



**USAID**  
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USAID **50** ANNIVERSARY



# Global Health and Child Survival

**PROGRESS REPORT TO CONGRESS**

2010-2011



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This report reflects results from January 1, 2010–September 30, 2011.



## Foreword

In the last 20 years, the world has saved more than 50 million children's lives and reduced maternal mortality by one-third. These accomplishments have been the result of good science, good management, bipartisan political support, the engagement of USAID and many other U.S. Government agencies, and the participation of faith-based organizations, civil society, and the private sector.

The American people and their partners can feel very proud of their contributions to these extraordinary achievements. With prospects for ending preventable child and maternal deaths, creating an AIDS-free generation, and laying the foundations for universal health coverage, future generations will look back at this period as a turning point in the history of global health.

Advancements in global health benefit not only people in the developing world, but also are of direct value to U.S. citizens. We are succeeding in our efforts to make the world a healthier place, to enhance the well-being of individuals and nations around the globe, and to make the world a safer, more peaceful place in which to live, grow, and thrive.

USAID's health development efforts for 2010–2011 are summarized in this

report: *Global Health and Child Survival: Progress Report to Congress 2010–2011*. The Agency's work is guided by President Barack Obama's Global Health Initiative, a "smart power" strategy that incorporates a focus on women, girls, and gender equality; encourages and supports country ownership; builds strengthened health systems; and leverages public and private partnerships to accomplish the greatest good.

USAID programs save the lives of poor and vulnerable people. While focusing on increased integration of services under the Global Health Initiative, we are:

- Striving to create an AIDS-free generation through the U.S. President's Emergency Plan for AIDS Relief
- Reducing the burden of malaria in sub-Saharan Africa through the President's Malaria Initiative
- Expanding access to family planning information and services, and enhancing the ability of couples to decide the number and spacing of births
- Saving the lives of mothers and newborns by targeting the complications of pregnancy and birth
- Reducing child undernutrition in food-insecure countries in conjunction with the Feed the Future initiative

- Aiming for the end of preventable child deaths by expanding access to immunization and other critical interventions
- Expanding Directly Observed Treatment, Short-course for tuberculosis
- Working toward control of seven of the most prevalent neglected tropical diseases
- Strengthening health systems governance, health financing reform, and smart integration of health services

Cost-effectiveness is a driving factor in all of USAID's programs. USAID has been a leader in leveraging technology for development, and innovations, such as mobile health, provide new opportunities for doing more with less. The Agency continues to develop new strategic partnerships with the private sector, other U.S. agencies and, increasingly, the governments of the countries we support to realize maximum return on our investments.

This report documents accelerating success in child survival and global health in the developing world. While we have made much progress, there is still work to be done. By working collaboratively and efficiently, we can create a world where every child, no matter where he or she is born, has an equal opportunity to survive and lead a happy and productive life.

## Key Results

### *HIV/AIDS*

In 2011, through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the United States directly supported lifesaving antiretroviral treatment for more than 3.9 million men, women, and children worldwide, up from 67,000 in 2004. The U.S. Agency for International Development (USAID) is a key implementer of PEPFAR.

### *Malaria*

Eleven of the President's Malaria Initiative focus countries have had at least two nationwide household surveys that measured mortality in children under the age of 5. In all 11 countries, reductions in childhood mortality rates, which ranged from 16 to 50 percent, were seen. The timing of these reductions corresponds to a dramatic scale up of malaria prevention and treatment interventions in these countries, suggesting that malaria control played a major role in the mortality reductions.

### *Family Planning and Reproductive Health*

Between 2005 and 2011, USAID-supported family planning programs in priority developing countries contributed to an increase in the percentage of married women of reproductive age using a modern method of contraception from 24 to 30 percent.

### *Maternal and Neonatal Health*

USAID's long-term investments in maternal and neonatal health and voluntary family planning contributed to reductions in maternal mortality ratios. In 24 high-burden countries, maternal mortality declined by 40 to 65 percent between 1990 and 2008.

### *Nutrition*

In 2010, USAID-supported programs provided 29 million infants and children with vitamin A supplementation in six countries.

### *Immunization*

USAID's primary investment to reduce vaccine-preventable diseases is through the Global Alliance for Vaccines and Immunization (GAVI). Diphtheria-tetanus-pertussis vaccine immunization coverage in countries supported by GAVI has steadily increased since GAVI's inception in 2000, rising from 65 percent to a historic high of 79 percent in 2010.

### *Polio Eradication*

In India, the number of polio cases declined from 741 cases in 2009 to just 1 case in early 2011. Since then, for the first time, no new cases of polio have been reported.

### *Pneumonia and Diarrhea*

USAID's Child Survival and Health Grants Program supported integrated Community Case Management (iCCM) for pneumonia, diarrhea, and malaria in 12 countries. In these countries, iCCM projects reached 1.6 million children under the age of 5 in 2010, leading to improved referral and treatment for malaria, diarrhea, and pneumonia.

### *Water, Sanitation and Hygiene*

USAID's efforts to reduce diarrheal diseases through hygiene promotion have had a significant impact at the country level. In FY 2010, the Agency's Point-of-Use (POU) water project in India covered more than 674,000 households (compared to 250,000 in 2009). Of these households, 140,026 regularly used a POU product and benefited from safe drinking water.

### *Tuberculosis*

Between 1990 and 2010, in countries with tuberculosis (TB) programs supported by USAID, TB death rates decreased by 29 percent, and TB prevalence rates declined by 14 percent.

### *Neglected Tropical Diseases*

In 2011, more than 232 million treatments for neglected tropical diseases (NTDs) have been delivered as a result of USAID support for the scale up of integrated NTD control.

### *Pandemic Influenza and Other Emerging Threats*

USAID investments against high-risk pandemic threats have led to enhanced risk mapping across 14 countries in Central Africa and South/Southeast Asia on the geographic and species distribution of targeted pathogens. This mapping allows for better monitoring and targeting of resources.

### *Displaced Children and Orphans Fund*

Between 2010 and 2011, USAID programs worked to improve the well-being of more than 400,000 children made vulnerable by disaster, poverty, and conflict in 24 countries.

### *Health Systems Strengthening*

In 2007, teams of midwives in Niger reduced postpartum hemorrhage by nearly 90 percent using the improvement collaborative methodology, which organizes teams of providers from multiple facilities to work together on improving quality in the same area, using a shared learning approach. These improvements continue to be sustained more than 3 years after the end of external assistance and are now being duplicated in Mali and other countries.



Garry Cook



Paul J. Richards / AFP

## Responding to the Haiti Earthquake

The earthquake that struck Haiti on January 12, 2010, exacerbated public health challenges that were already serious and it also presented dramatic new ones. The earthquake severely damaged physical infrastructure, including hospitals and clinics, and greatly increased demand for health services as hundreds of thousands of displaced Haitians sought care for illnesses and injuries.

To meet urgent needs, the U.S. Government helped establish post-disaster services, including treatment for physical and psychological trauma and rehabilitative care for people with disabilities. More than 1 million people were immunized against highly communicable diseases, including polio and diphtheria. Sanitation partners installed latrines and toilets in and around settlements for displaced Haitians. Food aid was targeted to children under 5, pregnant and lactating women, school children, and

orphans and other vulnerable people in institutions. USAID partners distributed 800,000 insecticide-treated mosquito nets to earthquake-affected Haitians to prevent malaria and other insect-borne diseases.

When a cholera outbreak further compounded the post-earthquake health emergency, the U.S. Government provided additional assistance. Together with the Government of Haiti and the international community, it provided vital supplies and treatment for cholera victims and sponsored hygiene education to control the epidemic. While responding to Haiti's acute needs, the U.S. Government also supported planning for building the capacity of the Ministry of Health to provide basic services for maternal and child health, family planning and reproductive health, nutrition, and the control of infectious diseases.

## Increasing Access to Basic Health Services in Afghanistan

USAID, along with a number of development partners, began actively providing support to Afghanistan's health sector in 2003. Since that time, significant progress has been achieved, including declines in maternal and child mortality.

USAID's work includes the delivery of essential health services and pharmaceutical supplies to approximately 10 million people in 13 of the country's 34 provinces. This assistance takes the form of the Basic Package of Health Services and the Essential Package of Hospital Services. USAID supports regular in-service training programs for physicians, nurses, and midwives to ensure

quality care at the facility level. USAID also trains community health workers so care is available in remote communities. On average, health care workers serve more than 870,000 clients per month at USAID-supported health facilities.

Increasing access to skilled birth attendants is essential to improving maternal and child health. To date, 1,694 midwives have graduated from USAID-supported midwifery programs, representing approximately 50 percent of all midwives in Afghanistan. This development has helped increase the number of trained midwives from 467 under the Taliban to more than 3,250 today. As a

result, use of antenatal care in Afghanistan has risen from an estimated 16 percent in 2003 to 60 percent in 2010.

Afghanistan is one of four countries in the world that has not yet stopped transmission of poliovirus. Insecurity along the border, especially in the south, has led to a shortage of health workers and an increase in polio cases from 7 in 2004 to 38 in 2009. In 2010, 25 cases were reported, and 10 confirmed cases were reported in the first 6 months of 2011. To support national polio eradication efforts, USAID funds a nationwide polio surveillance system to detect, investigate, confirm, and respond to cases of acute flaccid paralysis, the signal condition for polio.



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## Global Health Initiative

U.S. leadership across two Administrations – supported by a bipartisan majority in Congress – has helped to save millions of lives from HIV/AIDS, malaria, and tuberculosis (TB). Even with that monumental progress, 21,000 children around the world die every day from preventable causes.

The U.S. Global Health Initiative (GHI), launched by President Barack Obama, focuses attention on broader global health challenges, including child and maternal health, family planning, and neglected tropical diseases (NTDs), and responds to such challenges with cost-effective interventions. It also provides robust funding for HIV/AIDS. The initiative adopts an integrated approach to fighting diseases, improving health, and strengthening health systems.

The U.S. global health investment, implemented by USAID, the Department of State, the Department of Health and Human Services/U.S. Centers for Disease Control and Prevention, and others, is an important component of the national security “smart power” strategy, where the power of America’s development tools – especially proven, cost-effective health care initiatives – can build the capacity of government institutions and reduce the risk of conflict.

In addition, the Administration’s funding plan can leverage support from other nations and multilateral partners so the world can come closer to achieving the health Millennium Development Goals. This comprehensive global health approach can yield significant returns by investing in efforts that do the following:

- Support prevention of more than 12 million new HIV infections, care for more than 12 million people, and treatment for more than 6 million people
- Reduce the burden of malaria by 50 percent among a population of approximately 450 million
- Prevent 54 million unintended pregnancies.
- Reduce maternal mortality by 30 percent in assisted countries
- Reduce child undernutrition by 30 percent in food-insecure countries in conjunction with the Feed the Future initiative
- Reduce under-5 mortality rates by 35 percent in assisted countries
- Treat a minimum of 2.6 million new sputum smear-positive TB cases and 57,200 multidrug-resistant cases of TB
- Reduce the prevalence of seven NTDs by 50 percent among 70 percent of the population affected by NTDs

### GHI Principles

- Focus on women, girls, and gender equality
- Encourage country ownership and invest in country-led plans
- Build sustainability through health systems strengthening
- Strengthen and leverage key multilateral organizations, global health partnerships, and private sector engagement
- Increase impact through strategic coordination and integration
- Improve metrics and monitoring and evaluation
- Promote research and innovation

GHI maximizes the sustainable health impact of every U.S. dollar invested in global health. The initiative will deliver on that commitment through an approach that is based on a set of core principles (see box).

