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SUMMARY

U. S. Agency for International Development Health Sector Policy
(Approved by the Administrator, March 1980)

Introduction

U. S. assistance to improve health in developing countries is an important concomitant of our commitment to help meet basic needs throughout the world. Our basic needs policy acknowledges each individual's right to a minimum standard of living, and recognizes that poverty, social inequity, ill health, and ignorance jeopardize the political and social stability of nations. A.I.D. is the principal U. S. government agency providing health assistance to developing countries. A.I.D.'s health policy reflects commitments made at the 1978 World Health Assembly, the 1978 UN-sponsored Conference on Primary Health Care at Alma Ata, USSR, and the 1976 UN Water Conference in Mar del Plata, Argentina. A.I.D. accords highest priority to programs designed to provide basic primary health care to those most affected by ill-health: children under five and women in their childbearing years, especially in rural areas.

Current Health Situation in Developing Countries

Hundreds of millions of people in the world today suffer from poor health. On average, life expectancy at birth in developing countries is 51 years, and in some countries falls as low as 37 years. Roughly half of all deaths are among children under five years of age. The principal causes of infant and early childhood mortality are common diarrhea and respiratory illness, malnutrition, and infectious diseases such as measles, tetanus and polio. It is clear that numerous, closely-spaced births are significant health hazards for children as well as their mothers.

Parasitic and other tropical diseases - notably malaria, schistosomiasis (snail fever) and onchocerciasis (river blindness) are also major causes of death and disability in the developing world. Malaria is prevalent on every continent, though 80 percent of the approximately 150 million people currently infected live on the African continent. Furthermore, despite campaigns in the 1960s to eliminate the

disease in Asia and Latin America, malaria has had a resurgence in those regions in recent years. Between 250 and 350 million people are believed infected with schistosomiasis, and somewhere between 800 million to 2 billion people are considered at risk of infection. Onchocerciasis afflicts some 30 million people worldwide, though principally in Africa.

A.I.D.'s Focus and Rationale

Programs that improve health are investments in the human capital of developing countries. Health status affects not only the individual's productivity but also the overall quality of life. A.I.D.'s health policy is premised on the belief that promoting a fair distribution of basic health services among all ethnic and socio-economic groups is a vital element of its overall commitment to efforts to promote growth with equity.

Poor health in developing countries has many causes: inadequate and erratic harvests and poor marketing and storage facilities that contribute to malnutrition; environments infested with disease vectors; polluted water and poor sanitary conditions that facilitate the transmission of disease; high fertility that may weaken both mothers and their children; ignorance of the causes of poor health and the means to improve health; inadequate and inequitable distribution of health services; and poverty that leaves people unable to purchase whatever health-related goods and services that are available.

A.I.D.'s strategy for improving the health of the poor majority in poor countries stresses four key components of an effective health sector: broad, community-oriented networks to provide low-cost primary health care services including maternal and child health, nutrition, and family planning; improved water and sanitation; selected disease control; and health planning. While all low components are an integral part of A.I.D.'s primary health care strategy, the agency accords highest priority to the first, namely: low-cost primary health care services, including maternal and child health nutrition and family planning.

1. Primary Health Care

Primary health care is the most comprehensive, cost-effective approach to improving health conditions in developing countries, and improving primary health care services will continue to be A.I.D.'s first health sector priority. The program "mix" may vary given the context, but in general A.I.D. favors locally sustainable health care programs that include the following elements:

- prenatal, obstetrical, and post-partum care;
- family planning information and services;
- immunizations for childhood and certain other diseases;
- basic medicines (oral rehydration, eye ointments, etc.);
- first aid
- health education on nutrition, oral rehydration and hygiene/sanitation and such harmful practices as female genital mutilation;
- collection, analysis, and use of baseline and service data for program planning and evaluation.

A.I.D. supports the use of community level outreach workers (including trained traditional practitioners), backed by a cadre of more thoroughly trained nurses, physicians and specialists. Multi-purpose workers are generally preferred for the comprehensive treatment they can offer, though the use of specialized workers (in immunization and family planning, for example) may be warranted in certain circumstances.

A.I.D. will generally finance:

- training
- health education materials
- planning and evaluation
- key commodities
- administrative and logistics support
- research

With regard to financing primary health care, A.I.D. will usually use foreign exchange to finance inputs needed to meet some of the initial investment costs of health projects, and will expect most governments to provide local currency for the remaining investment costs and for the project's recurring costs. In circumstances when resources are unusually scarce, A.I.D. may finance some recurrent costs, but there must be explicit plans for gradual withdrawal of A.I.D. financing in favor of local funding.

Water and Sanitation

Water related diseases are a major source of morbidity and mortality in developing countries, where about three-quarters of the population lack access to safe water and adequate means of human waste disposal.

A.I.D. supports water and sanitation programs under the following conditions;

- technology that is cost effective, geared to local circumstances, and can be maintained primarily by the local community;
- trained manpower at all levels;
- adequate administrative, fiscal and management capacity at the national level;
- sufficient support by national authorities;
- standardization of designs and equipment and collaboration among donors to avoid proliferation of diverse equipment standards and designs;
- application of the WHO Drinking Water Standards as a goal for water quality;
- genuine community participation in all aspects of programs through health education and community committees.

A.I.D. will consider for financing:

- support for system construction or rehabilitation
- education in hygiene and public health
- training
- institutional development and technical assistance
- support for local manufacture of hardware.

Recurrent costs are a major concern, and financing systems should promote self-reliance over the long term.

Disease Control

The magnitude of communicable disease problems in developing countries far exceeds the means of individual LDCs or donor agencies to deal with them. A.I.D. favors the inclusion of basic immunizations in primary health care programs and acknowledges the need for special and separate control programs where safe, practical, cost-effective technologies exist. Non-health sector activities should be designed to discourage the transmission of diseases.

Malaria: A.I.D. will continue its long-standing support for malaria research and control programs. A.I.D. will finance training, commodities, applied field research, and health education.

Schistosomiasis: A.I.D. will pursue research and development activities to determine the most cost-effective means of controlling schistosomiasis. Support may include technical assistance in the design of schistosomiasis control programs, environmental modifications, health and sanitary education, training, commodities, and support for multi-donor activities in schistosomiasis research and control.

Onchocerciasis: The Agency will fund research and development projects to determine cost-effective onchocerciasis control methods, and under special conditions experimental control programs.

Health Planning

The purpose of health planning is to allocate available resources efficiently and equitably so as to improve the health of the population to the maximum extent possible. A.I.D. encourages analysis of the multisectoral causes of poor health and supports efforts to institutionalize health planning in health ministries, planning commissions or wherever appropriate.

A.I.D. support for health planning may include:

- training
- technical assistance
- special studies to identify program interventions in the areas of health, education, nutrition, etc., that offer the greatest potential for improving health conditions.

Health as Part of Integrated Development

A.I.D. strongly supports program planning and project design that take into account the linkages and interdependence of health status with conditions in other development sectors, especially nutrition, population, education, and agriculture. For example, the Agency endorses the inclusion of nutrition interventions (promotion of breast feeding, nutrition planning, surveillance, and rehabilitation, garden projects, etc.) as part of primary health care programs. Given the links between population growth, health status, and development, A.I.D. strongly endorses not only the provision of family planning information and services, as part of a basic health strategy, but support for policies and programs that promote desire for smaller families, more equitable income distribution, and improvements in women's education and employment opportunities. Consideration is also given to the interaction between agricultural development and health.