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FROM THE AMERICAN PEOPLE

# A Story to Tell
# Better Health in Latin America and the Caribbean

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This document was prepared by USAID.

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# ACRONYMS AND ABBREVIATIONS

| | |
|---|---|
| **ABC** | Abstinence until marriage, Being faithful, and, as appropriate, correct and consistent use of Condoms |
| **ACT** | Artemisinin-based combination therapy |
| **AI** | Avian influenza |
| **AMI** | Amazon Malaria Initiative |
| **AMR** | Antimicrobial resistance |
| **AMTSL** | Active management of third stage of labor |
| **ARV** | Antiretroviral |
| **BPP** | Business Planning Program |
| **CBO** | Community-based organization |
| **CCM** | Country coordinating mechanism |
| **CHART** | Caribbean HIV/AIDS Regional Training |
| **CS** | Child survival |
| **CS/MH** | Child survival/maternal health |
| **DCOF** | Displaced Children and Orphans Fund |
| **DFA** | Director of Foreign Assistance |
| **DHF** | Dengue hemorrhagic fever |
| **DHS** | Demographic and Health Survey |
| **DOTS** | Directly observed treatment, short course |
| **DR** | Dominican Republic |
| **EOC** | Essential obstetric care |
| **FBO** | Faith-based organization |
| **FP/RH** | Family planning/reproductive health |
| **FY** | Fiscal year |
| **HMN** | Health Metrics Network |

| | |
|---|---|
| **ID** | Infectious disease |
| **IDP** | Internally displaced person |
| **IDU** | Intravenous drug user |
| **IMCI** | Integrated Management of Childhood Illness |
| **IMR** | Infant mortality rate |
| **LAC** | Latin America and Caribbean |
| **MDR-TB** | Multidrug-resistant tuberculosis |
| **MMR** | Maternal mortality ratio |
| **MOH** | Ministry of Health |
| **NGO** | Nongovernmental organization |
| **PAHO** | Pan American Health Organization |
| **PEPFAR** | President's Emergency Plan for AIDS Relief |
| **PMTCT** | Prevention of mother-to-child HIV transmission |
| **RHIS** | Routine health information system |
| **STI** | Sexually transmitted infection |
| **SUMI** | Universal Maternal and Infant Insurance |
| **TB** | Tuberculosis |
| **TFR** | Total fertility rate |
| **UNAIDS** | Joint United Nations Program on HIV/AIDS |
| **UNICEF** | United Nations Children's Fund |
| **USAID** | United States Agency for International Development |
| **U5MR** | Under-5 mortality rate |
| **VAD** | Vitamin A deficiency |
| **VC** | Vulnerable children |
| **VCT** | Voluntary counseling and testing |
| **WHO** | World Health Organization |

# EXECUTIVE SUMMARY

USAID programs have improved the health of children in countries throughout the LAC region.

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Over the past few decades, major improvements in health status have occurred throughout the Latin America and Caribbean (LAC) region. USAID has been one of the principal health sector donors in countries where these improvements have occurred.

This report reviews some of the major health trends in USAID-assisted countries in the LAC region and presents an overview of 2005 program activities and achievements. Several regional and country-level programs are showcased throughout the report to highlight innovative approaches, outstanding progress, and lessons learned in 2005. Overall, USAID resources in support of maternal and child health, reproductive health, and health systems strengthening have declined in the LAC region over the past several years. It is thus important to highlight major challenges anticipated for the coming years and to identify strategies for maximizing scarce resources to meet the highest-priority health needs and achieve U.S. Government foreign policy priorities. The report's final chapter discusses these challenges and new directions for future programming.

## Health Trends in the LAC Region

Child deaths in the region have declined dramatically over the past decade, largely due to the success of proven low-cost technologies and approaches to improving child health. In USAID-assisted LAC countries, mortality rates in children less than 1 year old declined from 47.2 infant deaths per 1,000 live births in 1990 to 29.6 in 2003 – an enormous achievement and testament to the effectiveness of USAID-supported programs.

Malnutrition continues to be a major concern, particularly in Central America, where stunting among children under age 5 is still very high. Stunting is a sign of nutritional deficiencies that result in irreversible physical and mental limitations, leaving these children with a burden they will carry into adult life.

HIV/AIDS is now the leading cause of death (followed by cardiovascular diseases) among adults in USAID-assisted countries in the LAC region, accounting for roughly 9.5 percent of all deaths. The number of people living with HIV/AIDS has risen to an estimated 2.1 million. While the number of people infected in the LAC region is small compared with other regions, it is important to note that HIV/AIDS continues to spread in most LAC countries and that transmission patterns have moved increasingly from marginalized groups toward the general population.

Other infectious diseases, including tuberculosis (TB) and malaria, are also important health concerns for the LAC region. TB is a growing epidemic in the region. With support from USAID and other partners, some progress has occurred in the past decade in increasing case detection and improving treatment outcomes. Reported malaria cases in the LAC region exceeded 800,000 in 2003, with more than 75 percent occurring in the Amazon Basin countries of Brazil, Colombia, and Peru. Dengue and dengue hemorrhagic fever (DHF) pose another serious public health threat in the LAC region. Brazil, Colombia, and the Central America subregion account for the majority of cases. In 2002 and 2003, reported cases of dengue and DHF in USAID-assisted countries totaled nearly 1.4 million.

Improved family planning and reproductive health services have had a very positive impact on fertility, maternal mortality and morbidity, and child health. Total fertility rates (the average number of children per woman of reproductive age) are declining throughout the region, in large part due to the family planning efforts of USAID and its partners over the past several decades.

## USAID Funding Trends

Funding trends in the LAC region illustrate the increasing importance of HIV/AIDS programming, which accounted for 38 percent of the total health budget in 2005. The amount allocated to the region has increased from more than $22 million in 2001 to a planned level of nearly $69 million in 2007. HIV/AIDS poses an enormous potential threat to development in the region as well as to U.S. national security.

During the same funding period (2001 through planned 2007 levels), child survival and maternal health programs have received a reduced share of the

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total health budget. However, it is important to note that although neonatal, infant, and child mortality rates are lower in the LAC region than in other developing regions, there is still much room for improvement. Regional averages for these rates remain three to five times higher than in developed countries, and the ratio of maternal deaths to 100,000 live infant births is still higher than 100 in many LAC countries. With declining donor resources for health, sustaining progress and further reducing child and maternal mortality over the next few years will be a major challenge.

Although in 2005 the family planning/reproductive health area still claimed a substantial portion of the health budget, this scenario will change dramatically over the next five years as many countries in the region are meeting "graduation criteria" that will trigger a phaseout of USAID assistance.

## 2005 Health Program Highlights

### Infectious Diseases

USAID/LAC's infectious diseases programs focused on TB, especially the expansion of DOTS (directly observed treatment, short course) programs; malaria; dengue and dengue hemorrhagic fever; other infectious diseases, including Chagas disease and leishmaniasis; antimicrobial resistance; and surveillance of emerging diseases such as avian influenza. Program highlights from 2005 include the following:

*Dominican Republic*. From 2000 to 2004, data show that the Dominican Republic significantly increased DOTS coverage of TB, with nearly 80 percent of the population currently covered. USAID support for the National Tuberculosis Control Program is beginning to show results, with the treatment success rate now reaching 81.6 percent.

*LAC Regional Program.* In 2005, the Regional Program supported efforts to control resistance to antimalarial drugs and introduced guidelines to address HIV/AIDS-TB co-infection. In particular, the Amazon Malaria Initiative supported the establishment of in-country and regional systems for surveillance and prevention of antimalarial drug resistance; the strengthening of capabilities for quality microscopy malaria diagnosis; and the introduction of rapid tests for use in areas with poor access to microscopy diagnosis.

### HIV/AIDS

USAID works closely with other U.S. Government agencies under the President's Emergency Plan for AIDS Relief and with local and international partners to implement prevention, care and support, treatment, surveillance, program monitoring, and evaluation activities. Two countries in the region, Guyana and Haiti, are priority focus countries for the Emergency Plan. Program highlights from 2005 include the following:

*Guyana.* In the area of prevention, USAID supported the "Me to You" campaign, which obtained 86,000 pledges from individuals to abstain from sex, to stay faithful to one partner, or to use condoms every time they have sex, as well as to seek HIV/AIDS counseling and testing.

*Haiti.* In 2005, USAID-supported prevention programs emphasizing abstinence and being faithful reached 345,700 people; 38,700 individuals received palliative care and support; 16,600 orphans and vulnerable children benefited from program

assistance; and 128,600 people received HIV/AIDS counseling and testing.

*Dominican Republic.* In 2005, USAID provided direct support to six HIV/AIDS outpatient clinics; reached more than 117,000 people with testing and counseling services; and supported services to prevent mother-to-child HIV transmission in 82 facilities for almost 72,000 women and their babies. USAID activities also included treatment for HIV-positive patients and community- and home-based care programs for children and families affected by the HIV/AIDS epidemic.

*Brazil.* In 2005, 22 USAID-supported nongovernmental organizations reached an estimated 395,000 people with prevention messages; disseminated more than 810,000 materials promoting prevention and healthy behaviors; and distributed well over 1.2 million condoms through outlets reaching high-risk groups.

### Maternal/Child Health

Maternal and child health programs focused on reducing maternal and child mortality, improving nutritional status, and strengthening capacity to implement low-cost, high-impact approaches to improving maternal and child health, including Integrated Management of Childhood Illness and active management of the third stage of labor for the prevention of postpartum hemorrhage. Program highlights from 2005 include the following:

*Haiti.* The program reached 98 percent of children in the target area with immunizations, deworming, and vitamin A. More than 400,000 children received vitamin A supplements, a 10-fold increase over 2004. Beneficiaries of the USAID-assisted food program numbered almost 136,000 pregnant or lactating mothers and an estimated 101,000 children.

*Guatemala.* The program to expand measles, mumps, and rubella immunizations had 94 percent coverage. The Ministry of Health's adoption of USAID's "Integrated Care for Women and Children at the Community Level" model for delivering primary health care directly benefited 3.6 million women of reproductive age and children under age 5.

*Peru.* Addressing chronic malnutrition and infant feeding under the Title II program, USAID-supported activities worked with pregnant and lactating women, with a resulting increase in exclusive breastfeeding from 56 to 85 percent between 2002 and 2005.

### Family Planning/Reproductive Health

Increasing access to and use of high-quality voluntary family planning and reproductive health (FP/RH) services is one of the most effective approaches to reducing maternal mortality. Program highlights from 2005 include the following:

*Nicaragua.* USAID support helped establish the foundation for an effective Ministry of Health family planning program, providing more than two-thirds of public sector commodities for modern contraceptive methods. The modern contraceptive prevalence rate reached 69 percent in 2005, and use of family planning services increased by 25 percent over 2004.

*Peru.* USAID has supported 10 years of community-based work that directly improved the lives of more than 400,000 Peruvian women and men by increasing awareness and use of key health services, including family planning. Peru graduated from a program of USAID-donated contraceptives in 2004, and the Ministry of Health now purchases and distributes contraceptives through its network of public health facilities.

### Health Systems Strengthening

Health systems strengthening enables countries to improve the quality of service delivery and mobilize sufficient resources to reach underserved population groups. Program highlights from 2005 include the following:

*Honduras:* USAID supported the development of participatory mechanisms for strengthening health systems in 32 municipalities; implemented models for decentralizing health services; and established a mechanism for selected municipalities to monitor transparency and accountability.

*Dominican Republic.* USAID supported the launch of an innovative social security health insurance program that targets the lowest-income families in one of the poorest regions of the country. More than 180,000 people are now registered for subsidized health care, and the government plans to expand the program nationwide.

## Strategies for Meeting Future Health Challenges

USAID/LAC will focus on the following strategic approaches to meet the challenges of improving health status in the region.

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*1) Reduce inequalities in health care.* USAID has been a leader in working to reduce inequities in health care coverage and quality, using several different approaches that aim to:

- Improve targeting of resources
- Increase disease awareness and care-seeking behaviors among populations with low health care use due to access and/or quality issues
- Work toward policy reform, decentralization of health management, and financing in order to put more authority and resources at the provincial and district levels
- Support social insurance programs designed to provide services to people who would not otherwise be covered

*2) Increase the capacity to respond to complex emergencies, natural disasters, and emerging epidemics.* In recent years, the number and severity of natural disasters in the region (and worldwide) have placed ever increasing pressures on resources to respond rapidly to the immediate needs of people affected by these unforeseen calamities. To address this need, USAID has introduced flexible programming that redirects existing resources to disaster-affected areas. USAID also supports training for all key personnel and efforts to build a professional cadre of personnel who can lead the response to disasters and other health emergencies, ensure effective and efficient resource management, train personnel on the ground, and target assistance to priority areas.

*3) Forge alliances with groups outside the health sector and promote multisectoral programming.* Drawing on a cross-section of the population to advocate for and attract more diverse resources to address health concerns in the LAC region is another approach USAID is pursuing. Multisectoral participation in health care broadens the spectrum of constituents for quality care and mobilizes support for major public health challenges.

*4) Intensify efforts to raise awareness of the important association between social sector investments, economic development, and democracy.* The positive relationship between social sector investments and development has been well established. An educated, healthy citizenry is more likely to be economically productive and provide a country with critical skills, an internal market for goods and services, and political stability. Poor health status among people in the region limits individual and national productivity and weakens the economic and political stability of countries with close ties to the United States.

# I. INFECTIOUS DISEASES

TB patients in Peru sell crafts to support a local TB program.

JAD DAVENPORT

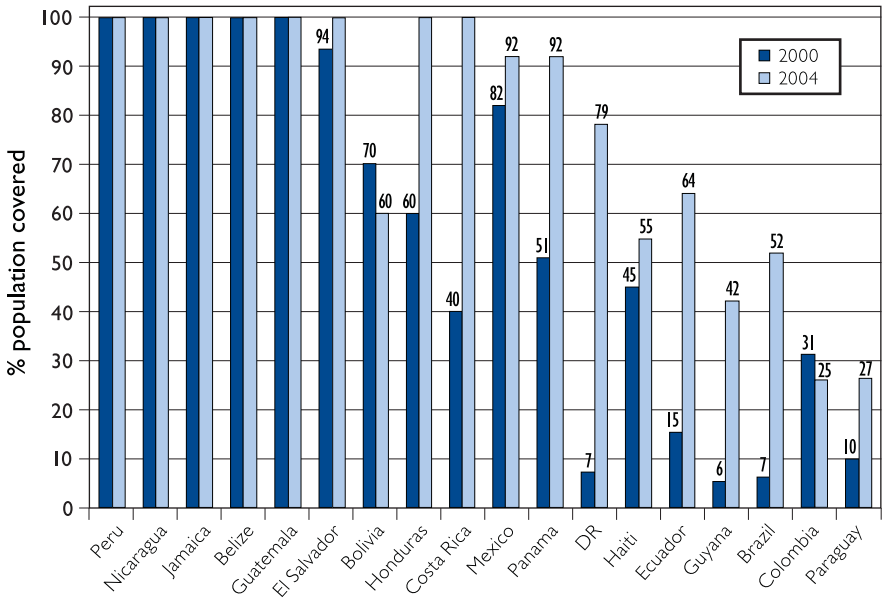
Infectious disease transmission across borders is a pressing concern throughout the Americas. This is especially true for tuberculosis (TB) and malaria, the infectious diseases that cause the most illness and death in the LAC region after HIV/AIDS. In 2001, infectious diseases were responsible for 23 percent of all deaths in the region and for 28 percent of all deaths in USAID-assisted countries.

As a leader in preventing and controlling infectious diseases, USAID supports a variety of programs targeting the most at-risk populations in the most severely affected areas. These programs focus on tuberculosis (TB), especially the expansion of DOTS (directly observed treatment, short course) programs; malaria; dengue and dengue hemorrhagic fever; and other infectious diseases, including Chagas disease and leishmaniasis. USAID also supports programs for determining the incidence and levels of antimicrobial resistance (AMR) to treatment drugs; for improving the management of pharmaceuticals to control AMR; and for increasing capacity for infectious disease surveillance, including potential emerging diseases such as avian influenza. For all infectious diseases in the region, renewed attention must be placed on strengthening surveillance systems to ensure that policymakers and program managers have sufficient information to plan programs and allocate necessary resources.

***Tuberculosis.*** TB is one of the world's deadliest infectious diseases, causing approximately 2 million deaths per year worldwide. It also preys on HIV-infected individuals, whose compromised immune systems make them more vulnerable to TB. Nearly all (98 percent) of the world's TB cases occur in developing countries. TB is a growing epidemic in the LAC region, causing 1.2 percent of all deaths in the region and close to 2 percent of deaths in USAID-assisted countries. Active TB is usually diagnosed through sputum tests of fluid samples coughed up by patients. With support from USAID and other partners, case detection and treatment success rates have both improved over the past decade. The DOTS strategy has helped increase case detection, improve treatment success, and slow the emergence of drug-resistant TB. DOTS is a cost-effective approach that uses volunteers or health workers to observe patients taking their TB medication in the initial stages of treatment. DOTS programs also place particular importance on increasing case detection through advocacy, education on symptoms, public-private initiatives, and social mobilization. In 2004, 83 percent of reported TB cases in LAC countries were covered by DOTS.

***Malaria.*** Reported malaria cases in the LAC region exceeded 800,000 in 2004, with more than 75 percent of

Figure 1
**DOTS Coverage in Selected LAC Countries 2000–2004**




*Source:* WHO Global TB Database, 2006 report.

