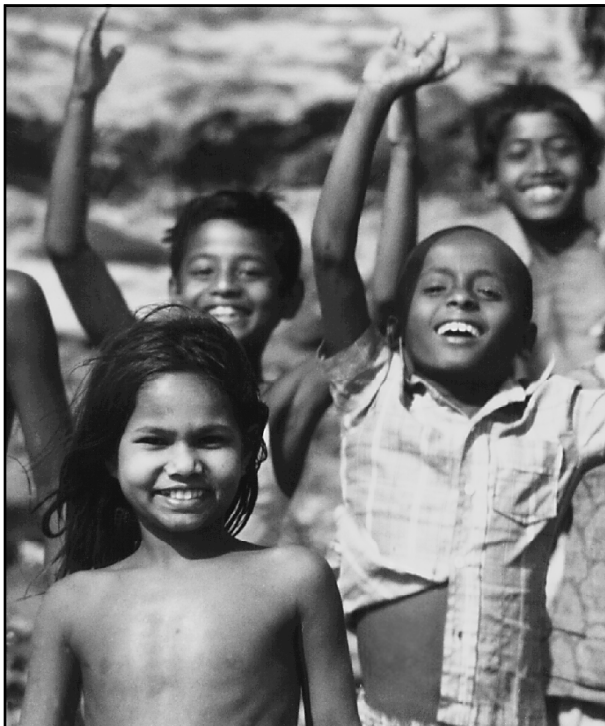


SAVING LIVES TODAY AND TOMORROW: A DECADE REPORT ON USAID'S CHILD SURVIVAL PROGRAM 1985-1995

USAID's Child Survival Program has played a vital role in preventing childhood deaths and illness around the globe. Today, nearly 80 percent of infants are vaccinated by their first birthday, compared with only 44 percent in 1985. Polio has been eradicated in the Western Hemisphere and, with concerted effort, could completely disappear. Even measles,



Robert Clay

the vaccine-preventable childhood disease that takes the most lives, could be eliminated in the Americas by the year 2000. Oral rehydration therapy programs are preventing deaths from diarrheal dehydration every day, as well as in crises like the recent cholera epidemic in Latin America. USAID has supported efforts to preserve breastfeeding as the method of choice for infant feeding and to promote proper breastfeeding practices. Increased and improved breastfeeding can potentially save an additional one to two million lives every year. Research sponsored by USAID and its partners proved that acute respiratory infections, especially pneumonia—the disease that kills the largest number of children—can be treated effectively in community settings to significantly reduce deaths. Research also shows that vitamin A could avert a million deaths each year by reducing the devastating effects of diarrhea, measles, and other childhood diseases. USAID's Child Survival Program has been an integral part of these accomplishments, improving the health of the world's children and saving millions of lives each year. The United States can be proud of the contribution it has made over the past decade to improving the health of the world's children. We are committed to sustaining this effort and appreciate the support that the U.S. Congress and the American people have continued to provide. Our national resolve to reduce childhood mortality will remain prominent within USAID's broader development program; and our commitment to complete the job begun a decade ago remains as firm as ever.

