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AID HEALTH STRATEGY

Sector Council  
for  
Health

U.S. Agency for International Development  
Washington, D.C.

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UNITED STATES INTERNATIONAL DEVELOPMENT COOPERATION AGENCY  
AGENCY FOR INTERNATIONAL DEVELOPMENT  
WASHINGTON, D C 20523

THE ADMINISTRATOR

MAY 9 1983

MEMORANDUM FOR THE EXECUTIVE STAFF, AID/W AND OVERSEAS

SUBJECT: HEALTH SECTOR STRATEGY

The attached Health Sector Strategy paper is now an approved Agency document. It provides guidelines for the development of Bureau and country assistance programs and reflects the many useful comments on earlier drafts provided by the Health Sector Council and many Missions.

The strategy paper takes full account of the wide variation of country needs and assistance opportunities. Whatever the stage of program development in specific countries, this strategy indicates that A.I.D. can provide some useful forms of assistance that will advance the implementation of the Agency's health policy. Health continues to be a high priority sector for A.I.D.'s development assistance efforts. All Bureaus and Missions should ensure that their health programs are fully consistent with the guidance in the strategy paper.



M. Peter McPherson

Attachment:  
Health Sector Strategy

## A.I.D. HEALTH SECTOR STRATEGY

### INTRODUCTION

A.I.D.'s Health Sector Policy Paper (December 1982) describes the rationale for health sector assistance within the overall development program and provides future policy directions. This document sets forth strategic guidelines for Agency health programming to implement the current policy. It is based on an analysis of developing country morbidity and mortality data, builds on technologic progress to date, and addresses continuing constraints to health improvement, particularly related to appropriate technology development and transfer, host country policies, the role of the private sector, and the development of institutional capability.

The goal of A.I.D. in the health sector is to strengthen developing countries' capacity to remove the health barriers to achieving human and economic development. Towards that end, A.I.D. will assist developing countries to:

Reduce mortality among infants and children under 5 years of age.

This group is highly vulnerable to disease and accounts for more than one-half of all deaths in developing countries, with close to half of these deaths occurring in infants under one.

Reduce disease and disability in infants and children, women of reproductive age and other members of the labor force.

These combined efforts will enhance worker productivity and overall economic development. Given resource limitations in developing countries, the primary health care approach offers the most cost-effective way to decrease infant and child mortality and maintain a healthy labor force, in the short run. In the long run, health status will also benefit from improvements in income, education and the environment. Primary health care emphasizes increased access to basic and affordable health related services, community participation, reliance on paraprofessional workers, adequate referral and support facilities and systems, and inter-sectoral coordination, as opposed to hospital services dependent on high technology and specialized manpower and available to only a small proportion of the population.

A.I.D.'s health strategy emphasizes collaboration with developing countries to improve primary health care services through:

Priority focus on a basic package of proven, cost-effective technologies delivered in primary health care programs. The agency encourages immunizations, oral rehydration therapy, family planning and nutrition monitoring as the most immediately available, effective means to reduce infant and child deaths. Transfer of cost-effective technologies to control major communicable diseases, particularly malaria, is also a

strategic priority to enhance labor productivity. In many settings, water supply and sanitation may promote both health and productivity.

Increased research on methods to identify, prevent and treat significant diseases which affect children and adults in the labor force and on the most cost-effective ways to deliver essential health services to the above target groups.

Development of countries' human resource and institutional capability to plan, staff and manage the delivery of at least the basic package of health services to the vast majority of their populations. This includes increased attention to policy reform, alternative financing methods, and participation of the private sector.

These three inter-related strategy elements emphasize expanded delivery of selected primary health care services, development and testing of new technologies, and increased host country self-sufficiency.

A.I.D. will assist countries in identifying and developing mechanisms to utilize technical resources available in their own or neighboring countries, wherever possible, and particularly in the private sector. U.S. resources will be tapped where necessary for expertise not available indigenously. A.I.D. will facilitate the transfer of resources directly available from A.I.D. as well as from a variety of sources in other U.S. government and private organizations.