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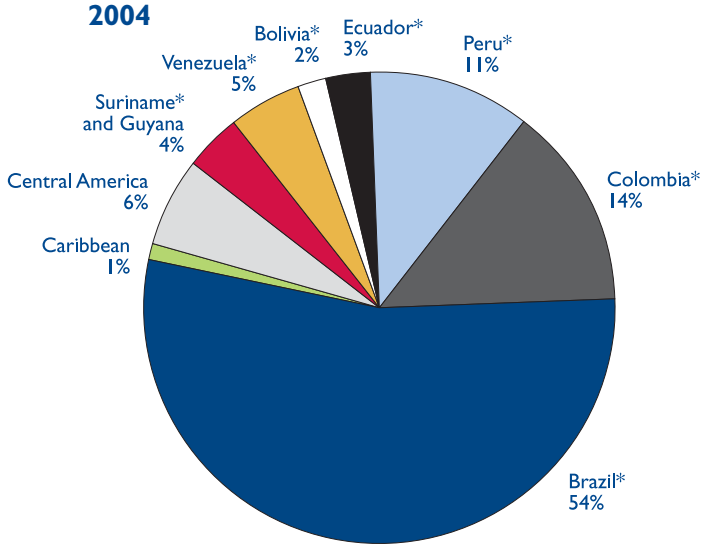
them occurring in the Amazon Basin countries of Brazil, Colombia, and Peru. Figure II shows the distribution of malaria cases in the region in 2004. USAID's Amazon Malaria Initiative (AMI), launched in 2001, aims at improving malaria control and decreasing morbidity and mortality from malaria in eight target countries (Bolivia, Brazil, Colombia, Ecuador, Guyana, Peru, Suriname, and Venezuela). A standardized protocol for conducting efficacy evaluations of first-line antimalarial drugs has been one focus of AMI. By the end of 2005, 67 evaluations had been conducted (49 for drugs used for falciparum malaria, 18 for drugs used for vivax malaria) and 16 were in progress. In 2005, USAID also supported the establishment of referral centers, updating of clinical treatment guidelines, and training of health promoters.

Figure II

**Distribution of Reported Malaria Cases in Selected LAC Countries 2004**




* Countries included in the USAID Amazon Malaria Initiative

*Source*: PAHO. Regional Core Health Data Initiative, Technical Health Information System, 2005.

***Other Diseases.*** Other infectious diseases with public health impact in the LAC region include dengue and dengue hemorrhagic fever (DHF), Chagas disease, and leishmaniasis. Brazil, Colombia, and the Central America subregion accounted for the majority of cases of dengue and DHF, a disease that is spread by mosquitoes. Since 2002, the number of reported cases in USAID-assisted countries has decreased by more than half. In 2002, there were 948,733 reported cases; in 2005, the number was 376,218. Chagas, a debilitating and fatal disease of smooth muscle tissue spread through the bite of the Chagas beetle, is endemic in 18 Latin American countries. Leishmaniasis occurs in South America, primarily in Brazil, Bolivia, and Peru. Transmitted by the bite of the infected female phlebotomine sandfly, the leishmaniases are a globally widespread group of parasitic diseases. The common form causes nonfatal, disfiguring lesions, but epidemics of a rarer form can cause thousands of deaths.

*Antimicrobial Resistance.* Throughout the LAC region, over-the-counter availability of antibiotics and other drugs has resulted in their overuse and misuse, which in turn has led to the emergence of disease strains that are resistant to antimicrobial drugs. AMR is also attributed to patients' failure to adhere to drug regimens, health providers' poor prescribing practices, and counterfeit drugs. AMR threatens to reverse successes in fighting infectious diseases with first-line drugs of relatively low cost. In the event AMR renders these drugs ineffective, most LAC countries cannot provide more complex higher-cost drugs on a large scale. Preventing the emergence of AMR and controlling the spread of drug-resistant disease strains will help ensure that health systems can continue to deliver affordable and effective treatment options.

*Avian Influenza.* No country in the Americas reported the H5N1 avian influenza (AI) virus during 2005, but concern about a possible global pandemic and the introduction of AI virus through trade in exotic or other commercial birds prompted early actions in the LAC region. Nations participating in the Fourth Presidential Summit of the Americas in November 2005 made a commitment to finalize flu pandemic preparedness plans by June 2006. Through its 16 LAC Missions, USAID worked with host governments and other partners – including the World Health Organization (WHO), the Pan American Health Organization (PAHO), and the United Nations Food and Agriculture Organization – to support this commitment by raising awareness of a potential AI pandemic and assisting host countries in assessing and planning for pandemic readiness.

## USAID Assistance

The following summarizes USAID assistance to regional and country-specific infectious disease programs in the LAC region during 2005.

*LAC Regional Program.* The LAC Regional Program aims to improve infectious disease prevention and treatment as one objective within its overall regional health objective of "Health Policy Advancement." USAID provides technical assistance and support for regional sentinel health information, surveillance, and data collection systems.

- In 2005, the LAC Regional Program supported AMR containment in malaria drug treatment and introduced guidelines to address HIV/AIDS-TB co-infection.

- USAID provided technical assistance to countries in the Amazon region for developing malaria drug policies and impro ing surveillance of resistance to drugs for malaria, TB, and other infectious diseases. In AMI countries, USAID supported the establishment of in-country and regional systems for surveillance and prevention of resistance to antimalarial drugs; the strengthening of capabilities for quality microscopy malaria diagnosis; and the introduction of rapid tests for use in areas with poor access to microscopy diagnosis. USAID has focused on improving vector control operations; disseminating new and improved tools for malaria control; and increasing collaboration within the region through information sharing and use of regional expertise. As a

WHO/TBP/DAVENPORT

result, all AMI member countries have enough surveillance sites to evaluate resistance to malaria drugs, and all countries are using a common protocol.

- Nearly 100 professionals from ministries of health, agriculture, civil defense, and foreign affairs attended a USAID-supported PAHO regional workshop in Panama to improve AI preparedness in six Central American countries and the Dominican Republic.

- The LAC Regional Program also redirected $265,000 to support PAHO's AI efforts.

***Mexico.*** Infectious disease prevention and control is one of the objectives of USAID's country strategy for Mexico. Approximately 25 percent of TB cases diagnosed in the United States originate in Mexico. In 2005, USAID supported training for more than 500 health workers in TB detection, treatment, and control. The training directly contributed to accelerated program activities and increased coverage. The program targets people at the highest risk of contracting TB and provides them with care and treatment they otherwise could not afford.

- USAID worked with many government health agencies on AI preparedness planning and supported a U.S.-Mexico university partnership on public health emergency preparedness and response.

***El Salvador.*** To reduce the number of dengue cases, USAID supported community-based interventions that involved nonhealth sectors such as municipal offices and schools in mosquito and mosquito larva control.

***Dominican Republic.*** From 2000 to 2004, the Dominican Republic significantly increased DOTS TB coverage to nearly 80 percent of the population. USAID support for the National Tuberculosis Control Program continues to show results, with the treatment success rate reaching 81.6 percent in 2005, compared with 78 percent in 2002. USAID and partners are working to mobilize community support for the national program.

- USAID assistance was instrumental in putting in place a cross-border agreement with Haiti to ensure consistency in treatment regimens and reduce the danger of multidrug-resistant TB (MDR-TB) on Hispaniola, the island shared by the two countries.

- USAID worked with government agencies to address the high rate of TB drug resistance, which is among the highest in the Americas. In 2005, the National Reference Laboratory was established to provide support to eight regional laboratories. A new MDR-TB unit will begin operations in 2006.

### Amazon Malaria Initiative

The USAID-supported Amazon Malaria Initiative (AMI) is a novel and successful collaboration. The AMI partners* have developed a comprehensive policy approach to ensuring that patients receive timely and effective treatment for malaria. By the end of 2005, 67 efficacy evaluations of malaria drugs had been conducted using a standardized tool, and 16 were in progress. The evaluation results are accessible to AMI partners through a database that is regularly updated and available on the Internet.

Collectively, the evalutions provide good evidence for determining malaria treatment policies, and AMI partners have used them as support for adopting artemisinin-based combination drug therapy (ACT) for treating uncomplicated *falciparum* malaria. ACT combines several antimalarial drugs and kills the malaria parasite more rapidly than all other drugs. All eight participating countries have made the policy change to appropriate drugs based on efficacy studies.

AMI's comprehensive approach to drug evaluations has been a key factor in making the Amazon region the first in the world where countries have an evidence base for such drug policy decisions. AMI partners are now taking the same evidence-based approach to building and sustaining a vector surveillance and control network.

* Bolivia, Brazil, Colombia, Ecuador, Guyana, Peru, Suriname, Venezuela

### Honduras: A Premier TB Program

USAID support for TB programming in Honduras, which began in 1998, has produced a very high-quality program that provides DOTS in all public sector facilities. In 2005, the cure rate increased to 87 percent; new cases declined from 3,332 in 2004 to 2,850; and the patient dropout rate remained below the 5 percent target. Since 2003, the number of sputum tests collected has doubled, a strong indication the program is having a very positive impact on detecting TB.

Another positive note is the collaborative effort of USAID and partners to integrate prisons into the civil TB control program. TB incidence among prisoners was found to be 18 times higher than in the general population. Now 100 percent of prisoners are covered by DOTS, and case detection has increased dramatically in the prisoner population. The success of this effort is due largely to the close collaboration and commitment of all partners to strengthen TB control strategies.

***Haiti.*** Haiti is one of the Western Hemisphere countries with endemic transmission of falciparum malaria, which has the highest case fatality rate of all forms of malaria. About 80 percent of Haitians live in areas at risk for malaria. USAID is working with partners and the fragile public health sector to identify high-risk cases and refer them to health centers.

- Haiti has the highest rate of TB infection in the Caribbean and the highest prevalence of HIV/AIDS in the Western Hemisphere, making HIV-TB co-infection a major problem. USAID is providing assistance to increase case detection and improve treatment cure rates.

***Peru.*** With USAID support, the Ministry of Health (MOH) expanded its capacity in epidemiology, laboratory-based diagnosis, health communications, timely reporting from field offices on disease surveillance, and provision of evidence-based clinical guidelines.

- USAID-supported AMR activities included developing guidelines for good prescribing practices and publishing a new national *Essential Drug List*.
- As an AMI member, Peru's malaria control activities included establishing referral centers in malaria-endemic areas with updated clinical treatment guidelines, training for health promoters and enhanced local capacity for diagnosing and treating malaria.
- USAID supported a study of the TB situation and also provided technical assistance to the DOTS program in five target regions for strengthening case control and management and to the MOH for upgrading national TB control guidelines.

***Bolivia.*** Since 2001, USAID-supported nongovernmental organizations (NGOs) have improved rural living areas to reduce endemic Chagas disease. Through a public-private partnership, USAID has helped mobilize 195 communities in 18 municipalities to rehabilitate more than 10,000 infested homes. This effort has reduced Chagas risks for 50,000 Bolivians.

WHO/TBP/DAVENPORT

### Brazil: Infectious Disease Program Moves Forward

TB is one of Brazil's deadliest infectious disease threats. As one of the world's 22 "high TB burden" countries, Brazil has more than 100,000 new TB cases each year. In the early 2000s, when USAID's program to expand DOTS began, only 7 percent of Brazilians had access to health services that provided DOTS. Now more than half of health services with TB programs are offering the treatment. In USAID-supported DOTS target areas, TB cure rates have increased from about 50 to 80 percent. USAID's strategy for expanding DOTS in urban areas with the greatest number of TB cases has involved forging partnerships with local and international organizations to work with Brazil's National Tuberculosis Program. Political commitment to TB control has grown, while social mobilization campaigns have increased public awareness about symptoms and treatment. Due in large measure to the success of its TB program, Brazil was able to obtain funds from the Global Fund to Fight AIDS, Tuberculosis and Malaria to replicate the TB program in different cities.

Other USAID-supported infectious disease activities in Brazil include the following:

- USAID is funding a nationwide study of resistance to TB drugs. This study will furnish data for evidence-based decisionmaking regarding drug protocols, an important step in heading off the development of MDR-TB.
- In 2005, USAID supported research in Brazil (and also Honduras) to evaluate the performance of a novel and relatively simple liquid culture method to detect tuberculosis in respiratory specimens. Final project results will be used to determine if the method warrants further study or wider implementation. To date, findings show that the new method is more sensitive and obtains results more quickly than other methods.
- USAID also supported an innovative border partnership between Brazil and Peru. This effort focuses on preventing and treating communicable and vector-borne diseases, including malaria, TB, HIV/AIDS, other sexually transmitted infections, leishmaniasis, dengue fever, and yellow fever. Health workers received standardized training based on shared protocols, procedures, and action plans.

- USAID has supported an innovative international border health partnership with Bolivia, Brazil, and Peru. The three-country effort focuses on preventing and treating communicable diseases, including leishmaniasis.
- As part of AMI, the Bolivia program examined the use of rapid diagnostic tests in migrant farm workers returning from Brazil. The new technology was used to test 2,400 migrant workers, 32 percent of whom tested positive for malaria and received treatment through the program.
- To strengthen the national TB program, USAID funded equipment for 10 laboratories across the country.
- USAID and partners supported DOTS services for about 25 percent of all TB cases in the country.

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# II. HIV/AIDS

Care and support for people living with HIV/AIDS is an important component of USAID's HIV/AIDS programs in the LAC region.

A.WAAK/PAHO

HIV/AIDS is now the leading cause of death (followed by cardiovascular diseases) in USAID-assisted countries in the LAC region. In 2001, it accounted for about 9.5 percent of all deaths in the region. In 2005, about 90,000 people in LAC countries died of AIDS, and 230,000 were newly infected. The number of people living with HIV/AIDS has risen to an estimated 2.1 million.

With its large population, Brazil accounts for more than one-third of people living with AIDS in the region, although the Caribbean subregion has a higher prevalence rate. In the Caribbean, HIV/AIDS claimed an estimated 24,000 lives in 2005, making it the leading cause of death among adults ages 15 to 44 years. Approximately 300,000 people are living with HIV in the Caribbean, including 30,000 newly infected in 2005.

While the total number of people infected in the LAC region is small compared with other regions, it is important to note that HIV/AIDS continues to spread in most LAC countries and that transmission patterns have moved increasingly from marginalized groups toward the general population. It is likewise important to note that few of those at risk in the LAC region have actually been tested and that incidence and prevalence rates are only estimates. People who have HIV/AIDS and people who engage in behaviors that are important "drivers" of the epidemic (such as men who have sex with men and prostitutes) are subject to stigmatization and discrimination, which may discourage them from getting tested for HIV infection or from seeking treatment for AIDS. This in turn prevents more precise measurement of the true HIV/AIDS incidence and prevalence rates.

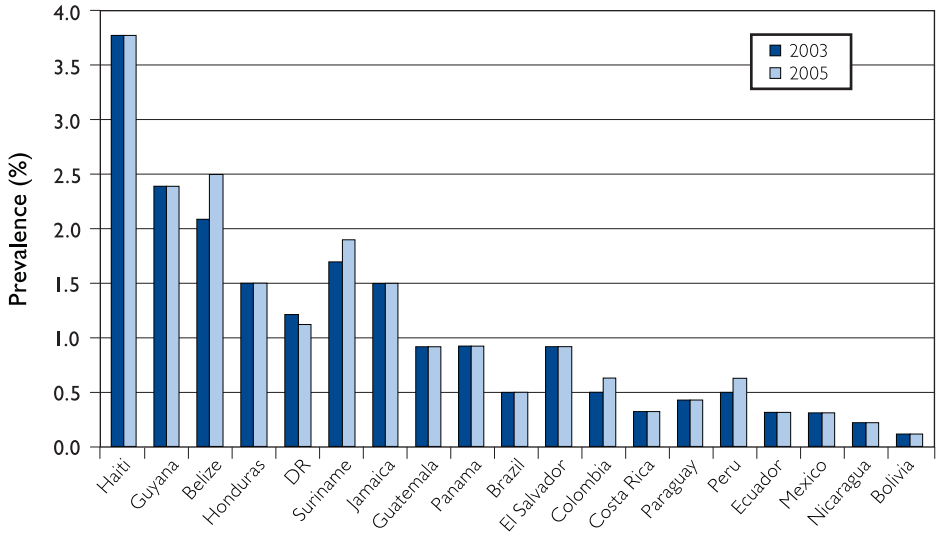
Globally, the HIV/AIDS epidemic exists in three distinct populations: 1) men who have sex with men, 2) intravenous drug users (IDUs), and 3) heterosexual populations. There are also three levels of intensity – early (or nascent), concentrated, and generalized. Generalized epidemics are by definition heterosexual epidemics. The main epidemics in the LAC region appear to be occurring in heterosexual populations and in men who have sex with men. Transmission through heterosexual relations is now reported to account for one-third of all HIV/AIDS cases in the region. Generalized epidemics are present in Honduras and the Caribbean countries, with transmission predominantly through heterosexual relations. The alarming rise in infections among women across the region follows the trend of other regions where HIV prevalence is very high, with the epidemic no longer concentrated in specific population groups but spread throughout the general population.

In some countries, such as Mexico, Bolivia, and Nicaragua, prevalence is still low, with the epidemics concentrated in persons who engage in high-risk sexual behavior, such as prostitutes and men who have sex with men. Prevalence in the latter group may well be underestimated because of the stigma attached to sexual relations between men; the often hidden

A.WAAK/PAHO

Figure I

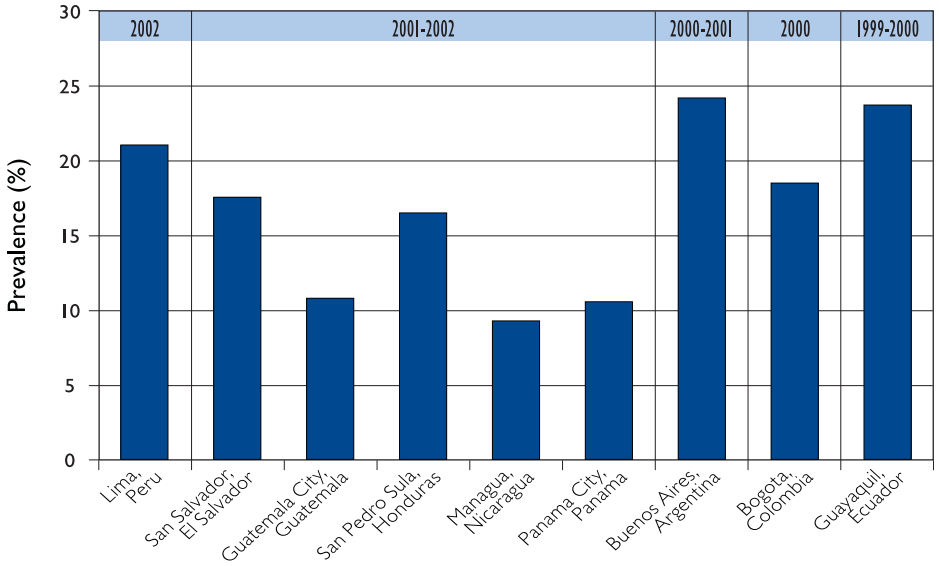
**Trends in HIV/AIDS Prevalence Rates (Adults 15–49 Years) 2003–2005**




*Source*: UNAIDS. *Global AIDS Epidemic Report*. 2006.

