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Duffy



Africa Health Strategy Statement

Health/Nutrition Division
Office of Technical Resources
Africa Bureau
Agency for International Development

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DRAFT

AFRICA HEALTH STRATEGY STATEMENT
FINAL DRAFT

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 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 the Administrator's Statement on Health Problems (May 25, 1982) and AID's draft Health Sector Policy and Strategy Papers (1982). It reflects the U.S. commitment to health assistance as a signatory of the Alma Ata Declaration and 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.

The strategy constitutes the basic framework for assistance in the subsectors of nutrition, population, water and sanitation and biomedical research 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 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 in size 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

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

Table 1
BASIC DATA CHART

Area	Infant Mortality Rate Per 1,000 Live Births	Life Expectancy At Birth (Yrs)	Pop. With Access To Safe Water (Percent)	Pop. With Access To Waste Disposal (Percent)	Pop. Growth Rate (Percent)	Adult Literacy Rate (Percent)	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	1,784
Africa	111	48	27	30	3.0	31	476
Central & West	143	47	20	32	2.8	19	442
Sahel	155	44	19	7	2.5	13	260
East Africa	111	53	35	53	3.4	49	636
Southern 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.

Latin America'. The infant and early childhood mortality rates are as high as 155 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 infrastructure and health personnel. These problems have been exacerbated in recent years by declining rates of economic growth, lower per capita incomes, increasing dependency on imported goods, 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 Primary health care systems are constrained by lack of effective management, adequate local financing, infrastructure, logistics, communications and referral systems, cold chain and planned targeted interventions.
- o Health development programs in Africa continue to suffer from inadequate planning and poor management. Accurate epidemiologic and health services data for planning are rarely available, nor are the skills to manage and supervise decentralized systems usually available. As a result there is maldistribution of scarce resources, project designs are faulty and implementation is impeded.
- o Lack of health manpower.
- o Lack of technical information. Major communicable diseases such as malaria, schistosomiasis, measles and respiratory and gastrointestinal infections are more prevalent in Sub-Saharan Africa than in most other regions in the world. Vector-borne diseases such as onchocerciasis not only cause severe debilitation, but also make vast areas of potentially arable land uninhabitable. Yet, research efforts designed to develop cost-effective methods of preventing and treating these diseases on a mass scale have been relatively insignificant. Little research has been done on the cost-effectiveness of alternative delivery systems using different technologies. The absence of reliable information systems constitutes a primary constraint to conducting significant health services or biomedical research.

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. The Bureau will help countries:

- o to reduce mortality and morbidity among all segments of the population, especially infants and children under five years of age; and
- o to reduce disease and disability among the labor force and school children in order to facilitate maximum productivity.
- o to promote the improved health status of women of reproductive age who play key roles in food production, childbearing and child care.