### Programming Guidelines

#### Strategy for Improved and Expanded Use of Available Technologies.

A.I.D. will assist countries to improve and expand the coverage of primary health care services through the transfer and further development of selected, cost-effective technologies, in direct response to country health needs and resource constraints.

The appropriate mix of primary health care services will be determined by assessing the following in each country, using available data whenever possible:

- epidemiology: i.e., causation, nature, magnitude and severity of health problems affecting (1) infant and child mortality and (2) labor productivity;
- technology: i.e., availability of appropriate diagnostic, prevention and treatment technologies to address these health problems;
- economics: i.e., investment and recurrent cost requirements of the services; macroeconomic constraints, ability and willingness to finance, user-financing mechanisms; and
- political, managerial, social, infrastructure and administrative feasibility of proposed interventions.

A.I.D. will promote the use of technologies, described below, which have demonstrated capability and high potential to reduce mortality of infants and children and to prevent and reduce morbidity among the adult population. While these interventions may receive different emphases according to each country's specific needs, their effectiveness and general applicability to developing country conditions have been demonstrated. As other technologies are improved and developed, they will, of course, be considered for emphasis as well.

Where host countries require external technical assistance in identifying and adapting technologies for their programs, they can draw on a variety of U.S. sources of expertise, including public and private research and service organizations, pharmaceutical and other health care corporations and universities.

To assist countries to prevent and control diseases and debilitating conditions of infancy and childhood, A.I.D. strategy will emphasize:

- systematic immunization of infants and young children against diphtheria, whooping cough, tetanus, measles, poliomyelitis and tuberculosis, as well as immunization of pregnant women to prevent neonatal tetanus. A.I.D. assistance will focus on design and management of appropriate immunization services within the primary health care context, including establishment of a cold chain network, vaccine quality

control, and information and tracking systems to identify target populations and maximize completion rates of injection series;

- use of oral rehydration therapy (ORT), a simple solution of water, sugar, and appropriate salts which replaces the water and electrolytes lost during diarrhea. In terms of cost, coverage and effectiveness, it is recognized as the best available technology to manage diarrheal disease and reduce infant mortality. Promotion of ORT will be encouraged in health facilities, including hospitals, as well as at the community level. In countries that still rely on intravenous therapy, A.I.D. will consider funding for education and promotional activities. Where ORT is accepted, the program will focus on curriculum development, mass media and other educational activities to improve home management of diarrhea and dehydration, appropriate infant feeding, and development of indigenous private sector production and supply capability.

Where close birth spacing, high parity or unwanted pregnancies contribute significantly to poor maternal and child health, A.I.D. will promote family planning information and services. The health impact of these services will likely be greatest among families with fecund women who (a) are under 20 or over 35 years of age; (b) have three or more children; or (c) do not currently desire additional children. Pre- and post-natal services and attended deliveries will also be encouraged for high-risk mothers. Family planning is also

critical to overall development objectives in improving female productivity and balanced economic growth. (See also: Population Strategy)

To combat the effect of under-nutrition, combined with repeated infections, on high mortality and chronic illnesses in infants and children, A.I.D. will integrate basic nutrition interventions into health service programs. The emphasis will be on growth monitoring of at-risk pregnant women and children under five, promotion of breastfeeding, coordination with the PL 480 program, and education of mothers on the importance of appropriate and timely introduction of supplemental foods, using locally available products. (See also: Nutrition Strategy)

Where malaria constitutes a major public health problem, A.I.D. will assist countries in the planning and management of a locally appropriate mix of control methods including vector control, chemotherapy and chemoprophylaxis and integration of malaria control activities with other primary health care services.

To assist countries to prevent and control infectious diseases (e.g., river blindness and intestinal parasites), A.I.D. will emphasize the delivery of appropriate, cost-effective interventions based on the country specific assessment described earlier. The number and nature of these interventions will be limited in less developed programs but may expand as programs mature and country resources permit.

A.I.D. will encourage preventive and promotive health education activities as integral components of all disease control interventions. U.S. expertise in mass media and other communications technology can be drawn upon.