Figure II

**HIV Prevalence Among Men Having Sex With Men in Selected Latin American Cities 1999–2002**




*Sources*: **Lima**: MAP/EpilNet, *HIV Infection and AIDS in Americas: lessons and challenges for the future*, Provisional Report, 2003; **San Salvador, Guatemala City, San Pedro Sula, Managua, Panama City:** PASCA/USAID, *Multicenter study of HIV/STD prevalences and socio-behavioral patterns;* **Buenos Aires:** Avila, M., M. Vignoles, S. Maulen, et al, "HIV Seroincidence in a Population of Men Having Sex with Men from Buenos Aires, Argentina"; **Bogota:** MS/INS/LCLCS/NMRCD 2000 study; **Guayaquil:** Guevara J., Suarez P., Albuja C. y col. "Seroprevalencia de infección por VIH e Grupos de Riesgo en Ecuador," *Revista medica del Vozandes* 14(1):7-10, 2002.

nature of this behavior; the fact that some men who have sex with men also have sex with women; and the small numbers of people engaging in risky behaviors who actually know their status.

IDU transmission also occurs in the LAC region. Between 1986 and 2004, 27 percent of the AIDS cases in Argentina, Uruguay, Paraguay, and Chile were attributed to IDU transmission. In Brazil, 16 percent of cases were transmitted through IDUs over the same time period.

Figure I show trends in HIV/AIDS prevalence in the LAC region between 2003 and 2005. For most countries, the prevalence rate showed little change. For a few countries, however, prevalence continued to rise. This increase was particularly notable in Belize and Suriname. Haiti had the highest prevalence rate in the region in 2005, with 3.8 percent of its adult population HIV-positive.

Figure II presents HIV prevalence rates among men having sex with men in selected Latin American cities between 1999 and 2002. In each country represented, this risk group had the highest level of HIV infection, ranging from 9 percent in Nicaragua to 24 percent in Argentina. Because of the stigma attached to this behavior, these figures may have been lower than the actual prevalence levels during these years. Sex between men remains the predominant mode of transmission in several of these countries (notably Colombia and Peru), but in such cases infection can be spread to the broader population by men who have sex with both men and women.

In the Caribbean, the epidemic appears to be primarily driven by heterosexual relations, which account for transmission in 64 percent of all reported cases to date in the Spanish-speaking Caribbean countries and 70 percent in the English-, Dutch-, and French-speaking countries. Commercial and transactional sex (the exchange of sex for goods or services) are reported to be a prominent factor in HIV transmission in the Caribbean. As in the rest of the LAC region, the hidden nature of and stigma associated with sexual relations between men result in this behavior being undercounted as a driving force of the epidemic.

## The President's Emergency Plan for AIDS Relief

The President's Emergency Plan for AIDS Relief works in more than 120 countries around the world, with special emphasis on 15 focus countries. By 2008, it aims to reach 2 million people with antiretroviral (ARV) drug treatment, prevent 7 million new infections, and support care for 10 million people living with and affected by HIV/AIDS, including orphans and vulnerable children. As a major implementing partner of the Emergency Plan and under the guidance of the Office of the U.S. Global AIDS Coordinator, USAID supports two LAC focus countries (Haiti and Guyana), country programs in 10 other countries,[1] and regional programs in the Caribbean and Central America.

USAID operates through joint programs with international and U.S. partners, including governments, faith- and community-based organizations (FBOs/CBOs), and the private sector, and in collaboration with the Global Fund to Fight AIDS, Tuberculosis and Malaria. With a budget of more than $66 million in 2005 for the LAC region, USAID support focused on preventing the spread of the virus, especially among groups particularly vulnerable to infection; care and support of persons living with HIV/AIDS, their caregivers, and their families; treatment with proven drug therapies; and surveillance and program monitoring and evaluation to inform decisionmakers how to effectively target scarce resources.

### Prevention

HIV/AIDS activities continue to focus on prevention among those most at risk of becoming infected or transmitting infection by increasing the protective "ABC" behaviors of abstinence, being faithful, and correct and consistent condom use. USAID support for prevention aims to reach the widest possible audience of people most vulnerable to infection through information campaigns, education, peer counseling, and other outreach efforts. Activities also seek to improve access to counseling and testing, because "knowing your status" through counseling and testing creates an opportunity to promote behaviors that will protect people from becoming infected or infecting others.

### Care and Support

As part of USAID's care and support activities, people living with HIV/AIDS and others affected by it receive assistance in coping with the daily struggle to maintain good quality of life and livelihood and in reducing the effects of opportunistic infections such as tuberculosis. Palliative patient care takes place within a health facility or at home, administered by friends, family members, a religious or other community-based group, and at times by community health workers. In addition to medical care, counseling and material support (such as nutritional supplements, shelter, clothing, and school fees) may be provided. Orphans and other vulnerable children are of special concern and receive assistance through a variety of USAID-funded care and support activities.

### Treatment

Much progress has occurred in developing effective therapies to stem the debilitating effects of HIV/AIDS on those infected. USAID is working with host governments and a variety of partners to expand access to ARVs and to improve case management and adherence to drug regimens.

### Surveillance and Program Monitoring and Evaluation

USAID participates with its partners in monitoring and evaluating program impacts to ensure that resources are being allocated appropriately. As part of the Emergency Plan, USAID is also one of the principal donors engaged in the effort to survey prevalence and monitor epidemiological and behavioral trends among different groups. This effort provides critical information that planners need to make the best allocation of resources for reducing the spread of HIV/AIDS across the LAC region.

## USAID Assistance

*Caribbean Regional Program.* The Caribbean HIV/AIDS Regional Training (CHART) Initiative was launched in 2001. CHART is a vehicle for accelerating training on HIV/AIDS and other

1 Bolivia, Brazil, Dominican Republic, El Salvador, Guatemala, Honduras, Jamaica, Mexico, Nicaragua, Peru

PAHO

sexually transmitted diseases for health care workers, community-based personnel, and health care managers. The CHART network consists of a regional coordinating unit, which is part of the University of the West Indies, and national CHART centers in the Bahamas, Haiti, Jamaica, and Barbados. With USAID and other donor assistance, these centers arrange and facilitate training programs with technical support from several U.S.-based partners, including partners from the commercial sector and universities. In its first two years of operation, CHART concentrated on building knowledge and skills in various categories of health care workers and on capacity building through a successful training-of-trainers program. More than 20 countries have benefited from CHART programs. Over 100 persons have received training to become trainers; more than 1,200 have participated in multidisciplinary didactic learning sessions; and nearly 400 have taken part in care and support skills building workshops. The CHART network may be expanded in 2006 by establishing additional national training centers in the Dominican Republic, Guyana, the Organization of Eastern Caribbean States, and Trinidad and Tobago.

- In 2005, USAID also supported networks of NGOs in six countries in the eastern Caribbean. Each network was effective in working with the national government to reduce HIV transmission among youth and other high-risk populations.

- In nine eastern Caribbean countries, 18 USAID-supported prevention programs provided training and workshops on how to access "hard to reach" populations and change the behaviors that increase the risk of infection. Events attracting large numbers of people were carried out in a number of countries celebrating World AIDS Day, while smaller-scale activities focused on such activities as developing "safe spaces" for communities to meet, discuss, and learn more about HIV/AIDS, and creating chat rooms tailored to specific vulnerable groups, peer educators, and counselors. USAID and the Peace Corps collaborated in supporting "ABC" approaches carried out by FBOs and CBOs.

### Suriname: Successful HIV/AIDS Testing Campaign

The "Know Your Status" campaign of Suriname's National AIDS Program, which encourages voluntary HIV testing, has experienced overwhelming success since its launch in December 2004. HIV/AIDS assistance from the U.S. Government played a valuable role in strengthening the capacity of Suriname's health care sector to handle the surge in testing. From June 2003 to March 2005, USAID funded a series of voluntary counseling and testing (VCT) training activities. Surinamese trainers certified by the program provided training to 27 health care workers who worked primarily in rural and interior regions of the country during the summer of 2005 and in December 2005. The number of trained and qualified VCT providers now totals 161. USAID assistance helped build this human resource capacity for Suriname's HIV/AIDS testing program.

### Haiti: Dispelling Discrimination

In collaboration with Promoteurs Objectif Zero SIDA, a Haitian artists organization, USAID produced a series of collages depicting the lives of people living with HIV/AIDS and their families. During stigma and discrimination workshops, participants created inspiring works of art describing their experiences with HIV/AIDS and their hopes for the future.

Many of the participants gave voice to their struggle during the workshops:

*"I will hold my head up and speak out against all kinds of discrimination." – Malia*
*"The more you remain silent, the more you suffer." – Marc Arthur*
*"I want to live long enough to see my children growing." – Marie Stephani*
*"Laws that will protect our rights are our only hope." – Glainy*

By working together on such projects, workshop participants develop bonds of friendship and trust that promote open discussions about the impact of HIV/AIDS on the lives of HIV-positive individuals and their families.

Artists work on their collages depicting life with HIV/AIDS. USAID

***Guyana.*** Guyana is one of the President's Emergency Plan's 15 focus countries, where the Plan has committed resources to support the full national scale-up of prevention, treatment, and care and support programs. Through USAID, the Emergency Plan funds activities in each of these strategic areas as well as policy reform. Guyana has an estimated 11,000 people with HIV infection. AIDS is the leading cause of death among people in the 25- to 44-year-old age group and the second leading cause of all deaths. Surveys show there are an estimated 4,200 children in Guyana orphaned by HIV/AIDS and thousands more vulnerable to its effects. Guyana is one of the poorest countries in the Western Hemisphere,with 35 percent of the population living below the poverty line.

- In the area of prevention, USAID supported the "Me to You" campaign, which obtained 86,000 pledges from individuals to abstain from sex, to stay faithful to one partner, or to use condoms every time they have sex, as well as to seek counseling and testing.

- USAID helped the Ministry of Health (MOH) establish a network of 36 school health clubs in secondary schools across nine regions. The clubs promote healthy lifestyles and HIV prevention by club members and their classmates. Prevention of mother-to-child transmission (PMTCT) activities included support to increase the number of PMTCT service providers at antenatal care facilities; efforts to upgrade facilities and integrate PMTCT activities; assistance to the MOH in adopting a national rapid testing algorithm; and training in rapid diagnostic testing for HIV. USAID also supported training for vulnerable populations in risk reduction practices and counseling and testing.

- To support treatment, USAID and other U.S. Government agencies helped the government procure pharmaceuticals and medical supplies; strengthened the government's supply chain management system; and supported construction of a national reference laboratory.

- In care and support, USAID supported multidisciplinary technical assistance to physician, laboratory, and other clinical staff in managing HIV-positive patients, including those with other sexually transmitted infections (STIs); diagnosing opportunistic infections; and supporting TB treatment and care for co-infected patients at an HIV/AIDS-TB clinic. Volunteers in home-based and palliative care received training or retraining in support services,

### Dominican Republic: Vulnerable Populations

*Challenge.* Three years ago, access to affordable condoms for populations most at risk for HIV/AIDS was difficult in the Dominican Republic, where prostitution is widespread and brothels are found throughout the country. Studies estimate that there are between 70,000 and 130,000 sex workers in the country. They constitute a population at high risk of infection, as evidenced by their significantly higher HIV/AIDS prevalence rates (4 to 13 percent, depending on the province) than found in the general population. This vulnerable population needs education and access to protection to counter the rapid spread of HIV/AIDS.

*Initiatives.* Through USAID, the President's Emergency Plan for AIDS Relief worked with in-country partners to develop a targeted national condom social marketing program to ensure access to low-price, high-quality condoms for commercial sex workers and their clients. The program complemented existing behavior change communication activities that local NGOs were already implementing. With a limited budget and a goal of distributing 1 million PANTE brand condoms in six months, USAID conducted an assessment of sales outlets serving vulnerable populations, such as commercial sex workers and their clients. The assessment included a review of existing local NGO infrastructure and the ability to facilitate access to condoms through peer educators, community-based health promoters, and, in some cases, existing sales forces. Training sessions strengthened the capacity of NGO staff to implement the program.

USAID/DOMINICAN REPUBLIC

Dominican women pack boxes of low-cost, high-quality condoms to be distributed by a network of NGOs to targeted populations.

*Results.* Today, local NGO partners sell an average of 1 million PANTE condoms per month. These partners report that the condoms are reaching the target populations most at risk of HIV/AIDS. This program also provides commercial sex workers with an alternative to sex work, hiring them at a competitive wage to pack the condoms. This enables many of the sex workers to leave prostitution, as they earn enough money to make small business investments in such items as sewing machines or utensils for a food stand and have a "respectable" reference to use when applying for jobs in the formal sector. Many former prostitutes now work as peer educators and sales agents. The German development bank KfW will assume support of this program as USAID assistance phases out.

including counseling on ensuring adherence to drug regimens. More than 5,000 orphans and other vulnerable children also received USAID assistance.

- USAID supported a network of NGOs, CBOs, and FBOs in strategic locations across the country to provide prevention and care services.
- Outside the public health sector, USAID collaborated with the private sector to provide microcredit for HIV-infected persons.

*Haiti.* Also one of the Emergency Plan's 15 focus countries, Haiti has more people affected by HIV/AIDS than any other country in the Caribbean, the world subregion with the second-highest HIV prevalence after sub-Saharan Africa. Heterosexual relations account for most of Haiti's infections, followed by mother-to-child transmission. Because of the stigma related to men having sex with men, little is known about the extent to which this behavior may be contributing to the HIV/AIDS epidemic in Haiti. The U.S. Government's response to HIV/AIDS in Haiti builds on existing clinical expertise and community-based

resources to provide HIV/AIDS services. Community networks, particularly an extensive FBO network, to link people living with AIDS to available services and ensure treatment adherence, are an important part of this effort, as are "centers of excellence" that provide ARV treatment in each of Haiti's 10 health departments, and a satellite network linked to these centers.

- In 2005, USAID-supported activities achieved some impressive targets – prevention programs emphasizing abstinence and being faithful reached 345,700 people; 38,700 individuals received palliative care and support; 16,600 orphans and vulnerable children benefited from program assistance; and 128,600 people received counseling and testing.

- To reduce mother-to-child HIV transmission and provide women with care, treatment, and support, USAID assistance supported training of staff members from health care facilities in prenatal, obstetric, and reproductive health services.

- USAID support also enhanced laboratory networks for clinical sites to support diagnosis and treatment of HIV and opportunistic infections.

*Dominican Republic.* A 2006 report by the Joint United Nations Program on HIV/AIDS (UNAIDS) estimates HIV prevalence in the Dominican Republic at 1.1 percent in the adult population and at much higher levels among specific population groups. For example, among sugarcane workers, HIV/AIDS prevalence levels reached 5 percent. In 2005, USAID provided direct support to six HIV/AIDS outpatient clinics; reached more than 117,000 people with testing and counseling services; and supported PMTCT services in 82 facilities for almost 72,000 women and their babies. USAID activities also included treatment for HIV-positive patients and community- and home-based care programs for children and families affected by the HIV/AIDS epidemic. Forty NGOs implemented prevention programs with USAID support.

### Jamaica: Reducing Stigma and Discrimination

Through USAID, the President's Emergency Plan for AIDS Relief initiated two activities in 2005 to help reduce HIV/AIDS-related stigma and discrimination in Jamaica:

- Working with the private sector, USAID is supporting the launch of an HIV/AIDS business coalition to increase awareness and establish nondiscriminatory HIV/AIDS workplace policies. This coalition is bringing together a number of national and multinational businesses that are committed to addressing the challenges posed by HIV/AIDS within their communities and among their employees. These businesses will partner with the Ministry of Health and local NGOs, FBOs, and CBOs.

- In collaboration with the Office of the Public Defender, USAID assistance is financing the development of antidiscrimination legislation and helping to mobilize support for legislation that will protect the human rights of Jamaicans living with HIV/AIDS.

*Jamaica.* HIV prevalence in Jamaica was 1.5 percent in 2005, with incidence increasing among adolescent girls. Targeting youth and other high-risk individuals, USAID's program in 2005 focused on identifying key stakeholders engaged in HIV/AIDS and other STIs, health, education, youth initiatives, substance abuse, and violence prevention. NGOs received grants, and umbrella organizations established a network to ensure coverage in all of Jamaica's 14 parishes. A behavior change and communications strategy included interventions targeted at various adolescent groups.

- USAID is also working with the government to address the need for tracking, assessing, and evaluating the national response to HIV/AIDS. A new monitoring and evaluation system is being developed to facilitate strategic decisionmaking that will best support program planning.

*Central America Regional Program.* HIV/AIDS in Central America remains concentrated largely in the most-at-risk populations, but it is nonetheless a severe and growing problem. Four of the LAC region's highest-prevalence countries – Belize, Honduras, Panama, and Guatemala – are in Central America. HIV is transmitted primarily through sexual contact, and unequal socioeconomic development and high levels of population mobility, especially in urban areas and areas of economic activity along highways and industrial

AMELIA SHAW/AGENCE DES JEUNES PRODUCTEURS, COURTESY OF PHOTOSHARE

corridors, are key factors driving the spread of infection through the subregion. In general, infection rates are highest in at-risk populations such as men who have sex with men, commercial sex workers, street children, and prisoners. In Honduras, Guatemala, and Belize, the Garifuna, an economically disadvantaged Afro-Caribbean population, are also a high-risk group. Although more men than women are currently living with HIV/AIDS, with 20- to 39-year-old males the most affected group, the number of infections among women is rising.

- USAID's Central America Regional Program focuses on areas and at-risk populations not normally covered by bilateral programs and on mobile populations who cross borders, such as truck drivers, commercial sex workers, and migrant workers. The Program aims to increase the use of prevention practices through targeted behavior change activities using the ABC guidelines of the President's Emergency Plan for AIDS Relief issued by the Office of the U.S. Global AIDS Coordinator. It also promotes and strengthens coordination of prevention activities with voluntary counseling and testing (VCT), STI diagnosis and treatment, PMTCT services, and care and support activities. The Program gives special attention to expanding to new geographic sites with concentrations of the priority target populations and risk behaviors.

- During 2005, the Program and its partners worked to implement improved HIV/AIDS policies in the subregion. Many of the policy changes were achieved through the efforts of multisectoral strategic alliances with FBOs, who advocated for human rights, effective targeting of prevention efforts, and increased access to ARV therapy.

