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USAID's Global Health Strategic Framework

**BETTER HEALTH FOR DEVELOPMENT**



EXECUTIVE SUMMARY

FY 2012–FY 2016



USAID's Global Health Strategic Framework

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# BETTER HEALTH FOR DEVELOPMENT

EXECUTIVE SUMMARY

## Introduction from USAID Administrator

# Rajiv Shah



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

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

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

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

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

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

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

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

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

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

# Introduction from the Assistant Administrator for Global Health

## Ariel Pablos-Méndez

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

Our new chapter in global health builds on this success and adapts to a changing

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

When economies expand, total health spending tends to grow even faster than a country's gross domestic product.<sup>5</sup> By the end of the decade, domestic health spending may double in many of USAID's partner countries, marking a significant economic transition for health along the development ladder. Without proper policies, this growth of the health sector tends to be an expansion of unregulated private health care provisions and individual out-of-pocket payments, which now

account for 40–70 percent of total health spending in Africa and Asia.<sup>6</sup> This leads to system inefficiency, inequitable access, and catastrophic health expenditures, which every year push 100 million people into poverty; in some countries, 5 percent of the population is forced into poverty annually because they have to pay for health services when they fall seriously ill.<sup>7</sup> This cannot be the future of health as countries' development succeeds. A systems approach, new institutional capacity, and excellence in implementation science (the development and use of an evidence base for practically executing programs) are needed for countries to steer this transformation toward modern health systems while scaling up and sustaining public health interventions.

As the world changes, USAID must continue to evolve its thinking and strategies. The U.S. Government is already changing with the timely and visionary Presidential Policy Directive (PPD) on Global Development – of which global health is a major component. This Global Health Strategic Framework is driven by the principles of the PPD, the direction of the Quadrennial Diplomacy and Development Review, and the vision of the Global Health Initiative and builds on the foundation of the USAID Policy Framework 2011–2015 and our Agency reform, *USAID Forward*. As health is related to all of development, we will work with technical experts in food security, economic development, human

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

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

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

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

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

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

7 World Health Organization. 10 Facts on Health Financing. [http://www.who.int/features/factfiles/health\\_financing/photos/en/index1.html](http://www.who.int/features/factfiles/health_financing/photos/en/index1.html).



rights, and other arenas that make a difference in securing population health. In addition, this Strategic Framework builds on the Administrator's major address in February 2011 at the National Institutes of Health Annual Barmes Lecture. Administrator Shah remarked, "USAID is aggressively doing its part to usher in a new era" – and this Strategic Framework reflects these efforts.

Our five-year success will be measured by our contributions to saving lives among the poor, marginalized, and vulnerable;<sup>8</sup> strengthening health systems and coun-

try ownership; and enhancing inclusive leadership in global health and international development. USAID is enshrining the visionary principles of the Global Health Initiative in our efforts, including gender, country ownership, and integration, and challenging ourselves and the world on new ways of working. We will work with the U.S. President's Emergency Plan for AIDS Relief toward an AIDS-free generation, while seeing through the child survival revolution. We will address maternal mortality, reproductive health, and fight infectious diseases, such as malaria and tuberculosis, and neglected tropical diseases, in collaboration with other U.S. Government agencies and partners. To

support these changes, we are harnessing the technical excellence of our staff in implementation science; strengthening our country and regional support, monitoring and evaluation, and communications functions; and consolidating our work in health systems as well as in technology and innovation.

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

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

# Executive Summary

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

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

## GLOBAL HEALTH INITIATIVE PRINCIPLES

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

respond to the development challenges of the coming decades.

These domestic U.S. policies and initiatives were influenced by and are consistent with the U.S. Government's commitments to the Paris Declaration and the Accra Agenda for Action, its commitment to achieving the Millennium Development Goals, and its numerous other international health commitments.

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

In addition to the policies described above and broad contextual factors, USAID's Global Health Strategic Framework considers and responds to the major global health challenges in the world today, critical changes taking place in the global health environment, USAID's 50-year history of achievements, and USAID's comparative advantages. In this Strategic

Framework, USAID articulates a new vision and mission statement for our global health response for 2012–2016, identifies five technical and one cross-cutting priority area for the period, and describes the seven approaches we will use to achieve our global health goals.

## THE GLOBAL HEALTH CHALLENGE

It is widely recognized that good health has a direct effect on every aspect of life – physical, emotional, and mental – and is critical to overall well-being. Good health is also an essential component of and contributor to economic growth, education, participatory governance, and overall prosperity. Improving the health of the poor and vulnerable is thus critical to USAID achieving our mandate of saving lives, preventing suffering, promoting human rights, and creating a brighter future for families in the developing world.

Recent decades have witnessed dramatic progress in global health, including the eradication of smallpox; striking reductions in morbidity and mortality from polio, diarrhea, and HIV/AIDS; and significant increases in contraceptive prevalence. Nevertheless, preventable disease and premature death continue to plague much of the developing world, particularly affecting women and children and other vulnerable populations.

For most of the major causes of mortality and morbidity in the developing world,

## USAID'S COMMITMENT TO MARGINALIZED AND VULNERABLE POPULATIONS

USAID is committed to advancing the health of vulnerable populations including women and children; internally displaced persons; persons with disabilities; lesbian, gay, bisexual, and transgender individuals; and indigenous peoples. USAID Missions further identify, based on the development context, other groups that merit particular attention and focus.

there are proven, effective prevention or treatment interventions that could reduce suffering and save lives. However, factors such as poverty, ethnicity, socio-economic status, poor infrastructure and governance, being a member of a marginalized group, distance from health facilities, lack of health insurance, and the low status of women and girls and associated gender-based violence continue to limit equitable access to health care. Lack of capacity and poorly functioning health systems challenge the delivery of quality affordable health care, especially to the poor. Limited access to information and knowledge, although improving, still prevent the most vulnerable from taking appropriate measures to protect themselves from disease.