J. Brian Atwood, Administrator
U.S. Agency for International Development
December, 1996

Chapter 1

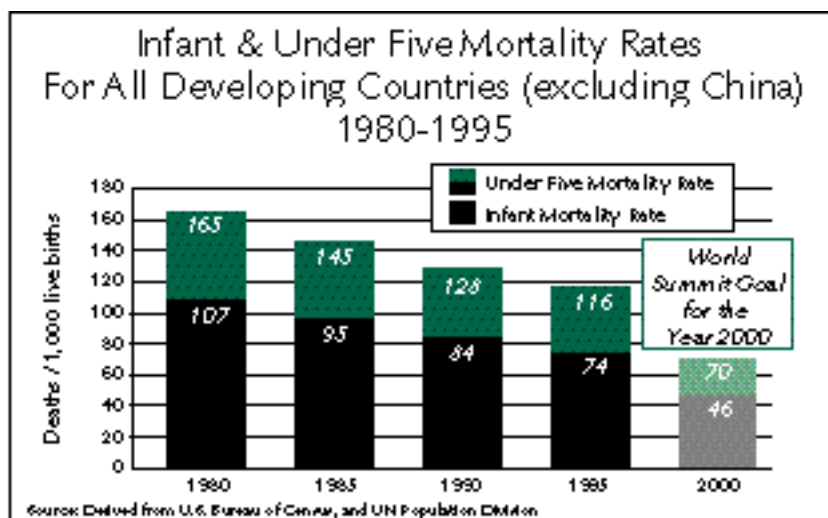
CHILD SURVIVAL: A PARTNERSHIP OF HOPE

Millions of children in the developing world die each year from preventable causes. The United States Agency for International Development (USAID) created the Child Survival Program in 1985 to demonstrate America's strong commitment to saving the world's children from unnecessary illness and death. The newly formed Child Survival Program unified USAID's previous child health and nutrition interventions into a single strategy: to focus on a limited, manageable number of proven technologies that would provide substantial, direct health benefits for children.

USAID's initial strategy still guides the Child Survival Program, and the commitment to improving and saving the lives of the world's children remains as strong as ever. The Child Survival Program encompasses a number of specific interventions: immunization, diarrheal disease control, nutrition, breastfeeding promotion, treatment of acute respiratory infections, malaria control and treatment, and maternal health, including birth spacing to reduce the number of high-risk births. In addition to these specific interventions, USAID's Child Survival Program includes activities that strengthen developing countries' capacity to manage and finance the primary health care systems that deliver these interventions.

“The effectiveness of USAID's strategy is demonstrated by the 3 million lives saved each year by the Child Survival Program.”

The effectiveness of USAID's strategy is demonstrated by the 3 million lives saved each year by the global child survival initiative. USAID is



proud of its contributions to date, and solidly resolves to continue its critical role in the worldwide child survival effort. According to USAID Administrator J. Brian Atwood, USAID's job must include building the local capacity to design and implement the sustainable health interventions needed to ensure that children survive and thrive for the future. Atwood asserts that the Child Survival Program will remain “an investment in the future, a partnership of hope.”

WHY THE UNITED STATES SUPPORTS CHILD SURVIVAL

Americans Are in Favor of the Child Survival Program

“Children born in developing countries are six times more likely to die before their first birthday than children born in more developed countries.”

More than 12.5 million children under five die every year in developing countries, the equivalent of half the children under five in America dying in a single year. Children born in developing countries are six times more likely to die before their first birthday than children born in more developed countries. Recent surveys have reconfirmed that the American public strongly believes that the U.S. has a moral obligation to help countries and families in need. The U.S. cannot stand by as millions of children succumb to illness and death each year from preventable or treatable attacks of diarrhea, pneumonia, measles, and malaria.



Child Survival Is in the Interest of the United States

Child Survival Reduces U.S. Health Care Costs. The worldwide eradication of diseases can cut health care costs in the United States. From a one-time investment of \$84 million in smallpox eradication, the United States now saves \$150 million every year that was previously spent on vaccinations. Global eradication of polio could save an additional \$230 million a year by eliminating the need for polio immunization.

Child Survival Brings Successful Approaches Home. Lessons learned through the Child Survival Program are being applied to America's inner cities and poor rural communities through USAID's "Lessons Without Borders" program. Techniques used to increase vaccination rates in Kenya, Bangladesh, Egypt, and other developing countries are being applied in the poorest communities in America with encouraging results. After lessons learned from increasing the vaccination rate in Kenya were applied in Baltimore, the percent of immunized school-age

children rose from 62 percent to 96 percent. Oral rehydration therapy is being used in pilot programs in Baltimore and other cities for treating dehydration of patients in nursing homes and hospitals. Diarrhea accounts for 3 million clinic visits and almost 250,000 hospital admissions every year in the United States. If oral rehydration therapy were widely substituted for intravenous care and antidiarrheal drugs, the U.S. health system would save hundreds of thousands of dollars a year and American families would be saved from needless expenses.

