

HISTORY AND IMPACT OF USAID PROGRAMS

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Good afternoon. It is a pleasure to be here today for both my wife and I to share our experiences of lives devoted to each other, our country, and to try to make this a better world for all. Hope told you how we met and became involved with international development work and some of the challenges we faced in that work. I would like to share with you the background and accomplishments of the USAID organization that we worked with, in many ways, for almost 46 years. I feel this is important as “foreign aid” has been a subject of controversy since it began.

The end of World War II in 1945 signified the beginning of what could arguably be called the period of greatest change that the world has experienced. In 1945 the United States was the most powerful country in the history of the world. It had the strongest economy in the world and the greatest weapon the world had seen, a functioning atomic bomb, that had displayed its mighty power in the destruction of the Japanese cities of Hiroshima and Nagasaki and brought about the conclusion of second world war. The war had led to the destruction of the social and economic infrastructure of what had been the leading economic and pre-war military powers of: Germany, France, Great Britain, Italy, Russia and Japan and raised questions as to how long it would take them to recover.

In 1947, the United States began its role as a leader and innovator in the creation of the new world that was to emerge from the ashes of World War II, by proposing to provide economic assistance to both the winning and losing countries of the war. This plan was something that had never been done in the history of the world. It was a plan to assist allies and former enemies to rebuild their economies destroyed in World War II. In the past victors used their victories to demand that the losers pay reparations to the winners, through the loss of national territory and/or the payment of millions of dollars to the victors. This was what had occurred at the end of World War I. One consequence of those decisions was the resulting political crises in the losing countries, that led to the emergence of new leaders such as Adolph Hitler and Benito Mussolini who rose to power promising to address what they saw as the vindictive policies of the winners.

While the war had resulted in the elimination of fascism, there remained the threat to peace of communism, as represented by the Soviet Union. The Soviet version of communism that emerged under the leadership of Lenin and Stalin was that of a system that aimed at world domination exercised by dictatorial control of the communist party.

Stalin also demonstrated his willingness to use political repression to quiet political dissents.

World War II left Europe devastated, both the winners and the losers, with the destruction of much of the economic and social infrastructure of the continent. Factories, roads, bridges and communication system were destroyed or severely damaged, while millions of civilians and soldiers were killed or injured. Not only was the infrastructure of the economies destroyed but the countries were without the financial means to rapidly rebuild.

Conversely, the United States emerged from World War II with a strong economy and a healthy balance sheet. We had the ability to produce goods but limited markets in which to sell them. The proposed Marshall plan was a United States initiative to assist world recovery from World War II through the provision of loans and grants to finance the reconstruction of Europe. Initially the idea was to aid both Western and European countries. Eastern European countries were defined as those who had been liberated by the armed forces of the Soviet Union, whose armies ensured that the new governments of the liberated territories were placed in communist hands. In addition to promoting the reconstruction of Europe, the Marshall Plan also aimed at restoring democracy in participating countries. Because of this linkage of participation to promotion of democracy, the Soviet Union pressured the Eastern European Countries to refuse to participate in the Marshall Plan and consequently the plan assistance was focused on Western Europe.

The Marshall Plan, officially known as the European Recovery program, was implemented from 1948 to 1951 and provided approximately \$13.3 billion equivalent to about \$143 billion today in economic assistance to 16 European countries. The accomplishments of the plan were:

- Renewed economic growth in Europe, with participating countries experiencing a 15% to 25% increase in their gross national products (GNP) during the plan's implementation period. Key industries such as chemicals, engineering and steel were revitalized.
- Infrastructure investments in roads, railways, schools etc. that was essential for the revitalization of economic activities and trade.

The Marshall Plan also was successful in creating stable conditions for democratic institutions to thrive in Western Europe, including:

- **Strengthening Democracies:** By fostering economic stability, the plan helped to diminish the influence of communist parties in Western Europe and contributed to the establishment of stable democratic governments.
- **Improving U.S.-European Relations:** The plan results solidified the economic and political ties between the United States and Western Europe, establishing the U.S. as a key ally and partner in the region.

The Marshall Plan is also credited with laying the groundwork for the development of the future European Union and promoting long-term economic cooperation among European nations and the United States.