B. Objectives of the Africa Bureau Program

1. Health Status Targets

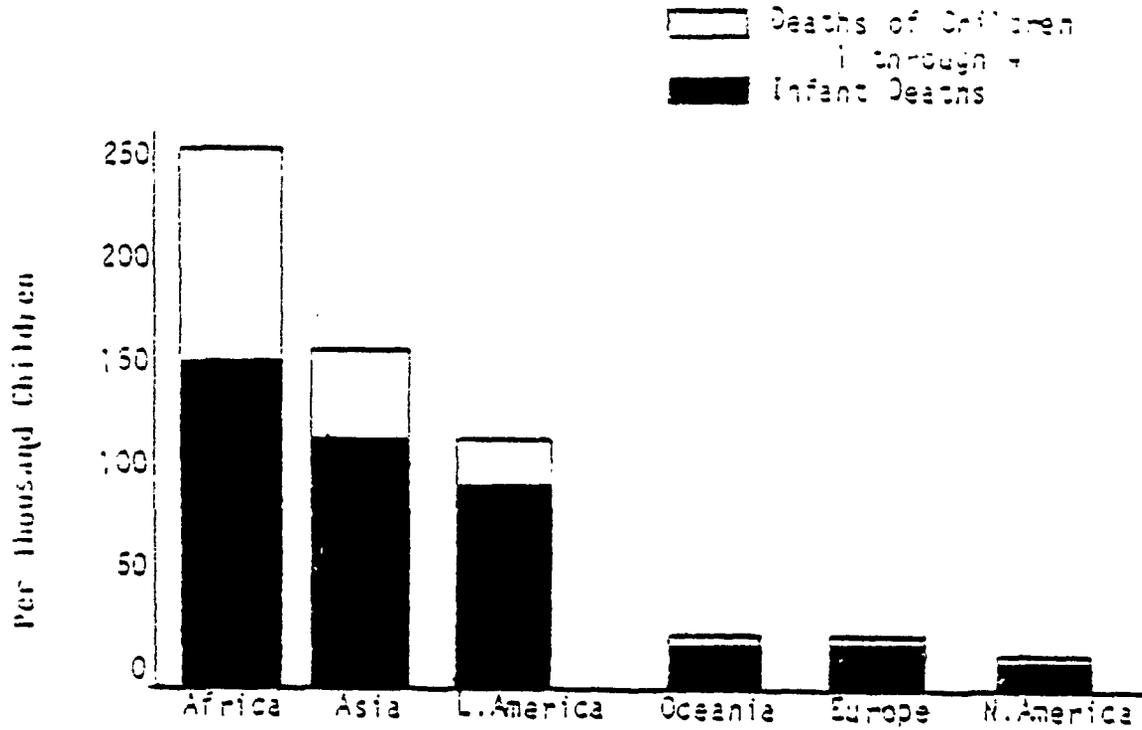
The Africa Bureau has defined specific targets for the improvement of health status in Africa by the year 2000. Realization of these targets will depend not only on health sector assistance but also on the impact of efforts undertaken in other sectors by African countries and the donor community. Monitoring progress toward better health will be promoted by the Bureau in concert with the AID-assisted countries and other donor organizations.

The desired targets for the region are as follows:

- o To reduce infant and childhood mortality (0-5 years) by 50 percent;
- o To reduce maternal mortality by 30 percent;
- o To increase life expectancy at the age of five by five years;
- o To obtain a minimum birth weight of 2500 grams among 90 percent of the live births;
- o To obtain birth intervals of at least 24 months;
- o To reduce absenteeism and loss of productivity due to disability by 25 percent;
- o To decrease the incidence and prevalence of water and sanitation-related diseases by 50 percent;

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.

- o To make safe and adequate quantities of water accessible to 50 percent of the population;
- o To reduce the prevalence of immunizable childhood diseases by 80 percent;
- o To reduce the case fatality rate from malaria by 50 percent;
- o To reduce the case fatality rate from diarrhea by 50 percent.

2. Health Program Objectives

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

- o to achieve the most equitable distribution of health services which are affordable for African countries and which can be sustained without external assistance;
- o to 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;
- o to 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;
- o to develop technical solutions to disease control and health services delivery problems through improved availability of information, and increased research activities.

C. Strategy Implementation

1. Principles

(a) Implementation of the health sector strategy 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, and promote the growth of the private sector.

(b) Bilaterally supported tactical projects and programs will receive strategic support from Regional projects which serve common needs and where the economies of scale make a regional approach cost effective.

2. Elements of the 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 elements that will guide its assistance to health development in the region. These are:

- a. Assist in developing improved primary health care systems.
- b. Assist in strengthening health planning and management capability;
- c. Assist in developing human resources;
- d. Assist in improving technology for the effective control of disease.

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

- a. Developing primary health care systems which improve and expand cost-effective interventions for the control of common diseases, the improvement of nutritional status and the effective practice of child spacing.