The Child Survival Program Is an Integral Part of USAID's Mission

“The Child Survival Program is improving child health, making it an integral part of USAID's overall mission.”

USAID's mission includes five objectives, the first of which is protecting human health and stabilizing population growth in the developing world. To achieve this goal, USAID implements programs to reduce child and maternal mortality, reduce unintended pregnancies, and prevent the transmission of HIV/AIDS. The Child Survival Program is the main vehicle for reducing child deaths and improving child health, making it an integral part of USAID's first objective and the Agency's overall mission.

USAID's other programs designed to protect human health and stabilize the world's population play an important role in the success of the Child Survival Program. USAID's population program reduces the number of high-risk births likely to end in death for the child or its mother. USAID's food aid program improves the nutritional well-being of children caught in disaster situations or trapped in severe poverty. USAID's programs to prevent the rapid spread of HIV/AIDS reduce the chances that children or their parents will contract the fatal virus.

USAID's strategy to achieve its overall mission to help poorer nations progress toward sustainable development has five interrelated goals:

- Protecting human health and stabilizing population,
- Achieving broad-based economic growth,
- Building sustainable democracies,
- Managing the environment for long-term sustainability, and
- Saving lives and reducing suffering in crisis situations.

A GLOBAL PARTNERSHIP FOR CHILDREN

USAID's Child Survival Program is part of an unprecedented global crusade, a cooperative venture in which developing countries, the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), donor nations, bilateral donors, private voluntary organizations, universities, private industry, and USAID have all joined forces to save children's lives. Over the past decade, each partner has played a vital role in this effort.

Host country governments. In 1990, at the World Summit for Children, governments from both the industrialized and the developing world joined for the first time in a global commitment to improve the lives of children, agreeing on a set of common goals to be achieved by the year 2000. More than 154 countries have national action plans and goals to guide their child survival activities. Developing country governments are the most important contributors to the global child survival initiative, providing the largest share of the financial and personnel resources for most child survival programs.

International organizations and donor nations. Through contributions to UNICEF and WHO and through their own bilateral assistance efforts, nearly all of the industrialized nations—including the United States—provide funds and expertise for the global effort for child survival. UNICEF improves the lives of the world’s children with major contributions in the areas of community mobilization, procurement of supplies, and advocacy for child survival. WHO, working side by side with UNICEF, sets the norms for vaccination, diarrheal disease control, and other interventions; defines research agendas and performs research; and reviews results to ensure that child survival programs are on track to meet the World Summit Goals for the year 2000.

Private voluntary and non-governmental organizations. Private organizations dedicated to saving young lives complement the work of governments in distinctive ways. Private voluntary organizations based in the U.S. as well as non-governmental organizations here and abroad bring the benefits of immunization, oral rehydration therapy, nutrition counseling, vitamin A, water supply and sanitation, and hygiene education to remote and often neglected communities. In addition to providing valuable health care services in underserved areas, these organizations also test new approaches to service delivery and act as strong advocates for the health of developing world children.

“USAID-sponsored university research has contributed to the development of effective technologies for child survival.”

Universities. The university community has been fundamental to the success of the Child Survival Program. USAID-sponsored university research on diarrhea and cholera, vitamin A, pneumonia, and malaria has contributed to the development of effective technologies for child survival. Universities also work to institutionalize healthful behaviors, such as breastfeeding, that are necessary for successful child survival programs.

Private industry. U.S. private industry has contributed greatly to the child survival initiative by developing innovative low-cost technologies and products to improve health and nutrition in developing countries. In the Philippines, Proctor and Gamble developed and marketed Star margarine, a vitamin A-fortified margarine that doesn’t require refrigeration. Once the product became viable, it was taken over by a

local manufacturer. Studies have shown that this margarine has contributed to the increase in vitamin A levels in the population.

USAID. Through its Child Survival Program, USAID is recognized as a leader in the global effort to save the lives of the world's children. USAID is a major supporter of the programs that deliver immunization, oral rehydration therapy, vitamin A, breastfeeding promotion, and other life-saving interventions to children. Through its global programs and country-level presence, USAID helps to shape the child survival agenda in the donor community and delivers innovative technical and program support in developing countries.