The nature of health needs and the global health sector are currently evolving at a rapid rate, demanding flexibility and innovative approaches to address the future health concerns of the developing world.

*An economic transition of health in rapidly developing countries:* Shifting global patterns of economic growth create new considerations in U.S. Government global health assistance. Not only has there been a period of worldwide unprecedented economic growth over the past 50 years, but also over the coming decade, the economies of many lower-income countries will grow rapidly as a result of better governance, globalization of trade and technology, and the demographic dividend. If experience elsewhere holds true, countries with expanding economies will invest proceeds from growth disproportionately in health. However, such investment does not always take place in an efficient and equitable manner. Instead, poor governance often leads to the rapid growth of private health services with high levels of individual out-of-pocket payments. Such growth can accentuate system inefficiencies, lead to significant

inequities in access to health services, and result in health costs that impoverish individuals and families. An estimated 100 million people are pushed into poverty each year because of catastrophic health expenditures, while others simply suffer because they cannot afford to seek health care. To further complicate the issue, countries with rapidly growing economies may also find themselves needing to plan for a transition from a dependence on foreign aid for basic health needs to the self financing of many of these needs, including priority programs that have traditionally received significant levels of external financing.

To meet these challenges, improved health financing accompanied by a strong planning process will be increasingly important over the next five years to ensure equitable access to and use of essential health services. USAID will carefully balance our investments in health service provision and health system strengthening to help countries experiencing an economic transition to design better health systems for a more equitable and sustainable future.

*The evolving stewardship role of the public sector:* Health systems worldwide are becoming more mixed, with health products and services delivered through both the public health system and the private health sector. In many parts of sub-Saharan Africa, more than 50 percent of health services are delivered through the private sector; in some contexts that figure is closer to 90 percent. To ensure that this change benefits all, governments need to place more attention on equity and human rights considerations, while also ensuring quality of services. Over the next five years, USAID will take advantage of our strong partnerships and experience in working with the private health sector to support governments in making this leadership transition.

*Demographic trends, including population mobility, urbanization, growth, and aging, complicate development challenges:* Globalization has brought about greater population mobility and concentration in urban centers, contributing to more rapid dissemination of infectious diseases, changing patterns of employment for health care workers, the need for new approaches for targeting the poor and vulnerable, and increased pressure on natural resources and the environment. Furthermore, the large cohorts of young people in many countries require increased levels of age-appropriate health services, education, training, and employment, while aging populations create demands for different health and support services. In response to these and related demographic factors, over the next five years USAID will devote increased attention to emerging pandemic threats and place greater focus on health system strengthening and innovation as efficient means of increasing the efficacy and quality of health services.

*Scientific and technological advancements:* Recent scientific and technological advances have contributed to significantly better health outcomes for millions of people. With new technologies constantly emerging, over the next five years USAID will advance the field of implementation science and the development and use of an evidence base for practically executing programs, by systematically evaluating advances and determining whether and how to scale them up to sustainable development solutions. We will also support research, public-private partnerships, and field work that result in improved knowledge and innovative practices. Given that the number of mobile cellular subscriptions in the developing world increased from 1.62 billion to 4.52 billion between 2006 and 2011 and continues to grow, we will pay particular attention to the potential use of information and communications technologies, particularly mobile phones, to significantly influence the delivery of health services.

*Changing face of health:* The global epidemiology is evolving, with injuries, environmental hazards, and non-communicable diseases becoming urgent global public health concerns and unintended consequences of country development. It is

estimated that more than 1 million deaths annually are due to road traffic injuries alone, while cancers, cardiovascular and respiratory diseases, and diabetes are growing health concerns. Important lessons learned from developed countries indicate that non-communicable diseases and injuries are best combated with preventive interventions that improve the structural environment and change behavior. Over the next five years, USAID will consider how we can best leverage existing platforms in our six priority areas and adapt expertise in behavior change communication, community health, and chronic care management to benefit these merging health challenges while not detracting from efforts in other areas.

*Challenges to health systems:* Changes in population dynamics, disease burdens, and health care costs require strong and resilient health systems, yet the health systems in many countries are already challenged and unable to perform the routine functions that would facilitate improved and more attainable and equitable health outcomes. Over the next five years, USAID will implement a health system strengthening strategy that was developed to simultaneously address strengthening already weak health systems while preparing those same systems to anticipate and respond to new challenges.

*A new “aidscape” emerges:* The number of international actors providing development assistance has increased dramatically in the 50 years of USAID’s existence, resulting in increased resources for development (over the past two decades, development assistance has increased four fold globally) and creating new opportunities for coordination and collaboration. Several aid recipients, such as Brazil, Russia, India, China, and South Africa (BRICS), have emerged as new donor nations; there has been a rapid increase in the role of the commercial sector in development; several significant foundations have come into existence; and more private philanthropists, nongovernmental and faith-based organizations, and transnational diasporas have become increasingly involved in health at the global level. To complement this growing number of actors, there has also been a significant increase in collaborative and coordinated action by key international public health organizations. Over the next

five years, USAID will coordinate with new donors to share our knowledge and expertise, while also learning from them. We will continue to engage in public-private partnerships that leverage resources and expand our reach and impact and will facilitate continued global coordination and advocacy for improving global health and development.

*One U.S. Government development agenda – interagency collaboration:* With nearly 20 U.S. Government entities with a presence overseas, each focusing on interrelated development issues, including health, coordination can be a challenge. USAID, as the U.S. Government’s lead development agency, will use our pivotal position to facilitate the alignment of all U.S. Government agencies and offices with expertise in global health activities so that assets can be leveraged to better achieve common goals and targets.