The primary health care approach as described in the Declaration of Alma Ata constitutes an appropriate context in Africa for the cost effective application of the following key technologies known to be effective in reducing mortality and morbidity:

- o communicable disease control by immunizations against diphtheria, whooping cough, tetanus, measles, poliomyelitis and tuberculosis as well as immunizations of pregnant women against tetanus and diseases of local importance, surveillance systems and health education;
- o oral rehydration therapy to reduce mortality from diarrheal disease;
- o child-spacing information and services;
- o nutrition services such as growth monitoring, promotion of breastfeeding and nutritional supplementation and rehabilitation;
- o treatment of a few common diseases such as malaria, acute respiratory infections and conjunctivitis;
- o provision of safe water and adequate sanitation;
- o vector control to reduce incidence of onchocerciasis, malaria, trypanosomiasis and schistosomiasis (control of intermediate host);

The Africa Bureau will assist countries to develop national systems of primary care which improve and expand the application of selected technical interventions. The Bureau will focus its efforts on applying the lessons learned in pilot and demonstration projects to provide services to increasingly larger segments of the population or to the entire country. 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.

To strengthen P.H.C. systems the Bureau will encourage the following;

1. Support for primary health care systems will focus on expanding selected effective interventions from pilot and demonstrations toward national and regional systems.
2. More support will be provided to activities in planning, training, and evaluation than for commodities and construction.
3. Design of projects will require:
 - o policy analysis and reforms as appropriate
 - o developing national and local health planning and management capability
 - o infrastructure support, i.e., logistics, communication, transportation systems; and maintenance
 - o rigorous analysis of recurrent cost and viable local financing mechanisms
 - o development of the private sector, both voluntary and entrepreneural
4. Site selection PHC project designs will examine the relationship to agricultural and other economic development efforts supported by AID, World Bank or other development organizations in order to define the economic base needed to assure the financial ability of the health program to meet recurrent costs and make private enterprise approaches viable.
5. Supplementary Program components: Nutrition, EPI and family planning can be "piggy-backed" onto existing primary health care systems where the infrastructure can support those additional interventions.
6. Management information, demography and health services information systems will provide a routine means of monitoring project progress and health impacts.

7. Training: The capacity to carry out training of health workers at the periphery will be part of each national system, while intermediate and senior managers and trainers will rely on AID-supported regional programs such as CCCD, SHDS, IDM, PAID, etc.
8. Integration strategies - Special emphasis will be placed on establishing operational linkages with activities in other sectors. For example, training of health personnel might be part of a project in the education sector; an agricultural cooperative or a village development committee established by rural development workers could be the vehicle for organizing the community around health issues; health education could be introduced into the school curricula; a women's artisan cooperative could purchase and distribute anti-malarial medicines.
9. AID staff role - The Bureau will promote the participation of its health technicians in the design and review of non-health development projects. Such projects should be designed in a way which minimizes or eliminates the risks to health, or provides for appropriate surveillance procedures, or provide opportunities for primary health care interventions.
10. Financing - The Bureau will provide assistance to African countries who wish to explore, through health services research, alternatives for mobilizing public and private sector financing of primary health care services. Alternatives to be studied include the use of PL-480 funds, establishment of user fees and development of pre-payment schemes. Results of these studies will be shared in hopes of developing self-sufficient health care systems. Seminars, technical fora, and short courses in health care financing will also be supported by the Bureau on the regional, sub-regional and national levels.
11. Private sector - Opportunities for increased private sector involvement, to include the indigenous private sector, indigenous and foreign private voluntary organizations, and foreign investors will be examined. The Bureau will support studies and funding of small scale projects related to private sector initiatives by U.S or African individuals or organizations, at country or regional levels, for example:
 - o production and distribution of drugs and other health-related commodities may ease logistic and foreign currency problems;
 - o utilization of private practitioners (traditional midwives and healers as well as modern physicians);

- o conduct of biomedical and health services research; and
- o logistics and transportation services for people and goods.

