



STABILIZING POPULATION AND PROTECTING HUMAN HEALTH

USAID population, health and nutrition programs have helped save millions of lives and made voluntary family planning services widely available. These programs contributed decisively to substantial declines in mortality and fertility rates. USAID continues to be the major donor in child survival, HIV/AIDS prevention and family planning, accounting for roughly 50 percent of bilateral donor resources in each of these areas.

Equally important, by slowing rapid population growth rates and addressing major public health concerns, USAID increases the potential for developing nations to achieve lasting economic growth. High rates of mortality and population growth often directly undermine the potential for lasting social and economic development. In addition, USAID's work in preventing the spread of major diseases ultimately works to protect the public health of people the world over, including Americans.

The strategy for attaining USAID's goal of stabilizing world population and protecting human health relies on achieving four closely related objectives. These objectives are reductions in: unintended pregnancies; child mortality; maternal mortality; and the transmission of sexually transmitted infectious diseases and HIV.

Reducing Unintended Pregnancies

More than one-third of all births in the developing world are the result of unintended pregnancies. These unintended pregnancies often adversely affect the health and well-being of women and their families. High fertility also translates into rapid population growth, which

undermines economic growth, contributes to environmental deterioration and strains fragile political and social institutions.

Expanding the availability, quality and use of family planning services is one of the most direct and cost-effective approaches for reducing unintended pregnancies, preventing abortions and decreasing fertility rates. Increased contraceptive use, measured by the contraceptive prevalence rate, translates into reductions in the total fertility rate — the average number of children a woman will give birth to during her lifetime.

In the 28 countries that have received the largest amount of population assistance, average family size has decreased from approximately 6.1 children in the 1960s to 4.2 in the 1990s. For example, Colombia's total fertility rate is now 2.7 — a decrease from 6.3 in 1965 when USAID assistance began. The contraceptive prevalence rate has increased from 64 percent in 1986 to 72 percent in 1995. Similarly dramatic reductions in total fertility rates and concurrent use of contraceptives have occurred in countries as varied as Bolivia, Egypt, Indonesia and Kenya.

In addition to availability of services, demand for services is a critical factor in expanding use of family planning. Desired family size is moving rapidly downward in countries assisted by USAID and is substantially lower than actual family size in every country where national surveys have been conducted. At the same time, whether women and men choose to avail themselves of services depends on how informed they are about the benefits of family planning and the services available. USAID has been particularly effective in supporting innovative use of communication campaigns to disseminate information. For instance, follow-

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ing a 1994 communications campaign in Bolivia, health clinic visits increased from 11,800 in 1993 to 29,200 — an increase of 147 percent.

Support for developing new and improved contraceptive methods and family planning services is an important aspect of USAID's efforts. For example, USAID-supported clinical trials on the safety and effectiveness of the Reality female condom led the U.S. Food and Drug Administration to grant approval for marketing the product in the United States, paving the way for its introduction in developing countries. This is the first female-controlled barrier method that shows promise in preventing both pregnancy and sexually transmitted infections, including HIV/AIDS.

Reducing Child Mortality

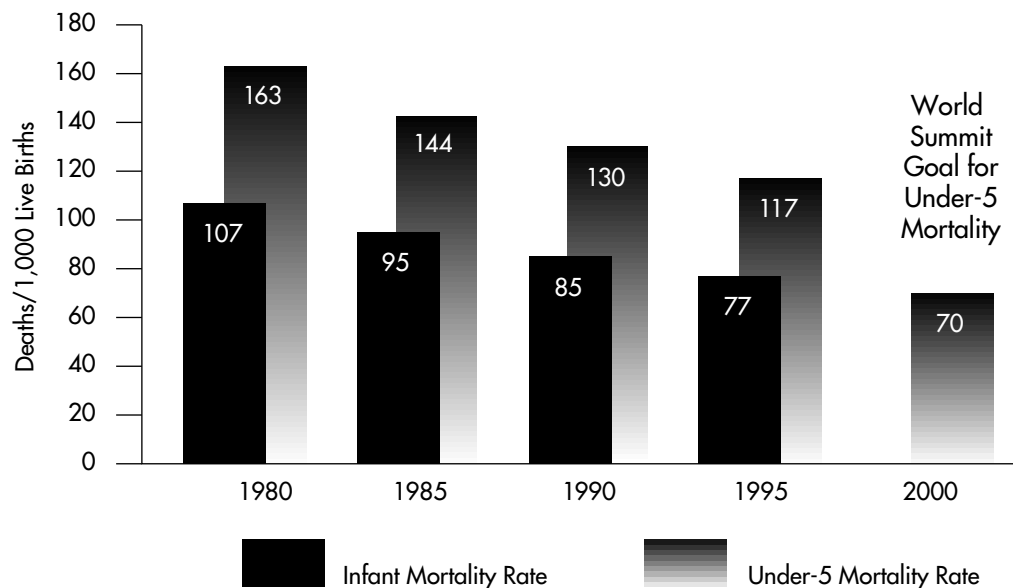
USAID's child survival programs develop and apply cost-effective, sustainable interventions to reduce and prevent the principal causes of illness and death in infants and children. More than 4 million infant and child deaths are prevented annually due to critical lifesaving

