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A FAMILY HEALTH REPORT

AFRICA HEALTH STRATEGY STATEMENT

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AFRICA HEALTH STRATEGY STATEMENT
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I. INTRODUCTION

A. Purpose of the Strategy Statement

The purpose of the strategy statement is to provide guidance to Africa Bureau personnel in Washington, in field missions and in regional offices for the design of country-specific and regional and sub-regional assistance strategies and programs in support of health development in Africa. It is also intended to inform other organizations both in the U.S. and abroad of the Bureau's program-~~matic~~ priorities, in an effort to promote better coordination of assistance in health and related areas.

B. Scope of the Strategy Statement

The strategy statement falls within the framework of AID's "Health Sector Policy Paper" (March 1980) which reflects the U.S. commitment to health assistance as a signatory of the Alma Ata Declaration. It is consistent with the 1975 Congressional mandate to concentrate development assistance on countries prepared to make effective use of that assistance, especially those in greatest need.

See also the work to be done

The strategy constitutes the basic framework for assistance in the subsectors of nutrition and water and sanitation for which separate Bureau statements are being prepared. It also provides the context for coordination with non-health sector programs which have significant influence on health. It supports the priority accorded by the Bureau to food and agricultural development assistance programs through its emphasis on improving the productive capacity of the labor force.

The statement is consistent with the Administrator's Statement on AID's Health Programs (May 25, 1982) and the Information Memorandum for the Administrator on "Africa Bureau Development Assistance Program Priorities and Common Themes" (August 4, 1982).

II. CURRENT SITUATION

A. Overview

Sub-Saharan Africa is the largest of AID's geographic regions with assistance programs in 30 of the 47 countries, having a total population of 350 million. In contrast to progress in socio-economic development evident in the other regions, the problems associated with improving the quality of life in Africa continue to elude solution, and indeed, since the 1970s, show signs of further deterioration. The urgency and magnitude of these problems are increasingly a topic of worldwide debate, most recently evidenced in a major report prepared by the World Bank in the context of the Lagos Plan of Action.*

The data chart and the bar graph presented on the following pages illustrate the dramatic differences in health status between Sub-Saharan Africa and the rest of the world. The Africa Region has the lowest life expectancy (48 years as compared with 54 years in South Asia and 61 years in Latin America). The infant and early childhood mortality rates are 111 per 1,000 live births in contrast to 74 in Latin America and 12 in Europe and North America. The rate of population growth (2.5-3.4 percent) exceeds that of the other regions as well. Morbidity from major communicable diseases affects those who survive early childhood and has a significant negative impact on the productivity of the work force. Yet Africa also suffers from the greatest shortages and maldistribution of physical

*Accelerated Development in Sub-Saharan Africa: An Agenda for Action. The World Bank. Washington, D.C., 1981.

BASIC DATA CHART

Table 1

AREA	INFANT MORTALITY RATE PER 1,000 LIVE BIRTHS	LIFE EXPECTANCY AT BIRTH (YRS)	POP. WITH ACCESS TO SAFE WATER	POP. WITH ACCESS TO WASTE DISPOSAL	POP. GROWTH RATE	ADULT LITERACY	PER CAPITA GNP (1980) IN U.S. DOLLARS
LATIN AMERICA & CARIBBEAN	74	61	53	48	2.7	62	974
ASIA	106	54	26	22	2.3	53	340
NEAR EAST	89	60	69	51	2.5	53	1,704
AFRICA	<u>111</u>	<u>48</u>	<u>27</u> %	<u>30</u> %	<u>3.0</u>	<u>31</u> %	476
CENTRAL & WEST	143	47	20	32	2.0	19	442
SAHEL	155	44	19	7	2.5	13	260
EAST AFRICA	111	53	35	53	3.4	49	636
SOUTH AFRICA	132	50	35	27	3.1	43	567
U.S.A	12	74	98	96	0.7	99 %	11,360

Data Source:

AID. FY 1983. Congressional Presentation Economic and Social Data Statistics for AID Recipient Countries. Washington, DC. April 1982.

AID. INDICATORS of Nutrition in A.I.D.-Assisted Countries. Statistical Profile Series. Washington, DC. April 1982.

