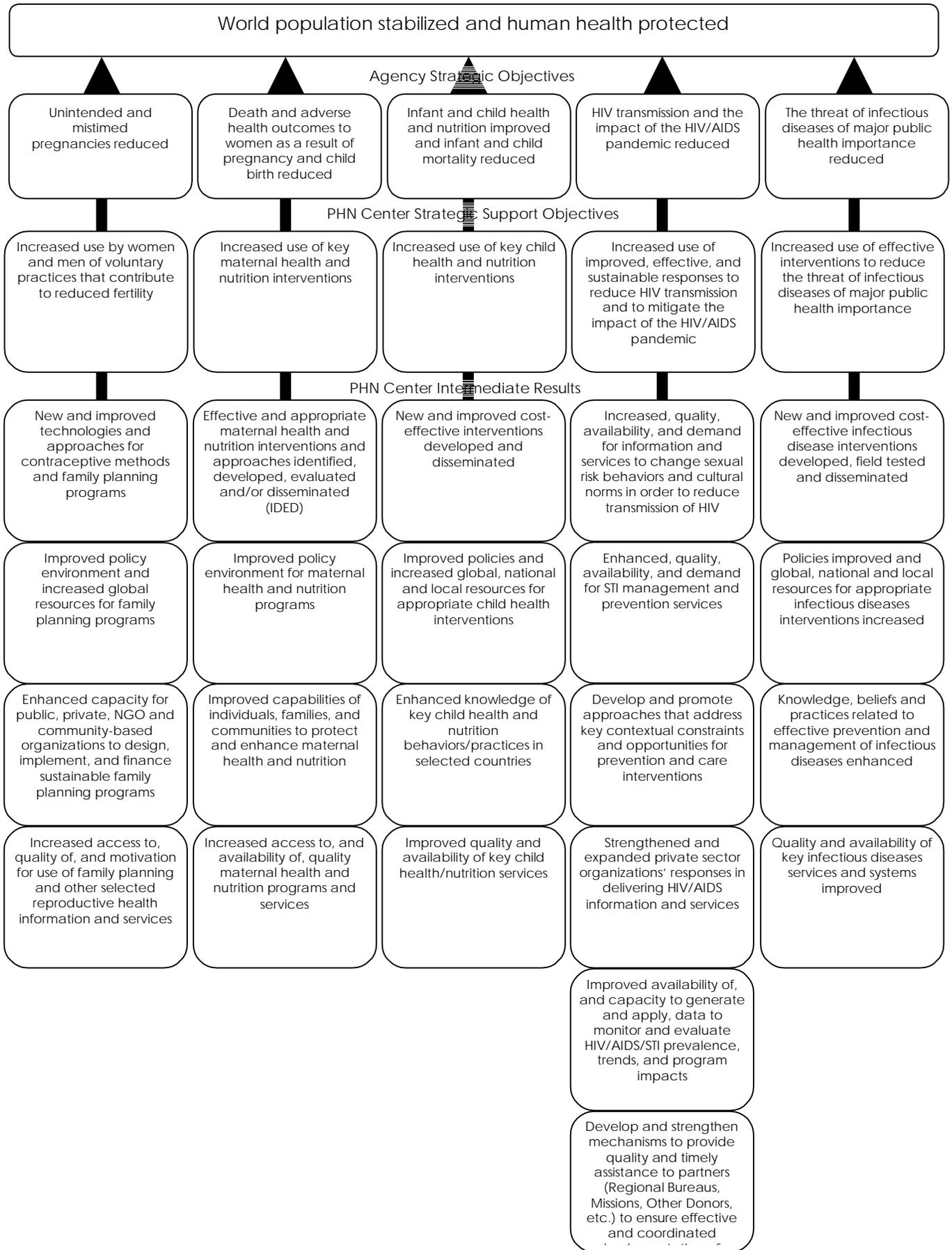
E. Agency-wide Review Process

In the course of developing this strategic plan, Center management and staff interviewed management and staff of other Centers in the Global Bureau, regional bureaus and selected missions. These interviews, in person and through e-mail, were designed to obtain information from Agency colleagues that would contribute to defining PHN strategic support objectives, focusing PHN programs, and enhancing the impact of activities. This strategic plan reflects this input.

In addition the Center Strategic Plan has been shared widely with colleagues in the Agency (bureaus, missions), as well as multi- and bilateral donors and lenders, and the Center's Cooperating Agencies. Input received from Center staff and all other reviewers has been incorporated into this final version of the Strategy.

Attachment A: Strategic Framework

Agency Goal



Attachment B: Joint Programming, Planning and Special Circumstances Countries and Regions

Joint Programming Countries	Special Circumstance Countries	Joint Planning Countries	Joint Planning Regions
AFR Ethiopia Ghana Kenya Nigeria South Africa Tanzania Uganda ANE Bangladesh Egypt India Indonesia Morocco Nepal Philippines LAC Peru	Significant Investment Brazil Mexico Turkey Zimbabwe Policy Cambodia Pakistan Russia Zambia Crisis Congo (Kinshasa)* Haiti Rwanda	AFR Angola* Benin Eritrea Guinea Madagascar Malawi Mali Mozambique Senegal ANE Jordan Vietnam* West Bank/Gaza Yemen LAC Bolivia Dominican Republic Ecuador El Salvador Guatemala Honduras Jamaica Nicaragua Paraguay ENI Albania Armenia Azerbaijan Belarus Bulgaria CAR Croatia Georgia Hungary Moldova Poland Romania Slovakia Ukraine	West Africa Southern Africa Greater Horn of Africa LAC Regional Central America Regional

* Countries that are emerging with PHN programs but not fully developed.