- The Program also worked with a number of partners in countries in the subregion to reduce stigma and discrimination, particularly in the workplace. In Panama, policy changes were made to ensure protection of human rights through an HIV legal support network and agreements with the Ministry of Health. Other countries instituting legal and policy changes included El Salvador, which amended its labor code to provide protections of the human rights of people living with HIV/AIDS, and Guatemala, where a human rights declaration and a court decision ensured comprehensive care for people living with HIV/AIDS who are covered by the Social Security Institute.

- The Program also supported information dissemination efforts. In Nicaragua, the Ministry of Labor initiated a program to facilitate dissemination of key prevention information. Multimedia campaigns in Guatemala and El Salvador sought to reduce stigma and discrimination against people living with HIV/AIDS.

- Regionally, USAID encouraged the reduction of stigma and discrimination against affected groups through both a media-based approach (TV, radio, billboards, public bathroom posters, and bus stops) and through efforts spearheaded by the AIDS Regional Legal Network, whose membership includes human rights organizations, the Ombudsman's Office, and NGOs

working in HIV/AIDS. Dissemination of key HIV/AIDS information to policymakers, program implementers, and activists on AIDS-related issues was an ongoing component of the Program.

- The Program also assisted the six countries in the subregion in strengthening their national responses to HIV/AIDS based on the Emergency Plan's "Three Ones" principle (one national plan; one national AIDS coordinating authority; and one country-level monitoring and evaluation system) and on implementation procedures (such as principal recipients, subrecipients, and country coordinating mechanisms) for carrying out projects under the Global Fund to Fight AIDS, Tuberculosis and Malaria.

***Mexico.*** Through USAID, the Emergency Plan supports the efforts of the Mexican government and NGOs to control and mitigate the effects of TB and HIV/AIDS in vulnerable populations. In Mexico, HIV/AIDS is concentrated in the most-at-risk groups, primarily men who have sex with men. In 2005, an estimated 0.3 percent of Mexico's population between 15 and 49 years of age were infected with HIV. To prevent the spread of infection to the general population, USAID/Mexico's HIV/AIDS program follows a two-pronged strategy that seeks to: 1) promote health-seeking behaviors that incorporate the "ABC" approach to prevention, and 2) foster improved public and private sector workplace policies to address factors that impede prevention and affect access to quality health services, such as stigma and discrimination. After two years, the program had supported 14,535 events promoting high-risk behavior change, far exceeding the target of 6,500.

- Through USAID, the Emergency Plan also supported the formation of the National Business Council on HIV/AIDS by 24 major U.S. corporations operating in Mexico and representing more than 300,000 employees. The Council's objective is to eradicate HIV/AIDS-related stigma in the workplace and establish workplace-friendly policies.

- With USAID assistance, the Mexican government approved distribution of a new social marketing condom. The new brand's availability in non-traditional outlets is expected to significantly increase its use while reducing cost.

***El Salvador.*** UNAIDS estimates that 29,000 Salvadoran adults and children were living with HIV/AIDS in 2005, yielding a prevalence rate of 0.9 percent. However, recent data suggest prevalence among men who have sex with men was as high as 17.8 percent in 2004. According to the national HIV/AIDS program, 84 percent of HIV infections are sexually transmitted, with 76 percent via heterosexual transmission and 7 percent between men who have sex with men (including 3 percent between bisexual partners). As in other countries, cultural stigma may cause underreporting of HIV transmission between men who have sex with men. The results of a recent multicenter study of men who have sex with men indicated that 62 percent started sexual activity before age 15 and, in more than half the cases, with other males.

- In 2005, USAID-financed technical assistance to the Ministry of Health expanded VCT services to target members of specific high-prevalence groups, including men who have sex with men. Thirty members of the National Civilian Police received VCT training, and nearly 1,000 voluntary HIV tests were carried out among police force members. Seroprevalence was 0.5 percent.

- USAID continues to play a lead role as a member of El Salvador's Global Fund country coordinating mechanism (CCM).

***Guatemala.*** As a direct result of USAID support to the public sector, eight Ministry of Health centers now provide VCT services as well as improved STI management. In addition, three USAID-funded NGOs provide outreach services for populations most at risk for transmitting HIV/AIDS to ensure that these groups obtain the health services necessary to contain the spread of the disease.

***Honduras.*** In 2005, a number of NGO grants were closed out after the NGOs implemented all planned activities. These NGOs are now considered some of the country's most capable at implementing HIV/AIDS activities.

- USAID made new grants to 10 NGOs working on HIV prevention and awareness among high-risk groups, including men who have sex with men, prostitutes, and the Garifuna, an Afro-Caribbean popula-

### The Global Fund to Fight AIDS, Tuberculosis and Malaria

The Global Fund to Fight AIDS, Tuberculosis and Malaria was created in 2002 to finance a dramatic turnaround in the fight against these diseases, which kill more than 6 million people each year worldwide, with the number of deaths continuing to grow. To date, the Fund has committed $4.9 billion in 131 countries to support aggressive interventions against all three diseases. The U.S. Government is the Fund's leading donor, supplying up to one-third of its costs.

At the country level, USAID and its partners ensure that Global Fund financing is leveraged to help bring prevention, care, and treatment programs for the three diseases to full national scale. During 2005, USAID served on the Fund's country coordinating mechanisms (CCMs), participating in the decisionmaking about how countries will implement Fund grants.

As part of the President's Emergency Plan for AIDS Relief, USAID also sponsored a series of satellite sessions on the Global Fund at the Fourth Central American Congress on STD/HIV/AIDS (CONCASIDA), held in El Salvador in November 2005 with the participation of all the countries of Central America plus Mexico. These USAID-sponsored sessions provided a series of forums to:

- Discuss common issues affecting the execution of Global Fund grants in LAC
- Provide an opportunity for beneficiaries and partners to engage in open dialogue about key execution issues facing Fund operations in the region
- Identify technical assistance needs and ways to meet those needs

Three meetings were held at CONCASIDA, including:

- A launch workshop for about 20 new Global Fund principal recipients and CCM members from seven countries and the Meso-American region
- A plenary session for 150 principal recipients and CCM members
- A meeting with 25 donors and U.S. Government staff to discuss the Fund's functioning in the region and technical assistance needs

These meetings also offered an opportunity to share experiences and lessons learned. Because of its investment in the Fund, the United States has a stake in ensuring the success of Fund grants at the country and subregional levels. To that end, LAC and its counterparts in other regions are identifying needs and providing funding for rapid short-term assistance to grants that are faltering in their implementation. This technical assistance is time-limited and outcome-oriented, focusing on alleviating specific bottlenecks that are causing grants to underperform, including inadequate or poor performance in such areas as governance, program management, financial management systems, procurement and logistics management, multisectoral implementation, and/or monitoring and evaluation of performance.

During 2005, USAID helped Global Fund programs in four LAC countries identify problems in program implementation and provided appropriate technical guidance for improvement. During 2006, a larger technical assistance plan is being developed, with nine LAC countries targeted for help in improving the success of their grant performance.

tion residing primarily along Honduras' northern coast, where HIV/AIDS prevalence is highest. Behavior change activities carried out in these communities in 2005 reached an estimated 136,000 people.

- With USAID assistance, a popular radio soap opera broadcast 90 episodes on HIV prevention and awareness to audiences along the

northern coast. As a result of this and other USAID-supported activities, sales of condoms within high-risk communities increased by 28 percent between 2004 and 2005.

- USAID also helped restructure Honduras' Global Fund CCM in order to avoid termination of Fund support. New bylaws were enacted to avoid conflicts of interest, and USAID is serving as CCM vice president while providing technical assistance to strengthen the Fund's program, to which the U.S. Government is a major donor.

***Nicaragua.*** Nicaragua's epidemic is spread primarily through sexual activity. Data for 2002 suggest that two-thirds of reported cases were transmitted through heterosexual relations and one-third by men who have sex with men. Heterosexual transmission is likely overreported, however, and transmission by men who have sex with men is likely underreported. Although HIV prevalence is lower than in other Central American countries, high-risk sexual practices among youth and low condom use indicate Nicaragua's epidemic will continue to spread unless measures are taken to change these behaviors. Another disturbing trend is that wives of men who engage in risky behavior are themselves increasingly vulnerable. According to one study, the risk of infection among housewives in Chinandaga is twice that of prostitutes. USAID-supported interventions are focused on key vulnerable populations, including men who have sex with men, prostitutes, adolescents, and young adults. Programs aim to expand the availability and use of condoms and increase STI detection.

***Brazil.*** In 2005, USAID-supported NGOs strengthened their administrative, technical, and management capacity for implementing HIV/AIDS prevention activities. USAID's program focuses on reducing HIV/AIDS infection among selected high-prevalence groups through condom social marketing and communications campaigns that promote reducing high-risk sexual behaviors. Activities are being implemented in Brazil's southern and southeastern regions, where in 2005, 22 USAID-supported NGOs reached an estimated 395,000 people with prevention messages; disseminated more than 810,000 materials promoting prevention and healthy behaviors; and distributed well over 1.2 million condoms through outlets reaching high-risk groups. More than 3,700 prevention workers also received training. The social marketing activity mobilized a three-way partnership of the government, NGOs, and the private sector to ensure that the needs of vulnerable groups for effective HIV prevention measures are met in a sustainable manner.

***Peru.*** Overall HIV/AIDS prevalence in Peru remains low (0.6 percent in 2005), but in several coastal and jungle cities, transmission and prevalence rates are increasing, mostly through sexual relations. In 2005, USAID's health program initiated a multistakeholder process to address the situation in east-central Peru, an HIV "hot spot."

- USAID's technical assistance and training in community planning and mobilization to increase awareness of prevention, care, and treatment options received recognition from partners as a "best practice."

- Through USAID, the Emergency Plan provided technical assistance to the Ministry of Health as it implemented the Global Fund's ARV program. The program is designed to reach all clinically eligible AIDS patients in Peru and exceeded its target of 2,700 patients by more than 30 percent.

***Bolivia.*** USAID supported the creation of six alternative VCT centers. These fully operational centers offer services to high-risk groups (including men who have sex with men and youth living on the streets) and the general population. By promoting counseling and testing, USAID and partners are contributing to improved healthy behaviors and prevention/reduction of HIV transmission. The centers complement 12 USAID-supported public sector clinics that reached 22,000 patients in 2005 with STI testing, diagnosis, and treatment, as well as HIV testing. USAID provided technical assistance to strengthen the capacity of these clinics using an integrated information system that provides surveillance data for HIV/AIDS and other infectious diseases.

***Paraguay.*** USAID and its partners developed a protocol for an HIV/AIDS survey among mobile populations in Ciudad del Este along the border with Brazil and Argentina. Data collection is under way.

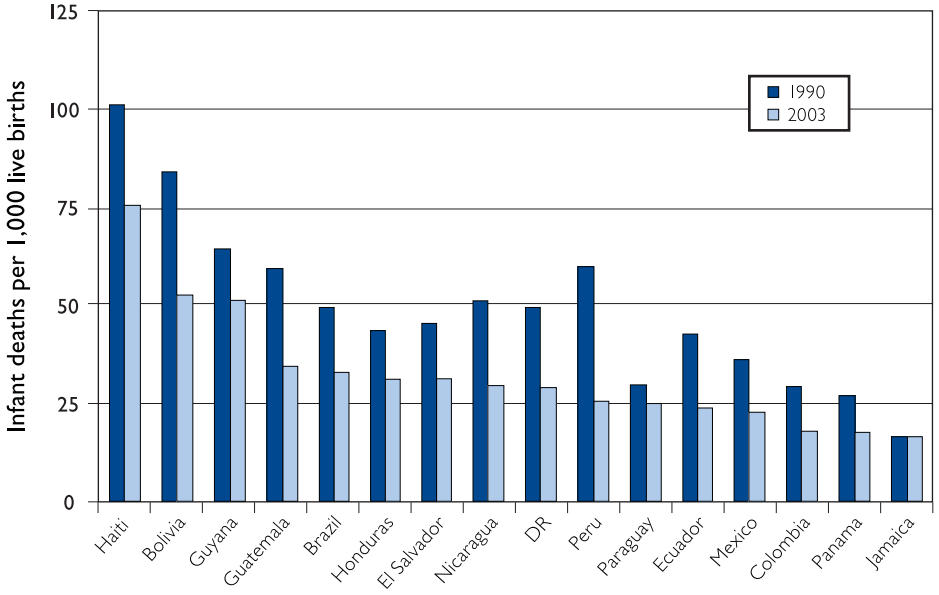
# III. MATERNAL AND CHILD HEALTH

USAID programs supporting safe delivery promote the health of mothers and their newborns.

ARMANDO WAAK/PAHO

Figure 1

**Trends in Infant Mortality Rates in Selected LAC Countries 1990–2003**




*In 2003, the average infant mortality rate in USAID presence countries was 29.6 infant deaths per 1,000 live births, compared with 47.2 in 1990.*

*Sources*: UNICEF. *State of the World's Children.* 2005. End of Decade Database (www.childinfo.org).

Every year, about 22,000 women in the LAC region die in pregnancy and childbirth, which is about 4 percent of 530,000 such deaths worldwide. Appropriate antenatal and obstetric care, particularly emergency obstetric care, could prevent most of these deaths. Many LAC countries have made advances in reducing maternal mortality over the past two decades. In Bolivia, for example, the maternal mortality ratio (MMR) has declined by more than 40 percent from one of the highest levels in the world 20 years ago. Nonetheless, the MMR in many countries is still 200 times greater than in developed countries.

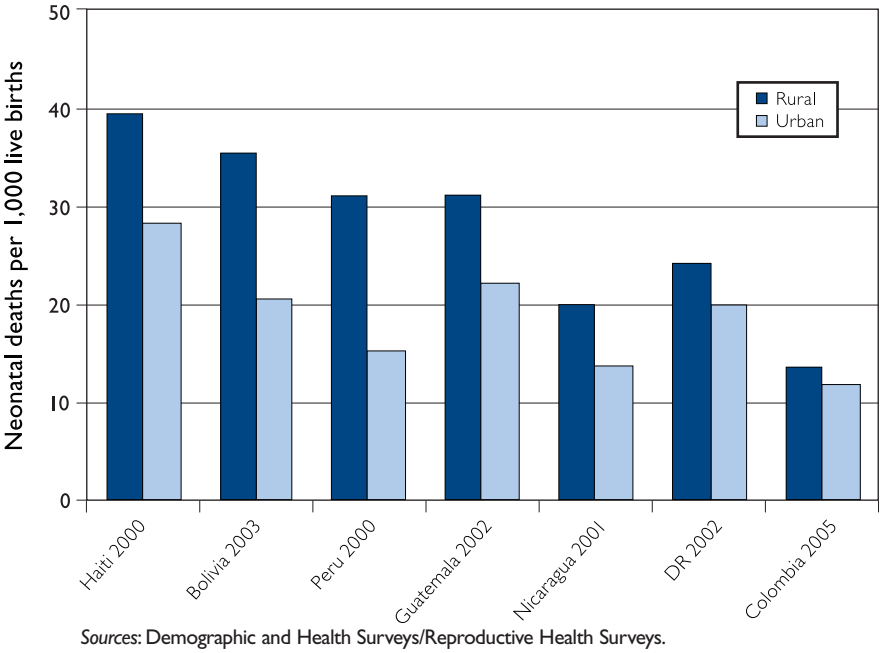
Infant and child deaths in the LAC region have also declined dramatically over the past decade. Figure 1 illustrates the declines in mortality among children under age 1 that have occurred in many LAC countries since 1990. The region has been able to maintain an annual reduction rate for child deaths of 4 percent over the last decade, a rate unmatched by any other region. The decline in child deaths has been largely due to the success of low-cost proven technologies and approaches to improving child health. The expansion of services targeting the major childhood killers, namely vaccine-preventable diseases and respiratory and diarrheal diseases, has also contributed to the decline. Despite these advances, however, the LAC region must work harder to reach levels of child mortality similar to those of developed countries, where the probability of a child dying before the age of 5 is less than 1 percent.

Figure II presents differences in urban and rural neonatal mortality rates in selected USAID-assisted LAC countries. Neonatal mortality is higher among rural children than their urban counterparts. Similarly, rural under-5 mortality rates exceed urban rates by at least 10 deaths per 1,000 live births in most countries. The wide disparity in mortality reflects inequities in access to quality health services; the higher prevalence of underlying chronic or acute malnutrition, which makes young children more vulnerable to infectious diseases; and the lack of potable water and sanitation. Countries with relatively low neonatal and under-5 mortality rates have smaller disparities between urban and rural rates.

USAID maternal and child health programs in the LAC region promote integrated packages of preventive and curative services that address the principal causes of maternal, child, infant, and newborn morbidity and mortality. They specifically target mothers and children in the most vulnerable groups, including indigenous peoples, low-income groups, and rural populations. Improved care for women during delivery and improved child nutrition are two of the major goals of USAID's programs.

Figure II

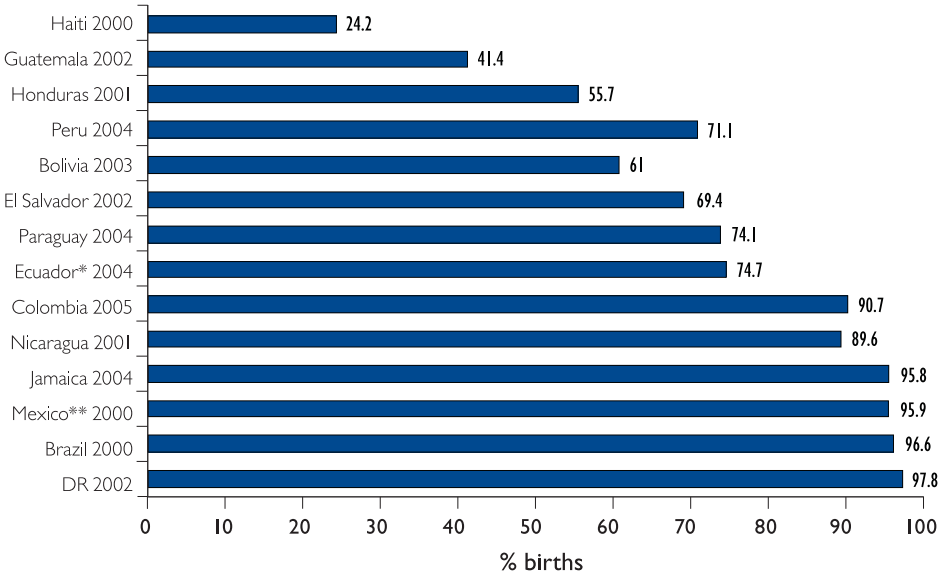
**Differences in Urban/Rural Neonatal Mortality in Selected LAC Countries 2000–2005**




*Sources*: Demographic and Health Surveys/Reproductive Health Surveys.