While the Marshall plan was effective in slowing down and then pushing back the communist threat in Western Europe, the competition between democracy and communism spread to other geographic regions. In late 1949 a communist led rebellion that began in the 1930's was successful in establishing a Communist government in Mainland China. In 1950 a Soviet established government in North Korea invaded the Republic of South Korea resulting in a three-year war which ended in stalemate and a return to pre-conflict borders and the continuation of two separate Korean states.

The end of World War II saw the emergence of political unrest in many of the colonies of European Countries. In 1945 approximately 50% of world landmass and 39% of world population was controlled by Great Britain, France, Holland, Portugal, Italy. The political unrest in the colonies combined with the weakened conditions of the colonial powers led to the colonial powers to begin the process of decolonization and establishment of a number of new independent countries in the late 1940's and the 1950's. Prominent among them were India, Pakistan, Indonesia, Malaysia, Vietnam, Cambodia and Laos in Asia. In the Middle East and North Africa, Iraq, Syria, Egypt, Libya, Tunisia, and Morocco became self-governing, and Ghana became only the second independent black African republic. These newly established republics soon led to competition between the United States and the Soviet for influence with small programs of assistance provided by both.

USAID

The election of John F. Kennedy as President in 1960 led to an increase in the level of economic assistance to newly established countries to combat communism and spur economic growth. The 3rd world "term" (the U.S., Canada, Australia, New Zealand, and Western Europe being the 1st world, and the Soviet Union, Eastern Europe, China and North Korea being the 2nd World). The urgency of the need to combat communism was enhanced by Fidel Castro's seizure of power in Cuba in 1959 and subsequent declaration of Cuba as a communist state. At the time of Kennedy's election in 1960, foreign assistance was

diffused and scattered across multiple competing agencies. Kennedy advocated for both an enhanced program of foreign economic assistance to the 3rd world and that it be centralized in a single government agency. After considerable debate, the Foreign Assistance Act of 1961 mandated the creation of a single agency to administer civilian foreign aid. Following the passage of the Foreign Assistance Act President Kennedy formally established the United States Agency for International Development via Executive Order 10973, merging the (then) existing government agencies working in the field of foreign non-military aid under one umbrella. With these actions the United States created a permanent agency to implement, through resident field missions, a global program to provide both technical and financial assistance to low-income countries. The initial priorities for USAID in 1961 included:

- Countering the spread of communism in Asia, particularly the influence of the People's Republic of China.
- Focusing on basic human needs, such as food, nutrition, and healthcare for countries in need.

Whereas the Marshall Plan was focused on providing financial support for the reconstruction of 16 European countries, the tasks faced by USAID were much broader and more challenging. USAID was not funding reconstruction but building the social, political, and economic foundations for what were eventually to be around 150 countries, the majority of which did not exist in 1961. Whereas Europe in 1948 had a reasonably well educated and trained work force, the USAID targeted countries, faced a different set of challenges.

In Latin America, the countries, while achieving independence in the first half of the 19th century, generally had lower per capita incomes, were more agrarian than their European counterparts, with a history of weak democratic institutions, a historic underinvestment in education and wide diversity in income distribution in each country.

The countries of Asia and the Middle East, except for Korea, Japan and China were former colonies of Britain, France, the Netherlands, Portugal and Italy and several had never existed as independent countries. They were newly independent, agrarian and suffered from a lack of investment in social and economic infrastructure as well as a history of weak democratic institutions.

In Sub-Saharan Africa, there were only four independent countries in 1960; Ethiopia, South Africa, Ghana and Liberia. Sub-Saharan Africa territories were primarily colonies of European powers, Britain, France and Portugal, who viewed them as captive markets for

the colonial power and/or as a source of raw materials for the colonial power. All of them suffered from a neglect of investment in economic and social infrastructure such as health and education by their colonial rulers and generally had very low incomes and massive investment needs. The tropical nature of the countries meant that they were hosts to tropical diseases which had been unaddressed, due to colonial neglect in investment in the health and education areas. As an example of the challenge, the then Belgium Congo, a territory the size of the United States east of the Mississippi river, in 1960 at independence, with approximately 15 million inhabitants only had 20 native people with a university degree, and the adult literacy rate for sub-Saharan Africa was only 10%.

