



Highlights of GAO-07-486, a report to congressional committees

## Why GAO Did This Study

Every year, disease and other conditions kill about 10 million children younger than 5 years, and more than 500,000 women die from pregnancy and childbirth-related causes. To help improve their health, Congress created the Child Survival and Health Programs Fund. The 2006 Foreign Operations Appropriations Act directed GAO to review the U.S. Agency for International Development's (USAID) use of the fund for fiscal years 2004 and 2005. Committees of jurisdiction indicated their interest centered on the Child Survival and Maternal Health (CS/MH) account of the fund. GAO examined USAID's (1) allocations, obligations, and expenditures of CS/MH funds; (2) activities undertaken with those funds; (3) methods for disseminating CS/MH information; and (4) response to challenges to its CS/MH programs. GAO conducted surveys of 40 health officers, visited USAID missions in four countries, interviewed USAID officials, and reviewed data.

## What GAO Recommends

GAO recommends that USAID (1) test accounting system modifications to verify that CS/MH obligation and expenditure data will be recorded and traced back to CS/MH allocation data and (2) assess the effectiveness of existing communication methods for sharing global health best practices across missions. USAID generally concurred with GAO's findings and recommendations.

[www.gao.gov/cgi-bin/getrpt?GAO-07-486](http://www.gao.gov/cgi-bin/getrpt?GAO-07-486).

To view the full product, including the scope and methodology, click on the link above. For more information, contact David Gootnick at (202) 512-3149 or [GootnickD@gao.gov](mailto:GootnickD@gao.gov).

## GLOBAL HEALTH

# USAID Supported a Wide Range of Child and Maternal Health Activities, but Lacked Detailed Spending Data and a Proven Method for Sharing Best Practices

## What GAO Found

In fiscal years 2004 and 2005, Congress appropriated a total of \$675.6 million to the CS/MH account. Individual USAID missions and USAID's Bureau for Global Health—the bureau providing technical support for international public health throughout the agency—were able to provide obligation and some expenditure data on these funds from their separate accounting systems. However, USAID's Office of the Administrator did not centrally track the obligations and expenditures of USAID missions and bureaus. As a result, the Office of the Administrator was limited in its ability to determine whether CS/MH funds were used for allocated purposes during this period. According to USAID officials and GAO's analysis, the agency has recently taken steps to record these data for fiscal year 2007 and beyond, although the modifications to its accounting system are in its early phases and little data had been posted as of February 2007.

Despite the lack of centralized financial data, GAO determined that USAID funded a wide variety of CS/MH efforts in 40 countries. USAID's missions, regional bureaus, and Bureau for Global Health supported programs at the country, regional, and global level. These activities included immunizations, oral rehydration therapy to treat diarrhea, and prevention of postpartum hemorrhage.

USAID used a variety of methods for disseminating information internally concerning CS/MH issues, such as electronic learning courses, biennial regional health conferences, and an online document database. However, USAID has not evaluated these methods' relative effectiveness for disseminating innovations and best practices. GAO identified some drawbacks associated with several of these methods, such as limitations in access and topics covered. As a result, USAID health officers may not learn of new innovations and advances in a timely manner.

USAID is taking steps to respond to numerous challenges to planning and implementing its CS/MH programs. First, responding to a global shortage of skilled health care workers, USAID supports efforts to enhance the skills of current health care workers and to train new health care workers. Second, because newborn and maternal health have typically received less international attention than child health, USAID established programs that focus on the needs of these two populations. Third, in response to numerous barriers to sustaining its CS/MH programs, such as uncertain funding and a lack of technical expertise among host governments and nongovernmental organizations, USAID adopted strategies to provide technical assistance and promote community involvement.