Figure III

**Percent of Births Attended by Skilled Personnel in Selected LAC Countries 2000–2005**




*"Skilled personnel" refers* to a physician, nurse, or nurse-midwife.

*Sources*: Demographic and Health Surveys/Reproductive Health Surveys.
* Ecuador Maternal and Infant Health Demographic Survey. ** Mexico National Health Survey.

*Skilled Attendance at Birth.* The assistance a woman receives during the birth of her child has important consequences for both mother and child. Figure III shows the percent of births attended by skilled personnel in the LAC region. Colombia, Nicaragua, Brazil, Jamaica, Mexico, and the Dominican Republic show high rates (90 percent or more) of deliveries by skilled birth attendants. On the other end of the spectrum, only 24 percent of births in Haiti were assisted by skilled personnel in 2000, and Guatemala and Honduras also had levels of deliveries by skilled personnel considerably lower than elsewhere in the region. Beyond the type of assistance at delivery, the quality of care a woman receives during delivery is critical, as it reduces maternal deaths and related complications. For example, the Dominican Republic, which has high levels of births attended by skilled personnel, also has one of the highest maternal mortality rates in the region.

Figure IV illustrates profound disparities between the rich and poor relative to access to skilled personnel. The percentage of births attended by trained health personnel is quite high in the richest quintile, exceeding 80 percent in most countries. Attended births are lowest in Guatemala, Peru, Bolivia, and Haiti, where less than 30 percent of births in the poorest quintile are attended by skilled personnel.

*Child Nutrition.* Nutritional status is closely related to a child's capacity to fight off diarrhea, acute respiratory infections, and other childhood diseases. Poor nutrition is an underlying factor in a large percentage of childhood diseases and deaths in the

developing world. Exclusive breastfeeding of infants and appropriate feeding of young children are absolutely crucial to ensure that children are less vulnerable to gastrointestinal and respiratory illnesses that are potentially fatal for poorly nourished children.

In the LAC region, malnutrition has declined substantially over the past decade. In Bolivia, for example, the percent of children under age 5 who were underweight declined from more than 15 percent in 1994 to 7 percent in 2003. Guatemala, Honduras, Nicaragua, and El Salvador, however, still showed rates of underweight children at or above 10 percent in surveys conducted in 2001 and 2002. Stunting among young children also remains a concern, particularly in Central America. Stunting is a sign of nutritional deficiencies that result in irreversible physical and mental limitations and leave children with a burden they will carry into adult life. As seen in figure V, stunting in children less than 5 years of age is still at or above 20 percent in Guatemala, Honduras, Bolivia, Peru, Haiti, and Nicaragua. One in every five children in these countries will have to face the long-term consequences of early childhood nutritional deficiencies.

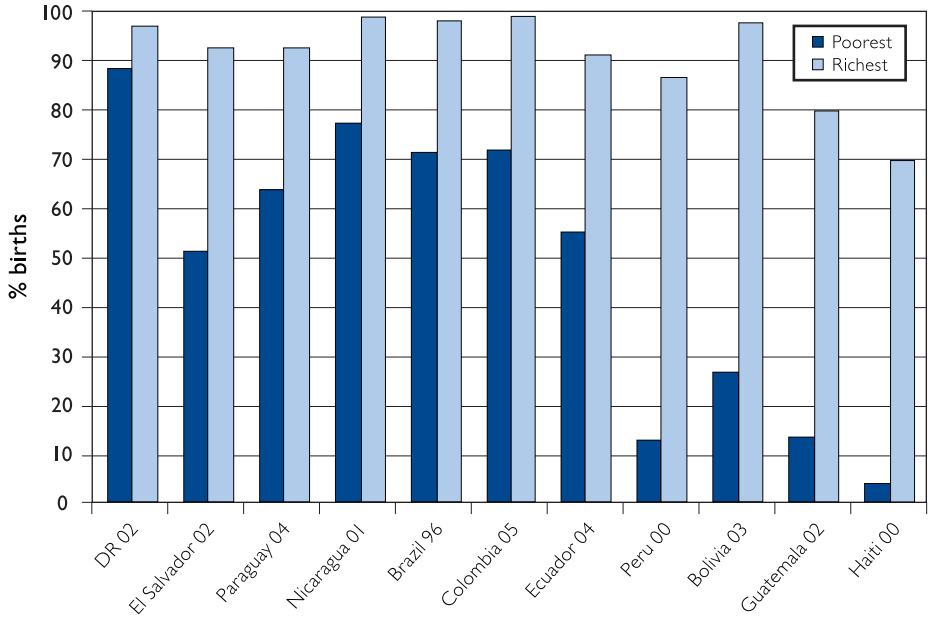
## USAID Assistance

The following describes maternal and child health activities implemented by USAID's LAC regional and country programs.

*Dominican Republic.* Poor-quality health care results in high maternal mortality in the Dominican Republic (178 deaths per 100,000 live births in 2002), despite the fact that 98 percent

Figure IV

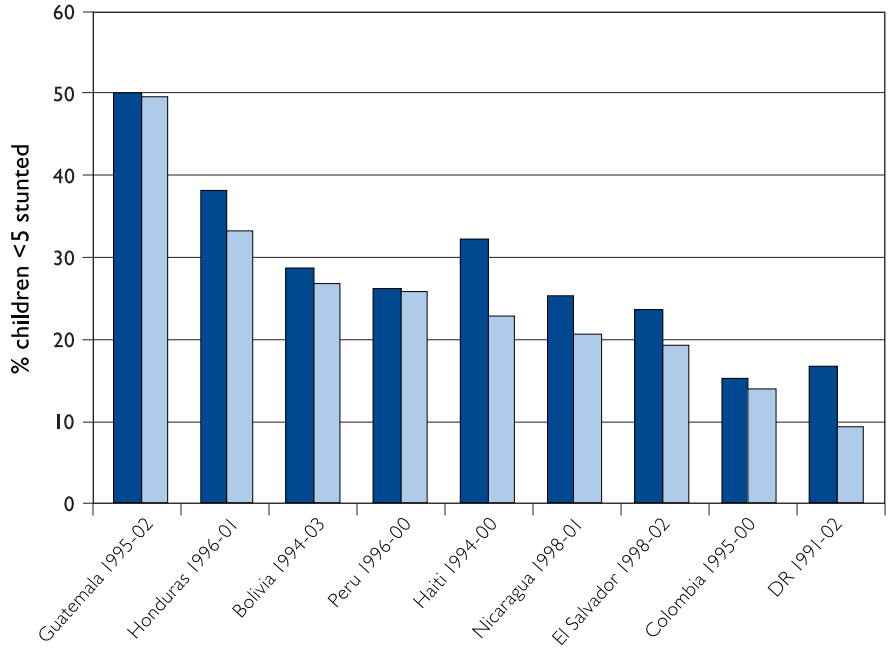
**Percent of Births Attended by Skilled Personnel in Selected LAC Countries by Wealth Quintile 2000–2005**



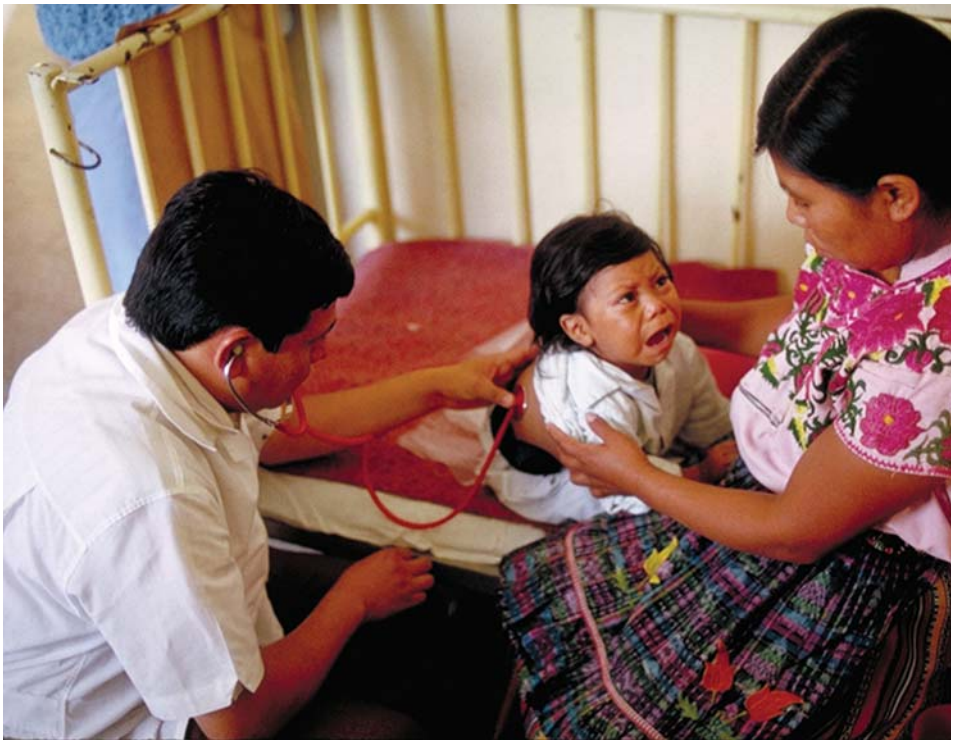

*Sources*: Demographic and Health Surveys/Reproductive Health Surveys; World Bank, *Socioeconomic Differences in Health, Nutrition, and Population*, 2004.

Figure V

**Trends in Stunting Among Children Under 5 Years in Selected LAC Countries**




*Sources*: Demographic and Health Surveys/Reproductive Health Surveys.



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of mothers are being delivered by a skilled attendant. USAID provided technical and material assistance to four municipal and two maternity hospitals in Santo Domingo to reduce maternal mortality through improved quality of care. In 2004, there were few or no deliveries that practiced the lifesaving intervention of active management of the third stage of labor (AMTSL). By September 2005, at least 30 percent of personnel at all hospitals had been trained to use and record AMTSL.

- The USAID-supported national vaccination program expanded its coverage for diphtheria, pertussis, and tetanus immunizations from 78 percent in 2004 to almost 83 percent in 2005. USAID directly supported 70 fixed vaccination posts as part of its assistance. To improve quality, the posts were evaluated against nine criteria related to staffing, cold chain, and stocks. By the end of 2005, 75 percent had

### LAC Regional Program: Violence and Maternal Health Study

Domestic violence is a global public health problem, with adverse affects on the physical and mental health of women throughout the world. When abuse occurs during or around the time of pregnancy, the potential consequences can affect maternal and perinatal health. Research-documented adverse events associated with abuse during pregnancy include low birthweight, pregnancy complications, and maternal and perinatal death.

To increase the understanding of how abuse may be associated with adverse maternal and perinatal health problems, USAID and partners collaborated to develop a multisite research protocol that supports selected countries in determining the associations between domestic violence and maternal/perinatal health and the prevalence of domestic violence around the time of pregnancy. The research also focuses on defining and measuring what level of maternal mortality can be attributed to domestic violence and on determining the best way to calculate this level.

The study should greatly expand the available information about the association between intimate partner violence and maternal and perinatal health. Using this information, study participants will develop or expand referral and treatment networks for abused women with physical and mental health needs and safety concerns.

Researchers are seeking resources to implement the study in Argentina, Guyana, El Salvador, and Nicaragua.
The protocol is available online for public use in English and Spanish at:
http://www.paho.org/English/AD/FCH/WM/DVprotocolengl.doc

### Haiti: Serving Vulnerable Populations

For USAID/Haiti, 2005 was a year of enormous accomplishment. In a country where security is a major challenge, the health infrastructure fragile, and public health services weak and understaffed, USAID devised an innovative strategy that succeeded in providing immediate services to those most in need. Through a network of 31 NGOs working in 100 fixed facilities, roughly 40 percent of the Haitian population (about 3.6 million people) had access to basic health care. In addition, 25,000 outreach posts provided health services to communities. To maintain basic services, USAID and its partners developed contingency plans for staff safety, alternative commodity logistics systems, and alternative venues for training and technical assistance when security considerations prevented activities from going forward as planned.

Despite extremely adverse working conditions, the immunization program exceeded targets, reaching 98 percent of children in the program area. Use of "child health weeks" to extend immunization coverage, deworming, and vitamin A supplementation proved an effective vehicle for extending coverage. More than 400,000 children received vitamin A supplements, a 10-fold increase over 2004.

Haitian mothers continue to face the worst reproductive health conditions in the region. Maternal mortality hovers at an alarmingly high 523 deaths for every 100,000 live births. Through its NGO network, USAID supported a minimum package of integrated maternal/child health services; renovations and equipment for maternity wards; measures to improve infection prevention and waste management; and promotion of health services. Traditional birth attendants were also a focus of USAID assistance and received training in the use of birthing kits, recognition of danger signs, and referral to care facilities for obstetric emergencies. Pregnant women receiving three or more prenatal consultations in the program area reached 55 percent, exceeding the target, and half of new mothers received at least one postnatal home visit.

To address major challenges to child and maternal nutrition, USAID's health program is working closely with Title II food security interventions. The program surpassed its key target of growth monitoring of 50 percent of children under age 5, reaching 74 percent of children at fixed and mobile service points. Beneficiaries of the USAID-assisted food program numbered almost 136,000 pregnant or lactating mothers and an estimated 101,000 children.

The aforementioned gains are even more impressive in light of the additional challenges posed by severe flooding in several parts of the country. USAID responded rapidly to these conditions by reprogramming a significant amount of funds from ongoing health programs to move emergency relief supplies and maintain essential supply chains for routine services. As part of this effort, oral rehydration salts and water purification sachets were made available for immediate distribution.

USAID plans to continue its support for potable water by introducing via social marketing a home-based water purification product that has been used in other countries with good results. USAID also plans to continue supporting water supply projects at clinics in water-scarce areas.

Despite these enormous accomplishments, more than one-third of Haitians unfortunately remain without access to formal health services. The need for substantial donor assistance to Haiti will continue in the coming years.

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been accredited by the Ministry of Health (MOH), and 53 of the 70 posts had complied with at least eight of the nine criteria.

- USAID also worked with the MOH to support community-managed clean water systems.

*El Salvador.* An estimated 32,000 people benefited from USAID-financed construction of water systems and latrines in 2005. Intensive health education, environmental protection measures, and training of community leaders in administration and management accompanied the construction.

- USAID helped the Ministry of Health (MOH) provide training in clinic-based Integrated Management of Childhood Illness (IMCI) for physicians and nurses; prevention of neonatal asphyxia, also for physicians and nurses; community-based IMCI for a variety of providers; and national nutrition policy and protocols for volunteers.

- In maternal health and nutrition, USAID supported training of MOH personnel from 28 maternity hospitals in quality maternal care and emergency obstetric procedures. As a result, the percentage of deliveries with a skilled birth attendant increased.

*Guatemala.* With the region's lowest per capita investment in social services and massive inequalities in income and access to health care, the differences in the health status of Guatemalans follow rural/urban and indigenous/ non-indigenous divides. Guatemala's infant mortality rate (33 deaths per 1,000 live births in 2004) and maternal mortality ratio (150 deaths per 100,000 live births in 2004) are among the highest in the region.

Despite such formidable challenges, USAID support had significant successes in 2005:

- The program to expand measles, mumps, and rubella immunizations achieved 94 percent coverage.

- The Ministry of Health's adoption of USAID's "Integrated Care for Women and Children at the Community Level" model for delivering primary health care benefited 3.6 million women of reproductive age and children under age 5. The model has proved effective in reducing morbidity and mortality, including child malnutrition, by maximizing access to quality care services, and 369 jurisdictions with 10,000 or more inhabitants in marginally poor, rural areas are now implementing it. Other programs, including the First Lady's "Growing Well" program and another USAID-supported NGO program, have adapted the strategy.

*Honduras.* Adopted over the years by a number of organizations, USAID's signature community-based Integrated Child Care program was standardized in 2005 and, with other donor funding, expanded into four departments. Protocols for neonatal care were designed, and three new Title II programs expanded the integrated care and other community-based programs.

- More than 1,400 community health volunteers have received training in the Integrated Child Care program strategy, some of whom have worked for nine years without compensation.

### Guatemala: Mayan Midwives Program Saves Lives

Guatemala's maternal mortality ratio (MMR) of 153 deaths per 100,000 live births is one of the highest in Latin America. Improved quality of medical care could prevent more than 75 percent of these deaths. Among rural Mayan women, the MMR increases to 221 deaths per 100,000 live births. Mayans have endured a deeply rooted history of inequality. Women in particular face illiteracy, early marriage, frequent pregnancies, and limited pre- and postnatal care. Heightening their risk of premature death from childbirth-related causes, most pregnant women have no access to skilled birth attendants. An estimated 58.5 percent of all deliveries in Guatemala are attended by traditional birth attendants, family members, or no one.

To address this problem, USAID has developed an innovative scholarship training program for 120 Mayan midwives that combines Western medicine and Mayan culture. To qualify for the program, applicants must be Mayan, reside near communities with high maternal mortality, and be proficient in the local language. Graduates of the program will become skilled providers who can detect and refer complications, train and supervise traditional birth attendants, provide quality pre- and postnatal care, and attend births. Graduates will return to their communities to work at health facilities or with local organizations and must commit to serving as midwives for at least two years after completing the training. The Ministry of Health is introducing the position of nurse-midwife into the public health system.


USAID/GATEMALA


USAID/GATEMALA

Women in the training program learn about the human body in Quiché, their local language. Small children often attend training sessions with their mothers due to the lack of child care options.

- As a result of the Integrated Child Care program, the percentage of children taken for treatment when mothers identified two or more signs of dehydration from diarrhea increased from 62 to 98 percent between 2000 and 2005. The percentage of mothers knowing and using appropriate infant feeding practices increased from 40 to 54 percent in the same time period.

- With USAID assistance, the Honduras potable water agency SANAA increased the percentage of rural water systems producing potable water from 33 percent in 2003 to 38 percent in 2005.

*Nicaragua.* With Public Law 480 Title II resources, USAID targeted high-risk, food-insecure communities to improve child feeding practices with growth monitoring and nutrition counseling. USAID also integrated activities financed by monetizing food resources to improve access to and outreach of public sector health clinics. Health staff are paired with volunteer health workers and families to expand IMCI and the comprehensive Integrated Child Care model to reduce chronic child malnutrition.

