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USAID
FROM THE AMERICAN PEOPLE

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT ANNUAL PROGRESS REPORT TO CONGRESS: GLOBAL HEALTH PROGRAMS FY 2014

Photo: Amy Cotter/USAID

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Foreword from the Assistant Administrator
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Assistant Administrator For Global Health, Child And Maternal Survival Coordinator

THE WORLD IS CHANGING.

Just over 10 years ago, when the President's Emergency Plan for AIDS Relief (PEPFAR) and the President's Malaria Initiative (PMI) were introduced in 2004 and 2006 respectively, nearly a million children were dying from malaria and HIV/AIDS was exploding across the globe, killing adults in the prime of their lives and leaving behind orphans and ravaged communities.

After more than 50 years of working in global health, the U.S. Agency for International Development (USAID) is proud of the progress seen across the globe—improving health and saving lives in record numbers. Child deaths decreased by nearly half from 1990 to 2014, saving an estimated 100 million child lives. **Maternal deaths decreased by 45%** over the same period. **Between 2001 and 2014, malaria mortality rates decreased globally by 47% and by 54% in Africa alone**, with estimates that more than four million malaria-related deaths were averted, primarily in children under five in Africa. **In USAID's 24 priority countries, the percentage of married women using a modern method of contraception has increased from approximately 18.4% in 2000 to 31.6% in 2014**, enabling healthy timing and spacing of pregnancies which could lower child deaths by 25% and cut maternal deaths by one-third. Stunting, caused by a lack of essential vitamins and nutrients during the early years and by frequent illness that robs growing bodies of the **capacity to utilize available nutrients, has been reduced from 55.6% in 1990 to 37.7% in 2014 in USAID's 19 nutrition focus countries.**

In 2014, the Ebola crisis in West Africa demonstrated to the world that we are all vulnerable to infectious disease outbreaks. The fragile health systems in the three primary Ebola-affected countries of Liberia, Sierra Leone, and Guinea were simply unable to quickly identify and contain the outbreak. However, through a combined effort of the U.S. Government—along with key contributions from the international donor community, U.S. and local organizations, foundations and the private sector—tremendous progress has been made in containing the epidemic. Overall, USAID's efforts in helping stop the Ebola epidemic are designed to save lives, mitigate second order impacts, and build structures that accelerate progress toward a world safe and secure from infectious disease threats. This is accomplished through prevention, detection, and rapid response to infectious disease outbreaks, as part of the Global Health Security Agenda, as well as restarting essential health services and strengthening health systems.

USAID's global health program has three strategic priorities that build on our success and focus our work: Ending Preventable Child and Maternal Deaths, Creating an AIDS-Free Generation, and Protecting Communities from Infectious Disease while building sustainable health systems in the poorest regions of the world. We have bold, ambitious goals and actionable plans to get there. We know what works, based on the scientific evidence, and we measure our progress in our programming to reach our benchmarks and targets. Global health success has been built on good measurement platforms like the Demographic Health Surveys, developed in USAID in 1984, which gauge problems, guide strategy and assess progress. In June 2015, USAID will co-convene the Measurement Summit with the World Health Organization and World Bank, bringing together the global community to construct a common agenda to improve and sustain country measurement and accountability systems for health results in the post-2015 era.

We cannot do it alone. As the economies grow in the countries where we work, USAID is working to explore innovative financing opportunities for leveraging domestic resources and maximizing the results achieved with our investment in health.

This Report to Congress provides a summary of our work towards our goals over fiscal year 2014. On behalf of the American people, we have made real contributions to the health of the world. In partnership with countries, non-governmental organizations, the faith-based community, and the private sector, we will continue to make strides and save lives.

Photo: Amy Cotter/USAID

2014 YEAR IN REVIEW

EXECUTIVE SUMMARY

IN THE LAST 20 YEARS, USAID'S EFFORTS HAVE CONTRIBUTED TO SAVING OVER 100 MILLION CHILDREN S LIVES.

The U.S. Agency for International Development (USAID) is leading an extensive global health community, including governments and global partners from faith-based, nongovernmental and civil society organizations to private sector and academia working in concert to save and improve lives across the globe. As the largest investor in global health, USAID's leadership has saved lives in Africa, Latin America, the Caribbean, and Asia, focusing on three priority goals:

1. Ending Preventable Child and Maternal Deaths;
2. Creating an AIDS-free generation;
3. Protecting Communities from Infectious Diseases.

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

In 2014, USAID programs showed great progress, from improving newborn and maternal health to protecting communities from infectious diseases, in rural areas and cities, reaching people with the greatest need. Below are quick snapshots of our achievements, highlights that are expanded in this Report to Congress.

Every year 1 million babies die on their first day of life. Neonatal deaths account for nearly half of under-5 mortality. In 2014, the world came together to catalyze a global movement to reduce newborn mortality. The partnership resulted in the development of the first ever global Every Newborn Action Plan.

In FY 2014, 74.5% of children received the third dose of the diphtheria, pertussis (whooping cough) and tetanus (DPT3) vaccine in USAID's 24 maternal and child health focus countries. That is a nearly 20 percentage point increase in coverage since 1990.

In FY 2014, USAID's nutrition programs reached more than 12 million children with programs that reduced stunting and anemia, improved optimal nutrition practices, supported community gardens, and treated acute malnutrition.

PEPFAR (President's Emergency Plan for AIDS Relief) is now supporting lifesaving antiretroviral treatment for 7.7 million individuals, 4.5 million of whom receive direct support and an additional 3.2 million individuals in countries receiving technical assistance. PEPFAR supported for more than 56.7 million people, providing a critical entry point to prevention, treatment and care. USAID—a key implementing agency of PEPFAR—has contributed significantly to these remarkable achievements.

Between 2009 and 2014 results include testing of samples from more than 40,000 animals and identifying more than 800 new viruses related to ones known to cause disease in animals and people; contributing to a 64% decrease in the number of poultry outbreaks and human cases caused by H5N1; and the quick detection and containment of an Ebola outbreak in the Democratic Republic of Congo during 2014. Declines in TB mortality and prevalence have contributed significantly to overall global declines.

In FY 2014, 239 million treatments and $2.2 billion in drug donations were delivered to USAID supported countries to treat neglected tropical diseases.

USAID S IMPACT 1990 2014

- **100m** children's lives saved
- **95%** babies born HIV-Free with PEPFAR provisions of antiretroviral treatment
- **$3.7b** a ccounted by PEPFAR for U.S. HIV/AIDS programs in FY 2014
- **20%** increase in coverage of the 3rd dose of the DPT3 vaccine
- **20%** increase in contraceptive use in priority countries
- **1b** cumulative NTD treatments
- **50%** reduction in maternal deaths
- **56.7m** receiving HIV testing and counseling
- **4.3m** lives saved from malaria prevention scale-up since 2000
- **42%** TB mortality reduction since 1990
- **$8.8b** drug donations delivered to USAID supported countries to treat NTD
- **64%** reduction of outbreaks caused by H5N1

Photo: Amy Cotter/USAID

EXECUTIVE SUMMARY (CON'T)

Impact Highlights

Child deaths decreased by 53% from 1990 to 2013, saving an estimated 100 million child lives, and maternal deaths decreased by 45% from 1990 to 2014. The 24 priority countries where USAID works have achieved an 8% reduction in under-5 mortality in the last two years, saving 500,000 lives.

Malaria: Between 2000 and 2014, malaria mortality rates decreased globally by 47% and by 54% in Africa alone. It is estimated that more than 4 million malaria-related deaths, primarily in Africa children under the age of five, were averted during this period.

Contraceptive Use: In USAID's 24 priority countries, the percentage of married women using a modern method of contraception has increased from approximately 18.4% in 2000 to 31.6% in 2014. Family planning enables women to practice healthy timing and spacing of pregnancies, which could lower child deaths by 25% and cut maternal deaths by one-third.

Stunting: Stunting, or short height for age, is caused by a lack of essential vitamins and nutrients during the early years and by frequent illness, which robs growing bodies of the capacity to utilize available nutrients. In USAID's 19 nutrition focus countries, stunting has been reduced from 55.6% in 1990 to 37.7% in 2014.

Our Mission: To End Preventable Child and Maternal Deaths in a Generation

289,000 mothers continue to die during what should be a joyous moment in their lives, and 6.3 million children die, the majority, from causes we know how to prevent.

Major Determinants for Ending Preventable Deaths

- Child Health
  - *Newborn*
  - *Immunization*
  - *Polio*
  - *Childhood Illnesses*
- Maternal Health
- Malaria
- Family Planning
- Nutrition
- Water, Sanitation, and Hygiene

USAID's Role

USAID works in the toughest parts of the world to end extreme poverty, and to promote resilient, democratic societies while advancing our security and prosperity. Ensuring the survival of mothers, newborns, and children is vital to developing healthy, prosperous nations. USAID works with countries and partners to end preventable child and maternal deaths.

- At USAID we have aligned our resources toward life-saving interventions that have the greatest impact on mortality.
- New data effective technologies, and country innovations enable strategic shifts towards ending preventable child deaths by focusing on the countries, diseases, and populations with the highest burden and the interventions that work.
- The budget allocates to countries with the highest need, demonstrable commitment, and the potential to leverage resources from the public and private sectors in order to accelerate progress to end preventable child deaths.

1990

Child deaths reduced

53%

2013

2000

Worldwide malaria rate fell

47%

2014

2000

13%

Rates of contraceptive use increased

2014

USAID'S 24 MCH/EPCMD PRIORITY COUNTRIES

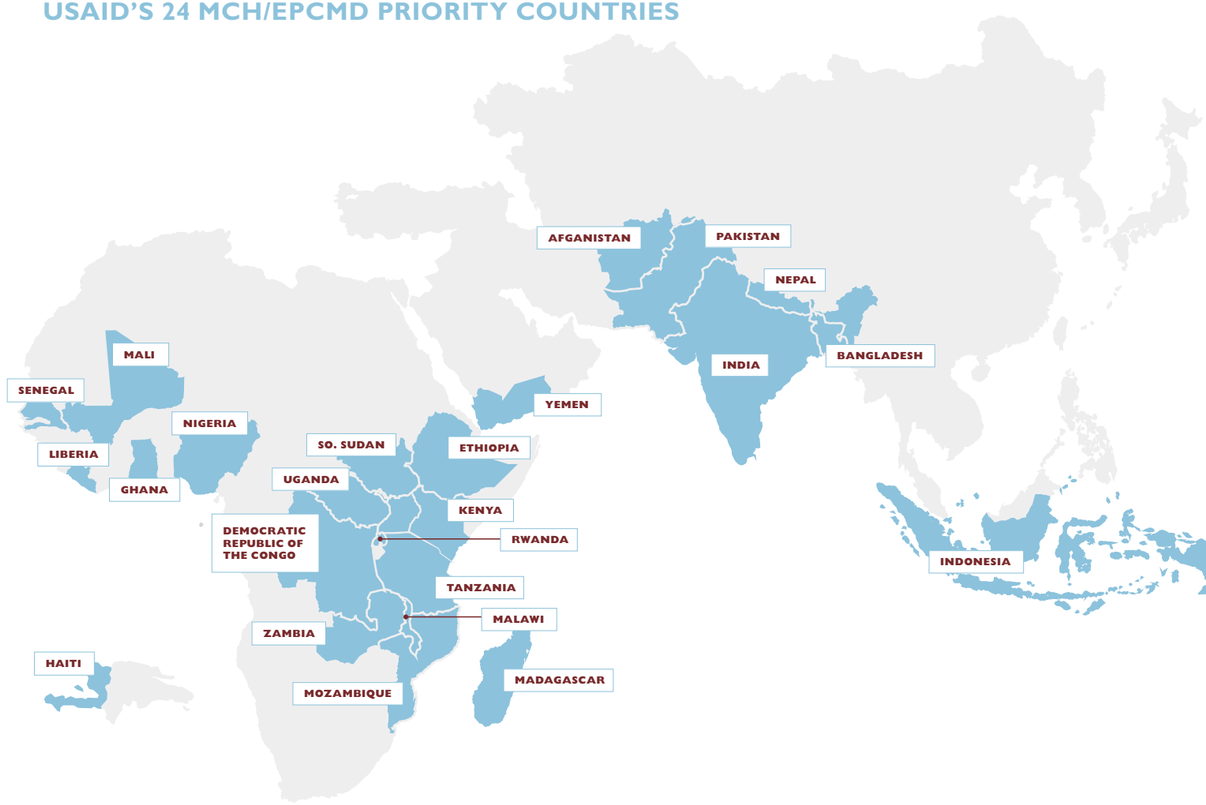


Photo: Amy Cotter/USAID

MEHDI IS FROM A RURAL VILLAGE IN NORTHERN BANGLADESH. HER BABY BOY WAS BORN BLUE, LIKELY DUE TO BIRTH ASPHYXIA.

Luckily, Mehdi delivered under the care of Mishu, a community health worker trained by a USAID supported program. Mishu quickly escorted Mehdi and her newborn to a USAID supported health facility where he received life saving care. Mishu now checks up on Mehdi and her newborn and ensures that they are both healthy. She counsels Mehdi on postpartum family planning, breastfeeding, using a bed net, and immunizations for her new baby.

USAID's work ensures that stories like this happen regularly all over the world.

ENDING PREVENTABLE CHILD & MATERNAL DEATHS

IN THE LAST 20 YEARS, 100 MILLION CHILDREN'S LIVES HAVE BEEN SAVED, DUE IN PART TO THE EFFORTS OF DONORS LIKE THE UNITED STATES.

In our 24 priority countries, child mortality has decreased by more than 50% since 1990. The maternal mortality ratio also decreased by more than half, from 681 per 100,000 live births in 1990 to 308 per 100,000 live births in 2013.

While these numbers are impressive, at health centers and homes around the world, many women and newborns struggle to survive childbirth in the first, hours, days and weeks that follow. According to the World Health Organization (WHO), every day, approximately 800 women die from preventable causes related to pregnancy and childbirth. The vast majority of maternal deaths are preventable when women have access to quality ante – and post-natal care, along with a safe delivery environment attended by skilled personnel and backed by emergency obstetric care.

Nearly 3 million babies die every year during their first month of life. Many perish because of preventable causes like asphyxia—caused by breathing problems at birth; complications of pre-term delivery; and sepsis: a bacterial infection in the blood. Approximately three-quarters of these deaths are preventable with currently available interventions.

Ensuring the survival of mothers and children is vital to developing healthy, prosperous nations. Together with country partners, international organizations, and non-governmental organizations from around the globe, the United States is working toward targets that will truly represent an end to preventable child and maternal deaths—with all countries having fewer than 20 deaths per 1,000 live births and fewer than 50 maternal deaths per 100,000 live births by 2035.

USAID focuses its work to end preventable child and maternal deaths on 24 high burden countries around the world. These countries account for approximately 70% of maternal and child deaths and 50% of the global unmet need for family planning. These countries were selected because of the magnitude and severity of child and maternal deaths, country commitment, and the greatest potential to leverage U.S. Government programs, as well as those of other partners and donors.

By analyzing the causes of child and maternal death and the current coverage of life-saving interventions, we have identified the investments that will have the greatest impact. In the *Acting on the Call* report, released in June 2014, USAID developed a plan of action for the 24 priority countries. These plans quantified the potential impact on lives saved if high impact interventions are scaled at rates previously achieved by countries with similar characteristics (so-called "best performers"). This information allows the global community to sharpen implementation of these high impact interventions and align investments for maximum efficiency.

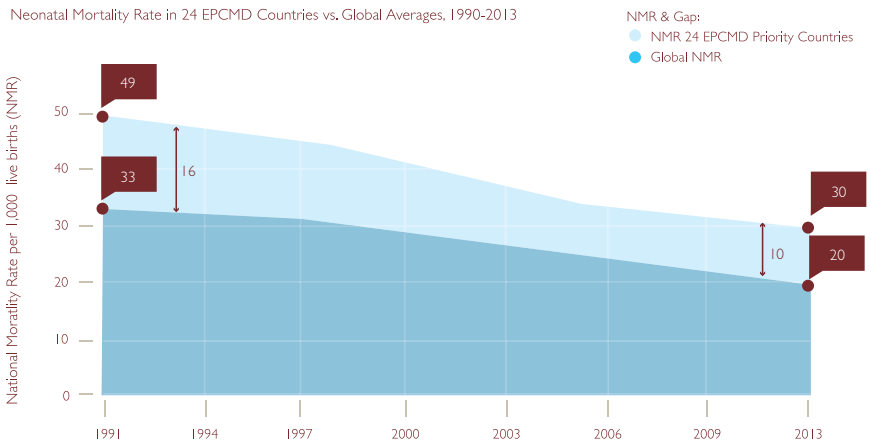
Over the last year, USAID provided more than $2 billion of support for EPCMD activities.

> *"The vast majority of maternal deaths are preventable when women have access to quality ante—and post-natal care, along with a safe delivery environment attended by skilled personnel and backed by emergency obstetric care.*

SAVING NEWBORNS

CLOSING THE GAP

Neonatal Mortality Rate in 24 EPCMD Countries vs. Global Averages, 1990-2013



Every year 1 million babies die on their first day of life, while a total of 2.8 million die in their first 28 days after entering the world. Neonatal deaths account for nearly half of under-5 mortality; the rate at which neonatal mortality has declined over the past two decades has been significantly slower than that of other causes of under-5 mortality. In order to meet the goal of ending preventable child deaths, an increased focus on this vulnerable period is critical.

To accomplish this goal, USAID's newborn health program is concentrated around three priorities.

