



USAID
FROM THE AMERICAN PEOPLE

USAID **50** ANNIVERSARY

USAID's Global Health Strategic Framework

BETTER HEALTH FOR DEVELOPMENT



JSI

FY 2012–FY 2016

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Introduction from USAID Administrator

Rajiv Shah



Last year at the David E. Barnes Global Health Lecture at the National Institutes of Health, I challenged the development community to harness the power of science, technology, and innovation to improve human welfare and leave an unparalleled legacy in global health over the next decade.

Building on this vision, I am pleased to introduce the U.S. Agency for International Development's (USAID's) Global Health Strategic Framework. The framework is inspired by and aligned with the principles and goals of President Barack Obama's Global Health Initiative (GHI) and the USAID Forward reforms.

Across all of our health programs, we are working to empower efficient local governments, thriving civil societies, and vibrant private sectors to achieve transformational health goals, so they may take full responsibility for providing basic health services to their citizens.

We are reforming our systems to ensure our assistance is evidence-based and as efficient and effective as possible. Through procurement reform, we are expanding our partner base to deliver health services more sustainably and at lower cost, and we are reinvigorating our capacity for evaluation, research, and knowledge sharing, recognizing we need not only to communicate our successes, but also to learn from our failures.

To accelerate progress in global health, we need to build country-led health systems instead of donor-driven disease control programs. We must maximize our efficiencies from GHI toward the expansion of new scientific breakthroughs, facilitating innovation through the entire continuum from invention to implementation.

The world has made tremendous progress to reduce child mortality, thanks to global leadership and new advances that have cut global childhood deaths by 70 percent over the last 50 years, but roughly 7 million children under the age of five still die every year around the world. To save as many lives as possible, we need to focus on the days immediately before and after birth, helping infants grow into healthy children and, ultimately, productive citizens.

Healthy timing and spacing of pregnancies enables women to have children at the safest moment for themselves and their infants. By eliminating mother-to-child transmission of HIV, supporting essential newborn care, and promoting nutrition, we can give all children a fighting chance to survive and thrive.

These efforts must be complemented by routine immunization activities and expanded access to new vaccines to prevent pneumonia and diarrhea – the two leading killers of children. At the same time, we will work to improve sanitation and hygiene to prevent diseases in the first place.

Investments in global health represent the best of – and for – America. When we help fight global killers such as malaria and HIV/AIDS, we strengthen social and regional stability, advancing our own security. When we immunize millions of children against deadly diseases, we help support productive, healthy populations and energize the economy. And when we help a mother give birth to a healthy child, we are advancing values that unite us as Americans: compassion, equality, and a belief in the potential of every individual.

We have made incredible progress in international development and global health in recent decades. This USAID Global Health Strategic Framework is a roadmap for continued success in the years to come.

Introduction from the Assistant Administrator for Global Health

Ariel Pablos-Méndez

Half a century ago, President John F. Kennedy founded the U.S. Agency for International Development (USAID) on the belief that all people deserve a decent way of life and that peace can be fostered through development. Over the past 50 years, the world has indeed experienced a peaceful revolution of hope and human progress. Dozens of new democracies came into existence; the green revolution spared billions from hunger; extreme poverty rates fell by more than 80 percent;¹ and global literacy grew by 60 percent.² The rates of child mortality declined by nearly 70 percent, with more than 50 million lives saved in the last 20 years alone; life expectancy grew globally by 21 years;³ smallpox was eradicated; and the desperation brought on by AIDS was greatly diminished. The United States' contribution to this success has enjoyed bipartisan political support, the engagement of multiple U.S. Government agencies, and the participation of faith-based organizations, civil society, and the private sector. The American people and their partners can feel very proud of their contributions to these extraordinary accomplishments. With prospects for ending preventable child and maternal deaths, creating an AIDS-free generation, and developing the foundations for universal health coverage, future generations will look back at this period as a turning point in the history of global health.



A focus group discussion on community health problems in Sankaraposi, Orissa, India. (Geom Abraham, Courtesy of Photoshare)

Our new chapter in global health builds on this success and adapts to a changing world. As we did 50 years ago, we now face seminal challenges and opportunities. The child survival revolution is not over. More than 7 million children still die every year from mostly preventable or treatable conditions, and demographic and epidemiologic transitions are leading to aging of populations and the rise of conditions such as cardiovascular disease, cancer, chronic lung diseases, and diabetes in lower- and middle-income countries (LMICs). Despite the economic slowdown in Organization for Economic Cooperation and Development countries, many LMICs are in the midst of an unprecedented economic expansion driven by better governance, globalization of trade and technology, and the demographic dividend.⁴ We have seen this scenario unfolding in Latin America and, more recently, Asia; it is now taking hold in Africa. Brazil, China, India, Indonesia, Mexico, Russia, South Africa, and Turkey, and other countries are joining the donor community.

When economies expand, total health spending tends to grow even faster than a country's gross domestic product (GDP).⁵ By the end of the decade, domestic health spending may double in many of USAID's partner countries, marking a significant economic transition for health along the development ladder. Without proper policies, this growth of the health sector tends to be an expansion of unregulated private health care provision and individual out-of-pocket payments, which now account for 40–70 percent of total health spending in Africa and Asia.⁶ This leads to system inefficiency, inequitable access, and catastrophic health expenditures. Every year, 100 million people are pushed into poverty because of it; in some countries, 5 percent of the population is forced into poverty annually because they have to pay for health services when they fall seriously ill.⁷ This cannot be the future of health as countries' development succeeds. A systems approach, new institutional capacity, and excellence in implementation science (the development and use of an evidence base for practically executing programs) are needed for countries to steer this transformation toward modern health systems while scaling up and sustaining public health interventions.

1 See <http://data.worldbank.org/indicator/SI.POV.DDAY>.

2 Murray CJL, Laakso T, Shibuya K, Hill K, Lopez AD. Can we achieve Millennium Development Goal 4? New analysis of country trends and forecasts of under-5 mortality to 2015. *Lancet*. 2007;370:1040-54.

3 United Nations Commission on Population and Development. Health, Morbidity, Mortality, and Development. Report of the Secretary-General. 43rd Session. April 12-16, 2010.

4 The demographic dividend is brought about by family planning and child survival success in combination with rising girls' education. For families and nations, fewer children per woman translates into significant savings, while the demographic pyramid gets an expansion of its working age segment further strengthened by empowered women joining the workforce. This demographic dividend adds one to two percentage points to the GDP of a country for a period of 30 years or more.

5 Murray, CJL, Gavindaraj, R and Musgrove, P. 1994. National health expenditures: a global analysis. World Health Organization. 1994.

6 See <http://www.ilo.org/public/english/protection/secsoc/downloads/healthpolicy.pdf>.

7 World Health Organization. 10 Facts on Health Financing. http://www.who.int/features/factfiles/health_financing/photos/en/index1.html.

As the world changes, so must USAID continue to evolve its thinking and strategies. The U.S. Government is already changing with the timely and visionary Presidential Policy Directive (PPD) on Global Development – of which global health is a major component. This Global Health Strategic Framework is driven by the principles of the PPD, the direction of the Quadrennial Diplomacy and Development Review, and the vision of the Global Health Initiative (GHI) and builds on the foundation of the USAID Policy Framework 2011–2015 and our Agency reform, USAID Forward. As health is related to all of development, we will work with technical experts in food security, economic development, human rights, and other arenas that make a difference in securing population health. In addition, this Strategic Framework builds on the Administrator’s major address in February 2011 at the National Institutes of Health’s annual Barmes Lecture. Administrator Shah remarked “USAID is aggressively doing its part to usher in a new era” – and this Strategic Framework reflects these efforts.

Our 5-year success will be measured by our contributions to saving lives among the poor, marginalized, and vulnerable;⁸ strengthening health systems and country ownership; and enhancing inclusive leadership in global health and international development. USAID is enshrining the visionary principles of the Global Health Initiative in our efforts, including gender, country ownership, and integration, and challenging ourselves and the world to find new ways of working. We will work in the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) toward an AIDS-free generation, while seeing through the child survival revolution. We will address maternal mortality and reproductive health and fight infectious diseases such as malaria, tuberculosis, and neglected tropical diseases, in collaboration with other U.S. Government agencies and partners. To support these changes, we are harnessing the technical excellence of our staff in implementation science; strengthening our country and regional support, monitoring and evaluation, and communications functions; and consolidating our work in health systems as well as in technology and innovation.

I believe in the power of ideas to change the world. Thought leadership is about people, on the ground and in our global village. We have an impressive brain trust in our global health community and its supporters, and I am proud of the talent and dedication of our diverse USAID staff. By effectively using our collective brain power, we have the potential to achieve tremendous impact. Different ideas and approaches in leveraging our comparative advantages add value, as do aligning and coordinating our efforts for maximum impact. We have an unprecedented opportunity to maintain the momentum of saving lives through novel partnerships and game-changing innovations – near zero preventable deaths among children and mothers is possible within a generation. In this decade, we can harness the economic transition of health to build better health systems that ensure access for all to appropriate health services at an affordable cost in the 21st century. I look forward to working with USAID staff and all of our partners to make rapid advancements in better health for development.

⁸ Vulnerable populations include women, children; internally displaced persons, persons with disabilities; lesbian, gay, bisexual, transgender individuals; and indigenous peoples. In addition, USAID Missions identify, based on the development context, other groups that merit particular attention and focus.

USAID Global Health Vision

A world where people lead healthy, productive lives
and where mothers and children thrive

USAID Global Health Mission Statement

USAID supports partner countries in preventing and managing major health challenges of poor, underserved, and vulnerable people, leading to improved health outcomes by:

- Providing technical leadership in responding to new global health challenges
- Partnering strategically with a wide range of actors
- Accelerating the development and application of innovation, science, and technology
- Scaling up evidence-based, equitable, inclusive, and locally adapted health solutions
- Strengthening local health system capacity to support partner countries' leadership of health policies, strategies, and actions
- Promoting inclusion, gender equality, and female empowerment
- Working efficiently and being effective stewards of public trust and resources

This document sets out a strategic framework for the U.S. Agency for International Development's (USAID's) global health sector for FY 2012–2016. It incorporates the principles of the Global Health Initiative (GHI), which form the foundation of our work, is set within USAID's core development mission and priorities, and promotes an inclusive and integrated approach to global health across the U.S. Government for a more effective and efficient approach to sustainable global health outcomes.

In May 2010, President Barack Obama issued a National Security Strategy that recognized development as a central pillar of our national security capacity. In September 2010, through the first ever Presidential Policy Directive (PPD) on Global Development, the President outlined high-level principles to guide our international development policy and called for a new approach to planning and implementing development assistance. Further, in December 2010, Secretary of State Hillary Clinton issued the Quadrennial Diplomacy and Development Review (QDDR), an unprecedented joint review of the mandates and capabilities of the Department of State and USAID, to ensure that these core elements of American civilian power work more effectively and in tandem to advance U.S. interests at home and abroad. In 2011, USAID Administrator Rajiv Shah gave the Barmes Lecture at the National Institutes of Health (NIH), where he issued a challenge to the development community around a set of transformational goals and reaffirmed USAID's commitment to the President's Global Health Initiative. Also in 2011, USAID released the *USAID Policy Framework 2011–2015*, which operationalizes the PPD and QDDR, clarifies USAID's core development priorities, and lays out detailed operational principles that we are applying across our entire portfolio. The *USAID Policy Framework* also lays out the agenda for the institutional reform known as USAID Forward, which is preparing the Agency to respond to the development challenges of the coming decades.

This USAID Global Health Strategic Framework is meant to unify the numerous policies, directives, initiatives, and other factors that influence USAID operations in global health into a cohesive approach that serves as a guide for USAID's entire global health response, which is implemented not only through its Bureau for Global Health, but also through its regional and other functional bureaus. This will enable USAID to pursue its global health mission, achieve its global health vision, and fully and effectively contribute to the U.S. Government's overall global health goals.

Taking into consideration the challenges, the changing environment, USAID's history of achievements, and USAID's comparative advantages, USAID's field and headquarters staff developed and refined their global health vision and mission statement for the 2012–2016 period.

This Strategic Framework discusses USAID's major health priorities for FY 2012–FY 2016: saving mothers and children, fostering an AIDS-free generation, combating infectious diseases, increasing the availability and use of voluntary family planning, and strengthening health systems. It then highlights the key approaches to be used in USAID's global health response to address these priorities, expanding on each of the bullets in the mission statement (see box above). Annex I presents details on specific strategies, targets, and approaches for achieving goals within each technical area under the health priorities.

The Global Health Challenge

Food security, health, and education are essential to unlocking human potential, directly contribute to elevating human development, and are critical to broad-based economic growth. (USAID Policy Framework 2011–2015)

USAID's work in global health represents the U.S. Government's commitment and determination on behalf of the American people to save lives, prevent suffering, promote human rights, and create a brighter future for families in the developing world. Good health has a direct effect on every aspect of life – physical, emotional, and mental – and is critical to overall well-being. Good health is also an essential component of and contributor to economic growth, education, participatory governance, and overall prosperity. Health status directly affects economic growth and development through its impact on life span, labor productivity, and the economic burden of caring for the ill. It indirectly affects economic growth and development through its influence on factors such as educational performance, household income, and life expectancy. Substantially improving the health of the poor and vulnerable is essential to increasing the overall wealth and well-being of a population. Promotion of well-being and good health has the potential to lessen societal grievances that often drive the risks for violent conflict and unrest. The linkage between health and conflict is critical since recent research has shown that civil conflict undermines health investments, re-

verses progress made in strengthening health systems, and significantly reduces national health performance levels. As an integral and indispensable element of development, global health programming is central to achievement of USAID's long-term economic growth, conflict prevention, and poverty reduction mandate.

USAID's work in health reflects the acknowledged consequences of global health issues – global health concerns not only affect the people of developing nations, but also they directly affect the interests of U.S. citizens. Healthy, productive citizens are essential for global economic growth and regional security. Sound health systems address pandemic threats. Stable populations reduce pressures on local and global economies and the environment and reduce the risk of humanitarian crises. Technologies and innovative practices to address health challenges in the developing world may also have direct application in the U.S. health system.

The persistence of health inequities in the developing world

Recent decades have witnessed dramatic progress in global health. Smallpox has been eradicated; HIV/AIDS has been transformed from a disease that meant certain death to a disease that, with the right treatment, can be managed as a chronic ailment; deaths from malaria have fallen by more than 25 percent globally since 2000; polio remains endemic in only four countries in the world; child deaths from diarrhea have been reduced by more than 50 percent since 1990; and global contraceptive prevalence has increased from 10 percent in 1965 to more than 63 percent today.⁹

Nevertheless, preventable disease and premature death continue to plague much of the developing world, particularly affecting women and children. Of the 7.6 million deaths of children under five years of age in 2010 (90 percent of these in low- and middle-income countries), two thirds of the deaths were preventable. One of every three children in the developing world suffers from stunting due to chronic malnutrition. Women in developing countries are 135 times more likely to die from pregnancy-related complications than women in the developed world, and more than 215 million women have an unmet need for voluntary family planning. In 2010, 8.8 million people were newly identified with tuberculosis (TB), and 1.4 million died from this disease. HIV/AIDS-related diseases continue to kill more people in Africa than any other disease, and neglected tropical diseases (NTDs) affect more than 1 billion people worldwide. Furthermore, the rate of pathogen emergence (i.e., newly emerging infectious diseases) is expected to increase five fold between 2000 and 2030, and by 2020 non-communicable diseases are expected to be responsible for 75 percent of global deaths.¹⁰

In addition to the plight of women and children, the health challenges confronted by those in most-at-risk populations (MARPs) are significant and often distinctive. MARPs include persons with disabilities; lesbian, gay, bisexual, and transgender (LGBT) persons; men who have sex with men (MSM); and others.

For most of the major causes of mortality and morbidity in the developing world, there are proven, effective prevention or treatment interventions that could reduce suffering and save lives. However, factors such as poverty, ethnicity, socio-economic status, poor

⁹ Cleland J, Bernstein S, Ezeh A, Faundes A, Glasier A, Innis J. Family planning: the unfinished agenda. *Lancet*. 2006;368:1810-27; United Nations World Contraceptive Use Datasheet. United Nations 2011.

¹⁰ World Health Organization, Child health (http://www.who.int/gho/child_health/en/index.html) and Black, RE, Morris, S.S, et al. (2003). "Where and why are 10 million children dying every year?" *Lancet* 361 (9376): 2226-2234.

infrastructure and governance, being a member of a sexual minority or other marginalized group, distance from health facilities, lack of health insurance, and the low status of women and girls and associated gender-based violence continue to limit equitable access to health care. Lack of capacity and poorly functioning health systems challenge the delivery of quality affordable health care, especially to the poor. Although improving, limited access to information and knowledge, and in some cases active discrimination and exclusion from health care, prevent the most vulnerable from taking appropriate measures to protect themselves from disease.

Understanding the context: the changing global health environment

The nature of health needs and the global health sector are evolving at an accelerated rate, demanding flexibility and innovation to address the future health concerns of the developing world. The changing environment presents both opportunities and challenges for global health. USAID is prepared for that change and is engaging proactively to meet those challenges. By understanding this changing context and considering and responding to the implications for our work, USAID will ensure that its global health approach is strategic, reasoned, and evidence-based; utilizes the Agency's strong health platforms and core competencies; and fosters innovation and learning for improved health outcomes.

An economic transition of health in rapidly developing countries: Shifting global patterns of economic growth create new considerations in U.S. Government global health assistance. During the 50 years since USAID's founding, the world's population has entered an unprecedented period of economic growth. Over the coming decade, the economies of many low-income countries will grow rapidly as a result of better governance, globalization of trade and technology, and the demographic dividend.

In Latin America, Asia, and sub-Saharan Africa, many countries will have new opportunities to invest more of their own funds in social development. If experience elsewhere holds true, these countries will invest proceeds from growth disproportionately in health. For many low- and middle-income countries (LMICs) (e.g., Georgia, Ghana, India, Kazakhstan, Nigeria, Philippines, Turkmenistan, Uzbekistan, and Vietnam), the \$49 per capita cost of a basic health care package represents 10 percent or less of the additional per capita income projected for 2012 relative to 2009 levels.¹¹ Ensuring essential health services for people in fast-growing developing countries is eminently affordable.

However, such investment does not always take place in an efficient and equitable manner. In poorly governed systems, there is usually an explosion of unregulated private health services with high levels of individual out-of-pocket payments. Already, private payments account for 50–80 percent of total health spending in Africa and Asia, leading to system inefficiencies, inequitable access, and health costs that prove catastrophic to individuals and families. Every year, an estimated 100 million people are pushed into poverty because of such catastrophic health expenditures. In some countries, 5 percent of the population is forced into poverty annually because of these payments.¹² Others are simply excluded from access to and utilization of health care services due to their sexual orientation; gender identity; disability status; status as a migrant; perceived socio-cultural, linguistic, or ethnic identity; or other factors of marginalization. This cannot be the future of health for all. As the health sector grows and the costs of health services rise, improved health financing, accompanied by a strong planning process, is increasingly important to ensure equitable access to and use of essential health services. Well-planned health financing can reduce financial barriers, and training in diversity and human rights can reduce discrimination and exclusion. Through such measures, priority services for poor and vulnerable people can be made available, protecting them from financial catastrophe or impoverishment due to illness.

Over the past two decades, development assistance has increased four fold globally. U.S. Government funding alone increased from an estimated \$2 billion in 1990 to \$12 billion in 2009.¹³ The health impact of these investments is significant. At the same time, it is important to ensure that external investments on select priority programs do not “crowd out” local investment. Many LMICs are experiencing a transition from dependence on foreign aid for basic health needs to financing most health needs from domestic sources (i.e., more than 80 percent). There is an urgent need to understand the forces that cause crowding out of domestic investment and how to encourage domestic investment to respond to country priorities and the needs of the poor in a sustainable way.

Over the next five years, USAID will need to strike a new balance between providing services and strengthening health systems, leveraging our still-prominent role and expertise to help countries experiencing an economic transition to design better health systems for a more equitable and sustainable future. USAID's global health team is in a unique position to work with rapidly growing coun-

Demographic Dividend

The demographic dividend is brought about by family planning and child survival success in combination with rising rates of girls' education. For families and nations, fewer children per woman translates into significant savings, while the demographic pyramid expands the working age segment and is further strengthened by empowered women joining the workforce. This demographic dividend adds one to two percentage points to the GDP of a country for a period of 30 years or more.

11 Cavanaugh K, Stewart S, Levitt-Dayal M, Hafiz A, Pablos-Mendez, A. The Economic Transition of Health: Implications for USAID's Approach to Global Health 2011-2020. Unpublished. 2012.

12 World Health Organization. 10 Facts on Health Financing, http://www.who.int/features/factfiles/health_financing/photos/en/index1.html.

13 Institute for Health Metrics and Evaluation. Financing Global Health 2011: Continued Growth as MDG Deadline Approaches. 2011.

eHealth/mHealth

From 2006 to 2011, the number of mobile cellular subscriptions in the developing world increased from 1.62 billion to 4.52 billion. The growth in Africa was even more dramatic, more than tripling during that time period, from 129 million to 433 million (International Telecommunications Union). This exponential growth has made the once unthinkable now inevitable: instantaneous and inexpensive human-to-human interaction and electronic data transfer, available anywhere in the world at any time.

Through its support for eHealth (information and communications technology in support of health care systems), and mHealth (mobile aspects of eHealth, particularly mobile phones) USAID has already committed to leveraging the power of the mobile revolution to improve the lives of women and their families and strengthen health systems. eHealth/mHealth has the potential to significantly improve health care by increasing the demand for quality health services; strengthening the capacity and efficiency of health care providers; creating opportunities for remote patient monitoring and care; and enabling health care managers to make better-informed, more timely decisions.

Through the deployment of integrated eHealth/mHealth programs at scale, patients will be directly and individually empowered to improve their knowledge, change their behavior, and contribute to the improvement of health in their families and communities. Through multi-donor efforts, such as the Health Informatics Public-Private Partnership and the Mobile Alliance for Maternal Action, USAID is striving to achieve health impact while simultaneously supporting a core set of global best practices and calling for improved coordination, country ownership, openness, shared tools, and evaluation.

tries in new ways that will encourage, rather than crowd out, domestic investment in efficient and equitable ways; build country ownership, accountability, and sustainability; and help ensure that increasing domestic health investments result in increased access to and use of affordable, essential health services by the poor, marginalized, and vulnerable. For countries and regions where growth is slower or stagnant, USAID will strive for the same results but selectively adapt approaches in response to more limited country capacity and resource availability. At the higher end of this spectrum, emerging donors, such as Brazil, Russia, India, China, and South Africa (BRICS), and other G-20 countries must be mobilized to partner with us in meeting these challenges.

