

by Health Management Group, Ltd.

698-0421/51

DISCUSSION PAPER FOR THE PROJECT PROPOSAL ON CHILDHOOD

COMMUNICABLE DISEASES UNDER CONCERTED ACTION FOR

DEVELOPMENT IN AFRICA

PD-AAA-524  
ISN-1120

Background

To enhance the effectiveness of development support in Africa, six major donors (France, Great Britain, Canada, Belgium, the Federal Republic of Germany and the United States) recently established the Concerted Action for the Development of Africa (CADA), a mechanism to coordinate donor activity. The United States is presenting an initiative in the health sector for CADA consideration. The project concept was discussed in Paris on November 18 & 19, 1980 by a Technical Working Group, and this paper represents a consensus of that discussion.

The World Health Organization (WHO) has established a goal of Health for All by the Year 2000. In the region of sub-Sahara Africa, live a population exceeding 340 million, including an estimated 30 to 40 million children aged five years or younger. It is estimated that one-third of the twelve million children born each year in this region are now dying before reaching age five. A gradual and continuing long-range assistance program for combatting selected childhood communicable diseases is proposed to be carried out within the context of African primary health care. This program is expected to reduce the under five deaths which are caused mostly by preventable or simply-treated infectious or communicable diseases.

A number of donors' agencies, international organizations, African regional groups, and African governments are already involved with implementing limited regional and national immunization services, applied research, community education and laboratory support in disease control services in Africa but these activities have been relatively small. The proposed long-range

DISCUSSION PAPER FOR THE PROJECT PROPOSAL ON CHILDHOOD  
COMMUNICABLE DISEASES UNDER CONCERTED ACTION FOR  
DEVELOPMENT IN AFRICA

Background

To enhance the effectiveness of development support in Africa, six major donors (France, Great Britain, Canada, Belgium, the Federal Republic of Germany and the United States) recently established the Concerted Action for the Development of Africa (CADA), a mechanism to coordinate donor activity. The United States is presenting an initiative in the health sector for CADA consideration. The project concept was discussed in Paris on November 18 & 19, 1980 by a Technical Working Group, and this paper represents a consensus of that discussion.

The World Health Organization (WHO) has established a goal of Health for All by the Year 2000. In the region of sub-Saharan Africa, live a population exceeding 340 million, including an estimated 30 to 40 million children aged five years or younger. It is estimated that one-third of the twelve million children born each year in this region are now dying before reaching age five. A gradual and continuing long-range assistance program for combatting selected childhood communicable diseases is proposed to be carried out within the context of African primary health care. This program is expected to reduce the under five deaths which are caused mostly by preventable or simply-treated infectious or communicable diseases.

A number of donors' agencies, international organizations, African regional groups, and African governments are already involved with implementing limited regional and national immunization services, applied research, community education and laboratory support in disease control services in Africa but these activities have been relatively small. The proposed long-range

Combatting Childhood Communicable Diseases (CCCD) program would expand and coordinate these activities.

Major Focus

The long-range program would consist of a two pronged thrust: (1) a regional approach to common activities such as training, equipment standardization and some procurement, and standardization of data collection and general methodology, and (2) a bilateral approach to assisting African countries to develop and implement a viable and appropriate immunization, and other disease control activity within a primary health care context. This double approach to strengthen the capabilities of African nations to control selected communicable diseases will improve the health status of infants and small children whose future is now greatly limited.

Diseases designated by WHO under its Expanded Programme on Immunization (EPI) are a focus of the program. These include diphtheria, measles, pertussis, poliomyelitis, neonatal tetanus and tuberculosis. Other foci included are major childhood diseases such as diarrhea and, on a selective basis, malaria suppressants, yaws and possibly yellow fever. The program will be initiated through existing health services or primary health care systems to the extent they exist, or using curative facilities on an interim basis where necessary. Although not part of this program it is noted that a functioning health delivery system and infrastructure is an essential part of a successful long range program to combat childhood communicable diseases and expand primary health care coverage. In recognition of this it was agreed that the CADA members should take every opportunity to encourage the development of health infrastructure that can enhance the abilities of the participating countries to achieve the CCCD objectives.

It is recognized that immunization and diarrheal and other disease control activities can only grow at a rate parallel to the expanding national capabilities in management, staffing and budgetary allocations. The differing natural resource base of African countries calls for different levels of support to be worked out on a country by country basis.

### The First Five Years

#### Regional Aspect

The objectives of the regional aspect of the five-year plan for supporting system development are: 4,200 health personnel trained at upper and mid-management levels and the training of trainers for lower level health workers; the health ministries of African countries or regional institutions conducting new operational research activities in ten to fifteen nations; at least twenty nations using standard data collection and evaluation methodology; health education and promotion materials prototypes developed centrally for local adaptation by at least twenty countries; and oral rehydration salts packaged in Africa sufficient for a population of at least one million being produced and utilized annually.

The USAID has programmed \$35 million for the period 1981-1985 subject to annual appropriation of funds. Major USAID activities are expected in regional and sub-regional training, operational research, disease data collection, and health education activities. The delegation of the United Kingdom (ODA) expressed an interest in cooperating with technical assistance in training and evaluation and perhaps in community education and operations research. The French delegation has agreed in principle to participating in EPI type activities, particularly in countries which have agreements with the French Ministry of Cooperation. The delegation of the Federal Republic of

Germany suggested that German cooperation might include expansion of existing programs and the support of operational research and other technical activities. Other donors may identify areas of regional interest as the program develops, such as the manufacture of oral rehydration salts and applied research.

#### National Aspects

At the individual country level the target of the CCCD program is to increase immunizations and disease control activities incrementally by ten percent each year.

By the end of the five year program beginning in 1981, it is expected that viable immunization and disease control programs building on activities already underway will be expanding in at least fifteen African nations, and that national programs with external assistance will be providing immunization to at least 50% of the target population. This is expected to result in a reduction in morbidity and mortality of diseases preventable by immunization by 40 percent from the pre-immunization level. Access to effective oral rehydration to 30 percent of the population is also established as a target for 1986.

#### The Second Five Years and Beyond

The first five years of the CCCD program are just the beginning of this concerted effort to reduce childhood morbidity and mortality in sub-Saharan Africa. For this goal to be achieved there will be need for undiminished commitment, collaboration and support by African nations, donors and the international agencies,