Increase access to quality care and services during labor, birth and the first day and week of life

The recent Every Newborn Action Plan showed that high coverage of interventions before, during, and after pregnancy could save nearly 3 million women, stillbirths, and newborns by 2025. USAID programs focus on this window, working with private, public, and non-profit partners to have the greatest impact in reaching and providing care to women and newborns.

During 2010-2014, the Helping Babies Breathe Alliance, of which USAID is a leading member, trained more than 120,000 health providers in simple life-saving maternal and newborn health interventions in over 70 countries. Trained providers received a $15 bag and mask resuscitators, a $3 suction bulb, and a color-coded

EVERY NEWBORN ACTION PLAN

UN agencies, bilateral donors, governments, non governmental organization, private sector, and professional associations came together in joint action to catalyze a global movement to reduce newborn mortality. The partnership resulted in the development of the first ever global Every Newborn Action Plan for newborn health, endorsed at the Sixty Seventh World Health Assembly in 2014.

The plan articulates a global target of 12 or fewer newborn deaths per 1,000 live births and 12 or fewer stillbirths per 1,000 births by 2030. The plan proposes five strategic objectives:

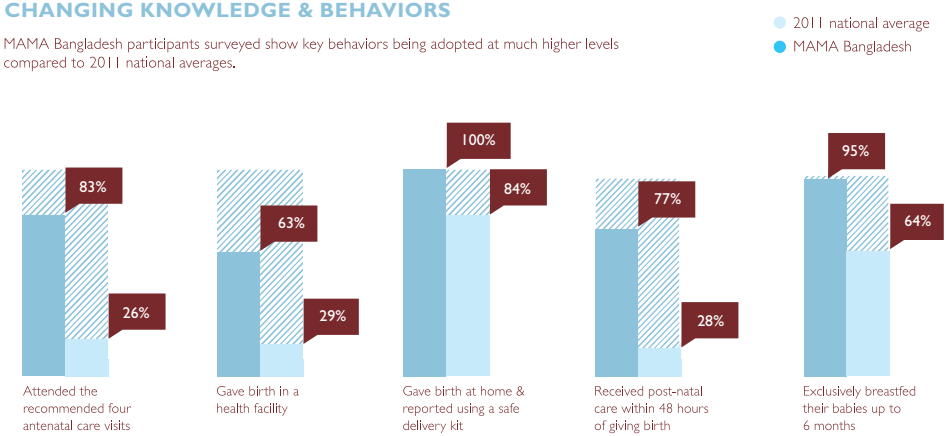
1. Strengthen and invest in care during labor, birth and the first week of life;
2. Improve the quality of maternal and newborn care;
3. Reach every woman and newborn to reduce inequities;
4. Harness the power of parents, families and communities; and
5. Count every newborn through measurement, program tracking and accountability.

The Every Newborn Action Plan has galvanized several countries to respond with their own national newborn action plans. At least 12 countries have aligned their national priorities with the Every Newborn Action Plan by either developing new national newborn action plans or strengthening the newborn component within national reproductive, maternal, newborn and child health. In addition, at least 10 other countries are developing or revising their national plans.

Photo: Amy Cotter/USAID

CHANGING KNOWLEDGE & BEHAVIORS

MAMA Bangladesh participants surveyed show key behaviors being adopted at much higher levels compared to 2011 national averages.



The Mobile Alliance for Maternal Action (MAMA) s a pub c pr vate partnersh p started in 2011, wh ch comb nes the strengths of the pub c and pr vate sector n Bang adesh, Ind a and South Afr ca to de ver v tal hea th messages to new and expectant mothers in deve op ng countr es v a their mobi e phones MAMA Bang adesh works w th every ma or ce u ar carr er n the country and is reach ng 1 212 731 pregnant women new mothers and care g vers w th hea th messages. They expect th s number to cont nue to ncrease by 30 000 subscr bers per month based on promotion and word of mouth referra s from current sat sf ed subscribers

action chart now used in health facilities around the world to provide a visual reminder of the steps of neonatal resuscitation.

In 2014, the 100,000 Babies Survive and Thrive Initiative was launched in India, Nigeria, and Ethiopia. Through 100,000 Babies Survive and Thrive, USAID is working with professional associations in the United States to train members of professional associations in the target countries, improving care provided in both the public and private sectors. This new initiative will save at least 100,000 newborn lives each year and is an expansion of the Survive and Thrive Global Development Alliance announced in 2012.

Harness the power of parents, families & communities to promote optimal health behaviors and care-seeking among priority groups

Parents, families, and communities all contribute to health outcomes. They impact a family's decision to seek out care, a family's ability to reach care, and the availability and quality of services when they arrive. Working with these groups helps overcome barriers to accessing skilled care, which is vitally important to saving newborns.

USAID recently announced an expanded partnership agreement with UNILEVER to work on a multi-sectoral partnership including water and sanitation, climate change, and agricultural solution. The water and sanitation work will focus on implementation research in Kenya around hand-washing behaviors of new mothers. The program includes behavior change messages conveyed by the community health workers, complemented by a mobile health program that sends time sensitive and relevant health and hygiene information over mobile phones.

Monitor progress and outcomes for enhanced accountability

Regular data collection through surveys and routine systems allow USAID and other governments and donors to track the success of programs and implement changes to continuously learn and improve them. Such monitoring also helps make evolving policies more effective and responsive to the needs of women and children. The Service Provision Assessment and Service Availability and Readiness Assessment conducted in Malawi, Tanzania, and Uganda enabled the countries to determine the readiness of their health facilities to provide health services. The surveys assessed the proportion of health facilities that were equipped with essential medical equipment and commodities and the percentage of health providers that were trained to provide essential health services.

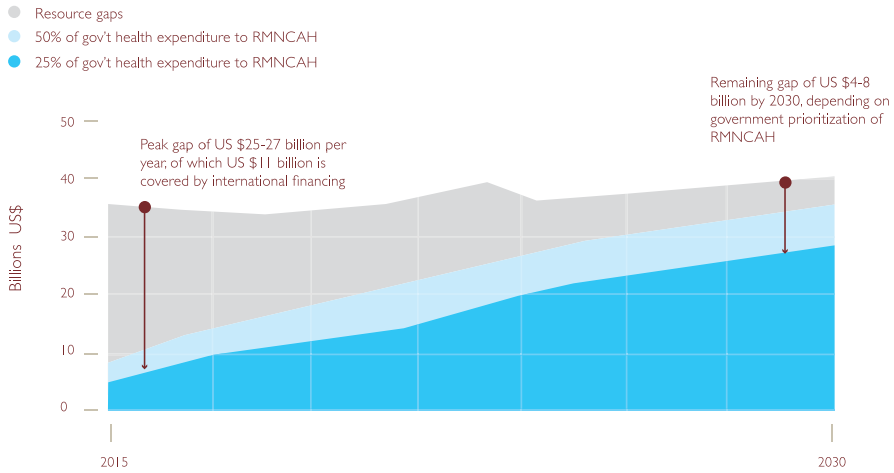
Tracking these indicators helped all these countries determine if their health programs were effective and responsive to the health needs of women and children.

USAID has been working with other technical experts supporting the Every Newborn Action Plan to identify a set of standard indicators. This standard set of indicators will allow countries and donors to track progress in saving newborn lives. Indicators will be tracked by country and then combined to a global number showing progress in newborn health.

> *"During 2010-2014, the Helping Babies Breathe Alliance, of which USAID is a leading member, trained more than 120,000 health providers in simple life-saving maternal and newborn health interventions in over 70 countries.*

A GAP REMAINS IN PROVIDING ADEQUATE REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH RESOURCES*

A gap remains in providing adequate reproductive, maternal, newborn, child and adolescent health resources



UNDERSTANDING THE RESOURCES NEEDED

- Resource gap is currently $27 billion in high burden low- and lower-middle-income countries
- Gap decreases over time as economic growth fuels domestic resource mobilization
- Gap in 2030 ranges from $4-$8 billion depending on government RMNCAH spend

PROTECTING THROUGH IMMUNIZATION

IMMUNIZATION IS AMONG THE MOST COST-EFFECTIVE INTERVENTIONS FOR CHILDREN TO SURVIVE THE MOST PERILOUS PERIOD OF LIFE, BEFORE TURNING ONE, WHEN IMMUNE SYSTEMS ARE NOT FULLY DEVELOPED. VACCINES AVERT AN ESTIMATED 2 TO 3 MILLION DEATHS EACH YEAR.

Smallpox killed some 300 million people in the 20th century alone before it was eradicated in 1979. Before widespread immunization, measles caused 2.6 million deaths each year.

Sixty years ago, polio was one of the most feared diseases in the U.S. Today, polio is closer to being eradicated than ever before—only 359 cases were reported in 2014, and more than 10 million cases of childhood paralysis have been prevented. The U.S. has been working with the Global Polio Eradication Initiative since the beginning of this effort.

Today, we vaccinate children to prevent diphtheria, hepatitis B, measles, mumps, pertussis, pneumonia, polio, rotavirus, rubella and tetanus.

Despite global coverage at 83%, nearly 22 million infants worldwide are still not receiving basic vaccines. This estimate masks inequalities between and among countries. To help ensure that children do not die of vaccine-preventable diseases, USAID is working to strengthen routine immunization systems in the 24 priority countries.

Immunization is central to the strategy to end preventable child and maternal deaths. USAID works with partners around the world including national governments, UNICEF, WHO, Gavi, and others to extend access to life-saving vaccines. Strong direct support for Gavi and complementary technical assistance at the country level, predominantly through investing in immunization systems, strengthens local capacity to vaccinate effectively at scale. USAID's work on immunizations focuses on three priority actions:

Work through and with Gavi

The United States, through USAID, is one of the largest donors to Gavi, the Vaccine Alliance. Originally called the Global Alliance for Vaccines and Immunization, Gavi was created in 2000 bringing together public and private sectors with the shared goal of creating equal access to new vaccines for children living in the world's poorest countries. Since then, Gavi, with the support of USAID and others, has helped immunize nearly 500 million children and saved 7 million lives.

In January 2015, the United States announced a commitment of $1 billion over four years, subject to Congressional approval, to help immunize 300 million additional children and save at least 5 million lives by 2020. Increased investments in vaccines have transformed the global vaccine market, attracting new suppliers of quality vaccines at sustainable prices. In 2001, only five vaccine manufacturers supplied vaccines to the Gavi Alliance—with just one from a middle-income country. By the end of 2013, that number had grown to 12—and five of them are now based in middle-income countries.

Gavi supported the accelerated roll-out of the pentavalent vaccine, which offers protection against five diseases: diphtheria-tetanus-pertussis, hepatitis B, and Haemophilius influenza type b; and pneumococcal and rotavirus vaccines. By tackling the leading causes of the world's two biggest childhood killers—pneumonia and diarrhea, the impact of the Alliance will be felt even more between now and the end of the decade. So far, 45 countries have introduced pneumococcal vaccine, and 35 have introduced rotavirus vaccine into their immunization programs.
Since 2009, USAID has contributed to new vaccine introductions by:

- Providing technical assistance for Gavi proposals
- Supporting 10 countries to prepare for 26 new vaccine introductions, which begins 6-12 months in advance of the official launch, including upgrading the cold chain, developing learning materials and conducting technical training, revising and distributing management tools, and developing communications

Sources: Gavi Strategic demand forecasts 9 and 10, Investing together for a healthy future: the 2016-2020 investment opportunity

Photo: Jane Silcock/USAID

Program Spot ght **Saving Lives At Birth**

INNOVATION— THE SAVING LIVES AT BIRTH GRAND CHALLENGE

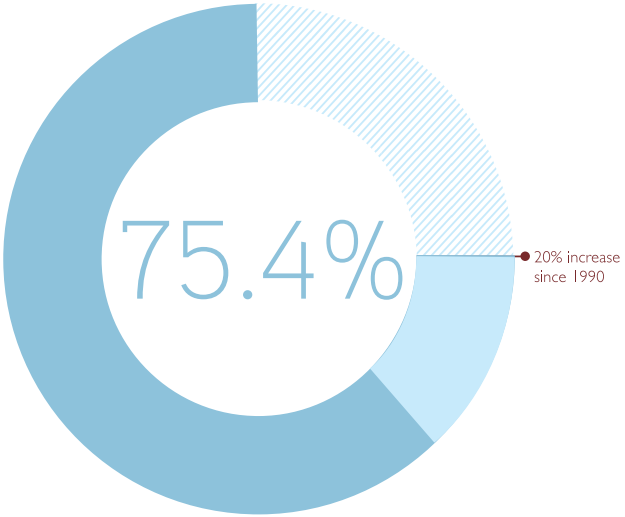
The Saving Lives at Birth Grand Challenge is an open call to the brightest minds around the world to develop and scale up prevention and treatment approaches for pregnant women and newborns. In 2014, Saving Lives at Birth awarded its fourth round of innovation grants. The portfolio of maternal and newborn health interventions now totals 81 promising science and technological advancements, service delivery models, and demand creation innovations, of which 62 were specifically targeted to save newborn lives.

USAID has invested in learning about and scaling up chlorhexidine, an antiseptic that can reduce newborn mortality by as much as 24% when applied to a newly cut umbilical cord. Chlorhexidine received significant support from USAID and other partners to test its efficacy and effectiveness and to rapidly scale it through the Saving Lives at Birth Grand Challenge initiative. These efforts have resulted in the new WHO issued guidelines recommending the daily application of chlorhexidine to the cord stump for the first week of life in high neonatal mortality settings. USAID has supported the development of an at scale program in Nepal and is accelerating introduction efforts in 12 countries with more slated to be added in 2015.

To date, Saving Lives at Birth innovations have benefited over 1.5 million women and newborns, saving at least 4,000 lives.

PROPORTION OF VACCINE COVERAGE IN FY 2014

Children received the third dose of the diphtheria, pertussis (whooping cough) and tetanus (DPT3) vaccine.



strategies and key messages
- Participating in 17 vaccine launches by supporting public events, monitoring and responding to reported adverse events, and providing supportive supervision at service delivery sites
- Conducting 14 post-introduction follow-up assessments and 12 post-introduction evaluations
- Supporting nine Expanded Programs on Immunization reviews to identify opportunities for improvement

The U.S. commitment leverages billions of dollars other donors are committing to Gavi, multiplying the impact of our funding and accelerating progress toward our goal to End Preventable Child and Maternal Deaths.

Gavi co-financing of new and underutilized vaccines and USAID support of immunization and health systems go hand in hand. The majority of Gavi support goes to purchase vaccines, while USAID technical aid supports the system improvements needed to ensure delivery of Gavi-financed and other vaccines to populations in need.

Strengthen Country-Level Immunization Systems

The strength of the routine system to deliver vaccines safely, at the right time, and sustainably, is a critical factor in realizing the public health impact of vaccines, including the newer vaccines which are the focus of Gavi investments. USAID strengthens routine immunization systems in a number of ways:
- *Vaccine and Immunization Financing:* Increase host country contributions to immunization programs by providing technical assistance to improve national budget transparency and financing planning processes.
- *Supply Chain:* Conduct assessments to identify and address cold chain and logistics needs at all levels, ensuring that vaccines procured by Gavi and others are safely stored, transported and handled from the manufacturer to the service delivery points.
- *Service Delivery:* Help Ministries of Health reach all those who need vaccines, including hard-to-reach populations by training health workers and supervisory staff.
- *Demand Generation and Community Partnership:* Work with civil society and other actors to partner with local leaders and communities to raise demand for immunization services.
- *Data for Decision Making:* Improve data systems, analysis, tools, and equipment, and support the use of health information at all levels to improve service delivery and better inform decision-makers.
- *Leadership, Accountability, Management, and Coordination:* Educate decision-makers on the need for improved policies and investment of financing and programmatic resources in support of immunization programs.
- *Surveillance:* Coordinate and support investments in surveillance activities, including training for laboratory staff and surveillance officers, as well as training in adverse event monitoring, reporting, and response.
- *Operations research and application of appropriate technologies:* Apply research results to improve program efficiency and effectiveness, and use innovative approaches and technologies to improve program sustainability and integration with other services.

In FY 2014, in Nigeria, in partnership with Bill and Melinda Gates and Dangote Foundations, Clinton Health Access Initiative, the United Kingdom, and the CDC, USAID is building on its longstanding collaboration with WHO and UNICEF to strengthen routine immunization systems at a national level. In addition, USAID has partnered more specifically with Bauchi state in northern Nigeria along with the Bill and Melinda Gates and Dangote Foundations to address a failing immunization program through intensified efforts. By building capacities at the state government level, this innovative partnership seeks to maximize the returns of Gavi Alliance investments.

Eradicate Polio Globally

Today, 80% of the world's children live in polio-free countries. Since the Global Polio Eradication Initiative was launched in 1988, the number of polio cases recorded annually has decreased 99.9%, from 350,000 to 359 in 2014. The wild virus is now geographically restricted to three countries, Nigeria, Pakistan and Afghanistan. USAID has contributed to the global reduction of polio cases by providing technical and financial support to more than 25 countries for surveillance, special campaigns, communication and community mobilization, outbreak response, engagement of civil society and linking with efforts to strengthen routine polio immunization.

South East Asia certified as a polio-free region. In March 2014, the South East Asian region, home to a quarter of the world's population, was certified polio-free. USAID's support for surveillance, labs, social mobilization and immunization campaigns in India, Indonesia, Nepal and Bangladesh was instrumental and will remain essential until the world is certified polio-free.