#### **USAID: 50 YEARS OF GLOBAL HEALTH ACHIEVEMENTS**

Established in 1961, USAID was the first U.S. foreign assistance organization whose primary emphasis was on long-range economic and social development. From the beginning, meeting the world’s global health challenges was central to USAID’s mandate of preventing suffering, saving lives, and creating a brighter future for families in the developing world. Fifty years of USAID global health investments in family planning, maternal/child health, malaria, TB, HIV/AIDS, and other diseases

that affect the most vulnerable has resulted in the development of important new contraceptive technologies, Demographic and Health Surveys that provide a credible database for donors and countries worldwide, and proven, effective public health interventions that reduce morbidity and mortality and contribute to alleviating poverty and building a more prosperous and equitable world for all.

As an organization, USAID brings several key competencies to the international global health arena:

- **A field presence** in more than 80 countries throughout the world, providing us with global reach and the ability to rapidly share lessons learned and best practices and allowing us to quickly respond to changing realities on the ground.
- **A talented professional global health staff**, including civil servants, foreign service officers, foreign service nationals, and personal service and institutional contractors, with diverse backgrounds in a broad range of social science and scientific technical disciplines, and expertise in clinical practice, research, and management.
- **A commitment to implementation science** that has successfully institutionalized the difficult process of transferring and maintaining evidence-based interventions for use in real-world, low-resource settings.
- **A positioning of global health within a broader development mandate** that



A doctor vaccinates an infant in a USAID-sponsored clinic. (USAID)

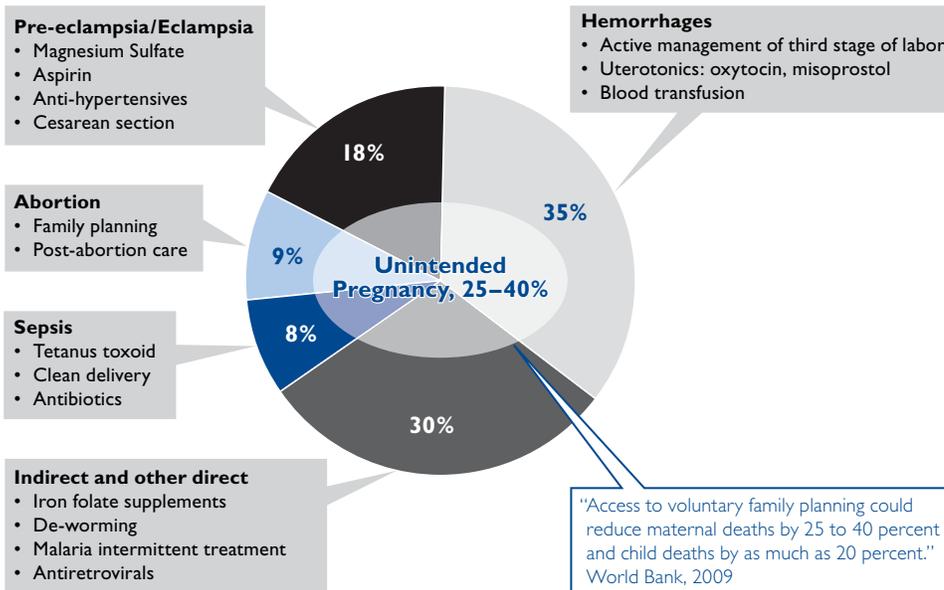
# USAID Global Health Vision

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

## USAID GLOBAL HEALTH MISSION STATEMENT

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

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



developed a global health vision and mission statement to guide our actions during the 2012–2016 period.

## USAID'S CORE GLOBAL HEALTH PRIORITIES

To achieve our vision, consistent with the priorities of the Global Health Initiative, USAID identified five priority technical areas and an additional cross-cutting area where we believe cost-effective opportunities exist for addressing and significantly reducing disease burdens of the developing world during the 2012–2016 time period. Through accomplishments in each of these priority areas, USAID will significantly contribute to achievement of the Global Health Initiative targets, presented in the last section of this Executive Summary.

### Saving mothers

Despite declining rates, more than 270,000 women die annually due to complications from pregnancy and delivery. Ninety-nine percent of maternal deaths each year occur in developing countries. Saving the lives of these mothers is a priority for USAID and the U.S. Government, both for the sake of women's own health and survival and because of the centrality of women to the health and prosperity of

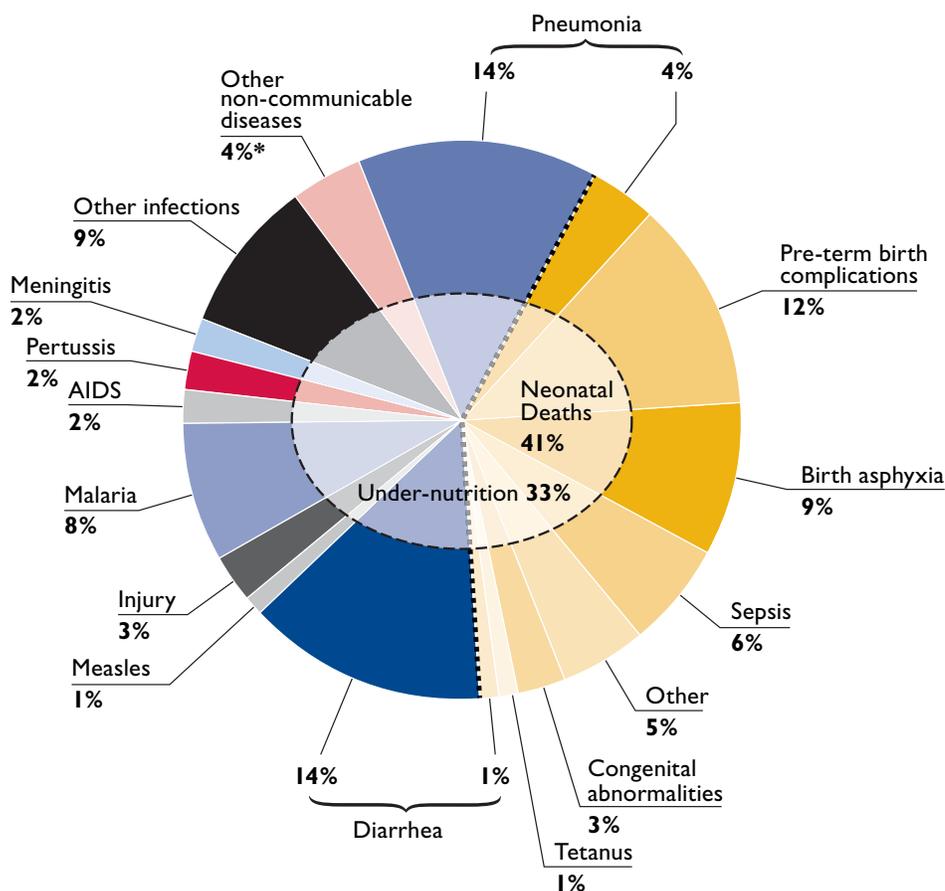
allows complex and multi-dimensional health challenges to be approached from multiple angles simultaneously.

