

# U.S.AGENCY FOR INTERNATIONAL DEVELOPMENT

Annual Progress Report to Congress:  
Global Health Programs FY 2013



**USAID**  
FROM THE AMERICAN PEOPLE





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*Photo: Jane Silcock, USAID; Mali*

*“WE CAN END EXTREME  
POVERTY FOR THE 6.6  
MILLION CHILDREN  
WHO WILL DIE THIS  
YEAR BEFORE THEIR  
5TH BIRTHDAY.”*





*RAJIV SHAH, MD, MPH*

*USAID ADMINISTRATOR*

*EXCERPT FROM SPEECH, NATIONAL PRAYER BREAKFAST, FEB 6, 2014*

"Let us work together to end extreme poverty in our lifetime.

Because this is now achievable, but only if all of us—from science, business, government, and faith—come together for the poor.

We can end extreme poverty for the 1.1 billion people who live on a dollar and a quarter a day.

We can end it for the 860 million people who will go to sleep hungry tonight.

**And we can end it for the 6.6 million children who will die this year before their 5th birthday.**

As terrible as these numbers are, they do not adequately describe what poverty is and what poverty does.

It drains our basic human dignity.

And if we're being honest, it sometimes drains our

compassion for those who suffer.

But there is good news of a practical nature to report. On continent after continent, a smaller share of people live this way than at any other time in our history. Let us work together to end extreme poverty in our lifetime...

...Governments can't do this by themselves. Businesses can't do this alone. Faith communities and charitable efforts alone are not enough.

But together, we are making astonishing progress—thanks to the leadership of President Obama, the presidents of both parties before him, and so many of you in this room.

And I believe that the spirit of this prayer breakfast is essential to strengthening our hearts and uniting our efforts to finish this mission."

# FOREWORD

What would the world look like if extreme poverty was something you learned about only in history books and museum visits? In President Obama's 2013 State of the Union speech, he set forth this vision, and the U.S. Agency for International Development has responded with our ambitious contributions to that vision. In Global Health, we are working toward Ending Preventable Child and Maternal Deaths and Creating an AIDS-Free Generation—along with our unwavering support for protecting communities from infectious diseases.

On behalf of USAID, I am delighted to report our progress in furthering these priorities. Since the June 2012 launch of the Call to Action for Child Survival, which the U.S. Government convened with the Governments of India and Ethiopia, UNICEF and many other partners, USAID's leadership has sparked a global movement to accelerate gains made in child and maternal health. UNICEF, in close collaboration with USAID and the World Health Organization, has led *A Promise Renewed*, effectively bringing together 177 countries, and hundreds of faith-based and civil society organizations, and thousands of individuals to recommit to ending preventable maternal, child and newborn deaths by 2035. Despite a tight fiscal environment, the United States has maintained its leadership and support for this core priority of international development, and recent commitments and financial reports indicate growing development assistance for maternal and child health, particularly for Africa. As a result, the number of children dying continues to decline despite growing populations, and the annual rate of decline has accelerated as we work increasingly in the hardest to reach communities.

Through our partnerships, we are aggressively scaling-up high-impact, low-cost interventions, using data to make smart investments, and maximizing technology and innovation to solve some of the toughest development challenges. USAID and its partners have the tools and knowledge to save and improve lives today, and are looking optimistically toward the future.

For example, USAID is coordinating better than ever with other investors and country governments to strengthen health systems, including training health professionals, and increasing access to reproductive, maternal and child health information, services and products for poor and vulnerable people. Through voluntary family planning, more children survive and thrive, and join the labor force with a good education and marketable skills, resulting in significant economic growth. This phenomenon is known as the demographic dividend, and has transformed Latin America and Asia in recent decades. As we succeed, we can focus and concentrate our efforts in the poorest communities around the world.

Declining mortality and fertility is helping to catapult the economies of poor countries; half of the countries that were low-income in 2000 have reached middle-income status. Africa is still behind, but growing faster than any other region in the world. By stabilizing populations, the countries in which we work can take greater responsibility for the health of their people, and address issues of transparency and accountability like never before. While global health funding has reached a plateau in the last five years, the government expenditures for health in developing countries have been growing at 10 percent annually. Ending preventable child and maternal death will bring about a grand convergence in life expectancy between rich and poor nations in a generation. This unprecedented feat for civilization is within reach and will be noted in the history books. Getting there is affordable, costing less than one percent of the expected economic growth through 2035. Success will require increasing domestic resource mobilization and innovative financing mechanisms in our bilateral and multilateral assistance channels.

I am very pleased to present a summary of key accomplishments we have achieved in FY 2013 in partnership with host country governments, other U.S. agencies, and many other organizations and leaders around the world who share in our vision and commitment to end preventable child and maternal death in a generation.

*ARIEL PABLOS-MÉNDEZ, MD, MPH*

*USAID ASSISTANT ADMINISTRATOR, BUREAU FOR GLOBAL HEALTH*

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*TOGETHER WITH MANY OTHER  
PARTNERS, USAID HAS HELPED  
DRIVE DOWN NEWBORN DEATHS BY  
MORE THAN A THIRD SINCE 1990.*

# EXECUTIVE SUMMARY



**@BillGates**

**“talks about ending poverty” is 1 of the biggest overlooked trends of 2013**

The U.S. Agency for International Development (USAID) is part of an extensive global health community, including governments and global partners from faith based/non governmental and civil society organizations to private sector and academia working in concert to end preventable child and maternal deaths by 2035, and create an AIDS Free Generation.

These goals are attainable and sustainable, and align respectively with the United Nation’s Millennium Development Goals (MDGs) 4, 5 and 6. As the largest investor in global health, USAID’s leadership has helped move many countries in Latin America, the Caribbean, and Asia from low income to middle income economies, saved 6 million children since the establishment of the MDG baseline in 1990, and curbed the AIDS epidemic.

Photo: Jane Silcock, USAID; Mali



Moreover, investments in global health protect Americans at home and abroad, strengthen fragile or failing states, promote social and economic progress, and are encouraging country ownership and regional mentorship between countries to solve global problems.

This executive summary provides USAID's topline results as they relate to the Agency's two key priority areas, and our work in infectious diseases.

### 2012 Child Mortality Figures

<b>6.6 MILLION</b>	per	<b>YEAR</b>
<b>546,000</b>	per	<b>MONTH</b>
<b>125,000</b>	per	<b>WEEK</b>
<b>18,000</b>	per	<b>DAY</b>
<b>12</b>	per	<b>MINUTE</b>
<b>1</b>	every	<b>5 SEC</b>

# ENDING PREVENTABLE CHILD AND MATERNAL DEATHS

Since 1990, USAID's strategic investments have helped reduce under-5 mortality by more than 50 percent on average across the 24 priority maternal and child health (MCH) countries. Sadly, women and children are still dying in alarming numbers from preventable causes.

## Child Survival

In recognition of the need to continue accelerating progress in child and maternal survival, the U.S. Government, in partnership with the Governments of Ethiopia and India, convened the Call to Action for Child Survival in June 2012. The Call to Action challenged the world to reduce child mortality to 20 or fewer child deaths per 1,000 live births in every country by 2035, effectively saving 45 million children. It was a catalytic event to drive consensus on the causes of mortality and strategies to address them. The Roadmap for Child Survival gave clear guidance for how all countries could achieve this goal, and includes five strategic shifts:

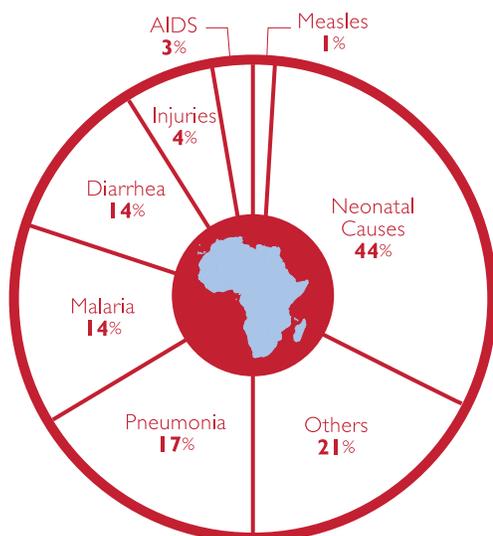
1. Focus geographically in Africa and Asia
2. Address high-burden populations
3. Scale-up high-impact solutions
4. Elevate education, empowerment, economy and environment
5. Increase transparency and mutual accountability

The U.S. is a major partner in *A Promise Renewed*, which is the global movement that emerged following the Call the Action and is housed at UNICEF. Since the launch of *A Promise Renewed*, 16 partner countries and 5 regions have convened their own local/ regional calls-to-action, and are creating evidence-based plans and data-driven report cards to track their progress. They have identified target districts and communities where the highest rates of child and maternal deaths occur, and are working to focus resources and energy in reducing those rates. Each launch marks the beginning of a renewed national effort to accelerate declines in preventable maternal, child, and newborn deaths, and demonstrates each country's investment in the health and well-being of their people.

While there are still far too many children dying each year from preventable causes, particularly in sub-Saharan Africa and Asia, momentum continues to build as we work to address the leading causes of child and maternal death.

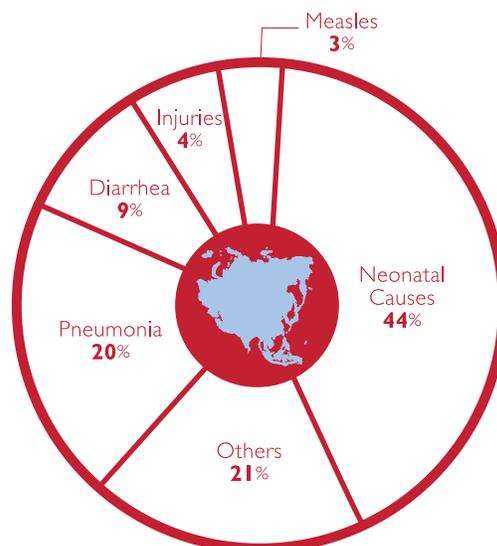
Following are USAID's most salient results from fiscal year 2013 (FY 2013).

**Africa: 3.2m U-5 Deaths\***



\*Undernutrition contributes to 45% of under-5 deaths globally

**Asia: 2.1m U-5 Deaths\***



## **1** Saving Newborns

Together with many other MCH partners, USAID has helped drive down newborn deaths by more than a third, from 49 per 1,000 in 1990 to 31 per 1,000 in 2012. Additionally, the *Helping Babies Breathe* partnership trained and equipped 130,000 health workers in 60 countries to provide life-saving resuscitation for newborns with asphyxia, with early results (i.e., Tanzania) showing a 47 percent reduction in newborn mortality. The *Saving Lives at Birth* Grand Challenge for Development supports 59 potentially groundbreaking innovations, including Chlorhexidine, a low-cost topical antiseptic used for newborn cord care that prevents blood infections, which alone could help save 422,000 newborns over the next 5 years.

## **2 & 3** Preventing and Treating Pneumonia and Diarrhea

There has been 72 percent reduction in the risk of a child dying from pneumonia or diarrhea, from 50 per 1000 in 1990 to 14 per 1000 in 2012. USAID's work focuses on both prevention and treatment of these preventable diseases, both of which are leading causes of under-5 death. In FY 2013, USAID's health programs ensured the safety of drinking water through treatment of 3.2 billion liters, which is enough to provide safe water to over 4 million people. Additionally, USAID supported the introduction of vaccines against rotavirus and pneumococcus, two of the leading disease agents for diarrhea and pneumonia, respectively; and provided low-cost treatment in more than 1.8 million cases in children under-5.

## **4** Proper Nutrition

Since 2010, USAID has reached more than 46 million children under-5 including 12.5 million in FY 2013 through our nutrition programs, and an additional five million children through leveraging global health resources and partnerships with other donors. USAID also contributed to the Global Nutrition for Growth Compact, which aims to reach at least 500 million pregnant women and children under-2 with effective nutrition interventions, and trained 1.3 million people on child health and nutrition to assist with early diagnosis and treatment of undernutrition.

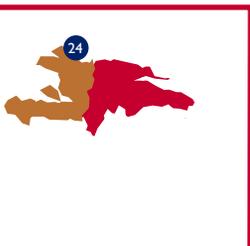
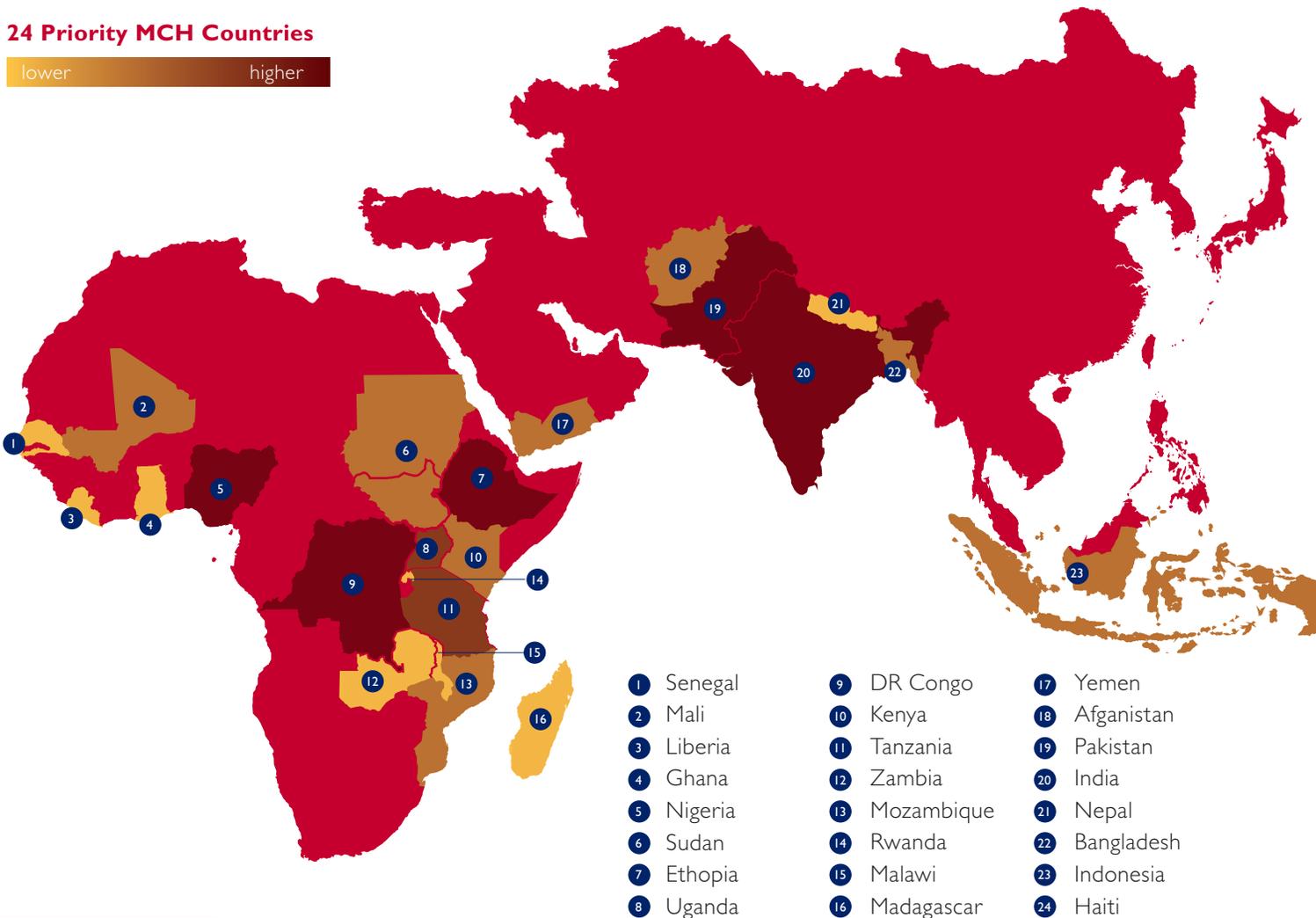
## **5** Fighting Malaria

Since 2006, all the original 15 PMI focus countries have had reductions in childhood mortality rates, ranging from 16 to 50 percent. In FY 2013, PMI protected over 45 million people with a prevention measure (insecticide-treated nets and/or indoor residual spraying), as well as procured more than 48 million antimalarial treatments and more than 51 million rapid diagnostic tests.

### Geographic Focus

Twenty-four priority MCH countries represent one-third of the world's population and more than two-thirds of the world's under-5 mortality. These countries fall primarily in sub-Saharan Africa and Southeast Asia, accounting for 70 percent of all under-5 child deaths. USAID has focused resources in order to support these 24 priority MCH countries, and aligned efforts under *A Promise Renewed* to accelerate progress alongside our partners.

### 24 Priority MCH Countries



### **Saving Mothers**

In the 24 countries where USAID is focusing its maternal and child health (MCH) efforts, the maternal mortality ratio decreased by more than half, from 695 per 100,000 in 1990 to 315 per 100,000 in 2010, the most recent year for which data is available. Attendance at birth by a skilled provider increased from 27 percent in 1990 to 51 percent in 2013. In FY 2013, Saving Mothers Giving Life—a USAID-led public-private partnership—contributed to a 30 percent decline in the maternal mortality ratio in target districts of Uganda and a 35 percent reduction of maternal deaths in target facilities in Zambia.

### **Family Planning Saves Women and Children**

Family planning continues to play a key role in saving the lives of mothers and their children. A 2012 Lancet study, which looked at family planning's contribution to maternal health over one year, concluded that family planning prevented 272,000 maternal deaths (44 percent reduction). Enabling women and couples to practice healthy timing and spacing of pregnancies could prevent 1.6 million under-5 child deaths per year. Rates of modern contraceptive use have increased from approximately 10 percent in 1990 to more than 30 percent in 2013 in the countries receiving at least \$2 million in family planning and reproductive health assistance from USAID. In FY 2013, USAID family planning assistance helped 84 million women access modern contraception.



Photo: Kate Holt, Jhpiego, Rwanda

**Technology and Innovation**

While USAID is making significant progress in our effort to end preventable child and maternal deaths in a generation, innovation can help us get there faster – and often more efficiently and at a lower cost. USAID is increasing support for the development and scale-up of new solutions across newborn, child and maternal health and family planning. *Through Saving Lives at Birth: A Grand Challenge for Development*, which USAID established with the Government of Norway, the Bill and Melinda Gates

Foundation, Grand Challenges Canada, and the United Kingdom’s Department for International Development (DfID), 59 potentially transformational innovations could

be major game-changers in solving the world’s toughest development problems. Examples of game-changing innovations include the Odon device which aids in delivery, and micronutrient supplements that aim to improve overall nutrition.

Technology and innovation can also help overcome obstacles typically faced during the introduction and scale-up of lifesaving interventions that are available. Even when supply is in place, consumer demand, policies, and appropriate behaviors must work together for an intervention to reach its full potential within a market. Therefore, USAID is applying cutting edge thinking to address barriers to adoption, including regulatory inefficiencies, supply chain hurdles, and raising awareness and knowledge among consumer populations.



Photo: Kate Holt, Jhpiego, Rwanda

**“Accelerator” Behaviors**

In June 2013, USAID, in collaboration with UNICEF, hosted the Population-Level Behavior Change Evidence Summit for Child Survival and Development. As a result of the summit, global child survival and development partners issued a clarion call to unleash the power of science and evidence to shift social norms and drive sustainable behaviors for child survival, early child development, and well-being for generations to come.

The 2013 Evidence Summit aimed to help forge a framework for knowledge sharing and filling the gaps around population-level behavior change for child survival and development. A process to identify key behaviors to accelerate change began with

the Summit. These 10 “accelerator” behaviors are being rolled out in country programs along with specific indicators, measures, and proven interventions, and will work in a complementary way with the scale-up of several commodities.

## AIDS-FREE GENERATION

*In FY 2013 alone, USAID delivered an estimated 169.5 million treatments and leveraged nearly \$2.5 billion in drug donations.*



As a major implementing partner for PEPFAR, USAID is also excited to report tremendous progress toward an AIDS-Free Generation, including one million children born HIV-free. Twenty years ago, we had an epidemic raging out of control in Africa. On December 1, 2013, the global health community celebrated the 10 year anniversary of PEPFAR, landmark legislation passed by the U.S. Congress that has led us to the point where we can now envision an AIDS-free generation.

This year, Secretary of State John Kerry announced two groundbreaking milestones at PEPFAR's 10th anniversary celebration held on June 18, 2013—the one-millionth baby was born free of HIV and 13 countries have reached a programmatic milestone where more people are receiving treatment than are newly infected with HIV. Additionally,

- PEPFAR not only reached but exceeded the treatment target of 6 million HIV-positive people that was set by President Obama two years ago. PEPFAR is now supporting life-saving antiretroviral

treatment for 6.7 million men, women, and children worldwide - a four-fold increase since 2008.

- Congress passed and President Obama signed the PEPFAR Stewardship and Oversight Act of 2013, authorizing this landmark foreign assistance initiative to continue saving lives.
- The United States hosted the Global Fund to Fight AIDS, Tuberculosis and Malaria's Fourth Voluntary Replenishment, resulting in initial funding commitments amounting to over \$12 billion. The U.S. pledged \$1 for every \$2 from other donors, leveraging billions from other donors and ensuring the response to these diseases is a shared responsibility.
- In FY 2013, PEPFAR supported HIV testing and counseling for more than 57.7 million people—including more than 12.8 million pregnant women—and care and support services for 17 million people.