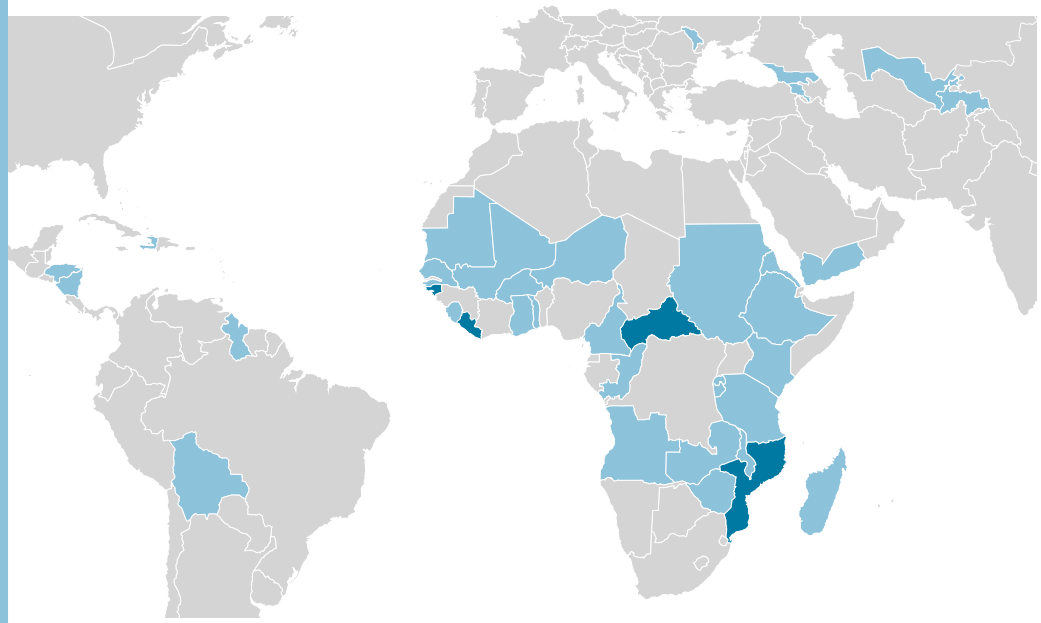
Reaching Vulnerable Communities. In FY14, USAID has launched new programs in Nigeria and the Horn of Africa covering Kenya, Somalia, and mobile populations along the borders with Ethiopia, South Sudan, and Djibouti. The project is partnering with over 10 international non-governmental organizations and 20 local organizations and engaging over ten thousand community volunteers.

IN 2014, INDIA CELEBRATED THE ONE-YEAR ANNIVERSARY OF WHAT MANY ONCE THOUGHT IMPOSSIBLE —WIPING OUT POLIO.

With USAID support, legions of volunteers, health workers, community leaders, lab staff, religious and traditional leaders, and others contributed to this Herculean effort to reach every child multiple times with polio vaccine. And working with local community organizations, women s groups and self help groups, the messages have gone well beyond polio to address other immunizations, water and sanitation, breastfeeding and handwashing.

Photo: Amy Cotter/USAID

COUNTRIES THAT HAVE INTRODUCED ROTAVIRUS VACCINES WITH SUPPORT FROM GAVI, THE VACCINE ALLIANCE



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Georgia
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Tajikistan
Uzbekistan
Yemen

Africa
Angola
Madagascar
Burkina Faso
Malawi
Burundi
Mali
Cameroon
Mauritania
Central African Rep. (2015)
Mozambique (2015)
Congo Rep.
Niger
Djibouti
Rwanda
Eritrea
Senegal
Ethiopia
Sierra Leone
The Gambia
Sudan
Ghana
Tanzania
Guinea-Bissau (2015)
Togo
Kenya
Zambia
Liberia (2015)
Zimbabwe

FIGHTING MALARIA

JUST A DECADE AGO, MALARIA KILLED MORE THAN 1 MILLION PEOPLE, MOSTLY IN AFRICA; AND BURDENED HEALTH SYSTEMS—UP TO 45% OF ALL HOSPITAL ADMISSIONS WERE CAUSED BY THE DISEASE IN AFRICA.

The financial and technical contributions made by the U.S. Government, through the U.S. President's Malaria Initiative (PMI—www.pmi.gov) and investments in the Global Fund, as well as those of host country governments and other partners, are a major catalyst in the remarkable progress that has been made to save children's lives while also building countries' capacity to fight malaria.

PMI includes 19 focus countries in Africa and one regional program in the Greater Mekong sub-region. USAID also supports malaria control activities in three other countries in Africa (Burkina Faso, Burundi, and South Sudan), as well as a regional program in Latin America. The Initiative, led by USAID and implemented together with CDC, works with national malaria programs to reach pregnant women and children under the age of five—the most vulnerable groups—and deliver equitable prevention and care. This includes protecting against exposure to the mosquito vector and thereby preventing infection—with mothers and children sleeping under insecticide-treated nets, spraying the insides of houses with insecticides that kill adult mosquitoes—and intermittent preventive treatment of malaria in pregnancy, and providing appropriate malaria case management including parasitological diagnosis and treatment with artemisinin-based combination therapies.

Long lasting insecticide-treated nets (LLINs) are one of the key malaria prevention tools recommended by the WHO and widely supported by the global malaria community (Roll Back Malaria Partnership), including PMI. LLINs are a highly effective means of preventing malaria infection and reducing malaria transmission, and are a cornerstone of malaria prevention contributing to malaria control efforts that reduce illness and save lives.

During the past eight years, household ownership of at least one insecticide-treated bed net increased from a median of 29% to 55% in all 19 PMI focus countries. Additionally, use of an insecticide-treated bed net among children under five years of age more than doubled from a median of 20 to 43%, and similar increases have been documented for use of ITNs by pregnant women (from a median of 17 to 43%). In FY 2014, PMI protected 89 million people against malaria with insecticide-treated net.

PMI's emphasis on community-based treatment of malaria and other febrile illnesses is building local capacity and strengthening local systems. PMI has and will continue to support training and supervision of health workers to diagnose and treat not just malaria, but also the other main causes of childhood illness—diarrhea, pneumonia, and malnutrition. In fact, PMI is building national capacity in a variety of crosscutting areas that benefit more than just malaria services. This includes training health workers as well as strengthening supply chain management, strengthening clinical laboratory services, and supporting monitoring and evaluation systems.

PMI has placed a strong emphasis on building the skills and capacity of Ministries of Health and district health leaders to manage and coordinate malaria control activities in their countries and strengthen health systems. This has advanced health and development, and empowered countries to require all partners to work under a single national malaria control plan, rather than a series of uncoordinated donor-driven projects.

Particularly in the high-burden malaria countries in Africa, where women and young children bear the greatest load of the disease, malaria control is central to our collective efforts to ending preventable child and maternal deaths and achieving the Millennium Development Goals and, especially those relating to improving child survival and maternal health, eradicating extreme poverty, and expanding access to education; and ending preventable death.

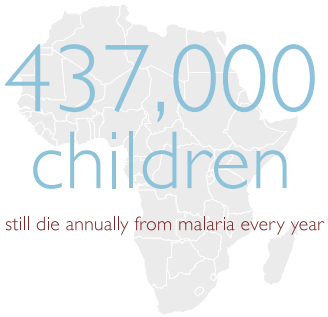
AFRICA BY THE NUMBERS 2000-2013

Since 2000, there has been tremendous progress against malaria. According to the WHO's most recent malaria report (2014), an estimated 4.3 million lives have been saved as a result of the scale-up of malaria control interventions since 2000.

90%
of malaria deaths occur in Africa

54%
malaria mortality rate decreased in Africa

58%
decline in malaria deaths in under-5 children



437,000 children
still die annually from malaria every year

CHILD HEALTH: INTEGRATED COMMUNITY CASE MANAGEMENT & WATER SUPPLY, SANITATION, & HYGIENE

PNEUMONIA, DIARRHEA, AND MALARIA ACCOUNT FOR THE VAST MAJORITY OF UNDER-5 DEATHS. MANY OF THESE DEATHS COULD BE AVERTED BY KNOWN, AFFORDABLE, LOW-TECHNOLOGY INTERVENTIONS SUCH AS ANTIBIOTICS, ORAL REHYDRATION SOLUTION AND ZINC TREATMENT, AND ANTI-MALARIALS.

However, in most high-mortality countries, facility-based services alone do not provide adequate access to treatment, and most importantly, not within the crucial window of 24 hours after onset of symptoms. If child mortality is to be adequately addressed, the challenge of access must be taken on. Integrated Community case management (iCCM) is a strategy to deliver lifesaving curative interventions for the most common childhood illnesses, especially in settings where there is little access to facility-based services.

iCCM also offers a platform on which other conditions such as neonatal infections and child malnutrition can be identified and treated. In the iCCM model, community health workers are trained in diagnosis and treatment of key illnesses, including identifying those in need of immediate referral to health facilities, and are provided with the medicines needed to treat children at the community level.

In FY 2014, USAID supported iCCM programs to train, supply and supervise front-line workers to treat children for both diarrhea and pneumonia, as well as for malaria in malaria-affected countries, using oral rehydration solution (ORS) and zinc, oral antibiotics, and artemisinin-based combination therapy. In addition, the availability of high-quality rapid diagnostic tests for malaria has made it possible to test for malaria at the community level, and differentiate between malaria and non-malaria causes of fever in children. iCCM programs leverage an integrated platform to help identify the correct illness and also to help children suffering from co-morbidities. As linkages with the health system are a central component of successful iCCM programs, USAID is supporting development and strengthening of monitoring and evaluation, supply chain systems, clinical referral networks and supportive supervision from health facility staff to community health workers.

By empowering community health workers and bringing the point of care into communities, families are more likely to seek out care. This helps children receive needed care and saves them from preventable deaths. In Ghana, 92% of caregivers of sick children sought treatment from community-based health workers who were trained to manage pneumonia and malaria, and 77% of those caregivers sought care within 24 hours of onset. In Zambia, a study of iCCM showed that 68% of children with pneumonia received early and appropriate treatment from community health workers, and overtreatment of malaria significantly declined. Pneumonia and diarrhea are two of the largest killers of children, so knowledge and availability of care is one of the first steps to preventing deaths from these killers.

In addition to the key intervention of treating child health on the community level, investments in water, sanitation, and hygiene saves children's lives.

In FY 2014, USAID programs, both in global health, and across the Agency, helped 1.7 million people gain access to an improved sanitation facility. USAID's *Water and Development Strategy 2013-2018* provides a comprehensive overview of USAID's water and health objective, to improve health outcomes through the provision of sustainable WASH, and recognizes the important role of WASH interventions in preventing diarrhea and malnutrition.

USAID health activities place significant emphasis on the behavioral components and household dimensions of WASH, especially sanitation and handwashing. Evidence shows that these interventions can reduce diarrhea prevalence by

COMMUNITY HEALTH WORKERS

Appropriately trained, supervised and supported with an uninterrupted, complete supply of medicines and equipment community health workers can identify and correctly treat common children illnesses. A recent review by the Child Health Epidemiology Reference Group (CHERG) estimated that community management of all cases of childhood pneumonia could result in a 70% reduction in mortality from pneumonia in children less than five years old.

Community case management of malaria can reduce overall and malaria-specific under 5 mortality by 40% and 60%, respectively, and malaria morbidity by 53%. When ORS and zinc are readily available in the community and used appropriately to manage childhood diarrhea, ORS is estimated to prevent over 90% of deaths due to acute watery diarrhea, and zinc is estimated to decrease diarrhea mortality by 23%.

Photo: Amy Cotter/USAID

PRESIDENT'S MALARIA INITIATIVE (PMI)

PMI's contribution to include integrated community case management (iCCM) as part of a comprehensive case management package to reduce child mortality.

INTEGRATED COMMUNITY CASE MANAGEMENT (ICCM): AN OVERVIEW

WHAT IS ICCM?

A strategy to extend case management of childhood illness from health facility to community

WHY DO WE NEED ICCM?

Health workers in the iCCM Community are equipped to diagnose and treat these top killers

75%

of child deaths under 5 are due to:

- newborn deaths
- pneumonia
- diarrhea
- malaria

HOW DOES ICCM WORK?

Trained health workers working at the community level

TEST
Screen for childhood illnesses

PRESCRIBE
Give child treatment based on diagnosis

REFER
Refer child's family to health center

HOW IS ICCM EFFECTIVE?

Investing in iCCM ensures health workers can:

DELIVER	TREAT	SAVE
integrated interventions directly to communities	major childhood illness	more lives and families

one-third or more.

In Mali, USAID supported the Ministry of Health to develop guidelines on Community-led Total Sanitation, an innovative approach to working with communities to end open defecation. Through this project, 84 communities have been declared open defecation free. In Bangladesh, USAID helped increase access to water and sanitation in a challenging area of Southwest Bangladesh, and through our Feed the Future Program, integrated handwashing with soap as well as safe feces management into nutrition and food security programming for improved nutritional outcomes.

WATER SUPPLY, SANITATION, AND HYGIENE PROGRESS

3,400,000+
Diarrhea Cases Treated

1,717,076
Gained Access to Improved Sanitation

3,266,609
Gained Access to Improved Drinking Water

84
Communities
Declared open defecation free

6,241
Latrines
Constructed

4,300,000+
Fewer malaria deaths globally from 2000-2013

PROPER NUTRITION

THE UNITED STATES HAS LONG BEEN A GLOBAL LEADER IN NUTRITION, FROM PROVIDING EMERGENCY FOOD AID DURING CRISES TO HELPING FARMERS AND THEIR FAMILIES GROW AND CONSUME MORE NUTRITIOUS FOODS.

In FY 2014, USAID's nutrition programs reached more than 12 million children with programs that reduced stunting and anemia, improved optimal nutrition practices, supported community gardens, and treated acute malnutrition. In USAID's 19 nutrition focus countries, stunting has been reduced from 56% in 1990 to 38% in 2014.

Ensuring that a child receives adequate nutrition, particularly in the critical 1,000-day window from a woman's pregnancy to her child's second birthday, can yield dividends for a lifetime as a well-nourished child can perform better in school, more effectively fight off disease, and earn more as an adult. Nutrition is central to ending preventable child death: under-nutrition is an underlying cause for 45% of all under-5 deaths.

Conversely, malnutrition contributes significantly to maternal and child mortality, decreases resistance to infectious diseases, and prolongs episodes of illness, impedes growth and cognitive development. Damage caused by under-nutrition, especially during the 1,000 day window of opportunity, may be irreversible.

The U.S. is proactively addressing the root causes of hunger and under-nutrition, integrating our approach across sectors, forging high-impact partnerships, and driving game-changing innovation from farms to markets to tables. U.S. investments in nutrition through agriculture, health, and humanitarian assistance programs can forge long-term links and realize mutual benefits for health and economic productivity. Nutrition is a key component of USAID's Feed the Future and Global Health initiatives, as well as the Food for Peace programs. USAID aims to prevent and treat under-nutrition through a comprehensive package of maternal and child nutrition interventions focusing on the first 1,000 days.

USAID's 2014-2025 Multi-Sectoral Nutrition Strategy (www.usaid.gov/results-and-data/planning/policy) was released in June, and it establishes very clear targets for how America's investment in nutrition will reduce stunting and recommends ways the United States can advance improved nutrition and build resilience for millions of people.

In FY 2014, USAID strengthened the linkages between agriculture and nutrition programming, increased understanding of nutrition and resiliency, and enhanced USAID field capacity for nutrition program design, management and evaluation in 19 countries.

Stunting, or short height for age, is the manifestation of chronically poor nutritional status especially during the first 1,000 days. Globally, at least 162 million (25%) children under five were stunted in 2012. Failure to reach optimal height is related to a lack of essential nutrients during the early years, frequent illnesses, and poor environmental hygiene, which rob growing bodies of the capacity to utilize available nutrients. Stunting is correlated with impaired cognitive development and impaired work and economic

> *"Since rising incomes do not necessarily translate into a reduction in under-nutrition, USAID supported specific efforts geared toward better child nutrition outcomes, including providing high-quality nutrition services and broader nutrition education that targets the whole family.*

capacity in adulthood. A stunted child is 4.6 times more likely to die from infectious diseases compared to a non-stunted child.

USAID programs supported country-led efforts that make affordable, quality foods available, promote breastfeeding and improved feeding practices, and provide micronutrient supplementation and community-based management of acute malnutrition. Since rising incomes do not necessarily translate into a reduction in under-nutrition, USAID supported specific efforts geared toward better child nutrition outcomes, including providing high-quality nutrition services and broader nutrition education that targets the whole family.

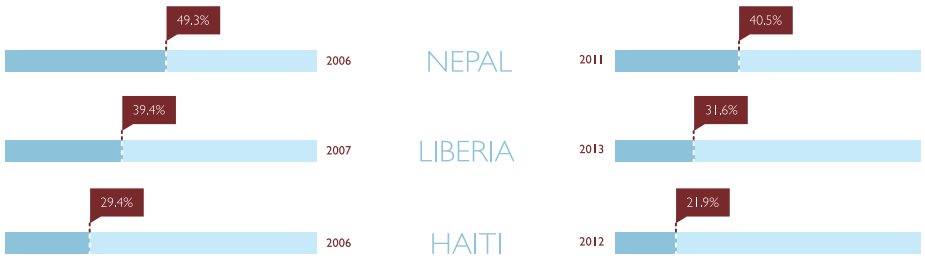
The political will is here: 54 countries have committed to the Scaling Up Nutrition Movement (www.scalingupnutrition.org). The 1,000 Days partnership (www.thousanddays.org) has created champions across business, government and civil society to promote action and investment in early nutrition. Governments, donors and businesses pledged $4.15 billion to support nutrition interventions around the globe at last year's Nutrition for Growth Summit (bit.ly/Rhi5sD). And more than 170 governments and nutrition and development leaders met in Rome last week at the Second International Conference on Nutrition and agreed upon a framework for action (www.fao.org/about/meetings/icn2/en) to accelerate progress on nutrition.