- A legacy of supporting **country-led approaches** to improving the health of a nation that embraces “country ownership” as a critical element of aid effectiveness and sustainable results-driven development.
- A history of strong **private-sector relationships** that utilize the strengths

of each partner to increase the impact of development initiatives.

- A history of strong **global leadership** that has advanced science, raised international consciousness, and helped maintain international attention on the Millennium Development Goals.

Following an analysis of the external and internal factors described above, USAID's global health field and headquarters staff



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

their families and communities. Over the next five years, USAID will place particular attention on maternal health programs that accelerate the reduction of maternal and newborn mortality to achieve Millennium Development Goals 4 and 5. USAID's global health response will concentrate on high-impact interventions in the community and at appropriate levels of health care facilities during the pre-pregnancy through postpartum period. Specifically, we will target the complications of pregnancy and birth that result in the highest mortality.

At the country level, we will focus our efforts on the 24 countries<sup>9</sup> that contribute to more than 77 percent of maternal deaths worldwide. In a whole-of-government approach, USAID and our interagency partners will work closely with partner governments to introduce, expand access to, and scale up the proven interventions that address the specific

major causes of maternal deaths and morbidity in each country, including equipping health personnel with the knowledge, skills, drugs, and supplies to deliver high-quality basic and emergency obstetric and newborn care, strengthening the overall health system through training and technical assistance, and empowering families and communities to plan and prepare for childbirth. In carrying out this work, we will continue to collaborate with numerous global, regional, and country-level partners to address specific issues around maternal health.

### Child survival

While global under-five mortality has been declining, about 7 million children under the age of five still die annually. Roughly 40 percent of these deaths occur in the first month of life, among highly vulnerable newborns. Many children at greatest risk of dying before their fifth birthday live in remote villages or in underserved urban

areas. USAID focuses our work on the 24 countries that account for more than 70 percent of child deaths.

To save lives at birth and end preventable child deaths, we will improve our reach to the most vulnerable children, exploiting available data to better identify, target, and track performance. We will prioritize prior-to-birth interventions such as family planning and birth spacing for the mother; prophylaxis and treatment for malaria, tuberculosis, and HIV for mothers who have experienced the impact of these diseases; and safe labor and delivery. To protect children in the first five years of life, we will increasingly rely on low-cost, easy-to-use interventions that achieve the highest impact by preventing and treating the leading causes of child death: pneumonia, diarrhea, prematurity, asphyxia, malaria, and newborn sepsis.

Because no one organization can do it all, USAID will strategically coordinate with multiple other U.S. Government, international, private, academic and other institutions to have an impact at key points in a child's life, generate greater resources to help deliver life-saving vaccines, address child survival issues, support research and innovation, and improve monitoring and evaluation.

### Fostering an AIDS-free generation

Over the past 30 years, the global health community has made great strides in a hard and long battle against HIV/AIDS. The U.S. Government has been a proud leader in this fight. However, despite advances, an estimated 33 million people worldwide are living with HIV, and half of those affected are women. Members of vulnerable and marginalized groups, especially the lesbian, gay, bisexual, and transgender population, have significantly higher than average rates of HIV infection.

Fighting the HIV/AIDS crisis remains a high priority for the U.S. Government and is one of USAID's five priority areas under this Strategic Framework. USAID-supported activities will be implemented through the U.S. President's Emergency Plan for AIDS Relief, a successful U.S. Government

<sup>9</sup> Our current priority countries for maternal and child health include Afghanistan, Bangladesh, the Democratic Republic of the Congo, Ethiopia, Ghana, Haiti, India, Indonesia, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Nepal, Nigeria, Pakistan, Rwanda, Senegal, Sudan, Tanzania, Uganda, Yemen, and Zambia. On a case-by-case basis, other countries may be added to the lists of priority countries based on epidemiological need (severity and magnitude) and other factors.



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

interagency initiative led by the Office of the U.S. Global AIDS Coordinator at the Department of State and implemented together with the Departments of Defense, Commerce, Labor, Health and Human Services, and the Peace Corps that expands access to prevention, care, and treatment through a comprehensive, multisectoral approach. USAID will continue to use the latest science to guide our HIV/AIDS efforts, focusing programming on areas where evidence indicates an opportunity to maximize impact over the long term. Prevention efforts fortified by intensive capacity building of the enabling systems required to sustain success form the core of our strategy. We prioritize activities in three key prevention areas that science has identified as pivotal: preventing mother-to-child transmission of HIV, voluntary medical male circumcision, and treatment as prevention. Implemented in combination with other proven techniques, such as counseling and testing, community mobilization, and condom use, our prevention activities build upon a firm, evidence-based development foundation.