Over the past decade, the Agency has supported research on new approaches to fight diseases and on the methods to implement these strategies in diverse field settings. USAID is in the forefront of efforts to understand the health-related behaviors of other cultures and to develop practical methods to improve these behaviors in families and communities. USAID's work in the development of culturally and technically appropriate training for families, health workers, and program managers has led the way in developing indigenous capacity to train health professionals.

USAID's investment in the development and testing of child survival technologies has provided the tools for effective child survival interventions.

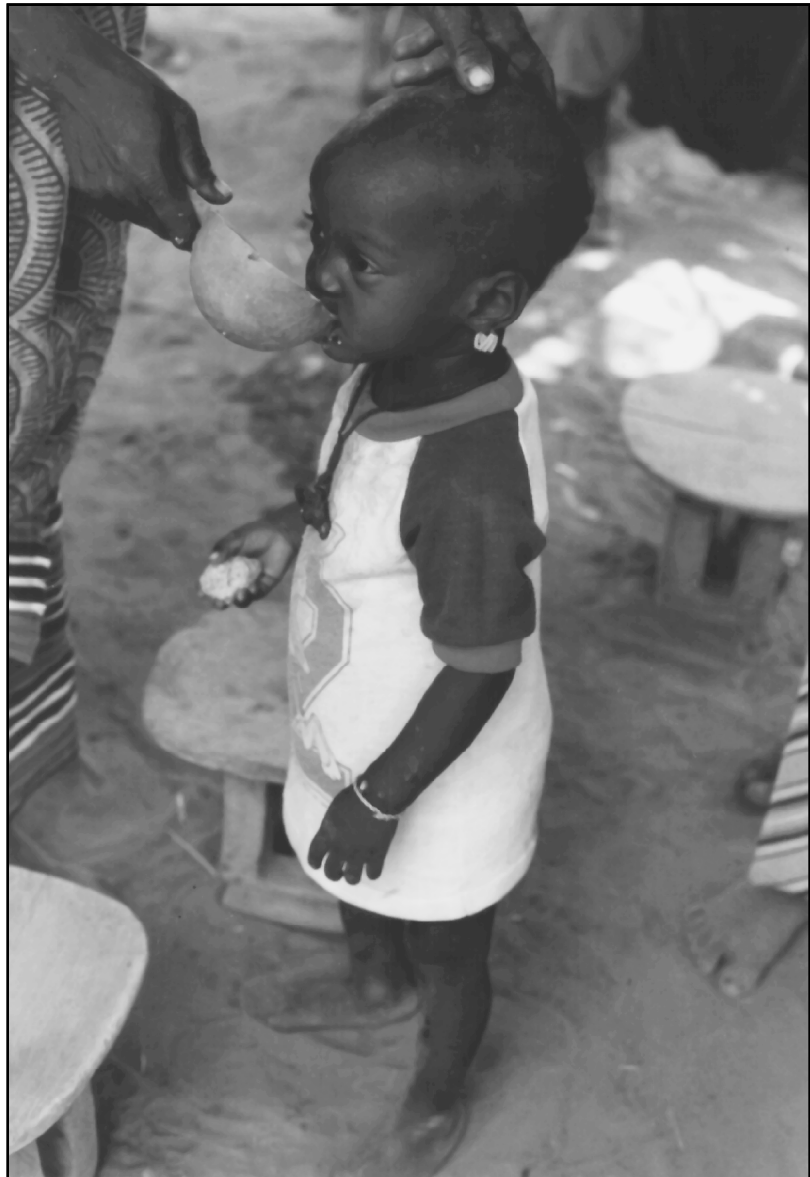
- **The SoloSHOT, a single-use, auto-destruct syringe prevents infections from the reuse of contaminated syringes and needles.**
- **Vaccine Vial Monitors indicate when the vaccines have been exposed to heat and rendered ineffective.**
- **Safe Delivery Kits prevent newborns from contracting tetanus during delivery at home under unsanitary conditions.**
- **New and improved vaccines, including vaccines under development for pneumonia and malaria.**
- **Bednets coated with a safe insecticide protect against malaria.**

USAID's Demographic and Health Surveys, periodic household surveys, provide information about health and family planning in selected countries. The information collected in the Demographic and Health Surveys is crucial in evaluating international progress toward child survival targets. The Agency's commitment and expertise in the area of collecting, analyzing, and using solid empirical data has reinforced the emphasis on measuring results, exemplified by the quantifiable goals established at the World Summit for Children.