The evidence is in: good nutrition improves health, saves lives and builds prosperity.

“USAID supported specific efforts geared toward better child nutrition outcomes, including providing high-quality nutrition services and broader nutrition education that targets the whole family, including mothers, fathers, grandmothers, and other caregivers.

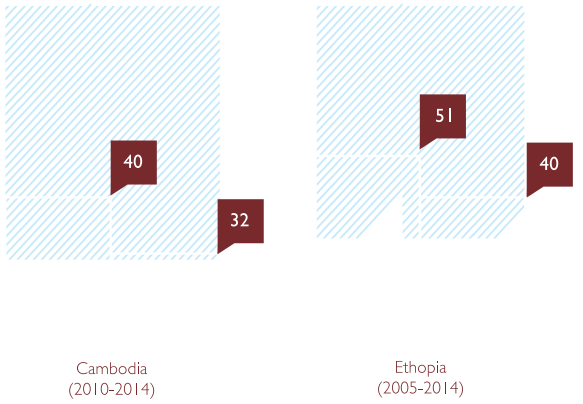
GLOBAL STUNTING IN FY 2014

In FY 2014, 37.7% of children were stunted in in the 19 USAID priority countries for which data are available.



STUNTING IN CHILDREN*

< 5yr in Cambodia and Ethiopia (preliminary DHS results)



*Preliminary DHS results

Photo: Amy Cotter/USAID

Program Spot ght **Fistula**

FISTULA

An estimated 10% of women who give birth each year suffer severe complications and many more less severe. For those women who do not die, there can be long term morbidities and disabilities resulting from these complications. One of the more debilitating complications is an obstetric fistula, or a hole that develops between the birth canal and bladder or rectum.

Fistulas are caused by obstructed labor without access to timely and skilled medical care, such as cesarean section. Fistula results in chronic, uncontrollable leakage of urine and/or feces, a devastating, lifelong disability that affects a significant number of women and girls in Africa and Asia. Fistula is a problem that can be prevented with healthy spacing and timing of pregnancies and access to timely and skilled maternity care.

Since 2004, USAID has supported programs to prevent and treat fistula, including clinical services, work with communities to find cases and reduce stigma, and research to improve understanding of risk factors and treatment approaches. In that time, USAID has supported programs in 15 countries at 57 health facilities across Africa with enormous backlogs of women living with fistula and awaiting surgery.

Equally important, USAID promotes a robust program of fistula prevention through family planning, early identification of prolonged labor and prompt treatment with Caesarean section.

A USAID supported medical trial on fistula repair has been released by The Lancet showing that more efficient and cost effective catheterization (7 day) services for simple fistula repairs are as safe and effective as longer duration (14 day) catheterization with multiple benefits. This pivotal study will influence practice in many countries where women are currently hospitalized for long periods after surgery for this devastating maternal injury.

Due to the scarcity of available surgical resources for fistula repair, these findings have important implications because shorter catheterization times have the potential to reduce discomfort for women, reduce the length of their hospital stay, lower the costs of acquiring and receiving health care, and increase ability to provide more fistula repairs, particularly in resource limited settings where demand for fistula service is greatest and facility capacity lowest.

SAVING MOTHERS, GIVING LIFE PARTNERSHIP

The Saving Mothers, Giving Life partnership, led by USAID, aims to address all key barriers to seeking and receiving quality maternal and newborn care. It saw groundbreaking results in its first year, including a 30% reduction in the maternal mortality ratio in target districts in Uganda and a 35% reduction in the maternal mortality ratio in target facilities in Zambia.

For 2014, Saving Mothers, Giving Life, is expanding its package too with an increase in focus on newborns and scaling up to 18 new districts across Uganda and Zambia.

Photo: Amy Cotter/USAID

SAVING MOTHERS

FACT: IN USAID'S 24 PRIORITY COUNTRIES, THE MATERNAL MORTALITY RATIO DECREASED BY MORE THAN HALF, FROM 680 PER 100,000 LIVE BIRTHS IN 1990 TO 308 PER 100,000 LIVE BIRTHS IN 2013.

For many women, the birth of a child is one of the happiest moments in her life. Yet according to the WHO, 800 women die every day from preventable causes related to pregnancy and child birth. Many of the 289,000 women who died in 2013 were from poor communities or rural areas. USAID is delivering quality, respectful care to some of the most vulnerable women around the world. Delivering in a facility is one of the most effective ways to ensure women have access to the care and commodities needed to ensure a safe delivery. In USAID's 24 priority countries, the percentage of births in a facility have increased from 20% in 1990 to 47% in 2013.

USAID is aligning with partners around a goal to end preventable maternal mortality. In 2014, with USAID's technical input, WHO and representatives from 30 countries agreed on a 2030 global target Maternal Mortality Ratio of fewer than 70 per 100,000 live births, with no country level greater than 140. This goal has been adopted by the 30 countries and it has since been published in a publicly available WHO statement. By garnering concrete political commitments and aligned resources by country governments and development partners, this statement and associated strategy is a turning point in the work to end preventable maternal mortality.

USAID's support to this global goal is outlined in the USAID Maternal Health Vision for Action: Ending Preventable Maternal Mortality, released in June 2014. This guidance outlined the strategic approaches, geographic areas of focus, and drivers of maternal morbidity and mortality to develop focused and context-specific programming. The Vision emphasizes equity, sustainability, country ownership, capacity building, innovation, and collaboration across disciplines and sectors to end preventable maternal deaths.

The USAID Maternal Health Vision for Action lays out USAID's contribution to achieving global targets on the road to ending maternal mortality in a generation. Our ultimate goal is an effective end to preventable maternal mortality by 2035, with a global target of no more than 50 maternal deaths for every 100,000 live births. USAID has helped to galvanize global consensus, and this Vision for Action sets a frame for USAID's work to 2020, en route to achieving global targets for 2030 and 2035. Achieving the target would move us toward a world where no woman will face unequal risk of death or disability due to pregnancy based on the country in which she lives.

USAID's maternal health programs focus geographically on 24 countries where 70% of maternal deaths occur. These countries were selected because of the magnitude and severity of maternal and child deaths as well as country commitment, USAID health program presence, and opportunity for partnerships.

USAID's maternal health vision is centered around three primary components, which have been and will continue to drive progress and achieve our overall goals:

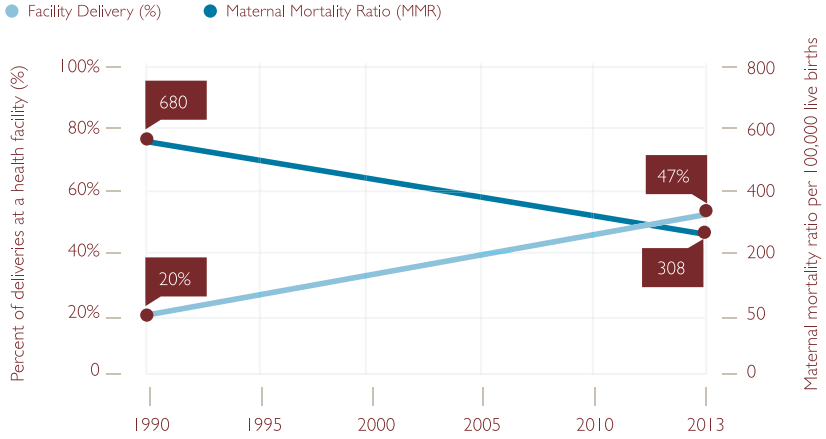
Enabling and mobilizing individuals and communities

Empowered individuals are indispensable for taking responsibility and seeking health care for themselves and their communities. When women have access to high-quality care and trust in their providers, they seek it out for themselves and their families. Men, boys, and other decision makers enable and encourage access to care.

In 2013, the USAID-funded Health Policy Project in Malawi launched a "Happy Midwives for Happy and Healthy Mothers" campaign to draw attention to the poor status and substandard working conditions of midwives and the impact on the provision of high-quality care. As a result of these advocacy efforts, the Ministry of Health was influenced to change the title of the Directorate of Nursing at the Ministry of Health, which is now designated as the Directorate of Nursing and Midwifery, thus highlighting the importance of midwives in Malawi's health system.

*Budget not doubled in countries where doing so would cause resources estimate to exceed resource gap

TRENDS IN FACILITY DELIVERY AND MATERNAL MORTALITY



Advancing quality respectful care

The direct causes of maternal death are well-known—severe bleeding around birth, pregnancy induced hypertension, infection, and unsafe abortion—as are effective interventions to mitigate them. Those interventions can be best delivered through quality maternity care provided by skilled health providers in facilities who are working in teams to ensure that all women can be attended throughout the pregnancy, childbirth, and postpartum periods. Additionally, meeting the unmet need for modern contraceptives in the developing world would reduce maternal mortality by 30% every year.

In 2014, USAID contributed to and subsequently joined over 60 organizations to endorse a WHO policy statement on the elimination of disrespect and abuse during childbirth. These practices not only violate women's rights, they deter women from seeking and using life-saving maternal health services. This statement calls to improve the quality of maternal care with an increased emphasis on the rights of women.

Strengthening health systems and continuous learning

USAID is working to build strong health systems and constantly learn from progress so that country governments and future efforts can continue and expand current work. USAID works with country governments to strengthen their systems and encourage sustainable care. By the end of FY 2014, 30 countries with USAID support had introduced and expanded postpartum hemorrhage interventions.

Furthermore, USAID supports a robust maternal research program and innovation investments to address knowledge gaps and improve systematic review of data for decision-making to improve policies and programs. Through the Saving Lives at Birth Grand Challenge, USAID and partners have funded 81 innovations, addressing the leading drivers of mortality around the time of birth, such as post-partum hemorrhage. The use of one such innovation funded by Saving Lives at Birth, the Uterine Balloon Tamponade, a relatively easy-to-use and effective second-line option for managing severe post-partum hemorrhage, already has saved the lives of nearly 200 women in Kenya and Sierra Leone since being funded at the end of 2013.

Source: Facility Delivery %: DHS & MICS survey with modeled data for years interim to surveys.
Source MMR: Trends in Maternal Health Mortality, 1990-2013; UN MMIEG

FAMILY PLANNING SAVES WOMEN & CHILDREN

IN USAID'S 24 PRIORITY COUNTRIES, THE PERCENTAGE OF MARRIED WOMEN USING A MODERN METHOD OF CONTRACEPTION HAS INCREASED FROM APPROXIMATELY 18.4% IN 2000 TO 31.6% IN 2014.

More than 225 million women in developing countries want to choose the number, timing, and spacing of their pregnancies but are not using a modern method of family planning. Increasing access to voluntary family planning creates a beneficial ripple effect and has profound health, economic and social benefits for families and communities. When a woman bears children too close together, too early, or too late in life, the health of the mother and baby are at risk. Expanding access to family planning could save the lives of 1.4 million children under the age of five each year in our 24 priority countries and cut maternal mortality by one-third.

> *"A 2014 study of 420,000 births from 45 Demographic and Health Surveys found that if all birth-to-conception intervals were 36 months, under-5 mortality would fall by 26%.*

Furthermore, enabling young women and girls to avoid early pregnancy allows many to attend school longer, increasing their future income earning potential. Research shows that investments in family planning and child survival, coupled with girl's education and supportive labor policies can create a phenomenon known as the demographic dividend, resulting in up to 6% GDP growth for decades.

In FY 2014, USAID's Family Planning and Reproductive Health program made substantial contributions to the Agency's goals of Ending Preventable Child and Maternal Deaths and Creating an AIDS Free Generation, as integrated voluntary family planning-HIV services can increase the use of contraception by HIV-positive women and couples who do not want to become pregnant.

Expanding Options

USAID works to ensure women can choose from a wide range of high-quality family planning methods and services. Our partnership with Bayer Healthcare almost doubled the distribution for a low-cost, fully commercially sustainable, oral contraceptive product in seven sub-Saharan African markets. Another public private partnership has yielded the significantly reduced price of $1.00 per unit for a new contraceptive product known as Sayana Press. Sayana Press is a three-month injectable that is delivered through an innovative all-in-one injection system. At this low cost, this easily-administered and longer-acting contraceptive will be well-positioned to reach marginalized and poor populations.

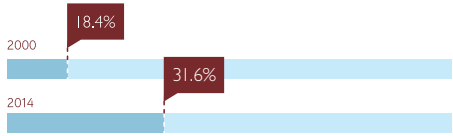
Investing in Innovation and Research

With USAID support, significant progress was made in bringing new and improved contraceptive methods further along in introduction and development. The SILCS diaphragm, a one-size-fits-most barrier method, received market clearance from the FDA and is now available in 14 countries under the brand name Caya™. The novel design makes the device easy to use by eliminating the need for pelvic exams for sizing and eliminating the need for clinics to stock multiple sizes. USAID and partners also launched the first-ever clinical trial testing an intravaginal ring engineered to provide contraception as well as to reduce HIV and herpes infections.

Strong evidence continues to emerge regarding the significant contribution of healthy timing and spacing to ending preventable child and maternal mortality. A 2014 study of 420,000 births from 45 Demographic and Health Surveys found that if all birth-to-conception intervals were 36 months, under-5 mortality would fall by 26%[1]. For most countries, the mortality risk for mothers aged 35 and above is at least double that at ages 20–24. Studies have also found that high maternal age pregnancies are associated with increased risk of stillbirth, miscarriage, and child illness. Pregnancies before age 18 are associated with risk of postpartum hemorrhage, pre-term birth, stillbirth, school dropout, and poverty. Adolescent pregnancies at age 15 or younger are especially dangerous as there is an increased chance of maternal death and anemia. Furthermore, the risk of maternal death increases as the number of children per woman rises from two to six or more. Research also suggests a relationship between short birth-to-pregnancy intervals and increased risk of pre-term birth[2], making family planning one of the only known preventive interventions for this key determinant of newborn deaths. Pre-term birth complications are now recognized as a leading cause of deaths in children under five.[3]

MODERN CONTRACEPTION USE

In USAID's 24 priority countries, the percentage of married women using a modern method of contraception has increased from approximately 18.4% in 2000 to 31.6% in 2014.



Strengthening Country Sustainability

USAID's work has contributed to stronger policies and financial commitments for family planning. Working in close collaboration with ministries of health and civil society partners, USAID helped develop country-owned costed implementation plans for family planning in seven countries in Francophone West Africa. In Burkina Faso, the Ministry of Health increased financial support to the costed implementation plan by allocating $961,000 in the national budget to purchase contraceptives—the first country in the area to take such a bold stance. Mauritania announced for the first time that the government is allocating $51,000 for the purchase of contraceptives. And Niger made a commitment to allocate $385,000 into the national budget for the purchase of contraceptives. These resources are visible evidence of the governments' commitment to expanding access to contraception.

Ensuring Availability of Contraceptives

Ensuring access to a full range of contraceptive methods is critical for healthy timing and spacing of pregnancies and for addressing unmet demand for family planning. In FY 2014, USAID shipped $85.6 million worth of contraceptives. The USAID-developed Procurement Planning and Monitoring Report monitors contraceptive stock status and shipments for 47 public and private sector programs in 33 countries, increasing the visibility of commodity data for decision-making by governments and donors. Since inception of the program in 2008, stockouts at central medical stores have decreased from 14% to 8%. The U.K. Department for International Development and the Norwegian Ministry of Foreign Affairs have donated money to USAID to procure and distribute commodities, rather than create duplicative mechanisms, a true testament to the value they place on our approaches. To date, the Department for International Development has transferred more than $15 million dollars to USAID for commodity procurement.

$15m
Transferred from Department for International Development to USAID

1.4m
Under-5 children could be saved by expanding access to family planning

1. Rutstein, Shea and Rebecca Winter. The Effects of Fertility Behavior and Child Nutritional Status: Evidence from the Demographic and Health Survey, 2006-2012. DHS Analytical Studies, No. 37, 2014.

2. Conde-Aguelo, Agustin et al. Birth Spacing and Risk of Adverse Perinatal Outcomes: a meta-analysis. JAMA vol.295, no. 15, April 19, 2006.
3. Friedrich, M.J. JAMA 2015

Photo: Jane Silcock/USAID

Globa Spot ght: **Mali**

EXPANDING CHOICES IN MALI

In Mali's capital, Bamako, 21 year old Kadidia Dembélé wants to have more children just not right now. She heard from a neighbor that she could receive family planning counseling and services at the health clinic.

If you have too many pregnancies too close together, the baby and I could get sick, said Dembélé, who is already a mother to two children, ages five years and four months.

When she visited her local health clinic to receive routine immunizations for her newborn, she learned more about the benefits of family planning and decided to receive a contraceptive implant.

Through USAID funding, local midwives receive training at health clinics to provide family planning counseling and services to women coming in for immunizations and other health services for their children. In fact, Diakite Hadjara Goita, a midwife, had recently received training on IUD and implant insertion, and expanding choice to long acting reversible methods of contraception. I ve inserted implants for many years, but only through this project I received proper training, she said. "[The project] is very important, because most of the women prefer the implant.

Malian families typically have six children. Although the percentage of married Malian women who use a form of modern contraception has increased around 4% in the last six years, it still remains one of the lowest rates in the world. Investments like these, that combine outreach efforts and integrate the delivery of effective health service, allow Dembélé and many more women like her to understand and enjoy the benefits of healthy timing and spacing of pregnancies.

VULNERABLE CHILDREN: DISPLACED CHILDREN & ORPHANS

IN THE SPRING OF 2014, USAID MERGED THE CENTER ON CHILDREN IN ADVERSITY (CECA) WITH THE DISPLACED CHILDREN AND ORPHANS FUND (DCOF).