GHI builds on successful bipartisan leadership in global health to save lives, enable economic growth, and promote security around the world.

# HIV/AIDS

More than 34 million people around the world are living with HIV/AIDS, and 1.8 million men, women, and children died from the disease in 2010. Although much has been accomplished in addressing the global pandemic over the past 20 years, there is still a great need for innovative interventions that can effectively prevent and treat HIV/AIDS and provide care and support for those in need. Late last year, President Barack Obama announced the beginning of the end of AIDS in his World AIDS Day proclamation, and Secretary Hillary Clinton called on the world to join the United States in making real the vision of an AIDS-free generation.

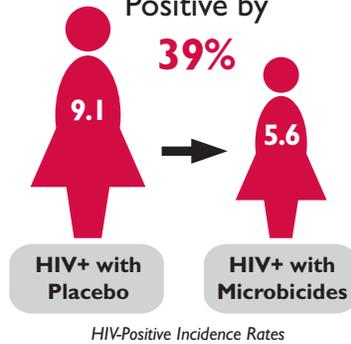
Through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), USAID helps ensure that men, women, and children in developing countries receive crucial HIV/AIDS services. Today, USAID is a key implementer of PEPFAR, accounting for about 60 percent of U.S. Government HIV/AIDS programs worldwide.

In 2011, USAID, through PEPFAR, provided lifesaving treatment, integrated care and support programs, combination prevention interventions, and key frameworks for health systems strengthening. It supported antiretroviral (ARV) prophylaxis to prevent mother-to-child HIV transmission for more than 660,000 HIV-positive pregnant women, contributing to PEPFAR's latest results. This allowed more than 200,000 infants to be born HIV free. Through its partnerships with more than 33 countries, PEPFAR funded care and support services that reached 13 million people, including nearly 4 million orphans and vulnerable children (OVC). As one of the key agencies implementing OVC programs under PEPFAR, USAID works to provide lifesaving medical care and treatment, economic and food security, and access to education to children without parental support. PEPFAR also supported HIV counseling and testing for nearly 33 million people, thus providing a critical entry point to prevention, treatment, and care.

## ADVANCING RESEARCH, SCIENCE, AND TECHNOLOGY

Since 1986, USAID has been at the fore-

### Microbicides Reduce a Woman's Risk of Becoming HIV Positive by 39%



front of the fight against HIV/AIDS and has worked consistently to translate innovative research into highly effective practice. PEPFAR's public health evaluations, implemented by USAID and other agencies, offer a solid framework for solutions that address HIV/AIDS service delivery issues, boost utilization of applied research results, and enhance the capacity building of developing country organizations to conduct applied HIV/AIDS research. The results of such research are being used to bring new or improved HIV/AIDS program models to developing countries in need.

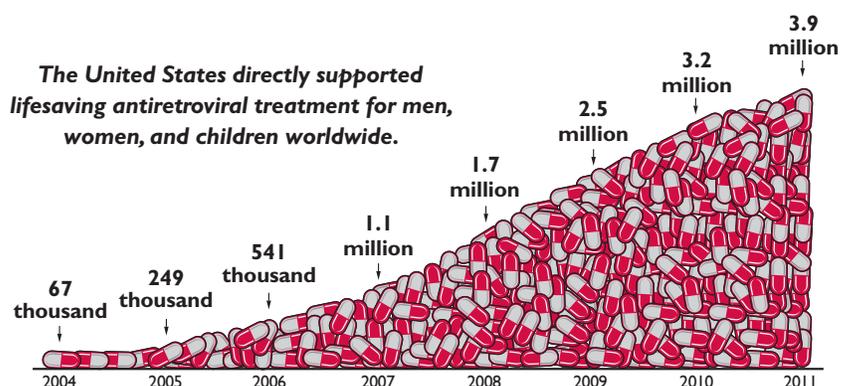
According to the UNAIDS Global 2011 Report, in 2010, a total of 2.7 million people acquired HIV infection. Because a vaccine could turn the tide against the HIV/AIDS pandemic, USAID has supported the International AIDS Vaccine Initiative (IAVI) since 2001. IAVI is now closer than ever to an AIDS vaccine. In 2009, IAVI and affiliated researchers discovered two new broadly neutralizing HIV antibodies that revealed a site on HIV that is a good target for designing a new vaccine.

In July 2010, USAID announced that the CAPRISA 004 trial, through PEPFAR support, provided the first proof of concept that a microbicide, 1 percent tenofovir gel, can help prevent HIV infection in women. If CAPRISA 004 results are confirmed through the follow-on FACTS 001 trial, which is currently under way, it could lead to the prevention of 1,323,000 new HIV infections and about 826,000 deaths over the next two decades.

## SMART INVESTMENTS CAN SAVE LIVES

Three trials in South Africa, Kenya, and Uganda demonstrated that male circumcision can prevent 60 percent of new HIV infections that are transmitted sexually from female to male. In light of this evidence, USAID incorporated voluntary medical male circumcision (VMMC) within its HIV portfolio in southern and East African countries, where HIV prevalence is high and male circumcision prevalence low. The VMMC programs have contributed to the circumcision of 650,000 men. Data have shown that investing in male circumcision can result in significant cost savings.

PEPFAR's Supply Chain Management System, implemented by USAID, delivered more than \$900 million of HIV/AIDS and other commodities to PEPFAR-supported countries while saving around \$700 million through the purchase of generic ARVs. Taking advantage of the use of generic ARVs and pooled procurement, the program lowered the annual cost, per patient, of lifesaving ARVs from approximately \$1,100 in 2004 to \$335 in 2011. Because of this reduction, ARVs can be provided to treat more than three people for what it once cost to treat one.



# Malaria

According to the World Health Organization's 2011 World Malaria Report, the estimated number of global malaria deaths fell from about 985,000 annually in 2000 to about 655,000 in 2010. In spite of this progress, malaria remains one of the major public health problems in sub-Saharan Africa, with about 80 percent of malaria deaths occurring in African children under 5 years of age.

The President's Malaria Initiative (PMI), an interagency initiative led by USAID and implemented together with the U.S. Centers for Disease Control and Prevention, was launched in June 2005 as a 5-year (FY 2006–2010), \$1.265 billion expansion of U.S. Government resources to reduce the intolerable burden of malaria and help relieve poverty on the African continent. PMI's goal has since increased with the 2009 passage of the Lantos-Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis and Malaria Reauthorization Act of 2008 and the launch of the Global Health Initiative. PMI now aims to halve the burden of malaria in sub-Saharan Africa in 70 percent of at-risk populations, i.e., approximately 450 million people in 2015.

## INTERVENTION SCALE-UP

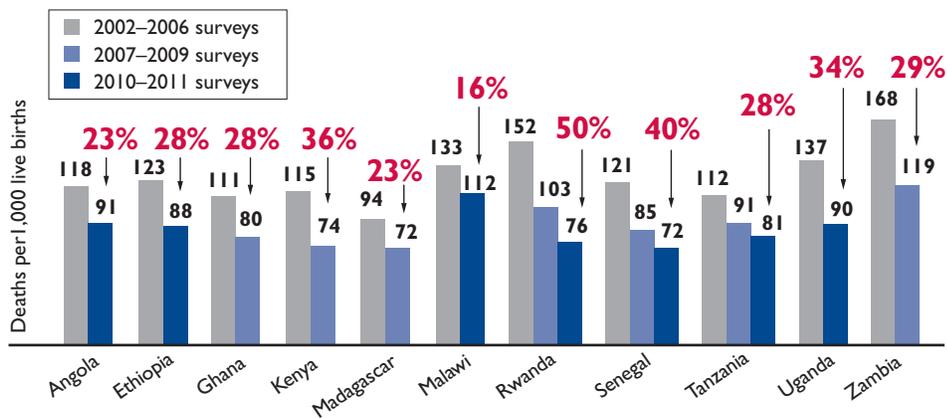
PMI assists 19 focus countries to increase access to four proven malaria prevention and treatment measures: insecticide-treated mos-



Workers at a dock in the Democratic Republic of the Congo unload bales of ITNs. PMI provided funds for the distribution of these ITNs.

Credit: USAID

## Reductions in All-Cause Mortality Rates of Children Under 5



The PMI focus countries included in this graph have at least two data points from nationwide household surveys that measured mortality in children under the age of 5. These data are drawn from Demographic and Health Surveys, Multiple Indicator Cluster Surveys, and, in a small number of cases, from Malaria Indicator Surveys with expanded sample sizes. In Angola, both estimates for under-5 mortality are derived from the 2011 Malaria Indicator Survey.

quito nets (ITNs), indoor residual spraying with insecticides (IRS), intermittent preventive treatment for pregnant women (IPTp), and improved laboratory diagnosis and appropriate treatment, including artemisinin-based combination therapies (ACTs).

## INCREASING COVERAGE

Now, more than 6 years after PMI was launched, nationwide household surveys are documenting dramatic improvements in the coverage of malaria control measures. Eleven PMI countries (Angola, Ghana, Kenya, Madagascar, Malawi, Mali, Rwanda, Senegal, Tanzania, Uganda, and Zambia) have reported results of nationwide household surveys that allow comparison with earlier nationwide household surveys used as the PMI baseline. In all 11 countries, household ownership of one or more ITNs increased from an average of 32 percent (2000–2006) to 61 percent (2010–2011). Use of an ITN the night before the survey more than doubled for children under 5 years, from an average of 23 to 51 percent. The proportion of pregnant women who received two or more doses of IPTp for malaria increased from an average of 20 to 37 percent. Due to these increases in ITN ownership and use and IPTp uptake, together with the many millions of residents protected through PMI-supported IRS, a

large proportion of at-risk populations in the PMI focus countries are now benefiting from prevention measures. In addition, ACTs are now widely available in public health facilities throughout Africa.

## IMPACT ON MALARIA AND MORTALITY IN CHILDREN UNDER 5 YEARS OF AGE

Eleven PMI focus countries' nationwide household surveys that measured mortality in children under the age of 5 reported reductions in mortality rates ranging from 16 to 50 percent (see figure). Reductions in other measures of malaria burden, such as the prevalence of malaria infections and severe anemia in young children, are also being documented. This progress in malaria control represents the cumulative effect of malaria funding and control efforts by the U.S. Government through PMI and earlier targeted funding streams; national governments; The Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Bank; and other donors. Although it is not possible to measure directly malaria-related deaths in the household surveys, and multiple factors may be influencing the decline in under-5 mortality rates, strong and growing evidence suggests that malaria prevention and treatment is playing a major role in the unprecedented reductions in the malaria burden.

# Family Planning and Reproductive Health

World population surpassed 7 billion in 2011, just 12 years after reaching 6 billion, and it continues to rise. The consequences of this growth place great demands on the resources of nations, communities, and families to provide jobs as well as health and other services that improve quality of life and protect natural resources.

Family planning is crucial to overall health and quality of life for people in poor and developing countries. At the most basic level, family planning enables couples to choose the number, timing, and spacing of their children. This is vital to maternal and child survival, reduces abortion, and has profound physical, economic, and social benefits for families, communities, and nations. Moreover, family planning is crucial to development. It improves women's opportunities in society and the workplace. It also lessens the adverse effects that rapid population growth can have on a nation's stability and economic growth and on the quality and quantity of such natural resources as food and water. For these reasons, USAID has made voluntary family planning an integral part of its work for more than 40 years.