“USAID has been the world leader in planning for the future, strengthening the capabilities of developing countries to manage, maintain, and locally fund their health systems.”

USAID programs enhance the capacity of institutions and ensure that funding mechanisms in individual countries are in place to enable child survival programs to continue when donor assistance ends. USAID has been the world leader in planning for the future, strengthening the capabilities of developing countries to manage, maintain, and locally fund their health systems. USAID programs dedicated to training in health systems management, improving program quality, and health care financing are unparalleled by other donor efforts.

USAID’s important contributions to providing effective, high-quality health and nutrition interventions for children, to technology development and implementation, to promoting behavioral change, and to planning for program sustainability are essential components of the collaborative global child survival crusade.



Lisa Nichols



Chapter 2

A DECADE OF ACCOMPLISHMENT

A simple strategy, embracing four distinct but interrelated initiatives, is the basis of USAID's Child Survival Program:

- Proven interventions with measurable results,
- Research and field testing to introduce new cost-effective interventions,
- Continual monitoring and evaluation of program performance, and
- Local capacity-building to ensure long-term sustainability and impact of program interventions.

CHILD SURVIVAL IS BUILT AROUND PROVEN INTERVENTIONS

When USAID launched the Child Survival Program a decade ago, two interventions were selected to meet the Agency's commitment to focus on "proven technologies that promise substantial and direct health benefits for infants and children." Immunization had proved its worth in the '70s, when a global vaccination program eliminated the scourge of smallpox. Oral rehydration therapy had proved astonishingly effective in smaller settings, such as cutting the cholera fatality rate in refugee camps during the Indo-Pakistan war from 25 percent to 3.6 percent. Together, vaccination and oral rehydration therapy demonstrated the impact of effective child survival interventions, paving the way for these and other interventions to be applied worldwide through the Child Survival Program.

"Over the last decade, research has enabled the Child Survival Program to attack 100 percent of the principal causes of preventable childhood death and disease."

In 1985, the two proven interventions of immunization and diarrheal disease control addressed the causes of about 50 percent of all child deaths. Over the last decade, research has enabled the Child Survival Program to attack 100 percent of the principal causes of preventable childhood death and disease in developing countries. USAID, in collaboration with its international partners, has developed and promoted new technologies, such as vitamin A supplementation and treatment of acute respiratory infections.

“USAID’s interventions have focused on building sustainable programs in developing countries to enable them to continue saving the lives of their children in the future.”

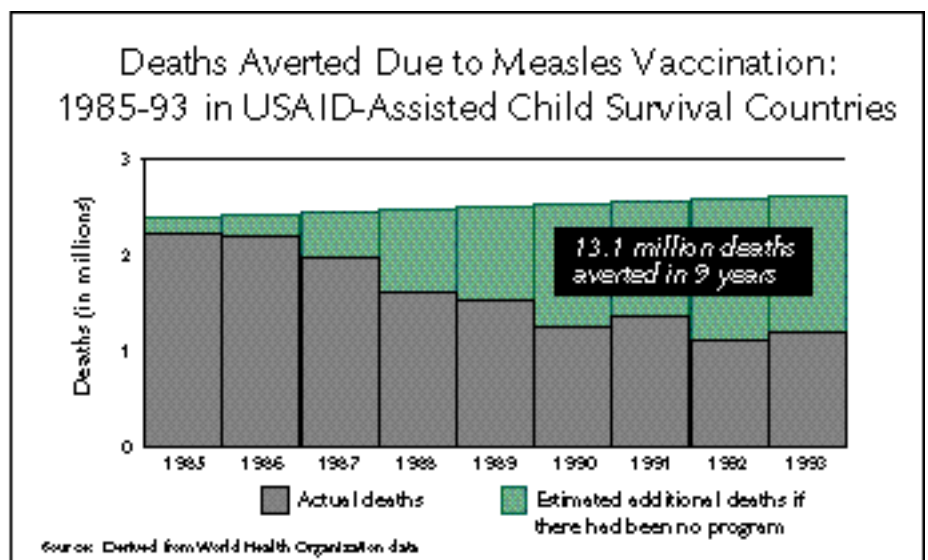
Increased vitamin A intake in children, achieved through dietary intake or supplementation, is effective in reducing childhood deaths related to measles, diarrhea, and other diseases; and treatment of pneumonia—the leading killer of children worldwide—through standard case management has been applied effectively in the least accessible, poorest communities. These results have inspired governments to include vitamin A programs and standard treatment of acute respiratory infections in their child survival programs.