One could say that the task USAID faced was that of building a house while teaching your staff how to handle their new tools. In addition to the country level challenges facing the newly independent 3rd world countries, were the international challenges facing the world: rapid population growth and the concern about the ability of world agricultural food production to meet growing food needs. USAID was charged with addressing both.

The Population Growth Challenge

At the beginning of the 1960's the rapid growth of the world's population was becoming a major concern. In 1804 the world population reached 1.0 billion people for the first time. In 1927 world population increased to 2.0 billion people (a period of 123 years to double) and in 1960 world population increased to 3.0 billion (period of 33 years). This rapid rate of population growth, combined with a concern that food production could not keep up with the rapid rate of population growth led to concerns that hundreds of millions of people would face the threat of starvation. In 1968 Dr. Paul Ehrlich, a Stanford University biologist, wrote a bestseller based on this thesis (The Population Bomb). This and other publications at that time identified the importance of reducing the population growth rate as one component of a strategy to prevent this from occurring.

In fact, the world population problem did not develop as forecast due to a convergence of factors that impacted world population growth, a result of the actions of USAID and partner organizations. The threat posed by rapid population growth led the development and expansion of voluntary national family planning programs in the 3rd world and provided millions of families with access to contraceptive services that resulted in averted unintended pregnancies. The increased urbanization of third world countries over the period 1960-2020 impacted societal expectations regarding desired family size. In rural areas children were an asset, in urban areas a cost. The increase in the number of women having access to education due to international assistance, was an additional factor. Women with higher levels of education often want to delay childbirth and have fewer children. The combination of these factors led to an unprecedented drop in

population growth. In the 1960's the world annual population growth rate peaked at 2.2% in 1963; the rate then began a steady decline from: 1.9% in 1970; (1.7% in 1980; 1.5% in 1990; 1.4% in 2000; 1.3% in 2010,) to 1.1% in 2020; and by 2024 had dropped to 0.857% in 2024. Now the projections are that by the year 2100 the world population will be decreasing at a rate of -0.127% per year.

Based upon the experience from the 1960-2024 period, while many factors can intervene, it is clear for now that the problem of rapid population growth has receded. And the problem of negative population growth may be a future issue.

Increasing Food Production -- A worldwide concern in 1960 The colonial powers had focused investment in the agricultural sector on the development of crops such as coffee, tea, cocoa, cotton and oil palm whose exports helped pay for the maintenance of the colonies with little attention to food crop research.

Addressing a potential 3rd world food crisis was one of the first priorities of USAID. Initial efforts focused on investments to strengthen national agricultural research and extension systems. Initial responses to these efforts were limited. Since national food crop research had generally been neglected there was very limited national food crop research results to extend to farmers. National research systems had to be strengthened, but there were limited national researchers available due to a historical lack of funding for national agricultural colleges in the former colonies. To address these challenges, USAID developed programs to link U.S. agricultural universities to 3rd world agricultural universities, whereby we sent U.S. professors to countries to teach and support development of agricultural research programs, while bringing staff and students to the U.S. for Master's and Ph.D. training in agricultural subjects, thus providing short-term support while developing long-term capacity (the University of Missouri was one of the participant Universities in this program). USAID also provided financial support to national agricultural systems to expand food crop research. One of the immediate lessons learned, however, was that research results from the USA did not quickly translate into large scale productivity gains in another country. There was a need to expand contacts with other research organizations to share lessons learned.

The experience in India illustrates the multi-faceted challenges in increasing food production at the national level. At independence in 1947 the Indian government pursued industrialization as a priority and neglected investment in the agricultural sector. Consequently, the agricultural sector under-performed, and India was faced with a growing need to import grain to meet a growing and unsustainable food deficit. The US government with USAID active participation worked with the Indian government to implement a plan to revitalize the agriculture sector and reduce India's dependence on such grain

imports. Actions taken included supporting the importation of recently developed high yielding wheat varieties developed by Rockefeller Foundation in Mexico to provide seeds that had the potential to rapidly increase wheat production when provided with adequate fertilizer. Next steps included Increasing fertilizer availability by increasing fertilizer imports and building fertilizer plants in India while freeing price control that make production of foodgrains uneconomic. Consequently, India's food grain production increased rapidly, with irrigated wheat yields, which were one ton per hectare in the 1960s rising to six tons by the mid-1990s. Similar success with rice as USAID supported policy reforms and investments in India and other south and southeast Asian countries to expand rice production. This success sparked what was called the "green revolution" and spread to many other countries.