In the 13 countries that have received the largest increases in USAID family planning/reproductive health (FP/RH) funding since 2002, contraceptive prevalence has increased, on average, by 1.7 percentage points annually. This far exceeds the average annual increase in the other countries receiving USAID FP/RH resources over the same period, but more needs to be done. In many countries where USAID has a presence, the use of voluntary family planning services will have to rise by 3 percent per year just to maintain the current levels of contraceptive use, and an even greater increase will have to occur in order to satisfy the unmet need of 215 million women worldwide who do not want to become pregnant but are not using modern contraceptive methods.

## INNOVATIONS TO INCREASE ACCESSIBILITY TO CONTRACEPTIVES

Though significant challenges persist, USAID's efforts to expand access to family planning have progressed steadily and have

contributed to a range of achievements. For example, USAID is a founding member of the Reproductive Health Supplies Coalition, which facilitated pledges by multiple pharmaceutical manufacturers to reduce by 10 to 20 percent the price they charge in low-income countries for implants and injectable contraceptives. These price reductions expand contraceptive method choice by making more methods more available and affordable for more women in low-income countries.

As a result of USAID-supported work to address policy barriers, Uganda and Nigeria joined four other African countries (Ethiopia, Madagascar, Malawi, and Rwanda) to permit community health workers to administer injectable contraceptives. All these countries have large underserved and rural populations, and their combined population amounts to more than half of the overall population of USAID's priority countries in Africa. In Malawi, where additional injectable contraceptives have been purchased and community health workers have been trained to administer injections, contraceptive prevalence has increased from 28 percent in 2004 to 42 percent in 2010.

## USING EVIDENCE TO GUIDE DECISIONS

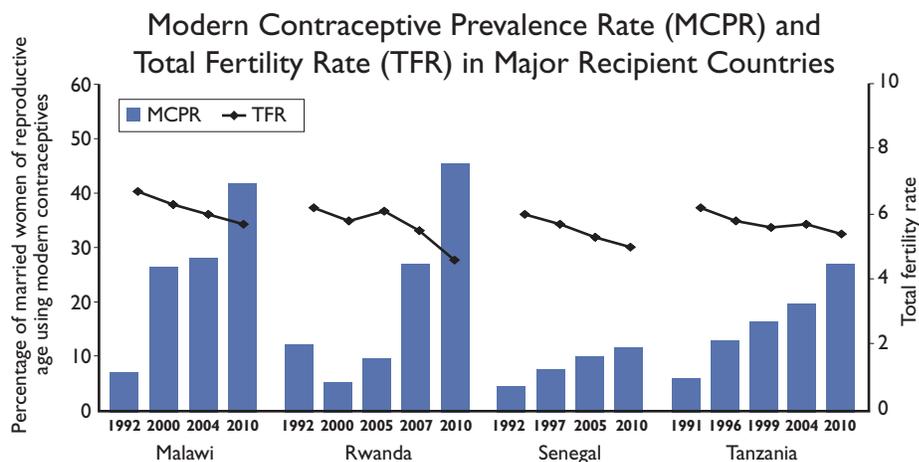
In June 2010, the USAID-supported network of senior women journalists, Women's Edition, sponsored 11 journalists to cover the Women Deliver conference. One participant wrote a series of stories on Uganda's deteriorating referral hospitals that prompted the government to successfully seek a \$130

million loan from the World Bank, of which \$30 million is allocated for reproductive health, which includes procurement of family planning commodities and equipment.

Key decision-makers and program managers from 13 countries in Asia and the Middle East left the USAID-sponsored 2010 Reconvening Bangkok regional meeting with strengthened resolve and action plans to integrate best practices into their existing country programs. Significant improvements in indicators measuring the performance of eight new best practices in seven hospitals in Yemen led the Ministry of Health to expand the practices to more than 200 health facilities.

## LEVERAGING SUPPORT

USAID, in partnership with the French Government; the Bill & Melinda Gates Foundation; and the William and Flora Hewlett Foundation, funded and organized the international conference, "Population, Development, and Family Planning in Francophone West Africa: The Urgency for Action," in Ouagadougou, Burkina Faso, in February 2011. The conference brought together officials from eight countries in the region (Benin, Burkina Faso, Guinea, Mali, Mauritania, Niger, Senegal, and Togo) and provided a forum for identifying concrete solutions to meet the need for family planning in the region. Major outcomes of this unprecedented conference included the French Government pledging 100 million euros for family planning over 5 years and West African leaders providing extraordinary high-level political support.



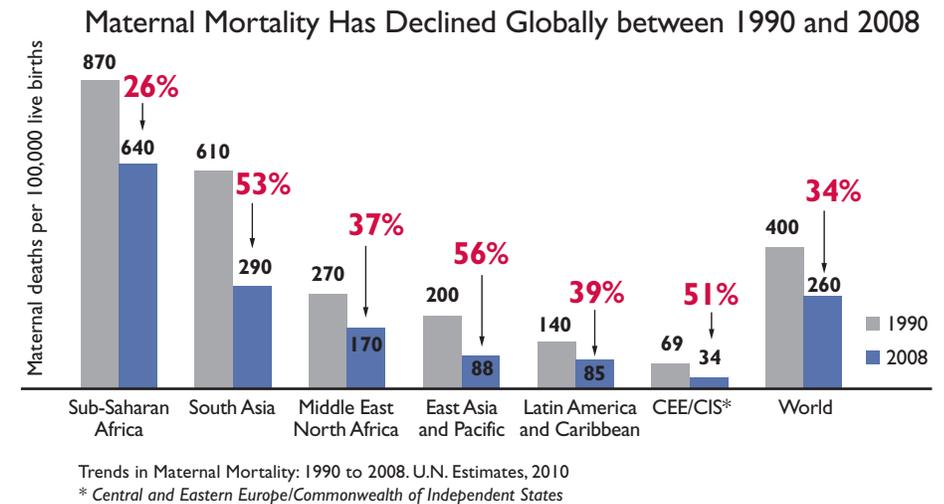
# Maternal Health | Neonatal Health

For women and newborns, the childbearing and neonatal periods are times of heightened vulnerability. Each year, 358,000 women and 3 million infants die during or shortly after labor. While the number of maternal deaths globally has declined by 34 percent since 1990 (see figure), much work remains to be done in developing countries, where nearly 99 percent of maternal deaths occur. Neonatal mortality is a growing concern because its rate is not declining as fast (1.7 percent per year) as the mortality rate for children under 5 years of age (2.2 percent per year). Thus, the worldwide neonatal mortality rate for deaths of children under-5 increased from 37 to over 40 percent.

The Agency's strategy for mothers and newborns emphasizes provision of high-impact, cost-effective interventions during the childbearing and postnatal periods. Programs supported by USAID, in turn, emphasize innovative approaches and sustainable solutions by focusing on activities to strengthen health systems, such as eliminating barriers that impede access to quality services, addressing social and cultural determinants of maternal and neonatal mortality, and integrating maternal and neonatal programs strategically with HIV and malaria programs.

## SCALING UP INTERVENTIONS

The Agency led the creation of a global public-private alliance to address asphyxia, a major cause of newborn mortality. The alliance aims to expand access to a simplified training curriculum developed by the American Academy of Pediatrics (AAP) called Helping Babies Breathe (HBB) and to affordable, high-quality



resuscitation devices developed by Laerdal. Founding partners of the alliance include AAP, the National Institute of Child Health and Human Development, Laerdal Medical AS, and Save the Children. Inspired by this global alliance, new partners have joined, including Johnson & Johnson and the Latter-day Saint Charities. AAP made a commitment to reach 1 million newborns through HBB, and Laerdal established a spin-off company to develop new innovations to reduce maternal and newborn mortality. In its first 16 months, the alliance raised \$23 million (\$6.5 million from USAID and \$16.4 million from partners); trained more than 33,000 health providers in 34 countries, 10 of which developed national roll-out plans; and sold more than 45,000 resuscitators (composed of bag, mask, and suction bulb(s)) and 20,000 training mannequins. Preliminary findings show a 38 percent reduction in early neonatal deaths among approximately 20,000 deliveries after 1 year of implementation in Tanzania. In two districts of Uganda, 73 out of 95 asphyxiated newborns were resuscitated successfully.

In Nepal, USAID's work has contributed to reductions in maternal mortality. The Agency supported women and their families before and during pregnancy and through childbirth; this support helped them adopt care-seeking and household practices that reduce risk to mothers and newborns. Results from the 2011 Demographic and Health Surveys in-

dicating that skilled birth attendance increased from 19 percent in 2006 to 36 percent in 2010, contributing to a 50 percent reduction in maternal mortality in just 10 years.

## INTRODUCING INNOVATIONS

Throughout the world, women are humiliated and abused in subtle and overt ways during childbirth, a time of intense vulnerability. Little has been done to document and tackle the significant barriers posed by the disrespect and abuse of women during childbirth at health facilities. USAID therefore awarded two grants for separate research studies in Kenya and Tanzania on such disrespect and abuse. The aim of this research is to understand better the extent of the problem and document effective approaches to designing and implementing interventions to reduce the abuse. This initiative's ultimate intent is to ensure safe deliveries by increasing the use of skilled care and to reduce maternal mortality.

USAID supports innovative financing mechanisms in Rwanda that are contributing to increases in skilled birth attendance and reductions in maternal mortality. USAID supported the introduction of community-based health insurance. From 2006–2010, enrollment in community-based health insurance increased from 44 to 91 percent. Performance-based financing initiatives that were piloted in district health centers in 2004 proved to be so successful in increasing coverage and improving the quality of services that they have been scaled up nationally.



# Nutrition

Undernutrition affects nearly 200 million children worldwide and contributes to more than 3.5 million child deaths each year. More than one-third of children in the developing world are undernourished, and 2 billion people suffer from micronutrient deficiencies. Undernutrition hampers the control of infectious diseases, such as HIV, tuberculosis, and malaria, and the reduction of maternal and child mortality. It also threatens cognitive development, which is essential for human capital formation and economic growth. Improving nutrition is a high-level objective of two Presidential initiatives: the Global Health Initiative (GHI) and Feed the Future – the U.S. Government’s global hunger and food security initiative.

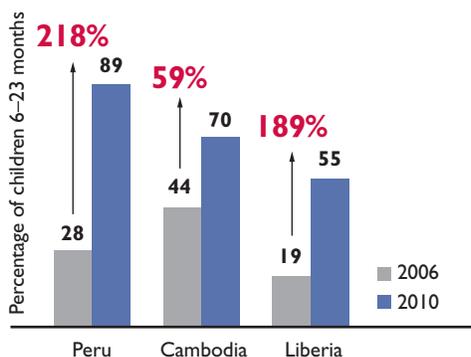
## FROM RESEARCH TO ACTION

Over the past 5 years, evidence-based research on effective approaches to reduce undernutrition has led to changes in USAID’s nutrition strategy. Based on evidence showing greater cost-effectiveness and improved nutritional outcomes, USAID now targets its programs on the prevention of undernutrition in the critical 1,000-day window from pregnancy to 24 months and on the treatment of undernutrition in children under 5. The Agency is transitioning from a focus on vertical, nutrient-specific supplementation programs to integrated, food-based approaches that promote dietary quality and diversity to improve the nutritional status of mothers and their young children. The nutrition strategy supports the scale up of pilot programs in collaboration with development partners working in agriculture and social protection.