The evolving stewardship role of the public sector: Health systems worldwide increasingly are mixed systems, where health products and services are delivered through both the public health system and the private health sector. In sub-Saharan Africa, more than 50 percent of health services are delivered through the private sector, and in some contexts, such as India's, that figure is closer to 90 percent.¹⁴ Governments will need to strengthen their stewardship capacity and role with attention to equity and human rights considerations while ensuring quality in both the public and private health sectors – without stifling private health sector innovation. As demands on public health systems grow, mixed systems offer opportunities for governments to better integrate the private health sector and the public health system in order to meet the health needs of the entire population. USAID's strong partnerships and experience in working with the private health sector provide us with the knowledge and evidence base to support governments' capacities and leadership in this transition.

Demographic trends: including population mobility, urbanization, growth, and aging – complicate development challenges: Globalization has brought about greater population mobility and concentration in urban centers. At the global level, the increased movement and concentration of people contributes to more rapid dissemination of infectious diseases. Within the health sector specifically, increased labor mobility offers increased opportunities for individual health care workers, but also increased challenges for health systems wishing to retain qualified personnel. Urbanization is forcing development programs, which have traditionally targeted rural populations, to rethink their targeting strategies and create more systemic approaches. Meanwhile, the world's population is expanding rapidly, putting pressures on natural resources and the environment. Also, many countries have large cohorts of young people requiring age-appropriate health services, education, training, and employment. And, advances in health mean that people are living longer, creating demands for different health and support services. These and related factors are influencing USAID's global health priorities, calling for increased attention to emerging pandemic threats and greater focus on health system strengthening and innovation as efficient means of increasing the efficacy and quality of health services. USAID's strategic approach responds to these challenges.

Scientific and technological advancements: We are committed to applying science, technology, and cost-effective innovation to produce powerful outcomes. The impact of recent scientific and technological advances on improved health has been enormous. Simplified drug treatments, new vaccines, oral rehydration therapy, long-lasting insecticide-treated bed nets, micronutrient supplementation, voluntary medical male circumcision, and other advances have contributed to significantly better health outcomes for millions of people. As promising health advances continue to emerge, USAID is forwarding the field of implementation science by engaging in an intricate process of systematically evaluating these advances on a variety of factors, including safety, impact, cost effectiveness, cultural acceptability, and responsiveness to and recognition of gender norms and inequities before determining whether and how to scale them up. At the same time, USAID is driving new technologies and promising practices, supporting research and field work that result in improved knowledge and innovative practices.

¹⁴ See [http://www.ifc.org/ifcext/healthinafrica.nsf/AttachmentsByTitle/IFC_HealthinAfrica_Final/\\$FILE/IFC_HealthinAfrica_Final.pdf](http://www.ifc.org/ifcext/healthinafrica.nsf/AttachmentsByTitle/IFC_HealthinAfrica_Final/$FILE/IFC_HealthinAfrica_Final.pdf).

The expansion of information and communications technology, and mobile phones in particular, has the potential to significantly influence the delivery of health services by increasing expectations and demand for quality health services; providing opportunities for greater efficiency, transparency, and accountability; helping ease the global lack of human resources for health by shifting a whole range of tasks to lower level providers; and creating new options for remote service delivery. USAID is exploring how best to embrace eHealth to further its mission as well as how to partner most effectively with the private sector entities that drive this technology.

Changing face of health: While infectious diseases, childhood illnesses, and pregnancy-related complications continue to be the major causes of mortality and morbidity in the places that USAID works, the global epidemiology is evolving. Injuries, environmental hazards, and non-communicable diseases (NCDs) (primarily cardiovascular diseases, diabetes, cancers, and chronic respiratory diseases) are urgent and growing global public health concerns and unintended consequences of country development. Almost 80 percent of the estimated 36.1 million global deaths from non-communicable diseases and injuries (NCDIs) in 2008 occurred in LMICs.¹⁵ It is estimated that more than 1 million deaths annually are due to road traffic injuries alone, with about 50 million non-fatal injuries each year.¹⁶ After one year of age, drowning, fire-related burns, road-traffic injuries, and other injuries are increasingly important issues and major causes of death in children. Certain marginalized and at-risk population groups have very distinctive health care needs, and their care requires particular sensitivity and knowledge among health care specialists, and embracing attitude toward inclusion, and zero-tolerance for discrimination in health care institutions.¹⁷ Persons with disabilities make up at least 15 percent of the world's population, creating challenges to ensure adequate and appropriate provision of health services. To date, the international health response has not prioritized these growing health challenges, although important lessons learned from developed countries indicate that NCDIs are best combated with preventive interventions that improve the structural environment and change behavior. USAID is considering how we can best leverage existing platforms in health systems strengthening, HIV/AIDS, maternal and child health, family planning, malaria, and TB and adapt expertise in behavior change communication, community health, and chronic care management to benefit the additional health challenges while not detracting from efforts in other areas.

Challenges to health systems: Changes in population dynamics, disease burdens, and health care costs will require stronger and more resilient health systems. The health systems in many countries are already challenged and unable to perform the routine functions that would facilitate improved and more accessible health services and equitable health outcomes. This is especially true in fragile or conflict-affected countries where the exigencies of these complex environments pose additional challenges to existing health systems. Yet, our current vision of health systems, including routine program planning and implementation, may be inadequate for responding to future changes. Health systems will need to better integrate and promote health on a broad scale to prevent both communicable and non-communicable diseases. Of particular importance in transition economies is the stewardship capacity to manage mixed systems with a large private sector component. Health systems will also need to develop the capability to forecast, anticipate, and respond to new challenges, such as the health needs of youth, who now make up more than 50 percent of the population in many countries; the increasing disabled population; the health needs of the elderly, as people live longer; and the growing importance of NCD burdens. Such resilience and flexibility will also be essential for successful uptake of health care innovations as they cycle more rapidly from discovery to delivery. USAID's health system strengthening strategy has been developed to address simultaneously strengthening already-weak health systems while preparing those same systems to anticipate and respond to new challenges.

A new "aidscape" emerges: The number of international actors providing development assistance has increased dramatically in the 50 years of USAID's existence. USAID is poised to meet both the challenges and opportunities this presents. Coordination and collaboration across both large and small donors, each with its own set of priorities, is sensitive, but more actors mean more resources for development and increased competition to innovate.



Adolescent peer educators instruct fellow students on the subject of HIV transmission and prevention in their high school in Tumbes, Peru.
(Michael McGuire, Courtesy of Photoshare)

¹⁵ World Health Organization. "Global status report on noncommunicable diseases 2010." http://www.who.int/nmh/publications/ncd_report2010/en/.

¹⁶ World Health Organization. "World report on road traffic injury prevention." 2004. http://www.who.int/violence_injury_prevention/publications/road_traffic/world_report/summary_en_rev.pdf.

¹⁷ The Pan American Health Organization is currently at work on the first comprehensive standards of care for transgender persons – a project that USAID is supporting.

Internationally, the emergence of aid recipients as donor nations, such as the BRICS, offers fresh opportunities for cooperation. USAID hopes to coordinate with these new donors, creating a platform for sharing global and regional knowledge and experience. In addition, USAID's global health team will learn from new approaches and solutions to development challenges undertaken by the BRICS. Diplomatic efforts to ensure a smooth transition from a donor-recipient relationship to one of mutual donorship will be key in the next four years and beyond.

Shifting Landscapes: BRICS

Approximately 16 percent of Brazil's Agencia Brasileira de Cooperacao's budget of \$30 million was allocated to health projects.¹⁸ In the absence of an official development agency, Russia in 2010 spent more than \$80 million on global health programs in developing nations, mostly channeled through multilateral organizations.¹⁹ In July, India announced the intent to establish its own aid agency, overseeing \$11.3 billion over the next five to seven years.²⁰ China's budgeted foreign aid swelled by nearly 30 percent a year between 2004 and 2009. In total, China spent \$38.54 billion in foreign assistance from 1950–2009 – roughly the same amount the United States provided in 2010 alone. More than 40 percent of Chinese aid was spent on grants. The remaining 60 percent was split fairly evenly between interest-free loans and concessional loans.²¹ The South African Development Partnership Agency is expected to be established in 2012 and will replace the African Renaissance Fund. During 2009–2010, an amount of \$40 million was approved to fund the development cooperation projects, primarily in other African countries.²²

Over the past decade, there has been a significant increase in collaborative, coordinated action by key public international organizations such as the World Health Organization (WHO), Global Alliance for Vaccines and Immunizations (GAVI), World Bank, United Nations Children's Fund (UNICEF), and Joint United Nations Programme on HIV/AIDS (UNAIDS) to address major global health concerns. This collaboration has galvanized both attention and resources to meet global commitments, including those made at the G-8 meetings and within the framework of the United Nations Secretary General's Global Strategy for Women's and Children's Health. An important result of this shift has been the emergence of key foundation partners, such as the Bill and Melinda Gates Foundation and the William J. Clinton Foundation, and the increased engagement of private philanthropists, nongovernmental and faith-based organizations, and new transnational diasporas. USAID will use its position as a technical leader to facilitate continued coordination and advocacy for improving health and development globally.

The past decade has also seen a rapid increase in the role of the commercial sector in development. Public-private partnerships, global development alliances, and various forms of corporate social responsibility are creating new streams of funding and new opportunities for new partnerships. USAID, with its history of successful partnerships with the private sector, is well positioned to leverage resources from these partnerships to expand its reach and impact. As Secretary Hillary Clinton noted at the Fourth High-Level Forum on Aid Effectiveness in Busan, South Korea, in November 2011, "Official development assistance from governments and multilateral organizations is no longer the primary driver of economic growth. In the 1960s, such assistance represented 70 percent of the capital flows going into developing countries. But today, because of private sector growth and increased trade, domestic resources, remittances, and capital flows, it is just 13 percent – even as development budgets have continued to increase."

One U.S. Government development agenda – interagency collaboration: With nearly 20 U.S. Government entities with a presence overseas, each focusing on interrelated development issues, including health, USAID, as the U.S. Government's lead development agency, is in a pivotal position to facilitate the U.S. Government development agenda. The increased U.S. Government presence abroad offers exciting opportunities for aligning all U.S. Government agencies and offices with expertise in global health activities so that assets can be leveraged to achieve common goals and targets. For example, under the Global Health Initiative, USAID, the U.S. Centers for Disease Control and Prevention (CDC), and the Department of State's Office of the U.S. Global AIDS Coordinator (OGAC) are working closely together toward an ambitious agenda of improving health outcomes in developing countries. Similarly, under the President's Malaria Initiative (PMI), USAID collaborates closely with the CDC to reduce the burden of malaria, and under the U.S. President's Emergency Plan for AIDS Relief, USAID has developed strong working relationships with other U.S. Government departments and agencies to combat HIV/AIDS and strengthen health systems. While coordinating can be challenging, this whole-of-government approach brings the talents of many U.S. Government actors together to solve multifaceted problems.

18 Bliss, K. Key Players in Global Health – A report of the CSIS Global Health Policy Center. Center for Strategic and International Studies. 2010.

19 Provost, C. "The rebirth of Russian foreign aid." Guardian.co.uk, May 25, 2011.

20 Patel, N. "India to create central aid agency." Guardian.co.uk, July 26, 2011.

21 China Information Office of the State Council, China's Foreign Aid White Paper, April 2011.

22 Department of International Relations and Cooperation, Government of South Africa. Report of the Auditor-General to Parliament on the Financial Statements of the African Renaissance and International Co-operation Fund for the year ended 31 March 2010. 2011.

USAID: 50 Years of Global Health Achievements

With the establishment of USAID in 1961, President John F. Kennedy launched a peaceful revolution of hope and human progress. USAID was the first U.S. foreign assistance organization whose primary emphasis was on long-range economic and social development. From the beginning, meeting the world's global health challenges was central to USAID's mandate of preventing suffering, saving lives, and creating a brighter future for families in the developing world. USAID has long been a leader in family planning, providing more than 35 percent of donor-provided contraceptives to the developing world and funding comprehensive family planning programs that have significantly reduced fertility in countries in Asia and Latin America.²³ Child survival is another hallmark program, with USAID support for basic immunizations, oral rehydration therapy, micronutrient supplementation, and other child survival interventions saving the lives of more than 6 million children under the age of five every year.²⁴ Over the past 50 years, USAID has pioneered new approaches to community-based public health, service delivery in health facilities, supply-chain management, health system strengthening, health workforce development, social marketing, behavior change communication, quality improvement, water and sanitation, and gender-integrated health programming that have enabled the poor to access quality health care. These on-the-ground interventions have been complemented by USAID support for research and development into new technologies and state-of-the-art survey methodologies. Fifty years of USAID global health investments in family planning, maternal and child health, malaria, TB, HIV/AIDS, and other diseases that affect the most vulnerable have resulted in the development of important new contraceptive technologies; demographic and health surveys that provide a credible database for donors and countries worldwide; and proven, effective public health interventions that reduce morbidity and mortality and contribute to alleviating poverty and building a more prosperous and equitable world for all.

USAID, as an organization, brings several key competencies to the international global health arena, which are outlined below:

- USAID's core strength lies in its field presence in more than 80 countries throughout the world, providing it with global reach, the ability to share rapidly lessons learned and best practices, and allowing it to respond quickly to changing realities on the ground. In the countries and regions in which it works, USAID has established strong working relationships with governments and regional and sub-regional organizations – from the district to the provincial to the national and regional level – as well as with civil society and the private sector. Those relationships are consolidated and extended through USAID's extensive network of expert implementing partners. More than 50 years of continued commitment to resolving public health issues has fostered confidence among countries that USAID is a reliable partner, there for the long haul.
- To complement its long-term commitment, USAID has attracted a talented, professional global health staff, deployed both at headquarters and around the world, with diverse backgrounds in a broad range of social sciences and scientific technical disciplines, clinical practice, research, and management. These staff, including civil servants, foreign service officers, foreign service nationals, and personal service and institutional contractors, are recognized and respected not only for their sophisticated knowledge of health promotion and preventive and curative health, but also for their organizational skills; their willingness to be flexible, innovate, and confront difficult challenges; their broad understanding of health as more than just disease control and prevention, but also as a development and quality-of-life issue; and for their strong commitment to the poor and most vulnerable. USAID health professionals are supported by talented contracting officers and legal advisors who have the skills and knowledge to design and award grants and contracts for public health that are appropriate in the local environment, build local capacity, can be adapted to difficult or changing environments, and adhere to U.S. Government standards (to avoid waste, fraud, and abuse). The impressive expertise of USAID staff is augmented by USAID's extensive network of implementing organizations, many with more than 40 years of experience in working with USAID.

Eradication of Smallpox

Smallpox is a contagious disease that for centuries decimated populations; more than 300 million people died of smallpox in the 20th century alone. As recently as the 1960s, there were 10–15 million cases of smallpox a year and more than 2 million deaths.

Beginning in 1966, USAID played a key role in the international effort to eliminate smallpox. The partnership between USAID, key multilateral organizations, sister U.S. Government agencies, other bilateral donor organizations, ministries of health, and community organizations enabled the successful, rapid vaccination of large numbers of people.

After just 11 years, eradication efforts ended successfully and now no one – anywhere – has to fear contracting smallpox.

23 U.S. Agency for International Development Family Planning Timeline. 2009: http://www.usaid.gov/our_work/global_health/pop/timeline_b.pdf

24 See http://pdf.usaid.gov/pdf_docs/PDACN044.pdf.

- USAID’s commitment to implementation science is a signature key strength. Recognizing that the development of efficacious interventions is only a first step, USAID has successfully institutionalized the difficult process of effectively transferring and maintaining evidence-based interventions for use in real-world, low-resource settings. For example, USAID brings to the global health response a long history of working at the community level with those individuals most directly affected by public health inequities, to ensure that positive health findings successfully become part of routine care. USAID’s expertise in building partnerships between health care providers and community members has inspired social change, helped to restructure service delivery, and improved community health. Similarly, through strong working relationships at the health facility level, where new and improved health care tools and approaches are tested and refined, USAID has advanced programs and policies with tangible benefits at the service delivery level. Because of its ability to engage successfully at the community, health facility, national, regional, and global levels, USAID is able to link community health issues with the global health agenda, ensuring that implementation science is a two-way relationship.

Technical Excellence in Implementation Science

USAID has a history of successfully translating research into and harnessing local innovations for interventions that can be successfully adapted, scaled up, and sustained in low-resource settings. By adopting a systems approach that places country-specific desired health outcomes, as articulated in national health policies and plans, within the existing political, economic and social context, USAID and its partners are able to maximize the effectiveness, impact, and sustainability of health solutions that have proven efficacy in research settings.

Specific actions that help ensure USAID’s continued excellence in implementation science include:

- Maintaining strong relations with academic communities and policy circles
- Engaging in ongoing monitoring and evaluation, including demographic health surveys
- Engaging stakeholders in portfolio reviews and evidence summits

- The positioning of global health within USAID’s broader development mandate is another core strength. Health challenges are complex and multi-dimensional, and must be approached from multiple angles simultaneously. Recognizing that individuals’ health statuses are intimately entwined with environments and identification with an excluded or stigmatized group, economic growth, food security, education, gender equality, and governance, USAID’s global health program is able to leverage USAID investments in other sectors to address holistically not only the health needs, but also the complex set of human development needs of the poor and vulnerable. This interconnectedness requires that program and project design be undertaken by integrated, multi-disciplinary teams and that Country Development Cooperation Strategies give careful consideration to integrated approaches.²⁵
- USAID’s legacy of supporting country-led approaches to improving the health of a nation is another key strength. Above all, development is in the hands of a country’s leaders and people. USAID embraces “country ownership” as a critical element of aid effectiveness and sustainable results-driven development. With that lens, USAID has supported sustainable programs that contribute to the goals and objectives of host country initiatives and national health strategies for many years. Many countries give very low priority in their health spending and services to certain groups or actively discriminate against certain groups, effectively leaving them outside of the health care infrastructure. There is an important recognition that while we do our best to honor country ownership, USAID and the U.S. Government generally do not do so when it involves the sacrifice of universal values of human rights to which we are deeply committed. Since the signing of the Paris Declaration on Aid Effectiveness in 2005, a framework for aid based on principles of partnership, USAID has focused on accelerating country ownership through enhanced emphasis on building host country capacity to effectively plan, prioritize, implement, and manage health agendas. Country ownership is a key principle of the Global Health Initiative. Through the GHI, the United States will promote country ownership and align our investments with country-owned plans, including those to improve coordination across U.S. agencies and with other donors, with the aim of making

Country Ownership in Family Planning Programs

USAID support for family planning/reproductive health in Paraguay came to a close in 2010, after a two-decade partnership with the Government of Paraguay. The indicators of success were a reduction in total fertility rate from 4.7 in 1990 to 2.5 in 2008 and an increase in the percentage of married women of reproductive age who use a modern method of contraception, from 35.2 in 1990 to 70.7 in 2008. In addition, USAID strengthened local health councils and worked with the Paraguayan Ministry of Health to improve the service delivery system, including procurement and distribution of contraceptives.

USAID assistance has enabled country ownership of family planning programs in 21 countries since the 1980s, with three additional countries (Honduras, Nicaragua, and Peru) expected to take ownership of their programs by 2013. USAID is adapting the successful model from Latin America and the Caribbean for use in country ownership strategies in other health sector programs.

²⁵ The country-level process of developing a five-year strategic plan.

programs sustainable. In some countries, country ownership means transitioning from external/donor support for a certain element of a health program. In other countries, it might mean USAID support focuses on technical advice on key health issues while the country provides the direct health services. Notably, for USAID, country ownership does not mean government ownership alone; as the 2010 Quadrennial Diplomacy and Development Review²⁶ states, “We must more fully take into account the needs, rights, and interests of a country’s citizens.” USAID’s health sector also works to build ownership within the private health sector, strengthening nonprofit and for-profit entities at the country level, and a healthy competition between government and the private sector, and giving clients a wide variety of choice for preventive and curative health care. While the concepts and dimensions of country ownership are consistent, the process can best be viewed as a continuum as countries and donors work together, building on universal human rights values to make a difference.

- USAID’s strong private-sector relationships represent a unique USAID strength. Believing that some of the best development outcomes occur when the public and private sectors join forces, USAID works in partnership with a wide range of non-governmental organizations (NGOs), faith-based organizations, civil society organizations, foundations, associations, public and private colleges and universities, and private sector organizations. Consistent with this approach, USAID engages with the for-profit private health sector – hospitals, clinics, private practitioners, and pharmacists in the countries where we work – to build their capacities, improve quality, make commodities and services more affordable, and otherwise achieve public health goals. By accessing the valuable resources and innovative approaches of these partners, USAID is able to increase the impact of its development initiatives.
- Finally, USAID’s history of strong global leadership is a key outstanding trait. During its 50 years of development experience, USAID has established a reputation as a leader in technical areas such as community provision of health services, child survival, and family planning. Through its recognition of the need to address issues in a systemic manner rather than simply address disease-specific issues, USAID helped to raise international consciousness of the importance of health system strengthening in improving overall health outcomes. USAID leadership has also been instrumental in maintaining international attention on the Millennium Development Goals (MDGs) – and USAID’s significant development investments are key contributors to achievement of the goals.

²⁶ See <http://www.usaid.gov/qddr/>.

Synergies through Public-Private Partnerships

USAID engages in a wide range of public-private partnerships or similar arrangements to align private capital and other resources with USAID investments for deeper impact. Each partnership is unique, designed around the specific strengths and assets of the private corporation to address a specific health challenge. For example:

Working in 56 of 57 countries in Africa, The Coca-Cola Company is the largest private-sector employer on the continent. Its alliance with USAID supports HIV/AIDS treatment, prevention, and care for Coca-Cola bottlers’ employees and families. Coca-Cola is also one of USAID’s nine corporate partners in a job creation program for orphans, other children affected by AIDS, and their caregivers.