- USAID is also providing technical assistance to develop quality standards in child health and maternal health (antenatal and emergency

### Nicaragua: Sugar Fortification Reduces Vitamin A Deficiency

Not long ago, vitamin A deficiency (VAD) was a serious problem in Nicaragua. In 1993, for example, 23.4 percent of small children were vitamin A-deficient. By 2005, however, VAD had declined to 0.3 percent, largely due to the introduction of fortified sugar in late 1999. USAID was a principal donor and partner in developing and implementing sugar fortification in Nicaragua, which has saved thousands of children from vitamin A-related blindness and compromised immune systems that make children more vulnerable to infectious diseases.

### Panama: Agriculture Program Brings Health Benefits


Yadira Martinez's garden brings both health and financial benefits to her family.

Panama is facing a major challenge in the Panama Canal watershed, where many people eke out meager livings in the shadows of large ships passing through the Canal. These ships bring daily commerce to a modern and prosperous Panama, but many settlers in the watershed, including Yadira Martinez and her family, live on dirt floors in thatch-roofed mud shacks. A number of unmet basic needs, including nutrition, threaten the welfare of Yadira's family, which includes two daughters who struggle with chronic malnutrition.

In a good example of how investments in nonhealth sectors can have beneficial health impacts, a USAID sustainable agriculture program is reaching impoverished families like Yadira's. Through the program, which gives participants the opportunity to learn "best practices," Yadira plants and harvests crops such as tomatoes, green beans, and corn for her family's consumption and for sale to neighbors. She reports that her daughters showed significant weight gain at their last visit to the doctor.

obstetric care and family planning) and to improve customer satisfaction.

- In 2005, USAID assistance for improving quality of care led to a 32 percent decrease in the number of children dying from pneumonia in surveyed hospitals. Infant deaths in hospitals participating in USAID programs also decreased by 90 percent from 2003 to 2005.

- USAID supported the consolidation of NicaSalud, a nongovernmental federation engaged by the government to expand access to maternal and child health services at the community and household levels. Twelve of the 29 local and international NGOs receive USAID funding to provide services to an estimated 19,900 families.

- NicaSalud's water quality program in 300 high-risk communities also received USAID assistance. Hygiene education is provided through the "Blue Bus," an innovative USAID-supported mobile unit that reached nearly 200 communities in 2005.

*Bolivia.* The USAID health program calls for the Ministry of Health and USAID partners to strengthen coverage and quality of care in 131 of the country's 327 municipalities through behavior change promotion; responsible community management of public health services; expanded delivery of high-impact, cost-effective interven-

### Nicaragua: Training Builds Skills and Saves a Life

In 2005, USAID supported a large-scale assessment of the obstetric skills and knowledge of a national sample of skilled birth attendants in Nicaragua. The assessment found that, on average, the attendants only had about 40 percent of the requisite knowledge and skills to apply bimanual compression of the uterus, a clinical measure to control postpartum hemorrhage.

In response, USAID and partners implemented a range of training activities that addressed specific weaknesses revealed in the assessment, including bimanual compression. Soon after the training ended, its effectiveness was put to the test when a mother delivering in a local clinic experienced postpartum hemorrhage and showed signs of impending shock. Her provider, a recent medical graduate who had attended the USAID-supported training, applied bimanual compression after oxytocin proved inadequate. During transport to the nearest hospital, which was 50 minutes away, the providers continued the bimanual compression, thereby saving the woman's life.

## Ecuador: Scaling Up Active Management of the Third Stage of Labor


Health providers received training in AMTSL using anatomical models.

In 2003, USAID's regional Essential Obstetric Care Improvement Collaborative* began supporting a program to introduce a number of evidence-based essential obstetric care (EOC) practices in eight health facilities in Ecuador. These practices included active management of the third stage of labor (AMTSL), which reduces maternal deaths by preventing postpartum hemorrhage. The third stage of labor is the period between the birth of the child and the expulsion of the placenta. In passive management of this stage of labor, the health provider attending the delivery only intervenes if there is a problem. In contrast, active management is a preventive intervention aimed at avoiding postpartum hemorrhage through three concrete actions – application of 10 IU of oxytocin immediately after the birth of the child, controlled traction of the umbilical cord, and uterine massage after the expulsion of the placenta.

At the time the program started, AMTSL was rarely practiced in Ecuador because it was not part of Ministry of Health (MOH) guidelines for maternal care, which were last updated in 1999. Indeed, many MOH personnel were not convinced of the efficacy of AMTSL in preventing postpartum hemorrhage, and some were hesitant to use it. In this context, the leadership of the EOC program began an intense effort of information dissemination, training, monitoring, and advocacy regarding AMTSL with MOH officials, beginning in the Tungurahua Provincial Health Directorate.

Ten other provinces joined the EOC program in 2004, so that by 2005, half of Ecuador's 22 provinces (with facilities in 70 districts) were participating. Because of the program's rapid expansion, the practice of AMTSL experienced fast growth in public health care facilities. As a result, the MOH agreed to adopt use of oxytocin as an indicator of quality obstetric care, and in 2005 most participating facilities reported using oxytocin at each attended delivery. In 2006, the MOH formally adopted an addendum to its maternal care guidelines endorsing AMTSL.

* For more information on the LAC Essential Obstetric Care Improvement Collaborative, visit its Web site at: www.mortalidadmaterna.org.

tions; and sustainable service delivery in the public and private sectors.

- In 2005, immunization coverage rates in USAID-assisted areas increased to 81 percent from 77 percent in 2004, despite disruptions caused by social and political turmoil.
- Other increases between 2004 and 2005 occurred in use of oral rehydration therapy (to 87 percent); exclusive breastfeeding (80 percent); the percentage of Title II communities with access to new or improved safe water (74 percent); and the percentage of households with access to latrines or other sewage management systems (76 percent).
- The percentage of women who had at least one antenatal visit also increased.
- In 2005, malnutrition rates fell to 34 percent, down from 47 percent in 2002
- USAID designed and pilot-tested a model to strengthen the role of communities in promoting the use of emergency obstetrical services. Working with women's groups in three major cities, the project identified institutional and cultural barriers that hinder access to higher-quality services and developed lifesaving strategies jointly with local providers.

*Ecuador.* The Southern Border Program is helping poor people in the border area improve their access to

social services, including potable water. It is supporting training for community-based administrative water boards, and municipal units are receiving training in technical management. In 2005, 10 potable water systems were built or improved, benefiting more than 2,800 people; 463 sanitation units were installed, benefiting an additional 5,600 people; and five community programs for collection or recycling of solid waste were built.

***Paraguay.*** In 2005, 75 percent of targeted health facilities had the capacity to provide basic EOC. USAID supported these facilities by increasing the capacity of health providers to off quality maternal health services and b helping communities and health w - ers develop emergency obstetric plans. As a result, 87 percent of pregnant women receiving care at USAID-supported facilities have a plan in case of an obstetric emergency.

- USAID also provided technical assistance to the Maternal Mor National Surveillance Committee for giving guidance on establishing a referral system to control patient flow and ensure appropriate care at the appropriate time and place.

***Peru.*** Survey data indicate worrisome trends for some child health indicators in Peru. According to the 2004 Demographic and Health Survey (DHS), the infant mortality rate rose from 23 to 25 deaths per 1,000 live births, and the under-5 mortality rate rose from 31 to 35 deaths per 1,000 children since the 2000 DHS. In USAID's geographic focus area, the infant and under-5 mortality rates rose, respectively, from 23 to 30 deaths and 37 to 39 deaths. Vaccination coverage fell from 69 percent in 2004 to 64 percent in 2005. Nonetheless, the USAID maternal and child health program was able to report some positive results and important activities:

- In 2005, USAID supported efforts to increase the rate of births attended by skilled providers in seven focus regions, all of them pregnant and lactating women. Exclusive breastfeeding increased from 56 to 85 percent between 2002 and 2005.

- Under the Healthy Municipalities and Schools program, USAID supported the promotion of health and nutrition practices that benefited more than 21,000 families.

- USAID and other donors partnered with private sector firms to

# IV. FAMILY PLANNING AND REPRODUCTIVE HEALTH

In a number of LAC countries, fertility rates have declined by one or more births per woman since 1990.

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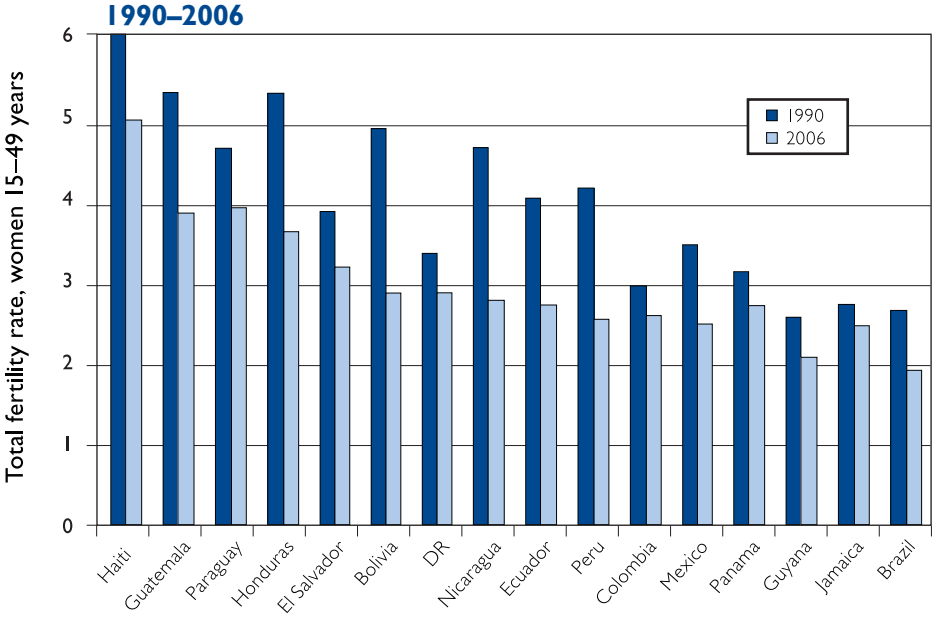
Figure I

**Trends in Total Fertility Rates in Selected LAC Countries 1990–2006**

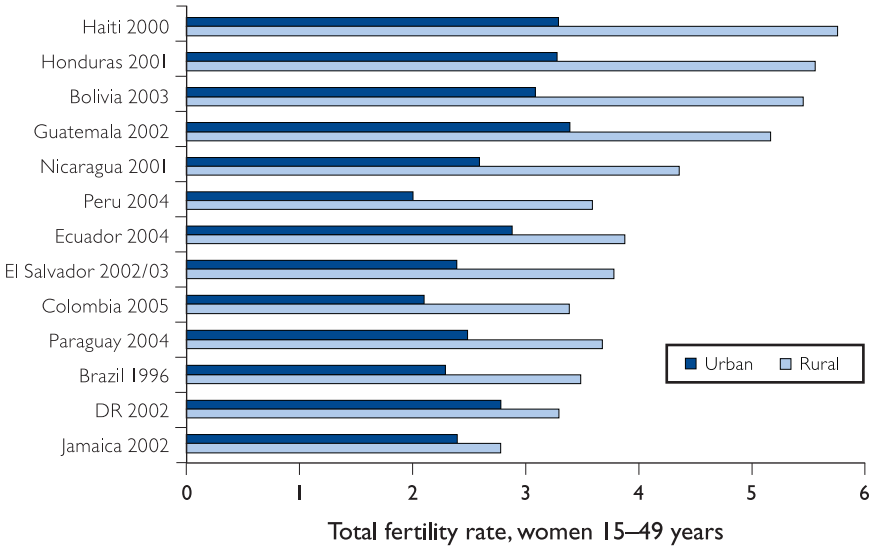



*The average TFR in USAID-assisted countries was 2.4 in 2005, compared with 3.2 in 1990.*

*Source:* U.S. Bureau of the Census International Database. March 2006.

Figure II

**Differences in Urban/Rural Total Fertility Rates in Selected LAC Countries 1996–2005**




*The urban average among these countries is 2.4, compared with a rural average of 3.7.*

*Sources:* Demographic and Health Surveys/Reproductive Health Surveys.

In USAID-assisted countries in the LAC region, close to 1 percent of all deaths in 2002 were due to complications of childbirth. Increasing access to and use of high-quality voluntary family planning/reproductive health (FP/RH) services is one of the most effective approaches to reducing maternal mortality. While trends in fertility and contraceptive prevalence for the region overall are positive, large pockets of unmet need for family planning services persist, and ensuring uninterrupted contraceptive supplies and access to services for the lowest-income groups remains a major challenge.

Trends in total fertility rates (TFRs) in the LAC region between 1990 and 2006 are shown in figure I. TFRs are the average number of children women have in their lifetime in a given country. The rates are declining throughout the region, in large part due to the family planning efforts of USAID and its partners over the past decades. In a number of countries, including Bolivia, Nicaragua, Peru, Ecuador, Honduras, and Guatemala, fertility rates have declined since 1990 by one or more births per woman of reproductive age.

Figure II displays the stark differences between urban and rural fertility rates throughout the region between 1996 and 2005. The average urban fertility rate is less than 2.5 children per woman, whereas the rural average is nearly four children per woman. Rural areas of Haiti, Honduras, Bolivia, and

Guatemala show very high TFRs of more than five children per woman of reproductive age, which are similar to the TFRs in sub-Saharan Africa. These high fertility rates place mothers and their children at increasingly high risk of mortality and morbidity.

## USAID Assistance

USAID FP/RH programming in the LAC region follows Agency policy on family planning graduation criteria, which determine when USAID-supported family planning programs will be phased out. Several programs in the region are beginning phaseout activities or are designing phaseout programs for the next several years. While the use of modern contraceptives in USAID-assisted LAC countries increased, impressively, from 47.7 percent in surveys conducted between 1986 and 1992 to 62.1 percent in surveys conducted between 2000 and 2005, there is still much to do to provide expanded coverage and quality services for those most in need of them.

*Haiti.* USAID focuses on increasing access to information on family planning services by improving counseling, information, education, interpersonal communication, and mass media campaigns. Chronic commodity supply and delivery problems continue, however, to hinder family planning services.

- In 2005, USAID, the Ministry of Health, and other partners collaborated to establish a commodity distribution system that will ensure the supply of contraceptives, vaccines, and other essential supplies to outlying clinics.
- Modern contraceptive use by sexually active women was reported at 31 percent.

*Jamaica.* Under USAID's "Healthy Lifestyles" strategy, the reproductive health program in Jamaica is integrated with other programs targeting high-risk youth. This strategy promotes healthy lifestyles through behavior change activities aimed at reducing crime, violence, drug abuse, high-risk sexual practices (including early initiation of sex), and HIV/AIDS transmission. In 2005, USAID financed grants to NGOs to provide health care and life skills training to reduce high-risk behaviors and improve adolescent reproductive health. The experience indicated that a holistic approach that provides not only health services but also educational opportunities, with links to programs aimed at preventing drug

### Working Toward Contraceptive Security in Latin America and the Caribbean

For the past three years, USAID's LAC Bureau has been working on a regional effort to improve contraceptive security. Contraceptive security ensures that people can choose, obtain, and use a wide range of high-quality, affordable contraceptive methods, as well as condoms for STI/HIV prevention. It requires sustainable strategies to ensure and maintain access to and availability of supplies.

A major first step toward contraceptive security was a workshop in July 2003 in Managua, Nicaragua, attended by more than 70 representatives of governments, NGOs, and USAID. The purpose of the workshop was to strengthen contraceptive security in LAC. Country assessments were then carried out in Bolivia, Honduras, Nicaragua, Paraguay, and Peru, and additional data analysis was conducted for El Salvador and Guatemala. The *Regional Contraceptive Security Report for Latin America* details the results of these assessments and makes recommendations for regional contraceptive security initiatives.

The report was presented in October 2004 at a USAID-sponsored LAC regional contraceptive security forum in Lima, Peru, which was attended by policymakers from ministries of health and social security institutes, other government leaders, representatives of NGOs, and other donors. The forum's nearly 100 participants drafted country action plans and regional strategies covering four thematic areas, all aimed at achieving contraceptive security. These areas were: 1) procurement and pricing; 2) logistics systems; 3) market segmentation and targeting; and 4) political commitment and leadership. The forum represented the first unified regional effort to address this critical reproductive health issue and to make plans for institutionalizing and sustaining capacity to provide services and commodities.

and alcohol abuse, violence, and crime, can maximize the impact of these interventions on youth. USAID is scheduled to phase out its family planning assistance in Jamaica.

*Dominican Republic.* The Ministry of Health's increased financing of contraceptives was evidence of progress toward contraceptive security and expansion of overall family planning services in 2005. Having met USAID family planning "graduation" criteria, USAID's family planning program is in the process of phasing out.

*El Salvador.* In 2005, USAID's capacity building efforts enabled the Ministry of Health to purchase 90 percent of its contraceptive commodity needs.

- USAID continued to support the Ministry of Health (MOH) in its efforts to improve the quality of and increase access to reproductive and child health services through a process of decentralization and reform. USAID helped the MOH increase efficiency at the central level by improving its procurement process, which was shortened from 6.5 months to an average of 3.5 months, resulting in a savings of approximately $350,000.

- USAID supported training in the use of checklists to screen potential new family planning clients for 1,700 MOH outreach workers and 38 NGO outreach workers; in contraceptive logistics for more than 1,600 health personnel; in providing adolescent-friendly services for nearly 100 MOH personnel; in establishing clubs for pregnant adolescents for more than 60 MOH nurses; and in disseminating reproductive health messages for nearly 350 adolescent peer educators.

- USAID also helped the MOH disseminate updated family planning norms to MOH personnel.

### Dominican Republic: Peer Education

For the past three years, Eridania Brito has been volunteering as a peer educator for an adolescent reproductive health program in the Dominican Republic. She tells with fondness how she was recruited. The Dominican Association for Family Planning (Adoplafam, in Spanish), a USAID grantee, visited her neighborhood to identify possible educators. After an initial interview, Eridania was selected to participate in a three-day workshop where she quickly absorbed the information presented and officially became a peer educator.

Since becoming a peer educator, Eridania has significantly increased her involvement and responsibilities. After only three months, she became a peer educator leader. This increased her responsibilities from serving her own group of beneficiaries to supervising, coaching, and motivating other peer educators.