## REACHING MILLIONS OF INFANTS AND CHILDREN WITH NUTRITION SERVICES

USAID supported 12 Feed the Future and GHI focus countries by providing 12 million infants, children, and women with a core package of interventions. In six countries, 29 million infants and children received vitamin A supplementation because of Agency support. USAID also supported public-private partnerships with more than 20 companies, which has resulted in increased access to foods in more than 15 countries.

## Percentage of Children 6–23 Months with Minimum Acceptable Diet in USAID-Supported CSHGP Project Areas



Source: USAID Child Survival and Health Grants Program (CSHGP) grantees, 2006–2010. Project area populations: Peru–417,694; Cambodia–56,933; Liberia–127,076.

USAID supported the community management of acute malnutrition (CMAM) in Ghana and Malawi. In Ghana, 2,422 community health workers and volunteers were trained to identify malnourished children, refer them for treatment, and encourage mothers to send their children for nutrition services. The training participants reached more than 540,000 children under 5 with community-based growth monitoring and promotion activities. In Malawi, USAID supported the integration of CMAM into health facilities. As of September 2010, 70 percent, or 405, of eligible health centers across all of Malawi’s districts implement CMAM.

## IMPROVING METRICS AND MONITORING AND EVALUATION

USAID has worked closely with global partners to develop improved measurement tools by validating new indicators and collecting data using the Demographic and Health Surveys (DHS). One new indicator is the minimum acceptable diet. Focused on children 6–23 months, it measures diet quality and diversity. This indicator is especially important because DHS data showed that, on average, only 17 percent of children in this age group received a minimum acceptable diet in Feed the Future countries. Through the Child Survival and Health Grants Program (CSHGP), USAID contributed to increases in the minimum acceptable diet in three countries (see figure).



Care group volunteer teaching mothers in Mozambique  
Credit: Food for the Hungry

## Women-Centered Approach Rapidly Expands Nutrition Coverage

A USAID-supported Child Survival and Health Grants Program project in Mozambique’s Sofala Province expanded maternal practice of key child survival interventions by using a care group methodology. Five supervisors and 65 promoters trained 4,095 mothers as care group volunteers. Each mother not only practiced what she had learned, but also passed the lessons on to 12 other women who were pregnant or mothers of children under 2 years old. This cascading effect of education and peer support influenced the uptake of positive practices and behaviors by 49,140 women who received the same health promotion messages from trusted neighbors. In this way, the methodology established supportive social norms. In one project area, the coverage rate of children 9–23 months who consumed at least three meals a day increased from 46 to 66 percent between the project’s start in 2009 and 16 months later. In the same area and over the same period of time, the percentage of children 6–23 months who received nutrient-dense food increased from 57 to 91 percent. The methodology could play an important role in expanding behavioral interventions to high-mortality, low-resource settings. The coverage of behavioral interventions in such settings lags behind the coverage of services, such as immunizations and vitamin A distribution.

# Immunization and Polio Eradication

An estimated 2.1 million people worldwide die each year from vaccine-preventable diseases. Most of these deaths occur in developing countries, and 1.7 million strike children. Although more children in the developing world are immunized today than ever before, too many remain unvaccinated.

## IMMUNIZATION'S ENDURING PROTECTION

As a proven, cost-effective intervention, immunization averts an estimated 2.5 million childhood deaths each year and prevents millions of cases of disease and disability. USAID collaborates with various organizations and government bodies to contribute to a comprehensive approach to ensure that lifesaving vaccines are available to all children at the appropriate times. Through these efforts, more than 107 million children worldwide receive routine vaccinations each year, thereby preventing death and disability from many preventable diseases.

In 2011, Administrator Rajiv Shah reaffirmed USAID's commitment to global efforts to expand the coverage of existing vaccines and introduce new vaccines to save the lives of 4 million children over the next 5 years. USAID's primary investment in immunization is through The Global Alliance for Vaccines and Immunization (GAVI). To date, the U.S. Government has contributed \$736 million (USAID contributions through FY 2011). USAID's support to GAVI helps drive down vaccine prices by mobilizing financial resources, pooling demand from countries, attracting new manufacturers, and stimulating competition. As a result, the weighted average price of pentavalent vaccine – which protects against diphtheria, tetanus, pertussis, pneumonia, hepatitis B, and Haemophilus influenzae type b (Hib) – has dropped by almost 30 percent over the last 4 years. By the end of 2010, GAVI-funded vaccines had prevented more than 5 million future deaths. Since its launch in 2000, the Alliance has directly supported the immunization of 288 million children.

In addition to the U.S. Government contribution to GAVI, USAID provides technical support at the country level to strengthen country capacity to administer new and existing vaccines. As part of this support, USAID assisted countries to prepare their applications to GAVI and their vaccine introduction and comprehensive multi-year plans. Technical assistance by USAID provided immunization programs' performance assessments through multiagency Extended Program on Immunization reviews and also strengthened the performance of routine immunization systems that deliver vaccines to children at the appropriate age. In collaboration with other partners, USAID provided hands-on technical support for immunization in the Democratic Republic of the Congo, India, Kenya, Kyrgyz Republic, Liberia, Nigeria, Rwanda, Senegal, Tajikistan, Tanzania, Timor-Leste, Uganda, Ukraine, and Zimbabwe.

## POLIO ERADICATION'S REMARKABLE PROGRESS

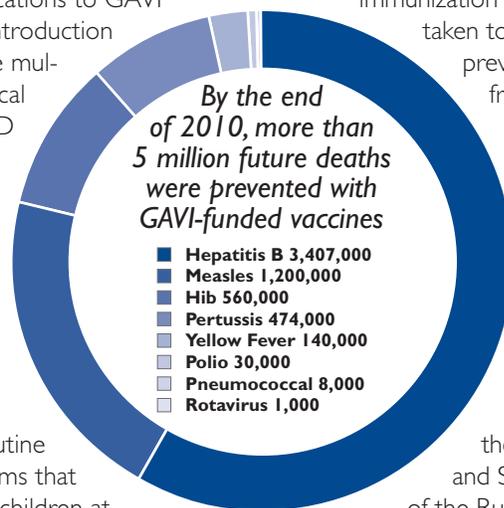
The USAID strategy for combating polio relies mostly on partnerships and collaborations with other countries and organizations, including the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), U.S. Centers for Disease Control and Prevention, Rotary International, and the Bill & Melinda Gates Foundation. For example, the USAID-supported Global Polio Eradication Initiative has made remarkable progress toward eliminating polio since its inception in 1988. Reported cases in 2010 numbered only 1,290 compared to 350,000 in 1988, and polio remains endemic in only four countries: Afghanistan, India, Nigeria, and Pakistan. Case reductions were seen in all but Pakistan, where insecurity and devastating floods affected more than 20 million people.

In February of 2010, a polio outbreak occurred in Kazakhstan, the Russian Federation, Tajikistan, and Turkmenistan – countries that were certified "polio-free" in 2002. USAID supported a rapid response to the outbreak, which included comprehensive immunization campaigns undertaken to boost immunity and prevent the outbreak from spreading to other vulnerable areas.

To further support the outbreak response, USAID established a partnership with the U.S. Department of Health and Human Services and the Ministry of Health and Social Development of the Russian Federation to

collaborate on global polio eradication efforts. Specifically, the Russian Federation and the United States will provide technical support for disease surveillance and monitoring polio immunization campaigns. The partner countries also will deliver technical support related to care and rehabilitation for persons already infected with polio and advocate for polio eradication in the international community.

USAID supports the CORE Group Polio Project (CGPP). As part of India's emergency response plan and at the request of UNICEF, the CGPP team led social mobilization efforts in response to a polio outbreak in West Bengal. The CGPP team identified three local nongovernmental organizations (NGOs) in the high-risk districts of Howrah and Bardhaman, and sent its own experienced field staff to train and supervise the local NGO staff and support the Ministry of Health's response to the outbreak. CGPP master trainers trained 152 mobilizers over six sessions in the Howrah/Kulti Districts. The outbreak appears to have been controlled, as the last case in India was reported on January 13, 2011.



# Pneumonia and Diarrhea | Water, Sanitation, and Hygiene

Pneumonia, though preventable and treatable, kills more children than any other illness in the world – more than AIDS, malaria, and measles combined. Diarrheal diseases, also preventable and treatable, are the second leading cause of childhood deaths. Diarrheal diseases result from unsafe water and insufficient knowledge about and resources for sanitation and hygiene practices.

## SUPPORTING COUNTRY OWNERSHIP OF PROVEN INTERVENTIONS

USAID is implementing a country-specific integrated Community Case Management (iCCM) of pneumonia, diarrhea, and malaria. Programs using iCCM make it easier to treat non-severe cases of illness and to speed referrals of severe cases in communities that have difficulty accessing health facilities. USAID galvanized support for iCCM in 2011 through regional workshops and country action plans in Africa and Asia, where the Agency is introducing sample results of the Lives Saved Tool. This new computer-based planning tool estimates potential impacts of scaling up maternal, newborn, and child health services.

On the ground, USAID has worked with local partners to implement iCCM. In Cameroon, findings from operations research determined that the percentage of mothers who knew how to take care of a child sick with pneumonia increased from 21 percent at baseline to 96 percent at endline in the project catchment area.

USAID supports diarrhea treatment by expanding use of oral rehydration therapy and zinc. Many countries have updated their diarrhea management policies to include low-osmolarity oral rehydration salts and/or zinc treatment, which reduces bouts of diarrhea and pneumonia up to 3 months after treatment. A total of 102 countries have enacted oral rehydration policies and 72 have zinc policies – up from 46 in 2009. These results emerged because of USAID and international partners' technical leadership and advocacy.

## BUILDING PARTNERSHIPS TO ACHIEVE GREATER IMPACT

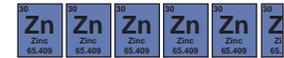
Diarrhea is largely preventable when sustainable water, sanitation, and hygiene practices are improved. Achieving these necessary improvements requires four interconnected components – hardware, hygiene promotion, demand creation, and an enabling policy environment. For a project in India, USAID helped strengthen the second of these components. It facilitated a partnership of the commercial sector, nongovernmental organizations, and micro-finance institutions. The partnership's project then scaled up promotional activities on Point-of-Use (POU) water treatment to reach a substantial new market. The population that was exposed to these activities increased its use of POU water treatment more than the non-exposed population. In FY 2010, this project reached more than 674,000 households (compared to 250,000 in FY 2009). Of these households, 140,026 regularly used a POU product and benefited from safe drinking water.

