

**USAID/Bureau for Global Health**

**Annual Report**

**FY 2004**

June 16, 2004

## **Please Note:**

The attached RESULTS INFORMATION is from the FY 2004 Annual Report and was assembled and analyzed by the country or USAID operating unit identified on the cover page.

The Annual Report is a "pre-decisional" USAID document and does not reflect results stemming from formal USAID review(s) of this document.

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## Bureau for Global Health

### Performance:

The Global Health Bureau program works in USAID-assisted countries with significant health problems included in the performance goal of the State-USAID Strategic Plan: Improved global health, including child, maternal, and reproductive health, and the reduction of abortion and disease, especially HIV/AIDS, malaria, and tuberculosis are all important elements. GH programs address all aspects of this performance goal.

The ultimate beneficiaries of these investments are the infants, children, women and men (including adolescents), who are better able to make informed decisions about their health and who have access to a broader range of basic health services and products. Other beneficiaries include service providers whose skills and knowledge are increased, governments that are able to target their resources more effectively and efficiently, and private sector entities (for-profit and not-for-profit) that are better able to design, implement, finance, and evaluate sustainable health programs.

The Bureau for Global Health addresses the joint performance goal above by enacting GH's three critical functions, which are:

- **Global leadership:** GH has technical 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 helps to achieve results by influencing the worldwide health agenda, increasing the likelihood of successful health programs, and by encouraging the wider global community to adopt new technologies and approaches and pursue USAID priorities and goals. Global leadership entails developing a significant voice and leadership role in the global arena [e.g., the Global Fund, Global Alliance for Vaccines and Immunization (GAVI), Stop TB]. It involves developing a new HIV/AIDS strategy, enhancing capacity, and accommodating a massive increase in AIDS funding. It means assuming a key role in planning and implementing presidential initiatives [e.g., Prevention of Mother-to-Child Transmission of HIV/AIDS (PMTCT), HIV/AIDS, Water and Sanitation]. It means modeling many GDA-like partnerships with the private sector [e.g., Jane Goodall Institute, Global Alliance for Improved Nutrition (GAIN), and private companies such as Coca Cola and Heineken].

- **Research and innovation:** GH follows a field-driven approach to developing and testing new technologies and methodologies, in response to field needs. GH prides itself on developing 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. GH has become 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. This includes strengthening priority-based research and advancing evidence-based programming (e.g., HIV/AIDS approaches of Abstinence, Be Faithful, and Condoms (ABC); the identification of zinc as a lifesaving nutrient; and developing a new and better oral rehydration solution (ORS). GH has expanded the definition of research to include its full application and increased the emphasis on scaling up proven high-impact interventions. GH develops state-of-the-art thinking and innovative approaches and moves them to broad field application.

- **Technical support to the field:** GH also follows a field-driven approach to technical support to the field. 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 emergencies such as

hurricane and earthquakes. GH is a pioneer in results monitoring and leads the work in the development of tools for program evaluation and trend analysis in the global health sector. This includes assigning a country coordinator/team to all countries with a PHN program; developing simple and ready contract mechanisms for the field; increasing the focus on field customer service; and enhancing communications between the field and Washington.

The most important challenges to the Global Health Bureau's efforts this year have been on the one hand the dramatic upsurge in all aspects of the HIV/AIDS program, and on the other hand, protecting and nurturing the other critical programs that form the whole of USAID's health efforts in furtherance of the joint State-USAID performance goal. Despite continued staff vacancies, we have pro-actively engaged in the development of new USG HIV/AIDS policies, strategies, and programs, leading where we have the comparative advantage and collaborating on all aspects of this dynamic program with many new actors and authorities now involved. Simultaneously, we have implemented at full-force the Agency's new HIV/AIDS implementation plan, Stepping Up the War on HIV/AIDS, including strategy development and review for 41 USAID-assisted countries and participating actively in guiding the Global Fund for AIDS, Tuberculosis, and Malaria as it matures. The other programs of the Global Health Bureau have flourished this year as well, despite relatively lower public profiles.

At their discretion, operating units may also choose to mention their Global Development Alliance (GDA) related progress, including how alliances affect the choice of programs, and how they are integrated into programs as a way of involving private partners in USAID's development agenda.

Key achievements of the Global Health bureau program this year include:

AIDS accomplishments to be added (needed from OHA)

By the end of FY 2003, strategies were approved or developed in 11 of the 12 Presidential Initiative (PI) countries with assistance from SO-funded OHA staff. In addition, USAID has developed quality assessment guidelines for HIV Voluntary Counseling and Testing (VCT) interventions, held numerous consultations with WHO on the subject of increasing access to VCT, and facilitated development of internationally accepted indicators for VCT. HIV VCT is a critical part of a comprehensive response to the Global HIV/AIDS pandemic.

Also, since the number one killer of people with HIV is tuberculosis, the treatment of opportunistic infections is a vital component of overall comprehensive care and support response to the epidemic. This past year, GH staff have actively represented USAID on many international working groups (including Stop TB) and have promoted collaboration and coordination among HIV-TB partners to encourage scale-up efforts for access to treatment of dually infected persons.

Notably to expand the reach HIV/AIDS awareness, awards or sub-awards were made to 17 faith-based organizations through the CORE program. Faith-based organizations have developed and begun implementing church-centered, youth-focused stigma reduction campaigns.