Hansen, Roger et al. U.S. Foreign Policy and the Third World. Agenda 1982. Overseas Development Council; New York 1982.

Population Reference Bureau. 1982 World Population Data Sheet. Washington, DC. April 1982.

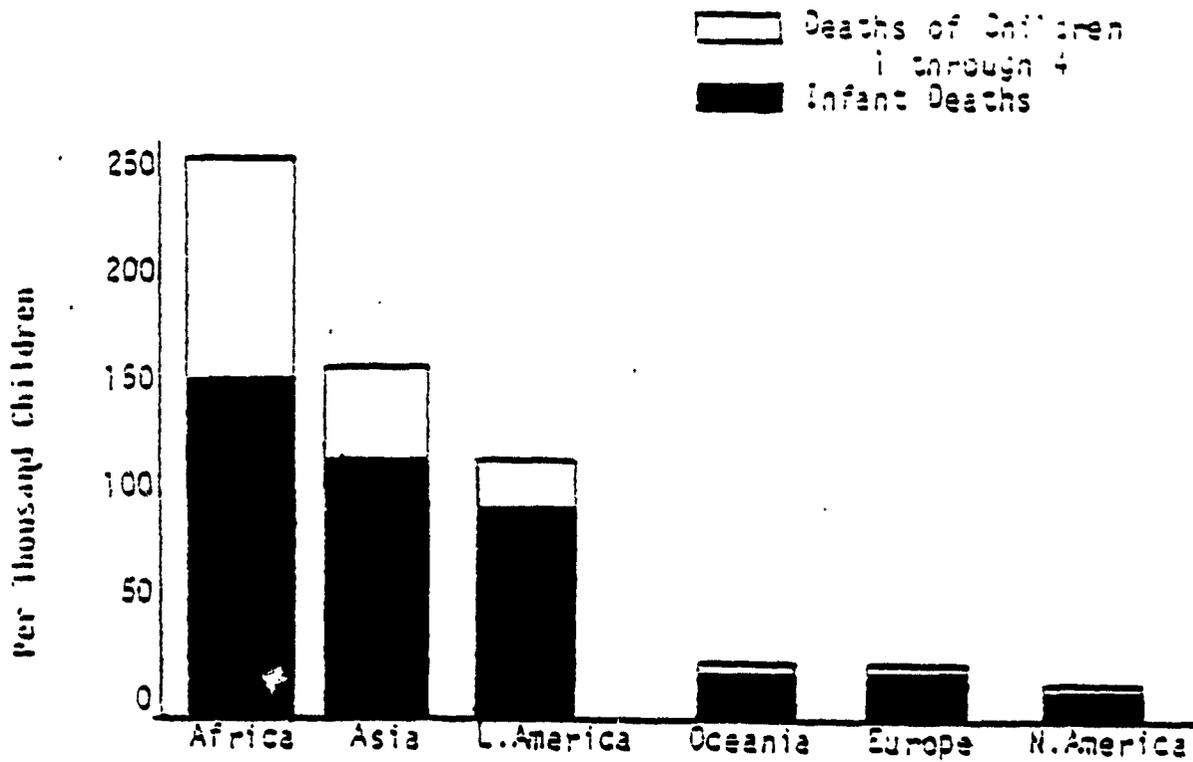
World Bank. World Development Report, 1981. Washington, DC. August 1981.

U.S. Census, 1970.

DRAFT

Figure 1

PROBABILITY OF DYING BEFORE THE AGE OF 5 YEARS
IN MAJOR REGIONS*



*Figure adapted from Selected Primary Health Care Interventions, World Health Organization Discussion Paper, JD/EPI/80/1.

infrastructure and health personnel. These problems have been exacerbated in recent years by declining rates of economic growth, lower per capita incomes and alarming declines in per capita food production.

B. Efforts to Achieve Improved Health Status

Since the 1960s, the countries of Africa and public and private development assistance organizations, including AID, have made significant efforts to improve health status by expanding the availability and accessibility of key health resources and those of other sectors that have a positive influence on health.