In Amhara, Ethiopia, an estimated 2.8 million people have stopped the practice of open defecation and now use a basic pit latrine. This shift was an outcome of hygiene promotion conducted through the existing regional health extension network and

## Expansion of Zinc Sales in FY 2010

### INDIA

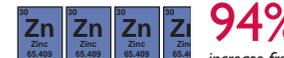
5.5 million doses sold



20% increase from FY 2009

### INDONESIA

3.8 million doses sold



94% increase from FY 2009

### PAKISTAN

1.93 million doses sold

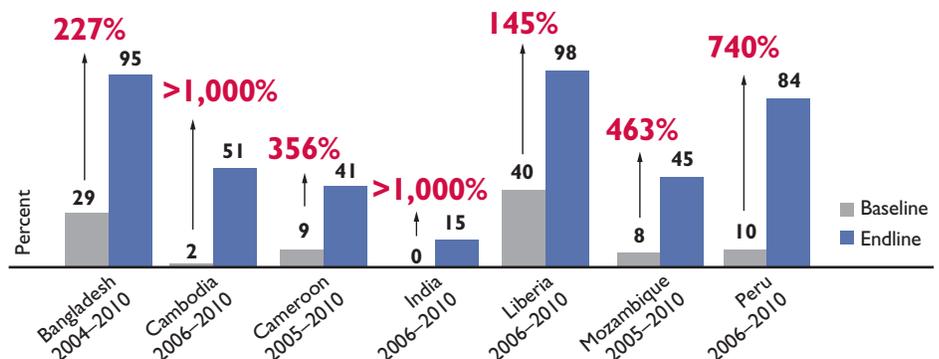


61% increase from FY 2009

health bureau. USAID provided technical support in partnership with the Water and Sanitation Program of the World Bank. The practice of open defecation dropped from 64 percent in 2007 to 40 percent in 2010. Many families also improved other hygiene practices, such as washing hands with soap and treating and safely storing drinking water in an appropriate container.

USAID-funded projects through the Child Survival and Health Grants Program (CSHGP) in Bangladesh, Cambodia, Cameroon, India, Liberia, Mozambique, and Peru have shown significant improvements in hand washing practices in 2010 as compared to earlier surveys (see figure).

## Percentage of Target Population Adopting Appropriate Handwashing Behavior in USAID-Supported CSHGP Project Areas



Note: Projects measured similar indicators. Bangladesh, Mozambique, and Cameroon projects measured "maternal hand washing behavior." India, Peru, Cambodia, and Liberia measured "appropriate hand washing practices."

Source: USAID Child Survival and Health Grants Program (CSHGP) grantees, 2004–2010.

Project area populations: Bangladesh–170,000; Cambodia–56,933; Cameroon–692,914; India–194,920; Liberia–127,076; Mozambique–219,617; Peru–417,694.

# Tuberculosis

Tuberculosis (TB) continues to be a major worldwide public health threat that killed approximately 1.4 million people in 2010, the majority of whom were in the lowest income quintile. This airborne disease respects no borders, making it a global health emergency that must be addressed with immediate and aggressive action. The TB epidemic is exacerbated by the complications of HIV-TB co-infection and multidrug-resistant TB (MDR-TB). Strong national TB and MDR-TB diagnostic and treatment programs are essential in reducing the transmission of the disease and saving lives. The U.S. Government TB strategy builds on lessons learned from global experience, supports proven interventions, and tests those that show promise.

## COUNTRY-LEVEL TECHNICAL LEADERSHIP

USAID invests the bulk of its TB resources in strengthening the health systems and service delivery of 20 focus countries. With local partners, USAID supports evidence-based programming, monitors drug resistance, develops infection control policies, and builds country capacity to scale up quality services, especially for MDR-TB and TB-HIV co-infection. An additional 21 country programs receive targeted assistance to address gaps in the implementation of the World Health Organization (WHO)-recommended Stop TB Strategy. In USAID-supported countries, case detec-

tion rates reached 60 percent in 2010, furthering progress toward the target of 70 percent; treatment success rates reached the 85 percent target in 2009 (see figure).

## INNOVATION AND RESEARCH

New technologies must be developed to address MDR-TB, extremely drug-resistant TB, HIV-TB co-infection, and case detection difficulties. The U.S. Government is supporting the global effort to roll out an exciting new diagnostic (Xpert) in priority countries and leading efforts in developing and implementing technical assistance to ministries of health. The assay can detect TB and mutations associated with rifampicin resistance in fewer than 2 hours with a greater accuracy than smear microscopy. USAID is supporting studies of three new drug and treatment regimens with potential to shorten treatment time, improve treatment adherence, and reduce the quantity of drugs needed and the cost of treatment. In addition, USAID is supporting the evaluation of new diagnostic tools that will allow for rapid screening of drug-resistant TB.

## GLOBAL LEADERSHIP AND PARTNERSHIPS

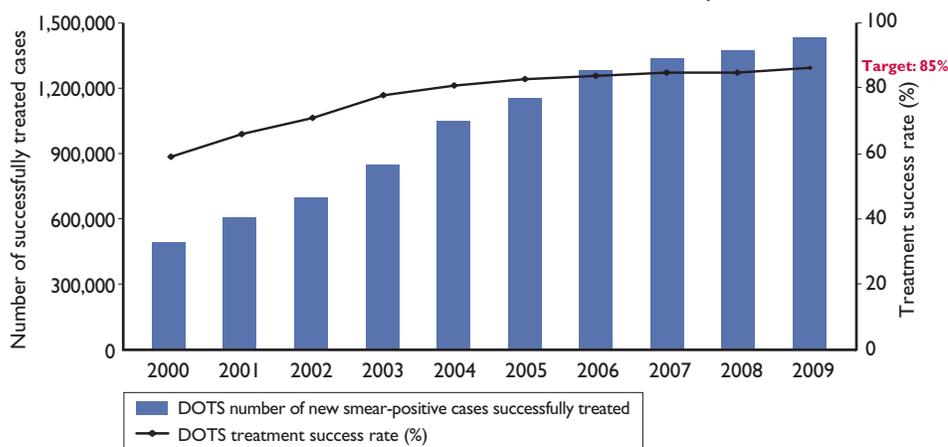
USAID is a leader in collaborative global TB efforts, with technical staff who are recognized as leaders in the field and asked to provide technical expertise by global partners. Examples of such collaboration include:

- Providing feedback on policy and programmatic decisions of The Global Fund to Fight AIDS, Tuberculosis and Malaria as part of its Board and Technical Review Panel.
- Shaping development of technical norms, international standards, surveillance programs, and strategic planning by serving on WHO's Strategic and Technical Advisory Group and the Monitoring and Evaluation Task Force.
- Providing strategic guidance in TB drug management in Stop TB Partnership's Global Drug Facility working groups.
- USAID also heads the International Working Group of the U.S. Federal TB Task Force to ensure a coordinated U.S. Government approach that draws on the expertise of each agency.

## Examples of Country-Level TB Programs

- In Indonesia, USAID has been instrumental in the scale up of the National TB Program's (NTP's) MDR-TB program. Due to USAID's leadership and support, five WHO-accredited laboratories have capacity to diagnose MDR-TB and two treatment facilities provide MDR-TB services. This has resulted in the identification and treatment of 162 MDR-TB patients.
- The Community-based Directly Observed Treatment, Short-course (DOTS) program in Afghanistan trained community health workers, upgraded basic health centers with lab services, and raised community awareness. From 2009 to 2010, cases referred by community health workers made up 30 percent of all detected cases.
- In Cambodia, USAID trained private pharmacists to refer patients suspected of having TB to DOTS facilities. The number of TB cases notified through referrals from pharmacies increased from 14 to 820, a 58-fold increase.

Trend in New Smear-Positive Cases Successfully Treated and Treatment Success Rates in USAID Priority Countries



Source: Data are from the dataset used to produce the publication Global Tuberculosis Control 2010. WHO, 2010.

# Neglected Tropical Diseases

Neglected tropical diseases (NTDs) affect 1 billion people globally, and they pose health risks to millions more. Frequently overshadowed by other diseases, NTDs typically affect rural and marginalized populations, who tend to be poor and lack access to safe water, basic health services, and essential medicines. USAID's integrated NTD Program is the largest global effort ever to deliver safe and effective drugs on a massive scale to target many of the most common infections in some of the world's poorest and most remote populations. These diseases – lymphatic filariasis (LF), schistosomiasis, onchocerciasis, blinding trachoma, and soil-transmitted helminthiasis (STH) – are targeted as a group because there are safe and effective drug therapies available for each that can be delivered to all eligible individuals in an affected community once or twice a year.

USAID's NTD Program is 5 years old and has demonstrated during this period that integrated treatments can be provided nationally while dramatically reducing costs. The program now supports integrated disease programs in 670 districts across 19 countries.

## LEVERAGING PARTNERSHIPS

Private sector partnerships are key to the success of the NTD Program. Most of the drugs that are used to treat the diseases in USAID's NTD Program portfolio are donated by pharmaceutical companies. Since 2006, four companies – GlaxoSmithKline

(GSK), Johnson & Johnson, Merck, and Pfizer – have donated more than \$3.1 billion worth of drugs to 13 countries supported by the Agency's NTD Program (see figure). The partnership will continue to expand in the coming years.

## TARGETING THE PROBLEM WITH DISEASE MAPPING

In order to support effective treatment strategies, USAID's NTD Program has supported mapping for LF, onchocerciasis, STH, schistosomiasis, and trachoma in 13 countries. In Ghana, health officials knew schistosomiasis was a problem, but they lacked the resources to measure its extent. With USAID support, the national NTD Control Program conducted a disease mapping initiative in schools across the country. On the basis of the information gathered by the mapping, Ghana Health Services and the national NTD Control Program provided treatment for schistosomiasis in 87 of 170 districts in 2010. This USAID-supported effort reached more than 1.7 million children who were infected or at risk of infection.

## SCALING UP MASS DRUG ADMINISTRATION

With substantial government commitment in the countries supported by USAID, there has been a remarkable scaling up of implementation with USAID support –



A young boy in Haiti shows off his new shoes, which he received during a January 2011 distribution built off the NTD platform.

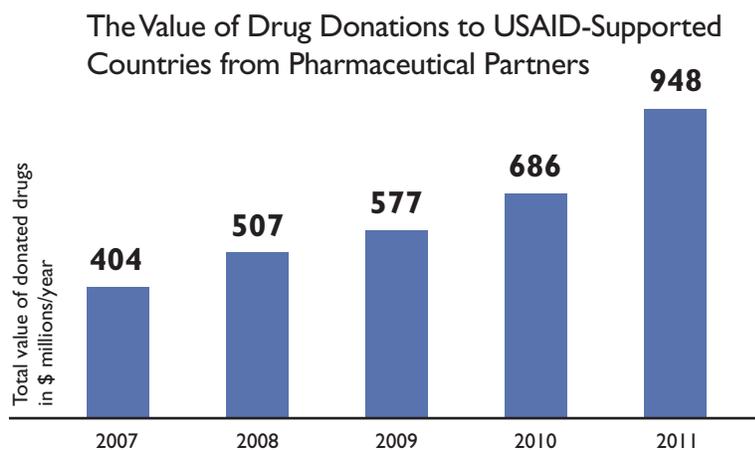
Credit: IMA World Health

from 36 million treatments for 16 million people in four countries in the first year to 145 million treatments for 65 million people in 13 countries by the fifth year. To date, the program has provided more than 500 million treatments to 233 million people.

Despite the devastating earthquake, tropical storms, a cholera outbreak, and political instability in Haiti, the Ministry of Health and Population has remained committed to NTD control and, with USAID's technical and financial assistance, treated 1.3 million people within 6 months of the earthquake. USAID also supported the distribution of 800,000 pairs of shoes, 20,000 Healthy Kid Kits, and 4,500 Lifestraws, which are portable water filters, to prevent waterborne illness in Haiti.

