

USAID/Bureau for Global Health

Annual Report

FY 2005

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Please Note:

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Bureau for Global Health

Performance:

The Global Health Bureau (GH) works in USAID-assisted countries with significant health problems, as specified in performance goal number 10 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." During FY 04, primary changes to the development environment include increasing international attention and commitment to HIV/AIDS and child survival efforts.

The ultimate beneficiaries of GH investments are infants, children, adolescents, and women and men. As a result of GH activities, they are better able to make informed decisions about their health and access a broad range of basic health services and products. GH programs assist these beneficiaries by working closely with USAID missions and their programs to reach service providers, governments, and for profit and not-for-profit private sector entities.

The Global Health Bureau addresses global health improvement by exercising three critical functions:

Technical Support to the Field: GH follows a field-driven approach to technical support. This includes assigning a country coordinator and team to all countries with a USAID health program; developing diverse and simplified contracting mechanisms for the field; increasing the focus on service to field customers, and enhancing communications between the field and Washington. GH staff members are dedicated to providing high level technical expertise, information, commodities and services to support field missions and country programs. The GH Bureau's flexible programs respond quickly to field needs, for example, the rapid opening and closing of bilateral programs or emergencies caused by natural disasters, such as the recent tsunami in Southeast Asia.

Research and Innovation: GH's emphasis on research and innovation includes developing and testing new technologies and methodologies, and leadership in their application in the field. GH prides itself on developing cost-effective, field-based tools such as rapid and simple HIV/STD diagnostics, use of zinc to reduce diarrhea in children, new and improved contraceptive methods, and new approaches to addressing mother-to-child transmission of HIV. GH has become the Agency repository for state-of-the-art thinking in biomedical, social science, and operational research. GH programs develop, test and disseminate new technologies and methodologies that contribute to successful field program implementation. These include strengthening priority-based research and advancing evidence-based programming, [e.g., HIV/AIDS approaches of Abstinence, Be Faithful, and, when appropriate, 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 the wider introduction of research products and scale-up of proven, high-impact interventions such as the active management of the third stage of labor to prevent postpartum hemorrhage, the biggest killer of mothers worldwide. GH also is a pioneer in results monitoring and a global leader in the development of tools for program evaluation and trend analysis in the health sector.

Global Leadership: GH technical experts provide technical support to USAID missions and field programs, provide information and analysis about global health programs to stakeholders such as the U.S. public and Congress, and help form and sustain partnerships with the development community. GH experts achieve results by influencing the worldwide health agenda and encouraging the wider global community to adopt new technologies and approaches that represent USAID priorities and goals. GH Bureau experts play significant technical leadership roles in the Global Fund to Fight AIDS, TB and Malaria, The Global Alliance for Vaccines and Immunization (GAVI), Stop TB, and Roll Back Malaria (RBM). GH programs include planning and implementing a new U.S. Government (USG) HIV/AIDS

strategy, building capacity, and accommodating a massive increase in AIDS funding, as part of the President's Emergency Plan for AIDS Relief (the Emergency Plan). Finally, GH programs have formed many partnerships with the private sector, for example, with the Jane Goodall Institute, Global Alliance for Improved Nutrition (GAIN), and private companies such as Coca Cola and Heineken.

The most important challenges to the Global Health Bureau's programs this year have been: 1) Managing the dramatic increase in Agency support to the President's Emergency Plan, and 2) Protecting and nurturing other critical programs that form the whole of USAID's health efforts under the joint State-USAID performance goal. Despite continued staff vacancies, GH has contributed significantly to the work of the Office of the Global AIDS Coordinator (OGAC) for the development of new USG-wide HIV/AIDS policies, strategies and programs. GH also is participating actively in guiding the Global Fund to Fight AIDS, Tuberculosis and Malaria on behalf of the USG.

Key Global Health Bureau achievements in FY 2004 include:

This year, GH has focused on guiding and implementing USAID's response to the President's Emergency Plan for AIDS Relief. GH actively participated in the development of the Emergency Plan Strategic Information Guidance for program monitoring and reporting, the Country Operation Plan format, and the design and implementation of the Country Operation Plan & Reporting database. These systems were critical to the successful organization and operation of OGAC, which oversees and coordinates Emergency Plan activities across all U.S. Government agencies. During this first year of operation, GH provided guidance and implementation for USAID supported programs that reached more than 500,000 people through primary prevention activities; established more than 400 voluntary counseling and testing facilities in 23 countries, which served more than 300,000 people and distributed 611 million condoms. These programs included direct care to 10,295 persons with HIV/AIDS and 20,000 orphans and vulnerable children and home-based care to 17,500 families. USAID also provided anti-retroviral (ARV) treatment to 4,725 HIV infected people, provided non-ARV treatments to another 49,000, and provided 36,000 women with prevention of mother to child transmission services in 12 countries. All of these services will be expanded in the coming years in order to achieve national coverage and the Emergency Plan targets by 2008.