Through partnerships, the pharmaceutical companies Merck & Co., GlaxoSmithKline, Johnson & Johnson, and Pfizer made extraordinary drug donations that allowed the expansion of USAID’s NTD program into 21 countries since 2006. To date, these companies have donated more than \$3.1 billion in drugs to country programs to treat lymphatic filariasis, onchocerciasis, schistosomiasis, blinding trachoma, and soil transmitted helminthes.

The Context for USAID's Global Health Strategic Framework

Global Health Initiative Principles

- Promote women, girls, and gender equality
- Encourage country ownership/leadership
- Strengthen health system and program sustainability
- Leverage and strengthen key multilateral organizations, global health partnerships, and the private sector
- Foster strategic coordination and integration
- Improve metrics, monitoring, and evaluation
- Promote research and innovation

USAID Operational Principles

- Promote gender equality and female empowerment
- Apply science, technology, and innovation strategically
- Apply selectivity and focus
- Measure and evaluate impact
- Build in sustainability from the start
- Apply integrated approaches to development
- Leverage “solution-holders” and partner strategically

USAID Policy Framework 2011–2015

USAID's Global Health Strategic Framework is influenced by and must be implemented within a multi-layered set of international and national contextual factors.

International context: The importance of global health is reflected in the international consensus around the Millennium Development Goals (MDGs), with three of the eight MDGs directly related to health and the other five strongly affected by health performance.²⁷ In 2010, the U.S. Government renewed its commitments to achieving the MDGs.²⁸ Through implementation of this Strategic Framework, USAID will play a key role in meeting that commitment. Similarly, implementation of this Strategic Framework will assist the U.S. Government in meeting other international commitments, including those of the Rollback Malaria Initiative, the Stop TB Partnership, the United Nations General Assembly Special Session (UNGASS): Declaration of Commitment to HIV/AIDS, the Three Ones Principles for HIV/AIDS, and the International Partnership on Avian and Pandemic Influenza.

The structure of U.S. Government assistance for global health, particularly its approach to collaboration and partnerships, is heavily influenced by U.S. Government commitment to the Paris Declaration and the Accra Agenda for Action.²⁹ The principles on aid effectiveness form the foundation of the Presidential Policy Directive on Global Development, are mirrored in the presidential initiatives, underpin the *USAID Policy Framework 2011–2015*,³⁰ and are incorporated into each USAID-supported health intervention. The U.S. Government commitment to working with the G-8 countries on issues of maternal and child health is also incorporated into this Strategic Framework.

U.S. Government: USAID's Global Health Strategic Framework is positioned within a strong set of national policies, initiatives, principles, and guidelines, including the Foreign Assistance Act of 1961, as amended; the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008; the 2010 National Security Strategy; the 2010 Presidential Policy Directive on Global Development; the Global Health Initiative;³¹ the 2010 Quadrennial Diplomacy and Development Review;³² the *USAID Policy Framework 2011–2015*; and *USAID Forward*.³³ Together, these set the context for USAID's critical leadership in global health and create the framework for how the Agency can be most effective in its efforts.

In the National Security Strategy released in May 2010, President Obama recognized development as a central pillar of the U.S. Government's national security capacity. The September 2010 Presidential Policy Directive on Global Development, which outlines high-level principles to guide the U.S. Government's international development policy, including the role of development in diplomacy and the importance of human rights, highlights the goal of achieving greater, more sustainable impact and expanding investments to strengthen health systems. The Global Health Initiative is a working example of how the core principles of the PPD can be integrated into practical action. The Global Health Initiative promotes a bold, new approach to working more efficiently with existing resources through collaboration, integration, and country ownership to achieve ambitious outcomes.

In December 2010, Secretary of State Hillary Clinton issued the Quadrennial Diplomacy and Development Review (QDDR), an inter-agency review of the mandates and capabilities of the Department of State and USAID. In line with the central QDDR question of how we can do our job better and the conclusion that we can work smarter and better by setting clear priorities, managing for results,

27 The three directly related to health are to reduce child mortality, improve maternal health, and combat HIV/AIDS, malaria, and other diseases.

28 See http://www.usaid.gov/our_work/mdg/.

29 See http://www.oecd.org/document/18/0,3343,en_2649_3236398_35401554_1_1_1_1,00.html.

30 See http://www.usaid.gov/policy/policyframework_sep11.html.

31 See <http://www.ghi.gov/>.

32 See <http://www.usaid.gov/qddr/>.

33 See <http://forward.usaid.gov/home>.

U.S. Government Global Health Initiative Targets*

- Reduce maternal mortality by 30 percent across assisted countries
- Reduce under-five child mortality by 35 percent across assisted countries
- Reduce child undernutrition by 20–30 percent across assisted food insecure countries
- Prevent 54 million unintended pregnancies
- Halve the burden of malaria for 450 million people, representing 70 percent of the at-risk population in Africa, through the President's Malaria Initiative
- Support the prevention of more than 12 million new HIV infections, provide direct support to more than six million people on treatment, and support care for more than 12 million people, including 5 million orphans and children through PEPFAR
- Contribute to the treatment of a minimum of 2.6 million new sputum smear-positive tuberculosis cases and 57,200 multi-drug-resistant cases of TB; contribute to a 50 percent reduction in TB deaths and disease burden relative to the 1990 baseline
- Reduce the prevalence of seven neglected tropical diseases, contributing to the global elimination of lymphatic filariasis, blinding trachoma, leprosy, and onchocerciasis in Latin America

*These targets were announced by President Obama when the GHI was launched in 2009 and were predicated on a total interagency initiative funding level of \$63 billion over six years. The president revised the HIV/AIDS targets in 2011.

holding ourselves accountable, and unifying our efforts, this Strategic Framework outlines priorities for USAID's global health response and describes how USAID will strategically partner at the national and country levels to achieve U.S. Government development goals.

USAID recently issued the USAID Policy Framework 2011–2015, which outlines USAID's core development priorities, translates the PPD and QDDR into more detailed operational principles, and explains how USAID will apply these principles across its entire portfolio. The Policy Framework also presents an agenda for institutional reform, called USAID Forward, that is preparing USAID to respond to the development challenges of the coming decades through rebuilding policy capacity, restoring budget management, strengthening monitoring and evaluation, leading on innovation, supporting capabilities in science and technology, building the capacity of local institutions, and attracting and retaining talent.

USAID's Global Health Strategic Framework applies these Administration and institution-wide policies and reforms to the global health sector. In particular, as reflected throughout this document, the Global Health Strategic Framework operationalizes the mutually reinforcing principles of both the *USAID Policy Framework* and the Global Health Initiative (see boxes on prior page and above). Although the USAID Policy Framework's operational principles apply to all of USAID's development work and the Global Health Initiative principles apply only to health interventions, the underlying themes of the two sets of principles are completely consistent, allowing the Global Health Strategic Framework to apply them as a cohesive package to USAID's global health work for increased impact, sustainability, and cost effectiveness.

Through the activities supported under this Global Health Strategic Framework, the operationalization of the Global Health Initiative principles, inclusive leadership, and a whole-of-government approach, USAID will contribute to the targets of the Global Health Initiative, which also includes targets set under PEPFAR and the President's Malaria Initiative and shares jointly the targets of the President's Feed the Future Initiative.

GLOBAL HEALTH PROGRAMS (\$ in thousands)	FY 2009 Enacted	FY 2010 Enacted	FY 2011 Enacted	FY 2012 Estimate
TOTAL	4,967,732	5,956,204	5,545,288	2,625,000
Saving Mothers and Children	1,347,500	1,677,600	1,799,400	1,892,000
Maternal and Child Health	440,000	474,000	548,900	605,550
Malaria	382,500	585,000	618,760	650,000
Nutrition	55,000	75,000	89,820	95,000
Family Planning and Reproductive Health	455,000	528,600	526,950	523,950
Social Services (Vulnerable Children)	15,000	15,000	14,970	17,500
Creating an AIDS-Free Generation	3,287,732	3,787,604	3,396,588	350,000
HIV/AIDS (of which: GHCS-USAID)	450,000	350,000	349,300	350,000
HIV/AIDS (of which: GHCS-STATE)	2,837,732	3,437,604	3,047,288	N/A
Fighting Other Infectious Diseases	332,500	491,000	349,300	383,000
Tuberculosis	162,500	225,000	224,550	236,000
Pandemic Influenza/Other Emerging Threats	140,000	201,000	47,904	58,000
Neglected Tropical Diseases	30,000	65,000	76,846	89,000

NOTE: FY 2011 GHCS/STATE for HIV/AIDS is an estimated value as of January 2012; and FY 2012 pending.

USAID's Global Health Vision and Mission Statement

Taking into consideration the global health challenges, the changing global health environment, USAID's history of achievements, and USAID's comparative advantages, USAID's field and headquarters staff developed and refined their global health vision and mission statement for the 2012–2016 period.

USAID Global Health Vision

A world where people lead healthy, productive lives
and where mothers and children thrive

USAID Global Health Mission Statement

USAID supports partner countries in preventing and managing major health challenges of poor, underserved, and vulnerable people, leading to improved health outcomes by:

- Providing technical leadership in responding to new global health challenges
- Partnering strategically with a wide range of actors
- Accelerating the development and application of innovation, science, and technology
- Scaling up evidence-based, equitable, inclusive, and locally adapted health solutions
- Strengthening local health system capacity to support partner countries' leadership of health policies, strategies, and actions
- Promoting inclusion, gender equality, and female empowerment
- Working efficiently and being effective stewards of public trust and resources

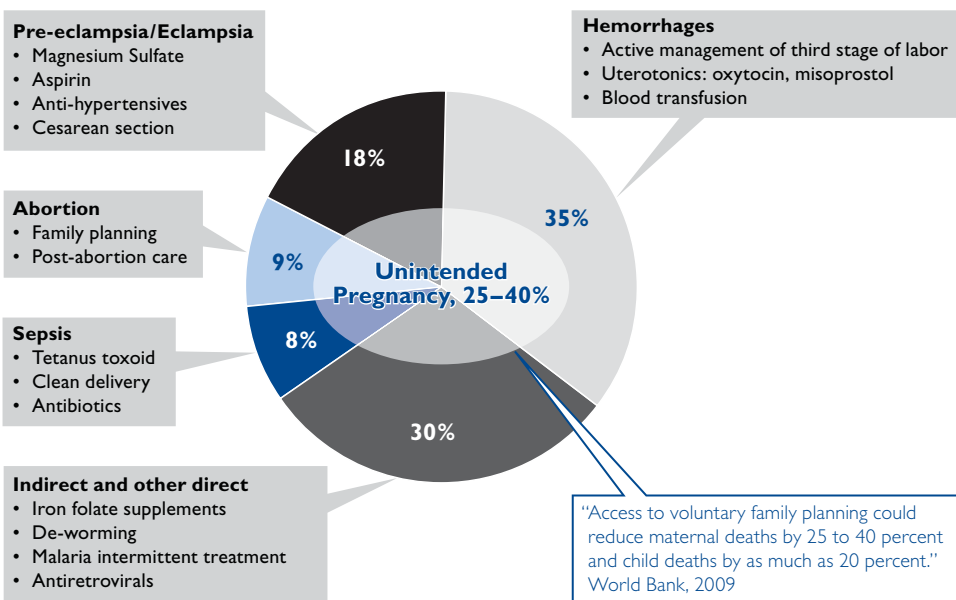
USAID's Core Global Health Priorities

USAID has identified five priority technical areas and an additional cross-cutting area where it believes cost-effective opportunities exist for addressing and significantly reducing the disease burdens of the developing world during the 2012–2016 time period. These are consistent with and reflect the priorities of the Global Health Initiative. USAID's child survival and saving mothers priorities are directly related to the first pillar of the Global Health Initiative, saving mothers and children, while USAID's fostering an AIDS-free generation mirrors the Global Health Initiative's creating an AIDS-free generation. As described below, USAID's fighting infectious diseases and family planning and reproductive health priorities are instrumental in saving the lives of mothers and children and are integral to fostering an AIDS-free generation. Additional detail on the sub-elements of the technical areas (USAID's global health components), including specific approaches, the integrated nature of the platforms, and key areas of collaboration with partners, can be found in Annex I.

Saving mothers

Despite declining rates, more than 270,000 women die annually due to complications from pregnancy and delivery. Ninety-nine percent of maternal deaths each year occur in developing nations. Saving the lives of these mothers is a high priority for USAID and the U.S. Government, both for the sake of women's own health and survival and because of the centrality of women to the health and prosperity of their families and communities. Because high numbers of women die each year from pregnancy- and childbirth-related complications, particular attention will be placed on maternal health programs that accelerate the reduction of maternal and newborn mortality to achieve Millennium Development Goals 4 and 5. Through a continuum-of-care approach with high-impact interventions, USAID's global health response will concentrate on the pre-pregnancy through postpartum period, in the community and at appropriate levels of health care facilities. Mothers and babies will benefit from key interventions that prevent and treat infections and nutritional deficiencies during pregnancy, safe and life-saving practices during delivery, and birth spacing and counseling during postpartum care. Specifically, USAID will target the complications of pregnancy and birth that result in the highest mortality. For mothers, these include hemorrhage, pre-eclampsia³⁴ and eclampsia,³⁵ infections, and complications of miscarriage and unsafe abortion. For newborns, complications include infections, asphyxia, and complications of prematurity and low birth weight.

At the country level, USAID will focus its efforts on the 24 countries³⁶ that contribute more than 77 percent of the maternal deaths worldwide. USAID and our interagency partners will continue to work closely with these partner governments to introduce, expand access to, and scale up the proven interventions that address the major causes of maternal deaths and morbidity in each specific country. USAID support will help build service delivery capacity at health facilities by equipping health personnel with the knowledge, skills, drugs, and supplies to deliver high-quality basic and emergency obstetric and newborn care. USAID and its partners will help strengthen the overall health system through training and technical assistance in areas such as policy and guideline development and implementation, supply chain management, health workforce strengthening, and monitoring and evaluation. USAID's strong focus on community involvement and outreach to communities will empower families and communities to plan and prepare for childbirth, improve self-care and nutri-



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³⁴ Preeclampsia is a pregnancy condition in which high blood pressure and protein in the urine develop after the 20th week (late second or third trimester) of pregnancy. <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001900>.

³⁵ Eclampsia is seizures (convulsions) in a pregnant woman that are not related to a pre-existing brain condition. <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001901/>

³⁶ Our current priority countries for maternal and child health include Afghanistan, Bangladesh, the Democratic Republic of Congo, Ethiopia, Ghana, Haiti, India, Indonesia, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Nepal, Nigeria, Pakistan, Rwanda, Senegal, Sudan, Tanzania, Uganda, Yemen, and Zambia. On a case-by-case basis, other countries may be added to the lists of priority countries based on epidemiological need (severity and magnitude) and other factors.

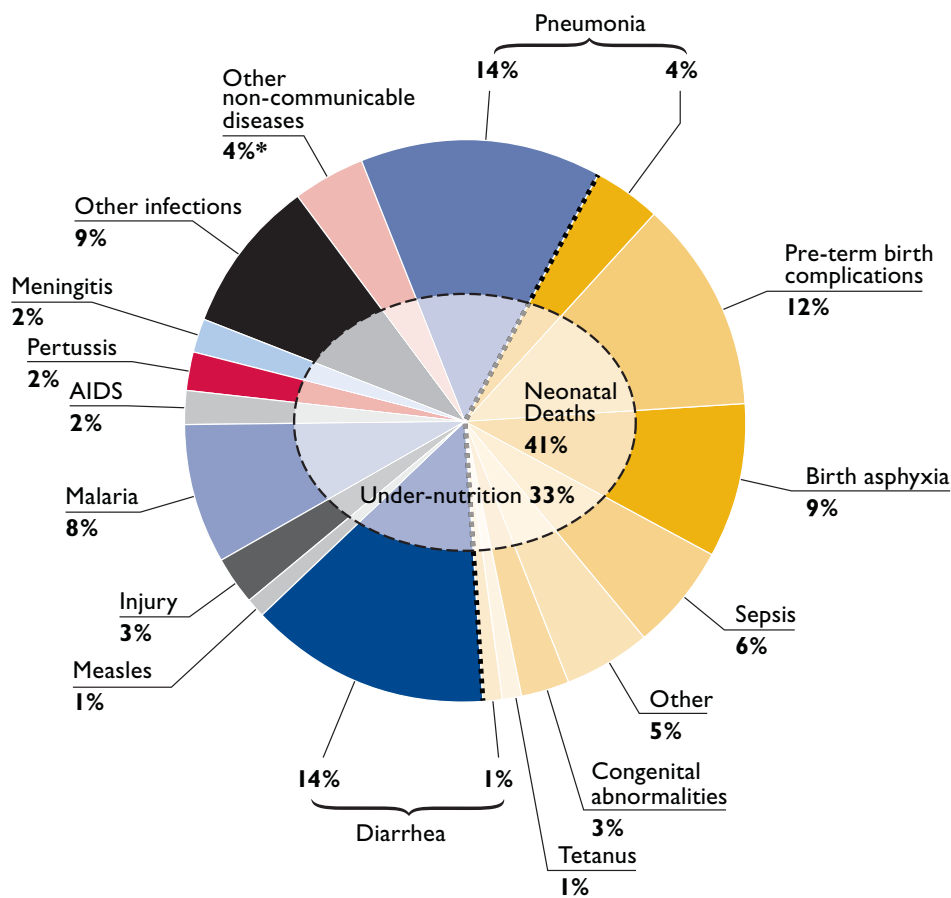
tion, recognize signs of complications, and seek timely and appropriate prenatal, delivery, and postnatal health care. To this end, USAID strives to identify and engage individuals who are and can be supportive to women in accessing services by, for example, implementing specific efforts to engage men in supporting their spouses or partners. Increased emphasis will be placed on reaching out to youth with age-, gender-, gender identity-, and context-appropriate interventions, including delaying first pregnancy to at least age 18.

USAID collaborates with numerous global, regional, and country-level partners to address specific issues around maternal health. Key partners include: U.S. Centers for Disease Control and Prevention on maternal health and fistula indicators; web-based mortality surveillance, quality improvement, malaria and, along with the Department of State, prevention of mother-to-child transmission of HIV; National Institutes of Health for research design, research protocols, and the review of research results; World Health Organization on research, policy development, and state-of-the-art reviews; United Nations Children’s Fund (UNICEF) on policy and programming for newborn care and prevention of mother-to-child transmission (PMTCT) of HIV; United Nations Population Fund on advocacy around maternal and child health, fistula, and family planning; policy; research; programming and monitoring of progress; and implementing partners and country-level organizations for program implementation.

Child survival

While global under-five mortality has been declining, about 7 million children under the age of five still die annually. Roughly 40 percent of these deaths occur in the first month of life, among highly vulnerable newborns. Many children at greatest risk of dying before their fifth birthday live in remote villages or in underserved urban areas. USAID focuses its work on 24 countries that account for more than 70 percent of child deaths. Nearly half of all child deaths occur in just five of these countries: India, Nigeria, the Democratic Republic of Congo, Pakistan, and Ethiopia.

USAID will improve its reach to the most vulnerable children. USAID will exploit available data to identify, target, and track performance in groups and areas with lower levels of utilization through approaches such as WHO’s Reaching-Every-District approach, Lot Quality Assurance Sampling, and other data-driven improvement methods. USAID achieves impact not only at national and provincial levels but also in primary health clinics and hospitals as well as with frontline health workers and managers working at the health system periphery.



Causes of newborn, infant, and child mortality in developing countries, Adapted from: Black R. Lancet. 2010.

USAID focuses on saving lives at birth and ending preventable child deaths. Family planning and birth spacing for the mother, providing prophylaxis and treatment for malaria, tuberculosis, and HIV to mothers who have experienced the impact of these diseases, and safe labor and delivery will all enhance the health of children. Advancements in vaccines, better management of chronic conditions affecting the mother and child, such as malnutrition and HIV, and improvements in environmental factors such as poor sanitation will further accelerate needed progress in child mortality. To protect children in the first five years of life, USAID will increasingly rely on low-cost, easy-to-use interventions that achieve highest impact by preventing and treating the leading causes of child death: pneumonia, diarrhea, prematurity, asphyxia, malaria, and newborn sepsis. Illustrative interventions that will achieve impact at scale include:

Newborn resuscitation

- Thermal protection of pre-term and low birth-weight newborns
- Early and exclusive breastfeeding and complementary foods when appropriate
- Routine, underutilized, and new vaccines – including pneumococcal and rotavirus vaccines
- Appropriate treatment of pneumonia with antibiotics, including at the community-level

Strengthening Supply Chain Management

When the U.S. Government began implementing HIV/AIDS programs, many doubted that needed commodities could be reliably delivered to the hardest-to-reach areas of the developing world. In most countries affected by HIV/AIDS, procurement of public health HIV commodities tended to be transactional one-off events. This meant that programs paid a premium for commodities; shortages and stockouts of commodities caused dangerous “treatment holidays” for patients; emergency ordering wasted money on rush fees and high freight costs; and lack of inventory control wasted valuable commodities due to expiry, improper storage, and theft.

A USAID-administered project, funded through PEPFAR, was established in 2005 to address these challenges. The project provides an uninterrupted supply of quality and affordable essential medicines; knowledge, skills, and technology transfer; and global collaboration with other stakeholders. Assistance in forecasting and quantification, warehousing and distribution, laboratory logistics, quality assurance, procurement options, and information systems contributes to strengthening countries’ health systems.

Among the project’s achievements is averting stockouts of antiretroviral drugs (ARVs) in U.S. Government-supported HIV/AIDS programs, and providing enough ARVs to support well over half of the 4 million people on treatment through PEPFAR. The success with HIV commodities has led to the integration of family planning and child survival commodities in the project – an example of using an existing platform to successfully address constraints in other health areas.

- Diarrhea treatment with oral rehydration and zinc
- Improvements in water quality and sanitation and hygiene

Additional interventions promoted through PMI, PEPFAR, and President Barack Obama’s signature food security initiative, Feed the Future, support child survival approaches, including work with prevention of mother-to-child transmission (PMTCT) of HIV and integrated community case management of childhood illnesses.

USAID cannot do it alone and will work through strategic coordination that has an impact during key points in a child’s life. As part of Feed the Future, USAID launched the 1,000 Days Initiative, aimed at improving nutrition during the critical window between a mother’s pregnancy and a child’s first two years of life, targeting the 15 countries where child malnutrition poses the highest risk. Through the “Helping Babies Breathe” public-private partnerships, lives are being saved in the critical newborn window by providing training to front line health workers as well as low-cost tools to treat birth asphyxia in 33 countries. Joint work with country governments as well as UNICEF, WHO, and NGOs is increasingly focusing on the use of front line workers to deliver interventions for pneumonia, diarrhea, and malaria. Increasing access to and use of key underutilized newborn-child health commodities, such as bag and mask equipment for newborn resuscitation, amoxicillin for pneumonia, and zinc for diarrhea are key parts of USAID’s work to leverage country governments, donors, and other stakeholders.