The Bureau will support efforts within Africa to expand markets and to facilitate trade among African countries through organizations such as ECOWAS, CEDEAO, and the Entente Council, the Economic Commission for Africa.

b. 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. Increased attention must be given to improving the ability of African technicians to design and execute programs and projects at all levels. This capability should include an ability to:

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

In many African countries, commitment to the Declaration of Alma Ata needs to be demonstrated by policy reforms which support the allocation of resources to the development of cost-effective primary health care services. Investments in health must be promoted as integral components of socioeconomic development. An understanding must be fostered among policy and decisionmakers that improvements in health are linked not only to the traditional health sector but also to increased food production, better education and increased disposable income. Alternative approaches to health development need to be explored, including increased involvement of the private sector in service delivery and support services.

Institutional capability in policy making and planning must be developed at the central level, in concert with decentralization of administration to the regional and local levels. Accurate, usable data bases must be established.

In order to strengthen planning and management capability, the Bureau will:

- o Support the development of national programs for training in health planning and management. Centers will be developed in selected country institutions which can serve as regional resources. AID will collaborate with AFRO in their network of national centers (see following page) for planning and management training, or with other similar institutions. Support for management programs at African schools of public health and/or public administration will be provided.



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 Nguabi 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. Panafrican 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)

- o Short-term training courses and workshops will be provided on a regional basis. Longer courses will be offered by the institutions described above, and participant training will be promoted in third countries, and the U.S. Missions will be encouraged to use regional manpower funds as well as project funds.
- o Intercountry and interministerial workshops will be held in order to promote interagency cooperation and understanding of the health sector. Regional projects will be utilized to conduct these meetings under the management of the REDSO/s.
- o Health and management information system technical assistance will be made available through regional projects such as SHDS and JCCD. Health status data will be collected in collaboration with participating countries and multilateral organizations.
- o The development of financial planning and management systems will be emphasized to improve the countries capability to use funds from domestic and external sources.
- o Support for training and consultation in financial management, logistics, communications, personnel administration, and evaluation will be provided.

c. Developing Human Resources

The strategy for addressing the lack of adequate numbers and appropriate types of personnel is to focus on developing national capability to meet manpower needs. The basic approach will be to identify and provide assistance to existing national institutions which have the potential for expanding to serve as regional centers for training middle and upper level personnel as technicians, managers and trainers. The process will be similar to the one followed in Southeast Asia in the 1960s and early 1970s by AID through developing 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:

- o 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;
- o 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;
- o solicit from each country their manpower requirement analyses which will permit planners to estimate the demand for certain categories of personnel;
- o identify African educational leaders for training and leadership development;

- o define the potential AID contribution to the total package and encourage other donors such as WHO, Cooperation for Development in Africa (CDA), multilateral and bilateral aid organizations, and U.S. foundations to participate. AID 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.
- o support the creation of an African Secretariat to manage this network.
- o develop a regional project with the education sector to carry out the work. Short- and long-term participant training in national or regional institutions in Africa will be offered as appropriate.
- o Training in the U.S. and other developed countries will be limited to senior planners and managers, specialized researchers, and faculty members of health training institutions whose training needs cannot be met in Africa.

- o U.S. educational institutions will be encouraged to adopt a sister relationship to foster student and faculty exchange with AID and other sponsorship.

*The names of institutions participating in Phase I of the WHO/AFRO program appear on page 12.

d. Improving technologies for the affective control of disease

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

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

5. To achieve these goals, the Bureau will:

- o select five priority topics for research development support;
- o encourage USAIDs to seek research opportunities on these topics in the context of existing health projects and to identify local investigators and institutions;
- o develop an interagency agreement with one or more government agencies currently managing research efforts such as NIAID, CDC, NCHSR, and the Fogarty International Center; contract with other institutions capable of research management such as universities, foundations to organize AID research support;
- o stimulate greater political support for research in Africa through education and information programs for decision-makers;
- o develop an Africa Bureau Research Development and Support project;
- o under equitable conditions of service, appoint experienced biomedical research scientists to serve as consultants to the Africa Bureau on a continuing basis on a research advisory panel with U.S. scientists to advise the Bureau on research priorities and resources.
- o provide continuing education programs for African health workers to disseminate biomedical and health services research findings, and to share results of program evaluations.