# INFECTIOUS DISEASES AND OTHER EMERGING THREATS



Photo: Kate Holt, Jphiego; Tanzania

For decades, USAID has been a leader in the control and prevention of infectious diseases. Today, USAID-funded programs are pivotal in the fight against tuberculosis (TB), neglected tropical diseases (NTDs), pandemic influenza and other emerging threats. Following results highlight USAID's progress with Infectious Diseases and Emerging Threats through FY 2013:

## Curbing Tuberculosis

Since 1990, deaths from TB have been reduced 41 percent and the overall prevalence of TB has been reduced 40 percent in USAID supported countries. These countries are on track for meeting the MDG target of 50 percent reduction in mortality by 2015. More than 1.31 million people with TB were successfully treated and more than 45,000 people with multi-drug resistant TB initiated treatment in 2012, the most recent year for which data is available. This is a 40 percent increase in one year of the number of people initiated on MDR-TB treatment comparing the same number of countries in 2011.

## Eliminating Neglected Tropical Diseases

Since 2006, USAID's support for NTDs has expanded to reach 25 countries, and leveraged a total of \$6.7 billion in donated medicines from a \$386 million investment. In FY 2013 alone, USAID delivered an estimated 169.5 million treatments and leveraged nearly \$2.5 billion in drug donations. In the countries where we work, nearly 35.8 million people no longer require treatment for blinding trachoma, and 52.4 million people no longer require treatment for lymphatic filariasis.

## Vigilance on Pandemic Influenza and Other Emerging Threats

Between 2006-2013, USAID contributed to a 64 percent decrease in the number of poultry outbreaks and human cases caused by H5N1. During that same time, the number of affected countries decreased from 53 to 11. During the same timeframe, USAID has improved infectious disease detection by strengthening surveillance and laboratory capacity in 22 countries in Africa and Asia and identified over 250 new viruses from families known to cause disease in animals and people.

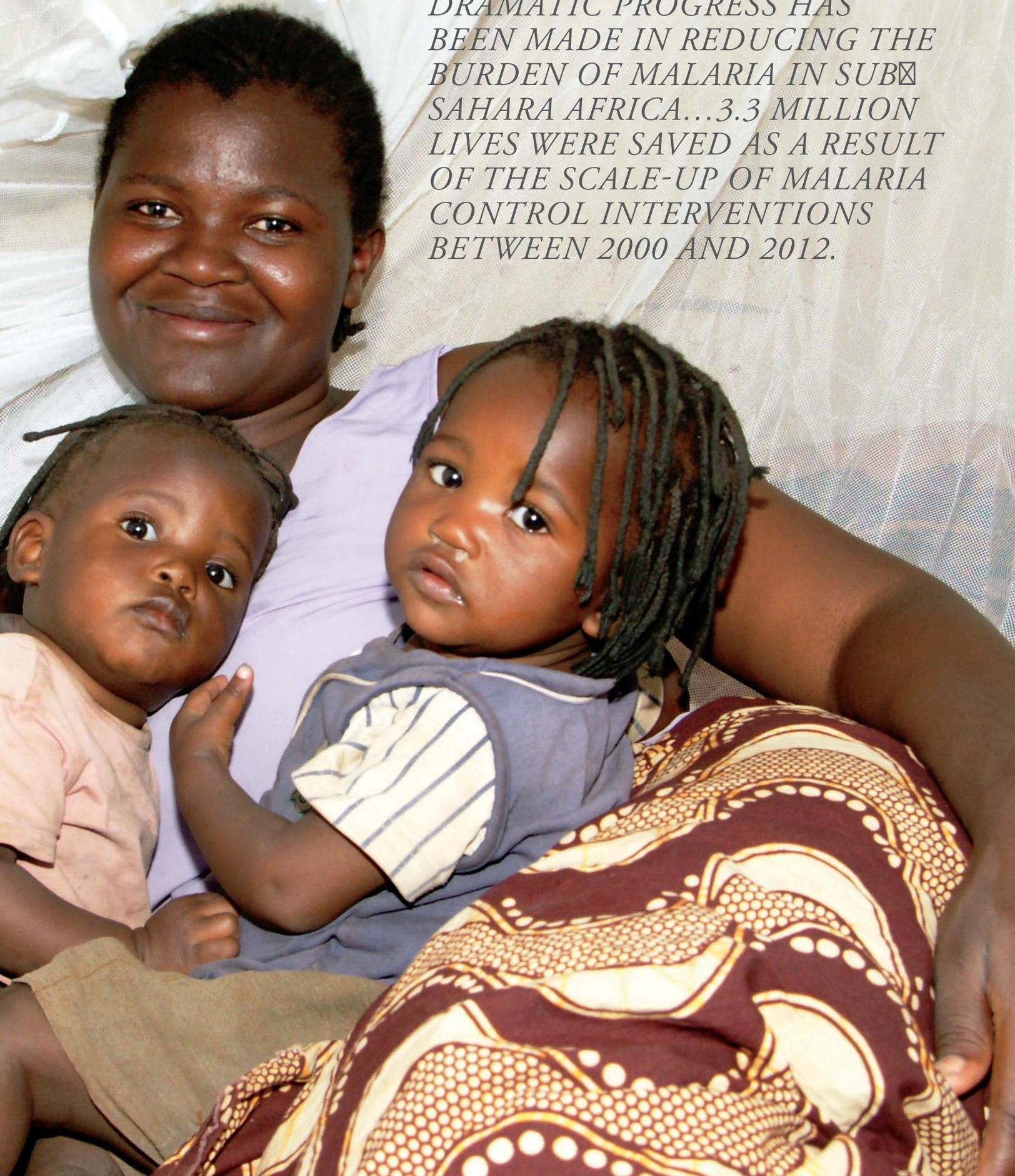
## Data-driven Priorities and Accountability

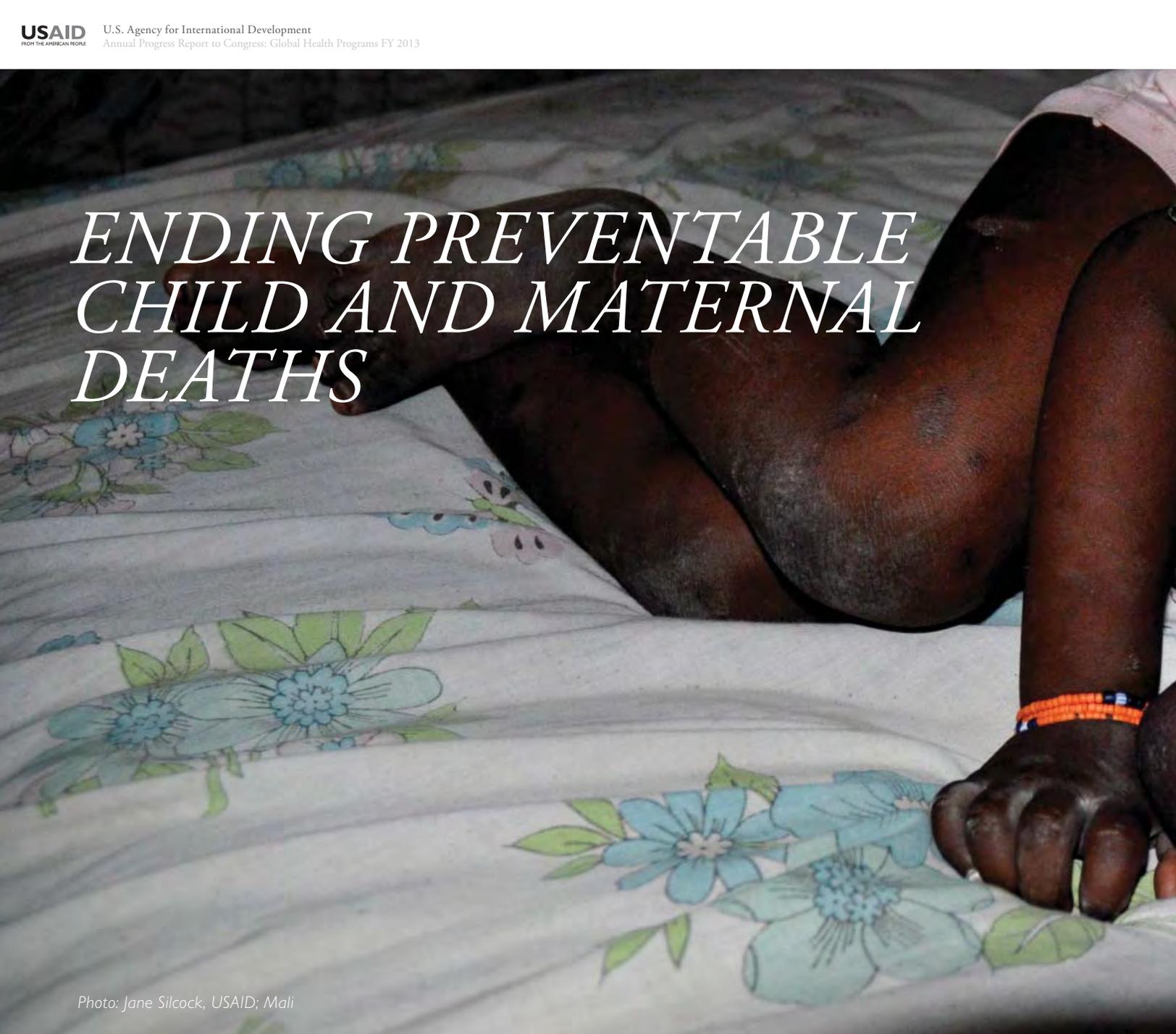
Initiated in 1984, the Demographic and Health Survey (DHS) is widely acclaimed as one of the USAID's most important contributions to global health. The term most often heard in describing DHS is "the gold standard." Indeed, the DHS provides the most accurate country-specific health-related data available over time. The information is used to identify and analyze problems, plan appropriate responses and monitor impact. No other development sector has this type of quality information.

To date, the DHS program has collected, analyzed and disseminated accurate and representative data on population, health, HIV and AIDS, and nutrition through more than 300 surveys in over 90 countries. While early Demographic and Health Surveys were primarily funded by USAID, many other donor and multilateral organizations now support these surveys, as do many country governments. USAID continues to place increased emphasis on building local capacity to plan and fund implementation of the DHS. And since DHS results are available, they serve as an important tool where citizens and the international community can hold governments accountable for achieving their health goals.

Photo: Jane Silcock, USAID; Mali

*OVER THE PAST DECADE,  
DRAMATIC PROGRESS HAS  
BEEN MADE IN REDUCING THE  
BURDEN OF MALARIA IN SUB-  
SAHARA AFRICA...3.3 MILLION  
LIVES WERE SAVED AS A RESULT  
OF THE SCALE-UP OF MALARIA  
CONTROL INTERVENTIONS  
BETWEEN 2000 AND 2012.*





# ENDING PREVENTABLE CHILD AND MATERNAL DEATHS

Photo: Jane Silcock, USAID; Mali

In Gazipur, Bangladesh, a young mother embraces her baby girl born at City Hospital. Her transportation there is by a motorcycle ambulance arranged prior to delivery. In Sokoto, Nigeria, a mother huddles with her newly immunized child and remits a voucher for a free long lasting insecticide treated mosquito net. In Katmandu, Nepal, a health worker applies a low cost antiseptic gel, called chlorhexidine, to prevent an umbilical cord infection in a newborn. In Lufwanyama, Zambia, a nurse immunizes six week olds to protect against pneumococcal disease, a leading cause of pneumonia, and in Wolisu, Ethiopia, a community health worker weighs an infant during her third post natal home visit.



Each day, in countless villages across the world, community health workers, nurses, midwives and doctors protect the health and well being of newborns, toddlers, girls and boys, expectant mothers and many other community members. The American people are a key partner in this effort as USAID makes evidence based investments to help provide proper nutrition to both mother and child, deliver life saving vaccines, save newborns from severe infections, protect young children from the risks of diarrhea, pneumonia and malaria, help women space the births of their children to protect their health and that of their children, and avoid deaths from post partum hemorrhaging and eclampsia, two of the leading causes of maternal death.

The U.S. is also a partner in *A Promise Renewed* the global movement to end preventable child deaths. The effort emerged from the Child Survival Call to Action, convened in June 2012 by the Governments of Ethiopia, India and the United States, and in collaboration with UNICEF. Since then, 16 countries and 5 regions have launched their own local or regional calls-to-action, and are creating evidence-based plans and data-driven report cards to track their progress. They have identified target districts and communities where the highest rates of child and maternal deaths occur, and are working to focus resources and energy at

reducing those rates. Each launch (see insert) marks the beginning of a renewed national effort to accelerate declines in preventable maternal, child and newborn deaths, and demonstrates each country's investment in the health and well-being of their people.

This report will go into greater detail in the following pages, highlighting the top threats to child and maternal survival, known solutions that USAID (along with its partners) have worked to advance in FY 2013, and progress to-date in those key areas.

*USAID has played an instrumental role...to improve access to essential lifesaving commodities such as Amoxicillin to treat pneumonia and Oxytocin to treat post-partum hemorrhage.*

## *THE MAGIC 13: COMMODITIES THAT SAVE LIVES*

The UN Commission on Life Saving Commodities for Women's and Children's Health released its report in September 2012, identifying 13 essential, life saving commodities, and made ten recommendations for how to get those commodities to those who need them most. If more widely accessed and properly used, these commodities could save millions of women and children's lives by 2015. This would catalyze and accelerate the reduction in deaths for women and children.

Access to life saving commodities across maternal, child, and newborn health and family planning is an essential component to end preventable child and maternal deaths. Too often, cost effective, high impact commodities do not reach the women and children who need them. As part of our commitment to save women and children, USAID has played an instrumental role in the development and ongoing work of the Commission in order to improve access to essential life saving commodities, such as Amoxicillin to treat pneumonia and Oxytocin to treat of post partum hemorrhage. USAID, as well as implementing partners, are major contributors to the development of tools for quantification and forecasting for these essential commodities. We identify and assist manufacturers to improve the quality of their commodities; create markets and support local manufacturing of ORS and zinc; strengthen the regulatory capacity of countries; conduct market analysis on MCH commodities; build logistics management systems; and other critical activities that address major barriers that keep these commodities short of the "last mile" in the distribution chain.



Photo: Amy Cotter, USAID; Bangladesh



**R**=USAID has funded/is funding research leading to the development and change-of-use of this commodity



**P**=USAID regularly purchases this commodity on behalf of host country governments (does not include one-off purchases as part of filling unanticipated gaps or research programs)



**T**=USAID provides/d technical support related to the proper use of this commodity in global health programs including necessary guidance, training and proof of concept pilots



**S**=USAID implements global health programs designed to bring use of these commodities to scale

## USAID's Contributions to the 13 Priority Commodities

### Child Health

- Amoxicillin: used for treatment of pneumonia
- Oral Rehydration Salts: used for treatment of diarrhea
- Zinc: used for treatment and prevention of diarrhea

### Potential 5 Year Impact\*

#### Under-5 Lives Saved

1.56 Million  
1.89 Million (ORS and Zinc)

### Newborn Health

- Injectable Antibiotics: used for treatment of newborn infections
- Antenatal Corticosteroids: used for prevention of or decrease in severity of Respiratory Distress Syndrome for preterm babies
- Chlorhexidine: used for newborn cord care for prevention of infection
- Resuscitation Equipment: used for treatment of newborn asphyxia

#### Newborn Lives Saved

1.22 million

### Maternal Health

- Oxytocin: used for prevention and treatment of post partum hemorrhage
- Misoprostol: used for prevention and treatment of post partum hemorrhage
- Magnesium Sulfate: used for prevention and treatment of eclampsia and pre eclampsia

#### Maternal Lives Saved

70,000

### Reproductive Health

- Female Condoms: used for contraception and HIV protection
- Implants: used for long acting, reversible contraception
- Emergency Contraception: used for contraception after unprotected sex

#### Maternal Deaths Averted

230,000

\*UN Commission on Life-Saving Commodities Estimates



*SOME PROBLEMS  
REQUIRE SIMPLE, EVEN  
NO-COST SOLUTIONS—  
JUST KNOWLEDGE  
SHARING.*

## SAVING NEWBORNS

Babies born today in USAID's 24 MCH priority countries have an increasing chance of surviving their first 28 fragile days of life. In these countries, newborn mortality rates declined by more than a third, from 49 per 1,000 live births in 1990 to 31 per 1,000 in 2012.



Developing&introd  
CHX 4 umbilical  
cord care decr  
newborn infections,  
which cause up to  
24percent newborn  
deaths  
<http://ow.ly/ueOR2>  
#endpoverty

According to 2012 UNICEF data, of the 6.6 million children who died before their 5th birthday, 44 percent are newborns, making neonatal complications the number one threat to child survival. Addressing the leading causes of preventable newborn deaths—preterm births, asphyxia and blood infections from poor umbilical cord care—could save more than 2 million children per year.

Interventions such as birth spacing, prevention and treatment of malaria and HIV/AIDS, proper maternal nutrition through optimal antenatal care, kangaroo mother care for warmth, and antenatal corticosteroids are critical in preventing and managing preterm birth complications. USAID is helping improve

maternal and newborn survival by encouraging behaviors such as exclusive breastfeeding, and the training health workers on basic interventions like resuscitation with a bag and mask which helps dramatically drive down newborn asphyxia. Further, we can prevent cord infections with a low-cost, topical antiseptic, called chlorhexidine, while treating existing infections with inexpensive antibiotics.

To deliver these interventions, USAID relies on a global multi-stakeholder partnership that includes public-private partnerships, research and innovation, integration with maternal health and family planning programs, and community-based approaches, which are the hallmark of USAID's global health program.

### Reduction in Newborn Deaths



### **Advancing Strategic Approaches Worldwide**

USAID is part of an extensive consultative process to develop a major new global plan to improve newborn health. Coordinated by UNICEF and the World Health Organization, the Every Newborn Action Plan outlines a roadmap and joint platform for improving the quality of care for women and children during labor and delivery, as well as the high-risk days before and after birth. Every Newborn focuses on equity and quality of health services, emphasizes behavior changes needed to accelerate progress, outlines the vital commodities needed at the point-of-care, and highlights the need for better data—and

to count every newborn. This global action plan for newborn health is expected to receive endorsement by the World Health Assembly in May 2014.

### **Partnerships Lay Foundation to Scale-up Newborn Interventions**

Partnerships such as *Helping Babies Breathe*, *Survive and Thrive*, Mobile Alliance for Maternal Action (MAMA), and *Saving Lives at Birth* have provided effective platforms to introduce and scale-up newborn resuscitation in 60 countries, disseminate information about pregnancy and newborn care through mobile phones, and catalyze the development of innovations, some of which are likely to be game changers,

## *BREATHING LIFE INTO BABIES*

Imagine carrying a child for nine months, enduring labor and delivery, and then hearing the heart wrenching sound of silence. No cry from your newborn. It is in those few moments following delivery that a skilled birth attendant can quickly respond with the help of a simple, low-cost resuscitation device, avoiding a completely preventable loss of a baby.

According to WHO, birth asphyxia, defined as the failure to establish breathing at birth, accounts for an estimated 900,000 deaths each year and is one of the primary causes of early neonatal mortality. USAID supports the scale up of *Helping Babies Breathe*, a simplified newborn resuscitation program developed by the American Academy of Pediatrics (AAP). The public private partnership with AAP, Laerdal Global Health and others offers evidence based training, high quality and affordable resuscitation equipment and technical assistance to support countries in their efforts to improve coverage and quality of newborn resuscitation services. In just 3 years, the partnership has trained and equipped about 130,000 health providers in 60 countries. The approach has dramatic effects on the lives of newborns; a study of *Helping Babies Breathe* in Tanzania showed a 47 percent decline in early newborn deaths.

like chlorhexidine. USAID has also supported seminal research studies such as the simplified antibiotic regimen, the findings of which are expected to change global guidelines for treatment of newborn blood infections.

Chlorhexidine, a low-cost antiseptic that prevents umbilical cord infections in newborns, is another high-impact intervention. Risk of infection leads as one of the top three threats to newborn survival, and chlorhexidine has proven a remarkable breakthrough coming out of a *Saving Lives at Birth* Grand Challenge for Development grant to address the problem. At \$0.23 per dose, chlorhexidine is an extremely low-cost, scientifically-proven innovation that

has been shown to reduce up to a third of newborn deaths. With USAID's assistance, the use of chlorhexidine has been scaled to 44 of Nepal's 75 districts.

Some problems require simple, even no-cost solutions—just knowledge sharing. A prime example of this is kangaroo mother care. To address the leading cause of newborn deaths, preterm birth, USAID has intensified efforts to introduce and rollout of kangaroo mother care in health facilities which is then continued at home. This no-cost approach involves constant skin-to-skin contact between newborn and mother (or father)—helping newborns regulate their temperature, increase breastfeeding,

#### USAID Investment Under *Helping Babies Breathe*

\$17 million → \$40 million

2010

2011

2012

#### Under *Helping Babies Breathe*, trained:

**130k**  
health providers

**60**  
countries

## CREATIVE THINKING LEADS TO GRAND SOLUTIONS

### Creative Thinking Leads to Grand Solutions

Innovative thinking drives many of the successes we are seeing across USAID's global health programs. Lack of electricity in health facilities to keep medicines and vaccines stable; quality assurance with medicines and other commodities; lack of transportation to health clinics; are just a few of the obstacles we have to overcome to reach the most vulnerable. *Saving Lives at Birth: A Grand Challenge for Development* calls on the brightest minds across the globe to develop groundbreaking prevention and treatment approaches for pregnant mothers and newborns during the vulnerable hours surrounding birth. The competition is a partnership among USAID, the Government of Norway, the Bill & Melinda Gates Foundation, Grand Challenges Canada, and DfID.