USAID has developed interventions that seek to improve environmental conditions and change related behaviors, which reinforce the impact of other child survival interventions. Successful approaches for water and sanitation and hygiene education, for example, have been applied with USAID assistance in more than 100 developing countries.

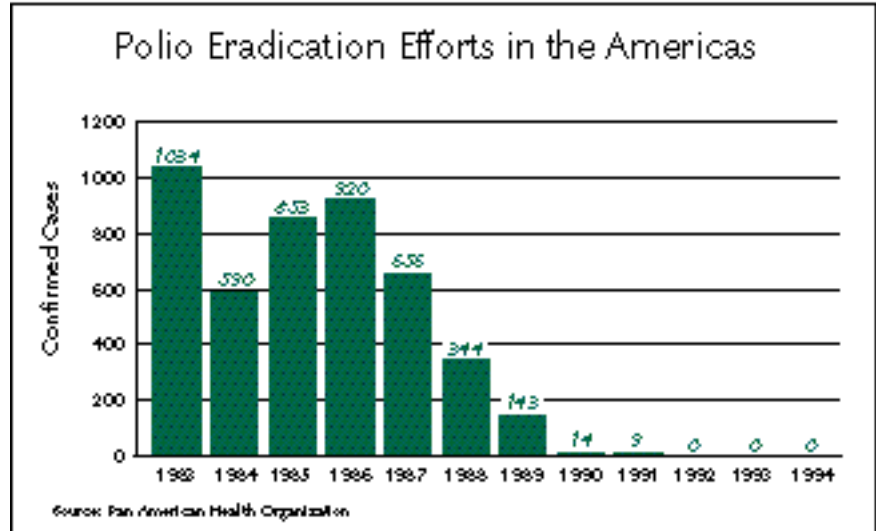
USAID research has also improved existing interventions and created new activities in the prevention and treatment of malnutrition and malaria. Malnutrition and malaria are major threats to the health of developing world children, and the Child Survival Program’s effective implementation of these interventions is necessary for the greatest impact in reducing childhood deaths. The evolution of the Child Survival Program in all areas of preventable deaths in children, described below, has saved millions of children’s lives worldwide every year. Equally important, USAID’s interventions have focused on building sustainable programs in developing countries to enable them to continue saving the lives of their children in the future.

Immunization: An Intervention for Disease Prevention and Eradication

In only six years (1984-1990), USAID and its partners succeeded in raising vaccination coverage rates worldwide from 44 percent to 80 percent, saving an estimated three million lives every year. USAID was the major foreign donor supporting the effort to eradicate polio in the Western Hemisphere region, certified polio-free in 1994. USAID is