Among the achievements to be noted are the following:

- o Virtually every AID-assisted country in Sub-Saharan Africa has embraced the goal of the Alma Ata Declaration, "health for all by the year 2000". Each is proceeding to use a set of strategies to develop a primary health care system that promotes better access to basic services by a larger proportion of the population.
- o Similarly, most countries are developing programs to improve their water supply and sanitation facilities pursuant to commitments made to the UN International Drinking Water Supply and Sanitation Decade 1980-1989.
- o To attack the persistent problems of measles, tuberculosis, tetanus, typhoid, whooping cough and poliomyelitis, many African countries have embarked on expanded programs of immunization.
- o Seven countries in Africa now have official population policies, and at least 19 governments are committed to the provision of family planning services.
- o National, regional and sub-regional training programs have been established to prepare health personnel in all areas and at all levels. While institutions previously emphasized the delivery of curative clinical services, most programs are now focusing on prevention of the most prevalent problems of community health.
- o As the needs of health development become more complex, especially in the face of increasingly limited resources, many governments have recognized the critical importance of improved planning for health and better management of existing health resources. This has led to the creation of health planning units, health development councils and similar structures as well as to increased pre- and in-service training opportunities in health planning and management.

- o Research on the development of a malaria vaccine is well advanced, and new knowledge for the prevention and control of schistosomiasis and onchocerciasis has been generated.

C. Persistent Constraints to Health Development in Africa

Despite efforts to improve the health status of the African population, persistent, seemingly intractable constraints, continue to impede progress toward better health for all. In addition to having a negative influence on the countries' capacity to address the critical health problems, these constraints impinge on the effectiveness of AID and other external assistance targeted on health. The key constraints may be summarized as follows:

- o Although many African countries have taken steps to develop primary health care systems, basic services utilizing technologies whose effectiveness in reducing mortality has been well demonstrated remain inaccessible to large proportions of the population. For example, in Sub-Saharan Africa, it is estimated that only 10 percent of children under five are fully immunized against the major infectious diseases. Where services have been more accessible to limited population groups served by experimental or regional projects, positive impact on health has been difficult to realize. Key primary health care interventions have not been well designed and implemented, as most programs have attempted to achieve too many results in too short a span of time. The application and use of these technologies have not been adequately supported by appropriate training programs or well planned health education interventions. Reluctance to adopt a more gradual approach to expansion has stemmed from political and social pressures to provide accessible, effective services. In addition, programs have been designed which are dependent on a significant influx of continuously available resources, and plans for expansion have been made without adequate consideration of limited human, financial and institutional resources. Prevention and control of diseases such as malaria, schistosomiasis and onchocerciasis have been hampered by development efforts in other sectors, e.g., river basin development, irrigation schemes and water impoundments. Indeed, health problems have been created where none existed previously.
- o Health development programs in Africa continue to suffer from inadequate planning for health and poor management of available resources. Accurate epidemiologic and health services data for planning are rarely available; thus it is difficult to promote health as a sound investment for overall development and as an activity to be coordinated with other sectors such as agriculture and education. Where planning mechanisms are in place, the traditional approach has been to use international

In light of this situation, improving the health status of the African population presents special challenges to AID's development assistance program. Despite Africa's poor health profile in relation to other regions, progress in health development has been made, and it is imperative that this progress continue. The human resources of Africa are potentially its most valuable asset. To realize that potential, however, Africa needs to raise a generation of children who are not disabled by disease and malnutrition and to maintain a work force capable of full productivity.

While recognizing Sub-Saharan Africa's diversity - historically, politically, culturally, geographically - and the need for each country to define its own program of action, the Africa Bureau has prepared this strategy statement to guide the allocation of its increasingly limited resources to areas with the greatest potential for impact. The Bureau understands that it cannot address all of the constraints described above. Rather the basic approach is one of providing resources to African nations in a way which encourages and enables them to solve their own health problems. Experience has shown that developing such capacity cannot be achieved in a short-term. The Bureau's intent is to build on achievements to date and to maximize the development and utilization of indigenous human and material resources in order to attain lasting self-sufficiency.

III. HEALTH SECTOR STRATEGY

A. Goal of Health Sector Assistance in Africa

The goal of the health sector in Africa reflects that of the Agency as a whole, that is, the Africa Bureau will seek to assist countries to remove the health barriers to achieving socio-economic development.