Displaced Child and Orphans

These two programs are housed within the Bureau for Democracy, Conflict, and Humanitarian Assistance (DCHA) Center of Excellence on Democracy, Human Rights and Governance (DRG). This strategic move aligned program, policy, coordination, staff and budget resources to better fulfill the legislative mandate set forth under Public Law 109-95, which establishes USAID as the primary U.S. Government agency responsible for identifying and assisting orphans and other vulnerable children in developing countries. USAID is also the home of the U.S. Government Special Advisor, a position mandated by the Act.

Public Law 109-95 is also the basis for the U.S. Government Action Plan on Children in Adversity (Action Plan). The Action Plan focuses and coordinates programs throughout the U.S. Government to achieve three primary objectives: build strong beginnings, put family care first, and protect children.

USAID plays a particularly strong role in the achievement of Objective 2, "Putting Family Care First," by applying relevant national child protection legislation and policies, developing information systems to identify and monitor children at risk, and strengthening community capacities to identify vulnerable children.

USAID works with our Missions, civil society, the UN and the scientific community to systematically implement the Action Plan, measure results and generate information on children in adversity. Accurately accounting for how many children are separated from their families is challenging. In collaboration with Columbia University, USAID initiated the first of its kind program to generate nationally representative estimates of children outside of family care in FY 2014.

This work is key to establishing baselines and tracking trends over time. The measurement methodology is being tested in Cambodia, the first Action Plan priority country, and its potential use will be discussed with key national actors in other priority countries.

USAID also provides financial and technical support to programs in 12 countries to prevent children's separation from families and support the reintegration of children who are outside of families into family care—both interim family-based alternative care and permanent family placements. Central to this work is strengthening the capacities of families, communities and governments to care for children. As a result of this assistance, more than 100,000 children and their family members benefitted from improved protection and well-being and 55,000 service providers were trained in FY 2014.

In FY 2014, USAID launched new projects with non-governmental partners and UNICEF in Armenia, Burundi, Georgia, Moldova and Uganda aimed at helping more than 6,000 children transition from homelessness or residential care into a supportive family environment. National governments in these countries are demonstrating their leadership and commitment to family-based care, and USAID's technical assistance is supporting these efforts.

USAID supports sustainable methods to increase families' capacities to better care for children through household economic strengthening approaches, such as savings-led microfinance and targeted training.

In FY 2014, USAID initiated two multi-country programmatic learning initiatives with the aims of benefitting additional children and building the evidence base on practices that reduce risks of child separation and that facilitate the reintegration of children into families. Interventions include targeted household economic strengthening and improving parenting practices and behavior for improved protection and care of children. The two programs will implement projects and be rigorously evaluated in a total of five countries.

CHILD BLINDNESS PROGRAM

The Child Blindness Program features prominently in USAID's approach to the elimination of blindness. Since its origination, more than 31 eye care and health non-governmental organizations have received grants totaling approximately $30 million to implement eye care interventions in 58 countries. The primary interventions have included eye health education, vision screening, provision of eyeglasses and other visual aids, cataract and other sight-restoring surgery, education and rehabilitation services, provision of antibiotics and other essential medicines and training of medical staff and community-based individuals. The sustainability of interventions depends on high-quality care, sufficient human resources, state-of-the-art training, increased demand for services, affordable costs, adequate and functional equipment and efficient clinical and organizational management systems.

In FY 2014 the Child Blindness Program provided grants to six organizations working in Thailand and Burma, Bangladesh, Vietnam, Philippines, Cambodia and Nepal. In total these grants trained 15,286 school teachers and health works to effectively screen for vision impairment at scale, as well as provide referrals and quality treatment at health facilities. The most recent iteration of the Child Blindness Program focuses on two goals that are promoted through its "Learning, Innovation and Research Agenda."

GOAL 1

To ncreas the number of ch dren prov ded w th qua ty eye care services by

- Increas ng the ava ab ty and access b ty to qua ty eye hea th and v s on serv ces for ch dren and other vu nerab e populations
- Improv ng the capac ty of eye care organ zat ons by strengthening administrat ve technical and/or f nancial functions

GOAL 2

To ncrease g oba know edge of ped atr c eye care through nnovat on and the imp ementat on of best pract ces by

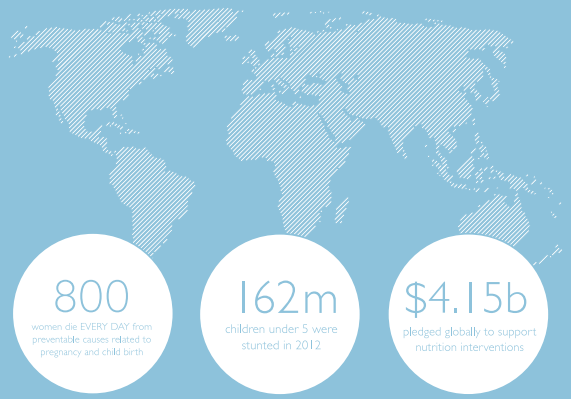
- Test ng des gn ng and expand ng the sca e of innovat ve approaches for eye care n var ous country contexts
- Increasing the evidence base for effective approaches leading to the sca e up of ped atr c eye care programs

120,000+ health providers trained by Helping Babies Breathe Alliance

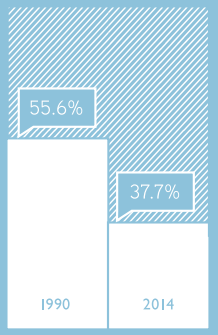
1,212,731 pregnant women MAMA Bangladesh reaches every major cellular carrier in the country

1,600,000 children die every year from vaccine-preventable diseases

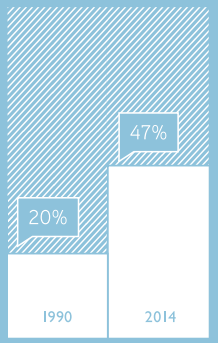
500,000,000 children immunized under Gavi

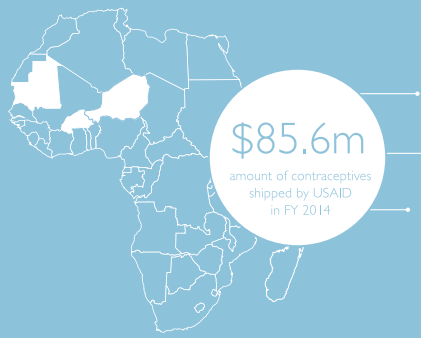


stunting reduced in 19 USAID nutrition focused countries



births in a facility in 24 USAID priority countries

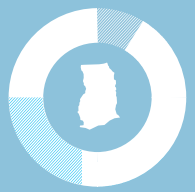




$961,000 allocated to **Burkina Faso** for contraceptives

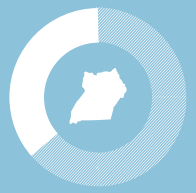
$51,000 allocated to **Mauritania** for contraceptives

$385,000 allocated to **Niger** for contraceptives



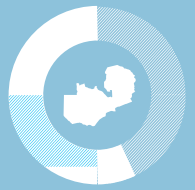
GHANA

92% of caregivers of sick children in Ghana sought treatment from community-based agents



UGANDA

30% reduction in maternal mortality in target districts in Uganda



ZAMBIA

68% of children with pneumonia received early and appropriate treatment from local health workers

RWANDA

90% Rwandans introduced to community-based health insurance, targeting 94% of the population.

CREATING AN AIDS FREE GENERATION

...WITH MORE PEOPLE ON LIFESAVING TREATMENT THAN EVER BEFORE AND A GREATER SET OF TOOLS TO PREVENT THE TRANSMISSION OF HIV, 2014 HAS DEMONSTRATED THE REMARKABLE IMPACT OF **PEPFAR, USAID, AND OUR PARTNERS**. THIS YEAR, WE ARE FOCUSING OUR ENERGY ON IMPLEMENTING PEPFAR S NEW VISION OF CONTROLLING THE HIV EPIDEMIC IN ORDER TO ACHIEVE A SUSTAINABLE PROGRAM AND PROVIDING PARTNER COUNTRIES WITH THE TOOLS TO TAKE GREATER RESPONSIBILITY IN THAT RESPONSE. BACK THEN, MORE THAN 2 MILLION PEOPLE DIED FROM AIDS RELATED CAUSES ON A WORLDWIDE BASIS. TODAY, WE VE CUT THOSE NUMBERS BY 34%. BACK THEN, AIDS THREATENED TO WIPE OUT A WHOLE GENERATION, LEAVING BEHIND 14 MILLION ORPHANS AND VULNERABLE CHILDREN. TODAY, WE VE SLASHED NEW INFECTIONS AMONG CHILDREN IN HALF.

Secretary of State John Kerry (remarks at World AIDS Day event at White House on Dec. 1, 2014)

Photo: Jane Silcock/USAID

With more people on lifesaving treatment than ever before and a greater set of tools to prevent the transmission of HIV, 2014 has demonstrated the remarkable impact of the PEPFAR and USAID's and other USG implementing agencies contribution to this impact. This year, we are focusing our energy on implementing the vision of PEPFAR 3.0 on controlling the HIV epidemic in order to achieve a sustainable program and providing partner countries with the tools to take greater responsibility in that response.

PEPFAR is now supporting lifesaving antiretroviral treatment for 7.7 million individuals, 4.5 million of whom receive direct support and an additional 3.2 million individuals in countries receiving technical assistance. PEPFAR also supported HIV testing and counseling for more than 56.7 million people, providing a critical entry point to prevention, treatment and care. USAID—a key implementing agency of PEPFAR—has contributed significantly to these remarkable achievements.

At the AIDS 2014 Conference in Melbourne, Australia, PEPFAR, along with our global partners in the fight against HIV and AIDS, strategized how to best reach new worldwide targets set forth by UNAIDS of 90-90-90 by 2020. The 90-90-90 targets call for 90% of people living with HIV to know their status, 90% of those who tested positive to enroll in sustained antiretroviral treatment, and 90% of those enrolled to maintain suppressed viral loads. USAID is working toward these ambitious targets by targeting key populations through our management of the PEPFAR-funded LINKAGES project and scaling up pediatric HIV treatment, a critical gap in current treatment rates, with PEPFAR's Accelerating Children's HIV/AIDS Treatment (ACT) Initiative to put an additional 300,000 children on treatment in sub-Saharan African countries in the next two years.

This year marked the beginning of PEPFAR's next era with the announcement of new leadership and the release of PEPFAR 3.0—Controlling the Epidemic:

Delivering on the Promise of an AIDS-free Generation, a report detailing phase three of PEPFAR's response to the epidemic. Dr. Deborah L. Birx was sworn in as the Ambassador-at-Large and Coordinator of the United States Government Activities to Combat HIV/AIDS, responsible for the coordination of all U.S. efforts in the global fight against HIV and AIDS. Under the direction of Ambassador Birx, each PEPFAR implementing agency put forth a bold vision to leverage its strengths and capabilities toward our shared goal of an AIDS-free generation. For USAID, this bold vision is grounded in our health financing experience and the mobilization of partner countries' domestic resources to strengthen their national HIV responses.

USAID is deeply committed to the five action agendas outlined in the PEPFAR 3.0 report: impact, efficiency, sustainability, partnership, and human rights. We look forward to continuing our work together with transparency, accountability, and impact toward our goal of an AIDS-free generation.

COMMISSION ON HUMAN RIGHTS AND ADMINISTRATIVE JUSTICE (CHRAJ)

With support from PEPFAR and USAID, the Commission on Human Rights and Administrative Justice (CHRAJ) in Ghana launched a web based system in 2013 to provide a simple way for reporting HIV related and key population related discrimination. In its first year, 21 cases have been reported directly to the online system and an additional 11 cases are being resolved through local civil society organizations.

With this data, CHRAJ has already identified structural challenges faced by people living with HIV and key populations related to employment, health facilities, and law enforcement. Rather than addressing these challenges one by one, CHRAJ now has the information necessary to address them systematically with the institutions or people involved.

Photo: Amy Cotter/USAID

CREATING AN AIDS-FREE GENERATION

USAID IS A KEY IMPLEMENTING AGENCY OF PEPFAR, ACCOUNTING FOR 56%, AND $3.7 BILLION OF U.S. GOVERNMENT HIV AND AIDS PROGRAMS WORLDWIDE IN FY 2014. USAID HAS BEEN AT THE FOREFRONT OF THE GLOBAL AIDS RESPONSE SINCE THE EARLY STAGES OF THE PANDEMIC IN THE 1980S AND HAS DEMONSTRATED REMARKABLE IMPACT SINCE THE ESTABLISHMENT OF PEPFAR IN 2003. USAID REMAINS COMMITTED TO THE GOAL OF AN AIDS-FREE GENERATION AND IS WORKING TO ACHIEVE THAT GOAL BY FOLLOWING FIVE ACTION AGENDAS.

Impact

Scaling up core interventions—HIV treatment, prevention of mother-to-child transmission of HIV (PMTCT), voluntary medical male circumcision (VMMC) and condoms—while simultaneously reducing new HIV infections is the only way to reach a sustainable response to the HIV epidemic in each country.

USAID supports comprehensive HIV treatment programs through PEPFAR—including antiretroviral therapy (ART)—for individuals living with HIV. USAID-supported ART programs improve access, enhance quality, and foster sustainability of lifelong HIV treatment services. To accomplish these priorities, USAID and its implementing partners have utilized a variety of innovative approaches, including incorporation of mobile phones and other technologies to support patient adherence to medication and engagement with health services. With this approach, individuals on treatment can receive daily text message reminders to take their lifesaving medicines and can stay in touch with local clinics to foster better care.

8m
people PEPFAR screened in FY 2014

USAID, through PEPFAR, continues to support PMTCT as a cost-effective and essential intervention. In FY 2014, PEPFAR supported HIV testing and counseling for more than 14.2 million pregnant women, of whom 749,313 tested positive for HIV. With PEPFAR's provision of antiretroviral treatment to these women, 95% of these babies were born HIV-free, protecting approximately 240,000 babies who would have been otherwise infected.

USAID, through PEPFAR, has been leading the rapid scale-up of voluntary medical male circumcision (VMMC) in 14 priority countries, recognizing the high cost-effectiveness of this biomedical HIV prevention intervention. As of September 30, 2014, PEPFAR has supported more than 6.5 million VMMC procedures in eastern and southern Africa, with 2.3 million procedures completed solely in the last year.

Correct and consistent condom use remains an integral part of any prevention strategy. In FY 2014, PEPFAR directly supported the shipping of 626,553,000 male and female condoms for use in HIV prevention programs.

Effectively targeting programs to those high-burden areas requires targeting both geographic regions and populations. Beyond utilization of national data, USAID and other PEPFAR partners expanded subnational data collection in FY 2014 to pinpoint geographic hot spots of high prevalence within countries to better allocate interventions and resources.

Through PEPFAR, USAID has been focusing on supporting populations that face a higher risk of HIV infection, including young women, adolescent girls, and certain "key populations"—men who have sex with men, sex workers, injecting drug users and transgender people. USAID has also

6.5m
VMMC procedures in Eastern and Southern Africa since Sept 20, 2014

14.2m
pregnant women tested and counseled for HIV in FY 2014

627m
male and female condoms shipped in FY 2014

$5m
provided by PEPFAR for OVC in FY 2014

made strategic investments to strengthen the resilience of orphans and vulnerable children, their families, and communities. In FY 2014 alone, PEPFAR provided care and support for more than 5 million orphans and vulnerable children.

Tuberculosis (TB) is the leading cause of death among people living with HIV in sub-Saharan Africa, accounting for more than 1,000 lives lost each day. Given this enormous toll, USAID, through PEPFAR, has supported the integration of TB/HIV care and treatment. As of the end of FY 2014, PEPFAR screened 8 million individuals in care for TB.

Efficiency

To ensure that every taxpayer dollar is being optimally invested, USAID is prioritizing efficiency by increasing transparency and oversight across all data collection mechanisms. In FY 2014, PEPFAR launched the publicly accessible PEPFAR Dashboards that illustrate planned funding, program impact, expenditure analysis, and age and gender disaggregated data to allow our stakeholders, from partner-country governments to donors to civil society organizations, to view and independently analyze country-specific data. This year, Secretary Kerry also announced the creation of the Interagency Collaborative for Program Improvement (ICPI), a PEPFAR initiative to convene all implementing agencies to provide coordinated data analysis and tailored recommendations across the interagency and among implementing partners. Through its technical leadership and expertise, USAID contributed to greater data accessibility to ensure accountability across PEPFAR partners.

Beyond oversight, USAID is working to improve the technical and allocative efficiency of our HIV programs. The Agency works with our partner countries to strengthen existing supply chain systems and empower them to deliver quality HIV medicines and supplies at the best value.

In order to assure the quality and accessibility of essential drugs, with PEPFAR funding, USAID has supported the development of a twofold quality assurance system:

1. Prequalification of wholesalers and manufacturers
2. Implementation of quality control sampling and testing procedures afterward.

Through the expansion and transition of regional distribution centers in Ghana, Kenya, and South Africa, USAID has demonstrated its commitment to the procurement of essential medicines and supplies for HIV treatment and testing in the safest and most efficient way possible.

Sustainability

Investing in local health workers and systems is integral to sustainable control of the epidemic. Through PEPFAR's human resources for health activities, USAID greatly contributed to the achievement of the goal of training 140,000 new health workers by 2014. USAID will continue to prioritize health systems strengthening throughout phase three of PEPFAR to build upon these past successes.