To maintain the momentum created by the success in India, Brazil and other collaborating countries in sharing research results, USAID played a key role in the creation of and continued support of the Consultative Group on International Agricultural Research (CGIAR) a global partnership of research centers and funders that coordinate their research work to improve food security, and share lessons learned.

CGIAR brings together international organizations, countries, private foundations and regional organizations to collaborate and share information on agricultural research.

In addition to its support for CGIAR, USAID provided financial and technical support to individual country's national agricultural ministries and national agricultural research organizations to strengthen their operational capacities in the development of agricultural programs at the national level.

As a result of these national and international partnerships, and lessons learned from them, between 1961 and 2020, the global agricultural sector underwent a vast transformation in production, productivity, and resource use. Agriculture in many countries shifted from being seen as a drag on economic growth to being seen as a more dynamic growth sector. Global agricultural output increased nearly fourfold, while global population grew 2.6 times, resulting in a 53% increase in agricultural output per capita. This increase in production was accomplished with only a 7.6% increase in agricultural land area. Most of the growth in production was achieved by intensifying the use of inputs such as high yielding varieties, fertilizer and other agricultural chemicals. Food prices adjusted for inflation, declined compared with overall prices, allowing global diets to be more affordable and diverse. While all these achievements were not the exclusive result of USAID action, USAID was an intellectual and financial leader in creating and implementing the actions that resulted in the achievements.

Global Health and Development

One of the priorities identified for USAID to address at its founding was the charge to assist countries to improve the provision of basic human needs. The failure of colonial governments to provide sufficient funding to address health was evident from the infant and child mortality rates in the newly independent countries in 1960.

An important component of the strategy to reduce child mortality was improving country health systems thereby strengthening the capacity of countries to address infectious diseases, improving access to vaccines and improving maternal and child health issues.

Maternal and Child Health

In 1960 the worldwide mortality rate for children under 5 years was 205 deaths per 1000 births. When viewed on a regional basis the numbers varied widely: for sub-Saharan Africa the number was 280; South Asia 250; East Asia and the Pacific 185; Latin America & the Caribbean 135; and for the Developed World 40. The latest data from 2020 show the under 5 years of age mortality rates have experienced significant reductions: sub-Saharan Africa falling from 280 to 74 deaths; South Asia falling from 250 to 23; East Asia & the Pacific falling from 185 to 37; Latin America and the Caribbean falling from 135 to 17; and the Developed World falling from 40 to 5.

Leading causes of the high death rates in the 3rd world were pneumonia, diarrhea, and malaria in the period 1960-1980, with HIV/AIDS becoming a major problem beginning in the mid-1980s and continuing to this day. Other leading causes of under 5 child mortality were complications of prematurity, and neonatal (within the first 28 days of life) infections. Major contributing factors for all these were inadequate healthcare infrastructure and access which limited access to healthcare services.

USAID initial activities in this sector focused on strengthening national systems. USAID supported countries in developing and updating policies, strategic planning and health systems, including supply chain management and human resources. This latter included training healthcare workers, providing equipment and supplies for community-based health workers and promoting family health practices.

The strengthening of national health systems with financial and technical support strengthened their ability to undertake national immunization campaigns that were effective in reducing and preventing pneumonia deaths in children.

USAID played a pivotal role in the reduction of under 5 mortality rates due to diarrhea. In the 1960s USAID began supporting the research that led to the development and widespread promotion of oral rehydration salts (ORS), (a mixture of sugar, salts and glucose) as an inexpensive solution that was highly effective in reducing childhood deaths

from diarrhea and cholera. ORS is crucial for managing dehydration caused by diarrhea and cholera as it helps to restore the body's fluid and electrolyte balance. ORS became a cornerstone for treatment of diarrheal diseases, especially in low-resource situations where access to intravenous treatment is impractical. The development of ORS was a landmark achievement in improving childhood health. ORS has significantly contributed to the global reduction of childhood diarrheal deaths, which fell from 4.6 million in 1980 to about 1.5 million in recent years.

