



AFRICA BUREAU/OFFICE OF SUSTAINABLE DEVELOPMENT (AFR/SD)

U.S. Agency for International Development (USAID)
Population, Health, and Nutrition Briefing Sheet

Regional Profile

Sub-Saharan Africa continues to suffer the world's highest levels of infant and child mortality, fertility, and HIV prevalence. Health care and family planning services have been improving in both quantity and quality, but many of these services, especially in rural areas, are being underwritten by the donor community as African public and private health systems have been built primarily to serve the urban middle and upper class communities. This dichotomy must change, particularly as demands increase with population growth, donor resources shrink, and the burden of the HIV/AIDS pandemic on health systems reduces African capacity to deliver services more broadly.

USAID Strategy

The regional program under the Africa Bureau's Office of Sustainable Development (AFR/SD) is aimed at improving the effectiveness and sustainability of population and health programs in sub-Saharan Africa. AFR/SD's goal is to increase African capacity to manage sustainable development by strengthening African institutions and improving the human resource base. AFR/SD's strategy is to identify, document, and advocate for best policies and practices and to coordinate donor inputs to maximize impact. In collaboration with partners like UNICEF, the World Health Organization's Africa Regional Office (WHO/AFRO), and USAID's Global Bureau, AFR/SD supports a combination of research and analysis, technical assistance, and advocacy to develop more sustainable and effective strategies at the country and regional levels.

Major Program Areas

Health Care Financing and Sector Reform. Efforts to improve health care financing and efficiency of health systems include focused research initiatives, advocacy, and information dissemination. Key areas of concern are equity, resource mobilization, hospital autonomy, decentralization of public health systems, and the promotion of private health care, particularly through public/private partnerships. AFR/SD also works to increase the effectiveness of international assistance to health programs through collaborative relationships with a variety of donors.

Child Survival and Maternal Health. AFR/SD helps improve African policies and programs for immunization, nutrition, malaria control, and integrated management of childhood illnesses (IMCI) through the development of regional strategies, coordination of donor inputs, and mobilization of other partners and country resources. AFR/SD is turning to maternal health care and home management of child health as new areas of program emphasis.

Family Planning. AFR/SD's support to improve family planning policies and programs focuses on service integration, expansion of urban services, and development of methods to more effectively reach adolescents and to increase men's involvement in family planning.

Prevention and Control of HIV/AIDS. AFR/SD's HIV/AIDS strategy is to develop, document, and promote cost-effective strategies to limit the spread of HIV/AIDS and its impact on African society. Support focuses on methods to assess HIV/AIDS trends, intervention costs, and program impact, and integration of HIV/AIDS prevention into maternal-child health and family planning programs.

Capacity Building. Through support to selected regional institutions, AFR/SD strengthens African capacity to advocate for, plan, and implement health and family planning programs with a focus on developing research, monitoring, and evaluation capabilities. An Epidemic Preparedness and Response initiative addresses needs in West Africa in particular, to effectively prepare for and respond to serious epidemics of cholera, meningitis, measles, and yellow fever.

Results

AFR/SD's programs have contributed to the following developments:

- A landmark consensus statement by representatives of 17 nations that cost sharing at local levels should be supported, as long as appropriate protection strategies were also implemented, and an agreement between UNICEF and AFR/SD to collaborate on testing and implementing protection strategies in four West African countries.



Bureau for Africa

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- *Marked improvements in vaccine coverage.* Fourteen of eighteen countries supported by a grant to UNICEF demonstrated significant increases in vaccine coverage between 1993 and 1997. Eleven of the countries are now providing financing for vaccines—from a baseline of no countries in 1992. A grant to WHO/AFRO focusing on sustainability and improved planning and donor coordination has also contributed to this result. A special initiative to eradicate polio has also resulted in a vast increase in the number of countries conducting National Immunization Days and achieving greater than 80 percent coverage, a significant reduction of reported cases of polio, and strengthening of the surveillance and laboratory network. In 1997, about 100 million children under five years of age were immunized with two supplemental doses of oral polio virus.
- *Malaria control programs significantly strengthened.* As a result of AFR/SD's collaboration with WHO/AFRO and other donors, by 1997 the majority of countries in sub-Saharan Africa (38) had developed or revised malaria control strategies and plans of action, significant new resources were mobilized for national programs, and standards for monitoring and evaluating malaria control programs were established. AFR/SD has also supported significant new research findings to inform future directions for malaria control.
- *Institution strengthening and capacity-building.* AFR/SD support has helped develop and improve a Masters Program in Health Economics and Management and a short course on community nutrition. AFR/SD continues to support intensive capacity building of country-level malaria and immunization program managers from 40 countries, regional IMCI training in West Africa, and the development and dissemination of key tools to promote advocacy skills among health professionals and policy makers working to improve nutrition, HIV/AIDS prevention, and other family planning and health interventions.

tion of \$585,000 has been far surpassed by over \$3,000,000 of monetary support from partner contributors, including USAID missions and offices in Zimbabwe, Zambia, Senegal, and Kenya, various USAID cooperating agencies, and donor agencies from Germany and the Netherlands. Equally significant are staff and infrastructure contributions by the municipalities themselves.

Donor Coordination and Advocacy. AFR/SD has effectively coordinated donor inputs to conduct joint planning of regional malaria activities with WHO/AFRO and the Department for International Development (U.K.); develop a major new USAID-funded immunization program in the Democratic Republic of Congo in partnership with WHO/AFRO and UNICEF; and develop a more comprehensive approach to HIV/AIDS prevention and control in Africa in cooperation with UNAIDS, WHO, the European Union, UNICEF, and the World Bank; and African networks, nongovernmental organizations, universities, and national AIDS control programs. One of AFR/SD's greatest advocacy successes is the adoption of a new approach on IMCI by WHO/Geneva. For the past four years, AFR/SD and USAID's Global Bureau advocated broadening the approach of IMCI from only a training focus to one that includes systems strengthening and a community component. In 1997, WHO headquarters officially determined that IMCI includes both these components. With AFR/SD support, UNICEF is now taking the lead in defining and field-testing the community component and WHO/AFRO has agreed to carry out systems strengthening assessments.

Continuing Challenges

While Africans are taking more of a leadership role in efforts to lower mortality and fertility, countries throughout sub-Saharan Africa still face enormous difficulties. In recent years, considerable attention has been given to the serious threat posed by new, emerging, and reemerging diseases, such as HIV/AIDS, Ebola virus, and pathogens that cause cholera, dysentery, meningitis, measles, and yellow fever. Rapid population growth continues to seriously impede development efforts throughout Africa. With the continued commitment of Africans and international donors to implement effective programs, there is reason to expect that a demographic transition, (i.e., a shift from high to lower birth and death rates), will spread from East and southern Africa to the rest of the continent early in the next century. USAID and the AFR Regional Program will intensify collaborative and cost-sharing efforts with other leading donors so that the momentum on this vital front continues.

Success Stories

Leveraging Resources for Key Intervention Areas. AFR/SD and REDSO/ESA-funded case studies on the delivery of family planning in African cities have not only led to innovative efforts to improve services in Zimbabwe, Zambia, Kenya, and Senegal but have also leveraged additional support from a variety of sources to implement findings and establish a new regional initiative focusing on dual protection and outreach to youth. The original AFR/SD contribu-



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