Meeting the needs of all 35 million people living with HIV will exceed current donor commitments. Therefore, USAID has been working with partner countries to mobilize their domestic resources to narrow this gap. USAID is well-positioned to lead

Photo: Amy Cotter/USAID

PEPFAR/USAID PARTNERSHIP

In Tanzania, a PEPFAR supported public private partnership between USAID and the Touch Foundation to strengthen capacities of Catholic University of Health and Allied Sciences and Bugando Medical Center resulted in a six time increase of student enrollment since 2004 from 277 to over 1,800 students across 14 different health worker cadres. With 96% of medical doctors trained in the program still employed in the Tanzanian health system, the program has become a model for achieving high graduate placement and retention rates.

this integral part of PEPFAR's Sustainability Action Agenda by drawing on Agency-wide expertise in health financing and governance. In FY 2014, USAID collaborated closely with partner country governments to increase health expenditures in national budgets, improve technical efficiencies, and increase tax revenues and innovative financing opportunities to bolster domestic responses to HIV.

To achieve an AIDS-free generation, USAID realizes the necessity of both an HIV vaccine and other innovative forms of prevention. For more than two decades, USAID has invested in vaccine research by supporting the International AIDS Vaccine Initiative and focusing on capacity-building for locally-led clinical research in areas hardest hit by the epidemic. USAID has also supported the development of tenofovir gel, an antiretroviral microbicide for preventing sexual transmission of HIV to women, and an intravaginal ring, the first of its kind to prevent pregnancy and HIV transmission with an antiretroviral microbicide. The Agency is committed to funding further studies to determine the availability and efficacy of these prevention methods. As new trials launch, USAID will utilize the wealth of new information to shape future interventions and further long-term epidemic control.

Partnership

USAID collaborates with a number of international partners to leverage resources, target high-burdened areas, and improve sustainability by maintaining a coordinated continuum of care across donors, implementing partners, and partner governments. The U.S. Government has supported UNAIDS since its creation in 1997 and remains the largest donor of the Global Fund to Fight AIDS, Tuberculosis and Malaria, providing approximately one-third of total funding.

Public-private partnerships are an increasingly valuable tool to leverage additional resources through private sector investments. As pediatric treatment rates lag staggeringly behind adult treatment rates, USAID is one of the implementers of PEPFAR's Accelerating Children's HIV/AIDS Treatment (ACT) Initiative. Announced at the US-Africa Leaders Summit, ACT is a public-private partnership between PEPFAR and the Children's Investment Fund Foundation, which aims to provide antiretroviral treatment to an additional 300,000 children living with HIV across Cameroon, Democratic Republic of Congo, Kenya, Lesotho, Malawi, Mozambique, Tanzania, Zambia, and Zimbabwe.

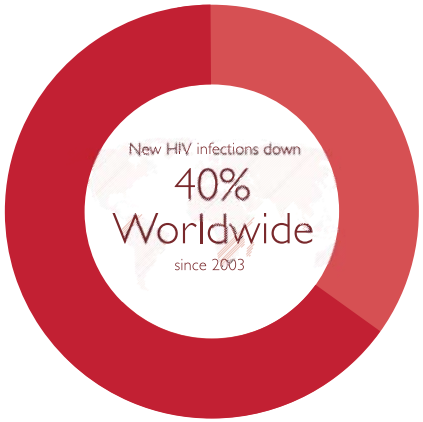
Human Rights

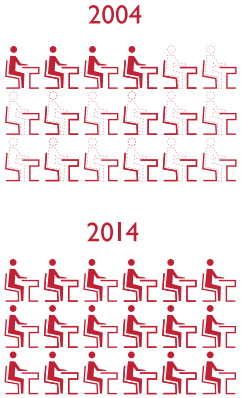
Stigma and discrimination continue to threaten access to prevention services, care and treatment for individuals living with HIV. Medical interventions are not enough to effectively fight the virus; we must also address human rights violations against those living with HIV. To reduce these barriers to access, USAID took steps in 2014 to bolster civil society capacity to advocate for reduced stigma and collaborate with partner governments to remove discriminatory laws or policies.

Key populations—including sex workers, men who have sex with men, people who inject drugs, and transgender people—are disproportionately affected in terms of both HIV prevalence and stigma, undermining global efforts for non-discriminatory care and treatment. In FY 2014, with PEPFAR funding, USAID launched the LINKAGES project, the first global project targeting key populations, to provide more integrated HIV services with the assistance of trained peers and understanding health workers who can protect patient privacy and properly address needs without stigmatization. USAID will also work to improve the broader environment by improving crisis response systems to enhance safety, advocating for reduced criminal prosecution under discriminatory laws, and empowering key populations with a full participatory approach to service delivery.

Young women and adolescent girls also face a disproportionate share of the burden of HIV. USAID, through PEPFAR, is working to foster greater gender equality in the provision of HIV services and concentrate on vulnerable populations. For example, girls who experience violence are three times more likely to be infected with HIV. With these inextricable links between gender-based violence and HIV, effectively targeting those who experience violence with a comprehensive package of services and interventions will allow for greater impact. In December 2014, PEPFAR announced a partnership with the Bill & Melinda Gates Foundation and the Nike Foundation, which focuses on preventing HIV infection in young women and adolescent girls—specifically 15-24 year old women—a population that represents nearly 7,000 new infections per week.

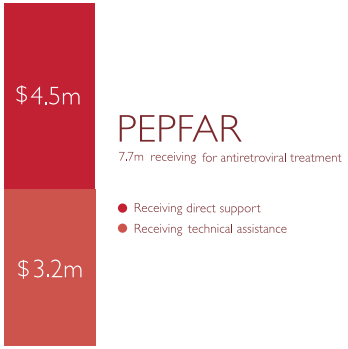
USAID is committed to human rights for all to ensure that universal, equal access to non-discriminatory care and treatment is achieved regardless of gender or sexual orientation.





Six time increase of student enrollment across 14 different health worker cadres.

PEPFAR SUPPORT IN FY 2014



In FY 2014, PEPFAR supported 14.2 million pregnant women with HIV testing and counseling and provided prevention of mother-to-child transmission (PMTCT) services to more than 749,000 women who tested positive. As a result, 95% of these babies were born HIV-free.

FAMILY PLANNING & HIV INTEGRATION

Integrated voluntary family planning HIV services can increase the use of contraception by HIV positive women and couples who do not want to become pregnant. In 2014, USAID made significant progress on the development of vaginal rings for the prevention of unintended pregnancy and sexually transmitted infections, including HIV. FDA approval was received to begin the first ever clinical study in women of the multipurpose prevention technology (MPT) ring that combines tenofovir (TFV), which protects against HIV and herpes simplex virus (HSV), with levonogestrel (LNG), for contraception. USAID supported the development and testing of another MPT ring that combines LNG with dapivirine (DPV, a potent inhibitor of HIV). The laboratory tests demonstrated that DPV and LNG can be delivered for 90 days.

With USAID support, integrated family planning and HIV counseling and services reached vulnerable women and girls in Ethiopia. Integrated service delivery outreach was improved by expanding contraceptive method choice in 23 prioritized towns. This work builds off of a USAID/Ethiopia funded HIV prevention project where implementing partners offer a standard package of combination prevention services (i.e. HIV counseling and testing, sexually transmitted infection screening and treatment, and family planning counseling) through public and private facilities, drop in centers, and mobile outreach sites within high prevalence "hotspots nationwide. Of the total number of women reached within the first few months of implementation, 52% were new family planning users.

Photo: Amy Cotter/USAID

PROTECTING COMMUNITIES FROM INFECTIOUS DISEASE

THE EBOLA EPIDEMIC IN WEST AFRICA HIGHLIGHTED THE URGENCY FOR IMMEDIATE ACTION TO BOLSTER GLOBAL CAPACITY TO PREVENT, DETECT, AND RAPIDLY RESPOND TO BIOLOGICAL THREATS LIKE EBOLA.

Beginning in his 2011 speech at the United Nations General Assembly, President Obama has called upon all countries to work together to prevent, detect, and respond to outbreaks before they become epidemics. The GHSA was launched on February 13, 2014, to advance a world safe and secure from infectious disease threats and to bring together nations from all over the world to make new, concrete commitments, and to elevate global health security as a national leaders-level priority.

The world faced the largest Ebola epidemic in history in 2014. The epidemic spread through Guinea, Liberia, and Sierra Leone – countries with fragile health and economic systems, which include Liberia and Sierra Leone's recent histories of civil war and political instability. The Ebola virus spilled over into three neighboring countries where the response was swift. As President Obama said at the United Nations Meeting on Ebola: "Ebola is a horrific disease. It's wiping out entire families. It has turned simple acts of love and comfort and kindness—like holding a sick friend's hand, or embracing a dying child—into potentially fatal acts. If ever there were a public health emergency deserving an urgent, strong, and coordinated international response, this is it.

The Global Health Security Agenda addresses all potential infectious disease threats, whether they are naturally occurring, intentional, or an act of bioterrorism. Among the essential components of this effort are laboratory systems, disease surveillance, emergency response, and workforce development.

Photo: Amy Cotter/USAID

PREDICT PROJECT

The 2014 Ebola epidemic was a jarring reminder of the need for a greater capability in all countries to rapidly detect and respond to new or re emerging public health threats which "spill over in humans from animal populations such as bats, rodents, and non human primates. The speed with which diseases such as HIV/AIDS, severe acute respiratory syndrome (SARS), Middle East Respiratory Syndrome Coronavirus, H5N1 avian influenza, and the 2009 H1N1 influenza virus can emerge and spread across the increasingly interconnected globe presents enormous challenges for public health, economies, political stability, and development.

To protect against the potential consequences associated with emergence of a pandemic threat, comprehensive disease detection and response capacities are needed, especially in locations where threats are most likely to emerge. USAID has invested more than $1 billion since 2005 in its Emerging and Pandemic Threats program; that is strengthening the capacity of 18 countries in Africa and Asia to more quickly and effectively detect and respond to viral threats, including Ebola.

Photo: Amy Cotter/USAID

GLOBAL HEALTH SECURITY

USAID'S EMERGING PANDEMIC THREATS (EPT) PROGRAM SEEKS TO AGGRESSIVELY PREEMPT AND COMBAT DISEASES THAT COULD SPARK FUTURE PANDEMICS.

Since 2009, USAID has been a leader in supporting surveillance of high consequence viral families circulating in targeted animal taxa living in Africa, Asia, and South America. USAID couples this information with social science research that describes behaviors and practices that evoke viral spillover and spread from animals to humans. In addition, USAID is building the capacity of national workforces to use this information to prevent, detect, and respond effectively to future threats.

$72.5m

invested by USAID in FY 2014

As part of the response to the Ebola epidemic, efforts are designed to fortify domestic public health systems, contain the epidemic at its source in West Africa, speed the development of vaccines and therapeutics, and strengthen global health security. The United States has mounted an aggressive effort governed by four key pillars to stop this crisis: control the epidemic; mitigate second-order impacts, including blunting the economic, social, and political tolls; coordinate the U.S. and broader global response; and fortify global health security infrastructure.

Our rapid-response strategy to break transmission of the virus emphasizes five components: effective isolation of cases in Ebola treatment units and Community Care Centers; burial teams to quickly remove dead bodies to prevent further viral transmission; awareness and behavior change at the individual and community level; improved infection control at general health clinics; and an effective command and control system in each country.

In October 2014, the Global Health Security and Development Unit launched the Emerging Pandemic Threats 2 Program. This iteration of EPT will build on knowledge gained under the Emerging Pandemic Threats 1 Program, which targeted the early detection of new disease threats; enhanced 'national-level' preparedness and response capacities for their effective control; and a better understanding of the risk of disease emergence including those practices and behaviors that trigger the 'spill-over and spread' of new pathogens from animal reservoirs to humans. The Emerging Pandemic Threats 1 program complemented an ongoing line of work USAID has supported since 2005, efforts to control the threat posed by the highly pathogenic H5N1 avian influenza virus. Between 2009 and 2014 results include testing of samples from more than 40,000 animals and identifying more than 800 new viruses related to ones known to cause disease in animals and people; contributing to a 64% decrease in the number of poultry outbreaks and human cases caused by H5N1; and the quick detection and containment of an Ebola outbreak in the Democratic Republic of Congo during 2014. Through the Emerging Pandemic Threats 2 program, USAID will continue to enhance surveillance methods and begin developing and testing interventions to reduce risk of the emergence and spread of pandemic threats.

At present the program is focused on East and Central Africa as well as South and Southeast Asia—a strategic decision to invest in a targeted set of the highest risk countries to get maximum impact for our investments. With available resources, viral surveillance methodologies and the Public Health Events of Initially Unknown Etiology tool—a framework for preparedness and response in the African Region, developed in close collaboration between USAID, WHO/AFRO, the Global Outbreak Alert and Response Network (GOARN), and US CDC—will be applied for use in West Africa to expand detection and response capacities.

With the launch of the Global Health Security Agenda, the United States has committed to working with at least 30 partner countries to advance global health security over the next five years. USAID is working in partnership with other USG agencies and host country governments and local partners, particularly focusing on hotspots of previous disease emergence in countries and trans-boundary epidemiological zones where the risks of spillover, amplification and spread are greatest. As a result of USAID's efforts to date, local capacities across both animal and human health sectors to detect, prevent and respond to diseases have been strengthened in 18 countries where new pandemic threats are most likely to emerge. We have developed regional university networks in Africa and Asia involving more than 65 veterinary, medical, public health, and environment schools to train future practitioners in a multi-disciplinary fashion that links the fields of public health, medicine, veterinary sciences, and ecology to better to address future biological threats.

For GHSA, USAID works closely with other USG partners in all the GHSA 11 action package areas, particularly supporting "One Health" aspects of the GHSA. This includes working across the human health, animal health and environment sectors, and building better and more sustainable linkages between animal and human health in prediction, detection and response of infectious disease outbreaks. Examples of USAID's work in One Health in support of the GHSA include: monitoring viruses and behaviors at locations where there are high contact rates between animals and people; building surveillance capacity in animal and human health and ensuring connections between those systems; training workers across public health, animal health, and environment sectors; (3) strengthening interdisciplinary committees to prevent, prepare, and respond to infectious diseases; and developing and testing interventions to reduce the risk of animal viruses becoming public health threats.

Fighting Ebola: A Grand Challenge for Development

Every day, in hot, humid, and extremely difficult environments, health care workers in Ebola-affected countries are performing critical tasks that save lives and prevent the spread of the virus. PPEs offers critical protection, but also is the greatest source of discomfort and stress for the workers. While PPEs protect health care workers, they cannot be worn for more than 40 minutes in hot climates, severely limiting the time health care workers can care for their patients.

President Obama announced Fighting Ebola: A Grand Challenge for Development, a grant competition designed to produce better tools to tackle this disease in a matter of weeks, not years. We are exploring advances in diagnostics that reduce the difficulty of rapidly transporting blood samples over terrible roads; new medical options, such as vaccines and therapeutics; improved designs for PPE; and real-time data to better predict spikes and valleys in active cases.

In response to this challenge and the unprecedented Ebola outbreak, USAID is partnering with the White House Office of Science and Technology, the CDC, and The Department of Defense to launch Fighting Ebola: A Grand Challenge for Development (www.ebolagrandchallenge.net) to help health care workers on the front lines provide better care and stop the spread of Ebola.

> *"Ebola is a horrific disease. It's wiping out entire families. It has turned simple acts of love and comfort and kindness into potentially fatal acts. If ever there were a public health emergency deserving an urgent, strong and coordinated international response, this is it.*
>
> *-President Obama, United Nations*

TUBERCULOSIS

TUBERCULOSIS (TB) IS ONE OF THE OLDEST DISEASES KNOWN TO HUMANKIND. IN 2013 APPROXIMATELY 9 MILLION PEOPLE BECAME ILL WITH TB AND 1.5 MILLION PEOPLE DIED FROM THE DISEASE.

TB kills more than 200 people every hour of every day, more than 95% of whom live in low and middle-income countries. TB is also one of the top three causes of death among women of reproductive age and a major cause of death among people living with HIV and AIDS.

2.7m
people with TB successfully treated

Despite these challenges, the vision of a world free from TB is achievable. Sustained and focused investments in fighting TB have begun to make their mark. Since 1990, the global community has reduced the number of deaths from TB by 45% and reduced TB prevalence by 41%.

USAID supports countries with high TB burdens to implement effective prevention, diagnostic and treatment services. In USAID-supported countries, deaths from TB have decreased 42% and the overall prevalence of TB has been reduced by 43% since 1990—in keeping with global trends. Further, in the countries where we work, more than 2.7 million people with TB were successfully treated and more than 60,000 people with multidrug-resistant TB (MDR-TB) were put on treatment in 2013, the most recent year for which data is available.

Leading Global TB Care Efforts Under the New 2015-2019 U.S. Government TB Strategy

With the most recent TB strategy, developed under the Lantos-Hyde Global Leadership against HIV/AIDS, Tuberculosis and Malaria Act[4], having come to an end in 2014, the U.S. Government has developed a new 2015–2019 global tuberculosis strategy to Reach, Cure, and Prevent TB. Under the new strategy, the U.S. Government will focus its efforts and resources on four key technical areas, which are vital to effectively addressing the global TB epidemic:

- Improve Access to High-Quality, Patient-Centered TB, Drug-Resistant TB, TB/HIV Services
- Prevent TB Transmission and Disease Progression
- Strengthen TB Service Delivery Platforms
- Accelerate Research and Innovation

As the lead agency supporting the U.S. Government's international TB care and treatment efforts, USAID is committed to working with the global community in an effort to reach every person with TB, cure those in need of treatment, and prevent new infections.