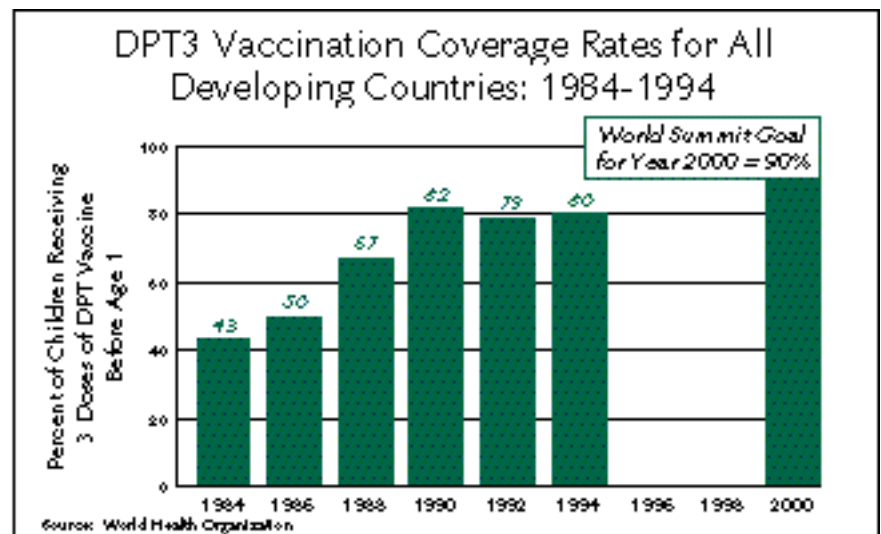


now working toward the eradication of polio in South Asia and sub-Saharan Africa and supporting efforts to eliminate measles from the Americas.



“USAID was the major foreign donor supporting the effort to eradicate polio in the Western Hemisphere region.”

Since more than 100 million infants a year need immunizing, USAID was aware from the outset that flagging donor support could jeopardize the success of the vaccination program. To enable local governments to assume managerial and financial responsibility for their own programs, USAID shifted part of its resources from the immediate task of vaccinating children to supporting sustainable immunization programs. Efforts now focus on strengthening the capacity of local governments and indigenous non-governmental organizations to plan and manage their immunization programs; on training health workers and supervisors; on maintaining the refrigeration “cold chain” which is necessary to preserve vaccines from their point of manufacture to their use in distant communities; and on ensuring a reliable vaccine supply. This new strategy is one of the main reasons for the continued high immunization coverage levels in most developing countries since 1990.



THE ERADICATION OF POLIO IS WITHIN REACH

In 1994, polio was officially declared eradicated in the Western Hemisphere. Support delivered through USAID's Child Survival program made a crucial difference in this victory. USAID invested more heavily in Latin America than in any other region, concentrating particularly in the poorest countries like Bolivia and Haiti, where vaccination coverage rates lagged seriously behind those across the rest of the continent.

Worldwide, as coverage rates have doubled over the past decade, polio cases have been cut by two-thirds. The World Summit for Children set the year 2000 as a target for polio to join smallpox as a disease that will never again cripple or kill. Reaching this target will require significant effort: vaccination days to find and vaccinate every child everywhere in the world and the establishment of surveillance systems to detect the occurrence of every remaining case. Current estimates are that a ten-year effort to eradicate polio would cost \$100 million per year. This is a sound investment when compared with the present costs of vaccination, which is \$230 million per year for the children of the United States alone.

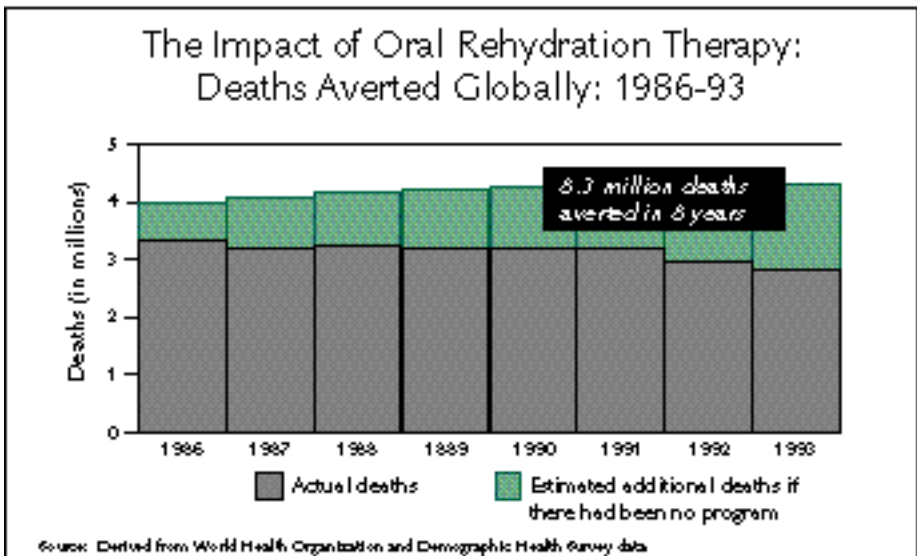
Diarrheal Disease Control: A Means to Avert Child Deaths