After three rounds of awards, the portfolio supports the development of 59 novel technologies and solutions for use in low-resource settings. Some of the scientific and technological maternal health advancements include the development of a low-cost, non refrigerated inhaled form of oxytocin to prevent post partum hemorrhage; testing scalability of the "solar suitcase" to provide a sustainable power source to medical providers 24 hours a day; and development of one of the first innovations to address obstructed labor since the forceps decades ago; and development of an operative and realistic emergency obstetric simulator and simulation based training for emergency C sections.

and reduce infections. The intervention has been shown to reduce newborn mortality and morbidity in premature and low-birth weight infants by approximately 50 percent compared to traditional care.

To help facilitate scale-up of these interventions, USAID works to integrate community-based newborn care in rural settings like Ethiopia—where the Millennium Development Goal for reducing child mortality

was met in FY 2013. But more work is needed to save the lives of newborns. By preparing community health extension workers to diagnose and treat sepsis in newborns, we have the potential to reduce neonatal mortality by 30 percent.

USAID relies on a global multi-stakeholder partnership that includes public-private partnerships, research and innovation, integration with maternal health and family planning programs, and community-based approaches, which are the hallmark of USAID's global health program.



### **Sourcing and Scaling-up Innovative Interventions**

By collaborating with a diverse group of public and private partners, the *Saving Lives at Birth* Partnership has stimulated the development, testing, and scale-up of a simple, low-cost bCPAP (bubble Continuous Positive Airway Pressure) device, which addresses acute respiratory distress. Initial trials showed up to a three-fold increase in survival rates for newborns with respiratory distress who were treated with bCPAP versus the control group. *Saving Lives at Birth* innovations are spurring private sector interest in helping new products and technologies reach and sustain scale. For example, Becton Dickinson (BD) is now licensed to manufacture the Odon Device, a new obstetrical instrument for assisting in a complicated delivery. The partnership will provide rural health facilities, which rarely have the capacity to perform Caesarean sections, with access to this low-cost, life-saving tool for mothers and newborns. BD has extensive experience in bringing health products to market and, by applying its core

competencies in medical device design, quality systems, process design, and manufacturing, they will accelerate the development of the Odon Device ensuring its scales quickly to reach communities most in need.

## *PREVENTING AND TREATING PNEUMONIA AND DIARRHEA*

There has been 72 percent reduction in the risk of a child dying from pneumonia or diarrhea, from 50 per 1000 in 1990 to 14 per 1000 in 2012. USAID’s work focuses on both prevention and treatment of these preventable diseases, both of which are leading causes of under-5 death. In FY 2013, USAID’s health programs ensured the safety of drinking water through treatment of 3.2 billion liters, which is enough to provide safe water to over 4 million people. Additionally, USAID supported the introduction of vaccines against rotavirus and pneumococcus, two of the leading disease agents for diarrhea and pneumonia, respectively; and provided low-cost treatment in more than 1.8 million cases in children under-5.



**Biggest impact on child health? Tackling pneumonia + diarrhea. New plan by @WHO and @UNICEF charts how**  
<http://ow.ly/jYjKJ>  
#MindTheGAPPD]

Diarrhea and pneumonia are among the leading killers of children under-5, together accounting for 26 percent of under-5 deaths, and claiming the lives of 1.7 million children each year. Children in low-resource settings are especially vulnerable to pneumonia and diarrhea because they often lack access to quality, affordable care and treatment that could easily save them, and they live in poor conditions. This often includes living in crowded sub-standard housing, without access to safe drinking water, adequate latrines and hand-washing facilities with soap and water. The burden of these childhood illnesses only serves to worsen the inequalities that already exist.

Most of these deaths could be prevented with highly effective interventions such as

exclusive breastfeeding, handwashing with soap, safe drinking water, improved sanitation, vaccinations, as well as low-cost, high quality treatments. Two proven treatments in particular—oral rehydration salts (ORS) with zinc for diarrhea, and the antibiotic amoxicillin for pneumonia—could avert the majority of deaths. While some of these interventions are specific to pneumonia or diarrhea, others are effective in combating both, such as handwashing, or can rely on a common platform for delivery, such as treatment by a health worker.

To better coordinate efforts around these two leading causes of post-neonatal under-5 deaths, in partnership with WHO, UNICEF, and leading academic institutions, USAID helped to launch the Global Action Plan on

Pneumonia and Diarrhea (GAPP-D) in April 2013. The Action Plan focuses on a package of interventions that collectively eliminate 95 percent of diarrhea deaths and 65 percent of pneumonia deaths by 2025. Over 100 members from non-governmental and civil society organizations have issued a statement of support for the GAPP-D, and pledged to begin immediately working with national

governments, donors, multilateral institutions, the private sector and other partners to make the global framework a reality in countries and communities hardest hit. In alignment with this plan, USAID continues to make important strides in addressing pneumonia and diarrhea in the countries where we work.

In addition, USAID is helping to make available a reliable supply of high quality treatments through the private sector, while also generating demand and educating caregivers on their appropriate use. For example, our efforts in Ghana have resulted in statistically significant increases in

knowledge of appropriate diarrhea treatment and an increase of zinc sales from 0 prior to 2012 to approximately 870,000 treatments in FY 2013 reaching an estimated 435,000 children. Moreover, nationwide zinc dispersible tablets are now available in 65 percent of retail outlets. In Kenya, years of advocacy have led to the reclassification of zinc as an over-the-counter drug, paving the way for expanded access in the private sector to the life-saving treatment of ORS with zinc.

### **Community Access to Lifesaving Treatments**

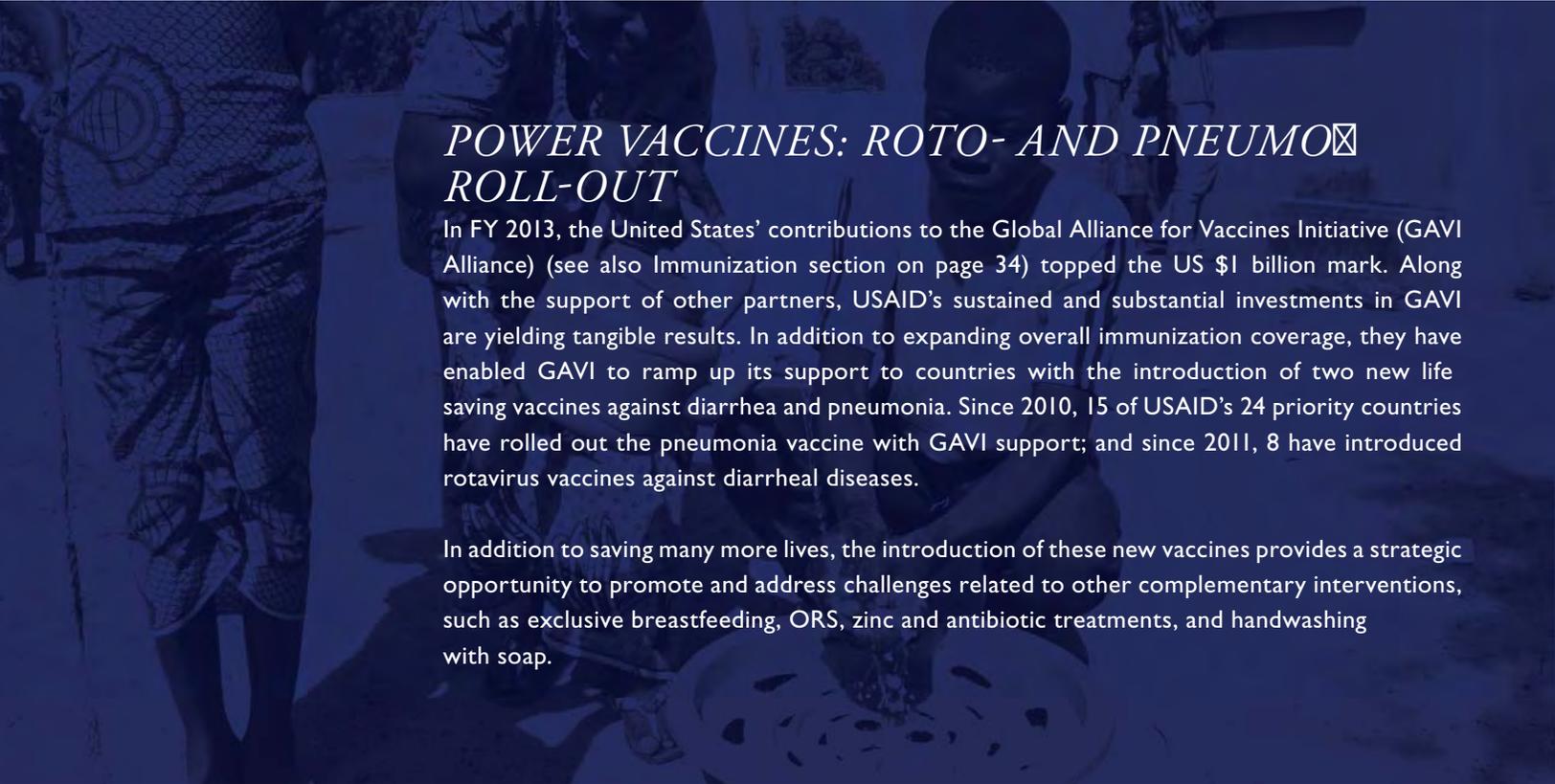
In low-resource settings, it is often difficult

and costly to access a health facility, particularly within the crucial 24 hour window after the onset of symptoms. Community health workers who are appropriately trained, supervised, and supported with an uninterrupted supply of medicines and equipment, can identify and correctly treat many childhood illnesses. By strengthening links with malaria programs (see also Malaria section on page 40), USAID is supporting the expansion of integrated community case management (iCCM) of diarrhea, pneumonia and malaria to extend these life-saving interventions to the community level. We are advocating for national policies that support this integrated approach and an increasing number of countries are prioritizing it in their national programs. For example, in FY 2013, USAID supported the introduction, improvement, and expansion of iCCM in 13 countries (Democratic Republic of the Congo, Mali, Rwanda, Zambia, Malawi, Ethiopia, Mozambique, Uganda, Yemen, Guinea, Burundi, Zimbabwe and Niger). In Kenya, USAID's leadership and advocacy for community-based treatment of childhood illnesses culminated in a national iCCM policy developed in FY 2013 that will be rolled out over the coming year.

USAID—working in concert with members of the UN Pneumonia and Diarrhea Working Group—has partnered with McCann Healthcare, a global healthcare communications firm, to strengthen and expand effective demand generation activities for zinc and ORS in 10 high-burden countries. During the Child Survival Call to Action in June of 2012, McCann Healthcare volunteered to contribute up to \$5 million dollars' worth of professional services to combat child mortality.



*Photo: Jane Silcock, USAID; Mali*



## *POWER VACCINES: ROTO- AND PNEUMO* *ROLL-OUT*

In FY 2013, the United States' contributions to the Global Alliance for Vaccines Initiative (GAVI Alliance) (see also Immunization section on page 34) topped the US \$1 billion mark. Along with the support of other partners, USAID's sustained and substantial investments in GAVI are yielding tangible results. In addition to expanding overall immunization coverage, they have enabled GAVI to ramp up its support to countries with the introduction of two new life saving vaccines against diarrhea and pneumonia. Since 2010, 15 of USAID's 24 priority countries have rolled out the pneumonia vaccine with GAVI support; and since 2011, 8 have introduced rotavirus vaccines against diarrheal diseases.

In addition to saving many more lives, the introduction of these new vaccines provides a strategic opportunity to promote and address challenges related to other complementary interventions, such as exclusive breastfeeding, ORS, zinc and antibiotic treatments, and handwashing with soap.

Seeing an opportunity to address childhood diarrhea, the partnership led to the creation of an open source platform of global demand generation tools to catalyze and leverage multi-stakeholder participation in the scale up of ORS and zinc.

### **Improving Hygiene, Preventing Disease**

The 2015 Millennium Development Goal target for halving the proportion of people without access to an improved water supply was met globally in 2010. However, worldwide 768 million people still lack access to an improved water source and 2.5 billion people still lack access to basic sanitation—of these, 1 billion simply defecate in the open. Use to safe water and sanitation services dramatically decreases the spread of diarrheal disease and

resulting deaths. Indeed, gaps in sanitation and hygiene mean that, even for those with access to an improved water supply, the water actually used for drinking is often contaminated and unsafe. USAID's recently launched Water and Development Strategy seeks to improve health outcomes through a continued focus on providing safe water, an increased emphasis on sanitation, an ongoing focus on hygiene, particularly hand washing with soap, and support for programs that can be brought to scale and sustained. In FY 2013, 2.7 million people gained access to safe water and 720,000 people gained access to improved sanitation through USAID programs, including those funded under Global Health Programs.

**USAID-funding Programs for  
Pneumonia and Diarrhea**



**Pneumonia Vaccine Rollout w/GAVI Support**

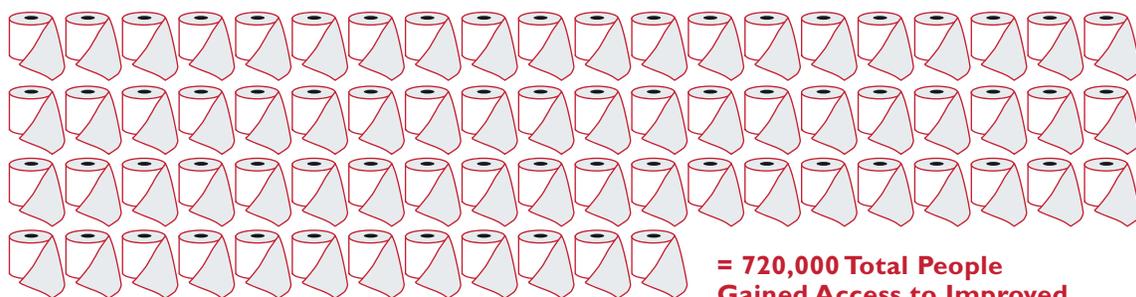
**15 of USAID's 24 Priority Countries  
since 2010**



**8 have introduced rotavirus vaccines  
against diarrheal diseases since 2011**

**2.7 million People Gained Access to Safe Water**

 = 10,000 people helped



## PROTECTING THROUGH IMMUNIZATION

In FY 2013, USAID contributed \$138 million to GAVI for the purchase of life-saving vaccines. In USAID's 24 priority MCH countries, over 43 million children received the full three doses of diphtheria, tetanus, and pertussis (DTP3) vaccination, a common indicator in measuring immunization coverage.



**The “Vaccination Effect”-->100 million cases of infectious disease prevented:**  
<http://nytimes/18ZPbFR>  
[#vaccineswork](#)

In many developing countries, babies born today have the potential to be protected against more than a dozen diseases through the timely use of safe and effective vaccines. Vaccines are one of the most impactful and cost effective public health tools. Great strides have been made, yet more than 2 million children die in developing countries each year from diseases that can be prevented through immunization.

In 2011, the global community came together in support of the Global Vaccine Action Plan, with a goal of reaching 90 percent national vaccination coverage and at least 80 percent vaccination coverage in every health district by 2020. USAID plays a key role in achieving this target through financial contributions to the GAVI Alliance for vaccine purchase and by strengthening the immunization and health systems that ensure the effective delivery of new and existing vaccines. USAID simultaneously plays roles as both a donor and technical agency. Through its financial contribution to the GAVI Alliance, a public private partnership committed to saving children's lives and protecting people's health by increasing access to immunization in

poor countries, USAID helps countries gain access to new, more expensive vaccines like those that prevent the most deadly forms of pneumonia and diarrhea. GAVI uses innovative finance mechanisms, including co financing by recipient countries, to secure funding and adequate supply of quality vaccines for use in their immunization programs.

Since 2000, GAVI Alliance partners, including USAID, have saved an estimated 6 million lives and reached an additional 440 million children. To date, USAID has contributed over 1 billion in financial support to the GAVI Alliance. USAID, together with GAVI and other partners, seek to extend the benefits of vaccines to every child, striving to overcome inequities within and between countries.

However, vaccine supply alone through USAID's contribution to GAVI is not sufficient or an immunization gram to reach everchild. Systems must be in place to ensure the programs are effectively designed, supported and executed. USAID technical inputs into immunization programs help countries improve quality, equity, and coverage metrics. For example, in all countries with USAID

Since 2009, USAID has provided technical assistance for 17 GAVI proposals in 8 countries.



supported immunization programs, we support countries to target their immunization services in districts and areas within districts with the highest number of unimmunized children – locating un- and under-immunized (those that have not completed all their shots) children. In Zimbabwe and India, we have been initiating an approach which aims to immunize children who have been left out of the system by using community partnerships to identify and track all newborns. We are also adapting approaches pioneered by immunization programs as a platform for other health interventions to achieve their goals.

### **Technical Guidance and Collaboration**

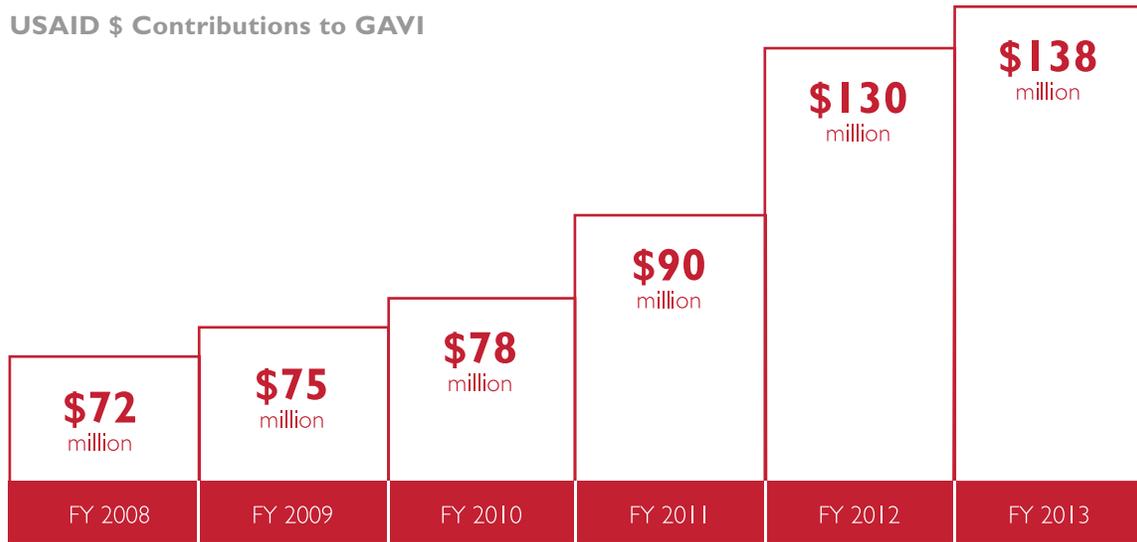
In addition to providing monetary support to GAVI, USAID provides direct technical assistance to countries to apply for GAVI co-financing, new vaccine introduction, and evaluation. Since 2009, USAID has provided technical assistance for 17 GAVI proposals in 8 countries. This is a required step in securing vaccines from GAVI. We have helped 10 countries prepare for 20 new vaccine

introductions and participated in 17 vaccine launches, which include planning, training, coordination, and preparation for smoothly folding a new vaccine into a country's routine immunization system, as well as preparing parents and health workers in these countries to accept the new vaccine.

USAID conducted 12 post-introduction follow-up assessments and 10 formal post-introduction evaluations to remedy any problems and learn how future vaccine introductions can be improved. Additionally, USAID has also technically supported 9 reviews of country national immunization programs.

USAID's technical contributions to immunization system improvements protect and optimize the investments in vaccine procurement, since a newly-introduced vaccine can achieve its promised impact only if the vaccination services are strong. To this end, USAID supports the development of sound immunization policy, strategies, and guidelines

### USAID \$ Contributions to GAVI



### Vaccines Purchased for 2013



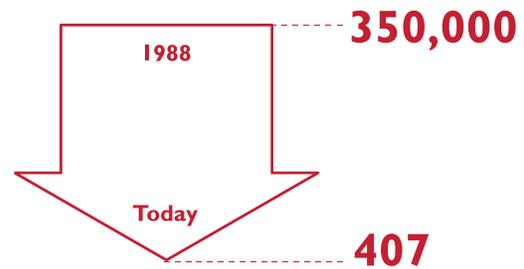
### Children with DPT3 Vaccination



### Counties in Polio Surveillance & Communication



### Polio Cases



## *NEW VACCINES IN TANZANIA*

In FY 2013, USAID supported the roll out of two new life saving vaccines in Tanzania pneumococcal conjugate and rotavirus – marking only the second time a low-income country has executed a dual launch. USAID supported this significant effort beginning almost a year in advance of the official launch, supporting cold chain assessments, developing learning materials and conducting training, revising and distributing management tools, and developing communications strategies and key messages. Through our contributions to the Government of Tanzania, coverage rates are expected to have reached 80 to 90 percent with an anticipated decline in mortality to follow. USAID is also supporting a vaccine impact study on the effectiveness of rotavirus vaccine introduction, one of only a few studies performed in a low-resource setting.

so that routine immunization programs are well-planned and managed.