Reaching and Treating More Individuals with TB

Each year an estimated 3 million TB cases are not reported to National TB Control programs, and therefore, either undiagnosed and untreated, or treated through a poor quality, unregulated private sector. USAID is supporting efforts to reach and treat more people with TB through the development of new case finding approaches and strategies and expansion of new diagnostics and technologies. In addition, community based organizations, the private sector and prison systems are becoming effectively engaged in TB interventions due to USAID support.

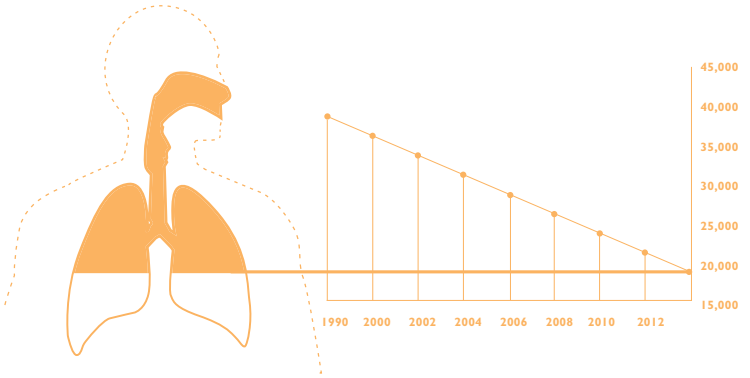
In FY 2014, USAID continued to invest in the scale up of Xpert® MTB/RIF (Xpert), a technology to better diagnose drug-resistant and HIV-associated TB. In collaboration with CDC and PEPFAR, USAID provides a comprehensive technical approach to help countries successfully utilize Xpert. Data from USAID-supported projects show that use of the technology can detect more cases and has decreased the time for diagnosis and treatment initiation of TB and MDR-TB. Through PEPFAR, and in partnership with CDC, USAID is directly supporting the scale up of Xpert in 14 countries with high TB and HIV rates by procuring machines and test kits, as well as providing technical assistance to ensure proper use of the machines, monitoring and impact evaluation.

Addressing the Growing Threat of Drug-Resistant TB

The increase in drug-resistant TB is a serious challenge that threatens to reverse the gains made so far. Inadequate TB diagnosis coupled with inadequate treatment can result in the development of MDR-TB, a form of TB that is resistant to two of the most important first-line drugs, and extensively drug-resistant TB (XDR-TB), which is also resistant to some second-line drugs.

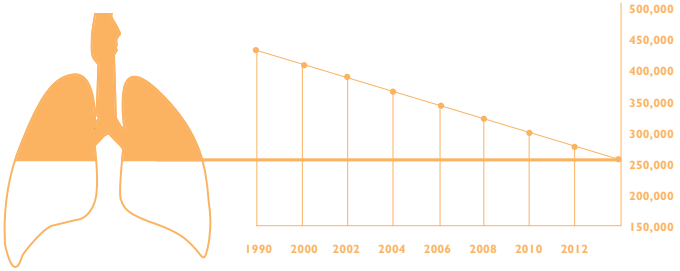
DECLINE IN TUBERCULOSIS BURDEN

TB MORTALITY IN USAID-SUPPORTED COUNTRIES



TB deaths decreased by **42%**

TB PREVALENCE IN USAID-SUPPORTED COUNTRIES



TB prevalence decreased by **43%**

4. The 2008 Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis and Malaria Reauthorization Act supporting a substantial increase in U.S. Government funding for TB treatment and control over a five-year period.

Addressing drug-resistant TB is in line with the Obama administration's priority to fight antimicrobial resistance as explicitly recognized in September 2014 through the Presidential Executive Order for "Combating Antibiotic-Resistant Bacteria." In support of the President's Executive Order, and in recognition of the grave risk posed by the continued spread of drug-resistant TB, USAID has intensified its efforts to combat MDR-TB.

During 2014, USAID signed a memorandum of understanding (MoU) with Janssen Therapeutics,

> *"I am sure that now I can finish my treatment and be healthy because now I have the necessary understanding and support."*
>
> *–Hakmiddin, MDR-TB Survivor from Northern Kyrgyzstan*

one of the Janssen Pharmaceutical Companies of Johnson & Johnson, to accelerate progress in the fight against antibiotic-resistant bacteria, specifically MDR-TB. Under the MoU, Janssen Therapeutics will donate $30 million worth of SIRTURO® (bedaquiline), its newly approved drug, for the treatment of MDR-TB through USAID and globally supported MDR-TB and XDR-TB treatment programs over a four year period. Bedaquiline, the first new class of antibiotics approved by the FDA in nearly 50 years, is a powerful new drug to fight drug-resistant TB and has been licensed for use in combination with other drugs when existing treatment regimens to treat MDR-TB are not effective. The MoU allows Janssen Therapeutics and USAID to work together to safely introduce and support the use of bedaquiline in nearly 100 low – and middle-income eligible countries, enabling these countries to access the life-saving drug for free under certain conditions.

USAID's investments in MDR-TB also aim to improve the prevention, detection, and treatment of MDR-TB through global and country level development and implementation of policies, guidelines, scale-up plans, and treatment support.

Current TB treatment regimens require daily medication for six months and up to 24 months for MDR-TB, posing serious challenges to providers and patients. In FY 2014, USAID supported research to shorten TB regimens, especially for MDR-TB. It is expected that the new drug regimens under investigation could increase accessibility, decrease cost, and improve patient adherence and outcomes. Additionally, USAID is working to improve the quality and cost of drugs for MDR-TB by working with existing and new pharmaceutical suppliers. Due to these efforts, USAID has significantly improved the pipeline of manufacturers for MDR-TB, reducing the price for the entire regimen by 30%, compared to 2011.

Kyrgyz Republic's TB Control Reform Helps Patients Stick to Treatment

New standards strengthen quality of health and social services

Patient Hakmiddin receives direct observation tuberculosis treatment. Photo: Nurgulya Kulbekova

Hakmiddin*, 33, is from a small village in northern Kyrgyzstan. He had been treated for tuberculosis (TB) several times since he was first diagnosed more than a decade ago. Sadly, he had never received a full course of medicine because he repeatedly returned home to go back to work, and did not receive the necessary medications and appropriate treatment supervision. During his protracted struggle with TB, he also listened to the ill-advised suggestions of his peers and took antibiotics, which could cause serious complications in TB patients.

Hakmiddin's story is all too familiar. His father and niece also suffered from TB and then multidrug-resistant (MDR-TB), and also failed to complete their treatment programs or adhere to the medication regimen. During the period that Hakmiddin and his family became infected, although directly observed treatment (DOTS+) was being implemented in the country, drug supplies were limited and universal treatment standards were lacking. Kyrgyzstan has one of the highest rates of TB in Europe, with an estimated incidence of 141 cases and 9.5 deaths per 100,000 people. According to the latest data, the prevalence of MDR-TB is now 26% among new TB cases, and 68% among previously treated cases.

As MDR-TB became a growing problem nationwide, Kyrgyzstan's National TB Program and the Ministry of Health joined forces with USAID to address this serious health challenge. National guidelines and protocols on MDR-TB, aligned with WHO recommendations, were developed and approved in 2012. The new protocols address managing infection control, TB treatment for children, and treatment in outpatient care settings to improve the national treatment program.

A comprehensive approach to training on MDR-TB brought together TB specialists from across the medical and religious communities.

In USAID supported countries

60,000

people with multidrug-resistant TB (MDR-TB) were put on treatment

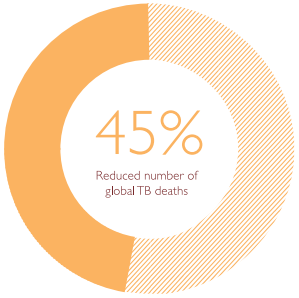
This honed in on the problem and introduced a unified approach to the management of MDR-TB. Underlying the new approach was a commitment to expanding access to high-quality diagnostics and MDR-TB treatment for every patient, along with social and psychological support for patients and their families, and community involvement to reduce any associated stigma.

In 2013, following Hakmiddin's marriage and the birth of his daughter, his symptoms worsened. Because his health was declining and he was no longer able to look after his family, he sought medical attention. This time, Hakmiddin is hopeful that he will make a full recovery. Now, as a result of USAID projects, new standards are in place and high-quality medicines are available, as are a team of trained professionals, social support, and his own determination to stick to the treatment program. "I learned a lot of lessons in the past and will not repeat the same mistakes again. I'm committed to staying healthy for my daughter and wife," says Hakmiddin.

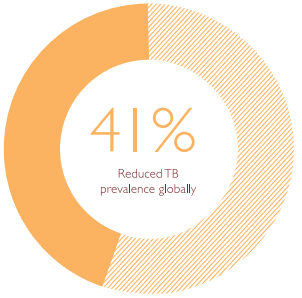
The efforts of the national partners, including USAID, resulted in increasing the MDR-TB treatment success rate from 42% in 2011 to 57% in 2013—a solid result given the difficulty of MDR-TB treatment.

**Full name withheld to protect privacy.*

REDUCTION IN GLOBAL TB DEATHS SINCE 1990



REDUCTION IN TB PREVALENCE SINCE 1990



NEGLECTED TROPICAL DISEASES

SINCE 2006, USAID'S SUPPORT FOR NEGLECTED TROPICAL DISEASES (NTDS) HAS CONTINUED TO EXPAND AND NOW PROVIDES SUPPORT TO 31 COUNTRIES; 25 COUNTRIES WITH DIRECT SUPPORT AND SIX THROUGH REGIONAL PLATFORMS.

To date, USAID has supported the delivery of over one billion treatments to over 559 million people, far exceeding the NTD program's initial targets. In FY 2014, 239 million treatments and $2.2 billion in drug donations were delivered to USAID supported countries.

More than one billion people–one-sixth of the world's population—suffer from one or more NTDs. These diseases affect the world's most vulnerable populations, almost exclusively poor people living in rural areas and urban slums of low-income countries. NTDs can cause severe disfigurement and disability, including blindness, and have devastating economic consequences for communities due to the loss of productivity and income. NTDs also keep children from living healthy, productive lives, causing malnutrition, reduced school enrollment and compromised intellectual development.

Fortunately, seven of the most common NTDs can be treated through mass treatment campaigns. These diseases—lymphatic filariasis (elephantiasis), schistosomiasis (intestinal worms), onchocerciasis (river blindness), trachoma, and three soil-transmitted helminthes, commonly known as hookworm, roundworm, and whipworm —all have safe and effective drug therapies. After just five to seven rounds of treatment in an integrated, targeted campaign, these NTDs can be controlled or eliminated altogether.

USAID works through local platforms developed by Ministries of Health for NTD control and improves their capacity to administer NTD elimination and control programs. In 2014, USAID has supported the training of over 600,000 people in endemic countries to deliver safe, high-quality NTD programs.

Moving Toward Elimination

USAID is a global leader in large-scale implementation of integrated treatment programs for NTDs. The long term goals of the NTD program are beginning to be realized in USAID-supported countries as 45.4 million people live in communities no longer requiring treatment for blinding trachoma, and 92.5 million people no longer require treatment for lymphatic filariasis. Through the Onchocerciasis Elimination Program of the Americas, Colombia and Ecuador have been certified as "onchocerciasis free" by the WHO. Two more countries in the region hope to join this status by 2016.

In 2014, USAID made a strategic investment to support care and treatment services for those individuals facing the debilitating consequences of blinding trachoma and lymphatic filariasis. With surgery and proper care, disabilities resulting from NTDs can be lessened. For example, properly timed surgery will prevent those with trachoma from becoming blind and surgery for lymphatic filariasis hydrocele will remove physical barriers that often limit productivity and quality of life. This investment is also important as countries look to WHO to verify the elimination of these diseases as a public health threat.

Global Partnerships

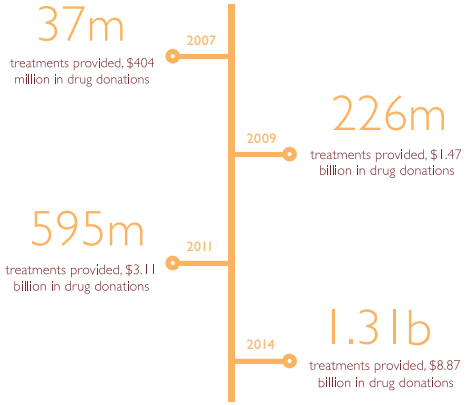
USAID's NTD program benefits from the power of global partnerships. We work directly with the governments of affected countries in Africa, Asia and the Americas as well as pharmaceutical companies, non-governmental organizations, bilateral partners, faith-based organizations, UN organizations, research institutions and foundations. These partnerships help ensure that effective treatment reaches the most at-risk individuals.

USAID's NTD program is the largest public-private collaboration in the Agency's 50-year history and since 2007 has enabled $8.87 billion in donated medicines to be delivered to populations in need, representing one of the most cost-effective and innovative partnerships in global health. Five of the drugs needed to treat NTDs, albendazole, mebendazole, Mectizan®, praziquantel and Zithromax®, are donated by GlaxoSmithKline, Johnson & Johnson, Merck & Co., Inc., Merck Serono, and Pfizer, respectively.

USAID is also working closely with the Department for International Development, the United Kingdom's international development agency, to significantly increase treatment coverage globally. Targeted efforts in Nigeria and Ethiopia will enable NTD treatments to reach large portions of these countries that have some of the highest burdens of NTDs in the world.

USAID's NTD Program has demonstrated that control and elimination of NTDs is possible with sustained treatment coverage. Continued investment in NTDs is essential to sustaining progress made in the past seven years; otherwise gains to date could be lost. We must be aggressive with mass treatment, ensuring that treatment continues uninterrupted for five to seven years. The commitment of the pharmaceutical companies is an unprecedented opportunity to invest strategically and leverage drugs that are available today.

NTD PROGRAM PROGRESS 2007 – 2014*



USAID SUCCESSES TO DATE

1.3b treatments

$8.8b in drug donations

45.4m number of people no longer requiring treatment for **blinding trachoma**

92.5m number of people no longer requiring treatment for **lymphatic filariasis**

*Cumulative

SCIENCE, TECHNOLOGY, & INNOVATION

IN THE MATERNITY WARD OF A USAID SUPPORTED HOSPITAL IN DHULIKHEL, A TOWN ON THE EASTERN RIM OF THE KATHMANDU VALLEY IN NEPAL, A NURSE APPLIES A DISINFECTANT GEL TO THE UMBILICAL CORD OF A NEWBORN BABY. THAT TUBE OF THE ANTISEPTIC CHLORHEXIDINE WHICH COSTS ABOUT 15 CENTS HAS BEEN SHOWN IN A RANDOMIZED CONTROL TRIAL, TO REDUCE NEONATAL MORTALITY BY A REMARKABLE 34% IN NEPAL. ALL AROUND THE COUNTRY, MORE THAN 50,000 FEMALE COMMUNITY HEALTH VOLUNTEERS ARE SHARING THIS INNOVATION AND SAVING THOUSANDS OF LIVES IN THE PROCESS.

Photo: Amy Cotter/USAID

While the solution to a vexing challenge like neonatal mortality may seem as simple as applying a bit of antiseptic ointment at the right time, this breakthrough came only after a dedicated and concerted effort to hammer away at the problem. USAID worked in partnership with academic researchers, government service providers, community extension workers, private-sector drug manufacturers and others to rigorously pilot, test and scale the Chlorhexidine project.

One particular obstacle, for instance, was that in much of Nepal mothers traditionally rub substances like cooking oil or ash on their babies' umbilical stumps. For widespread adoption to be viable, USAID and its partners had to develop a gel that could be applied similarly to traditional salves, and spend as much effort on behavior change and institutional strengthening as on the technology.

At USAID, a top priority is –and has always been—developing innovative solutions that can help vulnerable communities withstand chronic threats, such as pandemics or climate change, and sustain progress when disaster strikes—not get pushed further into poverty. USAID has a long history of embracing and then advancing science, technology, and innovation to create new solutions for age-old challenges.

- USAID provided the largest donor funding to establish the International Center for Diarrheal Diseases Research in 1978 where scientists conducted research to improve oral rehydration treatment. Today, almost a billion episodes of child diarrhea are treated with lifesaving oral rehydration therapy each year. Thanks to USAID's investments, child deaths from this life-threatening disease have been reduced by more than 50% since 1990.
- USAID, working with South African partners and researchers, helped fund the CAPRISA 004 trial in 2010, which resulted in a huge leap forward in women-controlled HIV prevention. The trial demonstrated that use of a microbicide gel containing an antiretroviral drug helps prevent the transmission of HIV.

GRAND CHALLENGES FOR DEVELOPMENT

TODAY, WE ARE BUILDING ON THIS LEGACY WITH A RENEWED SENSE OF FOCUS AND ENERGY.

Our **Grand Challenges for Development** (www.usaid.gov/grandchallenges) offer innovators opportunities to apply their scientific and technological expertise to clearly defined development challenges. We have identified many promising innovations, including the Rice University Bubble CPAP (bubble Continuous Positive Airway Pressure) for Acute Respiratory Distress—a low-cost device to address acute respiratory distress that performs as well as state-of-the-art machines in Western hospitals—has seen remarkable success. 20 to 38% of deaths in the first 48 hours of life are attributed to pneumonia; complications associated with premature birth, often related to breathing problems, are responsible for an additional 30% of neonatal mortality. bCPAP machines are highly effective in improving survival rates among babies in respiratory distress, but at $6,000, current bCPAP systems are too expensive for many resource-poor hospitals. To address this problem, students and faculty at Rice University engineered a low-cost bCPAP system, which can be made in small volumes for a fraction of the price. Early results in Malawi indicate a survival rate of 67% for those receiving bCPAP versus 18% for neonates receiving standard oxygen therapy—a three-fold increase in survival rates. Now, with a Saving Lives at Birth transition-to-scale grant, Rice is scaling up the device to district hospitals throughout Malawi.