## MEASURING PROGRESS TOWARD ELIMINATION

Building on the success of the first 5 years, some countries are starting to document success and the ability to stop mass drug administration (MDA) programs in some districts. In Mali, the Ministry of Health has worked with multiple partners, including USAID, to implement the SAFE strategy (surgery, antibiotics, facial cleanliness, environmental improvement) to eliminate blinding trachoma. Building on its effective MDAs, complemented by the SAFE strategy, Mali's national NTD Control Program has been able to stop district-level MDA for trachoma in 41 districts. In order to assess progress toward elimination, USAID funds now support impact surveys for trachoma, and both sentinel site monitoring and transmission assessment surveys for LF, both in line with the recommendations of the World Health Organization.



More than \$3.1 billion of medicines donated through pharmaceutical donation programs of GSK, Johnson & Johnson, Merck, and Pfizer have been delivered to 13 program countries since the start of the program.

# Pandemic Influenza and Other Emerging Threats

USAID is partnering with the World Health Organization, the Food and Agriculture Organization, and the World Organisation for Animal Health to strengthen animal and human laboratory diagnostic capacity to enable rapid, targeted responses to emerging zoonotic disease threats in “hot spot” regions, such as the Amazon, Central and East Africa, the Gangetic Plain of South Asia, and Southeast Asia.

Credit: World Bank



USAID’s support contributed to a decrease in the number of countries with H5N1— from 53 in 2006 to 6 endemic countries in 2010. The key to this success has been a drop from 14 to 3 days in the median time

rapid sharing of laboratory findings, and identify policies that advance detection of zoonotic diseases with pandemic potential.

The EPT Program, as part of its commitment to building local capacity, developed regional networks in Africa and Southeast Asia involving more than 25 schools of Veterinary Medicine and Public Health, which will result in graduates better able to address future emerging disease threats through a “One Health” approach.

USAID, with assistance from CDC, has also been instrumental in supporting outbreak response efforts through commodity procurement and logistical and technical assistance to host governments in responding to zoonotic outbreaks.

Nearly 75 percent of new emerging or re-emerging diseases that affect humans are zoonotic (originated in animals). The persistence of H5N1 avian influenza and emergence of H1N1 pandemic influenza exemplify the potential for a new zoonotic pathogen to emerge and spread across the globe. USAID is addressing these threats through its pandemic preparedness, H5N1, and Emerging Pandemic Threats (EPT) programs.

To strengthen national-level pandemic preparedness capacity throughout Africa and Asia, USAID has convened planning exercises, including national-level table-top simulations involving civilian and military leaders. The result has enhanced national pandemic preparedness plans for more than 28 countries.

H5N1 avian influenza remains a pandemic threat with a high mortality rate in humans.

from the start of a poultry outbreak to its lab confirmation.

USAID’s EPT Program seeks to detect and respond to dangerous pathogens in animals before they become a threat to public health. The EPT Program developed predictive models to target surveillance, trained more than 300 professionals in wildlife pathogen surveillance in 20 countries, distributed a universal positive control for testing 10 viral families, and discovered more than 40 new viral pathogens, many of which are being further analyzed to determine their ability to cause disease in people.

Additionally, the EPT Program is working with the U.S. Centers for Disease Control and Prevention (CDC), international organizations, and host country laboratories in 20 countries to build linkages between human and animal health laboratories, enhance speed of disease diagnosis, facilitate

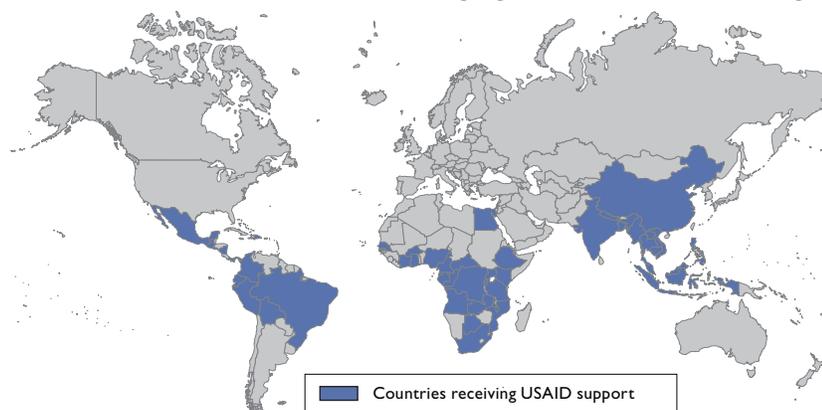
## H1N1 Pandemic 2009 Virus

In FY 2009, USAID programmed \$80 million to address the H1N1 virus. USAID’s efforts directly supported the deployment of more than 70 million doses of the H1N1 vaccine and related ancillary materials (syringes, needles, etc.) to more than 60 countries across Africa and Asia.

USAID, in coordination with CDC, supported the development of a global laboratory network that monitored the impact of the H1N1 virus as it spread around the world, with a special focus on upgrading the surveillance and laboratory capacities of 26 countries in West and Central Africa and Central and South America, where such capacities were previously non-existent.

USAID also supported heightened community-level readiness to mitigate, through non-pharmaceutical interventions, the effects of the pandemic virus in 28 countries in Africa and Asia through a coalition of the International Federation of Red Cross Societies, U.N. partners, military authorities, the private sector, and nongovernmental organizations.

## Labs and Genetic Characterization Supported by USAID’s Pandemic Influenza and Other Emerging Pandemic Threats Program



# Displaced Children and Orphans Fund

Children are made vulnerable by factors such as poverty, parental neglect, violence, disease, and armed conflict. These and many other forces threaten children directly and indirectly by weakening and destroying their primary sources of protection: families and communities. The Displaced Children and Orphans Fund (DCOF), which works to improve the well-being of especially vulnerable children under 18, is one of USAID's responses to child vulnerability.

## STRENGTHENING CHILD PROTECTION SYSTEMS

DCOF focuses on three programmatic areas. The first is to safeguard vulnerable children by strengthening child protection systems. Such systems consist of the set of laws, policies, regulations, and services provided by the community, government, and private sector to lower the risk of separation, violence, and exploitation and to respond appropriately and effectively when assistance is needed. In Colombia, USAID technical assistance is helping local institu-

tions and communities reduce the risk of children being recruited by illegal armed groups. In FYs 2010 and 2011, efforts to prevent recruitment reached approximately 84,000 Colombian children and youth.

In Sri Lanka, children are sometimes inappropriately placed in institutions because their families face economic hardships. In 2010–2011, more than 1,500 children directly benefited from USAID-supported activities that prevent family separation and institutionalization and improve coordination among child protection mechanisms. In addition, 483 children from 64 institutions were reunified with their families by the Sri Lankan Department of Probation and Child Care Services. During this time, the Village Child Development Committee prevented another 900 children from deprivation of family-based care and from being institutionalized. This was done using USAID-supported stricter gatekeeping mechanisms, including developing and enforcing admission criteria for children's homes and improved identification of and support to children who are at risk of being sent to institutions.

## IMPROVING FAMILY SUPPORT

The ability of families and communities to protect and provide for their children depends in large part on their economic circumstances. DCOF's second focus area is targeted to help families and young people increase their income and assets. In Afghanistan, for example, the USAID-supported Afghanistan Secure Futures Program helped vulnerable youth secure paid apprenticeships with small construction businesses, where they gained valuable skills through hands-on experience (see illustration). The program reached 1,081 young people; 220 also benefited from literacy and numeracy services. The 363 participating businesses received support in such areas as financial services, business development, and training in effective business. Eighty percent reported increased income as a result of their participation, and 70 percent increased the number of their paid apprenticeships for youth.



## Apprenticeship Prepares Young Man for Business Ownership

Rohit learned the technical skills of a metal worker through an apprenticeship of several years at a metal work shop that received technical assistance from the Afghanistan Secure Futures Program. During the apprenticeship, Rohit saw the value of using proven business methods such as record keeping, marketing, and workshop safety. This experience motivated him to start his own shop. After 7 months in business, 21-year-old Rohit said he earns a good income that supports his family.

## BUILDING MONITORING AND EVALUATION CAPACITY

A third focus of DCOF is to monitor and evaluate the impact of the activities it funds. This enables the Agency to measure the effectiveness of activities and determine the potential for scale up and replication. The DCOF program in Burundi, New Generation, combines economic strengthening activities with a series of in-depth discussion groups to help families improve the safety, development, and well-being of children in their care. By increasing family incomes, there will be more resources to devote to children. Through improving parent-child relationships, the program aims to reduce violence against children and other forms of harsh discipline. The program will conduct a randomized control trial along with a baseline assessment and two follow-up household surveys. Results from the first monitoring exercise with households show that scores for child well-being have improved, particularly for children whose parents have attended the discussion groups.



Children from the Choco region of Colombia participate in a program given by Childhood and Family Care Centres that focuses on education, health, and nutrition. These centers are supported by USAID as part of its strategy to prevent at-risk children and youth from being subject to different forms of violence in Colombia.

Credit: Jorge Gallo (IOM)

# Health Systems Strengthening

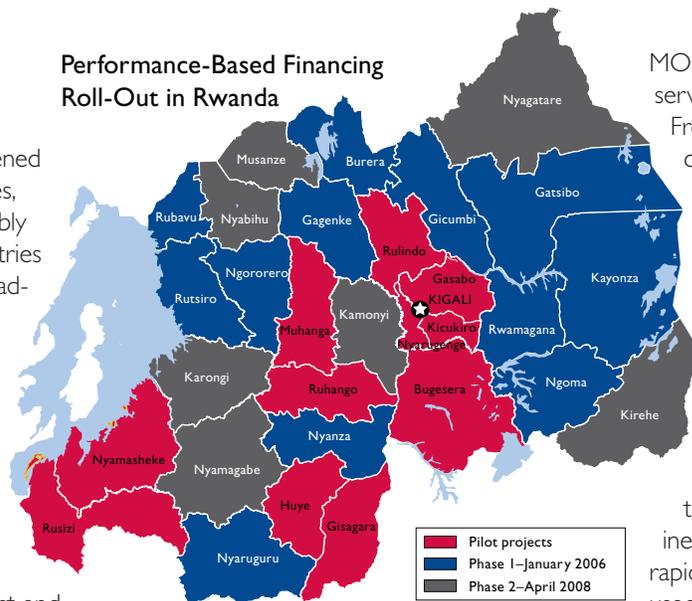
Inequities in health status and access to health care are problems that all countries face. However, they impose a heightened challenge in developing countries, where poor health is unacceptably common. Moreover, many countries in the developing world have inadequate or failing health systems, which prevent the scale up of interventions that would make achievement of the Millennium Development Goals and other internationally agreed upon goals possible.

USAID envisions a world where health systems are robust and well managed – to ensure populations have adequate access to high-impact, high-quality, and safe health services. The Agency addresses health systems functions by enhancing the supply and use of medicines and technologies; increasing skills of the health workforce; and improving information, financial, and quality assurance systems. USAID-supported efforts are introducing innovative approaches that help countries improve governance and fair financing. Such approaches have helped to protect families from the catastrophic costs of illness and make access to health services more equitable.