To sustain positive prevention gains over time, USAID will continue to work within PEPFAR to improve the enabling environment that forms the context in which we work. Specifically, we will work with our PEPFAR partners to foster country ownership, improve health systems, build governmental and nongovernmental

institutional capacity, and explore innovative financing options to build and allocate resources more effectively. In addition, we will continue to address gender norms and inequities that affect women's and men's ability to take preventive actions.

In the area of care and support, USAID will provide training for health care and community-based workers; support the integration of HIV/AIDS activities, including nutrition assistance, into routine health care; and support the provision of palliative care. We will also continue to lead in strengthening country efforts to care for the millions of children orphaned and left vulnerable by the AIDS pandemic, promoting a family- and community-based approach to reaching these children with education, health, nutrition, livelihoods, social protection, and psychosocial support. Our global health response will also continue to target opportunistic infections, particularly HIV-tuberculosis (TB) co-infection, as TB is the leading cause of death among HIV-positive people in the developing world.

In the area of treatment, USAID programs 57 percent of the total PEPFAR funding for antiretroviral treatment and will continue to play a major role in delivering life-saving treatment to those with AIDS in 100 countries. To this end, we will help strengthen supply chains; support technical assistance to ensure quality, state-of-

the-art, and efficient treatment services; strengthen health systems; strengthen laboratories; build institutional capacity; strengthen monitoring and evaluation; support health information systems; and improve pharmaceutical management, procurement, and governance.

USAID's global efforts within PEPFAR will continue to be coordinated closely with multiple other U.S. Government agencies and international organizations. Programs will be implemented in collaboration with foundations, universities, nongovernmental organizations, the private sector, other donors, and implementing partners.

### Fighting infectious diseases

Infectious diseases have been identified as a USAID global health priority because of the huge human and economic costs they incur – more than 1.7 million people die annually from TB and more than 700,000 die annually from malaria, mostly poor children in Africa. USAID's global health response will focus on reducing the mortality and morbidity associated with malaria, TB, neglected tropical diseases (NTDs), avian influenza, and other emerging threats. For each disease, investments will be targeted to specific populations or regions where impact will be greatest, as well as toward global support of public-private partnerships and the development of new technologies.

### Malaria

USAID-supported malaria activities will be implemented under the umbrella of the President's Malaria Initiative (PMI), a successful U.S. Government interagency initiative led by USAID and implemented together with the U.S. Centers for Disease Control and Prevention (CDC), which partners with countries to scale up four proven, cost-effective prevention and treatment interventions:

- Insecticide-treated mosquito nets
- Indoor residual spraying with insecticides
- Intermittent preventive treatment for pregnant women
- Prompt diagnosis and treatment with artemisinin-based combination therapies

The goal of PMI is to reduce malaria-related deaths by 50 percent in 15 focus countries. Through PMI, USAID will work

closely with partner governments to increase their capacity to prevent and treat malaria through training, supply chain management, health system strengthening, monitoring and evaluation, information dissemination, environmental assessments, and related activities. We will continue to actively participate in global malaria initiatives and will continue to collaborate with numerous foundations, universities, nongovernmental organizations, the private sector, other donors, and implementing partners in program implementation.

### **Tuberculosis**

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

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

In addition, USAID will continue to support research for the development of a new TB drug regimen that could shorten the duration of treatment, including the treatment of multidrug-resistant TB.

USAID will support the scale-up of the global Stop TB Strategy and will continue to work closely with numerous national, regional, and international partners to eliminate TB as a public health threat. At the country level, USAID will coordinate with foundations, universities, nongovernmental organizations, the private sector, other donors, and implementing partners to deliver quality programs.

### **Neglected tropical diseases**

USAID's NTD program, which targets lymphatic filariasis, schistosomiasis, onchocerciasis, blinding trachoma, and soil-trans-

mitted helminthiasis, has made dramatic progress over the past five years, delivering more than 447 million treatments to more than 82 million people and contributing to more than 25 million people no longer requiring preventive treatment for trachoma. Over the next five years, USAID will continue to support comprehensive programs to deliver safe and effective drugs to treat NTDs on a massive scale in the poorest and most remote populations in the world. Our partnerships with the private sector, under which most of the drugs used to treat NTDs – valued at billions of dollars – are donated by pharmaceutical companies, will continue.

### **Avian influenza and emerging threats**

With an eye to the future, USAID's Emerging Pandemic Threat program will engage with the CDC and other key partners to expand on platforms developed for avian influenza and build capacity in geographic “hot spots” where new diseases are most likely to emerge.

### **Family planning and reproductive health**

USAID's voluntary family planning program is a success story of U.S. development assistance, helping to expand contraceptive availability and use worldwide. Despite impressive gains, there are still 53 million unintended pregnancies annually, resulting in 25 million abortions, 590,000 newborn deaths, and 90,000 maternal deaths, highlighting the importance of retaining family planning as a USAID priority area.

Having already transitioned 21 countries from USAID family planning support since the 1980s, over the next five years USAID's global health response will prioritize 24 countries<sup>10</sup> that represent more than 50 percent of the unmet need for family planning and graduate Honduras, Nicaragua, and Peru. At the country level, USAID's family planning programs increase knowledge, demand, availability, and access to quality family planning services, while ensuring voluntarism and informed choice. Our programs also promote positive gender norms that reduce violence, encourage men's support for women's and children's health, improve

couple communication, and encourage joint decision making.

Over the next five years, USAID-supported programs will address advocacy; policy and guidance development; procurement and supply chain management; training of family planning service providers, including community-based distributors; communications; and outreach. Youth will be specifically targeted with age-appropriate and disability-friendly information and services. Social marketing and franchising will be used to increase program reach and access. USAID will closely coordinate family planning efforts with other U.S. Government agencies, international actors, the private sector, and others to advance family planning and better meet the needs of women and couples in developing countries.