Dehydration from diarrhea is one of the major causes of childhood deaths in the developing world. When children have severe diarrhea, their bodies can lose so much fluid that they go into shock and die. USAID's sustained commitment to developing a low-cost, widely available treatment to prevent this major cause of death in children yielded oral rehydration salts (ORS). ORS is a scientifically formulated mixture of simple ingredients that allow a child's body to replace the fluids lost through diarrhea, without needing expensive and often unavailable intravenous treatment.

“The worldwide increasing use of prepackaged oral rehydration salts to combat the harmful effects of dehydrating diarrhea has reduced the annual death toll of this common disease from 4.5 million a year to 3 million.”

In the '70s, *The Lancet* hailed oral rehydration as “potentially the most important medical advance this century.” The worldwide increasing use of prepackaged oral rehydration salts or other recommended home solutions to combat the harmful effects of dehydrating diarrhea has reduced the annual death toll of this common disease from 4.5 million a year to 3 million.

USAID has played a critical role in this achievement. USAID financed the basic scientific research on oral rehydration, and still leads the global effort to ensure that oral rehydration therapy is available and used correctly around the world. When field-based research efforts revealed cultural barriers to the use of oral rehydration in many settings, the Child Survival Program applied USAID's acknowledged expertise in social marketing and modern communication techniques to address these cultural blocks and alter behavior for preventing and treating diarrheal disease.



Between 1986 and 1993, the use of prepackaged salts or home solutions to treat diarrhea doubled. Usage increased even faster in countries where USAID concentrated its efforts; the rate tripled in Indonesia, Peru, and Morocco, and increased even more dramatically in Ghana and Kenya.

USAID's experience with oral rehydration therapy has also saved lives in emergency situations. In Bangladesh, where oral rehydration is an established part of the Child Survival Program, and mothers know how to prepare and use oral rehydration solution when needed, not one child is reported to have died from diarrhea following the devastating flood in 1992. In the refugee camps established during the Rwandan crisis of 1994, technical assistance in oral rehydration therapy was provided by the USAID-funded International Center for Diarrheal Disease Research in Bangladesh. This assistance enabled the camps to avert mass deaths during cholera outbreaks through the application of oral rehydration therapy.

ORAL REHYDRATION: AN OMNIPRESENT RESPONSE TO A COMMON KILLER

Children in developing countries experience as many as ten episodes of diarrhea annually. Most diarrheal deaths result from dehydration—the excessive loss of fluids and minerals (electrolytes) from the body. Recurrent bouts of diarrhea are also a primary cause of malnutrition, and a malnourished child has less resistance to infections and will tend to experience longer and more severe bouts of diarrhea. This vicious cycle can prevent a child from having adequate health, growth, and, ultimately, a chance for survival.

Rehydration, which is the administration of a fluid, in this case given by mouth, to prevent or correct dehydration from diarrhea can prevent this cycle and the resulting deaths. Oral rehydration salts (ORS) is a pre-packaged mixture of sugar, salt and electrolytes which, when mixed with water, is effective against dehydration. Simple solutions prepared at home can also accomplish rehydration and are often recommended when prepackaged ORS is not available. In USAID-assisted diarrheal control programs, health workers and mothers are taught to use prepackaged salts or a recommended home solution, to maintain the child's nutritional intake through breastfeeding or feeding of recommended foods, and are given instructions on when to seek further medical help.