To date, Saving Lives at Birth has identified and helped accelerate a total of 81 innovations to address the 289,000 maternal deaths, 2.8 million neo-natal deaths, and 2.6 million stillbirths that occur each year. A rich pipeline of innovations is changing the landscape of maternal and newborn health in just four years.

- New forms of oxytocin to prevent and treat post-partum hemorrhage, excessive bleeding during childbirth, which is a major cause of maternal mortality. Inhaled and sublingual forms of oxytocin will overcome current barriers, such as refrigeration and administration, paving the way for widespread access and use.
- We are helping ensure HIV-positive infants are given immediate access to essential medications by supporting new early infant diagnostics that can be used at the point-of-care, dramatically reducing the turnaround time of results from over a month to under an hour.
- We are increasing healthy pregnancies by promoting healthy mothers through nutrition interventions that address iron deficiency by fortifying tea and Vitamin A deficiency by fortifying yogurt.

Partnerships for Enhanced Engagement in Research (PEER—http://sites.nationalacademies.org/pga/peer/index.htm) is helping to level the playing field for scientists in developing countries. PEER is providing funding and mentoring support to developing country scientists working side-by-side with U.S. researchers who are funded by U.S. research agencies. Together, these scientists are addressing a wide range of development-related topics, including health, food security, climate change, water, biodiversity, disaster mitigation, and renewable energy. For example, researchers are assessing landslide risk in Lebanon; forecasting flooding risk in the volcanic terrains of El Salvador; studying marine biodiversity in Indonesia; and addressing water quality in Kenya.

Family planning is crucial to ending extreme poverty by opening the opportunity for countries to reap the benefits of the demographic dividend, a phenomenon that can add as much as 2% to annual GDP growth for decades. This is one of the reasons USAID has worked for nearly half a century to expand access to voluntary family planning information, products, and services across the globe.

A promising innovation is Digital Fertility-Awareness Based Methods of Family Planning—mobile and digital services that enable women to use the Standard Days Method (SDM) directly on a phone or internet-enabled device. This effective, natural family planning method helps women track their menstrual cycle and know on which days there is a high likelihood of getting pregnant.

USAID's work in science, technology and innovation represents an investment not only in the developing world but also in the American economy. The largest source of growth for U.S. products and services over the next 40 years will be in the developing world. Greater prosperity in low income countries can lead to greater market potential for U.S. businesses as these economies expand.

HEALTH SYSTEMS STRENGTHENING

THERE IS A STRATEGIC IMPERATIVE TO INVEST NOW IN HEALTH SYSTEMS—A STRONG HEALTH SYSTEM IS THE BEST INSURANCE DEVELOPING COUNTRIES CAN HAVE AGAINST A DISEASE BURDEN THAT IS SHIFTING RAPIDLY AND IN UNPREDICTABLE WAYS.[5]

Evidence of this is no more apparent than in West Africa where the worst Ebola outbreak in history is ongoing, and where we are mounting the largest ever and most complex U.S. response to a global health crisis. Health system limitations like those experienced in West Africa are binding constraints, preventing further progress in global health. An integrated, comprehensive, and holistic approach to improve health systems at the country level supports our technical priority areas of saving mothers; improving child survival; fostering an AIDS-Free generation; fighting infectious diseases including malaria, tuberculosis, neglected tropical diseases, and emerging pandemic threats; and focusing on family planning and reproductive health. It is an essential ingredient for achieving USAID's priority goals in global health.

High-performing health systems provide financial protection; ensure coverage of quality, essential services; reach all people; and are responsive to their needs and preferences. These high-performing health systems carry out six core functions effectively: health information; human resources for health; health finance; health governance; medical products, vaccines and technologies; and service delivery.

> *"USAID's priority objectives in strengthening health finance is to increase domestic resources for health, ensure countries preferentially channel public resources for priority maternal and child health and HIV/AIDS services.*

We invest in health systems to promote country ownership and sustainability, and scale up solutions. Technological advances enable developing countries to leverage information and communications technology to enhance their health systems. At the same time, rapid economic growth enables a growing number of developing countries to finance essential services for their people with their own resources. In line with USAID's overarching mission to end extreme poverty and build resilient, democratic societies, we join with partner countries to protect poor and under-served people from illness, death, and extreme poverty by providing sustained, equitable access to essential high-quality services that are responsive to their needs without financial hardship.

To achieve rapid declines in maternal, child, and HIV/AIDS deaths, and reductions in unintended pregnancies countries need sufficient and sustained resources. Countries are encouraged to efficiently use their own resources, especially where donor funding has crowded out country financing. USAID works to ensure countries mobilize domestic resources to pay for health, that they pool these resources efficiently, allocate resources effectively and purchase effective, high-quality, high-impact health goods and services. USAID's priority objectives in strengthening health finance is to increase domestic resources for health, ensure countries preferentially channel public resources for priority maternal and child health and HIV/AIDS services for poor and marginalized people, and improve efficiency and enhance value for money.

To support sustainable financing, Global Health provided technical leadership to discussions on the development of the Global Financing Facility in

5. "Investing in Global Health, Sustaining Gains, Transforming Lives." Institute of Medicine. October 2014.

Photo: Amy Cotter/USAID

Program Spot ght **Sustainable Financing Initiative**

SUSTAINABLE FINANCING INITIATIVE FOR HIV & AIDS

Meeting the needs of 36 million people living with HIV/AIDS in the next five years will exceed current donor commitments and require innovative solutions. Against this backdrop, PEPFAR committed $63.5 million through the Sustainable Financing Initiative to support ongoing country led efforts to further mobilize their own resources to help deliver an AIDS free generation. This commitment could leverage over $1 billion in aggregate over three years. USAID serves as the lead agency for coordinating and implementing this centrally funded initiative.

The initiative applies four intervention areas to mobilize more resources for HIV:

1. Advocacy: using evidence to generate and sustain political will so that host governments allocate more resources to health and HIV
2. Mobilizing additional domestic resources through improved tax policy and administration and health investment funds
3. Improving technical efficiency through supply chains, health insurance etc.; and
4. Increasing use of guarantees and other innovative financing to increase private sector participation

USAID works with developing countries to mobilize their domestic resources to ensure transparency, accountability, and impact, including increasing service coverage for prevention, care and treatment; strengthening financial protection; and improving access by vulnerable populations. The objective of USAID's Bold Vision: Achieving Sustainable Domestic Financing for HIV and AIDS, is to deliver an AIDS free generation (AFG) with shared financial responsibility with host country governments.

FY 2014, to leverage resources for our shared goal of ending preventable child and maternal deaths. The Global Financing Facility aims to mobilize and channel additional international and domestic resources required for scaling up and sustaining delivery of quality essential reproductive, maternal, newborn, child and adolescent health (RMNCAH) services. To narrow this gap, USAID will work with countries to mobilize their domestic resources to ensure transparency, accountability, and impact. Solutions tailored to each country context will involve a unique mix of health financing approaches.

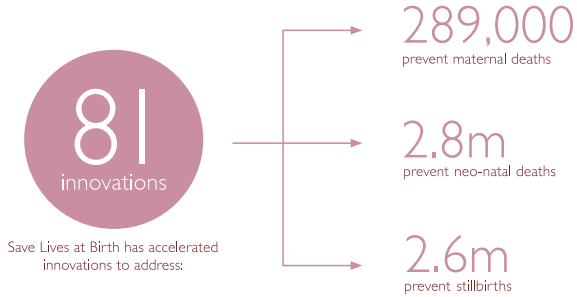
Good decision-making for health depends on the health system's capacity to collect, analyze, disseminate, and use timely and high-quality information. Policy makers and managers are learning to make decisions that integrate data about health spending, workforce, and medical products. National Health Accounts, a framework for national health expenditures, provide information on health spending that policy makers and managers use to make decisions for planning and allocating resources and increasing accountability. USAID has championed National Health Accounts to track health spending for over a decade.

USAID's goal in health governance is to address barriers to the delivery and utilization of high-quality and equitable health services. USAID works with countries to address those barriers that are due to gaps in strategic policy development and direction; limitations in transparent and effective accountability mechanisms; limited citizen voice and participation; and gaps in stewardship and regulatory quality.

Rapid gains in maternal, child, and HIV/AIDS survival and in family planning adoption depend on people in need receiving high-quality services that are responsive to their choices in both public and private settings. Important gaps in quality of care prevent many mothers and children from receiving proven life-saving interventions, resulting in continued high rates of preventable maternal and child morbidity and mortality in many countries. USAID supports the application of quality improvement in USAID priority countries by building capacity of health workers to analyze and improve health care processes.

Quality medicines are also required for gains in health. A black market for counterfeit drugs and sub-standard medicines can mean wasted money and risked lives. USAID recently supported the development of a prototype of PharmaChk, a low-cost, portable sub-standard and counterfeit drug detection device. Field tests in Ghana validated its' ease of use, speed, and accuracy.

HOW *SAVE LIVES AT BIRTH* HELPS



ENSURING HEALTHY BEHAVIORS

SIMPLE BEHAVIORS CAN SAVE LIVES AND PROMOTE HEALTH.

If we could raise the levels of use of simple oral rehydration therapy for children with diarrhea in all the 24 countries where we work to the levels of some of the best performing countries, it would save more than half a million children under five between now and 2020. Handwashing would save close to half a million children, and the simple act of exclusive breastfeeding until six months would save a quarter of a million infants. Enabling women to practice healthy timing and spacing of pregnancies could avert 1.4 million children deaths annually in USAID's priority countries. These behaviors are possible without expensive commodities or health services. They can be done at the household level. Those are amazing numbers, up there with the impact of vaccines and antibiotics.

Communities, families, and health care workers armed with the right skills and information can maximize their access to life saving commodities, facilities, and care. Community health workers need to know how to prepare an oral rehydration solution. Providers need to understand the benefits of taking time to wash their hands before interacting with clients and mothers before feeding them. Mothers need to know that breastfeeding alone does provide enough food and will satisfy and keep their baby healthy for the first six months of life. And they need to feel empowered to do it.

Family planning enables women to bear pregnancies at the healthiest times—when mom and baby are more likely to survive and stay healthy. With simple, targeted messages, providers can educate women and their partners on the health and quality of life benefits of pregnancy spacing and the mortality and malnutrition risks of rapid, repeat pregnancies and early/late age pregnancies. Effective socio-behavior change and communication activities raise awareness (and reduce misinformation) about family planning and reduce barriers to access and use of family planning.

In 2013, USAID, in collaboration with UNICEF, the National Institutes of Health, the CDC, the Communication Initiative Network, and the American Psychological Association, hosted the Evidence Summit on Enhancing Child Survival and Development in Lower—and Middle-Income Countries by Achieving Population-Level Behavior Change in Washington, DC. The overarching goal of the summit was to determine which evidence-based interventions and strategies support a sustainable shift in health-related behaviors.

The results of this summit were published in 2014 in a special supplement in the Journal of Health Communication. These results, and other similar reviews, provide the global community and global health practitioners with the evidence to apply many behavior change interventions with the same confidence that we apply more traditional health interventions. With this information, we are working with partners to achieve the important population level behavioral shifts necessary to end preventable child and maternal deaths.

> *"Handwashing would save close to half a million children, and the simple act of exclusive breastfeeding until six months would save a quarter of a million infants.*

HEALTH SERVICES FOR ALL

USAID investments in Health Systems Strengthening help to create an environment for universal health coverage, where all the people who need health services receive them without undue financial hardship.

Universal health coverage implies equity of access for all, including those living in extreme poverty and unable to pay for out of-pocket costs or make payments to prepaid or pooled health insurance arrangements. Universal health coverage is critical for the extreme poor, who typically forgo even essential health care. This under utilization of essential services by the poor leads to an ongoing cycle of poverty, as people who are sick and vulnerable are unable to participate in the labor market.

Rwanda introduced community based health insurance, targeting 94% of the population. USAID worked side by side with the Ministry of Health to design an insurance scheme to enhance equity of access. The poorest Rwandans, about 25% of the population, do not pay for insurance and are not charged for health services at public facilities. Other income groups pay an annual membership fee based on household financial status, and 10% of care costs at health facilities. 90% of Rwandans eligible for insurance have been enrolled. Household membership fees and payments for services generate 65% of the system s revenue. The Rwandan government and the private insurance companies fund the remaining costs. The community based insurance plan is achieving equitable access and financial sustainability with domestic resources.

Photo: Amy Cotter/USAID

OVER THE PAST DECADE, THE UNITED STATES HAS MADE ITS MOST SIGNIFICANT ASSISTANCE INVESTMENTS IN ONE OF THE MOST IMPORTANT ENABLERS OF ECONOMIC GROWTH: **A HEALTHY POPULATION. ECONOMIC GROWTH** AND **HEALTH ARE INEXTRICABLY LINKED**. AS THE RECENT LANCET COMMISSION FOUND, THE RETURNS ON INVESTMENT IN GLOBAL HEALTH ARE EVEN GREATER THAN PREVIOUSLY UNDERSTOOD, WITH AN ESTIMATED RETURN OF BETWEEN $9 AND $20 BY 2035 FOR EVERY ONE DOLLAR INVESTED TO ACHIEVE AN AIDS FREE GENERATION AND DRAMATICALLY REDUCE MATERNAL AND CHILD DEATHS, WE ARE FORGING NEW PARTNERSHIPS BUILT ON MUTUAL ACCOUNTABILITY.

THESE INVESTMENTS NOT ONLY SAVE LIVES, BUT ARE ENABLING ECONOMIC GROWTH BY INCREASING THE LIFESPAN OF ADULTS DURING THEIR MOST PRODUCTIVE YEARS.

Secretary of State John Kerry Sept 2014, Frontiers in Development Conference

Photo: Amy Cotter/USAID

	Africa Bureau	*Asia Bureau*	*Europe & Eurasia Bureau*	*Latin America & Caribbean Bureau*	*Middle East Bureau*	*Democracy, Conflict & Humanitarian Assistance*	*Global Health Bureau*	*Global Health International Partner*	*LAB–Global Development Lab*	*Total*
Total USAID Health Budget*	**2,545,924**	**531,867**	**16,100**	**99,578**	**58,246**	**19,500**	**440,268**	**2,065,571**	**7,000**	**5,784,053**
Ending Preventable Child & Maternal Deaths	**1,285,318**	**388,114**	**1,300**	**47,700**	**44,646**	**19,500**	**253,350**	**182,800**	**6,150**	**2,228,878**
Maternal & Child Health	309,788	195,908	300	21,000	24,293	*	81,950	175,000	5,150	813 389
Nutrition	70,800	39,500	*	6,700	3,760	*	15,000	2,500	500	138 760
Malaria	593,000	15.500	*	3,500	*	*	53,000	*	*	665 000
Family Planning and Reproductive Health	311,730	137,206	1,000	16,500	16,593	*	103,400	2,800	500	589 729
Vulnerable Children	*	*	*	*	*	19,500	*	2,500	*	22,000
Creating an AIDS-free Generation	**1,170,124**	**58,453**	**9,600**	**51,878**	*	*	**138,618**	**1,690,921**	*	**3,119,593**
HIV/AIDS	1,170,124	58,453	9,600	51,878	*	*	138,618	1,690,921	*	3,119 593
Protecting Communities from Infectious Diseases	**90,482**	**85,300**	**5,200**		**13,600**		**48,300**	**191,850**	**850**	**435,582**
Tuberculosis	87,000	81,800	5,200	*	*	*	48,300	20,000	200	242 500
Antimicrobial, Surveillance, & Other Infectious Diseases	3,482	*	* *		13,600	*	*	99,750	250	120 582
Global Health Security in Development	*		*	*	* *		*	72,100	400	72,500
	*		*							
					*					
Total Global Health Programs/USAID	**1,458,518**	**327,472**	**9,000**	**63,063**	**9,000**	**19,500**	**411,502**	**468,695**	**7,000**	**2,773,750**
Ending Preventable Child & Maternal Deaths	**1,285,318**	**226,650**	**1,300**	**47,700**	**9,000**	**19,500**	**253,350**	**182,800**	**6,150**	**2,031,768**
Maternal & Child Health	309,788	104,750	300	21,000	5,500	*	81,950	175,000	5,150	703 438
Nutrition	70,800	19,500	*	6,700	*	*	15,000	2,500	500	115 000
Malaria	593,000	15,500	*	3,500	*	*	53,000	*	*	665,000
Family Planning and Reproductive Health	311,730	86,900	1,000	16,500	3,500	*	103,400	2,800	500	526 330
Vulnerable Children	*	*				19,500	*	2,500	*	22 000
Creating an AIDS-free Generation	**82,718**	**25,522** *	**2,500**	**15,363** *			**109,852**	**94,045**	*	**330,000**
HIV/AIDS	82,718	25,522	2,500	15,363 *	*	*	109,852	94,045	*	330,000
			*		*					
Protecting Communities from Infectious Diseases	**90,482**	**75,300**	**5,200**	*	*	*	**48,300**	**191,850**	**850**	**411,982**
Tuberculosis	87,000	75,300	5,200	*	*	*	48,300	20,000	200	236 000
Antimicrobial, Surveillance, & Other Infectious Diseases	3,482	*	*	*	*	*	*	99,750	250	103 482
Global Health Security in Development	*	*	*	*	*	*	*	72,100	400	72,500

*Accounts include Global Health Programs/USAID; Global Health Programs/State; and Economic Support Funds.
**For additional information, please visit the Foreign Assistance website at: foreignassistance.gov/DataView