Immunizations are one of the best investments we can make to fight preventable child deaths, and they represent an important partnership opportunity. To generate greater resources to help countries improve their capacity to deliver lifesaving vaccines, USAID will continue to participate in the Global Alliance for Vaccines and Immunizations, while also collaborating with private sector groups, such as the Bill and Melinda Gates Foundation. Similarly, USAID will continue to engage in technical and program partnerships with the WHO, UNICEF, Rotary International, regional and sub-regional institutions, and local and international nongovernmental organizations around polio eradication and vaccine-preventable diseases.

Finally, USAID will continue to work closely with key U.S. Government agencies and academic institutions on child survival issues. We will focus concerted efforts on continuing to foster strong partnerships with our interagency colleagues, working closely with the U.S. Centers for Disease Control and Prevention, particularly on polio eradication and immunizations and with the National Institutes of Health on research designs and priority setting and for collaborative reviews of research results and technical policies. USAID is also strengthening its alliances with academic institutions to better support accountability and evaluation as well as improve USAID’s implementation through support for research and innovation.

Fostering an AIDS-free generation

Over the past 30 years, the global community has made great strides in a hard and long battle against HIV/AIDS. In Secretary Hillary Clinton’s speech,³⁷ Creating an AIDS-Free Generation in November 2011, she said, “The worst plague of our lifetime brought out the best in humanity. Around the world, governments, businesses, faith communities, activists, individuals from every walk of life have come together, giving their time, their money – along with their heads and hearts – to fight AIDS.” The U.S. Government has been a proud

³⁷ See <http://www.state.gov/secretary/rm/2011/11/1176810.htm>.



A young woman in Tanzania receives an insecticide treated net for protection against malaria. (Bonnie Gillespie, Courtesy of Photoshare)

leader in the fight against HIV/AIDS, and our efforts have advanced our national interests by making other countries – and the United States – more secure, and by expressing our fundamental values as Americans and generating enormous goodwill.

Despite our advances, an estimated 33 million people worldwide are living with HIV, and half of those affected are women. Members of marginalized groups, especially transgender people, men who have sex with men (MSM), and gay men, all have significantly higher than average rates of HIV infection. Fighting the HIV/AIDS crisis remains a high priority for the U.S. Government. Working through PEPFAR, and partnering closely with other U.S. Government agencies, USAID is proud to work toward fostering an AIDS-free generation, one where virtually no children are born with the virus, one where, as these children become teenagers and adults, they are at far lower

risk of becoming infected thanks to prevention efforts, and one where, if they do acquire HIV, they have access to treatment that helps prevent them from developing AIDS and passing on the virus to others. These efforts are critical to the Global Health Initiative and draw upon the strengths of many government agencies. USAID will continue to use the latest science to guide its HIV/AIDS efforts, focusing programming on areas where the evidence base indicates opportunities to maximize impact over the long term. Prevention efforts, fortified by intensive capacity building of the enabling systems required to sustain success, form the core of USAID's strategy.

Because the ideal intervention is one that prevents people from becoming infected in the first place, preventing HIV is essential to fostering an AIDS-free generation. HIV incidence has been declining since 1997, but the number of new infections needs to be lower than the number of deaths to reach the tipping point after which the epidemic begins to shrink. USAID, consistent with the approach of the U.S. Government, prioritizes activities in three key areas that science has identified as pivotal: preventing mother-to-child transmission (PMTCT) of HIV, voluntary medical male circumcision, and treatment as prevention. PMTCT, for which we already possess the necessary tools and scientific knowledge, saves mothers' lives and gives children the opportunity to live long lives free of HIV. Voluntary medical male circumcision is a high-impact, low-cost, one-time procedure that carries with it a life-long prevention benefit for men, as well as their partners. And treatment has been demonstrated to have prevention effects that carry great promise for reducing the risk of HIV transmission. Implemented in combination with other proven techniques, such as counseling and testing, community mobilization, and condom use, USAID's prevention activities build upon a firmly evidence-based development foundation.

To make these gains in HIV prevention possible – and, crucially, to sustain the positive effects of those gains over time – USAID works within PEPFAR to devote considerable attention to the “enabling environment” that forms the context in which we work. Fostering country ownership is essential to this effort and is a priority for the United States. USAID works within PEPFAR and with our interagency partners, to help partner countries improve their health systems, build governmental and nongovernmental institutional capacity, and explore innovative financing options to build and allocate their own resource base more effectively. In addition, USAID is addressing gender norms and inequities that affect women's and men's ability to take preventive actions, including the experience and fear of gender-based violence. Our programs seek to promote institutional and social changes; reduce high-risk behavior; end stigma; reduce discrimination against women, girls, persons with disabilities, and sexual minorities; stop gender-based violence and exploitation; and reform restrictive, discriminatory, and inappropriate policies or laws. Attainment of the AIDS-free generation goal requires special attention to prevention among youth, and USAID is reaching out to young people with prevention messages tailored to their age and gender.

In the area of care and support, USAID's global health response will provide training for health care and community-based workers; support the integration of HIV/AIDS activities, including nutrition assistance, into routine health care, and support the provision of palliative care. USAID trains and supports community health workers to ensure that people who have tested positive seek treatment and support those on treatment to adhere. The Agency plays the leadership role in strengthening country efforts to care for the

millions of children orphaned and left vulnerable by the AIDS pandemic, promoting a family- and community-based approach to reaching vulnerable children with education, health, nutrition, livelihoods, social protection, and psychosocial support through the U.S. Government Special Advisor for Orphans and Vulnerable Children, who coordinates seven U.S. Government agencies (Department of Defense, Department of Labor, Department of State, Department of Health and Human Services, Peace Corps, Department of Agriculture, and USAID) in this effort. This includes efforts to strengthen the social service workforce to enable a long-term, effective response to those children and families in need. USAID's global health response targets opportunistic infections, particularly TB co-infection with HIV, given that TB is the leading cause of death among HIV-positive people in the developing world.

In the area of treatment, USAID programs 57 percent of the total PEPFAR funding for antiretroviral treatment, and it will continue to play a major role in delivering life-saving treatment to those with AIDS in 100 countries. USAID's unparalleled work in strengthening supply chains will enable countries to access HIV drugs and supplies at low cost and institutionalize delivery systems that ensure that drugs are available when and where they are needed. With innovative and flexible grant and contract mechanisms, USAID will support technical assistance to countries for their treatment programs to ensure that programs provide quality, state-of-the-art, and efficient treatment services. Health systems strengthening activities will support the training of health care workers, human rights and diversity training, laboratory strengthening, institutional capacity building, monitoring and evaluation, health information systems, pharmaceutical management, procurement, and governance. USAID will support interventions that provide antiretroviral drugs and improve access to quality, sustainable HIV treatment services. USAID partners with world-class clinical service implementers, trains health care providers, strengthens health facilities and local capacity to oversee HIV programs, enhances supply chain capacity, supports long-term human resource development, helps inform treatment protocols, and advances supportive policy initiatives.

USAID's global efforts within PEPFAR will continue to be coordinated closely with multiple other U.S. Government agencies. At the State Department, the Office of the Global AIDS Coordinator plays a lead coordination role both in the Missions and in headquarters. PEPFAR not only is implemented by USAID, but also by the Department of State, the Department of Defense, the Department of Commerce, the Department of Labor, the Department of Health and Human Services, and Peace Corps.

USAID works closely with international organizations such as the Global Fund to Fight AIDS, Tuberculosis, and Malaria, the World Health Organization, and UNAIDS in the fight against AIDS. Program implementation will be carried out in collaboration with foundations, universities, nongovernmental organizations, the private sector, other donors, and implementing partners.

Fighting infectious diseases

Infectious diseases are a USAID priority because of the huge human and economic costs they incur – more than 1.7 million people die annually from tuberculosis and more than 700,000 die annually from malaria. Infectious diseases often affect the most vulnerable groups – pregnant women, children, and people who are immuno-compromised. Moreover, infectious diseases pose a health and security risk for the United States. USAID's global health response will focus on reducing the mortality and morbidity associated with malaria, TB, NTDs, avian influenza, and other emerging threats. For each disease, investments will be targeted to specific populations or regions where impact will be greatest, as well as toward global support of public-private partnerships and the development of new technologies.

Malaria

USAID-supported malaria activities will be implemented under the umbrella of the President's Malaria Initiative, which partners with countries to scale up four proven, cost-effective prevention and treatment interventions:

- Insecticide-treated mosquito nets
- Indoor residual spraying with insecticides

Increasing Coverage for Malaria Prevention

Only five years after the launch of the President's Malaria Initiative, dramatic improvements in the coverage of malaria control measures are being documented in nationwide household surveys. During the past 5 years, 11 PMI countries – Angola, Ghana, Kenya, Madagascar, Malawi, Mali, Rwanda, Senegal, Tanzania, Uganda, and Zambia – have reported an increase in household ownership of one or more insecticide treated nets from an average of 31 to 60 percent. At the same time, usage of an insecticide treated bednet the night before the survey more than doubled, from an average of 21 to 50 percent for both children under five years of age and pregnant women. Over the same time period, the proportion of pregnant women who received two or more doses of intermittent preventive treatment for the prevention of malaria increased from an average of 24 to 43 percent.

The improved coverage is having a real impact on child health. In 2010 alone, more than 65 million people benefited from malaria prevention and/or treatment interventions in the countries in which we work. In ten PMI focus countries (Angola, Ethiopia, Ghana, Kenya, Madagascar, Malawi, Rwanda, Senegal, Tanzania, and Zambia), all-cause mortality rates among children less than five years of age have dropped by 16 to 50 percent. While a variety of factors are probably influencing the decline in under-five mortality rates, there is strong and growing evidence that malaria prevention and treatment efforts are playing a major role in these reductions.

Non-communicable Diseases and Injury

USAID recognizes that the world's epidemiology is evolving and that non-communicable diseases (e.g., diabetes, cancer, heart disease, and chronic respiratory disease) and injuries (NCDIs) represent urgent and growing global public health and development concerns. Almost 80 percent of the estimated 36.1 million global deaths from NCDs in 2008 occurred in low- and middle-income countries.

NCDI interventions are complementary to and not competitive with existing health priorities. Attention to NCDIs can also accelerate progress toward MDG and Global Health Initiative targets (e.g., smoke-free pregnancy is associated with better birth outcomes), while improving nutrition in the key 1,000 days could ameliorate the risk of adult obesity and associated disorders.

USAID is considering how we can best leverage existing platforms in health systems strengthening, HIV/AIDS, maternal and child health, family planning, malaria, and TB and adapt expertise in behavior change communication, community health, and chronic care management to benefit the additional health challenges while not detracting from efforts in other areas.

USAID is examining approaches to address the prevention of NCDIs, which might include:

- Measuring prevalence and trends of behavioral risk factors like smoking and obesity through Demographic and Health Surveys
- Scaling up nutrition in the first 1,000 days of life as a way to decrease the risk of adult obesity and related complications
- Supporting immunization against the Hepatitis B and Human Papilloma Viruses, causes of cancer of the liver and uterine cervix, respectively
- Harnessing our community-based and communication platforms for healthier behaviors (e.g., nutrition, gender violence, seatbelt use, etc.)
- Leveraging PEPFAR chronic care platforms for basic screening and management of hypertension and uterine cancer
- Investing in health systems strengthening from better supply chains for essential drugs to the efficient use of human resources and health information
- Mobilizing USAID multi-sectoral policy influence and global partnerships

USAID is well positioned to engage further, employing in particular its effective program implementation platforms.

- Intermittent preventive treatment for pregnant women
- Prompt diagnosis and treatment with artemisinin-based combination therapies

The President's Malaria Initiative was launched in 2005 to reduce the intolerable burden of malaria and help relieve poverty on the African continent. PMI is a U.S. Government interagency initiative led by USAID and implemented together with the CDC. It is led by the U.S. Global Malaria Coordinator, at USAID. The goal of PMI is to reduce malaria-related deaths by 50 percent in 15 focus countries. In 2008, the Lantos-Hyde Act authorized an expanded PMI program through 2013, resulting in a revised target to achieve Africa-wide impact by halving the burden of malaria in 70 percent of at-risk populations in sub-Saharan Africa or approximately 450 million people.

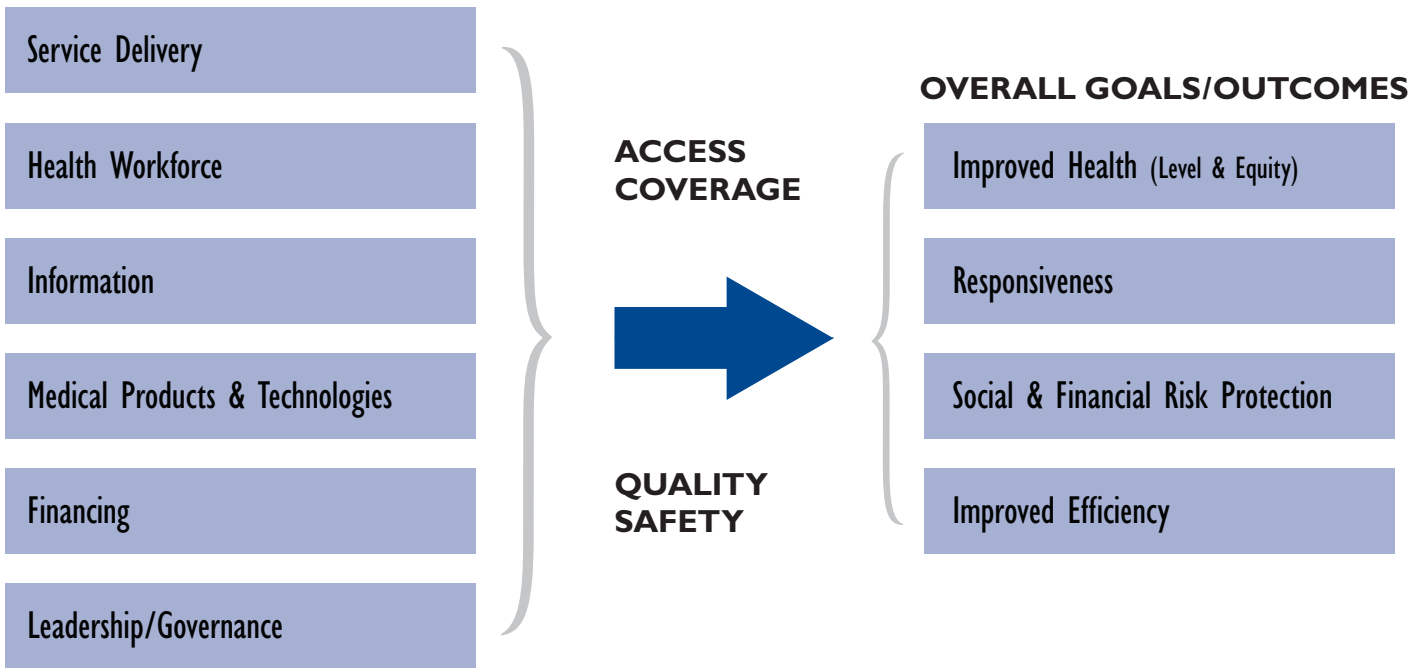
USAID will work closely with partner governments to increase their capacity to prevent and treat malaria through training, supply chain management, health systems strengthening, monitoring and evaluation, information dissemination, environmental assessments, and related activities. USAID actively participates in the Roll Back Malaria Partnership, a global initiative made up of more than 500 partners working to free the world from the burden of malaria. USAID will also continue as a member of the U.S. Government's delegation to the Global Fund to Fight AIDS, Tuberculosis and Malaria. USAID will continue to collaborate with numerous foundations, universities, nongovernmental organizations, the private sector, other donors, and implementing partners in program implementation.

Tuberculosis

In 2010, 8.8 million people developed tuberculosis and 1.4 million died. These cases primarily affected people in the most economically productive age group (18–40) and had a high correlation with HIV infection. USAID's TB investments will focus on direct patient services in order to increase the diagnosis and treatment of TB, including:

- The scale-up and assessment on the ground of the use of Xpert, a new rapid test for TB and multidrug-resistant TB
- DOTS (directly observed treatment, short-course)
- Providing anti-TB drugs
- Treating multidrug-resistant TB

SYSTEM BUILDING BLOCKS



THE SIX BUILDING BLOCKS OF A HEALTH SYSTEM: AIMS AND DESIRABLE ATTRIBUTES

- Managing TB-HIV co-infection
- Providing care and support for TB patients

In addition, USAID will continue to support research for the development of a new TB drug regimen that could shorten the treatment regimen, including that for multidrug-resistant TB. The USAID TB program will also contribute to the goal of achieving an AIDS-free generation by introducing HIV prevention and scaling up HIV testing and treatment at TB points of service.

USAID's TB program will support the scale-up of the global Stop TB Strategy and provide funding support for the Stop TB Partnership's Global TB Drug Facility. USAID will continue to work closely with UNITAID, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Health Organization and numerous other national, regional, and international partners working to eliminate TB as a public health threat. At the country level, USAID will draw upon expertise of other U.S. Government agencies and coordinate with foundations, universities, nongovernmental organizations, the private sector, other donors, and implementing partners to implement quality programs.

Neglected tropical diseases

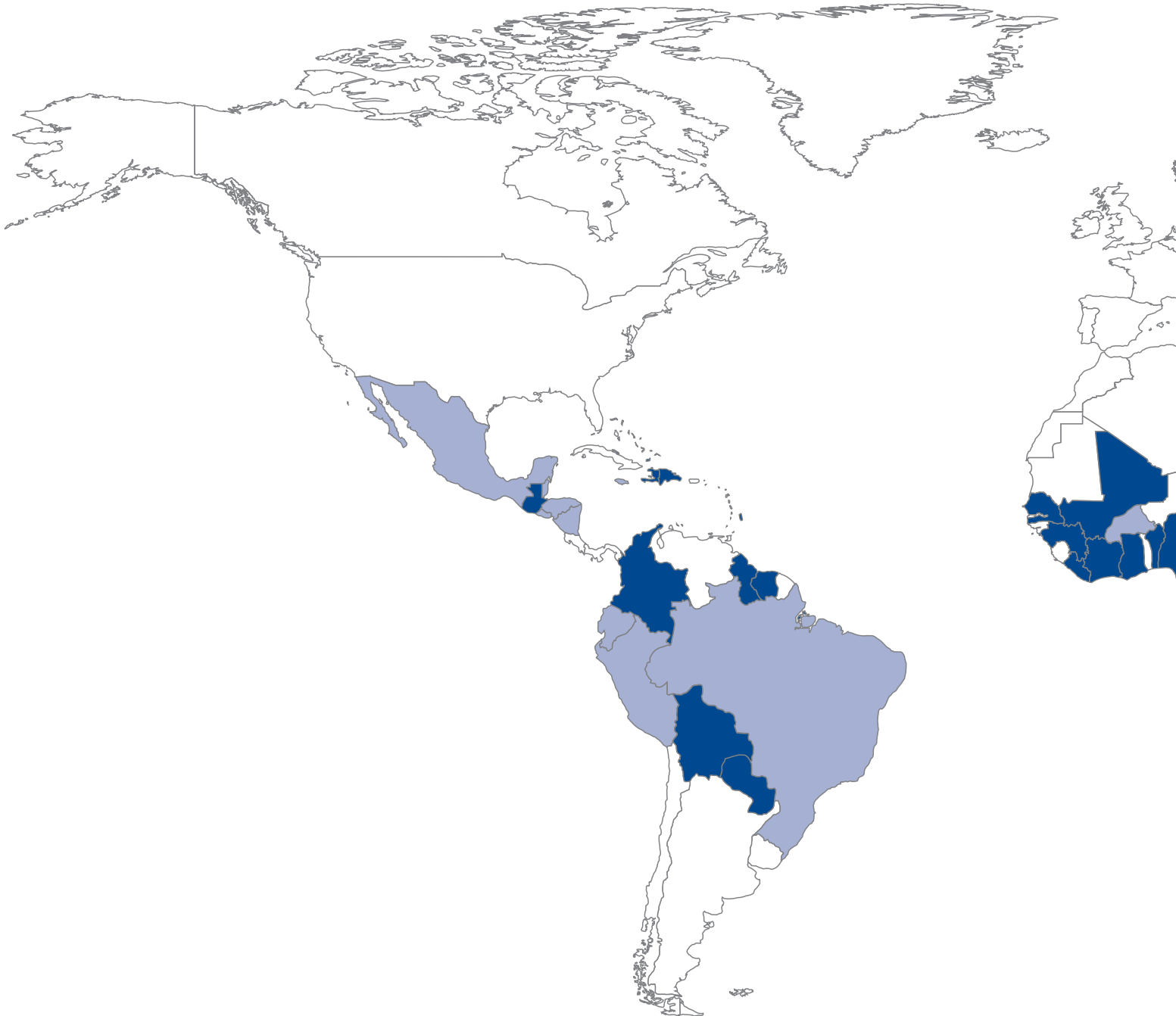
USAID's neglected tropical disease (NTD) program, which targets lymphatic filariasis, schistosomiasis, onchocerciasis, blinding trachoma, and soil-transmitted helminthiasis, has made dramatic progress over the past five years, delivering more than 447 million treatments to more than 82 million people and contributing to more than 25 million people no longer requiring preventive treatment for trachoma. Over the next five years, USAID's global health response will continue to support comprehensive programs to deliver safe and effective drugs to treat NTDs on a massive scale in the poorest and most remote populations in the world. USAID's partnerships with the private sector are a hallmark of the NTD program; most of the drugs used to treat NTDs, valued at billions of dollars, continue to be donated by pharmaceutical companies. Additionally, USAID's global health response will continue to lead in mapping NTD endemicity, allowing for the more efficient and effective targeting of resources that will lead to the control and elimination of these debilitating diseases.

Avian influenza and emerging threats

With an eye to the future, USAID's Emerging Pandemic Threat program will expand on platforms developed for avian influenza and build capacity in geographic "hot spots" where new diseases are most likely to emerge. This is done in collaboration with the U.S. Centers for Disease Control and Prevention, the U.S. Department of Agriculture, the Department of Defense, and the World Health Organization, as well as other partners.