## SUPPORTING SUSTAINABLE HEALTH FINANCING

USAID helps countries develop the capacity to produce and use National Health Account (NHA) estimates to assess past performance and guide future health financing and resource allocation decisions. NHA data reveal that households' out-of-pocket health spending accounts for more than half of the total health financing in most developing countries in Asia and sub-Saharan Africa. Financial risk protection systems are crucial to increase poor people's access to health care and to reach the goal of universal coverage. Over the past 15 years, the Agency has assisted more than 40 countries in the procedures for estimating NHA data. In 2011, USAID assisted Afghanistan to launch NHAs and move toward developing health

## Performance-Based Financing Roll-Out in Rwanda



care policies that decrease the financial burden of health care on families.

With assistance from USAID and others, the Rwanda Ministry of Health (MOH) developed a health resource-tracking information system. One of the system's features is that it contains embedded NHA data. Two other features are its innovative website, which tracks both projected and executed spending, and the cost of HIV services, which provides a reimbursement scale for services. The system has improved the capacity of the MOH financial unit. Moreover, the Agency helped the MOH further develop Pay for Performance (P4P), a pioneering performance-based financing initiative for health centers and district hospitals. A study of the Rwanda Maternal and Child Health Pay for Performance Scheme published by *The Lancet* in 2011 found "P4P financial performance incentives can improve both the use and quality of maternal and child health services."

## IMPROVING HEALTH SYSTEM PERFORMANCE

Through its technical assistance in Cambodia, USAID works with the

MOH to increase demand for quality health services and equitable access to them.

From 2008 to 2010, this effort improved coverage of Health Equity Funds, which are health insurance funds that pay for health care and related services for the approximately 35 percent of Cambodian families whom the government has identified as poor:

From 2010 to 2011, USAID helped Kenya shift to an improved health workforce hiring process. Kenya formerly had a centralized hiring process that was not based on need. It also was ineffective and slow. Kenya now has a rapid hiring program that compresses what used to be an 18-month process into 3 to 4 months. When the Kenyan Government used this new process to hire nearly 4,500 health workers, it was able to yield higher numbers of health workers in hard-to-reach areas than in the past.

USAID also supported regional country-to-country collaborations, such as the launch of the Latin American Network for Health Information Systems Strengthening, to promote country-led sustainable solutions. The first priority of the collaboration was to collect mortality data to support work toward two Millennium Development Goals: Goal 4, reducing child deaths, and Goal 5, improving maternal health. In 2011, training programs have been replicated throughout the region so that the workforce can effectively collect essential data for information systems.





© Virginia Lamprochi, Courtesy of PHS

## Building New Partnerships

### **SAVING LIVES AT BIRTH PARTNERSHIP**

USAID launched a unique partnership with the Government of Norway, the Bill & Melinda Gates Foundation, Grand Challenges Canada, and the World Bank to initiate a call for proposals for innovative interventions to reduce maternal and neonatal mortality. The Saving Lives at Birth: A Grand Challenge for Development partnership aims to raise \$50 million over 5 years to support activities that introduce new technologies, service delivery models, and ways to stimulate demand for health care services around the time of birth. In 2011, the partnership awarded 24 grants.

### **MOBILE ALLIANCE FOR MATERNAL ACTION**

The Mobile Alliance for Maternal Action (MAMA) harnesses the power of mobile technology to engage and empower expecting and new mothers to make healthy decisions and to access health services. USAID and Johnson & Johnson led the formation of this public-private partnership, which also includes the United Nations Foundation, the mHealth Alliance, and BabyCenter. MAMA is working in an initial set of three countries – Bangladesh, India, and South Africa – to help coordinate and increase the impact of existing mobile health programs, provide resources and technical assistance to promising new business models, and build the evidence base on the effective application of mobile technology to improve maternal health.

### **THE ALLIANCE FOR REPRODUCTIVE, MATERNAL, AND NEWBORN HEALTH**

The Alliance for Reproductive, Maternal, and Newborn Health was launched in September 2010 at the United Nations General Assembly Millennium Development Goals (MDGs) Summit. It was created to speed progress in achieving MDGs 4 and 5, which focus on reducing child mortality and improving maternal and reproductive health. The alliance represents a unique, collaborative effort by USAID, the Australian Agency for International Development, the U.K. Department for International Development, and the Bill & Melinda Gates Foundation. The Alliance for Reproductive, Maternal, and Newborn Health represents an entirely new model for providing assistance. It focuses on using existing resources more wisely rather than on securing additional financial support. It features enhanced communication among and within partner organizations and recognizes that participation needs to be as simple and easy as possible.

### **GLOBAL DEVELOPMENT ALLIANCE WITH BAYER HEALTHCARE PHARMA**

USAID has entered into a Global Development Alliance with Bayer HealthCare Pharmaceuticals (BHP) to jointly address the need for access to affordable contraceptives in the developing world while recognizing the ever-decreasing amount of donor funding available. As the first direct multicountry partnership project to address the need for affordable contraceptives, BHP will register,

market, and promote Microgynon Fe, an oral contraceptive, at an affordable price to middle-income women in multiple developing countries on a continuous and permanent basis. USAID will fund the one-time development of marketing plans and materials for each country. BHP will use its normal manufacturing, packaging, export/import, and distribution capabilities as well as the expertise and capacity of its current management and sales staff to assure success. Microgynon Fe will be sold in the private sector, using local pharmacies as the primary distribution channel. The initiative will cover 11 sub-Saharan African countries. The product was successfully launched in Ethiopia in 2010 and Uganda and Tanzania in 2011.

### **PROJECT C.U.R.E.**

USAID partners with Project C.U.R.E. to provide customized medical supplies, equipment, and services to assist hospitals and clinics in support of the GHI. As of September 30, 2011, Project C.U.R.E. leveraged nearly \$500,000 in USAID funds to deliver \$7,698,206 (wholesale value) of donated medical supplies and equipment to the Democratic Republic of the Congo (DRC) and Guatemala, a leverage ratio of nearly 16:1. In addition, in DRC in Year 1 of the partnership, the following partners matched USAID funding and/or facilitated local distribution of donated supplies: HEAL Africa; the ONE Research Foundation; Santé Rurale Congolese; Freeport-McMoRan; and Seaboard Corporation.

# 50 Years of Accomplishments in Global Health

USAID was born out of a spirit of progress and innovation and as a reflection of Americans' values, character, and a fundamental belief in doing the right thing. President John F. Kennedy recognized the need to unite development in a single agency to maximize expertise. In 1961, USAID was created. Since that time, USAID has been a force for progress, fostering a more peaceful and secure world.

For a half century, USAID has pioneered new approaches to community-based public health, service delivery in health facilities, supply chain management, and health systems strengthening. These on-the-ground interventions have been complemented by USAID support for research and development of new technologies.

Fifty years of USAID global health investments have resulted in proven, effective public health interventions that reduce morbidity and mortality, and contribute to alleviating poverty and building a more prosperous world for all.

## 1961

President John F. Kennedy by executive order creates USAID to implement development assistance programs in the areas authorized by Congress in the Foreign Assistance Act of 1961.



## 1966

USAID provides financial assistance to smallpox eradication programs in 20 African countries, thereby contributing to the elimination of the disease in those countries.

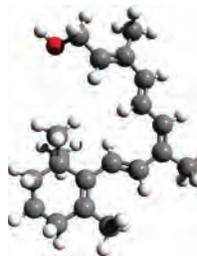
## 1973

USAID develops a proposal calling for "new directions" in foreign aid that emphasize "basic human needs," food and nutrition; population planning and health, and education and human resources development. The proposal is adopted by Congress in an amendment to the Foreign Assistance Act then signed into law (PL 93-189) by President Richard Nixon in December 1973.



## 1985

Through multimillion-dollar agreements, USAID mounts vitamin A research programs in Bangladesh, the Philippines, and Zambia to replicate the ground-breaking USAID-supported study in Indonesia that linked vitamin A supplementation to disease prevention.



## 1965

USAID's population and reproductive health program begins the same year that President Lyndon B. Johnson declares he will "seek new ways to use our knowledge to help deal with the rapidly increasing world population and the growing scarcity of world resources."

## 1972

USAID's Office of Population develops reproductive health training and international surveys such as the Demographic and Health Surveys (DHS) – the global gold standard for monitoring health development progress. As of 2010, DHS has conducted 260 surveys in 90 countries.



## 1979

USAID provides the greatest share of funding to establish the International Centre for Diarrheal Diseases Research in Bangladesh, where scientists will conduct research that leads to improved formulations of oral rehydration salts that prevent diarrhea and save children's lives.



## 1986

USAID/Nepal launches one of the first projects to investigate acute respiratory infections as part of its child survival effort. The project also explores whether primary health care workers can identify and care for seriously ill children using standard diagnostic and treatment procedures.



“To fail to meet those obligations now would be disastrous; and, in the long run, more expensive. For widespread poverty and chaos lead to a collapse of existing political and social structures which would inevitably invite the advance of totalitarianism into every weak and unstable area. Thus our own security would be endangered and our prosperity imperiled. A program of assistance to the underdeveloped nations must continue because the Nation's interest and the cause of political freedom require it.”

– John F. Kennedy –



## 1988

In 1983, Egypt launched its National Control of Diarrheal Disease Program with USAID support. Five years later, Egypt's rate of infant and child mortality from diarrhea declined by 53% and 47%, respectively. While mortality from non-diarrheal causes showed little change, these reductions clearly show the impact that national oral rehydration therapy programs can have on diarrheal mortality.

USAID stepped up efforts to improve maternal health and nutrition by launching the MotherCare (Maternal and Neonatal Health and Nutrition) project, which worked to improve pregnancy outcomes through technical assistance, training, and research in 14 countries.

## 2003

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) is enacted in 2003. PEPFAR authorizes up to \$15 billion over 5 years to address HIV/AIDS, tuberculosis, and malaria in low- and middle-income countries through bilateral assistance and contributions to The Global Fund to Fight AIDS, Tuberculosis and Malaria. The United States Congress passed a bipartisan, 5-year reauthorization bill, the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008.

## 1996

USAID releases the National Health Accounts (NHAs) user manual. More than 100 developing countries have since applied NHAs. Countries, including Malawi and Rwanda, have used NHA results to improve health policy and increase efficient use of health resources.



## 2009

President Barack Obama launches the Global Health Initiative (GHI) to focus attention on broader global health challenges, including child and maternal health, nutrition, family planning, and neglected tropical diseases. The Initiative adopts an integrated approach to fighting diseases, improving health, and strengthening health systems using cost-effective interventions.

## 1994



CORE Group Polio Project, India

Polio is officially declared eradicated in the Western Hemisphere, with USAID's Child Survival program making a crucial difference in this victory.

## 2000



With USAID support, GAVI is launched; by 2009, it had prevented more than 3 million premature deaths and served a key role in increasing the global vaccination rate by 10 percentage points. To date, GAVI has funded vaccines against diphtheria, pertussis, tetanus, hepatitis B, pneumonia, measles, and yellow fever. GAVI and its partners are now preparing to finance the introduction of two new vaccines – pneumococcal and rotavirus – in the poorest countries.



USAID plays a vital role in funding research for Oxytocin-Uniject™. This single-use device safely provides

oxytocin to contract the uterus during the third stage of labor, thus reducing excessive bleeding – the leading cause of maternal death and responsible for an estimated 125,000 deaths each year.