### **Supporting the Global Polio Eradication Initiative**

Today, 80 percent of the world's children live in polio-free countries. Since the Global Polio Eradication Initiative was launched in 1988, the number of polio cases recorded annually has decreased 99.9 percent, from 350,000 to 407 in 2013. USAID has contributed to the global reduction of polio cases by providing technical and financial support to more than 25 countries for surveillance, special campaigns, communication and community mobilization, outbreak response, and linking with efforts to strengthen routine polio immunization. Recent outbreaks in conflict-affected settings have resulted in an increase in the number of countries with polio transmission, although the

number of endemic countries remains limited to three (Nigeria, Pakistan, and Afghanistan). USAID is working with WHO, CDC, and other partners to investigate and contain the outbreaks as well as stop transmission in endemic countries.

## PROPER NUTRITION

Since 2010, USAID has reached more than 46 million children under-5 including 12.5 million in FY 2013 through our nutrition programs, and an additional five million children through leveraging global health resources and partnerships with other donors. USAID also contributed to the Global Nutrition for Growth Compact, which aims to reach at least 500 million pregnant women and children under-2 with effective nutrition interventions, and trained 1.3 million people on child health and nutrition to assist with early diagnosis and treatment of undernutrition.



Iron folate supps  
important for  
pregnant women  
w anemia bc  
they red risk of  
maternal&infant  
complications  
<http://ow.ly/ueOR2>  
#endpoverty

Hunger and poverty are cyclical and inextricably linked. Lack of proper nutrition, known as undernutrition, negatively affects all aspects of an individual's health and development, and limits a country's economic and social development.

In 2013, The Lancet published a special series on Maternal and Child Nutrition presenting strong evidence that improving nutrition is one of the best ways to achieve lasting progress in development, especially during the critical 1,000-day window between pregnancy and a child's second birthday when optimal nutrition lays the foundation for growth and brain development.

The Lancet series also reported that approximately 45 percent of deaths among children under-5 are attributable to undernutrition, resulting in more than 3 million deaths annually.

In order to address the pervasive threat of undernutrition, global leaders in government and development gathered in London on June 2013 with representatives from private sector and civil society to put nutrition at the center of the development agenda. By 2020, the Global Nutrition for Growth Compact aims to reach at least 500 million pregnant women and children under-2 with effective nutrition interventions—exclusive breastfeeding, micronutrient supplementation, and the prevention of infectious disease—which could prevent at least 20 million children under-5 from being stunted, and save at least 1.7 million lives by reducing stunting and treating severe acute malnutrition.

### **Prevention and Early Intervention Leads to Stronger, Healthier Children**

Optimal nutrition prevents stunting, wasting, and micronutrient deficiencies, and can be promoted through early detection of



Photo: Hugh Rigby

undernutrition, and basic and low-cost technologies. In FY 2013, USAID trained more than 1.3 million people who worked in high burden areas in child health and nutrition. These trainings allowed us to extend our reach and identify pregnant mothers and young children most in need of nutrition interventions, helping to curb the rate of preterm births, and long term physical and mental deficiencies. Our programs integrate with family planning to ensure good nutritional practices for pregnant women and exclusive breastfeeding during the first 1,000-days. We work across our Infectious Disease division to address the prevention and treatment of diseases, like Schistosomiasis or intestinal worms, which also lead to undernutrition.

Further, we work closely with the Feed the Future initiative to distribute micronutrient supplementation, increase agricultural funding, and double nutrition funding through our global health programs since 2008. We are working to make certain that these resources work in tandem to produce life-saving results around the world. Through Feed the Future and the Global Health Initiative, USAID's nutrition efforts are aimed at saving lives, building resilience, and increasing economic productivity. Nutrition is at the center of many of Feed the Future's development efforts, as the defining link between agriculture and health which is fundamental to human development and economic growth. In Senegal, the USAID project Yaajeende uses a "nutrition-led agriculture" approach to create an agriculture sector dedicated to the production of healthy foods.

### **Investing in Nutrition Yields Economic Growth**

Investments in nutrition can have remarkable returns, and our programs are showing that results can be demonstrated even in a short period of time. In Uganda, a USAID-supported agriculture and nutrition project that benefits more than 24,000 households showed that after just one year of implementation, the percentage of households with moderate to severe hunger decreased from 19 percent to 17 percent. In addition, households were proving more resilient to shocks, like a catastrophic health event, and less likely to fall below the poverty line.

In Ghana, we are partnering with local governments in the northern region to address poverty, poor nutrition, and gender equity. Through direct government-to-government agreements at the district level, USAID is building and reinforcing the capacity of local governments to respond to the needs of the most vulnerable. The project includes a strong gender component that seeks to improve men's contributions to child care and family health, while increasing income for women. In turn, more family expenses are put toward child health and nutrition.

## FIGHTING MALARIA

Since 2006, all the original 15 PMI focus countries have had reductions in childhood mortality rates, ranging from 16 to 50 percent. In FY 2013, PMI protected over 45 million people with a prevention measure (insecticide-treated nets and/or indoor residual spraying), as well as procured more than 48 million antimalarial treatments and more than 51 million rapid diagnostic tests.



Since 2004,  
@USAID has  
supported the  
Medicines for  
#Malaria Venture,  
a PPP to catalyze  
drug development  
<http://ow.ly/ueOR2>  
#endpoverty

Over the past decade, dramatic progress has been made in reducing the burden of malaria in sub-Saharan Africa. According to the World Health Organization, an estimated 3.3 million lives were saved as a result of the scale-up of malaria control interventions between 2000 and 2012. Over the same period, malaria mortality rates in African children were reduced by an estimated 54 percent. In spite of this progress, malaria continues to be one of the major public health problems in Africa, with about 80 percent of malaria deaths occurring in African children under-5 years of age.

The President's Malaria Initiative (PMI) was launched in June 2005. It is led by USAID, in partnership with the U.S. Centers for Disease Control and Prevention (CDC) to reduce the intolerable burden of malaria and help relieve poverty on the African continent. The Initiative now includes 19 focus countries in Africa and one regional program in the Greater Mekong Sub-region.

### Accelerating Scale-up of Proven Interventions

In FY 2013, PMI continued to support the scale-up of four proven malaria prevention

and treatment interventions: insecticide-treated mosquito nets (ITNs); indoor residual spraying with insecticide; intermittent preventive treatment for pregnant women (IPTp); and improved laboratory diagnosis and appropriate treatment with artemisinin-based combination therapies. PMI also provided continued support for health systems, which included building health worker capacity through training on appropriate malaria case management and supporting robust supply chain management practices.

To improve the delivery of interventions, PMI continues to develop and advance innovations in malaria control. For example, during FY 2013, PMI piloted a new mobile application using smartphones to conduct environmental compliance assessments for IRS programs in 12 countries. By using this tool, it is anticipated that IRS programs will be able to reduce errors, respond more quickly to correct identified issues, and improve overall supervision of environmental compliance activities. In Angola, PMI converted a 40-foot shipping container into a working insectary and on-the-job entomological training was provided to Angolan entomology technicians. This "insectary-in-a-box" model can serve as



Photo: Jane Silcock, USAID; Mali

a quick, cost-effective solution to carry out entomological monitoring—such as monitoring for insecticide resistance—in settings where resources and infrastructure are limited.

### **Saving the Lives of Children Under-5**

In all of the 15 original PMI focus countries (Angola, Benin, Ethiopia, Ghana, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Rwanda, Senegal, Tanzania, Uganda and Zambia),

declines in all-cause mortality rates among children under-5 have been observed. These declines have ranged from 16 percent in Malawi to 50 percent in Rwanda.

At the same time, national household surveys are documenting dramatic improvements in the coverage of malaria control measures. Since the launch of PMI, in countries where data are available, household ownership of one or more ITNs increased from a median\* of 29 to 55 percent; usage of an ITN the night before the survey increased from a median of 20 to 43 percent for children under-5; and the median proportion of pregnant women who received two or more doses of IPTp increased from 13 to 25 percent. This progress represents the results of the combined efforts and the partnership of the U.S. Government; national governments; the Global Fund to Fight

AIDS, Tuberculosis and Malaria; the World Bank; and other donors.

Strong and growing evidence shows that malaria prevention and treatment are playing a major role in reducing child mortality. In-depth impact evaluations in several PMI focus countries (Angola, Ethiopia, Malawi, Rwanda, Senegal, and Tanzania) have provided strong evidence that malaria interventions have had a positive effect on reducing mortality among children under-5, and evaluations in the remaining countries are planned for future years.

### **Investing in New Malaria Control Tools**

USAID plays a vital role in supporting innovative malaria research and development to advance new malaria control tools. This includes providing global leadership to ensure that innovations are developed, approved for use, introduced, and ultimately scaled-up. USAID supports a portfolio of over 50 potential antimalarial drugs. USAID is also fostering the development of promising vaccines and their evaluation in field trials. To complement these investments in new tools, USAID is also researching the best ways to roll out and scale up malaria interventions, such as studies on mosquito net durability and approaches to mitigating insecticide resistance.

\* The median is the middle value of a set of numbers ordered by rank.



**Procured +40m Long Lasting Insecticide-Treated Nets**



**Sprayed +5m Houses With Insecticides**

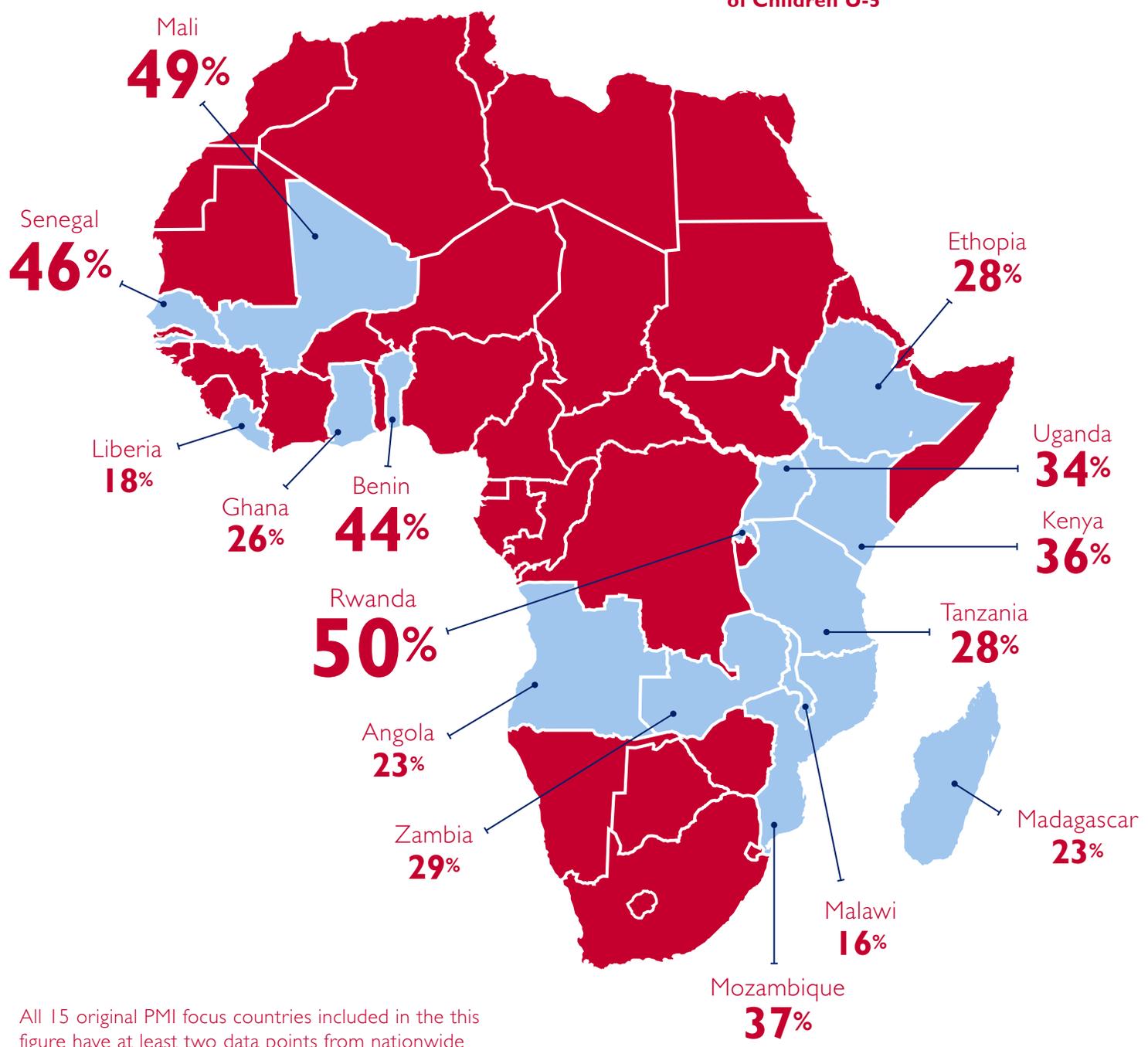


**Procured +10m Preventative Treatments For Pregnant Women and Trained 16k Health Workers In Their Use**



**Procured +48m Anti-Malarial Treatments and +51m rapid diagnostic tests**

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



All 15 original PMI focus countries included in the this figure have at least two data points from nationwide household surveys that measured all-cause mortality in children under the age of five.

# VULNERABLE CHILDREN

*Since 1991, USAID has supported programs in 58 countries to reduce childhood blindness. The primary interventions include surgery, eye health education, vision screening and provision of eyeglasses, and training for service providers.*

## **Children in Adversity**

The United States' sustained commitment to meet vulnerable children's needs has increased the impact of foreign assistance in many key areas, including impressive gains in child survival. Research shows that children at risk of violence, abuse and exploitation face threats not only to their immediate survival and well being but also to their physical, cognitive and social development over time.

## **The U.S. Government Action Plan on Children in Adversity**

To achieve a world in which all children grow up within protective family care and free from deprivation, exploitation, and danger, means taking bold initiative. We seek to integrate internationally recognized, evidence based good practices into all of our international assistance initiatives for the best interests of the child.

USAID is leading the implementation of the first ever U.S. Government Action Plan on Children in Adversity. Launched at the White House in December 2012, the plan brings together more than 7 agencies and 30 offices across the U.S. Government to advance three objectives:

- **Build strong beginnings:** We will help ensure that children under 5 not only survive, but also thrive by supporting comprehensive programs that promote sound development of children through the integration of health, nutrition, and family support.
- **Put family first:** Our assistance will support and enable families to care for their children, prevent unnecessary family child

separation, and promote appropriate, protective and permanent family care.

- **Protect children:** We will facilitate the efforts of national governments and partners to prevent, respond to, and protect children from violence, exploitation, abuse, and neglect.

## **Displaced Children and Orphans Fund**

Through the Displaced Children and Orphans Fund (DCOF), USAID supports programs in 14 countries to prevent family separation, promote family based alternatives to institutional care for children and strengthen the capacity of families, communities and governments to care for children. As a result of our assistance, more than 14,000 child protective service providers were trained in FY 2013 to provide comprehensive, sensitive care. In turn, these providers have directly reached more than 92,000 children and their family members, improving protection and wellbeing for vulnerable children.

In FY 2013, USAID launched several new projects with UNICEF and other partners in Cambodia, Guatemala, and Rwanda aimed at helping more than 4,000 children transition from homelessness or residential care into a supportive family environment. National governments in these countries are demonstrating their leadership and commitment to family based care, and USAID's technical assistance is supporting these efforts.

USAID supports sustainable methods to increase families' capacities to better care for children through household economic approaches such as savings led microfinance.

In FY 2013, these programs in Burundi and Liberia helped to demonstrate effective and replicable approaches for improving the economic status of vulnerable families and—as a result—the well-being of their children. USAID also supports the innovative work of three interagency networks composed of nongovernmental organization, university, donor and United Nations partners. Their aim is to promote research, learning and exchange of best practices related to child protection. The networks have a special focus on the needs and appropriate responses for vulnerable children in conflict- and crisis-affected areas.

#### **USAID Child Blindness Program**

Since 1991, USAID has supported programs in 58 countries to reduce childhood blindness. The primary interventions include surgery, eye health education, vision screening and provision of eyeglasses, and training for service providers. Through the Child Blindness Program, over 2.5 million children have had their vision and eyes screened using innovative approaches such as engaging small entrepreneurs in outreach efforts and establishing mobile screening camps for children in remote communities.



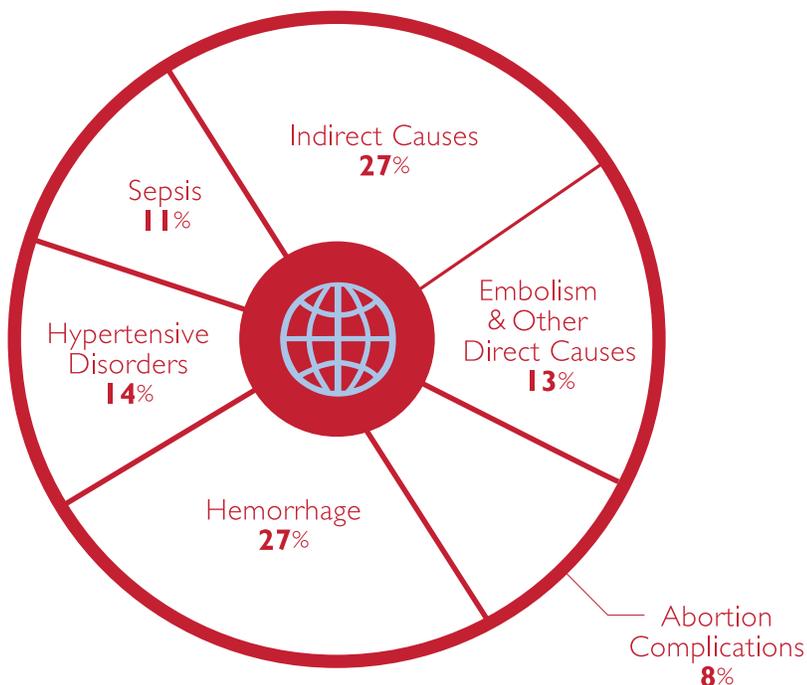
*Photo: Kate Holt, Jphiego; Tanzania*

## SAVING MOTHERS

In the 24 countries where USAID is focusing its maternal and child health (MCH) efforts, the maternal mortality ratio decreased by more than half, from 695 per 100,000 in 1990 to 315 per 100,000 in 2010, the most recent year for which data is available. Attendance at birth by a skilled provider increased from 27 percent in 1990 to 51 percent in 2013. In FY 2013, Saving Mothers Giving Life—a USAID-led public-private partnership, contributed to a 30 percent decline in the maternal mortality ratio in target districts of Uganda and a 35 percent reduction of maternal deaths in target facilities in Zambia.

### Global Causes of Maternal Death

Source: Say, L et. al. Global Causes of Maternal Death: a WHO systematic analysis, The Lancet, May 6, 2014



Every year, more than 287,000 women die from complications during pregnancy or childbirth. Saving the lives of women is not only a moral imperative, but it is of critical importance to the survival of their families and essential to the economic health of their communities. When a mother dies during pregnancy or childbirth, it impacts the chances of her newborn's survival, lowers her other children's chances for an education, and has an economic impact on her country.

The major causes of these deaths are well-known — severe bleeding, pregnancy-induced hypertension (a condition known as preeclampsia and eclampsia), infection, and complications related to unsafe abortion. The high impact, evidence-based interventions to address these threats are also well-known.

USAID focuses on 24 priority countries



#SMGL ...  
exemplifies our  
commitment to  
ending preventable  
child and maternal  
death around the  
world.”

- @RajShah <http://ow.ly/sqa4G>

where over 70 percent of all maternal deaths occur. Programs in these countries use high impact, evidence-based interventions such as the use of uterotonics (medicines that contract the muscular wall of the uterus to stop bleeding) for prevention and treatment of severe bleeding after birth at both facility and community-level, and magnesium sulfate for severe preeclampsia and eclampsia (high blood pressure during pregnancy which can lead to seizures) USAID supports programs to increase the use of skilled attendants at birth and post-partum care. USAID programs also support research, policy development and improvement in the quality of preventive and emergency care.