health services supported by the agency. Between 1985, when USAID launched the Child Survival Initiative, and 1995, infant mortality rates in USAID-assisted countries declined 20 percent. The steady progress toward reducing child mortality revealed in the accompanying figure reflects USAID's critical role in developing and introducing state-of-the-art child survival interventions. (See Figure 5.)

Despite the considerable success of child health programs, each year in the developing world an estimated 12 million children die of preventable causes, including pneumonia, diarrhea and vaccine-preventable diseases. Malnutrition is a major contributing factor in over half of these deaths.

USAID played a leading role in the research and development of low-cost interventions to treat diarrhea, a major cause of child mortality. Oral rehydration therapy, the administration of rehydrating fluids by mouth, has become a mainstay of diarrheal disease programs, averting about 1 million child deaths annually, and was a product of breakthrough USAID work in Bangladesh. There are now over 100 national diarrheal disease control programs, and oral rehydration salts are produced

Figure 5
Infant and Under-5 Mortality Rates
for All Developing Countries (Excluding China)
1980-95



Source: Center for International Health Information, Health Statistics Database, 1995

Breastfeeding

Breastfeeding saves the lives of up to 6 million infants every year.

Exclusively breastfed infants have on average 2.5 fewer episodes of childhood diseases. They are four times less likely to die of acute respiratory

infections and up to 25 times less likely to die of diarrheal disease.

USAID programs have trained 563 health professionals from 53 countries as breastfeeding education trainers. These trainers, in turn, have

trained almost a million health workers and advocated policy reforms in their countries. By 1999, USAID's promotion of breastfeeding is projected to reach 83 million mother-infant pairs.

locally in 60 countries.

The Expanded Program for Immunization, developed with USAID's financial and technical support, has become a cornerstone of child health programs. In 1994, polio was officially declared eradicated in the Western Hemisphere. USAID is the major donor for disease control activities and participates in the current global initiative for the worldwide eradication of polio. During 1994, USAID provided critical emergency assistance to combat a polio outbreak in Uzbekistan, aiding in the immunization of more than 2.5 million children under 5, a 97 percent coverage rate. USAID's assistance in the New Independent States is helping revitalize health care delivery systems neglected during the Soviet era.

USAID's immunization program in Bangladesh helped increase the percentage of fully immunized children under the age of 1 from 5 percent in 1985 to 70 percent in 1993. However, immunization rates in densely populated slum areas often lagged behind citywide immunization rates. As a result, USAID helped institute special targeting efforts for these areas, such the National Immunization Day in the spring of 1995. That activity provided at least one dose of oral polio vaccine to 91 percent of Bangladeshi children.

USAID is at the cutting edge of establishing effective prevention and treatment protocols for acute respiratory infections, the leading cause of death today among children under 5. USAID also has supported groundbreaking research in developing and testing a new, integrated approach to treating sick children. The integrated approach targets pneumonia, diarrhea, malaria, measles and malnutrition, which together cause almost three-quarters of deaths in children under 5 in developing countries.

USAID invests in the development, testing and introduction of health technologies, making

programs more cost-effective and health services safer and more widely accessible. One such technology, SoloShot, a single-use syringe, eliminates the risk of transmission of blood-borne diseases (such as hepatitis and HIV) through contaminated needles and syringes.