## 2005

The President's Malaria Initiative (PMI), a 5-year, \$1.2 billion expansion of U.S. Government resources, is launched to reduce the intolerable burden of malaria and help relieve poverty on the African continent. The goal of PMI is to reduce malaria-related deaths by 50 percent in 15 focus countries with a high burden of malaria by expanding coverage of four highly effective malaria prevention and treatment measures.

## 2010

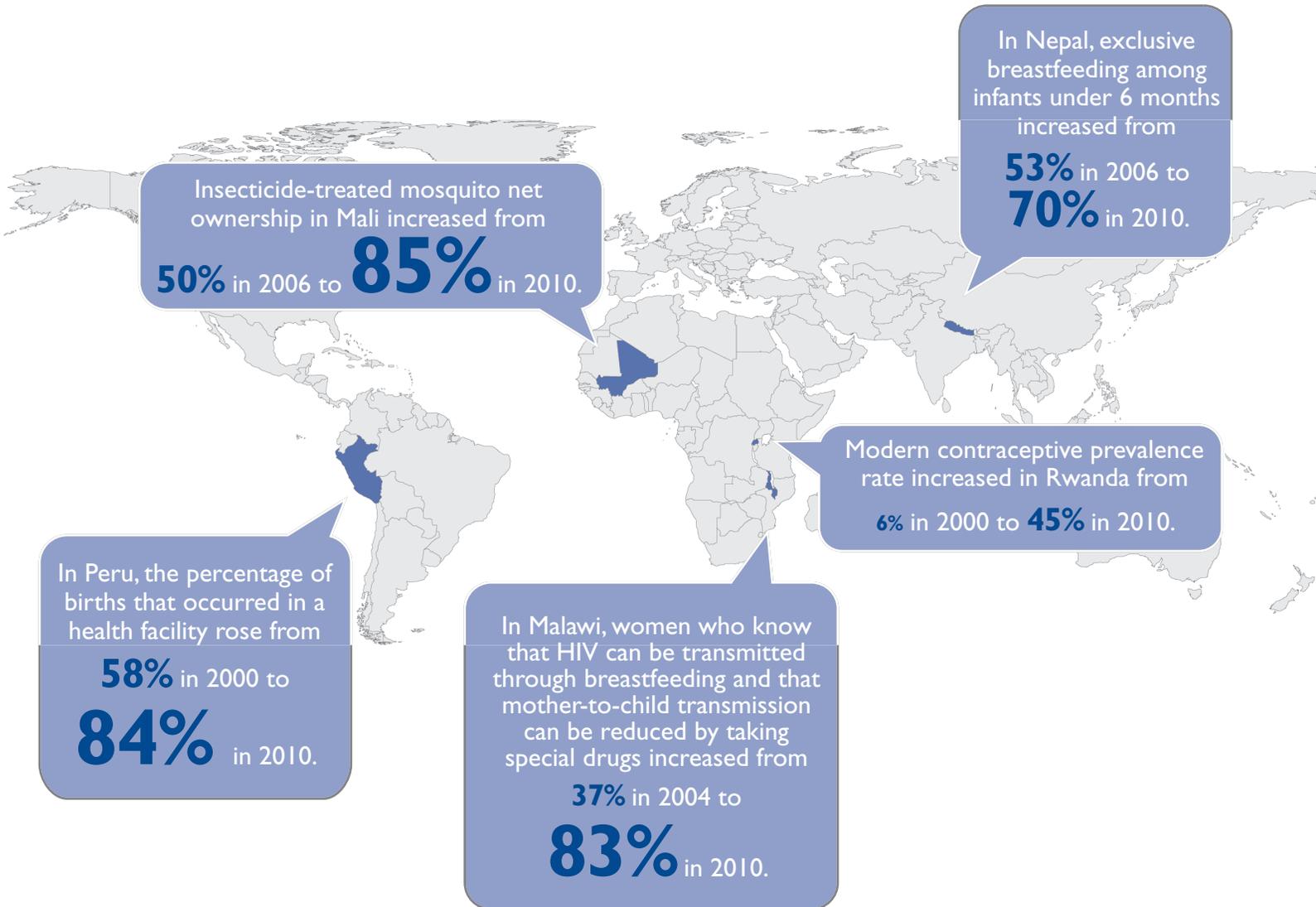
USAID funds microbicide research and development since 2001 and is the major funder of CAPRISA 004, the Centre for the AIDS Programme of Research in South Africa and its successful microbicide gel trial, an innovation that helps protect women from HIV.



At a high-level nutrition roundtable, co-hosted by Canada, Japan, and the United States, through USAID and the World Bank, USAID Administrator Dr. Rajiv Shah announces the 20 focus countries of the U.S. Government's Feed the Future program, an initiative that targets the causes of hunger and aims to reduce poverty, hunger, and undernutrition.

# Global Health Impact

## 2010–2011



Results from Demographic and Health Surveys (DHS) released 2010–2011  
USAID has supported DHS since 1972. For further information, go to [www.measure.dhs.com](http://www.measure.dhs.com).

# Financial Annex

## FY 2010 Total USAID Health Budget (\$ Thousands)

PROGRAM CATEGORY	BUREAUS							Grand Total
	Global Health	DCHA*	Africa	Asia & Middle East	Europe & Eurasia	Latin America & Caribbean	International Partnerships	
Child Survival & Maternal Health	51,922	-	170,298	274,757	10,743	63,024	78,000	<b>648,744</b>
Nutrition	17,022	-	34,592	19,300	-	34,406	2,000	<b>107,320</b>
Vulnerable Children	-	13,000	-	-	3,300	-	2,000	<b>18,300</b>
HIV/AIDS	246,854	-	2,091,424	143,328	14,498	128,096	1,167,405	<b>3,791,604</b>
Malaria	55,000	-	519,000	6,000	-	5,000	-	<b>585,000</b>
Tuberculosis	34,500	-	77,305	86,512	17,483	18,158	15,000	<b>248,958</b>
Antimicrobial, Surveillance, & Other Infectious Diseases	-	-	-	37,271	5,366	-	65,000	<b>107,637</b>
Pandemic Influenza	-	-	-	-	-	-	201,000	<b>201,000</b>
Family Planning & Reproductive Health	104,124	-	249,600	211,090	8,038	80,800	10,000	<b>663,652</b>
<b>Grand Total</b>	<b>509,422</b>	<b>13,000</b>	<b>3,142,219</b>	<b>778,258</b>	<b>59,428</b>	<b>329,484</b>	<b>1,540,405</b>	<b>6,372,215</b>

## FY 2011 Total USAID Health Budget (\$ Thousands)

PROGRAM CATEGORY	BUREAUS							Grand Total
	Global Health	DCHA*	Africa	Asia & Middle East	Europe & Eurasia	Latin America & Caribbean	International Partnerships	
Child Survival & Maternal Health	52,501	-	211,918	286,769	9,645	40,619	89,820	<b>691,272</b>
Nutrition	15,266	-	55,189	15,376	-	5,489	1,500	<b>92,820</b>
Vulnerable Children	-	12,974	-	-	2,870	-	1,996	<b>17,840</b>
HIV/AIDS	150,929	-	2,125,142	130,175	19,895	109,773	1,155,404	<b>3,691,317</b>
Malaria	52,395	-	549,399	11,976	-	4,990	-	<b>618,760</b>
Tuberculosis	34,431	-	80,032	78,252	16,166	12,530	16,968	<b>238,379</b>
Antimicrobial, Surveillance, & Other Infectious Diseases	-	-	-	43,474	6,157	-	76,846	<b>126,477</b>
Pandemic Influenza	-	-	-	-	-	-	47,904	<b>47,904</b>
Family Planning & Reproductive Health	102,824	-	274,625	172,674	9,249	36,228	-	<b>595,600</b>
<b>Grand Total</b>	<b>408,346</b>	<b>12,974</b>	<b>3,296,305</b>	<b>738,696</b>	<b>63,982</b>	<b>209,629</b>	<b>1,390,438</b>	<b>6,120,369</b>

Accounts include Global Health and Child Survival/State programmed by USAID; Global Health and Child Survival/USAID; Assistance for Europe, Eurasia, and Central Asia; and Economic Support Funds. For additional information, please visit the Foreign Assistance Dashboard website at <http://www.foreignassistance.gov/DataView.aspx>.

\* Democracy, Conflict and Humanitarian Assistance

## FY 2010 USAID Health Budget: Global Health and Child Survival Account (\$ Thousands)

PROGRAM CATEGORY	BUREAUS							Grand Total
	Global Health	DCHA*	Africa	Asia & Middle East	Europe & Eurasia	Latin America & Caribbean	International Partnerships	
Child Survival & Maternal Health	51,922	-	170,298	138,506	750	34,524	78,000	<b>474,000</b>
Nutrition	17,022	-	34,592	16,100	-	5,286	2,000	<b>75,000</b>
Vulnerable Children	-	13,000	-	-	-	-	2,000	<b>15,000</b>
HIV/AIDS	57,774	-	94,410	67,200	5,450	31,121	94,045	<b>350,000</b>
Malaria	55,000	-	519,000	6,000	-	5,000	-	<b>585,000</b>
Tuberculosis	34,500	-	77,305	77,437	8,400	12,358	15,000	<b>225,000</b>
Antimicrobial, Surveillance, & Other Infectious Diseases	-	-	-	-	-	-	65,000	<b>65,000</b>
Pandemic Influenza	-	-	-	-	-	-	201,000	<b>201,000</b>
Family Planning & Reproductive Health	104,124	-	249,600	122,576	-	42,300	10,000	<b>528,600</b>
<b>Grand Total</b>	<b>320,342</b>	<b>13,000</b>	<b>1,145,205</b>	<b>427,819</b>	<b>14,600</b>	<b>130,589</b>	<b>467,045</b>	<b>2,518,600</b>

## FY 2011 USAID Health Budget: Global Health and Child Survival Account (\$ Thousands)

PROGRAM CATEGORY	BUREAUS							Grand Total
	Global Health	DCHA*	Africa	Asia & Middle East	Europe & Eurasia	Latin America & Caribbean	International Partnerships	
Child Survival & Maternal Health	52,501	-	211,918	153,293	749	40,619	89,820	<b>548,900</b>
Nutrition	15,266	-	55,189	12,376	-	5,489	1,500	<b>89,820</b>
Vulnerable Children	-	12,974	-	-	-	-	1,996	<b>14,970</b>
HIV/AIDS	63,574	-	94,410	60,700	5,450	31,121	94,045	<b>349,300</b>
Malaria	52,395	-	549,399	11,976	-	4,990	-	<b>618,760</b>
Tuberculosis	34,431	-	80,032	72,206	8,383	12,530	16,968	<b>224,550</b>
Antimicrobial, Surveillance, & Other Infectious Diseases	-	-	-	-	-	-	76,846	<b>76,846</b>
Pandemic Influenza	-	-	-	-	-	-	47,904	<b>47,904</b>
Family Planning & Reproductive Health	102,824	-	274,625	113,273	-	36,228	-	<b>526,950</b>
<b>Grand Total</b>	<b>320,991</b>	<b>12,974</b>	<b>1,265,573</b>	<b>423,824</b>	<b>14,582</b>	<b>130,977</b>	<b>329,079</b>	<b>2,498,000</b>

For additional information, please visit the Foreign Assistance Dashboard website at <http://www.foreignassistance.gov/DataView.aspx>.

\* Democracy, Conflict and Humanitarian Assistance

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