### **Health system strengthening**

Weak health systems are frequently identified as a binding constraint to sustained progress in improving health around the world. Without a well-functioning health system, it is difficult for countries to achieve improved and more equitable health outcomes, positive health impacts, financial risk protection for the population, and long-lasting effects from health interventions. For countries transitioning from dependence on foreign aid, strong health systems help ensure that country health priorities are addressed efficiently, equitably, and sustainably long after U.S. Government investments phase out. In recognition of the centrality of health system strengthening to achievement of long-term health and development goals, USAID is including health system strengthening as a cross-cutting priority area for 2012–2016.

USAID's health system strengthening strategy builds on proven approaches to address chronic system bottlenecks and constraints and also supports innovation and knowledge transfer to respond better to rapidly changing country context and environment. During the next five years, USAID's global health team will take deliberate steps to ensure that health system strengthening is built into all our work at both headquarters and in the field. Increased effort will be placed on enhancing

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

staff capacity in health system strengthening; harmonizing tools and standards across health system strengthening projects; generating state-of-the-art evidence on cost-effective approaches to health system strengthening; and pursuing a thoughtful learning agenda to strengthen the evidence base. In addition, a concerted effort will be placed on developing a consensus on standardized indicators to measure progress in health system strengthening and on better communicating concrete achievements.

In the field, emphasis will be placed on becoming more effective and efficient with available resources by better incorporating health system strengthening into ongoing health programs, improving and enhancing coordination with other U.S. Government agencies and development partners, and facilitating local capacity development for sustainability.

### **USAID'S KEY STRATEGIC APPROACHES TO GLOBAL HEALTH – CHALLENGING OURSELVES AND CHALLENGING THE WORLD**

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

#### **Providing technical leadership in responding to new global health challenges**

USAID will use our position as the U.S. Government's lead development agency to continue to lead and motivate the world's response to global health challenges. Through our network of field missions, staff, and existing partnerships, we will ensure that we remain cognizant of the most pressing health issues and challenges facing poor, marginalized, and vulnerable populations and prioritize responding to

### **U.S. GOVERNMENT GLOBAL HEALTH INITIATIVE TARGETS\***

- Reduce maternal mortality by 30 percent across assisted countries
- Reduce under-five child mortality by 35 percent across assisted countries
- Reduce child under-nutrition by 20–30 percent across assisted food-insecure countries
- Prevent 54 million unintended pregnancies
- Halve the burden of malaria for 450 million people, representing 70 percent of the at-risk population in Africa, through the President's Malaria Initiative
- Support the prevention of more than 12 million new HIV infections, provide direct support to more than 6 million people on treatment, and support care for more than 12 million people, including 5 million orphans and children through the U.S. President's Emergency Plan for AIDS Relief
- Contribute to the treatment of a minimum of 2.6 million new sputum smear-positive tuberculosis cases and 57,200 multidrug-resistant cases of TB; contribute to a 50 percent reduction in TB deaths and disease burden relative to the 1990 baseline
- Reduce the prevalence of seven neglected tropical diseases, contributing to the global elimination of lymphatic filariasis, blinding trachoma, leprosy, and onchocerciasis in Latin America

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

these issues in an effective, efficient, and compassionate way. Clearly articulating our vision and values, USAID will develop and disseminate evidence-based, gender-equitable, high-impact health interventions; influence the international enabling environment; and champion the development of new and innovative approaches to resolving longstanding health issues while also anticipating and planning for future changes in the health environment.

#### **Partnering strategically with a wide range of actors**

Forging strategic, strong partnerships offers significant scope for USAID to strengthen our influence, effectiveness, and efficiency. Over the five-year period of this Strategic Framework, we will continue to take steps to identify promising new partnership opportunities, where common priorities, clear goals, well-defined outcomes, and shared human rights commitment will significantly increase the value of our work. Existing strong partnerships with key multilateral organizations will be strengthened and reinforced. Similarly, public-private partnerships for research and development into the diseases of

poverty will be expanded. At the country and regional level, our global health program will apply the principles of aid effectiveness in engaging with our partner countries and other in-country bilateral, multilateral, and external partners.

Effective coordination and working in partnership with other U.S. Government agencies will further accelerate achievement of goals and save lives. USAID will continue to engage collaboratively with other U.S. Government entities working in the field, promoting a whole-of-government approach that helps ensure that human and financial resources are used as effectively as possible.

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

Over the next five years, USAID's global health program will invest in a new wave of technologies, tools, and service delivery approaches that can save lives. We will focus our investments in medical technologies on low-cost technologies appropriate for use in low-resource settings. The potential of eHealth and its mobile

version, mHealth, will be explored as a means of improving the effectiveness and efficiency of health development efforts. To accelerate product development and the introduction of new technologies, we will establish a center of excellence that brings together industry experts and academic fellows to inform Agency thinking on investing seed capital in promising ideas wherever they are found and to bring promising ideas to scale.

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

For each of USAID's priority global health technical areas, there is a series of evidence-based, proven interventions that promote health and save lives. Over the next five years, increased efforts will be placed on using USAID's leadership in implementation science to scale up strategically the use of this arsenal of effective, equitable, locally adapted, and evidence-based interventions to reach larger numbers of the poor, marginalized, and vulnerable, while also evaluating those scale-up efforts for impact.

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

Over the next five years, USAID will fine-tune our approach to health system strengthening to take optimal advantage of our investments and enhance the sustainability of health system strengthening efforts. Particular emphasis will be placed on ensuring that health system investments build country capacity and ownership, promote accountability and sound public administration capacity, provide gender equitable access to services, and institutionalize critical service delivery and management processes – including strong linkages to the communities that use the health services.