USAID Bilateral Programs

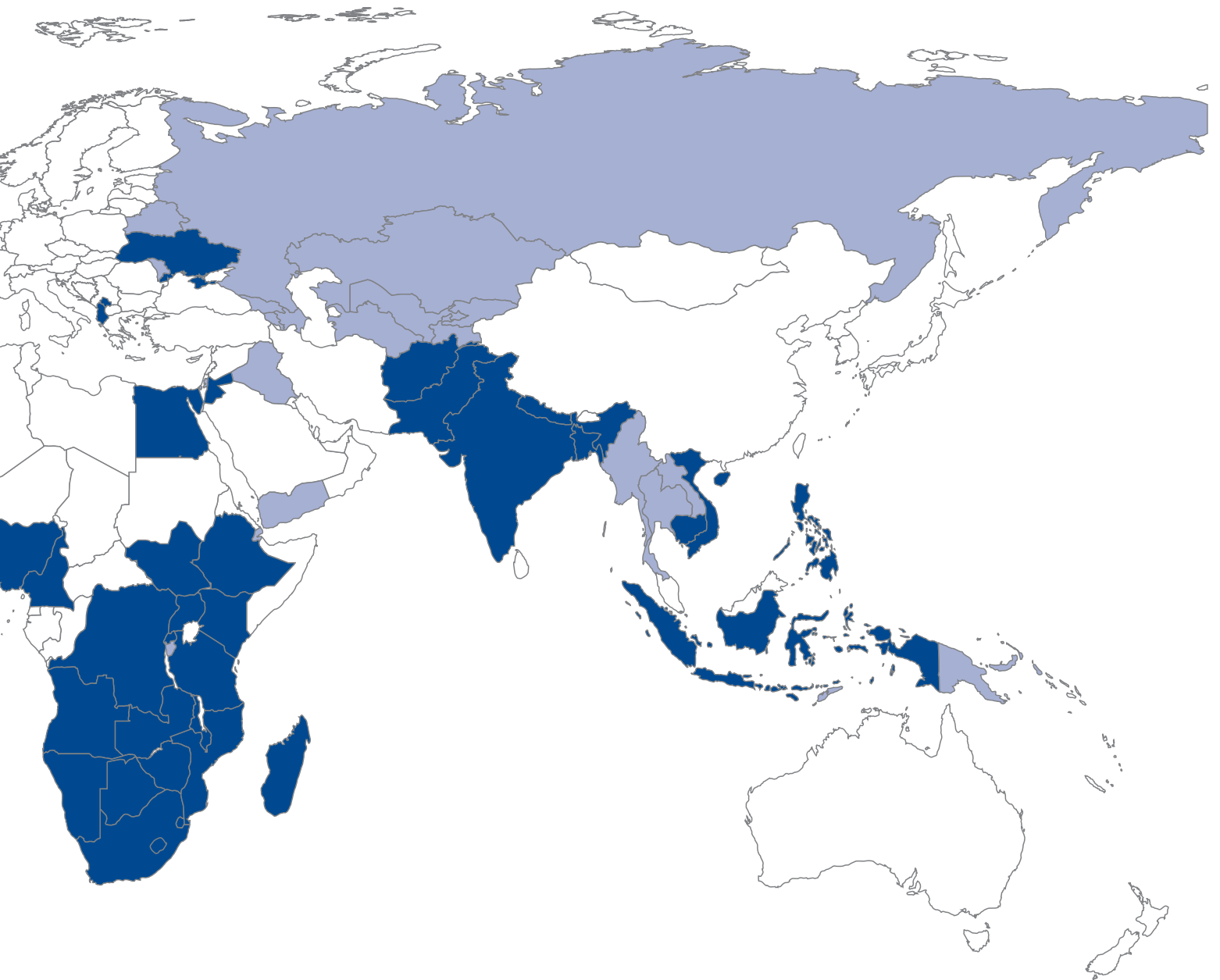
■ Rece



ives funding of less than \$10 million



Receives funding of more than \$10 million



How USAID Works

USAID is an independent federal government agency that receives overall foreign policy guidance from the Secretary of State. With headquarters in Washington, DC, one of USAID's strengths is in its field offices around the world. USAID works in close partnership with private voluntary organizations, indigenous organizations, universities, American businesses, international agencies, other governments, and other U.S. Government agencies.

USAID provides global health assistance through three types of platforms. Field missions engage in bilateral and regional planning and program implementation, coordination with host countries, and in-country donor coordination. Regional bureaus at USAID Headquarters are responsible for policy guidance to field missions and oversight of mission programs, and regional programs. The Bureau for Global Health in Washington, DC, is responsible for technical support to the field, global technical leadership, operations research and innovation, economies of scale in commodity procurement, highly specialized expertise, and funding of and representation to international health organizations.

USAID utilizes various acquisition and assistance instruments to implement its activities including contracts, grants, cooperative agreements, and direct obligations to assisted countries. These instruments provide commodities and technical assistance to support the attainment of the Agency's objectives. About one half of the contract and grant awards made by USAID are negotiated, issued, and administered at USAID Headquarters. The other half are awarded by USAID Missions worldwide.

The Bureau for Global Health's User Guide to USAID/Washington Health Programs is available at http://www.usaid.gov/our_work/global_health/home/Resources/users_guide.html.

Additional information regarding USAID's procurement processes and opportunities can be found at: <http://www.usaid.gov/business/> and http://www.usaid.gov/our_work/global_partnerships/odp/diaspora/USAIDDiasporaToolkit.pdf.

Family planning and reproductive health

USAID's voluntary family planning program is a success story of U.S. development assistance. For more than 40 years, USAID has played a critical role in expanding contraceptive availability and use worldwide, helping to push global contraceptive prevalence from 10 percent in 1965 to 53 percent today. Despite these impressive gains, there are still 53 million unintended pregnancies annually, resulting in 25 million abortions, 590,000 newborn deaths, and 90,000 maternal deaths. These numbers highlight the importance of family planning. Successful family planning programs are integral to success in USAID's saving mothers and children and fostering an AIDS-free generation priority areas. Data indicate that meeting the current level of unmet need for family planning would avert an estimated 90,000 maternal deaths and an estimated 590,000 infant deaths each year.³⁸ In addition, several studies have highlighted the problem of unmet need for family planning for women living with HIV.³⁹ Clearly, increased access to family planning for these women could significantly reduce the rate of new HIV infections among newborns.

Having already transitioned 21 countries from USAID family planning support since the 1980s, over the next five years USAID's global health response will prioritize 24 countries⁴⁰ that represent more than 50 percent of the unmet need for family planning and graduate three more (Honduras, Nicaragua, and Peru). At the country level, USAID's family planning programs increase knowledge, demand, availability, and access to quality family planning services, while ensuring voluntarism and informed choice. They also promote positive gender norms that reduce violence, encourage men's support for women's and children's health, improve couple communication, and encourage joint decision-making.

USAID-supported programs will address advocacy; policy and guidance development; procurement and supply chain management; training of family planning service providers, including community-based distributors; communications; and outreach. Given that data indicate the unmet need for family planning among young people is more than two times higher than among the adult population, youth will be specifically targeted with age-appropriate and disability-friendly information and services. Social marketing and franchising will be used to increase program reach and access to family planning services. In addition, USAID's support for family planning will expand contraceptive choices, strengthen multiple service delivery approaches, and expand the use of new technologies. USAID-supported research and development will continue to explore new contraceptive options and improve upon existing options so that they are more effective, easier for clients to use, and responsive to clients' needs and desires.

In the international arena, USAID plays a leading role in advancing and coordinating family planning and reproductive health inputs and programs to better meet the needs of women and couples in developing countries. Within the U.S. Government, USAID works closely with the National Institutes of Health; the State Department's Office of the U.S. Global AIDS Coordinator; the Bureau of Census, and the Bureau of Population, Refugees and Migration.

USAID will continue to support the United Nations Population Fund and work with the Alliance for Reproductive, Maternal and Newborn Health; the Reproductive Health Supplies Coalition; and other international agencies and donors to advance family planning. At the country level, USAID will collabo-

38 Guttmacher Institute. Facts in Satisfying the Need for Contraception in Developing Countries. 2010.

39 Heys J, Kipp W, Jhangri GS, Alibhai A, Rubaale T. Fertility desires and infection with the HIV: results from a survey in rural Uganda. AIDS 2009.

40 Our current priority countries for family planning include Afghanistan, Bangladesh, the Democratic Republic of Congo, Ethiopia, Ghana, Haiti, India, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Nepal, Nigeria, Pakistan, Philippines, Rwanda, Senegal, Sudan, Tanzania, Uganda, Yemen, and Zambia. On a case-by-case basis, other countries may be added to the lists of priority countries based on epidemiological need (severity and magnitude) and other factors.

rate with foundations, universities, nongovernment organizations, the private sector, other donors, and implementing partners for program implementation.

Health system strengthening

Weak health systems are frequently identified as a binding constraint to sustained progress in improving health around the world. Without a well-functioning health system, it is difficult for countries to achieve improved and more equitable health outcomes, positive health impacts, financial risk protection for the population, and long-lasting effects from health interventions. In recognition of the centrality of health system strengthening to achievement of long-term health and development goals, the Global Health Initiative includes health system strengthening as a core principle.

USAID's global health program has supported health system strengthening for more than 20 years, and country demand for assistance continues to grow. USAID's health system strengthening strategy builds on proven approaches to address chronic system bottlenecks and constraints and also supports innovation and knowledge transfer to respond better to rapidly changing country context and environment.

During the next five years, USAID's global health team will take deliberate steps to ensure that health system strengthening is built into all the work that USAID does at both headquarters and in the field. Increased effort will be placed on enhancing staff capacity in health system strengthening; harmonizing tools and standards across health system strengthening projects; generating state-of-the-art evidence on cost-effective approaches to health system strengthening; and pursuing a thoughtful learning agenda to strengthen the evidence base. In addition, a concerted effort will be placed on developing a consensus on standardized indicators to measure progress in health system strengthening and on better communicating concrete achievements.

In the field, emphasis will be placed on becoming more effective and efficient with available resources by better incorporating health system strengthening into ongoing health programs, improving and enhancing coordination with other U.S. Government agencies and development partners, and facilitating local capacity development for sustainability. To ensure sound donor coordination at the global level, USAID, with its agency partners, will work with the World Health Organization, the World Bank, the Global Fund to Fight AIDS, Tuberculosis and Malaria, GAVI, and others on indicators, assessment of performance, and cost effectiveness.



A man in Kenya enters malaria monitoring data into a ledger.
(Bonnie Gillespie, Courtesy of Photoshare)

USAID's Key Strategic Approaches to Global Health – Challenging Ourselves and Challenging the World

To achieve its global health vision for 2012–2016, USAID will operationalize its mission statement and target its health priorities through linked and overlapping strategic approaches that respond to the elements of the mission statement and that compel us to challenge ourselves and our partners. These approaches are informed by the overlapping and reinforcing operational principles of the USAID Policy Framework and the Global Health Initiative and form a set of practical actions to guide USAID global health program implementation. To meet our ambitious agenda, USAID and the U.S. Government will engage partners to ensure our global health programs are global efforts.

Providing technical leadership in responding to new global health challenges

USAID will use its position as the U.S. Government's lead development agency to continue to lead and motivate the world's response to global health challenges, including working with multilateral organizations, the global forums on health, the World Bank, United Nations agencies, and others. Through its network of field missions, staff, and existing partnerships, USAID's global health team will ensure that it is cognizant of the most pressing health issues and challenges facing the poor, marginalized, and vulnerable and prioritize responding to these issues in an effective, efficient, and compassionate way. Clearly articulating its vision and values, USAID will build on its 50 years of leadership in public health to develop and disseminate evidence-based, gender-equitable, high-impact health interventions; influence the international enabling environment; and champion the development of new and innovative approaches to resolving longstanding health issues. At the same time, USAID will utilize its deep bench of global health technical expertise to look to the future – to anticipate and plan for changes in the health environment in ways that will minimize potential negative influences and maximize opportunities.

Partnering strategically with a wide range of actors

Forging strategic, strong partnerships offers significant scope for USAID to strengthen its influence, effectiveness, and efficiency by leveraging external resources and maximizing return on investment. While partnerships are not new to USAID, the recent increase in the number of actors in the international health arena and the priority given to partnerships in the USAID Policy Framework 2011–2015 and the Global Health Initiative have propelled USAID's global health program to adopt a more strategic and proactive approach to partnerships. Over the five-year period of this Strategic Framework, USAID's global health program will continue to take steps to identify the most promising partnership opportunities, where there are common priorities, clear goals and well-defined outcomes, and a shared human rights commitment, and where partnership would significantly increase the value of the work being done by USAID. The global health program will challenge the world and ourselves by reaching out to bilateral and multilateral donors, foundations, civil society and advocacy organizations, universities, and the private sector to leverage resources, expertise and experience; enrich global health programs through new ideas and innovations; and resolve problems through improved dialogue from multiple perspectives. Existing strong partnerships with key multilateral organizations such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and Global Alliance for Vaccines and Immunizations will be strengthened and reinforced. Similarly, public-private partnerships for research and development into the diseases of poverty will be expanded. At the country and regional level, USAID's global health program will complement its global partnership strategy by applying the principles of aid effectiveness in its engagement with partner countries and other in-country bilateral, multilateral, and external partners.

Effective coordination and working in partnership with other U.S. Government agencies through a whole-of-government approach will further accelerate achievement of goals and save lives. The USAID global health team, as an active participant in the Global Health Initiative, U.S. President's Emergency Plan for AIDS Relief, the President's Malaria Initiative, and the Feed the Future Initiative, will continue to engage collaboratively with other U.S. Government entities working in the field. For example, the Departments of Health and Human Services, State, Labor, Agriculture, Commerce, Defense, and Treasury, and the Peace Corps are valuable partners, bringing complementary skills and expertise. By promoting a whole-of-government approach and working collaboratively with other U.S. Government entities, USAID helps ensure that its human and financial resources are used as effectively as possible for maximum impact.

“... advancing science, technology and innovation is aimed directly at improving human welfare. And I believe if we can harness that capability for the poorest communities in the world, we can leave an unparalleled legacy in global health and in global development throughout the upcoming decades.”

– Administrator Shah, NIH Barmes Lecture, February 2011

Accelerating the development and application of innovation, science, and technology

Recognizing the power of equitably applied science, technology, and innovation to solve human problems, over the next five years, USAID's global health program will invest in a new wave of technologies, tools, and service delivery approaches that can save lives. USAID will focus its investments in medical technologies on low-cost technologies appropriate for use in low resource settings. It will also work with other key international actors to support global research into innovations, such as new contraceptive technologies and microbicide gels, that would allow women to protect themselves from HIV infection. The potential of eHealth and its mobile version, mHealth, will specifically be explored as a means of improving further the effectiveness and efficiency of health development efforts. To accelerate product development and the introduction of new technologies in the field, USAID will establish a center of excellence that brings together industry experts and academic fellows to inform Agency thinking, to invest seed capital in promising ideas wherever they are found, and to bring promising ideas to scale.

Scaling up evidence-based, equitable, and locally-adapted health solutions

For each of the technical areas in which USAID concentrates its global health work, there is a series of evidence-based, proven interventions that promote health and save lives. For example, immunizing children, having skilled birth attendance at delivery, promoting women's health literacy and decision-making, providing micronutrient supplementation, promoting directly observed treatment, short-course (DOTS) for TB, using community-based distributors to promote family planning, and medically circumcising males at risk of HIV are effective actions with high potential for impact when rolled out at a meaningful scale. Over the next five years, increased effort will be placed on strategically scaling up the use of this arsenal of effective, equitable, locally adapted, and evidence-based interventions to reach larger numbers of the poor, marginalized, and vulnerable, and also on evaluating those scale-up efforts for impact.

Strengthening local health system capacity to support partner countries' leadership of health policies, strategies, and actions

Health system strengthening has been at the core of USAID's mission in health for the last 20 years. USAID has been a world leader in pioneering innovations in health financing, supply chain management, health workforce development, demographic and health surveys, data for decision-making, operations research, service quality, community-based service delivery, and health promotion at the household and community levels. USAID's global health program also has a history of engaging in activities to enhance government stewardship of the health system by improving leadership and management capacity, supporting dialogue and integration between the public and private health sectors, increasing citizen participation in the oversight of health services, and promoting effective decentralization. Over the next five years, USAID will fine-tune its approach to health system strengthening to take optimal advantage of its investments and enhance the sustainability of health system strengthening efforts. Particular emphasis will be placed on ensuring that health system investments build country capacity and ownership, promote accountability and sound public administration capacity, provide gender equitable access to services, and institutionalize critical service delivery and management processes – including strong linkages to the communities that use the health services. USAID's global health program will also continue to pioneer, explore, test, and support innovations with game-changing potential because of their system-wide effects. Increased attention will be paid to evaluating and documenting how these innovations work in practice, the process by which they are scaled up, and the cost.

Promoting gender equality and women's empowerment

Recognizing the critical role and impact of gender inequities and gender-based violence on health outcomes, USAID is spearheading strategic planning around best practice approaches for addressing inequities at the community, health system, and health sector levels, transforming harmful norms, and promoting gender equality. Central to this work is the recognition that promoting gender equality involves empowering women and girls and engaging boys and men intentionally and integrally in our programs.

Saving Lives at Birth: A Grand Challenge for Development

Widespread access to technology has made it possible for virtually anyone to be an agent of change. Harnessing the power of this untapped repository of innovators and change agents is a hallmark of USAID as we creatively think of new and better ways of doing business.

In March 2011, USAID, along with the Government of Norway, the Bill & Melinda Gates Foundation, Grand Challenges Canada, and The World Bank, launched Saving Lives at Birth: A Grand Challenge for Development. In the first of a series of Grand Challenges, the partners issued a call to the global community for transformative ideas that have the potential to save the lives of mothers and newborns in rural settings during the 48 hours surrounding birth in three key areas: technology, service delivery, and demand.

Instead of saying we know the answer, we defined the problem and crowd-sourced solutions – opening up the grand challenge to the world. We received more than 600 submissions from the global community and narrowed them down to 77 finalists. In late 2011, partners announced the final 24 awardees for seed and transition-to-scale grants that demonstrated the most promising ideas that have the potential to scale up and sustain impact over time. This model for seeking solutions to development problems is a new tool in our global health arsenal and one that we hope will yield tremendous gains against some of the world's toughest global health challenges.

Demographic and Health Surveys

USAID began funding Demographic and Health Surveys (DHS) in 1984. Since then, it has provided technical assistance to more than 260 surveys in more than 90 countries, advancing global understanding of health and population trends in developing countries. DHS have earned a worldwide reputation for collecting, analyzing, and disseminating accurate, nationally representative data on fertility, family planning, maternal and child health, gender, HIV/AIDS, malaria, and nutrition.

Recognizing the importance of DHS data, other donors and participating countries now also contribute to the surveys.

National Health Accounts are now being supported by DHS as well so that public and private health spending can be better understood and managed.

A key pillar of these efforts is the Global Health Initiative's women, girls and gender equality (WGGE) principle, which specifies three requirements for programming: a gender analysis of the priority needs of women and girls; collation of relevant sex- and age-disaggregated data for monitoring progress and evaluating effectiveness of programs on women, girls, and gender equality; and a narrative of the strategy for addressing gender inequalities. Consultations involving the U.S. Government and civil society resulted in the development of practical guidance around implementation of the WGGE, including ten programmatic elements:

- Ensure equitable access to essential health services at facility and community levels
- Increase the meaningful participation of women and girls in the planning, design, implementation, and monitoring and evaluation of health program decision-making bodies, such as the National AIDS Councils and Country Coordinating Mechanisms
- Monitor, prevent, and respond to gender-based violence, which has implications for almost every aspect of health
- Empower adolescent and pre-adolescent girls by fostering and strengthening their social networks, educational opportunities, and economic assets
- Engage men and boys as clients, supportive partners, and role models for gender equality
- Promote policies and laws that will improve gender equality and health status, and/or increase access to health and social services
- Address social, economic, legal, and cultural determinants of health through a multi-sectoral approach
- Utilize multiple community-based programmatic approaches, such as behavior change communication, community mobilization, advocacy, and engagement of community leaders/role models, to improve health for women and girls as well as men and boys
- Build the capacity of individuals, with a deliberate emphasis on women, as health care providers, caregivers, and decision-makers throughout health systems, from the community to national level
- Strengthen the capacity of institutions that set policies, guidelines, norms, and standards that have an impact on access to, and quality of, health-related outreach and services – to improve health outcomes for women and girls and promote gender equality

USAID will continue to play a strategic and technical leadership role across the U.S. Government and in collaboration with the broader gender and health community. Similar efforts will be forthcoming in addressing the health challenges faced by members of marginalized groups, such as lesbian, gay, bisexual, and transgender persons, or persons with disabilities. Further attention to the unique health needs facing indigenous peoples and internally displaced persons will also be considered.

Working efficiently and being effective stewards of public trust and resources

USAID will engage in a series of actions to ensure that its work is carried out as efficiently and effectively as possible and that the people of the United States are receiving value for the money they contribute to global health. Key strategies include:

Building sustainability from the start: Sustainability, the ability to devise and implement solutions to key development challenges and develop resilience against shocks and setbacks, is a goal of all development interventions and has long been a priority of USAID. USAID's global health program will consider and plan for sustainability from the very inception of a project or program. Applying the criteria set forth in the USAID Policy Framework 2011–2015, USAID will build the skills and capacities of stakeholders, strengthen local institutions, and tie activities to sustainable financing mechanisms. Sustainability efforts will be integrated with health system strengthening and country ownership efforts to form a cohesive package that builds the individuals, institutions, and systems required for health programs to continue to serve the poor and vulnerable without dependence on foreign assistance.