Inadequate or poor quality water and hazardous sanitation conditions may be identified as major sources of disease. Where investments in establishing water and sanitation systems are deemed cost effective, assistance can be considered, in accordance with criteria and guidelines outlined in the Domestic Water and Sanitation Policy Paper.

#### Strategy for Development of New and Improved Technologies

The Agency will increase its biomedical research assistance to develop and adapt technologies appropriate for developing countries. Emphasis will be on new and improved drugs and vaccines, better techniques for control of disease vectors, improved epidemiologic and impact assessments, simple and effective diagnostic methods. A.I.D. will also promote improved mechanisms for cost-effective service delivery through assistance in operations research.

The Agency will continue its support for current research which utilizes the latest biomedical technologies in the development and improvement of diagnostics, drugs and vaccines which are directly applicable to disease problems of the developing world. For example, the Agency will continue and expand its pioneering efforts to develop a vaccine against human malaria

and develop new drugs against schistosomiasis, malaria, and trypanosomiasis. At the same time, A.I.D. will encourage initiation or expansion of appropriate biomedical research activities in the developing countries.

A.I.D. is now developing specific guidelines for future research. The initial setting of research priorities was completed in early CY 1983, and an implementation plan will be developed. The Agency will periodically review and, as necessary, revise its health sector research portfolio.

Research proposals from USAIDs and developing country institutions on selected priority topics will be encouraged and technical assistance will be made available, where appropriate, to assist in the design of potential studies. Bilaterally funded, developing country based research will be preferred over centrally-funded research where institutional capability will be strengthened as a result. Towards that end, USAIDs and A.I.D./W will identify potential indigenous research capability at both a local and regional level through an assessment of existing research institutions and the level and quality of manpower and technology available. Collaborative efforts between host country and U.S. research institutions will be encouraged.

Centrally-financed projects will concentrate on research requiring high technology equipment and specialized manpower and on research with major worldwide implications.

### Strategy for Strengthening Human Resource and Institutional Capability

A.I.D. will assist host countries to effectively deliver existing and improved health care technology through policy reform, manpower development support, management improvement, institutional development and promotion of private sector participation in financing and service delivery.

Host country commitment to the principles of primary health care is a prerequisite to A.I.D.'s productive involvement in the health sector. In dealing with host country political leaders and decisionmakers, A.I.D. will emphasize the important relationship of health to social and economic development in the context of each country's specific situation. Where government policies concentrate investment and operating funds in health on sophisticated clinic and hospital-based facilities, predominantly in urban areas, A.I.D. will engage in policy dialogue with officials to encourage reallocation of public resources within the health sector, or among government supported sectors, to support primary health care services. Where government policies fail to encourage, or inhibit, private sector providers, A.I.D. will assist in identifying the contributory role of those providers, and remove unnecessary constraints to their performance (e.g., by reviewing policies and legislation concerning licensing of health personnel, import and sale of commodities, and financ-

ing of health services and by providing appropriate technical assistance). Where the private sector can provide an alternative to the public sector in program design service delivery, supply and distribution of medicines and supplies, maintenance of equipment and facilities and training, A.I.D. will promote private sector participation in health programs. Community-based efforts to organize and support primary health care services will be encouraged.

Where inadequate numbers of appropriately trained manpower exist, emphasis will be on training mid-level and community-level health workers and on upgrading the skills of traditional health providers, particularly midwives, to deliver key preventive and curative services. Equal emphasis will be given to training in management and planning skills at all levels of the health system.

Manpower development technology available to A.I.D. can address manpower needs and available resources, technical and managerial knowledge and skills required by each type of health worker to deliver key services, logistical and supervisory support systems needed to maintain performance, and design and implementation of competency-based training programs.