At the global level, the GH Infectious Diseases Team has been actively engaged in the development and expansion of key global initiatives such as the STOP TB Partnership, the TB Global Drug Facility, the Roll Back Malaria Partnership and the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM). GH Malaria Team support was instrumental in the adoption by 29 countries of artemisinin-based combination therapy (ACT) as their first-line treatment for falciparum malaria (17 of 46 in Africa, 6 of 6 in the Mekong region, and six of eight in the Amazon Basin). In Africa, 45 million children under five now benefit from this policy change. The GH TB Team has achieved its Strategic Objective level target of 85% treatment success rate for sputum smear+ TB in seven USAID-assisted countries: Cambodia, India, Indonesia, The Philippines, Dominican Republic, El Salvador, and Honduras. Capacity to identify and address drug-use problems related to antimicrobial resistance was developed through the establishment and management of national-level Drug and Therapeutics Committees, with skills transferred to 11 African countries and training in eight African countries and one Central American country on how to promote rational drug use.

Faced with the increasing challenge of ensuring adequate availability and affordability of ACTs, the GH Malaria Team was instrumental in forging a RBM partnership consensus on use of ACTs, drafting "Road Map for Scaling up ACTs at the Country-Level," promoting a partnership with the Global Development Alliance for large-scale agricultural production of *Artemisia annua* - the source of the key active pharmaceutical ingredient in ACTs - in East Africa, and co-hosting with GFATM a meeting of 25 countries preparing transition to ACTs. The Malaria Team has contributed directly to 21 African countries (six additional over the last year) implementing intermittent preventive therapy in pregnancy. Thirteen million pregnant women benefit from this policy change.

In 2004, GH stepped up or launched several initiatives through which the bureau's program funding and technical assistance are paired with those of field missions or other donors to catalyze the introduction and expansion of specific high impact child health interventions. These initiatives include newborn

survival and health, introduction of zinc treatment to reduce illness and mortality from diarrheal diseases, community antibiotic treatment of child pneumonia in areas without access to health care, and "point-of-use" water disinfection using simple technologies in regions where the resources for safe community water supplies are not available. In 2004, the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) issued new joint program guidance on treatment of diarrheal illness in children. This new guidance responded to two new technologies developed with GH support - an improved formulation of oral rehydration solution and zinc treatment, both of which reduce the severity and duration of diarrheal illness. Adding to the pipeline of new interventions, GH-supported pneumonia research provided results in 2004 that have the potential for additional impact on pneumonia-related child mortality. An 8-country study of 1700 hospitalized children with severe pneumonia demonstrated that treatment with oral antibiotic was as effective as injectable penicillin. If this result is sustained in outpatient settings, it will broaden the potential for treatment in places where hospital care is not available

This year the GH Bureau assumed a leadership position in the new inter-agency Child Survival Partnership, joining UNICEF, WHO, the World Bank, the Canadian International Development Agency, the Bill and Melinda Gates Foundation, and governments of developing countries. In Ethiopia, the first Partner country, the result was a national consensus conference on children's health and nutrition, development of a national child survival task force and strategy, and linking of this strategy to the country's long term development plan and World Bank project. GH-sponsored Immunization Essentials: A Practical Field Guide, launched in 2004, has rapidly become the premier reference for all aspects of immunization service delivery. To date over 14,000 hard copies and 6,000 CD ROMs have been distributed world wide. And, under GAVI, GH has been the leading source of technical assistance to countries for the development of financial sustainability plans for immunization. This year GH expanded its initiative with the Centers for Disease Control (CDC) for simple approaches to providing safe water to the millions of households lacking secure water supplies. The "Safe Water System" provides household water disinfection with dilute bottled chlorine solution coupled with safe water storage and hygiene education. By the end of 2004, this system was operating at national scale in Madagascar and Zambia and at sub-national scale in Afghanistan and India.

With home birth remaining the norm in many geographically and culturally-isolated communities, the need for increasing community awareness about danger signs in pregnancy and the importance of prompt, professional care in the face of a life-threatening complication is essential. In the past year, the global White Ribbon Alliance (WRA) for Safe Motherhood has been supported by GH. National WRA secretariats have been started in Ethiopia and Tanzania that have promoted increased awareness and demand for life-saving services for women who have previously been unaccustomed to using preventive and life-saving care, thus reducing delay in care-seeking that often leads to maternal death. 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 reduces postpartum hemorrhage by 60%, as well as reduces use of blood transfusion. GH is expanding life-saving postpartum prevention services in Asia and Africa through widespread dissemination of scientific results, setting standards, training skilled birth attendants, and promoting adequate drug supply and storage. Some women who survive a prolonged labor, suffer the catastrophic effects of obstetric fistula that leaves them permanently incontinent of urine and feces. GH has started programs in Uganda and Bangladesh to prevent and repair fistula and help women return to normal life.

