

**USAID/Bureau for Global Health**  
**ANNUAL REPORT FY 2003**

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## **Please Note:**

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## A. Program Level Narrative

### Program Performance Summary:

In response to increasingly difficult health challenges, USAID created the Bureau for Global Health (GH) to serve as the global leader in international public health and as the locus of technical leadership for USAID in health. USAID is recognized as a world leader in global health, including maternal health/child survival, family planning, HIV/AIDS, and infectious diseases. USAID works to eliminate these threats of HIV/AIDS and other infectious diseases that threaten the health of families and children in the developing world and to improve the health and livelihoods of people across the globe. Investing in the health of the world's population contributes to global economic growth, reduction of poverty, a sustainable environment, and regional security. In addition to enhancing the lives of people overseas, with special emphasis on women and children, protecting human health and nutrition in developing and transitional countries directly affects public health in the United States by preventing the spread of infectious diseases.

Specifically, GH defines its three main roles as follows:

- Global leadership
- State-of-the-art research, innovation, and dissemination
- Superior technical support to the field

GH has focused its resources and built its portfolio on the dynamic synergies of these three program elements and continues to expand and improve its programs to meet the changing public health needs and realities of the field. Over the past year, GH has critically reviewed all its program activities, consolidated and refined approaches as appropriate and expanded programs to meet new demands. The Bureau's programs are directed to the following five strategic objectives:

- Increased use by women and men of voluntary practices that reduce 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

Currently GH has over 222 technical and program experts who manage a wide spectrum of diverse technical projects; provide technical support to USAID missions and field programs; garner support for our programs with stakeholders, including the U.S. public and Congress; and nurture and galvanize stronger partnerships with the development community. This type of global leadership helps to achieve results by influencing the worldwide health agenda, increasing the likelihood of successful health programs, and encouraging the wider global community to adopt new technologies and approaches and pursue USAID priorities and goals.

GH follows a field-driven and field-centered approach to developing and testing new technologies and methodologies. GH develops new cost-effective, field-based tools, such as rapid and simple HIV/STD diagnostics, new and improved contraceptive methods, and new approaches to addressing mother-to-child transmission of HIV. Staff members are dedicated to providing superior technical expertise, information, commodities, and services to support mission and country programs. GH programs are flexible and can respond rapidly to field needs, such as the rapid opening and closing of bilateral programs or rapid responses to emergencies such as hurricanes and earthquakes.

GH is the repository for state-of-the-art thinking in biomedical, social science and operational research. It develops, tests, and disseminates new technologies and methodologies that contribute to successful field program implementation. GH is a pioneer in results monitoring and is the world leader in the development of tools for program evaluation and trend analysis in the global health sector.

USAID has long recognized the valuable role that collaboration among many partners and stakeholders play in the quest to achieve development objectives. Today, many new public and private partners are joining forces with traditional bilateral and multilateral donors to invest in global health. The international health-related expenditures of the top 10 private U.S. foundations now exceed U.S. government spending in this area. Accordingly, GH has refocused its efforts to develop strategic alliances with new public and private partners in order to bring substantial resources, ideas, and technologies to address global health issues. USAID has developed new ways of doing business in the area of development. These new approaches involve working more closely with non-traditional partners and incorporating commercial sector strategies into global health programs. USAID engages in many successful types of public-private partnerships in its efforts to improve global health. Some examples are described below.

Participating as a member of an international consortium is a way for USAID to combine funds and influence with other organizations to increase the profile of a particular global health issue. Examples of this type of partnership include the Global Alliance for Vaccines and Immunization (GAVI), the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM), the Global Alliance for Improved Nutrition (GAIN), the STOP TB Initiative, the Roll Back Malaria Initiative, and the Initiative for Contraceptive Security.

USAID's long-standing partnerships with PVOs and NGOs enable the Agency to pursue its family planning/reproductive health, maternal health, child survival, HIV/AIDS, and infectious disease control objectives in community-based programs worldwide. PVOs and NGOs have unique capabilities in mobilizing communities, partnering at the household level to change behaviors, working with socially-marginalized groups, and helping empower those with limited access to modern health care. Examples of PVO partnership mechanisms include PVO Child Survival Grants and the PVO/NGO Core Fund.

Social marketing has long been an area of strength for USAID health programs. Social marketing helps increase the demand for and utilization of public health products. To improve prospects for sustainability, some GH programs are transitioning to a more commercial or "manufacturer's model" of social marketing. Examples of such partnerships include NetMark and the Commercial Market Strategies (CMS) Project.

Currently, the primary objective of direct partnerships with private industry is to facilitate the development of health products of global importance that might not otherwise succeed in the commercial marketplace. Examples of such partnerships include the International AIDS Vaccine Initiative (IAVI) and the Malaria Vaccine Development Program (MVDP).

**Environmental Compliance:** The Global Health program qualifies for a Categorical Exclusion pursuant to 22 CFR 216.2c(2)(viii), which states that "Programs involving nutrition, health care or population and family planning services, except to the extent designed to include activities directly affecting the environment (such as construction of facilities, water supply systems, waste water treatment, etc.)" generally do not require an Initial Environmental Examination, Environmental Assessment and/or Environmental Impact Statement.