Addressing Infectious Diseases

In addition to these health activities, USAID's immunization programs have been an important part of the legacy of the Agency. USAID invested in the technology and science required to develop new vaccines, supported safe delivery of vaccines, participated in the planning of immunization programs, and helped strengthen and implement routine immunizations that give children a healthy start.

Smallpox. In the first year of its existence, USAID was an active participant in planning and execution of a program to eradicate smallpox. In the 1960's around 12 million people contracted smallpox annually, with about 2 million dying, according to the Better Health channel. In 1967 USAID joined the World Health Organization (WHO) and other partners in a campaign to eradicate smallpox. Campaign involved implementing a worldwide immunization program. USAID and the U.S. Centers for Disease Control and Prevention provided \$32 million and staff for the worldwide campaign. The program was successful, with the last smallpox case being documented in 1977, leading to the WHO's declaration of a smallpox free world in 1980.

Polio. In 1988 USAID became a partner in the Global Polio Eradication Initiative (GPEI) launched by the World Health Organization (WHO). The objective was to replicate the success of the smallpox campaign and eradicate polio from the world. The highly contagious disease was prevalent in many countries with an estimated 350,000 cases worldwide in 1988. Between 1988 and 2020 more than 2.5 billion children were immunized against polio by the polio campaign, with an estimated 20 million saved from paralysis and 1.5 million childhood deaths prevented. The United States contributed over \$4.5 billion to the polio campaign. The funding went to finance surveillance activities to detect polio cases and support the development of laboratory capacities in the participating countries. Funding was also provided for outbreak response and social mobilization efforts in the engaged communities. With the program on the verge of success, the COVID-19 pandemic caused the campaign to be paused in 28 countries and 23 million children missed their

immunizations. This caused a surge in new cases, with more than 1200 children reported as being paralyzed. In 2022 the campaign was relaunched with USAID funding support. In 2025 the grants were terminated by the Trump administration. The impact this will have on the program is yet to be seen. In June of 2025 it was reported that the latest survey this year identified 9 cases, one in Afghanistan and one in Pakistan. Hopefully these can be contained and the disease eradicated.

Tuberculosis (TB). Tuberculosis (TB) is the leading cause of death from a single infectious agent worldwide, despite being preventable and often curable. For years TB treatment was not a high priority in many health programs. However, in the 1990s there was a rising concern about TB as evidence mounted of new outbreaks around the world, TB/HIV coinfection, and the emergence of TB drug resistance. In 1993, the World Health Organization (WHO) declared TB to be a global health emergency. In response, U.S. involvement increased with USAID becoming a leading force in the fight against TB, providing substantial assistance through funding technical assistance and partnerships with international and national organizations. USAID efforts focused on the prevention, detection and treatment of TB, especially the drug-resistant strains. Between 2000 and 2025 USAID invested over 4.7 billion in the effort and impacted 79 million lives. USAID efforts made significant advancements in global TB control, leading to reduced incidence and mortality, improved treatment success rates and strengthened national systems. USAID was credited with a nearly 50% reduction in TB-related deaths. The treatment success rate for TB increased from 81% in 2016 to 88% in 2022, while multi-drug-resistant treatment success rates improved from 50% in 2012 to 68% in 2022 with new regimes being implemented for treatment. However, in February 2025 the U.S. Government announced the dissolution of USAID. It remains to be seen if the US will support any TB programs around the world.

Malaria.

Malaria, spread by a human being bitten by an infected mosquito, was one of the most serious health issues that many 3rd world countries faced in 1960. Since then, progress has been made to eliminate it. It has been eliminated in certain parts of the world (43 countries have been certified as malaria free by the World Health Organization (WHO) but it remains prevalent in subtropical and tropical parts of the world. Malaria cases today are highest in Africa, with 95% of malaria related deaths and 94% of malaria cases in 2022. It has also remained a leading cause of deaths among children under 5 aged in these areas.

In the 1950's and 1960's a major global malaria eradication campaign tied to the heavy use of the DDT pesticide, led to a significant decline in the occurrence of cases. However, the heavy use of DDT had serious negative environmental effects, which combined with the

emergence of DDT resistance in mosquitoes, led to a reduction in its use and a resurgence in malaria occurrence.