Measure and evaluate impact; engage in continuous learning and improvement: USAID's global health response will continue to embrace the concept of continuous learning as essential to successfully achieving significant global health results in a rapidly changing world. Through rigorous use of established systems, mechanisms and processes, coupled with prudent risk-taking and learning from mistakes, USAID's global health team will continually learn and apply the gained knowledge to achieve better results. As a key element of continuous learning, the global health program will make better use of monitoring and evaluation to inform data-driven decisions at

all levels. The global health response will also use monitoring and evaluation data to ensure that intended outcomes and impacts are achieved and to demonstrate that USAID is accountable, transparent, and an effective steward of public trust and resources. Under this framework, and in line with USAID's new Evaluation Policy (January 2011)⁴¹ and the principles of the Global Health Initiative and the USAID Policy Framework 2011–2015, USAID's global health program will build on its rich history of performance monitoring to further strengthen monitoring and evaluation capacity both within the Agency and with its partners. Emphasis will be placed on evaluating approaches for impact, efficiency, effectiveness, and sustainability. To complement the collection and use of performance data, USAID will continue to contribute to the global state of knowledge on health in developing countries and on the effectiveness of health interventions through the generation and use of data for innovation and learning, including providing support for country-specific Demographic and Health Surveys, strengthening of local-level systems for disease surveillance and pandemic outbreak monitoring, and developing globally-accepted monitoring and evaluation decision-support tools. Through increased emphasis on knowledge management, USAID's global health sector will not only share existing knowledge, but also it will create and promote conversation around new knowledge – challenging assumptions, promoting different ways of thinking about the world, and developing and testing new approaches and innovations.

Apply selectivity and focus: Over the next five years, USAID's global health sector will systematically engage in purposeful targeting to maximize the impact of its resources. Many diseases are concentrated among specific populations or high-risk groups. For example, 80 percent of the global TB burden can be found in 22 countries; 70 percent of global maternal and child deaths take place in 28 countries, which are also where 50 percent of the unmet need for family planning is concentrated; and seven neglected tropical diseases account for 80 percent of the global NTD burden. Furthermore, within countries and communities, focusing on most-at-risk populations will reach those who are marginalized for reasons including race, ethnicity, gender, age, sexual minority status, or disability. Members of marginalized groups, such as some within the LGBT population, are at exceptionally high levels of risk of HIV infection and require a targeted and diversity-sensitive approach. By focusing its resources on safe and effective interventions in the countries (and the regions within those countries) with the highest disease burdens and on those health issues that affect the largest number of people or that disproportionately affect a large proportion of small population groups, USAID's global health program will reach more people, improve cost efficiencies, and increase impact. When it is advantageous to do so, USAID will predominantly provide technical assistance and expertise that leverages resources from other donors for more effective programming. Applying a gender, disability, and youth lens is vital to these efforts because women, youth, and children, due to their unequal status in most countries, bear a disproportionate burden of disease and often men have decision-making authority and control of household financial resources. Similar concerns apply to members of marginalized groups. Through this approach, USAID will be able to direct resources to reach those most affected, while also promoting the empowerment and inclusion of those who are marginalized.

Integrate and align health services: Over the past several years, a consensus has developed that integrating the delivery of health interventions to address more holistically the different, but often related, health and development needs of client populations offers great potential for significant gains in health when they are implemented carefully and on the basis of proven effectiveness. Integration may improve efficiency, reduce costs and waste, and improve quality and health outcomes – yet it is challenging, must be adapted to the local context, and requires good planning and coordination. Over the next five years, USAID's global health team will engage in “smart integration” – striving to integrate its health programs where it is appropriate, rational, efficient, cost effective, and leads to better development outcomes; where not feasible, USAID will promote alignment. Through the development of Global Health Initiative country strategies and during the project development and implementation process, USAID will regularly review and evaluate opportunities for smart integration, work with and support country governments to promote integrated health service delivery, carefully monitor the impact of integration efforts, and document and disseminate its experiences. Through these efforts, USAID will contribute to the global body of knowledge on integration, thus reinforcing USAID's position as a thought leader in global health.

Apply integrated approaches to development: Because health cannot be isolated from other development challenges, USAID's global health program will proactively seek opportunities to integrate health activities with other USAID-supported sector programs. For example, linking child and adolescent health programs with education sector activities, linking health system

Best Practices at Scale in the Home, Community and Facilities (BEST)

Smart Integrated Programming in Family Planning, Maternal and Child Health, and Nutrition

BEST is a USAID planning and review process that draws on the Agency's best experiences and the best evidence to base programs on the best practices to achieve the best impact. The BEST planning process is used by USAID at the country level to identify when and where integration of programming in family planning, maternal and child health, and nutrition makes sense and will contribute to increased availability of key services, cost-savings, and/or sustainability. Integration with HIV/AIDS programming, other health elements and other sectors is also encouraged, when feasible.

41 See <http://www.usaid.gov/evaluation/USAIDEvaluationPolicy.pdf>.



A community health education session in Pakistan.
(Javed Khan, Courtesy of Photoshare)

strengthening efforts with governance and anti-corruption interventions; aligning health efforts with human rights based initiatives; integrating economic empowerment strategies into reproductive and maternal health programs; rehabilitation and integration of persons with disabilities; integrating family planning and health interventions with community-level environmental, agricultural, and livelihoods activities can lead to greater impact, sustainability, and cost-effectiveness, and linking human rights activity to health access for vulnerable and marginalized populations. USAID will use the Country Development Cooperation Strategy process as an opportunity to assess, consider, and plan for integrated approaches in the context of our broader diplomatic engagements.

Annex I: USAID Health Components

AVIAN INFLUENZA AND OTHER EMERGING THREATS

GHI Target:

- To build worldwide capacity to predict and respond to new, emerging infectious diseases

Issue:

Although new infectious diseases continue to emerge and affect the health and economies of large portions of the world, our understanding of the forces driving their emergence and how to control them is limited. The rate of pathogen emergence is projected to increase more than five fold between 2000 and 2030 as animal-human interactions intensify, yet most existing surveillance systems are not sensitive enough to detect potentially harmful organisms before they cause disease in humans. Furthermore, the capacity to respond to new infectious diseases once they emerge is limited.

USAID approaches:

Identify and respond to dangerous pathogens in animals before they can become threats to human health: USAID is building surveillance capacity to identify specific microbes that may cause serious disease in humans, assessing the risk that these microbes may pose to humans and their methods of transmission from animals to humans, strengthening country and regional capacity to detect and respond to outbreaks in animals and humans, and developing and implementing behavior change interventions to minimize disease threat for specific high-risk populations.

Adopt a multisectoral approach: the U.S. Agency for International Development (USAID) is drawing on resources across USAID – beyond the health sector – to involve education, environment and agriculture. In addition, USAID is partnering with an international coalition of private and public sector entities with a diverse and comprehensive range of skills around this international threat.

Build country and regional capacity: USAID is partnering with country governments and regional institutions to strengthen capacity to conduct surveillance, investigate and respond to disease outbreaks, educate the public, minimize risky behaviors, and otherwise build pandemic preparedness.

USAID collaboration with partners:

USAID collaborates with numerous global, regional, and country-level partners to address specific issues around avian influenza and other emerging threats. Key partners include:

- U.S. Centers for Disease Control and Prevention around developing models to predict emergence of high-consequence pathogens; conducting active surveillance for emerging pathogens in animals and humans; developing and testing point-of-care diagnostics to rule out endemic diseases; providing laboratory support to identify new pathogens; strengthening field epidemiology and laboratory training programs; and outbreak investigations
- U.S. Department of Agriculture on laboratory support and strengthening veterinary services
- U.S. Department of Defense on pathogen discovery and laboratory strengthening
- World Health Organization, Food and Agriculture Organization, and World Organization for Animal Health on laboratory strengthening and investigations
- Partner country governments for assistance planning and coordination
- Civil society, the private sector, implementing partners, and country-level organizations for predicting, responding to, preventing and identifying emerging pandemic threats

CHILD HEALTH

GHI target:

- Reduce under-five mortality rates by 35 percent in assisted countries

Issue:

Although the causes of newborn, infant, and child mortality in developing countries are well known, there has been limited progress in Africa and inadequate progress in Asia in reducing child mortality over the past decade. Progress in reducing neonatal mortality has lagged even more

be at risk.

USAID approaches:

Support development and implementation at scale of evidence-based, high-impact interventions: A core set of evidence-based interventions that address the major causes of newborn, infant and child mortality exists. These include both preventive interventions such as skilled birth delivery; essential newborn care; breastfeeding; immunization; improvements in water supply, sanitation, and hygiene; and treatment interventions, such as newborn resuscitation, thermal protection of the newborn (kangaroo mother care), oral rehydration therapy with zinc for diarrhea, and antibiotics for infections and pneumonia. USAID is advancing these proven interventions and taking them to scale in low-resource environments to ensure that all children have the opportunity to thrive.

Develop and evaluate delivery approaches to reach underserved families: To improve the arsenal of proven interventions, USAID is applying an innovation-to-implementation continuum that results in new interventions and approaches that can be delivered with high quality and safety; as close to children, women, and families in need as possible; and in a timely fashion. After identifying continuing problem areas and setting priorities, USAID engages in applied research that creates new products and implementation techniques that address the problems. USAID then facilitates the testing and introduction of the new interventions and supports their international diffusion and roll-out once they are proven.

Strengthen key elements of health systems to promote effectiveness and sustainability: Strengthening key elements of the health system, particularly health finance, evidence-based planning, private sector involvement, and quality improvement, can have a profound effect on child mortality. USAID partners with country governments to plan for better financing of child health and to prioritize newborn/child health interventions based on epidemiology. USAID also works with community and national health insurance programs that protect the vulnerable, partners with the private sector to increase access and availability of newborn and child health products, and supports training and capacity building that translate into quality service delivery that saves children's lives.

USAID collaboration with partners:

USAID collaborates with numerous global, regional, and country-level partners to address specific issues around child health. Key partners include:

- U.S. Centers for Disease Control and Prevention, particularly on polio eradication and immunizations
- National Institutes of Health on research designs and priority setting and for collaborative reviews of research results and technical policies
- World Health Organization on research, policy development and state-of-the-art reviews, program implementation (e.g., polio, newborn care, community case management) at the country level
- United Nations Children's Fund on the development and implementation of child health programming for immunizations, polio, community case management, and water/sanitation/hygiene; monitoring of global progress
- Private sector for leveraging resources for newborn and child health products and programs
- Partner country governments for assistance planning and coordination
- Implementing partners and country-level organizations for program implementation

FAMILY PLANNING AND REPRODUCTIVE HEALTH

GHI targets:

- Prevent 54 million unintended pregnancies
- Increase contraceptive prevalence by up to 2 percentage points on average in assisted countries by 2015
- Reduce first births to women under 18 by 15 percent

Issue:

In spite of the documented health, economic, and social benefits of enabling individuals and couples to decide the number, timing, and spacing of their children's births, 215 million women in developing countries continue to have an unmet need for voluntary family planning. Worldwide, this unmet need translates annually into 53 million unintended pregnancies, resulting in 25 million abortions, 590,000 newborn deaths, and 90,000 pregnancy-related deaths. While south and west Asia have the largest absolute number of women with unmet need for family planning, sub-Saharan Africa has the highest proportional need, with 64 percent of demand not satisfied. Furthermore, continuing high fertility rates are affecting age structure, placing rapidly expanding demands on health and other social sector systems, economic growth, and the environment, while threatening political stability. Past experience shows that countries can transition from high fertility to low fertility within a generation, a key to capturing the demographic dividend. Achieving this transition requires a significant invest-

ment and sustained commitment, both of which are especially challenging in times of constrained resources and demand for immediate impact. The complex political environment, in which family planning is often controversial, is an additional complication.

USAID approaches:

Focus strategically and develop graduation plans: Based on clear criteria, USAID prioritizes its work, concentrating its resource in areas of greatest need (i.e., 24 countries⁴² where more than 50 percent of the global unmet need for family planning services is located) and gradually reducing resources in countries that have met USAID's set criteria for graduation. Transition from family planning assistance is predicated on an assessment of self-sufficiency and sustainability. This assessment is initiated when a country reaches a threshold of modern contraceptive use of 50 percent and a total fertility rate of three. Already USAID has transitioned 21 countries, including Dominican Republic, El Salvador, Indonesia, Jamaica, and Paraguay, since 2008. In the next four years, USAID expects to transition four additional countries. Meanwhile, USAID expects to increase its focus on countries in West Africa, where contraceptive prevalence rates remain some of the lowest in the world.

Implement the 10 essential elements of successful family planning: USAID has identified 10 essential portfolio elements for a successful family planning program (see box). Within the priority countries, spending is allocated to all of these elements, depending on the country context, with an emphasis on delivery of services and reaching youth, as appropriate.

Scale up implementation of evidence-based practices: USAID will focus on meeting unmet need through expanding access to a broader range of family planning options, including long-acting and permanent methods; enhancing community-based distribution channels; encouraging smart integration; harnessing mobile technology solutions where appropriate; empowering the next generation of family planning champions; and continuing to foster private sector engagement.

Engage in research and innovation: USAID supports research and innovation related to contraceptive technologies, mobile technologies, effective delivery modalities, standards for quality health service delivery, and gender and other cultural norms related to family planning demand and behavior.

Recognize and address the links between gender equality and reproductive health: USAID programs help create an environment that enables women and couples to make voluntary and informed decisions about their reproductive lives. Programs support positive norms to reduce violence and improve couple communication. Though USAID has been working in this arena for many years, such work is becoming more explicit and widespread as USAID implements the women, girls, and gender equality approach in its Global Health Initiative strategies.

Build international partnerships: To complement its work with multiple U.S. Government agencies, USAID also partners with key international and multilateral organizations to advance evidence-based approaches that reduce unmet need, focusing on policy, research, data collection, education, service delivery, and contraceptive security.⁴³

USAID collaboration with partners:

USAID collaborates with numerous global, regional, and country-level partners to comprehensively address specific family planning and reproductive health issues. Key partners include:

- National Institutes of Health on advanced clinical testing of new contraceptive technologies: refining the regulatory pathway for female condoms
- Office of the U.S. Global AIDS Coordinator on guidance on family planning/HIV integration, gender equality, and cross-cutting research and best practices
- Bureau of Census on censuses in developing countries and international demographic estimates and projections
- World Health Organization to support adolescent pregnancy prevention and the development of evidence-based guidance for family planning in concert with the U.S. Centers for Disease Control and Prevention
- United Nations Population Fund on ensuring the supply of reproductive health commodities under the auspices of the Reproductive Health Supplies Coalition
- Alliance for Reproductive, Maternal, and Newborn Health (USAID, Britain's Department for International Development, AusAID, and

Ten Essential Elements of a Successful Family Planning Program

- Supportive Policies
- Evidence-based Programming
- Strong Leadership and Good Management
- Effective Communication Strategies
- Contraceptive Security
- High Performing Staff
- Client-centered Care
- Easy Access to Services
- Affordable Services
- Appropriate Integration of Services

⁴² These countries include Afghanistan, Bangladesh, the Democratic Republic of Congo, Ethiopia, Ghana, Haiti, India, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Nepal, Nigeria, Pakistan, Philippines, Rwanda, Senegal, Sudan, Tanzania, Uganda, Yemen, and Zambia.

⁴³ Contraceptive security exists when every person is able to choose, obtain, and use quality contraceptives and condoms for family planning and for HIV/AIDS prevention.

- the Bill and Melinda Gates Foundation) to accelerate progress toward meeting the MDGs for child, maternal, and reproductive health
- Partner country governments for assistance planning and coordination
 - Civil society, the private sector, implementing partners, and country-level organizations for program implementation

HIV/AIDS

GHI/PEPFAR targets:

- Support the prevention of more than 12 million new HIV infections
- Provide direct support to more than 6 million people on treatment
- Support care for more than 12 million people, including 5 million orphans and children
- Train and retain at least 140,000 new health care professionals and paraprofessionals

Issue:

In spite of major advances in the prevention and treatment of HIV/AIDS, an estimated 33.3 million people worldwide continue to live with the virus. It is estimated that in 2009 1.8 million people died due to HIV/AIDS and another 2.6 million were newly infected. More than 68 percent (approximately 22.5 million people) of those infected are in sub-Saharan Africa. For the U.S. Government, the first phase of PEPFAR (2003–2008) was characterized by an emergency response to AIDS – with USAID helping to mobilize quickly life-saving care, treatment and prevention interventions for those most affected. Under the second phase of PEPFAR (2009–2013), the focus is transitioning from an emergency response to one that promotes sustainable country programs.

USAID approaches:

Working in the U.S. Government PEPFAR framework, USAID focuses on five key approaches.

Prevent new HIV infections: HIV prevention is a U.S. Government priority over the next five years. Recognizing that successful prevention programs require a combination of evidence-based and mutually reinforcing biomedical, behavioral, and structural interventions, USAID will emphasize working with countries to track and reassess the epidemiology of the epidemic to facilitate a prevention response based on best available and most recent data, emphasizing prevention strategies that have been proven effective, targeting interventions to most-at-risk populations with high incidence rates, and increasing emphasis on supporting and evaluating innovative and promising prevention methods. USAID is addressing gender norms and inequities that affect men's and women's ability to take preventive actions, including the experience and fear of gender-based violence.

Support treatment for those with AIDS: USAID will build the sustainability of treatment programs and increase access to quality treatment services by strengthening country-level capacity through training health workers, strengthening health systems and health facilities, monitoring antiretroviral resistance, enhancing supply chain capacity, establishing treatment protocols, and advancing supportive policy initiatives.

Provide care and support to those infected and affected by HIV/AIDS: USAID works with partner countries to provide services other than antiretroviral therapy needed by those infected and affected by HIV/AIDS, including clinical services (such as prevention and treatment of opportunistic infections and AIDS-related malignancies); pain and symptom management; psychological, social, and spiritual support; nutritional support; and prevention services. These services may be provided in facility-, community-, or home-based settings, and must be sensitive to the unique characteristics of marginalized groups, such as lesbian, gay, bisexual, and transgendered persons. USAID also provides significant support for advancing key practices that support the special needs of AIDS-affected children.

Health systems strengthening and country ownership: USAID will deliberately incorporate health systems strengthening goals into its prevention, care, and treatment portfolios, thus helping to reduce the burden of HIV/AIDS on the overall health systems. USAID will work closely with partner country governments to build the key elements of the health systems that manage and deliver HIV services, including human resources, management and supply systems, and information, in high-need, low-resource settings. USAID will work with local institutions to build capacity and develop sustainable systems for strategically recruiting, training, allocating, and retaining health care workers.

Partnerships: USAID will work in partnership with other U.S. Government agencies and multilateral institutions like the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNAIDS, and the World Health Organization to achieve the vision of an AIDS-free generation. In addition, USAID will continue to leverage resources and expertise for the fight against AIDS through robust public-private partnerships and distinct collaborative agreements with businesses and multinational corporations.

PEPFAR/USAID collaboration with partners:

Working through PEPFAR, the Departments of State, Defense, Commerce, Labor, Health and Human Services; Peace Corps; and USAID all collaborate to improve the comprehensiveness, coordination, and effectiveness of U.S. Government assistance. The U.S. Government collaborates with numerous global, regional, and country-level partners to address specific issues around HIV/AIDS. Key partners include:

- Global Fund to Fight AIDS, Tuberculosis and Malaria on proposal development, technical assistance, and implementation at the country level
- UNAIDS in driving a comprehensive international response to fight HIV/AIDS, ensuring that the comparative advantages of each partner are coordinated and targeted to specific challenges
- World Health Organization to influence global commitments to action; to shape the health research agenda, set norms and standards, articulate evidence-based policy options, and monitor and assess health trends
- Partner country governments for assistance planning and coordination
- Civil society, the private sector, implementing partners, and country-level organizations for program implementation

MALARIA

GHI/President's Malaria Initiative Target:

- Halve the burden of malaria for 450 million people, representing 70 percent of at-risk populations in sub-Saharan Africa

Issue:

Progress against malaria is one of development's most impressive stories. The estimated number of global malaria deaths has fallen from about 985,000 in 2000 to about 781,000 in 2009. In spite of this progress, malaria remains one of the major public health problems on the African continent, with about 80 percent of malaria deaths occurring in African children under five years of age. Malaria also remains a significant problem in parts of Asia and Latin America. Malaria places a heavy burden on both individual families and national health systems. In many African countries, 30 percent or more of outpatient visits and hospital admissions in children under five are reported to be caused by malaria. Because most malaria transmission occurs in rural areas, the greatest burden of the disease usually falls on families who have lower incomes and whose access to health care is most limited.

USAID approaches:

Promote a comprehensive, integrated package of proven prevention and treatment interventions: Through the President's Malaria Initiative, USAID works with the U.S. Centers for Disease Control and Prevention to expand coverage of highly effective malaria prevention and treatment measures to the most vulnerable populations – pregnant women and children under five years of age. Specifically, the program promotes a comprehensive, integrated package that includes insecticide treated mosquito nets, indoor residual spraying, intermittent preventive treatment for pregnant women, and diagnosis and treatment of malaria with artemisinin-based combination therapy. These interventions are integrated into facility-based maternal and child health services and campaigns as well as integrated community case management programs.

Strengthen health systems and country ownership: The President's Malaria Initiative resources and activities help strengthen the overall capacity of health systems, both indirectly and directly. By reducing the burden of malaria in highly endemic countries, the President's Malaria Initiative's contributions free up critical resources. More directly, the President's Malaria Initiative helps build both the in-country leadership and the technical and managerial skills to plan, implement, evaluate, and adjust, as necessary, national malaria control efforts. Technical assistance and training in areas such as entomology, epidemiology, monitoring and evaluation, laboratory diagnosis and effective case management, supply chain management, behavior change communication, and financial management not only strengthen the health system, but also country ownership.

Coordinate closely with U.S., international, and in-country partners: The President's Malaria Initiative coordinates closely with other programs targeting similar populations, including those of PEPFAR; the Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Health Organization; United Nations Children's Fund; the Bill and Melinda Gates Foundation, and other in-country programs, for improved cost efficiencies and greater impact.

Support research: USAID supports operations research projects that are designed to inform and improve program implementation and scale-up while contributing to global malaria control efforts. USAID also has a robust malaria vaccine development program that supports promising malaria vaccine candidates in partnership with the Malaria Vaccine Initiative, National Institutes of Health, and the Department of Defense.

USAID collaboration with partners:

USAID collaborates with numerous global, regional, and country-level partners to address specific issues around malaria.