About 43 million children under 5 around the world are at risk of blindness because of vitamin A deficiency. USAID has supported programs such as Nepal's National Vitamin A Deficiency Prevention and Control Program. Using extensive USAID-sponsored field research, female community health volunteers distribute vitamin A capsules. In 1995, approximately 1 million children received capsules from these volunteers. To date, more than 12,000 volunteers have been trained in distribution techniques, and coverage in participating districts has been as high as 90 percent.

Reducing Maternal Mortality

Despite improvements in health in developing countries, maternal mortality remains high. Almost all deaths during pregnancy and childbirth occur in developing countries. An estimated 585,000 women die during pregnancy and childbirth each year in the developing world. The developing country average of 450 to 500 maternal deaths per 100,000 live births is roughly 100 times that in developed countries. (See Figure 6.)

The major complications of pregnancy and delivery can be prevented or treated through family planning and appropriate prenatal and postpartum care. USAID plays a lead role in developing and testing the methods and curricula needed to train health professionals in reproductive health practices. Several countries in Asia and the Near East are addressing high

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Learning from Experience: Pregnancy Referrals in Guatemala

In many countries, traditional birth attendants can be effective in referring women with serious pregnancy complications to appropriate health care facilities. However, USAID research in Guatemala found that traditional birth attendants were not

effective referral agents for women in that country with serious pregnancy-related complications. As a result, USAID efforts will now target families, especially husbands and mothers-in-law, to recognize complications and identify appropriate

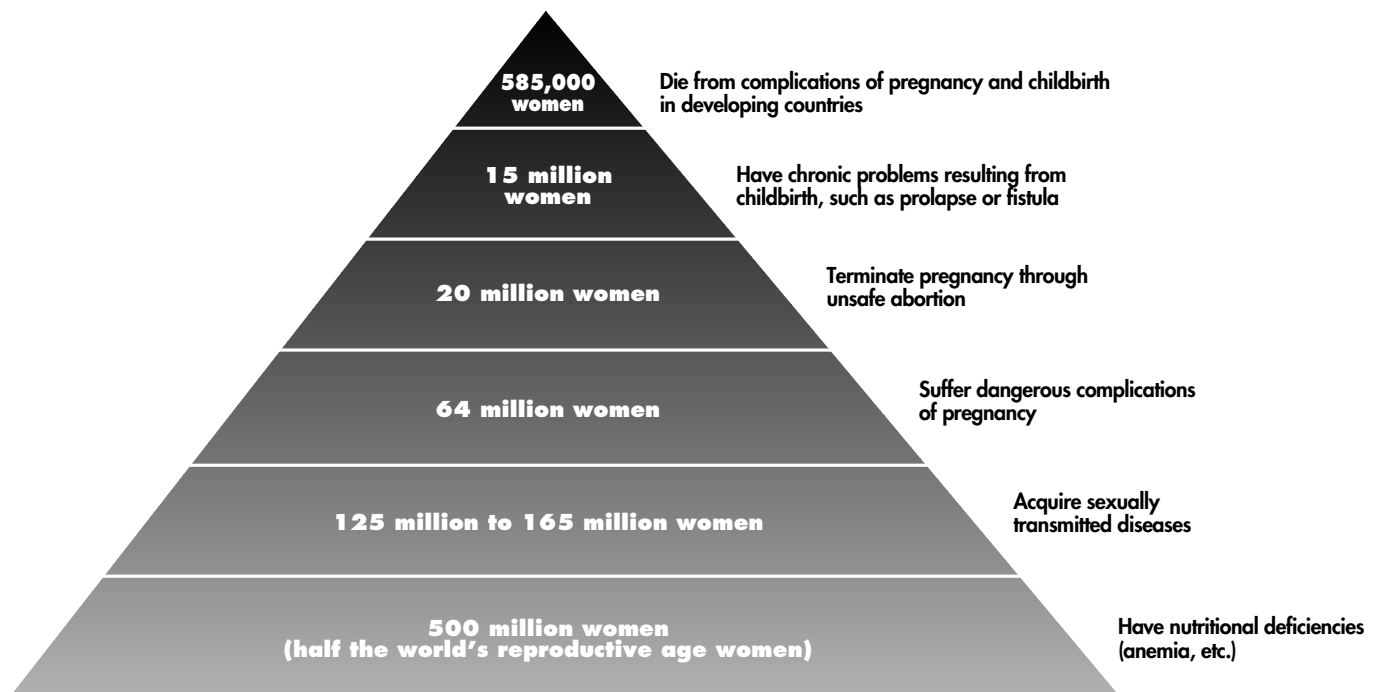
referral sites. The finding in Guatemala, which varies from the situation in many other countries, underscores the need to design programs that are tailored to fit local conditions.