### **Promoting gender equality and women's empowerment**

Recognizing the critical role and impact of gender inequities and gender-based violence on health outcomes, over the

five-year period of this Strategic Framework, USAID will spearhead strategic planning around best practice approaches for addressing inequities at the community, health system, and health sector levels, transforming harmful norms and promoting gender equality.

USAID will continue to play a strategic and technical leadership role across the U.S. Government and in collaboration with the broader gender and health community. Similar efforts will be initiated to address the health challenges faced by members of poor, vulnerable, and marginalized groups. Further attention to the unique health needs facing indigenous peoples and internally displaced persons will also be considered.

### **Working efficiently and being effective stewards of public trust and resources**

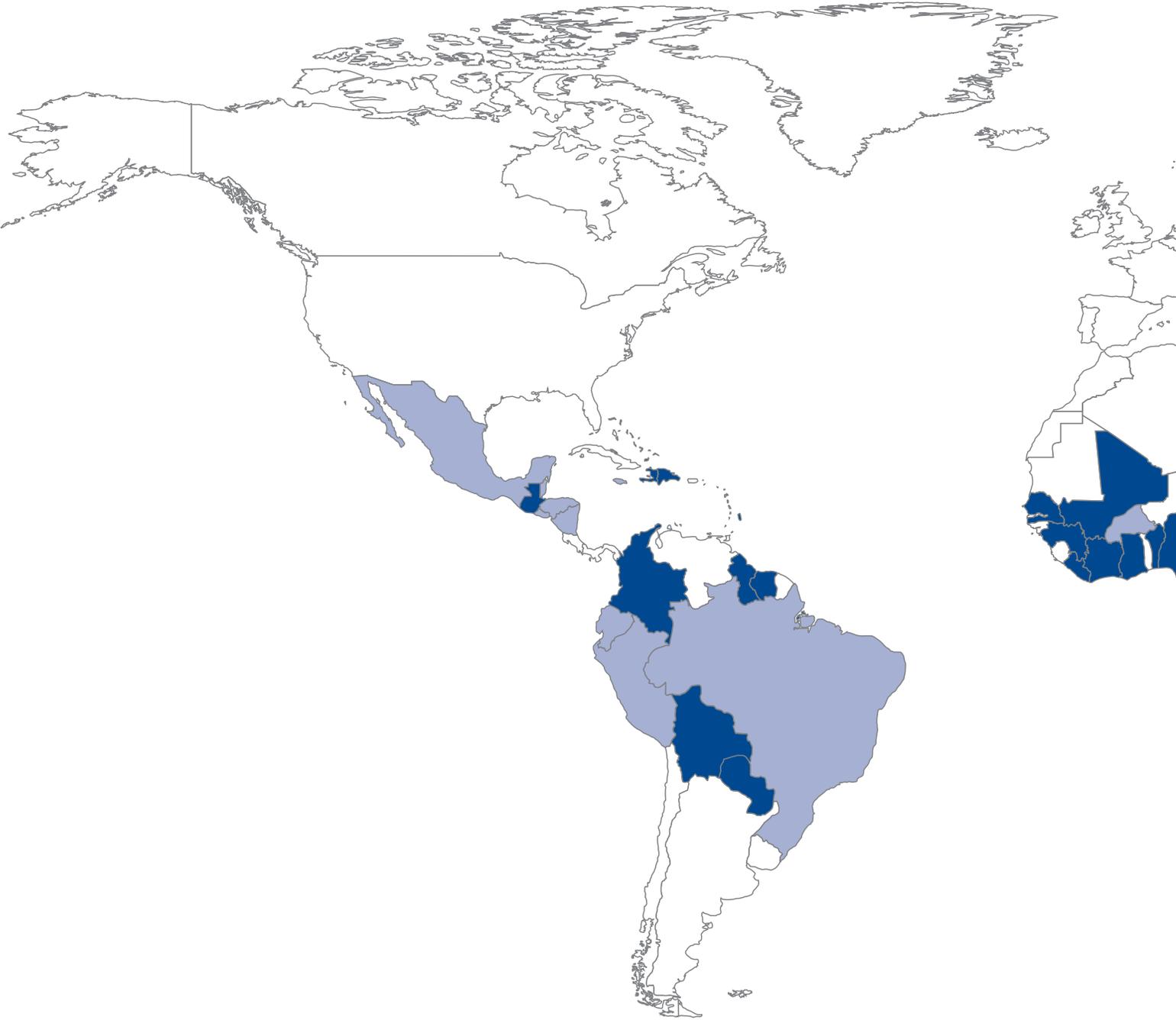
USAID will engage in a series of actions to ensure that our work is carried out as efficiently and effectively as possible and that the people of the United States receive value for the money they contribute to global health. Key strategies include:

- *Building sustainability from the start:* Sustainability, the ability to devise and implement solutions to key development challenges and develop resilience against shocks and setbacks, is a goal of all development interventions and has long been a priority of USAID. Our global health program will consider and plan for sustainability from the inception of each project or program. Sustainability efforts will be integrated with health system strengthening and country ownership efforts to form a cohesive package that builds the individuals, institutions, and systems required for health programs to continue to serve the poor and vulnerable without dependence on foreign assistance.
- *Measuring and evaluating impact; engaging in continuous learning and improvement:* USAID's global health response will continue to embrace the concept of continuous learning as essential to