Key partners include:

- U.S. Centers for Disease Control and Prevention, Department of State, and other civilian U.S. Government partners collaborating on the President's Malaria Initiative
- Department of Defense, including Walter Reed Army Institute of Research and the Navy Medical Research Center
- Roll Back Malaria Partnership
- Global Fund to Fight AIDS, Tuberculosis and Malaria in implementation and monitoring of country-level anti-malaria programs
- The World Bank on its Malaria Booster Program
- World Health Organization on policy and guideline development and monitoring
- United Nations Children's Fund, the Bill and Melinda Gates Foundation, and other donors on program implementation
- Partner country governments for assistance planning and coordination
- Civil society, the private sector, implementing partners, and country-level organizations for program implementation

MATERNAL HEALTH

GHI target:

- Reduce maternal mortality by 30 percent across assisted countries

Issue:

While maternal mortality has declined globally since 1980, there has been considerable regional variation, with larger gains made in South Asia and the Middle East/North Africa than in sub-Saharan Africa. In sub-Saharan Africa, the lifetime chance of a woman dying as a result of pregnancy is still 1:31, as compared to 1:4,300 in the developed world. Several factors contribute to the high rates of maternal mortality in the developing world, including a high unmet need for family planning; low rates of births with skilled birth attendance, especially in rural areas; lack of emergency obstetric care; and poor quality of care received through an unregulated private health sector, where increasing numbers of births are taking place. Undernutrition of pregnant mothers, often due to early marriage and first birth, and unintended pregnancies are significant underlying, indirect contributors to maternal deaths. Similarly, the low status of women in many countries plays a major role in their ability to access quality care during pregnancy, labor and delivery, and the immediate postpartum period. High maternal mortality has a direct correlation with high newborn mortality; 50 percent of newborn deaths occur within 24 hours of birth – much of this due to poor antenatal and obstetric care and lack of emergency obstetric care.

USAID approaches:

Introduce and scale up evidence-based, high-impact interventions: There is a core set of proven interventions to address the leading causes of maternal death. Hemorrhage, which is responsible for some 35 percent of maternal deaths, can be prevented through active management of the third stage of labor, use of appropriate drugs, and blood transfusions. Sepsis, the cause of 8 percent of maternal deaths, can be addressed through clean delivery, tetanus toxoid vaccinations, and use of antibiotics. Providing family planning to meet the needs of the 215 million women who currently would like to avoid or postpone childbearing but are not using any method of contraception would avert 90,000 pregnancy-related and 590,000 newborn deaths annually. USAID is working with partner governments to introduce, expand access to, and scale up proven interventions that address the major causes of maternal deaths in each country. USAID efforts are centered around health system governance, policy, service delivery capacity at sites, health worker training, and essential drugs and supplies, all complemented by strong monitoring and evaluation. USAID treats the mother and the newborn as a dyad and implements an integrated maternal and newborn health program.

Strategically choose countries for major investments: Twenty-eight countries contribute more than 77 percent of maternal deaths worldwide. By focusing its efforts in those countries within those 28 where there is country commitment, opportunities for synergies with other U.S. Government, country and development partner programs, and USAID capacity, USAID can assure that its limited resources will have the greatest impact. At the same time, USAID will maintain a streamlined presence in other regions (e.g., Latin America and Europe/Eurasia) to support graduating countries in maintaining gains made to date and help propagate best practices and the diffusion of new knowledge and innovations as they become available. As USAID transitions out of the more advanced countries, it will continue to facilitate south-to-south exchanges and access to world class technical assistance in still-developing countries, tapping a range of external financing approaches.

Focus on women: To address the prevalent disrespect and abuse of women giving birth in facilities, including lack of consent, confidentiality and privacy, humiliation, discrimination, and physical abuse, USAID is actively engaging in advocacy to reduce the “veil of silence” that has obscured the poor treatment of women in health facilities. In addition to promoting positive gender and cultural perspectives in all its programs, USAID is also engaging in implementation research in two African countries that will lead to increased practical knowledge on how to address these debilitating practices.

USAID collaboration with partners:

USAID collaborates with numerous global, regional, and country-level partners to address specific issues around maternal health. Key partners include:

- U.S. Centers for Disease Control and Prevention on maternal health and fistula indicators; web-based mortality surveillance; quality improvement; malaria and, along with the Department of State, prevention of mother-to-child transmission of HIV
- National Institutes of Health, Fogarty International and National Institute of Child Health and Human Development for research design, research protocols, and the review of research results
- World Health Organization on research, policy development and state-of-the-art reviews
- United Nations Children's Fund on policy and programming for newborn care and prevention of mother-to-child transmission of HIV
- United Nations Population Fund on advocacy around maternal child health, fistula, and family planning; policy; research; programming; and monitoring of progress
- Partner country governments for assistance coordination
- Implementing partners and country-level organizations for program implementation

NEGLECTED TROPICAL DISEASES

GHI targets:

Reduce the prevalence of seven NTDs by 50 percent among 70 percent of affected populations in USAID target countries, contributing to the elimination of:

- Lymphatic filariasis globally by 2020
- Blinding trachoma globally by 2020
- Onchocerciasis in the Americas by 2016
- Leprosy

Issue:

Neglected tropical diseases (NTDs) affect 1 billion people worldwide. These diseases disproportionately have an impact on poor and rural populations who lack access to safe water, sanitation, and essential medicines. NTDs cause severe morbidity and disability, reduce school enrollment, contribute to childhood malnutrition, compromise children's mental and physical development, and result in blindness, severe disfigurement and appreciable loss of productivity. Among the 33 diseases recognized by the World Health Organization as NTDs, seven have been identified that impose a substantial health burden despite the availability of effective controls.⁴⁴ Together these seven diseases account for 80 percent of the disability-adjusted life years lost globally to NTDs.

USAID approaches:

Scale up high-impact interventions to increase coverage: Drugs that are safe and effective when administered across the vulnerable population have been identified for each of the seven targeted NTDs. Mass drug administration on an annual basis in endemic communities can reduce and often eliminate the disease burden. USAID is working to expand treatment coverage by working alongside ministries to plan and implement integrated NTD control programs. By helping countries combine formerly disease-specific NTD control activities and build on all available service delivery platforms, USAID helps improve quality and cost effectiveness, and build country ownership, and it supports sustainability.

Leverage resources to ensure cost effectiveness: USAID very successfully engages in multiple public-private partnerships with pharmaceutical companies, leveraging billions of dollars worth of drugs for NTD prevention and treatment. USAID also works collaboratively with the World Health Organization, other United Nations agencies and other donors to ensure that limited resources available for NTDs are effectively utilized.

Build capacity and strengthen health systems: USAID is building capacity at all levels of the health system, with particular focus on capacity for ministry of health- and ministry of education-led strategic planning, budgeting and resource coordination by ministries of health and education, and program management.

USAID collaboration with partners:

USAID collaborates with numerous global, regional, and country-level partners to address specific issues around neglected tropical diseases. Key partners include:

⁴⁴ Lymphatic filariasis (elephantiasis), schistosomiasis (snail fever), trachoma (eye infection), onchocerciasis (river blindness), and three soil-transmitted helminthes (hookworm, roundworm, and whipworm).

- U.S. Centers for Disease Control and Prevention on operational research and technical assistance
- National Institutes of Health on basic science and early phase product development to support more effective diagnosis, prevention, and treatment of NTDs
- World Health Organization on cross-disease planning and policy development; global monitoring; and technical leadership
- Disease-endemic country governments for planning and implementation through national systems
- Other bilateral and multilateral donors to ensure coordination of funding
- Civil society, the private sector (including pharmaceutical companies Merck, Pfizer, GlaxoSmithKline, Johnson & Johnson and Merck Sorono), implementing partners, and country-level organizations for program implementation

NUTRITION

GHI/Feed the Future target:

Reduce child undernutrition by 20–30 percent in focus countries, measured by any one of four core indicators:

- Underweight
- Stunting
- Child anemia
- Maternal anemia

Issue:

Chronic under-nutrition undermines many of our development investments, contributing to increased mortality and increased susceptibility to diseases. Inadequate nutrition contributes to 3.5 million deaths each year from common illnesses that otherwise would not be fatal, affects children’s cognitive and physical development, costs countries 3–6 percent of their GDP annually, hastens HIV progression, and reduces individual earning potential. Although progress has been made, one out of every three children in the developing world continues to suffer from stunting, and nearly one third of women of reproductive age and one half of children under five suffer from anemia. During the past five years, several major developments have led to global consensus for a new, evidence-based approach to improving nutritional outcomes. In line with the Scaling Up Nutrition: A Framework for Action global movement and commitment, USAID has updated its approaches to nutrition programming.

USAID approaches:

Adopt food-based, integrated approaches and maximize multi-sectoral synergies: USAID is systematically engaging in smart integration across sectors – particularly across health and agriculture – for broader impact, combining the assets of whole-of-government initiatives such as Feed the Future and the Global Health Initiative with USAID’s strong technical and implementation knowledge to increase coverage in efficient and cost effective ways. Within the Feed the Future initiative, USAID works to improve food security by increasing agricultural production and incomes of men and women who rely on agriculture for their livelihoods and good health. Within the health sector, USAID is strategically integrating its health and nutrition programs with investments under PEPFAR and the President’s Malaria Initiative for greater impact both on the ground and at a policy level.

Target the first 1,000 days: Recent studies confirm that the critical period from pregnancy to two years of age is when infants and children are most vulnerable and that nutrition interventions during this period have immediate and long-term consequences.⁴⁵ Based on this evidence, USAID has shifted its targeting to reach mothers, infants, and children in the first 1,000 days through programs that, among other things, improve maternal nutrition, promote exclusive breastfeeding and encourage diet quality and diversification for mothers and infants.

Measure diet quality and diversity: USAID is working closely with global partners to develop and implement new tools that measure diet quality and diversity, rather than nutrient-specific deficiencies, as well as promoting production of a variety of crops. By looking at practices in the household, diet quality, and diet diversity, these new measures allow USAID to focus its program better as well as reinforce cross-sectoral integration.

Balance prevention and treatment of undernutrition: Prevention of undernutrition in the 1,000 day window of opportunity is at the core of USAID’s strategy. In many contexts, however, treatment of moderate and severe undernutrition is necessary. The introduction of nutritionally dense, ready-to-use foods enhances the capability to treat undernutrition, while the integration of the latest developments in nutrition science into food assistance programs seeks to advance the opportunities to prevent undernutrition in the most

⁴⁵ See http://pdf.usaid.gov/pdf_docs/PDACN044.pdf.

vulnerable populations and strengthen agricultural, food-based approaches for sustainable solutions. USAID is supporting operations research and programs related to improving cost effectiveness, targeting the approaches and nutritional density of food products that will facilitate the scale-up of community-based management of acute undernutrition.

Bring nutrition programs to scale: Building on earlier successful pilot programs, USAID is working with country governments to bring nutrition programs to national scale.

USAID collaboration with partners:

USAID collaborates with numerous global, regional, and country-level partners to address specific issues around nutrition. Key partners include:

- U.S. Centers for Disease Control and Prevention on nutrition surveillance and monitoring and evaluation, micronutrient biomarkers, food fortification, and chronic diseases
- U.S. Department of Agriculture on school feeding, nutrition and agriculture research, and food safety systems
- National Institutes of Health on micronutrient biomarkers and HIV and nutrition
- Department of State on the 1,000 Days Partnership and Scaling Up Nutrition-related diplomacy
- Office of the U.S. Global AIDS Coordinator on incorporating nutrition assessment, counseling, and support into the HIV/AIDS response and to link nutrition with economic strengthening/livelihood/food security programs
- Peace Corps on community-based agriculture and community worker nutrition training
- Global Fund to Fight AIDS, Tuberculosis and Malaria on incorporation of food and nutrition interventions to improve treatment success and mitigate the consequences that HIV (and TB) have on people's livelihoods by reducing early mortality of people on antiretroviral treatments; supporting nutritional recovery and offsetting treatment side-effects; overcoming barriers to treatment adherence and improving retention in care; and mitigating the effects of infection on lost income and treatment expenses
- United Nations Agencies (World Food Program, United Nations Children's Fund, Food and Agriculture Organization, World Health Organization, etc.) on implementation of nutrition interventions, emergency nutrition, surveillance, agricultural policy, and monitoring and evaluation
- Bilateral and multilateral donors, (U.K. Department of International Development, World Bank, Canadian International Development Agency, etc.) on supporting country-led efforts to scale up nutrition programming
- Partner country governments for assistance planning and coordination
- Higher education and research institutions
- Civil society, the private sector, implementing partners, and country-level organizations for program implementation

TUBERCULOSIS

GHI target:

Contribute to the treatment of a minimum of 2.6 million new sputum smear-positive tuberculosis cases and 57,200 multidrug-resistant cases of TB

Issue:

There have been global reductions in TB incidence, prevalence and mortality over the past decade. However, in 2010, 8.8 million people developed TB and 1.4 million died from this disease. TB primarily affects the most economically productive age group (18–40) and is also highly correlated with HIV infection in some settings – approximately 44 percent of TB patients tested for HIV in Africa are also HIV positive. Some 80 percent of the global burden of TB is located in 22 countries. The emergence of multidrug-resistant TB continues to presents new challenges for the world, complicating treatment and creating potential for cross-border pandemics.

USAID approaches:

Promote country ownership: USAID is supporting implementation and scale-up of the STOP TB strategy in 40 countries through support to national TB programs and the private sector. By working with governments to secure commitment and sustained financing; improving the primary health care system related to TB; engaging all public, private, voluntary and corporate health care providers; and empowering people with TB and communities through partnerships, USAID is helping to build country capacity to plan, manage and finance their national TB response successfully.

Identify and directly target constraints to progress: USAID strategically allocates its resources to address the specific strategies and needs of each country in which it works. From quality assured laboratories to quality drug supply management systems to community care to standardized treatment for TB, TB-HIV co-infection, and multidrug-resistant TB, USAID is able to provide the technical expertise

needed to meet country-specific challenges. Approximately 75 percent of USAID resources are directed toward service delivery, with smaller amounts going toward research, governance, finance, and strategic information.

Address key financing gaps and serve as funding catalyst: The Global Plan to STOP TB is seriously underfunded through 2015. USAID investments in TB are critical to meeting these financing gaps. In addition, USAID plays a critical role in leveraging resources through the Global Fund to Fight AIDS, Tuberculosis and Malaria, PEPFAR, and other USAID health platforms to maximize the impact of available funding.

Provide global technical leadership: USAID helps to drive international policy development and the development of global and regional activities; it engages in research with global implications and provides technical support for evaluation, program design, monitoring, and special issues.

Invest in the future: USAID is helping to develop new tools and innovations to address the challenges of TB. Specifically, USAID is supporting operational research and late-stage clinical trials that pave the way to improved and more effective responses.

Expand partnerships: By partnering with Stop TB, UNITAID, the Global Fund to Fight AIDS, Tuberculosis and Malaria other global TB actors, USAID expands its influence and improves the quality and scope of the international response to TB.

USAID collaboration with partners:

USAID collaborates with numerous global, regional, and country-level partners to address specific issues around TB.

Key partners include:

- Federal TB Task Force, including USAID, the U.S. Global AIDS Coordinator, U.S. Centers for Disease Control and Prevention, National Institutes of Health, and the Department of Defense to coordinate the U.S. Government TB response
- Stop TB Partnership on advocacy and strategy and evidence-based approaches
- World Health Organization on normative functions, technical assistance, global monitoring and evaluation
- UNITAID on program implementation
- Global Fund to Fight AIDS, Tuberculosis and Malaria on program planning and implementation
- Partner country governments for assistance planning and coordination
- Civil society, the private sector, implementing partners, and country-level organizations for program implementation

WATER, SANITATION AND HYGIENE (WASH)

Target: 25 percent decrease in the proportion of the population not using improved sanitation in assisted areas

Issue:

About 1.3 million children under the age of five die annually from diarrheal diseases caused by unsafe water and poor sanitation in developing countries, and millions more are at significant risk of exposure to water- and sanitation-related infections, such as cholera, typhoid fever, and dysentery. Reducing the mortality and morbidity associated with these diseases requires an integrated approach that combines access to water, sanitation, and household-level technologies; hygiene promotion through hygiene behavior change; and an enabling environment through policy improvement, public-private partnerships, and institutional strengthening.

USAID approaches:

Increase access to water, sanitation and household-level technologies: Sanitation promotion, including both community-led total sanitation and sanitation marketing, can have an effective programmatic interface with health platforms and is a major forward-looking focus for USAID's WASH activities in health. In addition, for safe storage and treatment of drinking water at point-of-use, USAID will promote proven, effective water technologies accompanied by improved water storage vessels and hygiene promotion.

Promote hygiene behavior change: USAID will integrate messages on key hygiene behaviors into all programs that improve water quality. Messages will sensitize individuals, households, and communities to the importance of water quality and elevate awareness of the importance of good hygiene in preserving health. Particular focus will be placed on changing key behaviors, such as optimal handwashing.

Create an enabling environment: USAID will develop guidelines and field applications that lead to sanitation policy improvements; develop tools to help private voluntary organizations/nongovernmental organizations, program managers and communities design and implement hygiene improvement activities consistent with USAID's hygiene improvement approach for diarrheal disease prevention;

and conduct operations research to improve the effectiveness of environmental health interventions for diarrheal disease prevention.

Establish public-private partnerships: USAID will establish robust public-private partnerships with businesses and multinational corporations to leverage resources and expertise, with a current focus on efforts to improve the quality of drinking water.

USAID collaboration with partners:

USAID collaborates with numerous global, regional, and country-level partners to address specific issues around water, sanitation, and hygiene. Key partners include:

- United Nations Agencies, including World Health Organization, United Nations Children’s Fund, and United Nations Development Program, to improve the validity and reliability of existing water, sanitation, and hygiene indicators and data collection methods
- U.S. Centers for Disease Control and Prevention on operations research in point-of-use water disinfection and handwashing
- Partner country governments for assistance planning and coordination
- Other bilateral and multilateral donors to ensure coordination of funding
- Civil society, the private sector, implementing partners, and country-level organizations for program implementation

HEALTH SYSTEM STRENGTHENING

USAID Objectives:

Help USAID-supported countries:

- Achieve their desired health impact and health outcomes through improved health system performance
- Improve health system performance by institutionalizing change, documenting how evidence-based standard processes and procedures for essential system functions have been adopted and developing leadership capacity
- Build an enabling environment that facilitates high quality health system performance through the promotion of enhanced aid effectiveness, political will and skill, and civil society participation

Issue:

Although we possess an impressive arsenal of proven, effective prevention and treatment interventions for the major causes of mortality and morbidity, health systems in the developing world are unequipped to deliver the interventions to those in greatest need in a comprehensive way and or on an adequate scale. In some cases, health systems effectively exclude some who are in greatest need, as is the case with locally stigmatized members of marginalized groups. Countries do not have the capacity to manage their complex health systems in a way that results in long-lasting effects, including enhanced health system performance, improved and more equitable health outcomes, positive health impact, inclusiveness, and financial risk protection for the population.

USAID approaches:

Maximize the return on investment: Work with partners to ensure a sustainable health system strengthening orientation in national health policies, plans and financing strategies; participate in comprehensive health system assessments to identify both salient challenges and promising solutions; enhance countries’ capacity to plan, manage, monitor, and evaluate their health systems; explore with partners how to best contribute to improving aid effectiveness.

Account for results: Develop sound metrics for measuring progress in health system strengthening; play an active role in moving countries and partners closer to a global consensus on a standard set of core and supplemental indicators for cross-country comparison.

Act on the basis of evidence: Support research that contributes to advancing knowledge and good practice in health system strengthening, including testing different approaches and processes and conducting in-depth operational research; collaborate with others in the management and dissemination of new knowledge generated by research.

Seek intersectoral linkages that can ensure sustainability, accountability, and integrity: Link health system strengthening explicitly and directly to democratic governance, human rights awareness, economic growth, and public accountability activities; support “smart” decentralization in the health sector through improving stewardship at the central level, increasing management capacity in the periphery; improving health resource management and transparency at the facility, empowering citizens to have greater voice in the management of the health care system; and adopt and adapt innovations from other development sectors.

USAID collaboration with partners:

USAID collaborates with numerous global, regional, and country-level partners to address specific issues around health system strengthening. Key partners include:

- World Health Organization, World Bank, and Global Fund to Fight AIDS, Tuberculosis and Malaria on development of standard indicators, assessments of system performance, and evaluation of cost and cost-effectiveness of various approaches
- Departments of State, Defense, Treasury, and Labor; U.S. Centers for Disease Control and Prevention, the National Institutes of Health, Food and Drug Administration, and other U.S. Government agencies on program implementation
- Multilateral organizations and bilateral development partners to ensure maximum coherence in the health sector and build consensus around health system policy issues
- Partner country governments for assistance planning and coordination
- Civil society, the private sector, implementing partners, and country-level organizations for program implementation

COORDINATION OF PROGRAMS FOR HIGHLY VULNERABLE CHILDREN

Issue:

The magnitude of the orphans and vulnerable children crisis is deeply distressing, and the situation for children is likely worsening due to the global economic crisis. The following statistics offer a sobering account of the effects on children of bad governance, conflict, poverty, disaster, and disease.

- 428,000,000 children are living in extreme poverty
- 150,000,000 girls have experienced sexual abuse
- 18,300,000 children have lost both parents
- 2,000,000 children are in institutional care
- 218,000,000 children are engaged in various forms of labor (including 115,000,000 involved in hazardous work, comprising 53 million aged 5–14 and 62 million aged 15–17)
- 1,800,000 children are in prostitution and pornography

Children in the most dire straits are those outside of family care – those living on the streets or in institutions, trafficked, participating in armed groups, rejected from their families because of their LGBT status or their disabilities, or exploited for their labor. Children in such circumstances often experience abuse, neglect, lack of stimulation, and extreme and toxic stress – all of which have a profoundly negative impact on a child’s development and adult outcomes.

USAID’s Role as Coordinator:

USAID is the lead U.S. Government agency supporting Public Law 109-95, the Assistance for Orphans and Other Vulnerable Children in Developing Countries Act. The Act was signed into law in November 2005 to promote a comprehensive, coordinated, and effective response on the part of the U.S. Government to the world’s most vulnerable children. The Bureau for Global Health is the home of the Special Advisor for Orphans and Vulnerable Children, a position mandated by the Act and the PL 109-95 secretariat.