**An Unprecedented Opportunity**

USAID has helped build consensus on the technical approaches needed to improve survival during pregnancy and around labor, delivery, and the immediate postpartum period, along with targeted interventions at the community level, in health clinics, and hospitals. Paired with positive global trends in factors associated with reduced maternal risk (including reduced fertility rates), increased rates of female education, and increased per capita gross domestic product (GDP), we have an unprecedented opportunity to accelerate progress. Ensuring that women give birth with the assistance of a skilled birth attendant is essential for reducing maternal mortality. In USAID's 24 priority MCH

*PARTNERSHIPS WITH IMPACT: SAVING MOTHERS, GIVING LIFE*

Through diverse partnerships, we are supporting multifaceted approaches to save women's lives. Through *Saving Mothers, Giving Life*, an intensive effort is being made to strengthen health services focused on the critical period around labor, delivery and the first 48 hours after birth. Together with other U.S. Government agencies, the Governments of Norway, Uganda and Zambia, Merck for Mothers, American College of Obstetricians and Gynecologists, Every Mother Counts and Project CURE, USAID is proving that focusing healthcare resources in an integrated way and ensuring women have timely access to life saving services within two hours of the onset of an obstetric complication, reaps huge rewards and accelerated results. A comprehensive evaluation of the USAID led public-private partnership, revealed a 30 percent decrease in the maternal mortality ratio in target districts of Uganda and a 35 percent reduction in target facilities in Zambia in just one year. These remarkable outcomes were achieved in the context of marked increases in facility deliveries — 62 percent in Uganda SMGL districts and 35 percent in Zambia SMGL districts. And, because of integrated HIV and maternal health services, access to testing and treatment for HIV and AIDS also improved, drastically reducing the transmission of HIV from mother to child.

PRESIDENT'S MALARIA INITIATIVE

*Under development by Saving Lives at Birth grantees are a heat-stable, sub-lingual form of oxytocin that will be fast-acting, easy-to-administer and distribute, as well as a rectal formulation of magnesium sulfate that will greatly simplify the current, complex dosing regimens and enable lower-skilled health providers to deliver this inexpensive and life-saving drug.*

countries, attendance at birth by a skilled provider increased from 27 percent in 1990 to 51 percent in 2013. Our work improves the capacity of midwives by improving pre-service curricula, strengthening professional associations and supporting improved regulation. In Nepal, partners supported by USAID have helped shape national legislation that supports the rights of women to have access to respectful maternity care. To drive demand for antenatal care, facility deliveries, and post-natal care, USAID and its partners are testing innovative incentive approaches, like mobile phone-based vouchers, for services and health products like soap, water filters, and bednets.

Significant blood loss after giving birth, called postpartum hemorrhage, is a leading cause of maternal death. USAID's leadership in promoting active management of the third stage of labor including use of uterotonics for all births to prevent postpartum hemorrhage has resulted in widespread acceptance. With support from USAID, 31 countries have introduced the life-saving practice. Through *Saving Lives at Birth*, USAID is also working to scale-up an ultra-low-cost uterine balloon tamponade that can be built from components readily available in developing countries, and has successfully controlled postpartum hemorrhage in small-scale testing in Kenya and South Sudan. In countries such as Liberia and Tanzania, USAID has demonstrated how health workers can effectively and safely distribute such life-saving drugs to women to reduce bleeding that could result in death during home births.

### **Increasing access and improving quality of priority maternal health drugs**

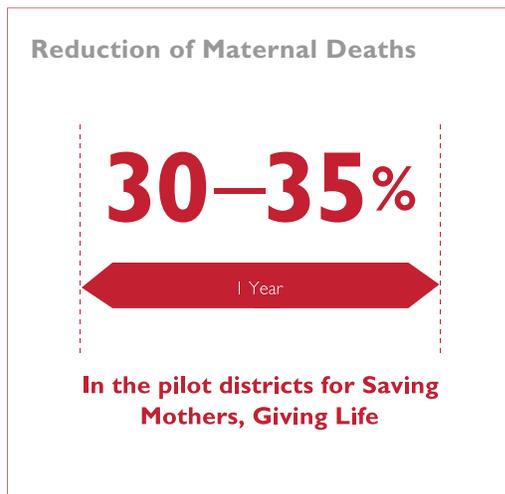
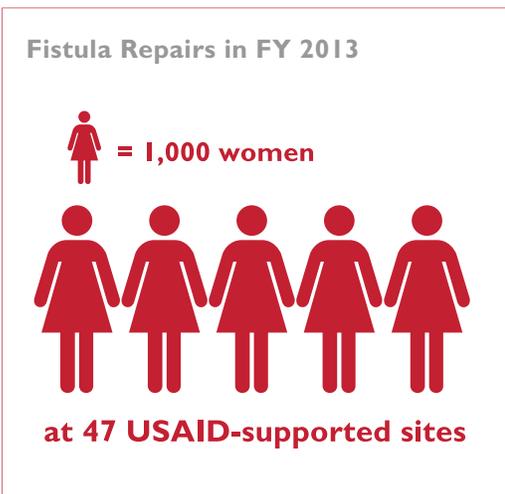
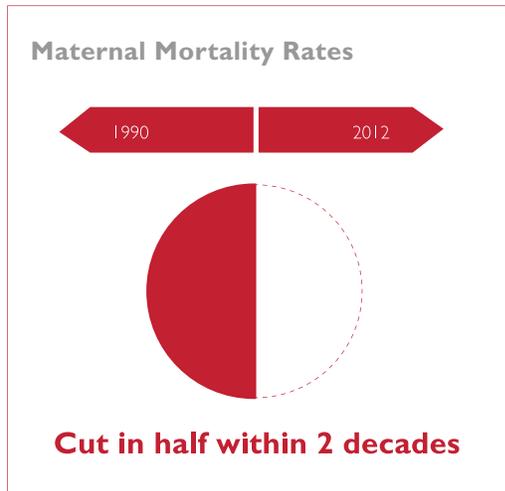
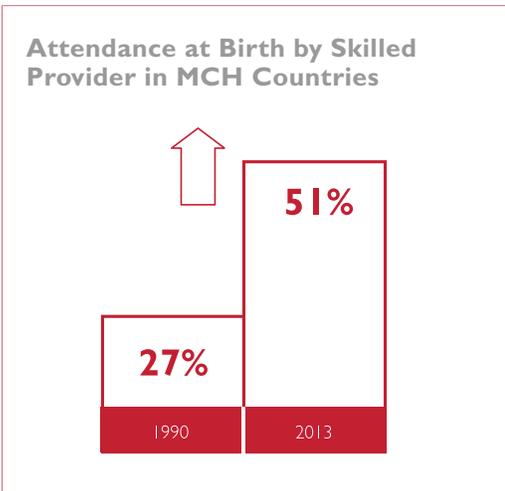
As part of the follow-up to the UN

Commission on Life-Saving Commodities, USAID is working to increase access and improve quality of priority maternal health drugs: oxytocin, misoprostol, and magnesium sulfate. Although these drugs have been used for years to treat the top two causes of maternal mortality, they have not been brought to scale due in part to challenges in policy development and implementation, drug quality and supply, and human resource constraints. USAID is helping to include temperature-sensitive drugs in countries' cold chain management systems, as well as help manufacturers bring their products to more international markets.

Simultaneously, USAID and its partners are investing in next generation products with the potential to overcome current obstacles to use. Under development by *Saving Lives at Birth* grantees are a heat-stable, sub-lingual form of oxytocin that will be fast-acting, easy-to-administer and distribute, as well as a rectal formulation of magnesium sulfate that will greatly simplify the current, complex dosing regimens and enable lower-skilled health providers to deliver this inexpensive and life-saving drug. To address the critical issue of drug quality, USAID is supporting the development of a novel, point-of-care device to detect counterfeit and sub-standard medicines. In recent field trials of this device, it outperformed the current field standard on several key measures.

### **Focusing on Equity and Empowerment**

We are also addressing the key drivers of inequity in coverage and access to quality services based on cultural and gender norms, ethnicity, religion, economic status, and location in order to achieve universal access to comprehensive maternity services.



## MAMA: LIFE-SAVING MESSAGES AT THE PUSH OF A BUTTON

**The Mobile Alliance for Maternal Action (MAMA)**, founded by USAID, Johnson & Johnson, the UN Foundation, BabyCenter and mHealth Alliance, is getting critical health information to mothers through partnerships around the world. With increasing access to mobile phones even in rural and low-resource settings, technology is providing a life saving link between mothers and health care providers. Over 300 organizations from nearly 70 countries are using the MAMA's free, adaptable health messages for mobile outreach, and the messages have been translated into 20 different languages. This approach engages, educates, and empowers mothers with information through pregnancy and the early years of their children's lives.

USAID also supports girls' education, women's empowerment and economic growth programs that have long term impact on women's desire and opportunity to stay healthy and use life-saving health services, including family planning and maternity care.

For example, in Pakistan, USAID's continued engagement with national leaders has resulted in a major political party bringing together a group of female parliamentarians as champions to improve maternal, child, and reproductive health services. They have developed draft legislation on early marriage and women's rights, which will help address the social and cultural causes of poor health outcomes for women and girls.

### **Changing the Lives of Women With Obstetric Fistula**

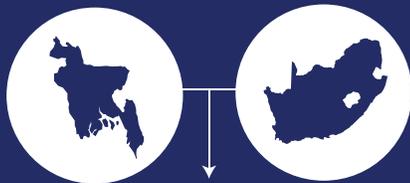
Obstetric fistula is a devastating disability that can occur as a result of prolonged labor. According to WHO, over 2 million young women live with untreated obstetric fistula in

Asia and sub-Saharan Africa. Left untreated, it can cause lifelong urine and fecal leakage, often leaving women shunned from their families and communities. USAID has transformed the lives of more than 33,000 women through support for fistula repairs in 14 countries since 2005. In FY 2013 alone, almost 5,000 women received fistula repairs at 47 USAID-supported sites. Women who had been previously disabled, stigmatized and cast out of their homes are able to reintegrate into their communities as a result of these surgical repairs and related supportive services. Country ownership of fistula care has also increased. Six countries now include fistula indicators in their national health information systems, and the Governments of Nigeria and Uganda have both included obstetric fistula for the first time in their national budget proposals.

#### **MAMA Country Programs**

Bangladesh

South Africa



**600k**

mothers and families reached

MAMA has shared **7 sets of evidence-based**, expert reviewed mobile formatted health messages on maternal, child and newborn health topics with **300 organizations in 70 countries.**

## *FAMILY PLANNING SAVES WOMEN AND CHILDREN*

Rates of modern contraceptive use have increased from approximately 10 percent in 1990 to more than 30 percent in 2013 in USAID’s priority countries. In FY 2013, USAID family planning assistance helped 84 million women access modern contraception.



By enabling healthy spacing of pregnancies, #FamilyPlanning could prevent 1.6 million child deaths per year. #Promise4Children

More than 222 million women worldwide want to avoid pregnancy, but are not using a modern method of contraception. When a woman bears children too early, too late, too often, or too close together, the health of mother and baby are at risk. A recent Lancet study found that in one year, family planning prevented more than 272,000 maternal deaths, which is a 44 percent reduction. If all family planning needs were met, an additional 104,000 maternal deaths could be prevented annually. Expanding access to family planning is vital to safe motherhood, healthy families, and prosperous communities and could also prevent approximately 25 percent of child deaths globally. USAID is committed to ensuring that women can choose voluntarily the number, timing, and spacing of their children, and work to create the conditions that will enable them to do so.

Family planning is also making important contributions to reductions in under-5 mortality and malnutrition in USAID-assisted developing countries. Based on 2014 analysis of

45 DHS surveys between 2006 and 2012, the study concluded that if all women would wait at least 36 months to conceive again, under-5 deaths would fall by 26 percent. The study went on to say under-5 mortality could be reduced by one-third if women would wait at least 36 months to conceive again, have their children between ages 18-39 years, and not have more than three children. Furthermore, Rutstein concluded that children conceived after a short interval of 12-17 months are 27 percent more likely to be stunted and 23 percent more likely to be underweight than children conceived after an interval of 36-47 months, re-enforcing the benefits of birth spacing and the critical role of family planning in saving mothers and children. Family planning can also improve perinatal outcomes. In developing countries, the risk of prematurity and low birth weight doubles when conception occurs six months after a previous birth.

As a core partner in Family Planning 2020, USAID is working with the global community

to reach an additional 120 million women and girls with family planning information, commodities and services by 2020. USAID's partnerships with countries, foundations, and other donors are expanding access to family planning information, services, and products.

### **Innovations in Contraceptive Technologies**

USAID was involved in the development of almost every modern contraceptive method in the market today. Current investments in the development and introduction of new contraceptives have the potential to revolutionize women's options by diversifying delivery forms, varying product duration, and targeting multiple health risks, such as HIV and unintended pregnancy, simultaneously. USAID is supporting the pilot introduction of Sayana Press, a new injectable contraceptive packaged in a pre-filled single-use syringe. Its unique delivery system makes it more portable and easier to use, allowing injections to be delivered by health care workers to women at home or in other convenient settings.

Other contraceptive products on the verge of introduction include the SILCS diaphragm, the Woman's Condom, and the contraceptive vaginal ring.

### **Establishing Supporting Policies**

USAID trained parliamentarians and government ministries in Africa to monitor government accountability and advocate for increased government financial resources and implementation of family planning policy commitments. These efforts led to increased budgets for health and family planning in Ethiopia, Malawi, and Uganda.

USAID partnered with the Family Planning Association of Malawi to roll out an advocacy campaign to educate traditional chiefs about child marriage. As a result of the dialogue about population, development, and reproductive health, the traditional chiefs drafted by-laws to keep girls in school and penalties on parents for early marriages and unintended pregnancies; formed advocacy committees; established reproductive health committees; and requested a meeting with their local Parliamentarian to discuss these issues.

### **Partnering to Advance Access**

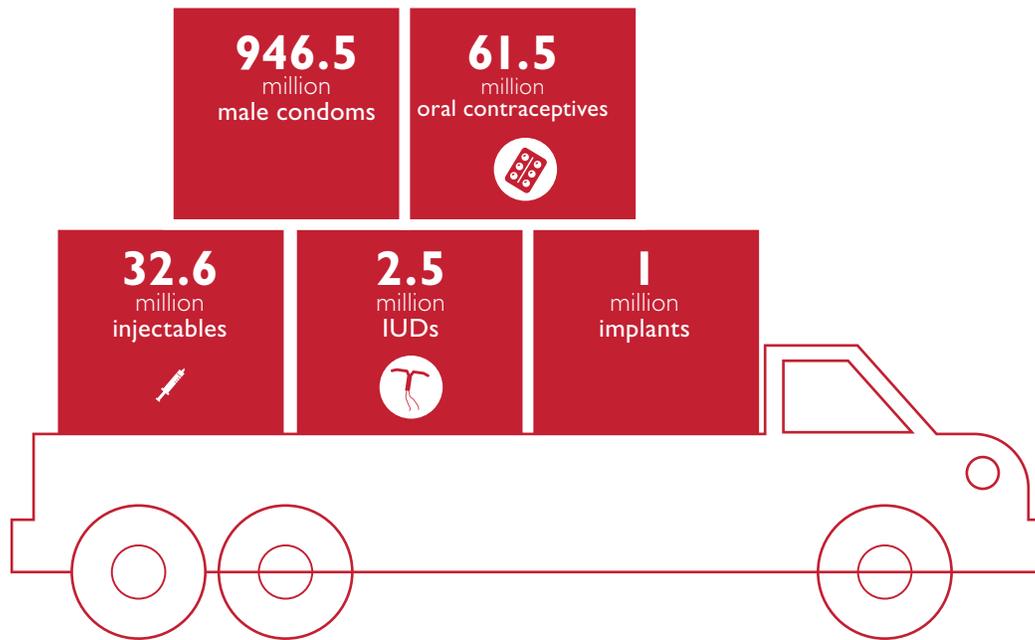
USAID worked with the Gates Foundation, Hewlett Foundation, and the French Government, in close collaboration with ministries of health and civil society partners, to develop costed family planning implementation plans aligned to Ouagadougou Partnership commitments and Family Planning 2020 (FP2020) pledges in seven Francophone African countries. USAID is active in FP2020 focus countries and serves on the FP2020 Reference Group and all four FP2020 working groups.

USAID, the Government of Norway, the Bill and Melinda Gates Foundation, the UK Department for International Development (DfID), and others worked with Bayer and Merck to lower the prices of Jadelle and Implanon, both contraceptive implants, by half. In FY 2013, this saved USAID \$6 million that was invested back into other aspects of family planning programs so that more women could have access to the contraceptive of their choice.



*Photo: Jane Silcock, USAID; Mali*

**In FY 2013, USAID helped families access their  
contraceptive method of choice by shipping:**



**In FY 2013, USAID Family  
Planning Assistance**



helped  
**84 million**  
women access modern contraception



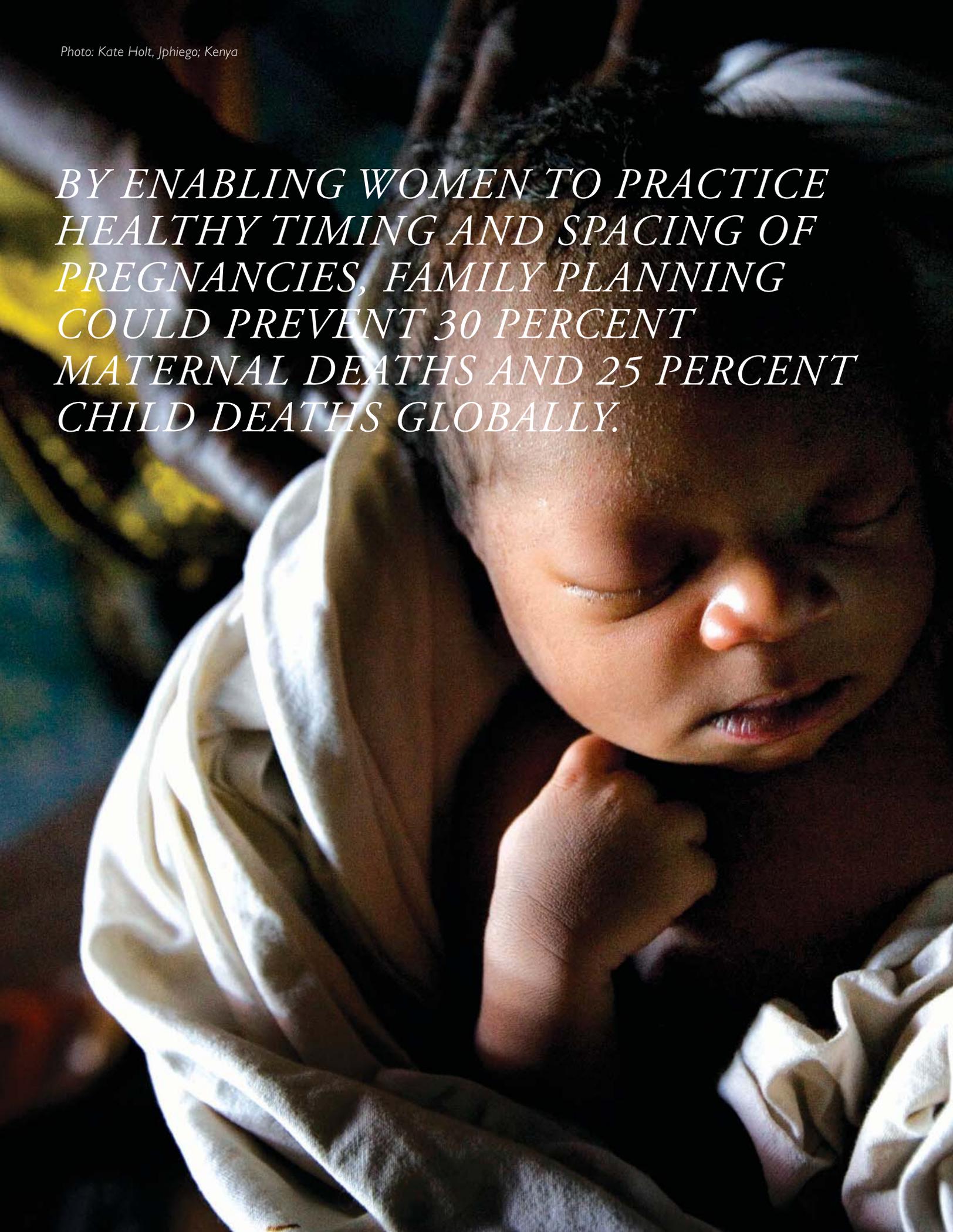
→ **15k**  
maternal deaths  
prevented



→ **230k**  
infants saved

Photo: Kate Holt, Jphiego; Kenya

*BY ENABLING WOMEN TO PRACTICE  
HEALTHY TIMING AND SPACING OF  
PREGNANCIES, FAMILY PLANNING  
COULD PREVENT 30 PERCENT  
MATERNAL DEATHS AND 25 PERCENT  
CHILD DEATHS GLOBALLY.*



# GLOBAL HEALTH AND CHILD SURVIVAL FY 2013: IN THE HEADLINES

President Goodluck Jonathan launches Saving One Million Lives, an ambitious and comprehensive initiative to scale-up access to essential primary health services and commodities for Nigeria's women and children. [Launch, Scorecard, Costed Plan]

## Nigeria, October 2012

Government of Ethiopia convenes Ministers of Health and global health policy and technical experts from 20 African countries to review regional progress on child survival, take stock of lessons learned, call for greater accountability, and reaffirm commitment to reducing under-5 mortality rates to less than 20 deaths per 1,000 live births. [Launch, Scorecard, Costed Plan]

## Ethiopia: January 2013

## India: February 2013

The Government of India launches high-level Child Survival forum bringing together state policymakers, technical advisers, civil society organizations and private sector actors to launch the Reproductive Maternal Neonatal Child Health Adolescent Health Strategy. [Launch, Scorecard, Costed Plan]

## February 2013: Marked Improvements in Maternal and Child Health in Bangladesh.

Bangladesh marks improvements in maternal and child health over the last four decades, highlighting that between 1991 and 2011, under-5 deaths fell by almost 75%, women had fewer children, and received more skilled assistance during pregnancy.