B. Objectives of the Africa Bureau Program

1. Health Status Targets

The Africa Bureau has defined specific targets for the improvement of health status in Africa which will guide the thrust of its programmatic interventions. These targets are as follows:

In context of other documents

- To reduce infant and childhood mortality (0-5 years) by 50 percent;
- To reduce maternal mortality by 30 percent;
- To increase life expectancy at the age of five by five years;
- To obtain a minimum birth weight of 2500 grams among 90 percent of the live births;
- To obtain birth intervals of at least 24 months;
- To reduce absenteeism and loss of productivity;
- To decrease the incidence and prevalence of water and sanitation-related diseases by 50 percent;
- To make safe and adequate quantities of water accessible to 50 percent of the population;
- To reduce the prevalence of immunizable childhood diseases by 80 percent;

*Need to
focus*

- To reduce the case fatality rate from malaria by 50 percent;
- To reduce the case fatality rate from diarrhea by 50 percent.

2. Health Program Objectives

To achieve these objectives, the Africa Bureau will develop and implement programs designed to:

- achieve the most equitable distribution of health services which are affordable for African countries and which can be sustained without external assistance;
- establish national health systems that are capable of delivering selected primary health care services for entire populations by carefully planning and managing public, private and individual resources;
- contribute to the development of national and regional health institutions that will meet national requirements for (1) training health personnel in the key areas of direct service provision, health planning, management and evaluation; and (2) the conduct of biomedical and health services research;
- develop technical solutions to disease control and health services delivery problems through improved availability of information and conduct of research.

C. Elements of a Strategy

To address the persistent constraints to health development in Africa, thereby facilitating the achievement of the goals and objectives described above, the Africa Bureau has identified four strategic themes that will guide its program of assistance to the region. These are:

primary health care systems

1. Assist in improving and expanding interventions for the control of common diseases, the improvement of nutritional status and the effective practice of child-spacing through primary health care programs;

2. Assist in strengthening health planning and management capability;
3. Assist in developing human resources;
4. Assist in improving technology for the effective control of disease.

Each of these four components is examined below in further detail.

1. Improving and expanding interventions for the control of common diseases, the improvement of nutritional status and the effective practice of child spacing through primary health care programs.

Analysis of the causes of excessive mortality and morbidity in Africa reveals that most of the diseases and conditions which continue to plague the people of the continent (diarrheal diseases, respiratory infections, malnutrition, successive unspaced pregnancies, malaria, measles, tetanus, poliomyelitis and other communicable diseases) can be prevented or controlled through the use of available technologies - specific health service interventions, improved nutrition and safe water supply and sanitation systems (see Table 2). The challenge is to apply these technologies in a cost-effective manner while working to identify, develop and refine other methods of diagnosing, preventing and treating the major fatal and debilitating diseases.

The Africa Bureau will assist countries to improve and expand the application of selected technical interventions known to be effective in reducing mortality and morbidity. The Bureau will focus its efforts on applying the lessons learned in pilot and demonstration projects to provide services to increasingly

Table 2

MAJOR FACTORS CONTRIBUTING TO UNDER-5 MORTALITY*

Age**	Contributing Factors
Prenatal	Maternal weight gain less than 6,800 grams (15 lbs)
Birth	Birth weight less than 2,500 grams (5.5 lbs)
1 month	Neonatal tetanus
1-12 months	Whooping cough (pertussis)
4-36 months	Diarrhea and dehydration
6-60 months	Malaria
7-60 months	Acute respiratory diseases
8-60 months	Under-nutrition
9-60 months	Measles
10-24 months	Subsequent pregnancy

*Table adapted from Selected Primary Health Care Interventions, World Health Organization Discussion Paper, JD/EPI/80/1.