PL 109-95 approaches:

PL 109-95 is an unfunded mandate. The Special Advisor does not oversee any programs. Instead, the advisor seeks to promote coordination between U.S. Government agencies and departments providing assistance to vulnerable children in lower- and middle-income countries. This whole-of-government approach is intended to ensure that resources from across the U.S. Government are focused on a common objective: making the impact on children of our collective U.S. Government program greater than the impact of our separate agency projects. Assistance is provided to nongovernmental organizations, faith-based organizations, United Nations agencies, international organizations, and host-country government partners to:

- Directly help children in crisis (e.g., those who are trafficked, associated with armed groups, HIV/AIDS-affected, or refugees)
- Protect children from crises by addressing the causes of their vulnerability (e.g., lack of education, extreme poverty, involvement in exploitive labor)
- Strengthen family, community, and government capacity to identify and respond to their most vulnerable children
- Conduct research and evaluations to identify the most effective interventions to care for and protect children

The PL 109-95 secretariat tracks all U.S. Government assistance for highly vulnerable children through a publically accessible online database: <http://www.hvcassistance.org>

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Collaboration with partners:

Under PL109-95, the U.S. Departments of State, Defense, Agriculture, Labor, and Health and Human Services; and Peace Corps all coordinate with USAID to improve the comprehensiveness, coordination, and effectiveness of U.S. Government assistance. Key global, regional, and country-level partners include:

- United Nations agencies
- Partner country governments
- Civil society, the private sector, implementing partners, and country-level organizations

Annex II: NIH David E. Barmes Lecture by Administrator Dr. Rajiv Shah, February 2011

I'm honored to give this lecture today. To me, NIH represents one of America's core competitive advantages: advancing science, technology and innovation aimed directly at improving human welfare. And I believe, if we can harness that capability for the poorest communities in the world, we can leave an unparalleled legacy in global health in this next decade. To seize this opportunity, we will need to do things very differently.

First, we need to improve the efficiency of our efforts and focus on building country-led health systems instead of donor-driven disease control programs. President Obama's Global Health Initiative is making real progress in this effort – proving that in global health, saving money saves lives. In Kenya, we worked with PEPFAR to couple HIV/AIDS treatment to maternal and child health services. As a result, we've extended access to reproductive health services from two to all eight of the country's districts, at no increase in cost. And in Mali, we were able to integrate five separate annual health campaigns into one streamlined program. The program boosted provision of Vitamin-A supplements and NTD treatments while cutting the cost of delivery in half. These efficiencies – from dollars to lab time to hospital beds to specialized labor – allow us to extend services to more people in need, delivering greater progress at no extra cost.

But integrated service delivery alone will not achieve success. Our real opportunity rests in harnessing the power of invention – scientific, technological, and behavioral – on behalf of the developing world. Doing so will require us to redefine our role in Global Health. We cannot simply seek to do more of the same in an effort to provide services using currently available tools and technologies. Instead, we need to focus our efforts on facilitating a continuum of invention and innovation from bench to bush.

This will not be easy. Our politics will tend to prioritize doing what we can achieve today over inventing, introducing, and scaling up new solutions for the future – often criticized as unproven and costly. This is why new technologies often take two to three decades to reach those they would benefit the most.

But we can build a new global health system that better connects what is happening in labs here at NIH with what is needed in USAID field sites and produces real breakthroughs in our capacity to improve the health of the poor. If we can target the freed resources provided by GHI toward the expansion of these new scientific breakthroughs, I believe by 2016, we can save the lives of over 3 million children, prevent more than 12 million HIV infections, avert 700,000 malaria deaths, ensure nearly 200,000 pregnant women can safely give birth, prevent 54 million unintended pregnancies and cure 2.4 million people infected with TB.

This is an ambitious agenda. And while hopeful, I realize it is also daunting. But it's an agenda we must embrace because the challenges we currently face in global health are extraordinary. This year, more than 350,000 women will die in pregnancy or childbirth, 8 million children will die of preventable diseases before their fifth birthday, and 2.6 million new people will be infected with HIV.

It's difficult to comprehend what such a massive degree of human suffering those statistics actually represent. It means that a woman in southern Sudan is more likely to die in childbirth than finish high school. It means a child born today in Swaziland will live half as long as one born 11 years ago, due to a rampant HIV epidemic. And it means that a girl born in Chad is only 10 percent more likely to learn how to read than she is to die before her fifth birthday. As Secretary Clinton has noted, this undermines social stability and threatens our own long-term security.

Compounding these challenges are a number of deficits that limit the effectiveness of health systems in exactly the countries where these challenges are greatest. Poor infrastructure limits the ability of people to reach sparsely distributed points of care; health facilities are dangerously understaffed; and health ministries have limited access to funding, unable to rely on consistent tax revenues or donor flows. In Malawi, per-capita spending on health is only \$17.

But despite these current challenges, expanding the reach of scientific and behavioral breakthroughs has driven huge global health gains, proving that US investment in global health can deliver results.

In recent decades, we have witnessed the most impressive global health gains the world has ever seen.

The invention of vaccines for smallpox and polio have led to the eradication and near eradication of tremendously debilitating diseases. The invention and widespread propagation of oral rehydration salts – spearheaded by USAID – prevented 3.6 million child deaths in communities and villages. And innovative work by the Clinton Foundation to lower the cost and increase the volume of antiretroviral therapy – together with investments from PEPFAR and the Global Fund – have turned HIV from a death sentence to a treatable illness for millions of people.

lages, schools, and homes.

But the truth is, we cite these examples because they are outliers. More often, our community sees massive delays in getting new technological breakthroughs to the poor. Two decades after Hib vaccines reached all kids in the rich world, they are just now reaching developing countries where their health impact will be much more profound.

Today, we stand on the cusp of the next generation of science, technology, pricing, and operational breakthroughs. If we can find the courage to do things differently and quickly deliver these breakthroughs to the field, we can usher in a new decade unprecedented global health gains.

The most transformative new breakthroughs we have at our disposal are vaccines. By expanding the coverage of existing vaccines and introducing new immunizations, we can save the lives of 4 million children over the next five years.

To do this, we need to deliver pentavalent vaccines combining immunizations against diphtheria, pertussis, tetanus, hepatitis B, and Hib to the 60 percent of children born every year without access to them. We also need to dramatically expand the reach of new pneumonia vaccines. Every year, over 1.5 million child deaths can be directly attributed to pneumonia, the leading killer of children in the developing world.

If countries are successful introducing a pneumococcal conjugate vaccine widely, they could save up to 500,000 of these lives every year. Similarly, a rotavirus disease vaccine that combats diarrhea could save 300,000 of the 1.5 million children who die every year of diarrheal diseases. Currently pneumo costs \$3.50 per dose thanks to advanced market commitment negotiations, while rota costs \$5. Even at these prices, these vaccines represent a fantastic bargain, but with rapid, widespread introduction, we can generate higher product volumes and lower costs for the poorest countries.

Finally we need to reach the remaining children who suffer from polio. The United States has been the largest supporter of polio vaccination worldwide and will continue to be a leader as we finally eradicate polio. USAID hopes to use our current extensive programming in Afghanistan and Pakistan as a unique platform to tackle polio outbreaks and immunize children in these regions.

The work we do today to build cold chains and last-mile delivery systems will also prepare us for the transformational vaccines of the future. Even establishing simple technologies like barcode labeling and computerized inventory tracking will make a world of difference the day we are able to produce an effective and safe malaria or HIV vaccine.

The evidence is clear; vaccines are the best public health investment we can make. Our best hope of sustainably eradicating malaria, preventing TB, and closing the chapter on AIDS will depend on their development.

But despite the evidence,

- Despite the fact we have proven mechanisms like GAVI to procure vaccines at the lowest-tiered price for the poorest countries
- Despite already having a vaccine manufacturing base that reliably produces hundreds of millions of doses each year for pennies
- Despite having delivery systems in place to reach 100 million children each year
- Despite the case for vaccines being so compelling that warring factions lay down their arms to immunize their children

Despite all of this, we struggle to find the resources to invest. For USAID, this will change. We will build up our vaccine team in the Agency so that we become leaders in developing the innovative procurement and financing solutions that make vaccines available and affordable.

Each of our missions will identify opportunities to improve cold chains and delivery systems, and we will support countries in developing aggressive plans to introduce new vaccines for rotavirus, pneumococcus, and meningitis. We are supporting product development partnerships such as the Malaria Vaccine Initiative and the International AIDS Vaccine Initiative. And we will focus on one of the best life-saving investments USAID ever made – the first public funding of GAVI, the Global Alliance for Vaccines and Immunization.

That initial investment in GAVI has led to the prevention of more than 5 million childhood deaths, a mammoth return by any account. We will expand our support of GAVI and help it address its current funding shortfall.

But going forward, we will do more than simply provide funding. Our field staff has a strong sense of what interventions are needed – and of the financial, operational, and behavioral constraints that define the environments in which we operate. We will begin publishing target product profiles that can serve as a guidepost for developers – describing our sense of the realistic cost, formulation, and

performance characteristics of new vaccines.

When a child cannot get a vaccine and dies of a preventable disease, it offends our conscience. When an AIDS patient cannot access or afford life-saving treatment, it affronts our dignity. But when a woman in the developing world dies during childbirth, we consider it a fact of life. Too often, we find it – somehow – acceptable.

I've given a lot of thought about why this is the case. I've heard many experts say that reducing maternal mortality is too complex, that it's too difficult to achieve in countries where most women will never see the inside of a hospital. But I cannot escape the conclusion that our current state of affairs – where a pregnant African woman is 135 more times more likely to die during childbirth than her Western counterpart – exists simply because she is a woman.

This is unacceptable.

That's why we have scoured our data to identify best practices to improve care. We have now asked each of our 28 missions in high-burden maternal mortality countries to implement these practices, an effort we appropriately call BEST. It will require first addressing the significant unmet need for family planning in the developing world.

Innovations in products can allow us to provide a broad range of family planning options to women. And innovations in service delivery like social marketing can leverage the private sector to reach well beyond traditional health systems. New approaches to counseling can result in better health outcomes and help women ensure healthy timing and spacing of their pregnancies.

We have entered an important partnership with DFID, AusAID and the Gates Foundation through which we can avert 54 million unintended pregnancies in the developing world in five years.

And for pregnant women we have to invent a technologically capable support structure – built around trained birth attendants – that can eliminate childbirth related deaths for women and save newborn lives. By training community health workers and midwives, providing them with new uterotonics like misoprostol and uniject-administered oxytocin, rolling out active management of third stage labor, and using mobile text messages to deliver targeted information to pregnant women and new mothers, we believe we can save more than 200,000 women from dying in childbirth.

And by employing basic newborn resuscitation techniques, we can combat birth asphyxia, which accounts for a quarter of newborn deaths. It was an NIH-funded study, First Breath that first provided the evidence that USAID should increase its involvement to combat birth asphyxia. As a result we are now working with Laerdal Medical to help roll out a cheap new newborn resuscitation device for community use.

This and other new technologies will allow us to save the lives of nearly 2 million newborns. These advances don't lie in building more hospitals or training more doctors. Frankly that will take decades. They lie in bringing quality services directly to women in their own communities.

Development professionals spend a lot of time extolling the virtues of investing in women and girls; USAID is no different. But when it comes to maternal and neonatal mortality, we must ensure our investments, our scientific inquiry and our politics live up to our rhetoric.

One area where our commitment has clearly and successfully lived up to our rhetoric is in the progress we've made fighting malaria. The previous administration created the Presidential Malaria Initiative because they realized an effective campaign of scaling anti-malarial breakthroughs that could fundamentally change the disease's epidemiology.

Just 5 years ago, we all noted that malaria killed 1 million children a year in Africa and cost the continent nearly \$30 billion a year in lost economic productivity. Today we've helped cut malaria cases in half in over 40 countries, reduced childhood malarial deaths by 200,000, and even seen a reduction in all-cause childhood mortality in seven PMI countries.

I find that last statistic astounding. It means that through one intervention, we are generating an entire cascade of public health benefits. By preventing children from contracting malaria, we're reducing comorbidity, making them healthier over the long-run and freeing up resources to attend to other needs. In development, successes that impressive are far too rare. The main reason PMI has been so successful is that it uses a number of outlets, including schools, community theater and women's groups to target people where they live.

Last September, UNICEF released a study detailing progress against the Millennium Development Goals with regard to inequality. It

won't surprise you to hear that almost all progress against the MDG's has favored richer people over poorer, urban residents over farmers, men over women – except when it came to the reach of malaria interventions.

The community-driven approach of PMI has led to a remarkable result: an equitable distribution of malaria prevention and treatment. Equal access amongst rich and poor, urban resident and villager, men and women. To distribute the same kind of gains across our global health portfolio, PMI's efforts must serve as a model.

In the meantime, we can push the Initiative's success even further. The global health community is now poised to remove malaria as a major public health problem across sub-Saharan Africa, saving an additional 500,000 lives annually, most of them children.

To do this, we need to increase the distribution of insecticide-treated bednets, boost indoor residual spraying, expand provision of artemisinin-based combination therapies, and target pregnant women for preventive treatment.

Then we must invent new solutions. We need to give community health workers a point-of-care diagnostic that can quickly determine whether a fever is a result of malarial infection. We need to develop new classes of insecticide that can deter mosquitoes without harming human health or local environments. And we need to explore ways to lower the cost of artemisinin, either by breeding higher-yield varieties of the plant or making it synthetically.

Finally, we need to seek the ultimate biomedical answer to malaria: a cheap, effective vaccine. The RTS,S vaccine currently in phase-3 trials seems promising, and through the Malaria Vaccine Initiative, USAID will support other candidates that may show even more promise.

In a time of fiscal austerity, it may seem wise to look at recent gains and decide we can draw back our commitment to assistance. Current budget proposals circulating Capitol Hill are suggesting just that. But we should be very clear about the impact that decision. If major donors withdrew their support, malarial infections wouldn't hold at current levels they'd regress, devastating an entire continent, unwinding half a decade of miraculous progress. This actually happened in Sri Lanka and Zanzibar; a lack of sustained funding prevented the elimination of malaria and led to surges of new infections and deaths.

So our choice is clear – continue to build on a bipartisan legacy and eliminate malaria as a public health threat or unwind that progress and put millions of children's lives at risk.

PMI's success has helped chart a course to one day end the threat of malaria. But despite dramatic gains in the last decade, we unfortunately can't say the same thing about TB or HIV.

TB has always been the signature disease of the urban poor. In a world that is urbanizing at a rate of 200,000 every day, we must fight TB now before it becomes an unparalleled global killer. The frightening growth of drug-resistant strains of TB – some of which cannot be treated – make the case for combating the disease more urgent than ever.

But continuing to do more of the same – often the result of a relentless drive to report on the number of people in treatment – will not work to turn the tide against TB. The reason we've seen such a rise in drug-resistance is because we are simply not able to accurately detect infection. Current diagnostics require specialized lab facilities, trained personnel, and weeks to deliver results. And they frequently yield false positives.

Our current best hope is to improve TB detection using rapid genetic diagnostics that can identify the presence of tuberculosis and its resistance to antibiotics. These diagnostics, such as the gene XPert genetic assay, are quick, easy to perform, and accurate.

But they are not cheap – the gene XPert machine costs \$25,000, and each diagnostic can cost between \$20–\$60. USAID will use its commodity procurement capabilities to accelerate the distribution of gene XPert and other cutting edge diagnostics that are in development so we can deliver economies of scale and lower costs, replicating our experience with vaccines and ARVs.

But even if TB is accurately detected, our current treatment regimens require direct observation and a long course of treatment – up to two years for MDR-TB. This makes patient compliance extremely challenging, leading to incomplete treatment and further drug resistance. Late-stage clinical trials of shorter-course treatments are currently underway, and within a few years will be registered and ready for use. The shorter regimens will result in improved adherence and higher cure rates, decreasing transmission and drug resistance.

USAID is strengthening its capacity to assist the development of these new courses of treatment. But we need NIH, CDC, WHO, and others to focus on dramatically reducing the length of treatment regimens, the effectiveness of new combination therapies, and on integrating TB control tightly into health systems. Together, we can craft a new approach to TB control that will be more efficient and more effective.

The most important letter in the acronym PEPFAR is E. When the previous administration introduced the program, the world truly was in a state of emergency. HIV was killing 2.1 million people annually, and infections were raging out of the control, ravaging sub-Saharan Africa and leading to significant drops in life expectancy.

PEPFAR's push to treat HIV-positive patients has saved millions of lives, and crucially, it has given the world a sense of optimism that the war against AIDS is a war we can win. But to win that war, we must engage on additional fronts. Having achieved success in our campaign to treat millions with ARVs, now we should sharpen our focus on preventing new HIV infections. Our administration, led by Ambassador Eric Goosby, has conducted analysis describing what it would take to turn the tide on HIV, bringing the current number of new infections below the number of patients treated.

First, we must start with behavioral campaigns aimed at curbing risky sexual practices, similar to the successful models we've seen in Thailand, Senegal, and Uganda in the 1990s. More recent data from sub-Saharan African countries suggest that rapid declines in HIV infection rates have primarily been associated with behavioral change: delaying sexual debut, reducing the number of sexual partners, and practicing safe-sex. The greatest potential for future rapid declines in HIV lies in supporting these population-level behavior shifts.

Here, last year's landmark CAPRISA trial provided us with a preview of the next crucial tool in this fight: a gel microbicide that women can use to protect themselves from HIV infection. By empowering women with this powerful tool, we can counter the pernicious gender imbalance that limits a woman's ability to protect herself from the risk of transmission.

There has been some debate about next steps. The reality is – like contraception – women should have many different options available to them through health systems, private sector, and community distribution channels. We will work with the FDA, NIH, the Government of South Africa, and others to accelerate further testing, regulatory approval, and availability of this and other products. This is a transformational breakthrough, and we all need to act with a much greater sense of urgency to achieve results.

USAID will also embrace the success we've witnessed in reducing HIV infections through circumcision campaigns. It was NIH that first discovered the dramatic effect circumcision could have in limiting the transmission of HIV. We are now supporting the government of Swaziland's bold strategy to circumcise all eligible men over the coming year. We've been surprised at the success we've already seen in attracting teenage and adult men to join these programs despite a large social barrier to participation, proving this innovation can work at scale.

We will also need to strengthen attempts to reduce mother-to-child transmission of HIV. The power of this intervention is clear: in the developed world, ARV treatment and safe infant feeding has virtually eliminated pediatric AIDS. We can achieve this same result in the developing world by focusing heavily on community outreach. In South Africa, we fund a program called Mothers 2 Mothers, training women who have received PMTCT to promote its benefits and fight social stigma. We know these programs work.

Finally, we will need to look to the future. We were encouraged by studies driven by NIH research that showed ARVs taken as prophylaxis could reduce HIV acquisition amongst men who had sex with men by as much as 44%. USAID will work to ensure we bring ARV PrEP, as well as microbicides, to market as soon as possible. And we will continue our support of IAVI to build on the positive HIV-vaccine results we saw in Thailand last year.

Last November, my third son was born in a hospital not far from here. To date, he's received his first dose of several basic vaccines. And even though some of those shots stung, they will help protect him for the rest of his life.

Today, 90 percent of all children born in Tanzania will receive those same vaccines. They will receive the same protection, and their parents will experience the relief I take for granted, knowing their child won't die needlessly from a preventable disease. But while my son received his vaccines at the hands of doctors between hospital walls, a Tanzanian boy is more likely to receive his doses in a village, administered by a community health worker.

To be successful, this is a paradigm we must embrace: A world-class vaccine does not need to be delivered in a world-class hospital for it to be effective. Our experience with GHI has made clear our largest opportunities to improve human health do not lie in optimizing services to the 20 percent of people in the developing world currently reached by health systems; they lie in extending our reach to the 80 percent who lack access to health facilities. That is where the success of everything I've discussed today will be determined.

That is our battleground. And I am proud to say: that is where USAID will lead the fight.

But this will require a change in our collective mindset. We cannot focus exclusively on delivering services with current tools or Western medical interventions – we need to focus much more on inventing solutions that extend our reach in resource-poor settings.

We will set goals, design strategies, and cut the time it takes to transform discoveries in the lab to success on the ground – shortening the distance between bench and bush in everything we do.

We will develop a center of excellence to accelerate product development and field introduction, bringing in industry experts and academic fellows to inform our thinking and investing seed capital in promising ideas wherever they are found.

We will work with firms to make sure their biomedical products can reach the poorest people in the poorest countries.

And we will leverage our commodity procurement systems to prioritize buying new technologies to get volumes up and prices down in creative new ways.

To keep us all focused on whether we really are changing the field of global health, we will release an annual accountability review of global health technology, detailing product introduction and adoption and identifying areas where we can accelerate progress.

And finally, across this next year, we will unveil a series of scientific and technical challenge grant programs designed to focus the community on inventing the breakthroughs that can truly span the last mile.

This will range from efforts to invent new ways to empower community health workers with foolproof diagnostics to using mobile phones to improve connectivity to health facilities. These will address the reality that when a woman dies in a distant village, the blame does not solely lie in her inability to reach existing facilities; it lies in our inability to reach her.

So I look forward to what we might achieve in just five years. I look forward to our chance to say our collective efforts led to real results ...

... that the majority of all children have access to pentavalent, rota, pneumo and meningitis vaccines and that we have eradicated polio ...

... that through voluntary family planning services and new contraceptives, we have averted tens of millions of unintended pregnancies ...

... that nearly all childbirths are attended to by skilled health workers empowered with new technologies ...

... that declines in malaria deaths are so dramatic, African nations are more concerned with fighting communicable diseases ...

... And that we turn the tide against HIV and TB just as new microbicides, diagnostics and short-course treatments enter marketing and distribution channels.

But for me, the real sign of victory will be looking into my son's eyes and knowing that children born throughout the world can rely on the same quality of care he can.

Thank you.

Acronyms

BRICS	Brazil, Russia, India, China, and South Africa
CDC	U.S. Centers for Disease Control and Prevention
DOTS	Directly Observed Treatment, Short-course
GAVI	Global Alliance for Vaccines and Immunizations
GHI	Global Health Initiative
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HSS	Health System Strengthening
LGBT	Lesbian, Gay, Bisexual, and Transgender
LMIC	Lower- and Middle-Income Country
MARP	Most At-Risk Population
MDG	Millennium Development Goal
MSM	Men who have Sex with Men
NCDI	Non-Communicable Disease and Injury
NIH	National Institutes of Health
NTD	Neglected Tropical Disease
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PMI	President's Malaria Initiative
PMTCT	Prevention of Mother-to-Child Transmission
PPD	Presidential Policy Directive
QDDR	Quadrennial Diplomacy and Development Review
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
WASH	Water, Sanitation and Hygiene
WGGE	Women, Girls and Gender Equality

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