Financial support for the Global TB Drug Facility (GDF) has created pooled purchasing power and contributed to the decline of average international prices for a full course of TB treatment by 30% to about \$10, and facilitated the provisions of drugs to more than 1.6 million patients. Malaria team support has been instrumental in 6 additional African countries implementing revised treatment policies during FY 03, for a total of 20 countries. Over 54 million children under five have benefited from this policy change. Similarly, seven additional African countries (of 15 total) are implementing Intermittent Preventive Treatment for malaria in pregnancy, which benefits over 7 million pregnant women. Following the successful release of WHO's Global Strategy for the Control of Antimicrobial Resistance (AMR) in 2002, the AMR Team has worked closely with WHO to develop clear guidance to countries on how to "operationalize" the strategy. This led to the development and release in 2003 of the The ARCS Approach - A Public Health Tool for Antimicrobial Resistance Containment and Surveillance, which will be used to disseminate this guidance in the field.

GH worked with WHO, Johns Hopkins University, ICDDR/B, and private sector marketing and pharmaceutical companies to produce, market, and evaluate zinc supplements as treatment for diarrhea. This program will help establish the feasibility and effectiveness of zinc as an adjunct to oral rehydration therapy (ORT), including the potential to reduce inappropriate use of harmful antibiotics. GH continued major support to low-cost interventions related to water and sanitation to reduce diarrhea illness. In D.R. Congo, GH assistance to the Sante Rural (SANRU) Project brought hygiene education to over 60,000 households in the neediest parts of that country. GH expanded to additional countries its successful cooperation with CDC in marketing disinfection of water through home chlorination, aiming to make it a self-sustaining private sector activity. In 2003, GH and UNICEF cooperated to transfer the experience and methods of the successful USAID-supported Nepal community pneumonia treatment program to West Africa. In FY 2003, GH provided funding or technical support to 12 "Boost" countries; in those countries, coverage of DPT3 has increased from 46 per cent in 1998 to 57 per cent in 2003.

Community mobilization programs that support communities and families in preparing for birth teach women to recognize maternal and newborn problems and anticipate making the decision to go to a health facility. In project areas in Nicaragua, emergency funds have been set aside in 25% of communities, 47% of women have an emergency plan, and 56% of communities have established transportation systems. In a three-year model program in Uttar Pradesh, India, mothers and their home birth attendants were taught self care and to take action to resolve life-threatening problems. Eighty-five percent of women and their families implemented some life-saving actions for hemorrhage and a quarter of newborns with serious problems were referred to the health facility. In response to persistent pregnancy-related problems in Honduras, GH has assisted in implementation of a Continuous Quality Improvement (CQI) program that monitors compliance with standards, identifies poor quality, analyzes root causes, and devises and implements improvement plans. Postpartum hemorrhage (PPH) is the leading cause of maternal mortality worldwide. "Active management of the third stage of labor," using a drug and massage to contract the uterus is proven to reduce postpartum hemorrhage, blood loss and use of blood transfusion. In the first year of USAID's special initiative to prevent and treat PPH, GH has supported training of doctors and midwives in Zambia, Ethiopia, Benin and Mali and these life-saving services are already being delivered in 50 health facilities.

The GH family planning SO team developed and gained approval for a re-wording of this SO and its Intermediate Results, which better conceptualize the unique contributions of GH toward the achievement of Agency-wide strategic objectives and is consistent with the State-USAID Strategic Plan. In response to Congressional interest in population/environment relationships, GH signed agreements with the World Wildlife Fund and Jane Goodall International to expand family planning programs in biodiversity hotspots. GH staff and the DELIVER project played lead roles in development and delivery of World Bank commodity procurement courses that ensure high-quality training for participants from many developing countries. A new initiative that supports mission efforts to incorporate PVOs into their portfolios was launched in FY 2003. Agency guidance on the use of population funds was updated and distributed to the field. Together with USAID field missions and regional bureaus, GH also provided funding to expand country-level activities in nine countries identified as having particularly high needs for additional programming. GH launched a new five-year \$107 million contract to provide support for demographic and health surveys and a new five-year \$70 million cooperative agreement to improve monitoring and evaluation. Both mechanisms include increased emphasis on involving data users in defining the data to be collected and on improving the dissemination and use of findings.

Global Health programs are concerned with the health of girls and boys and men and women. Depending on the local situation, specific programs may be targeted more to one gender or the other (e.g., AIDS prevention programs for truck drivers, or family planning services delivered at the same site as child health services), but our programming is designed and implemented with attention to gender issues. In-country issues are defined and addressed in cooperation with USAID country missions.

**Country Close and Graduation:**

Not applicable

## Results Framework

### **936-001 Advance and support voluntary family planning and reproductive health programs worldwide**

**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** Demands for access to and quality for family planning and other selected reproductive health information and services increased

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

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

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

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

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

**IR 2.1** Global leadership for maternal health and neonatal health and nutrition program and policies strengthened

**IR 2.2** Preparation for childbirth improved

**IR 2.3** Safe delivery and postpartum and newborn care improved

**IR 2.4** Management of obstetric complication improved

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

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

**IR 3.2** Prevention and appropriate treatment of diarrheal diseases, ARI, malaria, and malnutrition increased through IMCI

**IR 3.3** Preventive, health promotion, and therapeutic approaches and interventions to reduce ARI and diarrheal disease morbidity and mortality developed, evaluated, and introduced

**IR 3.4** Burden of malaria-associated mortality and morbidity reduced

**IR 3.5** Increased utilizations of key interventions to reduce malnutrition and its contribution to child morbidity and mortality

**IR 3.6** Intervention with high impact on survival and health of newborns identified, developed, evaluated, and brought to scale

**IR 3.7** Improved policies, organization of services, and management of child survival increased

**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

### **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** Strengthen 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

**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