## April 2013: Launch of Global Action Plan on Pneumonia and Diarrhea.

WHO, UNICEF and USAID launch the The Integrated Global Action Plan for the Prevention and Control of Pneumonia and Diarrhea, a roadmap to save up to 2 million children every year. The Plan calls for closer integration of efforts to prevent and treat these two diseases and sets ambitious targets to reduce mortality rates and improve access to life-saving interventions.

## June 2013: Through PEPFAR Support, One Million Babies Born HIV-Free.

Secretary Kerry announces that a cumulative total of one million babies have been born HIV-free due to direct PEPFAR support, marking a momentous milestone of the PEPFAR legislation created by the U.S. Congress 10 years ago.

## DR of Congo: May 2013

Under the banner of A Promise Renewed, the DRC Ministry of Health launches the national acceleration framework to reduce infant and maternal mortality. The strategy sets out bold targets to reduce child mortality by 48 % and maternal mortality by 31 per cent, saving the lives of 430,000 children and 7,900 mothers over the next three years. [Launch, Scorecard, Costed Plan]

## Zambia: April 2013

The First Lady of Zambia hosts a national launch of A Promise Renewed and unveils a four-year road map that aims to save an average of 27,000 lives per year. [Launch, Scorecard, Costed Plan]

## April 2013: An Action Plan to Prevent Newborn Death.

More than 450 health experts from 50 countries, including 70 officials from ministries of health, gather in Johannesburg for the first ever global summit on newborn health. The Summit kicks off the development The Every Newborn Action Plan to prevent death during the first month of life, and address the most vulnerable time when complications can occur for both mother and child.

## July 2013: USAID Hails "Eureka Moments" in Infant, Maternal Health.

Saving Lives at Birth, a USAID partnership with the Government of Norway, the Bill & Melinda Gates Foundation, Grand Challenges Canada, and the Government of the UK awards 22 grants for innovative projects such as a device to stop women from bleeding to death after birth, using contaminated hospital waste to generate energy, and engineering bacteria to fortify yogurt with vitamin A.

## Senegal: July 2013

Following the UN Commodities Commission meeting, Senegal's Minister of Health launches A Promise Renewed in Dakar. The Ministry of Health aims to work with partners to save 10,000 children by 2015. [Launch, Scorecard, Costed Plan]

## June 2013: Building a More Nutritious Future for All.

The U.S. Government provides more than \$1 billion for nutrition-specific interventions and nearly \$9 billion on nutrition-sensitive activities over fiscal years 2012 to 2014. These investments support and accelerate trends in stunting reduction by 20 percent over five years, and ensure adequate child nutrition, particularly in the critical 1,000-day post-delivery.

## Liberia: July 2013

President Ellen Johnson Sirleaf launches A Promise Renewed: Committing to Child Survival in Liberia at a gathering of community leaders, health workers, government officials and development partners. Despite Liberia's remarkable progress since 1990, neonatal mortality remains high, giving focus to the country's efforts to curb newborn deaths. [Launch, Scorecard, Costed Plan]

## Bangladesh: July 2013

The Government of Bangladesh pledges to end preventable child deaths by scaling-up interventions proven to address preventable causes of child mortality, with a special emphasis on newborn survival. [Launch, Costed Plan]

## September 2013: Global Child Mortality Rates Drop to All-time Low.

UNICEF and its partners release new data showing that the number of children who die before reaching their fifth birthday each year has fallen from 12.6 million in 1990 to 6.6 million, and the rate of decline is accelerating. Moreover, seven high-burden countries (Bangladesh, Ethiopia, Liberia, Malawi, Nepal, Timor-Leste and Tanzania) have already reached their Millennium Development goals for child mortality.

## Panama: September 2013

The Government of Panama hosts A Promise Renewed for the Americas. The high-level regional forum convenes 26 Ministers of Health from the Latin America and Caribbean region joining seven international partners in signing the Declaration of Panama, reaffirming their commitment to end all preventable child and maternal deaths by 2035. [Launch]

## Malawi: November 2013

In support of maternal, newborn, and child health, Vice President Khimbo Kachali launches Malawi's scorecard and highlights its sharpened plan, both which emphasize the newborn. The event is held on November 17, World Prematurity Day. [Launch, Scorecard, Costed Plan]

## Benin: November 2013

The government launched a national effort in support of maternal and child survival. [Launch]

## Uganda: November 2013

As part of the global commitment to child and maternal health, Honorable Edward Kiwanuka Sekandi, Vice President of Uganda, joins the U.S. Ambassador to Uganda to unveil the sharpened reproductive, maternal, newborn, and child health plan that aims to prevent an additional 40 percent of under-5 deaths and 26 percent of maternal deaths by 2017. [Launch]

## Mozambique: December 2013

Mozambique completes a prototype of its scorecard in support of tracking subnational progress and programming in MNCH. The scorecard emphasizes a group of high-impact interventions that will save the most lives across the RMNCH continuum. [Scorecard]

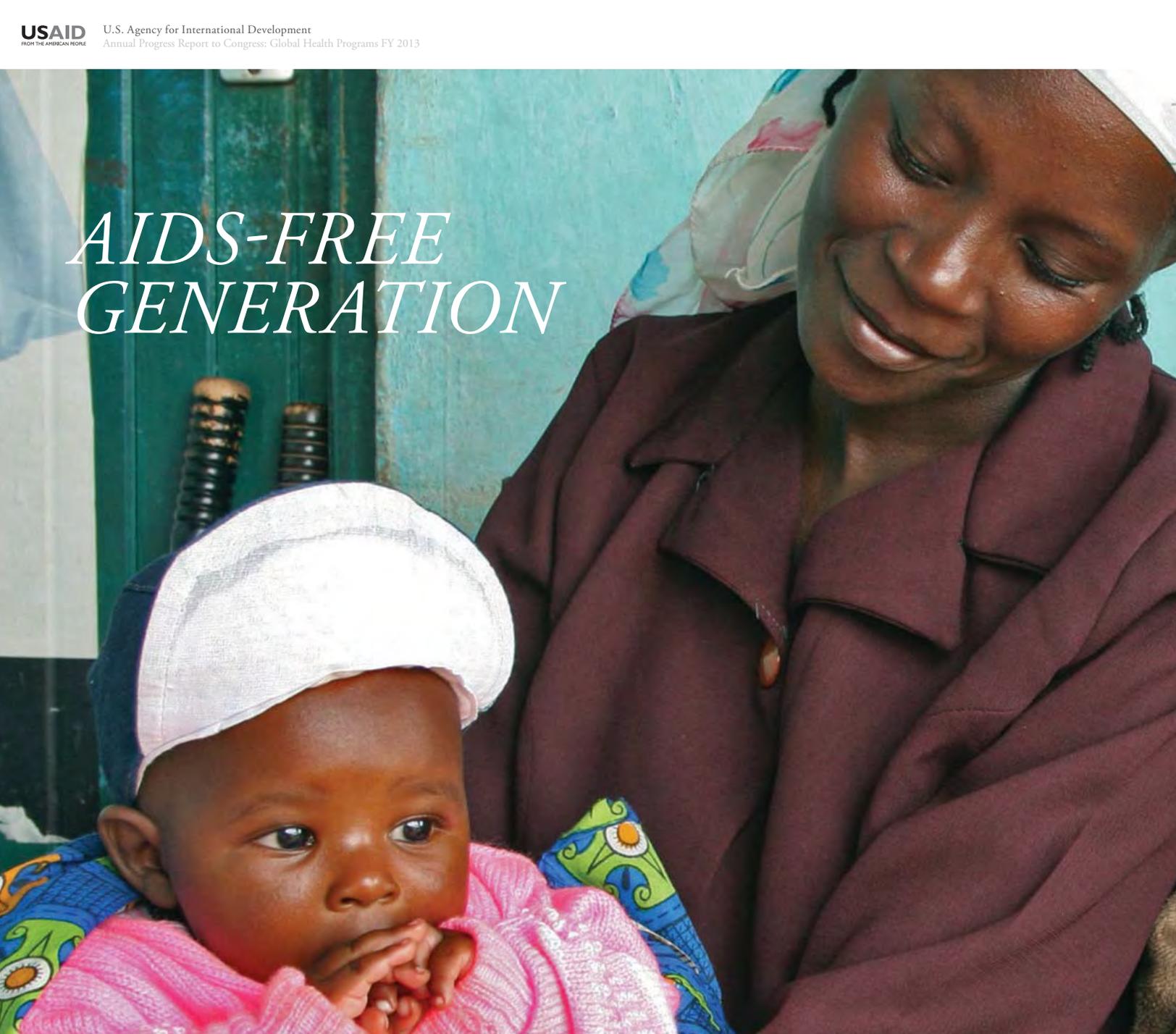
## December 2013: Malaria Deaths Among Children Under-5 Halved Since 2000.

A new report from the World Health Organization estimates that 3.3 million malaria deaths have been averted since 2001. The majority of the lives saved were in the 10 countries with the highest malaria burden and among children under-5.

## Ethiopia: November 2013

At the Third International Conference on Family Planning in Addis Ababa, five additional countries—Benin, DRC, Guinea, Mauritania, Myanmar—pledged to FP2020, making policy, financial, and service delivery commitments that are critical to increasing family planning access for women and girls.

Dec 2013



# *AIDS-FREE GENERATION*

“Achieving an AIDS-Free Generation is a shared responsibility and it is going to be a shared accomplishment. That is why PEPFAR is working to gradually and appropriately transfer responsibilities to host countries...

Photo: Unknown



...This means that PEPFAR will shift from merely providing aid to co-investing in host countries' capacity."

*John Kerry, U.S. Secretary of State*

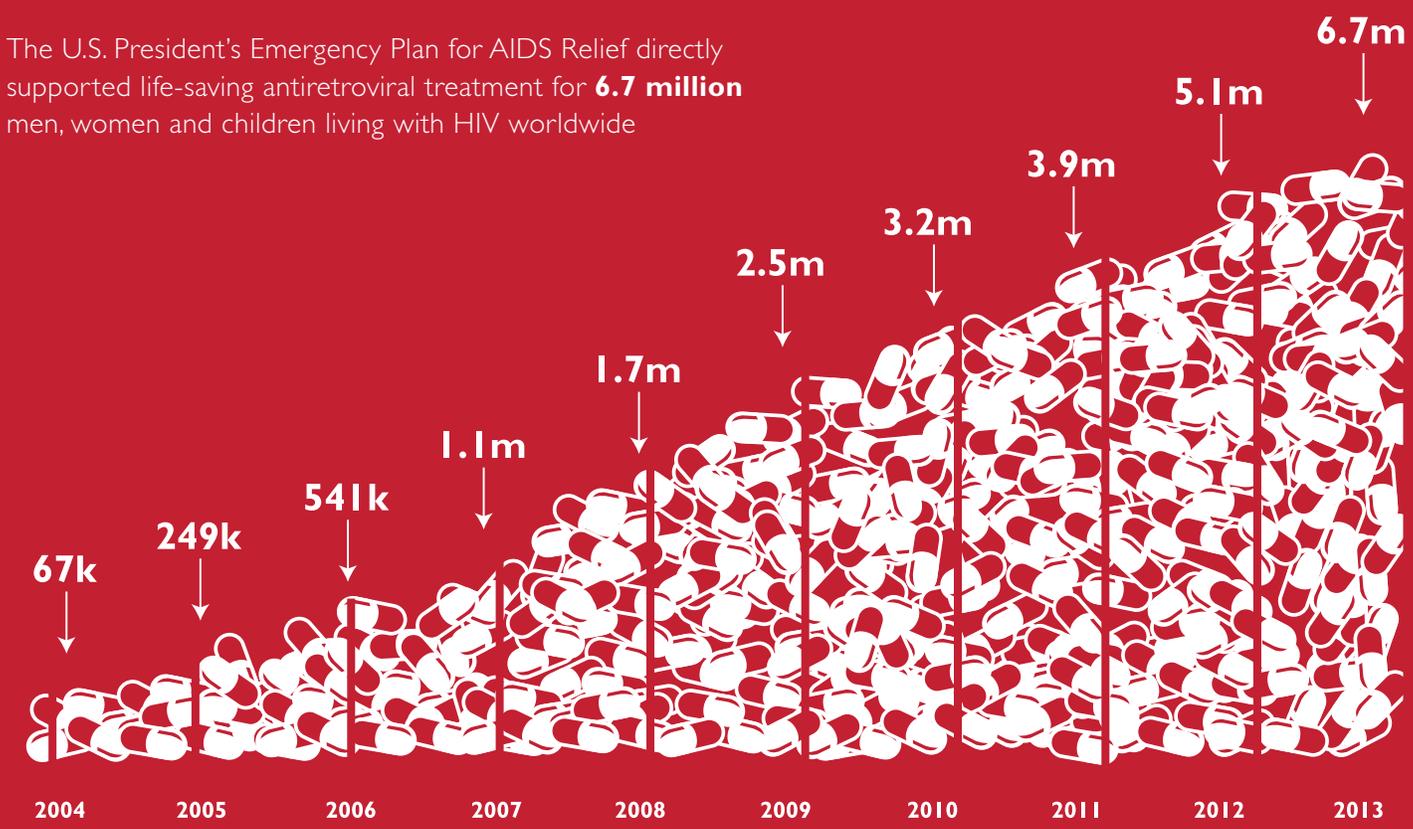


**#DidYouKnow** there's been a 40-fold increase in access to antiretroviral therapy from 2002-2012?

<http://ow.ly/sgA8Q> #AIDSFreeGen @UNAIDS

## HIV AND AIDS

PEPFAR directly supported life-saving antiretroviral treatment for 6.7 million men, women and children living with HIV worldwide in FY 2013. In FY 2013, PEPFAR supported HIV testing and counseling for more than 57.7 million people—including more than 12.8 million pregnant women—and care and support services for 17 million people.



The U.S. Agency for International Development is a key implementing agency of PEPFAR, accounting for 57.4 percent, and \$3.6 billion, of U.S. Government HIV and AIDS programs worldwide in FY 2013. USAID has been at the forefront of the global AIDS response since the early stages of the pandemic in the 1980s. With the establishment of PEPFAR in 2003, USAID has made important contributions over the past decade and continues to work toward an AIDS-free generation by supporting and implementing the principles laid out in the following road maps.



## *LEVERAGING GIS AND MULTIPLE DATA SOURCES TO ESTIMATE HIV PREVALENCE AND PROMOTE HIV PREVENTION*

Understanding the patterns of HIV transmission are critical for preventing new infections and providing timely treatment. However, obtaining current data on the local epidemic is challenging in countries with weak health systems and hard to reach populations. In collaboration with other donors, USAID has developed an approach for combining low-cost geographic information systems and program data to identify geographic “hot spots” where intervention is needed. The approach was successfully piloted in South Africa, has been replicated in 29 countries, and has mapped 100 target areas. Maps are created using multiple data sources, including thorough and extensive interviews. Using software that does not require Internet access, information on high risk transmission sites is presented on maps that help programs planners identify gaps for prevention and treatment.

## SAVING LIVES

USAID is committed to scaling up combination prevention and treatment services to save more lives. These services move countries past the point where the annual increase in new patients on treatment exceeds annual new HIV infections – a major milestone on the path toward an AIDS-Free Generation.

Combination prevention is a mix of biomedical, behavioral, and structural approaches adapted to local contexts and designed to reduce new HIV infections. This strategy begins with HIV counseling and testing, which helps individuals know their status so that they can protect themselves and prevent disease spread. In FY 2013, PEPFAR supported HIV testing and counseling for more than 57.7 million people, including more than 12.8 million pregnant women.



Photo: Amy Cotter, USAID; Bangladesh

For 780,000 of these women who tested positive for HIV, PEPFAR provided antiretroviral medications to prevent mother-to-child transmission (PMTCT) of the virus. As a result of PEPFAR support, 95 percent of these babies were born free of HIV (including 240,000 that would otherwise have been infected). Over the past two years, over 1.5 million HIV-positive pregnant women received these interventions to prevent mother-to-child transmission and improve maternal health, meeting the President's 2011 World AIDS Day target.

Voluntary medical male circumcision is a biomedical intervention that is highly cost-effective. Modeling shows that for every five male circumcisions completed, one infection will be averted and millions of dollars will be

saved in care and treatment costs. Through FY 2013, PEPFAR supported more than 4.2 million voluntary medical male circumcision procedures in east and southern Africa; by the end of 2013, PEPFAR will have reached the President's 2011 World AIDS Day VMMC goal of 4.7 million.

Correct and consistent condom use can greatly reduce the risk of sexual transmission of HIV. Behavior change programs are necessary to create demand for appropriate condom usage. In FY 2013, PEPFAR directly supported the shipping of over 577 million condoms for use in HIV prevention programs. USAID works to increase coverage of HIV treatment both to reduce AIDS-related mortality and to enhance HIV prevention, since adherence to treatment can also reduce transmission of the virus to others. In FY 2013, PEPFAR supported life-saving antiretroviral treatment for 6.7 million men, women, and children living with HIV worldwide, including 2.5 million people who received treatment through the USAID-supported Supply Chain Management System (SCMS) project. SCMS assists in the delivery of safe and reliable HIV and AIDS medicines and supplies to programs around the world. SCMS procured and delivered health commodities valued at \$362 million in FY 2013.

### Smart Investments

To achieve an AIDS-Free Generation, countries must follow the virus—reaching and supporting those populations at greatest risk through efforts and program interventions that are targeted. USAID works with countries to prioritize evidence-based activities that will have broad impact and be tailored

## USAID Delivers HIV Treatment Globally

USAID procured and delivered these commodities, including antiretroviral treatment drugs (ARVs), through its flagship HIV and AIDS supply chain project, the Supply Chain Management System (SCMS), funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR).

USAID has saved more than **\$1b** by procuring generic ARVs since PEPFAR began

**25m**

packs of ARVs to 20 countries from FY06-FY13



**125m**

packs of ARVs to 30 countries from FY 2006-FY 2013



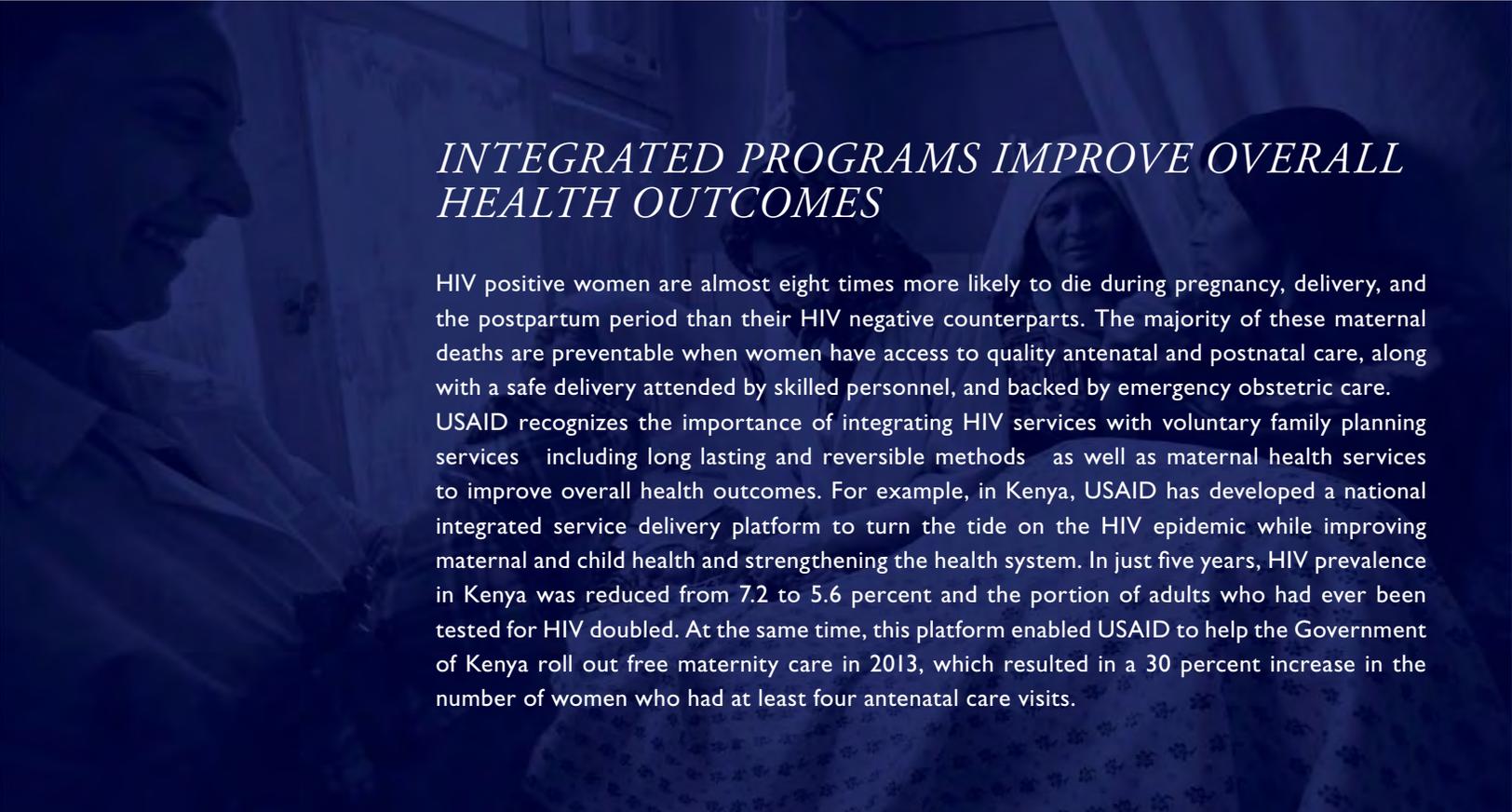
**\$1.7b+**

of HIV and AIDS commodities from FY 2006-FY 2013



## TENOFOVIR GEL

**Tenofovir Gel is an antiretroviral microbicide for the prevention of HIV infection in women.** It has long been apparent that many women need alternative methods to protect themselves against HIV infection, since many cannot negotiate or successfully use existing approaches and consequently have no prevention options at all. Tenofovir Gel is a vaginally applied antiretroviral microbicide for the prevention of HIV infection in women. The Tenofovir program was based on a randomized control trial conducted by USAID and its partners. Tenofovir gel reduced HIV acquisition by an estimated 39 percent overall and by 54 percent in women with high adherence. Although it has not yet been brought to scale, the trial demonstrated that Tenofovir Gel has the potential to drastically reduce HIV infection with regular application.