**Although the factors are considered to be most significant in the age groups shown, other age groups may also be significantly affected as, for example, with malaria.

larger segments of the population rather than on funding continuation of the same programs in the same geographic areas. Emphasis will be placed on helping countries to identify and target, in an incremental manner, the major diseases and conditions causing mortality among infants and children under five and debilitating illnesses and conditions among the labor force. The Bureau will promote programs to improve and expand utilization of the following interventions:

- immunizations against diphtheria, whooping cough, tetanus, measles, poliomyelitis and tuberculosis as well as immunizations of pregnant women against tetanus;
- oral rehydration therapy to reduce mortality from diarrheal disease;
- family planning information and services;
- nutrition services such as growth monitoring, promotion of breast-feeding and nutritional supplementation and rehabilitation;
- treatment of malaria and other diseases in highly endemic areas;
- provision of potable water and adequate sanitation;
- vector control to reduce incidence of onchocerciasis, malaria, trypanosomiasis and schistosomiasis (control of intermediate host);
- diagnosis, prevention and treatment of other debilitating diseases and conditions such as anemia, intestinal worms, Guinea worm, and conjunctivitis which affect productivity of the population.

In addition to sector projects per se, the Bureau will support the integration of these interventions with programs and projects in other sectors. These efforts will be complemented by activities designed to reduce or eliminate the negative impact on health of other development projects.

2. Strengthening health planning and management capability

In order for African countries to improve and expand the availability and access to technical interventions in primary health care programs, the further

development of health planning and management capability is required. The Africa Bureau will give increased attention to improving the ability of African technicians to design and execute programs and projects at all levels. This capability should include an ability to:

- assess needs
- decide priorities
- analyze constraints
- identify and mobilize resources (human, material and financial)
- design appropriate cost-effective interventions
- provide logistic support
- manage finances
- develop and supervise personnel
- develop and implement information and evaluation systems.

The Bureau will foster an appreciation of the importance of program and project planning and management on the part of host country technicians by controlling the quality of the design and management plans for the programs and projects that it supports.

Improvements in health are also linked to achievements realized outside the traditional health sector e.g., increased food production, better education, increased personal income, etc. The Africa Bureau will support programs that will enable Africans to analyze the relationship of health to socioeconomic development and to improve their ability to plan for health in that broader framework.

3. Developing human resources

The effective delivery of existing and improved health care technologies depends significantly on the availability of adequate numbers and appropriate types of personnel. The Africa Bureau will support programs aimed at expanding

African capability to provide the requisite personnel, with special emphasis on more relevant pre- and in-service mid-level training in public health, planning and management. The skills of front-line workers responsible for delivering the key interventions such as oral rehydration therapy and immunizations must also be improved through support for direct training of these providers as well as training in technical supervision for mid-level workers. To ensure that the quantity, profile, and distribution of personnel correspond to the needs of health programs, the Bureau will support the transfer of the requisite knowledge and skills for performing manpower needs assessments and preparing feasible manpower development plans.

The Bureau will seek to Africanize its programs, and to that end, it will promote African leadership and full participation in program conception, implementation and evaluation.

4. Improving technology for the effective control of disease

Unless more and better biomedical and health services research is conducted in as well as outside Africa, the countries of the region will be unsuccessful in removing health as a barrier to socio-economic development. Effective immunization programs against measles, for example, have been hampered by the lack of a stable vaccine which does not depend heavily on a well-functioning cold chain. The control of malaria would be significantly advanced if a vaccine could be developed. New drugs against resistant parasites are also needed, as are new insecticides against resistant malaria vectors or new pest management techniques.

In order to enable African technicians to identify the nature and extent of major diseases affecting the population and then to organize appropriate intervention programs, more adaptable, yet effective methodologies are required for performing diagnoses and epidemiologic assessments. To apply these methodologies in the most cost-effective manner, research is required on possible alternatives for service mix, staffing, administration.

The Africa Bureau will support research efforts designed to:

- develop new and improved, cost-effective technologies related to drugs, vaccines, epidemiologic assessment, vector control, simple diagnoses and treatment of major health problems; and
- test alternative cost-effective delivery systems for their sustained application.

In addition to identifying or improving solutions to technical problems, emphasis will be placed also on developing the capability of African institutions to plan and conduct their own research.

IV. STRATEGY IMPLEMENTATION

Implementation of the health sector strategy presented in this paper will be based on the principles of Africanization and self-sufficiency. These principles imply an emphasis in the Africa Bureau's assistance activities on training and technology transfer in order to strengthen indigenous human and institutional resource capability. The Bureau will work collaboratively with African technicians to design programs and projects which are effective, feasible, affordable and ultimately self-sustaining without external assistance. The Bureau will also foster cooperation among African countries themselves through the support of regional, sub-regional and national projects and through the utilization of existing technical assistance and training resources on the continent.