In FY 2004, GH provided technical and programmatic leadership at a global level -- much of it to WHO -- and also leveraged other donor and foundation funding for family planning/reproductive health (FP/RH). A key outcome of USAID's collaboration with WHO was a high-level consultative meeting on the linkages between FP and HIV, resulting in an internationally-recognized document, the Glion Call to Action, that calls for increased availability of FP to reduce unwanted pregnancies among HIV-positive women. GH also leveraged approximately \$8.3 million in corporate, pharmaceutical company, non-governmental organization (NGO) and other donor funds for FP/RH programs over the past 15 months, including support for survey data collection, behavior change communication, a private sector midwives network, integration of FP and maternal and child health (MCH), population-environment, and contraceptive research. Biomedical research on a single rod implant contraceptive, slippage and breakage studies of a new female condom, Phase III clinical trials of a male hormonal contraceptive, and safety studies for a

vaginal hormonal ring all show promise for the availability of additional contraceptive options for FP users worldwide in the coming year. Applied research yielded significant results that can be incorporated into program implementation to help strengthen family planning service delivery. Key among these results are findings from a cost-effectiveness model that showed that at any level of expenditure, increasing contraceptive use among non-pregnant women who did not want to become pregnant averted more HIV-positive births than increasing the coverage of nevirapine; and that introducing the Standard Days natural family planning method attracts women who previously had not used any method, women who had discontinued other methods, and women who relied on less effective traditional methods. In FY 2004, GH supported field programs in myriad ways, from direct technical assistance to missions by GH staff for strategy development and program assessments, to the shipment of \$80 million worth of contraceptive commodities to 92 recipients in 56 countries, to creating electronic fora for the exchange of information and experience to improving the sustainability of field programs by building local capacity.

Integrated Programming

As GH gained experience managing its five strategic objectives, additional areas of synergy across the program have become evident. An integrated approach is applied, using a single initiative or project to respond to specific problems arising from technical areas in multiple GH SOs. Two such integrated projects were launched in FY 04, addressing cross-cutting problems related to service delivery and workforce: Private Sector Project (PSP) and Human Capacity Development (HCD). This approach builds on several years of experience in GH managing central projects that support the field to address problems in health systems capacity and the enabling environment for policy reform. Field missions have come to rely on the expertise available from these cross-cutting projects, and also benefit from being able to draw on lessons available in such programs from related work in multiple regions.

Gender Implications

GH programs are concerned with improving the health and wellbeing of girls and boys, men and women. It is understood that in the countries in which we work, existing social norms and cultural attributes contribute to the behaviors that affect male and female health status. GH programs consider how gender norms may affect health vulnerabilities of males and females and how interventions may affect the relative status of males and females. Whenever possible, GH programs are designed to address gender equity while improving health outcomes. Depending on the local situation, specific programs may be targeted more to males or females (e.g., some AIDS prevention programs focus on men who are truck drivers, while others empower girls and women to access HIV testing and counseling). In-country issues are defined and addressed in cooperation with USAID country missions and local counterparts.

Results Framework

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

SO Level Indicator(s):

% of births spaced 3 or more years apart

% of first births to mothers under age 18

Modern contraceptive prevalence rate

IR 1.1 Global leadership demonstrated in FP/RH policy, advocacy, and services

IR 1.2 Knowledge generated, organized, and communicated in response to program needs

IR 1.3 Support provided to the field to implement effective and sustainable FP/RH programs

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

SO Level Indicator(s):

Percentage of births attended by skilled birth attendants

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

SO Level Indicator(s):

of countries with semi-annual Vitamin A supplementation programs

% children age 0-4 with diarrheal illness in last two weeks receiving ORT

% children age 12-23 months fully immunized with basic EPI vaccine by age one

IR 3.1 Increased coverage of new and existing vaccines and increased control of vaccine preventable diseases

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

SO Level Indicator(s):

of people receiving HIV/AIDS care/support services in the 15 focus countries of the Emergency

Plan

of people receiving HIV/AIDS treatment in the 15 focus countries of the Emergency Plan

Estimated # of HIV infections prevented in the 15 focus countries of the Emergency Plan

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

SO Level Indicator(s):

Treatment success rate for sputum smear+ TB cases, and Percentage of households in malaria endemic areas with at least one Insecticide Treated Net (ITN)

IR 5.1 New tools and approaches identified, developed, piloted, evaluated and ready for use

IR 5.2 A global consensus on sustainable and scalable strategies has been forged

IR 5.3 National readiness for sustainable and scalable implementation

IR 5.4 Improved quality and availability of key infectious disease services