maternal mortality through improved training for birth attendants coupled with campaigns to increase awareness of the importance of prenatal care and assistance from a trained health care worker at delivery. In Egypt, the percentage of pregnant women receiving prenatal care rose from 14 percent in 1988 to 53 percent in 1993, and the percentage of births assisted by trained personnel increased from 25 percent in 1991 to 65 percent in 1993.

Reducing Sexually Transmitted Infections and HIV Transmission

Close to 20 million people have been infected with HIV since the beginning of the epidemic. It is estimated that by the year 2000, this total could double. As the HIV/AIDS epidemic unfolds, it creates additional strains on

Figure 6
Women's Reproductive Health:
Annual Statistics



Source: The Mothercare Project

overburdened social, health and economic infrastructures in developing countries, where resources are limited and competing demands are increasing. After notable improvements in the health status of children over the past two decades, infant and child mortality rates are rising as a result of HIV/AIDS.

Within a short timeframe — eight years — USAID led the way in establishing global standards of practice for the prevention of HIV. USAID's strategies include rapid assessment data collection methods, mass media techniques, sexually transmitted infection (STI) treatment protocols, commercial marketing expertise and computer modeling analyses of the future trends of the HIV/AIDS epidemic and its socioeconomic implications.

The agency has emerged as the global leader in addressing the epidemic, committing more than \$700 million for prevention activities since 1986. In collaboration with other donors and national governments, USAID has reached more than 3.2 million people with HIV prevention education and trained more than 58,000 people to serve as educators, counselors and health providers.

Recent computer modeling of the epidemic has enabled USAID to begin estimating the impact of its interventions. In Kenya, for instance, it has been estimated that between 1991 and 1994, the condom promotion intervention alone averted over 110,000 HIV infections and over 1.3 million other STIs.

Important progress has been made in assisting developing country governments to recognize the magnitude and impact of the AIDS epidemic and in gaining their commitment as full partners in combating the problem. For example, in Honduras USAID worked with the Ministry of Health to project the social and

economic impact of HIV/AIDS. The findings led to the creation of a Honduran AIDS advisory committee, chaired by the first lady of Honduras, and focused needed media attention on the epidemic.

Future Challenges

While significant progress has been achieved toward meeting USAID's goals of stabilizing world population and protecting human health, there are tremendous challenges ahead. Millions of women do not have access to basic health and family planning services, and each year, millions more will enter their reproductive years. Because of lack of access to basic preventive services, millions of children will die. Sexually transmitted infections are a growing problem and are undermining progress in efforts to decrease mortality and increase prospects for economic growth in many nations.

The agency must find ways to serve hard-to-reach groups, make services sustainable and build effective public health systems that will be able to meet the future needs of people worldwide. All this must be accomplished in an era of declining resources, political and social instability in many of the countries where USAID works, and new and re-emerging diseases that threaten the lives and well-being of people everywhere.

USAID led the way in establishing global standards of practice for the prevention of HIV.

Safe Home-Birth Kit

In Nepal, a very rural and poor nation, women frequently give birth on unclean surfaces such as dirt floors or old rucksacks. Mothers often are assisted in giving birth by friends or family who are untrained in health practices and who have only unsanitary and primitive tools at their disposal. Infections, includ-

ing fatal tetanus, are the consequence for far too many women and infants.

USAID helped to come up with a simple and effective solution. Information on Nepalis' knowledge, attitudes and practices concerning home delivery were used to develop

a "safe home-birth kit." The kit contains clean delivery supplies and instructions for their use. The small kit provides a plastic sheet to put on the ground, a bar of soap, a razor blade, a sterile surface for cutting the umbilical cord, sterile cord ties and picture instructions.

The kit costs only a few dollars and can literally mean the difference between life and death for mother and child. The government of Nepal has endorsed the kit, and a private, women-owned Nepali company has begun to manufacture it. Already, more than 100,000 kits have been distributed throughout the country.