A. Improvement and Expansion of Key Technical Interventions

The consolidation and expansion of basic health services targeted at controlling the major diseases and conditions causing infant and child mortality and excessive morbidity among the labor force will require activities in a number of different areas. In those countries where the Africa Bureau has been supporting large bilateral primary health care projects, many of which include the delivery of some or all of the key technical interventions described above, the Bureau should provide technical assistance to help assess their experience to date, and as necessary, to re-focus or redesign their programs in order to:

- target the most prevalent diseases and conditions and the populations affected;
- make the application of selected interventions more effective through improved technical and administrative design and delivery to include personnel training and health education; and

- gradually achieve greater and greater participation and coverage of the population as well as operational self-sufficiency.

This process would engage African technicians and the populations they serve in a more realistic analysis of needs, priorities, constraints and resources, which in turn would help them to implement more effective expansion of services over the long-term. The technical assistance would consist of the following activities: epidemiologic assessments, design of appropriate intervention technologies, personnel training, health education, analysis of social and administrative feasibility and rigorous evaluation of costs and financing alternatives. It would also include preparation of realistic implementation schedules and management plans as well as plans for evaluating program outcomes and impact. Once projects are underway, periodic technical assistance should be provided as a means of monitoring implementation and evaluating impact as well as a vehicle for the continuous transfer of skills through on-the-job training of African personnel.

In countries where new bilateral initiatives are being considered, similar types of technical assistance are desirable. In the absence of any specific AID-funded experience in a country, it will be important for the Africa Bureau to learn of other experiences with the delivery of different services in order to build on existing knowledge and resources.

To improve the performance of current service delivery projects, which include immunization, oral rehydration therapy, family planning, malaria control, etc., the Africa Bureau should provide timely support as needed through technical assistance and pre- and in-service training. Areas of assistance might include:

- health and management information systems development;
- cold chain technology;

- disease surveillance techniques;
- malaria treatment;
- health and family planning education
- clinical contraception
- management of immunization programs.

B. Health Planning and Management Development

The universal nature of the problems related to health planning and management points to the need for intervention by the Africa Bureau at the regional and sub-regional levels in addition to assistance to individual countries. An essential prerequisite of the ability to plan and manage is the availability of useful, reliable data. The Bureau should work with countries to develop or improve health information systems for use in disease surveillance and health services planning and management. Assistance activities should include assessments of existing information systems, followed by planning and implementation of the necessary technical inputs.

Because operational primary health care programs frequently suffer from poor planning and inadequate management, technical assistance and training in these areas should be supported by the Bureau, through bilateral, regional and centrally-funded projects. Assistance and training in planning should emphasize not only techniques to improve program and project design but also analytical methodologies to apply in planning for health in the context of overall socio-economic development. In the area of management, the Africa Bureau should support management and supervisory training of those responsible for implementing primary health care programs at the national level.

Improved capability in planning and management of basic health services also depends on Africa's ability to formulate and implement adequate financing mechanisms. The Africa Bureau should provide assistance to African countries who wish to explore, through health services research, alternatives for mobilizing public and private sector financing of services. This effort should examine the potential for increased private sector involvement, to include the indigenous private sector, indigenous and foreign private voluntary organizations, and foreign investors. Seminars, technical fora, and short courses in health care financing should also be supported by the Bureau on the regional, sub-regional and national levels.

C.. Human Resource Development

To implement this element of the strategy, the Africa Bureau must work toward the institutionalization of technology transfer, particularly on the regional and sub-regional levels. Despite the increased numbers of health training institutions throughout the continent, most African countries are unable now and in the foreseeable future to increase the capacity and diversity of their training programs in order to provide the requisite personnel for their health development activities. Countries lack adequate financial, infrastructure and human resources to develop the necessary institutions. By fostering cooperation among the African countries through the development of regional resources, national health development efforts are enhanced: limited resources are better utilized, dependence on external technical expertise is gradually reduced, and self-sufficiency in human resource development becomes a more realistic goal for the long-term. It also ensures improved quality and relevance of the training.