In 2005, the U.S. government launched the President's Malaria Initiative (PMI) with the aim of reducing malaria deaths, particularly in Africa. USAID was named as the lead agency responsible for overseeing the global health efforts of PMI.

PMI, building on lessons learned, supported a range of proven malaria interventions, including:

- **Insect-treated mosquito nets (ITNS):** Distributed to protect people from mosquito bites especially children and pregnant women.
- **Indoor residual spraying (IRS):** Spraying insecticide on indoor surfaces to kill mosquitos.
- **Antimalarial treatments:** Providing access to effective drugs for treatment and prevention, such as intermittent preventive treatment for pregnancy (ITPPW) and seasonal malaria chemoprevention (SMC).
- **Rapid diagnostic tests (RDTs):** Used to quickly diagnose malaria in patients, for timely treatment.
- **Development of experimental malaria vaccine.**

The PMI achieved a number of accomplishments:

- **Lifesaving impact:** The PMI is credited with helping to prevent 2.1 million infections and save 11.6 million lives.
- **Significant reductions in malaria:** In PMI participating countries, malaria case rates decreased by 2% and malaria deaths declined by 49% since 2006
- **Support for malaria elimination:** The PMI worked with partner countries to achieve malaria elimination in some areas, with nine countries on track to do so.

The continued funding for the program was put on review in February 2005 as part of the broader review of the U.S. foreign assistance program.

HIV/AIDS

In addition to the historical infectious diseases discussed above, in 1981 there emerged a new disease HIV/AIDS that threatened to overwhelm the medical systems of the 1st, 2nd and third worlds. The HIV/AIDs epidemic first identified in 1981 remains among the greatest threats to global health. USAID working in collaboration with the World Health

Organization (WHO) developed programs to assist 3rd world countries to meet this challenge.

In 2003 President George W. Bush proposed a bipartisan initiative to combat the global HIV/AIDS epidemic, particularly in Africa. The initiative was called the President's Emergency Plan for AIDS Relief (PEPFAR). It has been one of the most successful global health programs, investing over \$120 billion and saving millions of lives. The program began in 2004, focusing on areas with high HIV/AIDS prevalence, particularly in Africa.

The key activities of the program were:

- Prevention: promoting testing, treatment and care, particularly for key populations at higher risk.
- Treatment: Providing access to antiretroviral medications and other necessary medical services.
- Care. Enhancing the capacity of health systems to provide comprehensive care and support for people living with HIV.
- Data and Monitoring: Utilizing data to track the effectiveness of interventions, identify trends, and make informed decisions.
- Research and Development: Supporting the development of new techniques, such as vaccines and microbicides

USAID prioritized reaching vulnerable populations at the highest risk of HIV infection, including key populations like sex workers, men who have sex with men, and people in correctional facilities.

PEPFAR provided antiretroviral therapy annually over the period 2004-2024 to over 20.6 million people, including 550,000 children, while supplying testing, prevention, and health infrastructure in 54 countries.

The PEPFAR funding was suspended in 2025 with the suspension of USAID.

Additional USAID Activities

In addition to these activities USAID was also involved in programs in education, water and sanitation, famine relief, development efforts in Vietnam and Iraq wars, democracy and governance, provision of Infrastructure such as roads and dams, support to national economies in the form of direct balance of payment and sector support, but we ran out of time to elaborate on them. We decided to focus on areas where USAID had a more direct international people impact.

In terms of the abrupt closure of USAID, while we disagree with the decision and the way it was carried out, we accept that Government priorities change. A simple statement to that effect would have been more appropriate than to claim that USAID was dissolved because it was corrupt or that the employees were not performing. That big lie was a disservice to thousands of employees who spent their lives in service to their country and in support of a better world.

We also fear that the abrupt dissolution of USAID will have negative consequences for the United States. U.S. leadership was an important factor in leading the changes we have seen over the last 60 years. If we abdicate our role as world leaders, the leadership mantle will be handed to another country who may well lead the world in a direction we will not like. We already see evidence of this happening as our foes are uniting against us and our allies are in disbelief and questioning the reliability of our nation.

God bless America. Together we stand. Please take care of one another. Thank you.