## *INTEGRATED PROGRAMS IMPROVE OVERALL HEALTH OUTCOMES*

HIV positive women are almost eight times more likely to die during pregnancy, delivery, and the postpartum period than their HIV negative counterparts. The majority of these maternal deaths are preventable when women have access to quality antenatal and postnatal care, along with a safe delivery attended by skilled personnel, and backed by emergency obstetric care.

USAID recognizes the importance of integrating HIV services with voluntary family planning services including long lasting and reversible methods as well as maternal health services to improve overall health outcomes. For example, in Kenya, USAID has developed a national integrated service delivery platform to turn the tide on the HIV epidemic while improving maternal and child health and strengthening the health system. In just five years, HIV prevalence in Kenya was reduced from 7.2 to 5.6 percent and the portion of adults who had ever been tested for HIV doubled. At the same time, this platform enabled USAID to help the Government of Kenya roll out free maternity care in 2013, which resulted in a 30 percent increase in the number of women who had at least four antenatal care visits.

to specifically meet the needs of those at greatest risk. Many of the key populations at greatest risk are often the hardest to reach, including men who have sex with men (MSM), injecting drug users, and commercial sex workers. USAID's early efforts working with these marginalized groups have informed the comprehensive package of services for key populations that is now promoted by PEPFAR, the World Health Organization and the Joint United Nations Program on HIV/AIDS (UNAIDS). For example, the WHO's guidance for MSM and transgender persons references the USAID-supported programs for MSM in coastal Kenya that emphasize health provider training. The guidance focuses

on how structural factors that impact stigma and discrimination in the broader environment must be targeted in order to build access and availability to individual prevention and care services.

USAID recognizes that people living with HIV must be partners in the design, management, and implementation of HIV programs to ensure that their needs are met. In addition, USAID is committed to providing care and support to those in need through a broad array of psychological and social services. PEPFAR supported 17 million people with care and support, including more than 5 million orphans and vulnerable children in FY 2013.



### **Driving Results with Science**

USAID supports programs guided by scientific evidence and invests heavily in implementation science to ensure that programmatic impact and feasibility of scientific interventions are understood. In order to expand the evidence base, USAID supports ten implementation science studies in eight countries that aim to answer critical questions across a range of HIV topics.

These studies also address how to strengthen the integration of programs across the prevention, care, and treatment continuum. Topics range from how a savings and loans group model impacts child and household well-being, to the cost-effectiveness of different combinations of interventions to improve linkage and retention of newly diagnosed HIV patients to HIV care and treatment.

USAID continues to invest in innovative research on products to prevent the spread

of HIV, as the Agency has done for the past two decades. USAID has supported the International AIDS Vaccine Initiative since 2001, and works to build the capacity for clinical research in regions hardest hit by the epidemic. USAID-funded research has also led to the development of a promising microbicide for preventing sexual transmission of HIV to women, and USAID is committed to ensuring these products are available once regulatory approval is received.

### **Shared Responsibility**

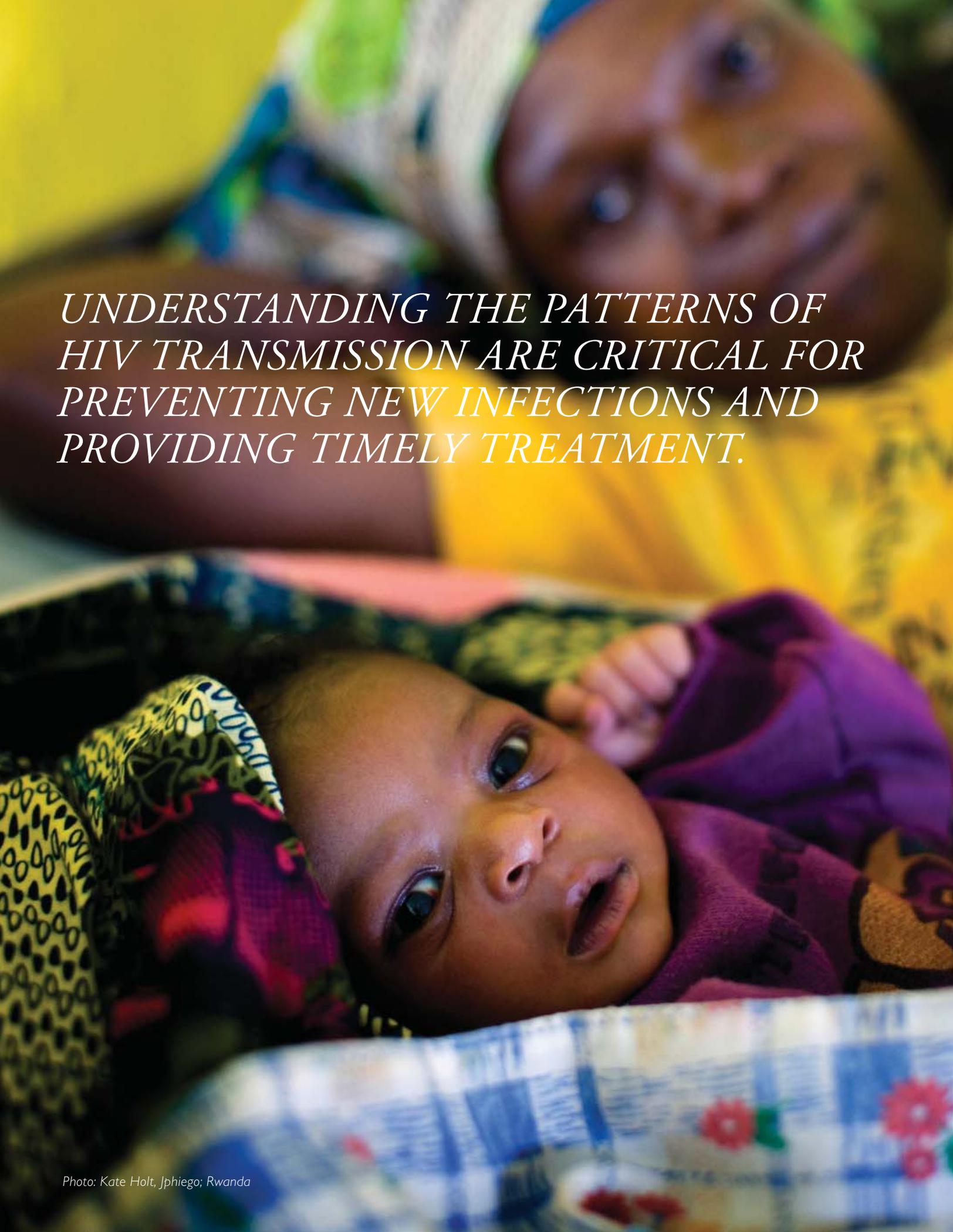
The goal of creating an AIDS-free generation is a shared responsibility with partner countries in a convening role. Secretary Kerry's launch of country health partnerships earlier this year was specifically designed to embrace the principles of shared responsibility and shared accountability. USAID supports partner countries in their efforts to own their own responses and coordinates several bilateral and multilateral partners.

*USAID recognizes that people living with HIV must be partners in the design, management, and implementation of HIV programs to ensure that their needs are met. In addition, USAID is committed to providing care and support to those in need through a broad array of psychological and social services.*

Country ownership is the cornerstone of USAID's work as a development agency, not just in HIV programs, but in all sectors. We recognize that countries fall along a continuum of sustainability and country ownership, and have worked to build the management and operational capacity of host country governments, civil society and the private sector to help move countries along the continuum toward a more country-led HIV response.

USAID also coordinates and collaborates with a number of international partners to leverage resources, expand geographic reach, and improve sustainability of HIV and AIDS programs. Since 1997, the U.S. Government, through USAID, has provided funding to support UNAIDS, whose goal is to achieve universal access to HIV prevention, treatment, care and support services.

The United States made the founding contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria in 2002, and remains the largest donor today, pledging up to \$5 billion in the Fourth Voluntary Replenishment Conference. As a result of this significant investment, of the estimated 9.7 million individuals in low- and middle-income countries who currently receive treatment, nearly 9.1 million receive support through PEPFAR bilateral programs, the Global Fund, or both.



*UNDERSTANDING THE PATTERNS OF  
HIV TRANSMISSION ARE CRITICAL FOR  
PREVENTING NEW INFECTIONS AND  
PROVIDING TIMELY TREATMENT.*

# PROTECTING COMMUNITIES FROM INFECTIOUS DISEASES



Photo: Kate Holt, Jphingo; Rwanda

Infectious diseases require prevention efforts and global vigilance, as they know no borders. For decades, USAID has been a leader in the control and prevention of infectious diseases. Today, USAID funded programs are pivotal in the fight against tuberculosis (TB), neglected tropical diseases (NTDs), pandemic influenza and other emerging threats.

Strengthening a health system's ability to identify and respond to these disease threats is critical, particularly in light of the emergence of multidrug resistant and extensively drug resistant

TB and the increasing number of pandemic diseases such as avian influenza. Moreover, NTDs continue to plague the world's most vulnerable populations, causing severe disfigurement and disabilities that hinder economic productivity.

Through targeted interventions for affected populations, as well as support of public private partnerships and the development of new technologies, USAID has made great strides in alleviating the burden of these diseases. Since 1990, deaths from TB have been reduced 42 percent and the overall



prevalence of TB has been reduced 40 percent in the countries where USAID works. In USAID's NTD Program countries, nearly 35.8 million people are no longer at risk of acquiring blinding trachoma, and 52.4 million people are no longer at risk for lymphatic filariasis. Furthermore, since 2006, USAID has provided technical support for the investigation of and response to 20 infectious disease outbreaks like the deadly Ebola and Marburg viruses in Africa, the new H7N9 avian influenza in Asia, and the novel MERS coronavirus in the Middle East

in nine countries from Africa to Asia.. These achievements result from close partnerships with host country governments, the private sector, faith based institutions and civil society. By building local capacity for making and sustaining change, we are ensuring the global protection from infectious diseases, especially for the most vulnerable populations.

## TUBERCULOSIS

Since 1990, deaths from TB have been reduced 41 percent and the overall prevalence of TB has been reduced 40 percent in the USAID supported countries. These countries are on track for meeting the MDG target of 50 percent reduction in mortality by 2015. More than 1.31 million people with TB were successfully treated and more than 45,000 people with multi-drug resistant TB initiated treatment in 2012, the most recent year for which data is available. This is a 40 percent increase in one year of the number of people initiated on MDR-TB treatment comparing the same number of countries in 2011.



Since 2004, #TB related deaths among ppl living with #HIV have declined by 36% worldwide  
<http://ow.ly/sjidh>  
@UNAIDS

Tuberculosis (TB) is a major cause of morbidity and mortality throughout the world; each year, approximately 8.6 million people become sick and 1.3 million people die from the disease. TB is one of the top three causes of death among women of reproductive age and the leading cause of death among people living with HIV and AIDS. However, sustained and focused investments in fighting TB have begun to make their mark, and the global community is on track to achieve its Millennium Development Goal targets.

The U.S. Government is the largest bilateral donor for TB and provides one-third of all contributions to the Global Fund. USAID works closely with National TB programs (NTPs) and the Global Fund to develop and implement costed national strategic plans that maximize resources. USAID supports

countries to develop country-owned and generated approaches to develop the skills and approaches required to sustain efforts. USAID pilots innovative approaches in field settings and helps bring them to scale; monitor, document, and use results; and work directly with ministries of health to build national and local capacity to implement their TB care and treatment programs. Our collaboration with ministries of health includes the accelerated detection and treatment of TB; scaled-up prevention and treatment of multi-drug resistant TB (MDR-TB); expanded coverage for interventions for TB/HIV; and improvements in the health system.

### **Finding and Treating More Individuals Infected with TB**

Each year an estimated 3 million TB cases go undetected—and therefore undiagnosed



Photo: Jane Silcock, USAID, Mali

and untreated, causing not only death, but spread of the disease. USAID is supporting the development of new diagnostics, treatments, technologies and strategies to find and treat more patients. For example in FY 2013, USAID continued to invest in the scale up of Xpert® MTB/RIF (Xpert), a technology with the potential to transform TB diagnosis. Xpert's ability to detect smear-negative TB provides a significant advantage, especially for HIV-associated TB, and its ability to detect TB resistance to rifampicin, one of the most potent TB drugs, in less than two hours significantly improves the likelihood of timely treatment initiation of TB and MDR-TB. USAID is assisting countries rapidly introduce and scale-up this new diagnostic in close collaboration with other U.S. Government agencies.

With USAID's support, community programs are also identifying local solutions to be more effective in the fight against TB including engagement of communities, the private sector and prison systems. USAID also works with partners to improve surveillance, empowering local stakeholders with the best data to make decisions and allocate funding.

### **Improving Treatment for TB and MDR-TB**

USAID strives to optimize the quality of TB treatment and expand access to quality TB services using the full spectrum of TB service providers, both public and private. The best way to avoid the development and spread of MDR-TB is to implement high quality TB diagnosis and treatment services that supports completion of treatment regimens, which

not only cures patients, but prevents the emergence of resistant strains.

Unfortunately, MDR is already an epidemic in some regions of the world due to poor or late adoption of basic TB services and the lack internationally accepted diagnosis or treatment methods for MDR-TB. As a result, MDR-TB is now a major threat to the substantial global progress that has been made in controlling tuberculosis. USAID's investment in MDR-TB diagnosis and treatment aims to improve the prevention, detection, and treatment of MDR-TB through support for global and country level development and implementation of policies, guidelines, and rapid expansion plans, as well as improved availability of quality-assured drugs and treatment support. For example, USAID's efforts to support Indonesia in the last several years to introduce the first MDR-TB diagnostic and treatment facilities now have expanded to over 300 satellite MDR-TB treatment sites and five internationally quality-assured culture and drug sensitivity testing (DST) sites.

Current treatment regimens require daily medication for 6 months for TB and up to 24 months for MDR-TB, posing serious challenges to providers and patients. In FY 2013, USAID continued to support a clinical trial to shorten the length of MDR-TB treatment by using existing and new drugs in different combinations. Promising early results show that the new drug regimens could increase accessibility, decrease cost, and improve patient adherence and outcomes. Additionally, USAID is improving the quality and cost of drugs for MDR-TB by collaborating with existing and new pharmaceutical suppliers. Due to these efforts, USAID has significantly

improved the number of quality-assured second line drugs available, thus securing their availability and cutting the price of the regimen by more than 25 percent.

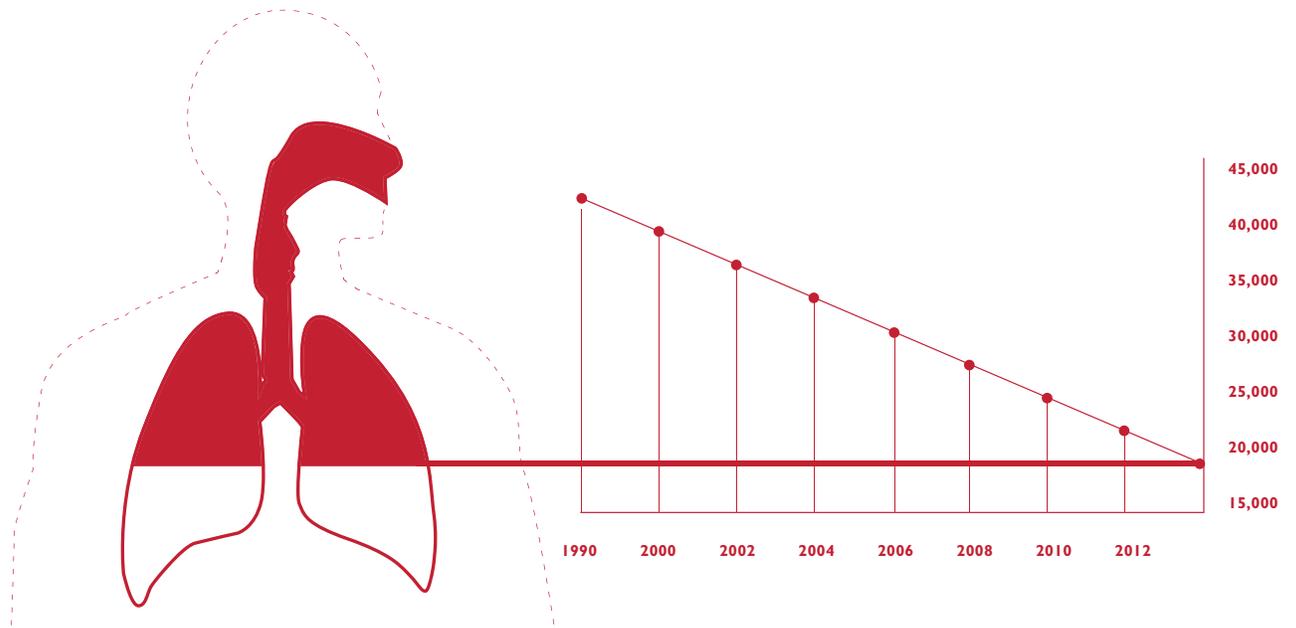
**Progress on Pediatric TB**

TB is particularly difficult to diagnose and treat in children, and new research shows that TB in children may be double what was previously estimated. USAID worked with CDC and other partners to support the development of

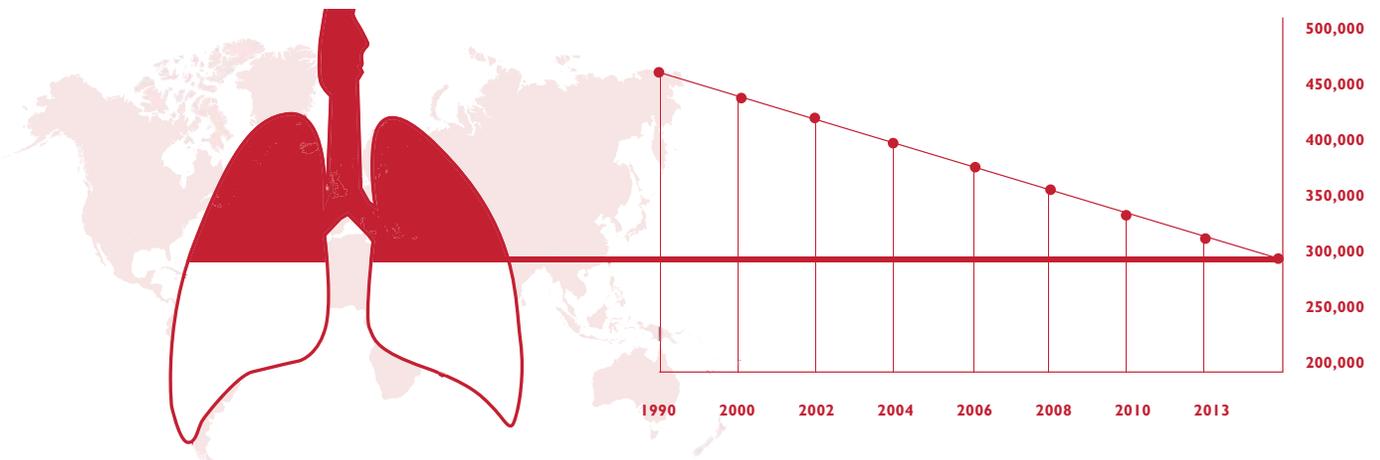
the Child TB Roadmap. Launched in October 2013, the roadmap is a key resource that describes what actions are needed to improve TB services for children in different settings, including introducing TB screening as part of routine maternal and child primary care. USAID also has worked with national TB programs to tailor guidelines and expand the cadre of providers with the ability to diagnose and treat pediatric TB.

**USAID supported 27 countries with TB efforts in FY 2013**

TB mortality in USAID-supported countries



TB prevalence in USAID-supported countries



## NEGLECTED TROPICAL DISEASES

Since 2006, USAID's support for NTDs has expanded to reach 25 countries, and leveraged a total of \$6.7 billion in donated medicines from a \$386 million investment. In FY 2013 alone, USAID delivered an estimated 169.5 million treatments and leveraged nearly \$2.5 billion in drug donations. In the countries where we work, nearly 35.8 million people no longer require treatment for blinding trachoma, and 52.4 million people no longer require treatment for lymphatic filariasis.