USAID's peer education program works to empower teenagers in community groups and schools and also involves parents and community leaders to help them communicate with their children. Themes include improving self-esteem, life planning, goals, gender roles, HIV and other sexually transmitted diseases, domestic violence, reproductive health, and family planning.

USAID/DOMINICAN REPUBLIC

The peer education program works to empower teenagers in community groups and schools.

The program benefits vulnerable Dominican communities in several regions of the country. Many of the beneficiaries go on to become peer educators themselves, thus multiplying the program's reach and impact. When asked about the impact her work has had on her peers, Eridania responds that they have strengthened their relationships with their parents. Eridania says she has also seen improvements in the way that parents and teachers, with their increased knowledge of reproductive health issues, communicate with teenagers. The peer educators program is now an integral part of Eridania's life and something that makes her an example for other teens in her community.

PAHO

- With USAID support, the Salvadoran Demographic Association (the major local family planning organization) achieved 96 percent financial sustainability.

***Guatemala.*** APROFAM, the leading USAID-supported NGO providing FP/RH services, graduated from USAID contraceptive commodity assistance and generated enough resources to support 92 percent of its operating costs.

***Honduras.*** USAID has been Honduras' major source of funding and technical assistance for family planning. Its program with the NGO ASHONPLAFA has now entered its final stages, as ASHONPLAFA will soon become self-sufficient. ASHONPLAFA exceeded its target for establishing community distribution posts and for customer satisfaction, which averaged nearly 99 percent.

***Nicaragua.*** USAID provided more than two-thirds of modern contraceptive methods in the Ministry of Health's family planning program. The modern contraceptive prevalence rate reached 69 percent in 2005, and use of family planning services increased by 25 percent over 2004.

- To ensure a reliable supply of commodities, USAID trained public sector personnel in logistics and contraceptive supply at all levels of the health system. The result has been a dramatic improvement in the availability of commodities at health facilities, with 88 percent maintaining consistently adequate supplies.

- USAID is also working with the government on a contraceptive security plan to guarantee the supply of contraceptives over the long term. Making contraceptives a part of Nicaragua's essential pharmaceutical supplies list is a priority for USAID and its partners.

- In remote communities, USAID helped FBOs and the public health sector implement a training program to introduce the Standard Days Method of natural family planning. USAID provided training on this method, which is based on information about the fertility cycle, to 402 public health staff, 80 technicians from the NicaSalud federation of NGOs, and 65 community health volunteers.

***Bolivia.*** With USAID assistance, the Ministry of Health trained more than 1,100 public sector providers throughout the country in quality improvement methodologies.

- USAID also supported the development of a training module for nurses in contraceptive logistics management; 10 nursing schools now include the module in their standard curriculum. Preservice training is an important step toward achieving sustainability in logistics and commodity management.

- USAID also provided integrated family planning and maternal health technical assistance. The project designed a series of self-learning modules on family planning counseling, contraceptive technology, and patient rights. To date, 440 family planning service providers have completed the modules, and supervisory visits showed solid improvements in provider knowledge and practice.

### Guatemala: Expansion of Family Planning Services

Until five years ago, information on reproductive health and family planning was not easy to find in Guatemala, particularly in rural areas. Strong political, religious, and cultural barriers stood in the way of a couple's ability to protect and plan their family's health and well-being. The lack of access to family planning services and information resulted in very high fertility, with the population doubling in size every 19 years. In 2000, USAID and other donors supported the Ministry of Health (MOH) in its historic step to position family planning as a key component of its new national reproductive health program.

With the legal foundation in place, USAID collaborated with the MOH to develop a program that would reach couples with information and services to enable them to make informed decisions about their reproductive health. A solid infrastructure was established to get safe and effective contraceptives to couples who opted to use them, as well as counseling services from trained providers.

Guatemalan couples throughout the country are now able to plan their families. Contraceptive use increased steadily from 23.3 percent in 1987 to 43.3 percent in 2002, resulting in a decline in total fertility from 5.1 children per woman of reproductive age in 1999 to 4.4 children in 2002. The MOH/USAID response to the large unmet demand for services has enabled Guatemalans to plan their families and improve the health and well-being of their children.

- USAID helped the Ministry of Health implement a policy change that increased the recommended birth spacing interval from two years to a minimum of three to five years.
- In 2005, the contraceptive social marketing program, which began in 2001 in urban areas, implemented a pilot project in 10 rural municipalities and established 53 local revolving credit funds. Now in its fifth year, the program has consolidated its operational structure, distribution networks, and pricing strategy.
- As a result of USAID assistance, Bolivia experienced a 20 percent increase in the use of modern contraceptives from 2002 to 2005.

*Paraguay.* USAID reproductive health activities have engaged partners and the government in improving management, service delivery, and specific services. Local health councils and communities participate in introducing preventive health measures and promoting reproductive health. Outreach, training, and education activities highlight gender roles and awareness. Trained health promoters in communities raise awareness of maternal health services; undertake surveys to increase knowledge of health conditions; and help identify services for children and women. USAID is carrying out a phaseout plan for its family planning assistance.

*Peru.* Peru graduated from a program of USAID-donated contraceptives in 2004, and the Ministry of Health (MOH) now purchases and distributes contraceptives through its network of public health facilities. A five-year phaseout proposal for USAID family planning assistance has been drafted. It is designed to strengthen procurement, logistics, information, and policy, with special emphasis on voluntarism and quality. Current USAID activities focus on quality of care, users' rights, and strengthened logistics in support of reliable commodity stocks.

- In 2005, the SISMED logistics and drug management system was introduced in all seven USAID focus regions; the MOH will implement the system in the rest of the country in 2006.
- USAID also helped create a private marketing mechanism that provides low-cost contraceptives to private midwives for resale to their clients.

# V. HEALTH SYSTEMS STRENGTHENING

Stronger health systems enable health care services to reach more of the LAC region's underserved populations.

PAHO

Strengthening health systems helps countries improve the quality of service delivery and mobilize sufficient resources to extend health protection to underserved groups. In the countries of the LAC region, these groups include millions of people who do not have access to health services and are excluded from the benefits of health protection systems. As seen in figure I, from 40 to 62 percent of the populations of Peru, Ecuador, Honduras, and Paraguay are excluded from health protection due to lack of access to quality health services. The degree of exclusion is high (68 to 75 percent), indicating that the excluded populations are not benefiting from most of the indicators (health systems structure, access to services, coverage) utilized in the measurement. Therefore, policies aimed at mitigating this situation should not be focused on a single dimension or factor of exclusion, but should be multi- and intersectoral.

Figure I
**Exclusion in Health (% population)**

| Country | Excluded from health protection | Exclusion gap (degree of exclusion) |
|---|---|---|
| Ecuador | 51 | 75 |
| Honduras | 56 | 69 |
| Paraguay | 62 | 68 |
| Peru | 40 | 75 |
| Region | 47 | 74 |

*Source*: PAHO. 2004.

Effective and efficient health systems are the result of good management and accountability in the interrelated and overlapping areas of policy, regulation, financing, information, human resources, quality assurance, communications, and logistics. USAID health systems strengthening activities focus on overcoming specific constraints to improvements in the highest-priority health issues in each country. Activities targeting these key constraints include epidemiological surveillance of chronic and emerging diseases; the development of innovative financing arrangements for service delivery; realignments in the organization and administration of health services; policy reform; building human resource capacity in priority skill areas; and emergency/contingency planning for the health-related effects of disasters.

USAID partners with both public and private institutions, including private and not-for-profit health care service providers such as FBOs and CBOs. USAID and its partners implement a variety of activities designed to strengthen health systems and address equity issues through efforts to increase access to and improve the quality of health services available to those most in need of these services. As seen in figure II, out-of-pocket expenditures still make up a large portion of the total health expenditures of most LAC countries.

## USAID Assistance

The following section describes USAID activities in support of health systems strengthening throughout the LAC region.

*Haiti.* USAID launched a new approach to promote decentralized management and leadership capacity within the Ministry of Health's geographic departments. Linking operational funds with intensive technical and management assistance, the strategy has succeeded in stimulating Ministry directorates to improve their oversight and coordination of health activities.

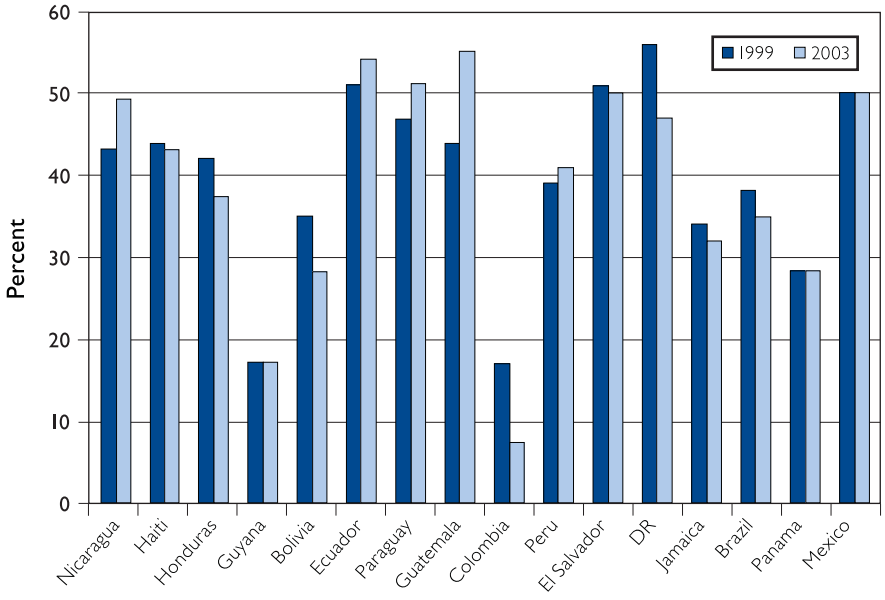
- USAID is also piloting a computerized health information system designed to improve access to reliable data for decisionmaking in all Ministry directorates. Data will be available for technical feedback and for planning and management at the central and departmental levels.

*Dominican Republic.* In 2005, training and technical assistance led to noticeable improvements in the organization, management, financing, and service delivery of health care at 14 program-supported hospitals and their feeder primary care centers.

- USAID supported the successful launch of an innovative social security health insurance program that targets the lowest-income families in one of the poorest regions of the country. More than 180,000 people are now registered for subsi-

Figure II

**Out-of-Pocket Expenditures as a Share of Total Health Expenditures in Selected LAC Countries 1999–2003**




*Source:* WHO. *World Health Report.* 2006.

dized health care, and the government plans to expand the program nationwide. The President and other senior government officials acknowledged USAID's contribution in this area on several occasions, emphasizing the importance of the social security system for reducing the effects of poverty.

*Guatemala.* USAID's efforts have raised awareness of health financing issues, and the 2006–2008 public health sector budget reflects an overall increase of 30 percent. To enhance accountability and transparency, USAID helped develop Ministry procedures and budgeting manuals.

- USAID also helped Guatemala's congressional health commission educate its members on the need for increased health care financing and on advocacy for improved public spending on health. USAID- supported women groups persuaded the Congress to earmark an additional 15 percent of the sale of alcoholic beverages to the 2005 health budget for the national reproductive health program. Furthermore, in the 2006 budget, the Ministry of Finance created a line item for reproductive health for the first time.

*El Salvador.* In 2005, USAID met its target of effective decentralized services being provided by 85 percent of health units.

- In the area of procurement, USAID helped the Ministry of Health improve the timeliness and efficiency of the system by cutting the average number of months to purchase supplies and equipment from 6.5 to 3.5, which resulted in substantial savings.

*Honduras.* USAID supported strengthening health systems in 32 municipalities; successfully implemented models for decentralizing health services; and established a mechanism for

### Dominican Republic: Training Managers

Poorly trained staff and mismanagement hamper the delivery of quality health care in the Dominican Republic. A recent USAID-supported study on maternal mortality directly attributed the high rate of maternal deaths to serious management problems in the nation's public health facilities. In 2001, the Dominican Congress passed two laws leading to the implementation of a new social security system and significantly changing the organization, management, and financing of health care services.

In support of the new system, USAID is providing financial and technical assistance for a postgraduate training program that targets senior managers in health services and social security. Graduates of this program have become change agents at the hospitals where they work, and the program is developing the expertise and skills needed to operate the new health care system.

## Nicaragua: The Business Planning Program

To strengthen the capacity of municipal and other local government entities to provide health services, the LAC Regional Program is piloting and adapting tools for planning and implementing health services. "The Art of Crafting a Business Plan for Social Return on Investment," also known as the Business Planning Program (BPP), is a comprehensive learning program that uses both face-to-face and electronic means to help participants create new ideas; identify target markets and strategies to reach them; and navigate the financial aspects of a business plan, including social and financial return projections.

In 2005, municipal officials in Nicaragua adapted the BPP tool to help them identify high-impact services and related service costs. The BPP was then tested with five municipal teams, each completing the tool's six modules during a four-month rollout. The business plans of the participating municipalities centered on potable water (Waslala municipality), sanitation and garbage collection (Yalí, Masaya, and Quezalguaque), and a radio program to support the communication of key messages in rural areas (Tola). At the completion of the program, the municipalities showcased their business plans to colleagues and potential donors, including USAID, which enabled them to acquire sponsorships and subsequently implement the improved health product or service in their communities. The business plans from Yali and Tola are described below.

*Yali: Improved trash collection and treatment.* The plan covered the population that currently does not receive trash collection services. Additionally, the plan promotes community responsibility for solid waste collection and treatment. Municipal clean-up campaigns will be developed in coordination with the ministries of health and education. One of the program goals is to have the community gain recognition as a "green" municipality that protects the environment and educates its population with respect to biodiversity. The total budget for the plan is $162,000, of which the municipality will cover 46 percent while 54 percent is solicited from donors. The social return on investment will be a decrease in infectious diseases resulting from pollution, insects, and other vectors, and the elimination of sources of pollution.

USAID/LAC REGIONAL PROGRAM

Yali hopes to gain recognition as a "green" community.

USAID/LAC REGIONAL PROGRAM

Tola's radio broadcasts reach residents of remote areas.

*Tola: Community radio broadcasts.* During the situation analysis, municipal officials noted distinct challenges facing residents, many of whom live in isolated remote areas. These challenges include a lack of public and private radio stations, impassable roads during the rainy season, and high illiteracy. Officials responded to these challenges by developing a plan for a community radio station to help transmit messages to educate the dispersed communities. The municipal team conducted focus group interviews and found that almost 100 percent of citizens had a radio in their home. A high percentage of the population was also interested in learning through the radio. Participants identified areas of interest that included literacy, community services, infant feeding and child nutrition, and adolescent alcohol/drug abuse prevention. The municipality developed a business plan to create a local radio station. The station would be sustainable within three years through the sale of air time to local businesses and families seeking to get messages to other local relatives. Once completed, the goals for the project are two daily broadcasts presenting messages geared toward youth on violence and alcohol/drug abuse prevention and an increase in literacy rates among the population. As a result of the development of this clear, results-based plan, a donor has come forward expressing interest in funding the program.

### Regional Collaboration on Health Information Systems

The goal of USAID's regional Health Information Systems Project is to strengthen the quality and timeliness of information through routine data collection and existing technologies. Assessments of health information systems in two countries will be shared throughout the LAC region. Mexico and Brazil were selected for the case study because of their relatively well-developed information systems that can provide many lessons learned for the rest of the region. While this project is still in its initial phase, the experience of USAID's small investment in Mexico has already resulted in efforts to strengthen information systems throughout the region.

Because of its strong interest in improving information systems, Mexico was selected as a "pathfinder country" for the Health Metrics Network (HMN), an international public-private partnership to improve the capacity of information systems in developing countries. To conduct its assessment, Mexico's health secretariat decided to incorporate the PRISM package of tools designed by USAID and partners as well as the HMN assessment framework into its methodology. A team from the secretariat presented its initial findings at the first international meeting of directors of health information in the Americas in 2005, where many countries expressed interest in receiving assistance from Mexico and/or the HMN in building their own capacity for collecting and using health data.

In September 2005, key stakeholders in Mexico held a workshop to discuss routine health information systems (RHIS). The workshop received a very positive reaction. As a result, USAID and local partners in Cuernavaca will hold the first RHIS workshop for Latin America. The tools used to assess the Mexican health information system will be presented, and participants will be able to apply them in their countries. This will be a good opportunity to standardize assessment tools for health information systems in the region and directly transfer knowledge and lessons learned.

selected municipalities to monitor transparency and accountability.

- At the national level, the transfer of 5 percent of central government income to local governments marked a key decentralization milestone.
- A municipal transparency fund to support auditing and financial oversight of local governments was established, and 25 percent of municipalities received audits in 2005.
- To address equity of access to services for people most in need of them, USAID technical assistance and World Bank funding helped the Ministry of Health increase its contracting in several *departments* with private organizations using management systems developed by USAID. Expansion of this model could transform the way health services are delivered in Honduras.

*Nicaragua.* Public sector expenditures on health exceeded the target set for 2005, demonstrating an increased commitment to build the capacity needed for more effective health service delivery.

- More than 120 private sector organizations participated in USAID-supported workshops and developed projects to improve health and education.
- With USAID support, 14 of the 17 district-level systems of integrated health care are developing quality and customer service standards. USAID will continue working with the districts to establish quality standards and clinical norms and to monitor client satisfaction.
- A newly designed monitoring system for maternal and child health services demonstrated that both quality and coverage of health services are increasing.
- USAID has helped introduce quality of care improvements in more than half the hospitals in Nicaragua that treat children. A new pediatric hospital initiative has established a countrywide quality assurance program based on standards of care for maternal and neonatal health care. Infant deaths in participating hospitals decreased between 2003 and 2005. Correct management of emergency pediatric cases increased, and identification of danger signs in pediatric emergency case manage-

ment improved from 30 to 84 percent of patients.

- USAID was instrumental in promoting the expansion of private sector involvement in a 10-year health sector investment fund that will increase the number and quality of private reproductive, maternal, and child health service providers.

***Bolivia.*** Launched in 2005, USAID's health strategy is designed to generate immediate improvement in the coverage of basic services and quality of care while building the long-term capacity of Bolivia to sustain health improvements. USAID programs address local capacity building while strengthening systems to support the delivery of integrated services, including logistics, supervision, training, management, and health care financing.