During the design stage of Activity Approval Documents (AAD), each SO/AAD Team analyzes the impact of the proposed activities on the environment and monitors them to ensure compliance with the criteria for a Categorical Exclusion. An Environmental Determination signed by the Bureau Environmental Officer is included with each AAD approval. In addition to this initial approval, a determination is made regarding the need for any subsequent approval of activities under individual activities under individual awards. Approval is also requested on a case by case basis when circumstances warrant.

GH is planning the design of four new AADs in FY 2003:

- Health Research Program - Estimated approval: February
- Clinic Services - Estimated approval: May
- Environmental Health - Estimated approval: July
- Malaria Vaccine Development Program - Estimated approval: August

**Country Closeout & Graduation:** Not Applicable

#### **D. Results Framework**

##### **936-001 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 identified, developed, evaluated, and disseminated

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 Demand for, access to and quality of family planning and other selected reproductive health information and services increased

##### **Discussion:**

##### **936-0011 New and Improved technologies and approaches for contraceptive methods and family planning identified, developed, tested, evaluated and disseminated**

##### **Discussion:**

##### **936-0012 Improved policy environment and increased global resources for family planning programs**

##### **Discussion:**

##### **936-0013 Enhance capacity for national programs (public, private, non-governmental organization and community-based institutions) to design, implement, finance**

##### **Discussion:**

##### **936-0014 Increased access to, quality of cost-effectiveness of, and motivation to use family planning, breastfeeding, and selected reproductive health informat**

##### **Discussion:**

##### **936-002 Increased use of key maternal health and nutrition interventions**

IR 2.1 Effective and appropriate maternal health and nutrition and approaches identified, developed, evaluated and/or disseminated

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

##### **Discussion:**

##### **936-003 Increased use of key child health and nutrition interventions**

IR 3.1 Coverage for current EPI vaccines and appropriate new vaccines and the control of vaccine-preventable diseases of children increased

IR 3.1.1 Immunization delivery systems strengthened

IR 3.1.2 Vaccine and technology development accelerated

IR 3.1.3 New vaccines introduced into strengthened national programs

IR 3.1.4 Disease control and eradication programming implemented

- IR 3.2 Prevention and appropriate treatment of diarrheal diseases, ARI, malaria, and malnutrition increased through IMCI
  - IR 3.2.1 Delivery of preventive and therapeutic interventions to under-served children increased in at least 10 countries
  - IR 3.2.2 Key components of quality of care for children improved
  - IR 3.2.3 District level implementation of child health services improved
  - IR 3.2.4 Additional technical elements to increase impact developed, evaluated, and implemented
- IR 3.3 Preventive, health promoting, and therapeutic approaches and interventions to reduce ARI and diarrheal disease morbidity and mortality developed, evaluated, and introduced
  - IR 3.3.1 Vaccines to reduce mortality from major causes of infant/child diarrhea and pneumonia developed, field tested, and evaluated
  - IR 3.3.2 Environmental and behavioral interventions to prevent childhood diarrheal disease and ARI developed, field tested evaluated, and implemented
  - IR 3.3.3 Nutritional interventions to reduce childhood mortality and morbidity from diarrhea and ARI developed, field tested, and evaluated
- IR 3.4 Burden of malaria-associated mortality and morbidity reduced
  - IR 3.4.1 Malaria infection and illness prevented
  - IR 3.4.2 Effective treatment of malaria illness increased
  - IR 3.4.3 Pregnant women protected from complications due to malaria infection
  - IR 3.4.4 Emergence and spread of drug-resistant malaria reduced
- IR 3.5 Increased utilization of key interventions to reduce malnutrition and its contribution to child morbidity and mortality
  - IR 3.5.1 Intake of vitamin A and other micronutrients improved in deficient populations
  - IR 3.5.2 Prevalence of optimal breastfeeding practices improved
  - IR 3.5.3 Nutrition and food security interventions improved
- IR 3.6 Interventions with high impact on survival and health of newborns identified, developed, evaluated, and brought to scale
  - IR 3.6.1 A package of effective interventions for neonatal health and survival defined and delivered
  - IR 3.6.2 New or improved cost-effective interventions to promote neonatal survival and health developed and evaluated
- IR 3.7 Health system performance in the sustainable delivery of child survival services increased
  - IR 3.7.1 Improved policies, organization of services, and management for child survival increased
  - IR 3.7.2 Health workers deliver child health services of higher quality
  - IR 3.7.3 Commodities including drugs, vaccines, and supplies are available and appropriately used for child survival services
  - IR 3.7.4 Financing for child health services is increased and more effectively used
  - IR 3.7.5 Information for child survival services is available and appropriately used by policymakers, managers, and consumers
- IR 3.8.1 New tools and approaches to increase demand for and use of preventive and care seeking behaviors for populations at risk developed applied
- IR 3.8.2 New tools and approaches to increase the use of and demand for health services among the hard to reach and at risk populations developed and applied
- IR 3.8.3 Empirically based advocacy programs developed for child health initiatives
- IR 3.8.4 Innovative approaches for mass media developed and tested
- IR 3.8 Effective tools and approaches to ensure individual and collective behaviors for increased child survival and the necessary support of institutions and policies to enable these behaviors developed and applied

## **Discussion:**

### **936-004 Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to 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

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

**Discussion:**

**936-005 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 interventions developed, field tested and disseminated

IR 5.2 Improved policies and increased global, national and local resources for appropriate infectious diseases interventions

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

IR 5.4 Improved quality and availability of key infectious disease services

**Discussion:**