Since 2004, #TB related deaths among ppl living with #HIV have declined by 36% worldwide  
<http://ow.ly/sjidh>  
 @UNAIDS

More than 1 billion people worldwide suffer from painful, debilitating, and sometimes deadly neglected tropical diseases (NTDs). These diseases affect those who are most vulnerable—the poor who live in remote, rural areas and urban slums in low-income countries. The effect of NTDs on individuals and communities is devastating. NTDs not only cause severe disfigurement and disability, but they also compromise mental and physical development. NTDs are a contributing factor to the continued cycle of poverty by impairing intellectual development in children, reducing school enrollment, and hindering economic productivity by limiting the ability of infected individuals to work.

Fortunately, seven of the most common NTDs can be treated through mass drug administrations. These diseases—lymphatic filariasis (elephantiasis), schistosomiasis (intestinal worms), onchocerciasis (river blindness), trachoma, and three soil-

transmitted helminthes, commonly known as hookworm, roundworm, and whipworm—all have safe and effective drug therapies. After just five to seven rounds of treatment in an integrated, targeted campaign, NTDs can be controlled or eliminated altogether.

USAID works through the local plans and platforms that Ministries of Health have already developed for NTD control, and improves their capacity to lead and administer control programs. Since 2008, USAID has supported the training of almost 750,000 people in endemic countries to deliver safe and high-quality NTD programs. In 2013, USAID trained more than 300,000 people in the elimination and control of targeted NTDs.

### Moving Toward Elimination

USAID has become a global leader in large-scale implementation of integrated treatment programs for NTDs. Working closely with host country governments, the World Health

Organization, donor countries and private companies in 25 countries, USAID has leveraged approximately \$6.7 billion to date in donated medicines and delivered 969 million treatments to 436 million people through integrated programs.

USAID-supported countries have started to document the elimination of several NTDs. In the countries where we work, 35.8 million people no longer require treatment for blinding trachoma, and 52.4 million people no longer require treatment for lymphatic filariasis. Through the Onchocerciasis Elimination Program of the Americas, Columbia was certified as “onchocerciasis free” by the World Health Organization. Two more countries in the region hope to join this status by 2015.

**Global Partnerships**

Since 2006, four companies—GlaxoSmithKline, Johnson & Johnson, Merck and Pfizer—have donated more than \$6.7 billion worth of drugs to 25 countries supported by the USAID NTD Program. In FY 2013 alone, the value of the drugs donated to USAID supported countries was \$2.5 billion, a more than 50 percent

increase from the previous year. In addition, in 2013 the drug manufacturer Eisai entered into a multi-year global commitment to supply treatment for lymphatic filariasis. Through close coordination, USAID leveraged these donations to extend the reach of mass drug administrations to the most vulnerable populations.

In addition to assisting countries to verify the elimination of NTDs, USAID has also pushed the importance of

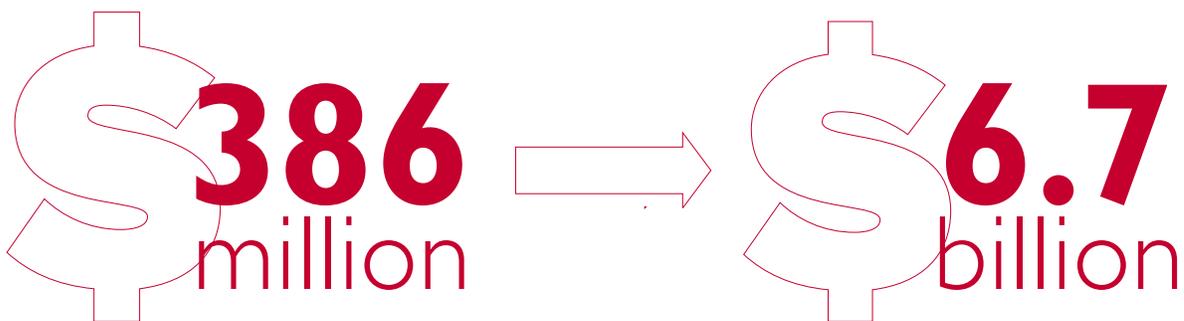
global partnerships to reach large populous countries that up to now have had minimal assistance in combating NTDs. These so called “big three”—Nigeria, Ethiopia, DRC—represent 41 percent of the African burden of NTDs. In Nigeria specifically, USAID is working closely with DfID, the United Kingdom’s international AID agency, to cover a population of approximately 40 million people. This effort will enable NTD treatments to reach large portions of Nigeria, which has one of the highest burdens of NTDs globally.

Continued investment in NTDs is critical to sustain the gains of the past six years. The USAID NTD Program has demonstrated that control and elimination of NTDs is possible with sustained treatment coverage. However, we must be aggressive with mass drug administrations and ensure uninterrupted treatments; otherwise gains to date could be lost. The commitment of the pharmaceutical companies is also a unique opportunity to invest strategically and leverage drugs that are being made available today.

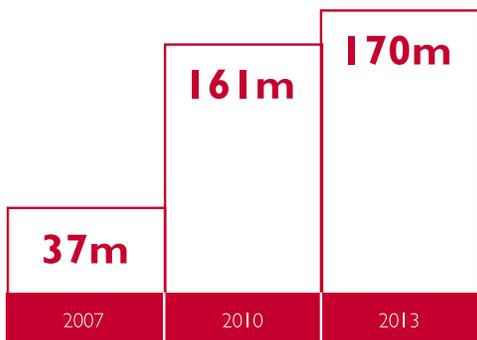


Photo: Lindsey Kirn, USAID; Rwanda

USAID has made a \$386 Million Investment Since 2006 and Leveraged \$6.7 Billion in NTD Drugs Donated By the Private Sector Since 2007



Number of NTD Treatments Delivered



## *PANDEMIC INFLUENZA AND OTHER HEALTH THREATS*

USAID has contributed to a reduced global threat of H5N1 avian influenza. Between 2006 and 2013, there was a 64 percent decrease in the number of poultry outbreaks and human cases. During that same time, the number of affected countries decreased from 53 to 11.

Viruses do not respect borders between countries, and therefore efforts to combat them must truly be global. Protecting ourselves as a planet requires long-term commitments to closely monitor hot spots—such as where animals and humans frequently come into contact with each other—as well as strengthening local, regional, and international capacity to prevent, detect and respond to these events.

A decade ago SARS (severe acute respiratory syndrome), which began in southern China and lasted about seven months, killed more than 900 people. Some estimates of the cost to the global economy were above \$40 billion. A year ago, another virus from the same family of coronaviruses, named Middle East Respiratory Symptom Coronavirus, or MERS-CoV, sparked fears of another global pandemic.

Nearly 75 percent of new or re-emerging diseases that affect humans originate in animals. The persistence of H5N1 AI and emergence of H1N1 pandemic influenza in 2009 exemplify

the potential for a new zoonotic pathogen to emerge and quickly spread across the globe. In addition, sporadic human infections such as the deadly Ebola and Marburg viruses in Africa, the new H7N9 avian influenza in Asia, and the novel MERS coronavirus in the Middle East, serve as reminders that old and new threats need to be continuously monitored.

### **Strengthening Local Capacity**

USAID, in collaboration with the U.S. Centers for Disease Control and Prevention (CDC), Department of Defense, Department of State, World Health Organization (WHO) and Food and Agriculture Organization (FAO), is addressing global health security threats in pandemic influenza and other emerging threats. As part of the Global Health Security agenda, USAID is focusing on hotspots in countries and epidemiological zones where the risks of spillover, amplification and spread are greatest.

Since 2009, USAID has strengthened the capacity of partner countries to prepare for



**23**  
countries

**In FY 2013, USAID received \$55 million which helped prepare 23 countries for pandemic influenza and other emerging threats.**

pandemics, monitor and respond to disease outbreaks with pandemic potential, and identify and mitigate risky behaviors. As a result of USAID's efforts, capacities of local animal and human health staff and laboratories to detect, prevent and respond to diseases have been strengthened in 20 countries where new pandemic threats are most likely to emerge. We have developed regional networks in Africa and Asia involving more than 25 veterinary medicine and public health schools to train future graduates on how to address emerging disease threats.

#### **Advances in Detection and Response**

USAID has provided assistance to nine countries in Asia and Africa to respond to 20 infectious disease outbreaks in animals and people. Our work has helped to detect more than 200 new viruses from families known to cause disease in people and the development of protocols to identify possible animal reservoirs of the MERS virus. We also developed valuable tools to respond to public health emergencies and reduce risk in extractive industries, such as mining.

# STRENGTHENING HEALTH SYSTEMS



With @USAID

support, a portable device for detecting counterfeit & substandard medicines is under development

<http://ow.ly/ueOR2>

#endpoverty

USAID's investments in saving lives and improving health around the world have contributed to impressive outcomes: fewer children are dying from preventable causes, more people are accessing care and treatment for HIV and AIDS, and entire communities are facing a future free from debilitating diseases such as blinding trachoma. For these trends to be sustained and accelerated, countries need stronger, more robust health systems that are able to address current and future challenges.

Health systems perform well when they have sufficient numbers of health workers, adequate financing, good information systems and experienced leadership. USAID's work has shown that health systems strengthening can improve short-term results and leave a lasting effect.

## Leadership, Governance, and Decision making

USAID works with countries to improve health system oversight and accountability while engaging civil society and the private sector. USAID also focuses on strengthening the leadership and management skills of health staff at the national, regional and local levels. This year, USAID developed and rolled out an updated leadership curriculum and strengthened country institutions to offer leadership, management and governance courses.

Effective leadership and governance lay the foundation for a high quality health system, and strong capacity is needed at the local as well as national levels. With support from USAID, 24 countries have defined essential health service packages. USAID supports partner governments to plan and allocate resources

for efficient and equitable health care delivery. For example, this year in Kenya, USAID continued to support a devolution process that empowers local governments to manage all aspects of the local health care system. As part of this work, we supported the Government of Kenya to identify sustainable financing options for its policy on free maternal health care as well as develop an overall health finance strategy.

To encourage evidence based policy and management, USAID facilitates access to timely and accurate information through national health accounts and Demographic and Health Surveys. As a result of USAID's leadership and support for national health accounts, policymakers around the world have more information needed to advocate for more appropriate levels of public funding. In FY 2013, USAID supported the first year of the Senegal Continuous Demographic and Health Survey and Continuous Service Provision Assessment, the first for each in Africa, to foster country ownership and provide local counterparts with more frequent data. USAID also launched the MEASURE DHS Mobile App to increase access to health data worldwide.

## Health Workforce and Quality of Care

Human resource planning is critical to ensuring the right number, mix and distribution of quality health care providers and volunteers. USAID continues to help countries assess and manage their capacity to meet the health needs of their populations. This effort is expanding programs on human resources for health data to 16 countries and has included the rollout of an open source software suite.

*With support from USAID, 24 countries have defined essential health service packages. USAID supports partner governments to plan and allocate resources for efficient and equitable health care delivery.*

USAID expanded the application of the iHRIS open source software to analyze trends, highlight gaps, and plan for development of the health workforce. As a result, countries identified cost savings and advocated for increased budgets, allowing them to hire and support additional health workers. USAID also supported the development and application of a rapid retention toolkit to improve retention of workers in hard-to-serve areas by identifying appropriate incentive packages.

USAID has supported the development of a systemic, comprehensive framework for quality improvement in health care that is being adopted in schools around the world. Examples of our work include:

- A USAID assessment of the impact of quality improvement methods on maternal and child health services in Uganda showed improvements in 10 major quality indicators ranging from 32 to 63 percent, with a minimal increase in cost of delivery services.
- In Tanzania, quality improvement approaches supported by USAID led to an increase in screening for HIV among family planning patients from zero to nearly 100 percent.
- In Indonesia, we have worked with local partners to improve the use of internationally-accepted standards of care, and in FY 2013, we prepared nine hospitals for international accreditation. This process recognizes the achievement of key metrics and

milestones in quality of care and patient safety, as well as performance management.

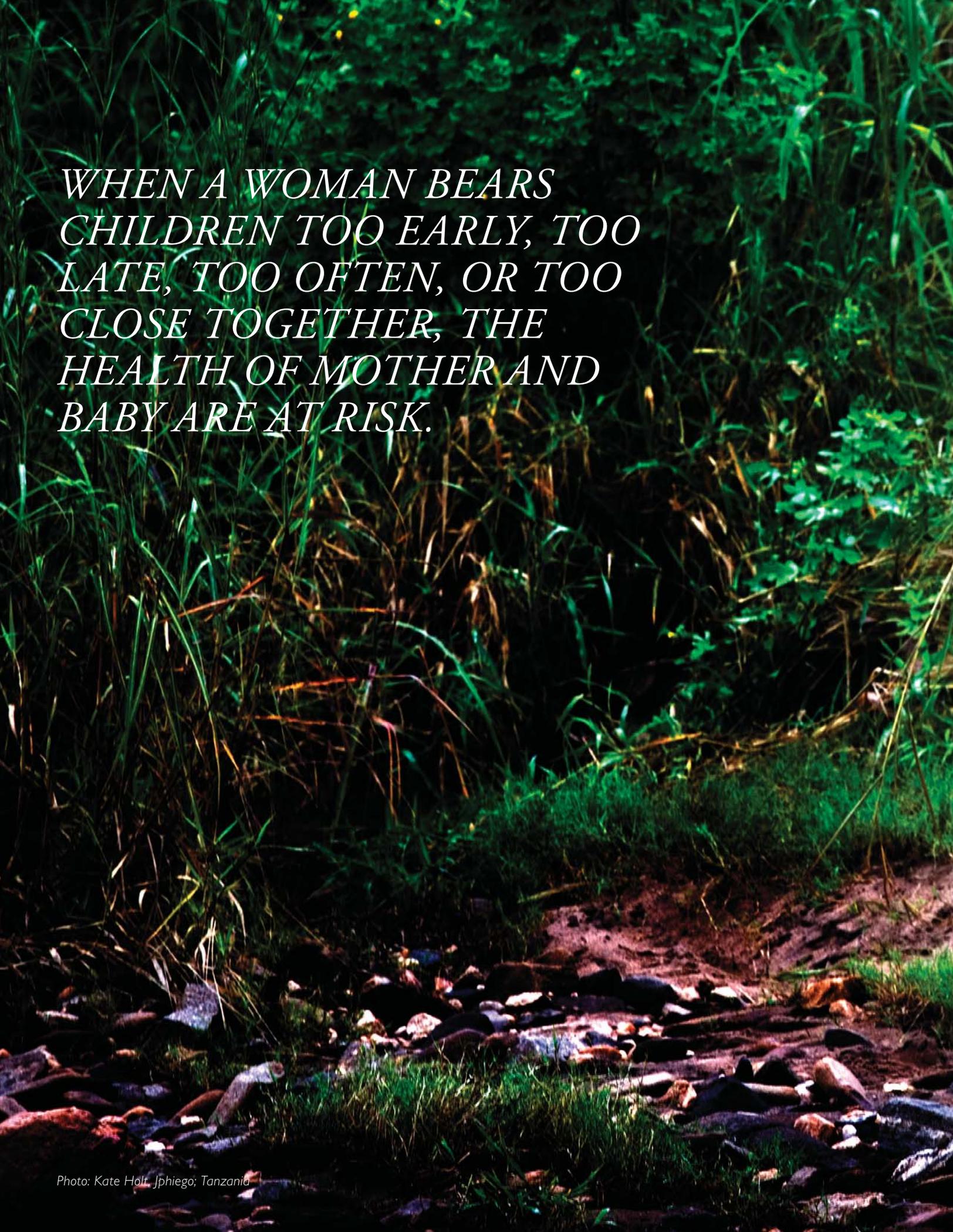
### **Medicines and Commodities**

In partnership with ministries of health and other organizations, USAID improves access to life-saving medicines and commodities, as well as strengthens supply chains for long-term sustainability. We have partnered with the Government of Sweden to support the Pledge Guarantee for Health, which opens up \$100 million of credit to help countries smooth over delays in donor aid disbursement. This working capital is used to accelerate the procurement of, and access to life-saving global health commodities, and is paid back when donor funding is disbursed. This fund complements other USAID-supported efforts for commodities security, such as the President's Malaria Initiative emergency commodity fund that fills a gap when other donors' shipments are delayed or other supply chain issues emerge.

Our work in strengthening supply chains includes forecasting and quantification; warehousing and distribution; laboratory logistics; quality assurance; and information systems. During short- and long-term assistance programs, we emphasize transferring knowledge, skills and technology to local institutions, helping to build and sustain health systems.



*Photo: Jane Silcock, USAID; Mali*



*WHEN A WOMAN BEARS  
CHILDREN TOO EARLY, TOO  
LATE, TOO OFTEN, OR TOO  
CLOSE TOGETHER, THE  
HEALTH OF MOTHER AND  
BABY ARE AT RISK.*



# FY 2013 BUDGET TABLE REPORT TO CONGRESS

	Africa Bureau	Asia Bureau	Europe & Eurasia Bureau	Latin America & Caribbean Bureau
<b>Total USAID Health Budget*</b>	<b>3,036,513</b>	<b>545,233</b>	<b>21,492</b>	<b>141,839</b>
<b>Ending Preventable Child and Maternal Deaths</b>	<b>1,243,820</b>	<b>373,404</b>	<b>4,413</b>	<b>55,669</b>
Maternal and Child Health	291,139	214,828	1,004	26,246
Nutrition	58,283	15,795	*	6,528
Malaria	584,918	14,084	*	3,521
Family Planning and Reproductive Health	309,480	128,697	3,409	19,374
Vulnerable Children	*	*	*	*
<b>Creating an AIDS-free Generation</b>	<b>1,705,139</b>	<b>80,323</b>	<b>9,600</b>	<b>83,982</b>
HIV/AIDS	1,705,139	80,323	9,600	83,982
<b>Protecting Communities from Infectious Diseases</b>	<b>87,554</b>	<b>91,506</b>	<b>7,479</b>	<b>2,188</b>
Tuberculosis	87,554	80,317	7,479	2,188
Antimicrobial, Surveillance, & Other Infectious Diseases	*	11,189	*	*
Pandemic Influenza	*	*	*	*
<b>Total Global Health Programs/USAID</b>	<b>1,419,284</b>	<b>320,861</b>	<b>14,392</b>	<b>78,948</b>
<b>Ending Preventable Child and Maternal Deaths</b>	<b>1,243,820</b>	<b>218,294</b>	<b>4,413</b>	<b>55,669</b>
Maternal and Child Health	291,139	100,896	1,004	26,246
Nutrition	58,283	13,485	*	6,528
Malaria	584,918	14,084	*	3,521
Family Planning and Reproductive Health	309,480	89,829	3,409	19,374
Vulnerable Children	*	*	*	*
<b>Creating an AIDS-free Generation</b>	<b>87,910</b>	<b>30,250</b>	<b>2,500</b>	<b>21,091</b>
HIV/AIDS	87,910	30,250	2,500	21,091
<b>Protecting Communities from Infectious Diseases</b>	<b>87,554</b>	<b>72,317</b>	<b>7,479</b>	<b>2,188</b>
Tuberculosis	87,554	72,317	7,479	2,188
Antimicrobial, Surveillance, & Other Infectious Diseases	*	*	*	*
Pandemic Influenza	*	*	*	*

Middle East Bureau      Democracy, Conflict & Humanitarian Assistance      Global Health Bureau      Global Health International Partner      Office of Innovation & Development Alliances      Total

<b>33,345</b>	<b>14,269</b>	<b>1,903,716</b>	<b>392,017</b>	<b>3,806</b>	<b>6,092,230</b>
33,345	14,269	231,231	145,114	3,806	2,105,071
15,491	*	59,807	137,979	2,855	749,349
*	*	14,650	1,902	*	97,158
*	*	53,859	*	*	656,382
17,854	*	102,915	2,855	951	585,535
*	14,269	*	2,378	*	16,647
*	*	<b>1,635,100</b>	<b>89,477</b>	*	<b>3,603,621</b>
1,635,100	89,477	3,603,621	*	*	*
*	*	<b>37,385</b>	<b>157,426</b>	*	<b>383,538</b>
*	*	37,385	17,124	*	232,047
*	*	*	85,371	*	96,560
*	*	*	54,931	*	54,931

<b>8,345</b>	<b>14,269</b>	<b>370,331</b>	<b>392,017</b>	<b>3,806</b>	<b>2,622,253</b>
33,345	14,269	231,231	145,114	3,806	1,924,691
5,491	*	59,807	137,979	2,855	625,417
*	*	14,650	1,902	*	94,848
*	*	53,859	*	*	656,382
2,854	*	102,915	2,855	951	531,667
*	14,269	*	2,378	*	16,647
*	*	<b>101,715</b>	<b>89,477</b>	*	<b>332,943</b>
*	*	101,715	89,477	*	332,943
*	*	<b>37,385</b>	<b>157,426</b>	*	<b>364,349</b>
*	*	37,385	17,124	*	224,047
*	*	*	85,371	*	85,371
*	*	*	54,931	*	54,931

\*Accounts include Global Health Programs/USAID; Global Health Programs/State; and Economic Support Funds.

\*\*For additional information, please visit the Foreign Assistance website at: [foreignassistance.gov/DataView](http://foreignassistance.gov/DataView)