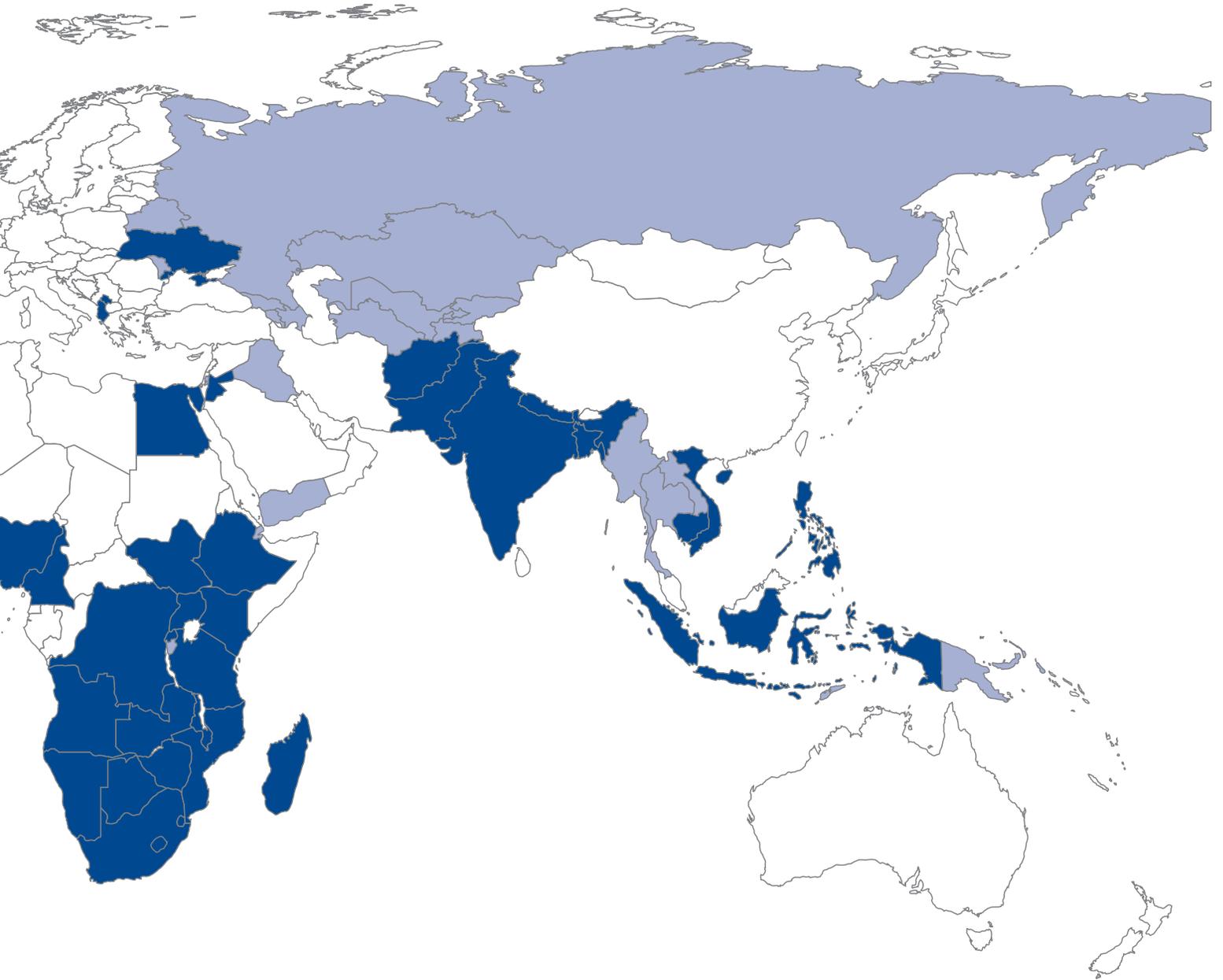
achieving successfully significant global health results in a rapidly changing world. We will use performance monitoring and evaluation data to ensure that intended outcomes and impacts are achieved and to assess approaches for impact, efficiency, effectiveness, and sustainability. We will continue to support country-specific Demographic and Health Surveys, strengthen local-level systems for disease surveillance and pandemic outbreak monitoring, and develop globally accepted monitoring and evaluation decision-support tools.

- *Applying selectivity and focus:* Recognizing that many diseases are concentrated in specific populations or high-risk groups, over the next five years, USAID will purposefully target to maximize the impact of resources. By focusing resources on safe and effective interventions in the countries with the highest disease burden (and the regions within those countries) and on those health issues that affect the largest number of people or that disproportionately affect a large proportion of small population groups, USAID's global health program will reach more people, improve cost efficiencies, and increase impact.
- *Integrating and aligning health services:* Recently a consensus has developed that integrating the delivery of health interventions to address more holistically the different but often related health and development needs of clients offers great potential for significant gains in health when implemented carefully and on the basis of proven effectiveness. Over the next five years, USAID's global health team will engage in "smart integration" – striving to integrate our health programs where it is appropriate, rational, efficient, and cost effective and leads to better development outcomes.
- *Applying integrated approaches to development:* Because health cannot be isolated from other development challenges, USAID's global health program will proactively seek opportunities to integrate health activities with other USAID-supported sector programs.

# USAID Bilateral Programs



- Receives funding of less than \$10 million
- Receives funding of more than \$10 million



## Acronyms

<b>BRICS</b>	Brazil, Russia, India, China, and South Africa
<b>CDC</b>	U.S. Centers for Disease Control and Prevention
<b>DOTS</b>	Directly Observed Treatment, Short-course
<b>GHI</b>	Global Health Initiative
<b>Global Fund</b>	Global Fund to Fight AIDS, Tuberculosis and Malaria
<b>LGBT</b>	Lesbian, Gay, Bisexual, and Transgendered
<b>LMIC</b>	Lower- and Middle-Income Countries
<b>NCDI</b>	Non-Communicable Disease and Injury
<b>NIH</b>	National Institutes of Health
<b>NTD</b>	Neglected Tropical Disease
<b>PEPFAR</b>	U.S. President's Emergency Plan for AIDS Relief
<b>PMI</b>	President's Malaria Initiative
<b>PPD</b>	Presidential Policy Directive
<b>QDDR</b>	Quadrennial Diplomacy and Development Review
<b>TB</b>	Tuberculosis
<b>USAID</b>	U.S. Agency for International Development



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