The basic approach would be to identify and provide assistance to existing national institutions which have the potential for expanding to serve as regional training centers. The process would be similar to the one followed in Southeast Asia in the 1960s and early 1970s by the Southeast Asia Ministers of Education Organization (SEAMEO). In the health sector, a network of several excellent institutions was established under the auspices of SEAMEO and with assistance from a variety of donor organizations, including AID. At the present time, these institutions are the major sources of trained manpower for Southeast Asia in the fields of public health administration, tropical medicine and other public health disciplines.

A modified SEAMEO approach would be consistent with AID and World Health Organization plans for the collaborative development of common theme networks of national institutions.* The Africa Bureau should undertake the following steps:

- assess health training institutions now offering public health training in order to determine the adequacy of their programs and the potential and desirability of expanding to serve subregional or regional needs;
- identify selected institutions with the most promise and assess the technical and material resources required to improve the program and expand it to serve regional needs;
- solicit from each country interested in utilizing these regional training centers requirement analyses which will permit planners to estimate the demand for certain categories of personnel;
- define the potential AID contribution to the total package and encourage other donors such as W.H.O., Cooperation for Development in Africa (CDA), multilateral and bilateral aid organizations, and U.S. foundations to participate. Donor assistance would be in the areas of curriculum development, faculty training, provision of books and equipment and student scholarships. It would also include assistance to countries in the area of manpower planning.

*The names of institutions participating in Phase I of the WHO/AFRO program appear in the table on the following page.



MEMBERS OF THE REGIONAL NETWORK OF HEALTH MANAGEMENT
DEVELOPMENT PROGRAMMES (PHASE ONE)

Sub-Region I	Sub-Region II	Sub-Region III
1. Regional Health Development Centre <u>Cotonou</u> Benin	5. Université Marien Ngouabi Institut Supérieur des Sciences économiques/ Juridiques/Administratives/Gestion <u>Brazzaville</u> Congo	9. CESSI <u>Luanda</u> Angola (As soon as it starts Sept./Oct. 1981)
2. GIMPA P.O. Box 50 <u>Achimota</u> Ghana	6. Kenya Institute of Administration P.O. Lower Kabete <u>Nairobi</u> Kenya	10. Institut de Santé publique <u>Maputo</u> Mozambique (As soon as operational)
3. Institute of Public Administration Health Management Programme University of Benin <u>Benin City</u> Nigeria	7. Institut Panafricain pour le Développement Région Afrique centrale B.P. 4078 <u>Douala</u> Cameroun	11. EASAMI P.O. Box 3030 <u>Arusha</u> Tanzania
		12. Panafrikan Institute for Development P.O. Box 80448 <u>Kabwe</u> Zambia
4. Centre national de Développement sanitaire <u>Dakar</u> Sénégal (As soon as it will be operational)	8. Institut des Sciences et Techniques médicales (ISTM) de l'Université nationale du Zaïre <u>Kinshasa</u> Zaire	13. Management Programme <u>Salisbury</u> Zimbabwe (As soon as one becomes operational)

D. Technology Improvement

To improve the technology available for application to the critical problems of health development in Africa, the Africa Bureau should stimulate a concerted program of research and information-gathering activities. The Bureau should:

- select five priority topics for research development support;
- encourage USAIDs to seek research opportunities on these topics in the context of existing health projects and to identify local investigators and institutions;
- develop a RSSA with one or more government agencies currently managing research efforts such as NIAID, CDC, NCHSR, and the Fogarty International Center;
- organize AID support for African institutions and investigators by matching them with U.S. institutions and individuals interested in collaborative research activities;
- train USAID health personnel or recruit technically qualified personnel to organize and manage biomedical and health services research projects;
- stimulate greater political support for research in Africa through education and information programs for decision-makers;
- prepare a PID for an Africa Bureau Research Development and Support Project;
- under equitable conditions of service, appoint experienced biomedical research scientists to serve as consultants to the Africa Bureau on a continuing basis.