Transfer of this technology can involve short-term technical assistance in planning, problem solving and dissemination and adaptation of materials. A.I.D. will emphasize short and long term participant training in host

and neighboring countries that is particularly appropriate to the needs of the different geographic regions. Training in the U.S. and other developed countries will be limited to top level planners and managers and to highly specialized researchers and service providers whose new skills can be applied to developing indigenous capability in their fields and whose training needs cannot be met at home. A.I.D. will assist countries to assess the adequacy of existing public and private institutions to provide technical and managerial training, and to strengthen or develop institutions through long-term U.S. institutional relationships. A.I.D. will support development of regional institutions where feasible and more efficient than on a national basis.

The development of management capability for designing and implementing primary health care programs is essential to assure that appropriate manpower and other resources are available when and where they are needed to deliver the basic package of services, at a minimum. Program design should set clear, prioritized objectives and establish a logical, phased sequence for primary health care system development and delivery of technologies, in terms of scope and population coverage and in the context of each country's resources and infrastructure development. Where management improvements are needed at the various levels of health care delivery in order to adequately support services, particularly at the peripheral levels, A.I.D. assistance will focus on

strengthening overall primary health care delivery system designs and also include attention to specific management components. Health care projects will not be approved for A.I.D. funding unless management needs have been adequately assessed and actions identified to resolve deficiencies.

A.I.D. assistance will emphasize the transfer of knowledge and techniques which are pragmatic, results-oriented, data-based and which stress informed decision-making. A number of key elements in the existing technology of health care management can be applied productively to overcome problems common to primary health care systems. A.I.D. will focus on planning and project design, financial management, supervision, logistic support, and information and evaluation systems. Host country and U.S. private sector management firms should be considered for selected technical assistance to these areas.

A.I.D. strategy to promote self-sustaining programs will emphasize rigorous analysis of recurrent cost requirements, innovative financing mechanisms, and creative private sector involvement.

The objective is a mix of host country public and private resources which, as part of an integrated system, delivers services most cost-effectively. This may involve government subsidy for certain services in the public good (e.g., immunizations), as well as for key services (e.g., oral rehydration, family planning,

nutrition monitoring) which the poorer members of the population could not otherwise afford. Generally, however, personal health services will be financed by the consumer.

A.I.D. will apply more vigorous criteria for assessing the long-term viability of each project as it is discussed, designed, implemented and evaluated. New projects should reflect careful consideration of recurrent costs (including costs to consumers) and include steps to be taken to resolve identified cost and financing problems prior to project approval. Support for construction of training and other carefully selected health facilities, salaries and commodities will be provided only after adequate demonstrated evidence of host country ability and commitment to assume an increasing portion of these costs over a fixed period of time.

A.I.D.'s strategic approach encourages studies and project designs undertaken by developing country researchers and decision-makers, assisted by U.S. applied research expertise, as appropriate, in the following two areas: (1) alternative consumer financing schemes (i.e., ability/willingness of communities to pay; fee-for-service; sale of drugs, water, other health supplies; public/private cost sharing; mobilization of in-kind resources; pre-payment schemes such as health maintenance organizations, insurance, social security), and (2) private sector involvement (i.e., production, distribution or sale of drugs and other health supplies; public/private collaboration in

health planning at national and peripheral levels; integration of private sector providers into public/private system, such as traditional birth attendants, traditional healers, occupational health center clinicians, and modern private practitioners).

review, monitoring and evaluation of other sector activities which have a potential health impact, such as irrigated agriculture and man-made water impoundments.

### Donor and Inter-sectoral Coordination

Strategies to improve donor coordination will include promotion of regular technical and programmatic information exchange among donors and host countries. A.I.D. will coordinate activities with WHO, both centrally and regionally, in areas such as health planning, utilization reviews, information systems development and evaluation. A.I.D. will also assist countries requesting our aid in identifying other appropriate donor resources for assistance, particularly in those areas which A.I.D. is less able to support, such as the World Bank and regional development banks for construction and UNICEF and certain non-governmental organizations (NGOs) for commodity support.

A.I.D. will also promote integrated development planning and coordination among sectors through regular information exchange among donors and host country ministries in health and the other development sectors. Within A.I.D., regular meetings and exchange of policy, strategy and program information will be encouraged between the Health and other Sector Councils and technical offices. Health staff and consultants will participate more actively in the design,