***Paraguay.*** USAID provided technical assistance to local health councils and municipal authorities on the legal framework for health decentralization. As a result, the law was modified to allow local governments to retain control of some of the resources generated within their communities. Now, municipalities have increased authority to decentralize selected health functions and authorities, as spelled out and signed in 31 agreements with the Ministry of Health, local health councils, and local governments.

***Peru.*** Interventions include decentralizing the Ministry of Health (MOH) structurally and functionally to increase efficiency; expanding insurance and financing mechanisms; improving the quality of clinical services by setting and enforcing rigorous standards for training and licensure of health professionals; establishing a national accreditation system for health facilities; increasing the capacity of the MOH to collect and analyze health-related data; strengthening the MOH's regulatory and oversight role; and providing extensive direct training to health sector workers.

- To improve facilities nationwide, USAID worked closely with the MOH to establish minimum standards for all types of health care facilities. In USAID's geographic focus area, 636 health establishments were evaluated; work on upgrading these facilities began and will continue into 2006.

***Ecuador.*** In 2005, a benefit-incidence analysis of government health subsidies examined the distribution of subsidies among different population groups and evaluated whether or not public health expenditures are regressive (i.e., exacerbate income inequalities by spending more public health dollars on groups already better off) or progressive (i.e., promote equity by spending more public health dollars on population groups in most need). Using data from the 2004 Reproductive Health Survey, the analysis found that the Ministry of Public Health's expenditures are progressive, while those of the Social Security Institute are regressive, suggesting that the Institute needs to ensure that more of its benefits reach the poorest workers.

# VI. STRATEGIC APPROACHES

USAID's health programs represent an investment in people that can help countries achieve a healthy future for their citizens.

PAHO

The Director of U.S. Foreign Assistance (DFA), appointed in 2006, is responsible for carrying out a new strategic framework for U.S. development assistance. The overarching goal of this effort, known as "U.S. Foreign Assistance Reform," is to help "build and sustain democratic, well-governed states that will respond to the needs of their people and conduct themselves responsibly in the international system."

The new framework is built on five priority objectives that, if achieved, support this overarching goal by helping countries move toward self-sufficiency and by strengthening strategic partnerships. The five objectives are peace and security; governing justly and democratically; investing in people; economic growth; and humanitarian assistance. Based on shared characteristics, the new framework groups countries in five categories – rebuilding countries, developing countries, transforming countries, sustaining partner countries, and reforming countries.

The DFA sets the priorities and determines the parameters for all USAID and U.S. State Department foreign assistance resources, whether these resources are managed bilaterally, from regional centers, or from headquarters.

## Funding Trends

As in other regions, nearly all USAID funding for LAC health programs is earmarked to meet specific health goals in such areas as HIV/AIDS and other infectious diseases, child and maternal health, and family planning and reproductive health (figure 1).

***HIV/AIDS.*** Funding trends in the LAC region illustrate the increasing importance of HIV/AIDS programming (38 percent of the total health budget in 2005) as a priority intervention for USAID. The total amount allocated to the LAC region has increased from more than $22 million in 2001 to a planned level of nearly $69 million in 2007. Although a relatively smaller percentage of the population is affected by this disease in LAC countries compared with sub-Saharan Africa and some countries in Asia, it poses an enormous potential threat to development in the region, as well as to the national security of the United States.

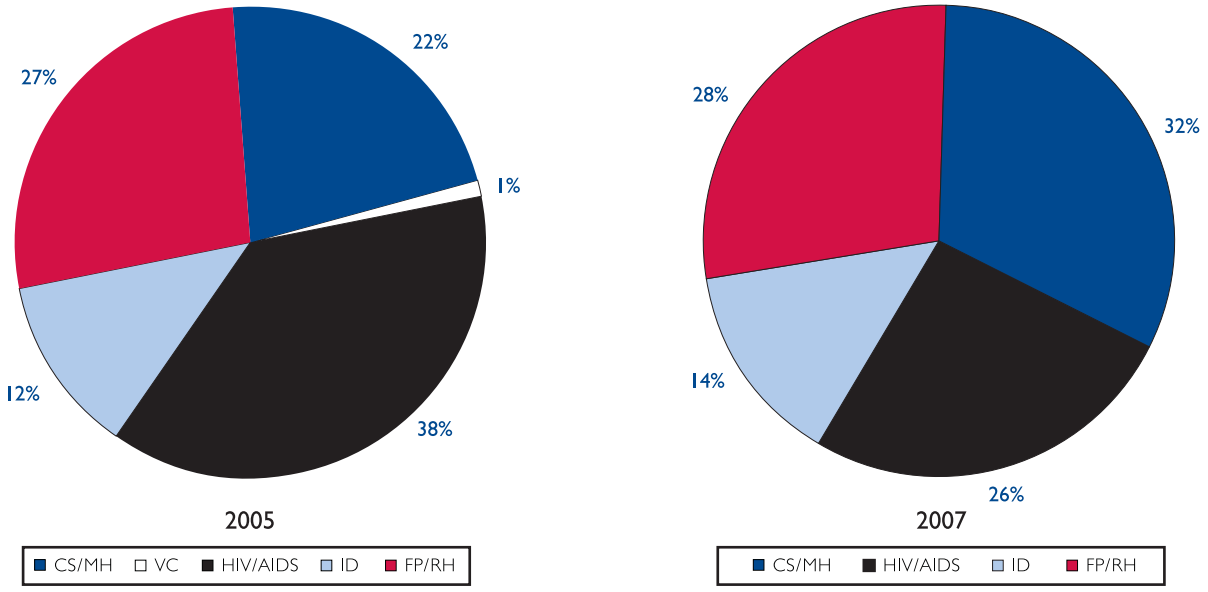
***Child Survival.*** National indicators in LAC countries showed steady improvements in infant and child mortality during the 1980s and 1990s, and child survival and maternal health programs in recent years have been receiving a reduced share of the total health budget. However, it is important to note that although neonatal, infant, and child mortality rates are lower than in other developing regions, there is still much room for improvement. Regional averages for neonatal, infant, and child mortality are still three to five times higher than in developed countries. Additionally, vast inequities in health outcomes based on socioeconomic status reflect the incapacity of governments to reach all groups and are a potential destabilizing influence in the region.

***Family Planning and Reproductive Health.*** Although in 2005 the family planning/reproductive health area still claimed a substantial portion of the health budget, this scenario will change dramatically over the next five years as many countries in the region are meeting "graduation criteria" that trigger a phaseout of USAID assistance. A program will be considered a candidate for graduation from USAID family planning assistance within a two- to five-year time period when: 1) the total fertility rate is less than three; 2) the use of modern contraceptive methods among married women of reproductive age is greater than 55 percent; 3) at least 80 percent of the population can access a minimum of three family planning methods within a reasonable distance (may be farther than 5 kilometers for long-term and permanent methods); 4) no more than 20 percent of family planning products, services, and programs offered in the public and private sectors are subsidized by USAID; and 5) major service providers (public sector, NGOs, and private commercial sector) meet and maintain standards of informed choice and quality of care.

Another important trend in the LAC region, as well as other regions where USAID is working, is the increasing need to focus on countries in the midst of a "complex emergency" arising from internal or external conflict that causes political and economic instability and puts a large number of people at risk for morbidity and mortality. In addition to conflict, natural

Figure 1

**LAC Health Funding by Directive**
**Fiscal Years 2005 and 2007**




*Source*: USAID.
Note: For 2005, the HIV/AIDS funding share represents funds from both the Child Survival and Health and Global HIV/AIDS Initiative accounts. For 2007, the HIV/AIDS funding share represents only Child Survival and Health funds.

disasters and emerging diseases are also claiming an increasing portion of USAID's attention and budget, as sometimes health development funds must be reprogrammed to assist areas affected by hurricanes, earthquakes, flooding, or volcanoes, and to address the vector-borne and infectious diseases that often follow. Recently, avian influenza (AI) has emerged as a potential disease threat, and AI preparedness and response activities (discussed in the Infectious Diseases chapter of this report) are consuming an increasing share of the health budget. In the long run, prevention will be much less costly than the consequences of an AI or other infectious disease pandemic in the region.

### Bolivia: Health Sector Reform

From 1996 to 2004, Bolivia implemented three successive reforms of public health insurance. These reforms led to the current Universal Maternal and Infant Insurance (SUMI) program, a highly decentralized health system that relies on municipalities to reimburse facilities. To ensure that the poorest municipalities receive the resources they require for "hard to reach" populations, a National Redistribution Fund was established within SUMI. As part of SUMI, USAID and partners have supported the scale-up of the Integrated Management of Childhood Illness (IMCI) approach at the community level. These reforms and innovations have led to better quality and increased use of services by those most in need of them.


A USAID official delivers an ambulance to health officials in La Paz to support the expansion of decentralized health services.

## New Strategies

*1) Reduce inequalities in health care.* National averages within the region mask marked disparities in health. The data clearly show that people falling in the poorest wealth quintile (and other disadvantaged groups based on socioeconomic variables) not only have the lowest access to health care but also receive the poorest-quality health care. As a result, they have the worst health outcomes. USAID has been a leader in trying to reduce inequities in health care coverage and quality, using several different approaches. Before LAC countries can graduate from USAID assistance in the health sector, it is essential to ensure that governments have the capacity to reach the "hard to reach" or otherwise marginalized populations in the LAC region. Therefore, USAID programs work with governments to intensify efforts to:

- Improve targeting of resources using survey data or other criteria to identify populations that are most vulnerable
- Monitor health outcomes by population group
- Evaluate programs for health impact (improvements) in key population groups
- Increase disease awareness and care-seeking behaviors among populations that have low health care utilization rates due to access and/or quality issues
- Work toward policy reform and decentralization of health management to put more authority and resources at the provincial and district levels
- Support social insurance programs designed to provide services to people who would not otherwise be covered, as in the recent successful social security reforms in the Dominican Republic (see Health Systems Strengthening chapter of this report)

*2) Increase capacity to respond to complex emergencies, natural disasters, and emerging epidemics.* In recent years, the number and severity of natural disasters in the region (and worldwide) have placed ever increasing pressures on resources to respond rapidly to the immediate needs of people affected by these unforeseen calamities. Hurricane Mitch ravaged parts of four countries in Central America in 1998, leaving thousands dead and billions of dollars in property damage. In 2005, Hurricane Stan also killed thousands and caused widespread flooding and landslides in Guatemala, El Salvador, and southern Mexico. Experts predict that disasters such as these are likely to increase both in frequency and severity. USAID and the LAC Bureau will continue to address preparedness efforts for natural disasters as well as longer-term complex emergencies and emerging diseases such as avian influenza (AI). Some of the measures that USAID has adopted include:

- Designing flexible programming so existing resources can be redirected to disaster-affected areas when needed
- Building a professional cadre of personnel to lead the response to disasters and other health emergencies, ensure effective and efficient resource management, train personnel on the ground, and target assistance to priority areas
- Training all key personnel, especially health workers, in preparedness planning (e.g., the recent USAID-sponsored AI planning workshop in

### Colombia: Demobilization, Disarmament, and Reintegration of Internally Displaced Persons

The USAID-financed demobilization, disarmament, and reintegration program works in close coordination with the Colombian government and other international and local agencies to relieve the plight of more than 2 million internally displaced persons (IDPs) who are victims of the country's armed conflict. Women and children constitute a large portion of the IDP population, and they are particularly vulnerable to sexual exploitation and violence.

In 2005, USAID programs reached more than 584,000 people, including 556 child ex-combatants, with a variety of services. Health activities involved community education and training of community-based workers in hygiene, sanitation, and reproductive health. In addition to health care, the program provided access to psychosocial support, formal and nonformal educational opportunities, job training and placement, and surrogate families for children unable to return home.

USAID

Central America) and the implementation of action plans to address disease outbreaks, natural disasters, and health emergencies caused by civil unrest

*3) Forge alliances with groups outside the health sector and promote multisectoral programming.* Another approach USAID is taking in the LAC region is to draw on a cross-section of the population to advocate for and attract more diverse resources to address health concerns. Multisectoral participation in health care broadens the spectrum of constituents for quality care and mobilizes support for major public health challenges. Some examples of successful USAID efforts in this regard (discussed in the preceding chapters of this report) include:

- Nicaragua's business planning model for developing potable water systems and producing radio shows promoting health and hygiene
- The business alliance to reduce HIV/AIDS-related stigma and discrimination in workplaces in Jamaica
- The formation of a national business council by 24 major U.S. corporations in Mexico to reduce the stigma of HIV/AIDS

In both Nicaragua and Paraguay, USAID has successfully integrated human investment programming with local governance, which creates synergy and maximizes the impact on multiple sector goals. The Panama Canal watershed activity, described in the Maternal and Child Health chapter of this report, is another good example of how investments in sectors outside of health can have a beneficial impact on health.

USAID/LAC programs will continue to seek opportunities to align health activities with other sector programs, especially in the highest-priority areas of democracy and economic prosperity with increased equity.

*4) Intensify efforts to raise awareness of the important association between social sector investments, economic development, and democracy.* The positive relationship between social sector investments and overall development and growth has been well established. An educated, healthy citizenry is one that is more likely to participate in the economy and provide critical skills, an internal market for goods and services, and political stability.

The United States is closely allied with countries in the LAC region through shared values, culture, trade, and proximity. Healthy and prosperous nations export goods and services that help

**Guatemala: The Alianzas Project for Public-Private Alliances**

In 2005, USAID signed an agreement to fund public-private alliances designed to increase access to and improve the quality, equity, efficiency, and use of basic health, nutrition, and education services in Guatemala. The USAID commitment of more than $9.6 million to the Alianzas Project is expected to leverage nearly $12.2 million from the private sector. As of September 2005, Alianzas had developed 19 strategic alliances in health, nutrition, and education.

When Hurricane Stan hit Guatemala in 2005, Alianzas was well-positioned to facilitate and help coordinate the private sector's quick and impressive response to assist hurricane-damaged communities. Alianzas has served as an effective catalyst in generating private sector support as well as in coordinating with the Guatemalan government. Alianzas is directing $1 million in its portfolio to disaster relief areas for projects focused on potable water, rehabilitation of wells, and disease prevention and management. The corporate sector is expected to contribute another $2 million for disaster assistance.

stabilize regions. In 2004, an estimated 40.4 million people of Latin American heritage, constituting 13 percent of the labor force, were living in the United States. In addition, there are an estimated 22 million people of Caribbean heritage living in the United States. Both Latin American and Caribbean immigrants maintain close ties to their countries of origin, advocating for stronger economic and cultural relations between the United States and the region. In addition to strong regional-U.S. ties, people within the region share cultural, ethnic, and religious similarities, all factors that lead to intraregional migration of large numbers of people on a daily basis. Throughout the hemisphere, these factors facilitate the flow of people and products for trade, commerce, tourism, and employment.

Although the public expenditures of LAC countries on health and education as a percentage of total public sector budgets have increased over time, the amount of funding available to extend services to those in need of them is still far too low. Poor health status among people in the region limits individual and national productivity and weakens the economic and political stability of countries with which the United States maintains close ties. Policy reform and health systems strengthening efforts must be designed to improve the health of those most in need while maximizing the effectiveness of government resources.

Efficient health systems that extend health protection to all members of society require effective functioning of subsystems in the various areas of health governance, quality control, information, drugs and logistics, financing and procurement, and human resources. Sound management and substantial resources are required to bring all of these elements together in fully functioning, efficient, and equitable health care delivery systems. USAID health programs in the LAC region are achieving increased transparency, accountability, and policy reforms that will support such systems. In turn, health care delivered in this manner will support the U.S. Government's expressed foreign policy goals of democracy and economic growth.

PAHO

## Total Child Survival and Health Account Funds by Country and Program Category for LAC Region
## FY 2005–2007
($ Thousands)

| FY | Country Name | Primary* Causes of Morbidity & Mortality | DCOF**** | Other Vulnerable Children | HIVAIDS** | TB | Malaria | Antimicrobial | Family Planning/ Reproductive Health | Total Health |
|---|---|---|---|---|---|---|---|---|---|---|
| 2005 | Actual | | | | | | | | | |
| | Bolivia | 4,752 | - | - | 893 | 798 | 750 | 1,580 | 7,722 | 16,495 |
| | Brazil | - | 960 | - | 5,744 | 2,006 | - | - | - | 8,710 |
| | Caribbean Regional Program | - | - | - | 4,695 | - | - | - | - | 4,695 |
| | Central America Program | - | - | - | 5,906 | 495 | - | - | - | 6,401 |
| | Dominican Republic | 3,861 | - | - | 5,508 | 1,282 | 468 | - | 1,980 | 13,099 |
| | El Salvador | 2,970 | - | - | 496 | - | - | 1,020 | 3,069 | 7,555 |
| | Guatemala | 4,215 | - | - | 496 | - | - | - | 6,600 | 11,311 |
| | Guyana | | | | 9,484 | | | | | 9,484 |
| | Haiti | 8,839 | - | 982 | 21,869 | 2,354 | 992 | - | 6,802 | 41,838 |
| | Honduras | 3,143 | - | - | 5,658 | 393 | 340 | - | 4,158 | 13,692 |
| | Jamaica | 539 | - | - | 1,315 | - | - | 510 | 2,178 | 4,542 |
| | LAC Regional | 2,619 | - | 170 | 744 | 2,286 | 2,080 | 500 | 3,079 | 11,478 |
| | Mexico | - | - | - | 2,182 | 1,052 | - | - | - | 3,234 |
| | Nicaragua | 3,242 | - | - | 496 | - | - | 431 | 3,534 | 7,703 |
| | Paraguay | - | - | - | - | - | - | - | 1,980 | 1,980 |
| | Peru | 5,164 | - | - | 992 | 486 | 297 | 919 | 6,898 | 14,756 |
| **2005 Total** | | **39,344** | **960** | **1,152** | **66,478** | **11,152** | **4,927** | **4,960** | **48,000** | **176,973** |
| **2006 Total** | | **40,673** | **891** | **1,733** | **65,853** | **11,203** | **2,120** | **4,124** | **46,333** | **172,930** |
| **2007 Total *** ** | | **40,689** | **-** | **-** | | **11,300** | **2,500** | **4,124** | **35,636** | **128,033** |

* Primary causes includes micronutrients.
** HIV/AIDS includes Child Survival and Health (CSH) and Global HIV/AIDS Initiative (GHAI) accounts.
*** 2007 totals do not include GHAI accounts.
**** DCOF = Displaced Children and Orphans Fund

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