*Health personnel
(in area of family)*

V. MOBILIZATION OF RESOURCES

Despite the bleak economic situation worldwide and the increasing scarcity of financial resources both in the U.S. and in Africa, there are a number of sources from which resources might be drawn for implementation of the health sector strategy. The following principles should guide the mobilization process:

- Special emphasis should be placed on utilizing and strengthening indigenous African leadership and technical expertise.
- Increased, more efficient use of existing resources should be promoted through better planning, tracking and evaluation.
- Better coordination of resources within AID and between AID and other donors should be pursued.
- Increased mobilization of private sector support should be encouraged.
- Where new resources are required, needs should be well defined and the relative cost-effectiveness of various resources should be evaluated prior to resource selection.

Resources for health development in Africa are found in three primary sources:

- AID
- African technical specialists and institutions
- Other donor organizations.

These sources are described in the paragraphs which follow.

A. AID

AID, and specifically the Africa Bureau, currently provides substantial funding (\$300 million in the past four years) in support of bilateral and regional projects. In addition, the Bureau of Science and Technology supports a number of centrally-funded projects which can benefit African countries. The

Bureaus for Food for Peace and Voluntary Assistance, Program and Policy Coordination and Private Enterprise are other important resources for health activities. Outside of the health sector, AID funds other development projects which also have the potential for assisting African countries to improve health status.

To maximize the utilization of AID resources, the Africa Bureau should consider the following actions:

- Ensure that Africa field Missions and regional offices as well as AFR/TR are staffed with health officers with appropriate kinds of training and experience to provide technical support to and manage the kinds of activities suggested by this strategy. Opportunities for regular professional development are especially important;
- Pursue the integration of health and nutrition components with education and agriculture in rural development projects;
- Utilize RSSAs, PASAs, and contractors to supplement skills not found among direct hire staff;
- Use S&T/Health, Nutrition and Population staff whenever possible to provide technical assistance to the Missions;
- Promote increased technical coordination with the Bureau of Food for Peace and Voluntary Assistance which funds health programs designed and implemented by private voluntary organizations;
- Interest the Science Advisor's Office in African health development issues and problems;
- Continue to pursue collaborative project planning and implementation with the Peace Corps;
- Work more closely with American academic institutions to establish institutional partnerships with African universities;
- Utilize professional societies, U.S. foundations and other private, non-profit organizations to build a technical/professional constituency for health development in Africa and help rebuild the declining technical expertise in the U.S. in areas such as tropical disease and developing country health problems;
- Facilitate increased communication and sharing of experiences between countries among AID personnel and contractors responsible for designing, implementing and evaluating projects;

- Encourage more active involvement of the U.S. private sector in health program activities. This would include both voluntary agencies as well as commercial ventures.

B. Resources in Africa

Over the past two decades since independence, the countries of Sub-Saharan Africa have developed an important pool of individual and institutional resources for health development. AID has played an important role in that development through personnel training opportunities in the U.S., third countries and host countries, and through on-site transfer of technology using technical assistance in operational projects. Thus, it is appropriate that the Africa Bureau support mutual technical cooperation within Africa by utilizing these resources in its assistance program.

The Bureau should seek to establish and maintain rosters of African health specialists. It should ensure that mechanisms are available for mobilizing individual technical expertise through private contractors, through personal services contracts, through direct salary support in projects, through technical exchange missions and similar means.

As for institutional resources, the Bureau should undertake an inventory and assessment of existing institutions to determine their capability to provide training and technical assistance and to conduct research. These would include public health laboratories, tropical disease research facilities, libraries and clearinghouses and training programs. Results of this survey should be widely disseminated within AID and with other donors in order to promote priority utilization of these institutions whenever appropriate.

C. Coordination with Other Donor Organizations

The Africa Bureau should encourage program coordination with other bilateral and multilateral donor organizations, both by AFR/TR personnel as well as AID program staff in the field. Such coordination, for example with WHO/AFRO, WHO/Geneva, the World Bank and representatives of UN agencies in each country, can serve to design and implement mutually supportive efforts and thus avoid overlap and duplication.

The Africa Bureau should also continue active participation in the following groupings of donors and African countries:

- Club du Sahel
- Southern Africa Development Coordinating Committee.

Similarly, the Bureau should remain active in the Cooperation for Development in Africa (CDA) involving several major Western donor nations.

AFRICA HEALTH STRATEGY STATEMENT :

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COUNTRY DEVELOPMENT STRATEGY STATEMENT

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