IV. 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 will guide the mobilization process:

- o Special emphasis will be placed on utilizing and strengthening indigenous African leadership and technical expertise by forming African Advisory Councils for regional projects.
- o Increased, more efficient use of existing resources will be achieved through better planning, tracking and evaluation in Washington and the regional offices.
- o Better coordination of resources within AID and between AID and other donors will be emphasized.
- o Increased mobilization of private sector support such as pharmaceutical and medical equipment companies will be stimulated.

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

- o AID
- o African technical specialists and institutions
- o International development organizations such as the United Nations agencies
- o U.S. Institutions - academic, research, private and voluntary organizations, foundations
- o Private Enterprise

These sources are described in the paragraphs which follow:

A. AID

AID, and specifically the Africa Bureau, currently provides substantial health development 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 will take the following actions:

- o Ensure that Africa field Missions and regional offices as well as the Bureau's Office of Technical Resources 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. Regular professional development will be planned, with continuing education opportunity in Africa and the U.S.
- o Integrate health and nutrition components into education and agriculture in rural development projects;
- o Utilize intergovernmental agency agreements and contractors to supplement skills not found among direct hire staff;
- o Request staff from the central Offices of Health, Nutrition and Population whenever possible to provide technical assistance to the Missions;
- o 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;
- o Use the Science Advisor's program to support African health development research and innovative program.
- o Continue to pursue collaborative project planning and implementation with the Peace Corps and other U.S. government agencies.
- o Facilitate increased communication and sharing of experiences between countries, among AID personnel, and contractors responsible for designing, implementing and evaluating projects, by conferences, newsletters, study tours and other exchanges;
- o Collaborate with the Education and Human Resources Division in institution-building programs, especially in "Development Administration".

B. Resources in Africa

Over the past two decades since independence, the countries of Sub-Saharan Africa have developed a 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.

Manpower and Leadership

The Bureau will identify African health development specialists for use as consultants and leaders. Leadership training opportunities will be provided. These leaders will serve on technical advisory groups involved in regional projects such as SHDS and CCCD.

Institutions

An inventory and assessment of existing public and private institutions will be made to determine their capability to provide training, technical assistance, and to conduct research. These would include public health laboratories, tropical disease research facilities, libraries and clearinghouses and training programs. Selected institutions will be developed as training or research centers as indicated in earlier sections.

2. Coordination with Other Donor Organizations

The Africa Bureau will re-emphasize program coordination with other bilateral and multilateral donor organizations, in project design and implementation. Coordination with WHO/AFRO, the World Bank, and UN agencies in each country will strengthen design and implementation of health development efforts.

The Africa Bureau should also continue active participation in the following organizations:

- o Club du Sahel
- o Southern Africa Development Coordinating Conference
- o Organisation de Coordination et de Cooperation pour la lutte contre les Grandes Endemies (OCCGE)
- o Cooperation for Development in Africa (CDA)
- o Economic Commission of West African States (ECOWAS)
- o African Development Bank (ADB)
- o Economic Commission for Africa (ECA)

Participation by AID on governing councils and boards will be required to obtain more effective impact in the health sector.

D. U.S. Institutions - academic, research, private and voluntary organizations, foundations.

- o American academic institutions can establish partnerships with African universities. U.S. institutions with significant numbers of African students such as Tulane and Howard Universities and the University of North Carolina should be especially encouraged to undertake collaborative activities.
- o Grant programs, Memoranda of Understanding, IPA's and other devices to involve the institutional faculty and students should be strengthened.
- o Professional societies, U.S. foundations and other private and voluntary organizations should be utilized to build a technical/professional constituency for health development in Africa and to help rebuild the declining technical expertise in the U.S. in areas such as tropical disease and developing country health problems.

E. Private Enterprise

- o The health resources of multilateral corporations to the surrounding communities can be expanded. Rubber, mining and agribusiness corporations' health systems could provide an excellent base for development of primary health care projects.
- o Health industry experts could be involved in pre-feasibility and feasibility studies where targets of economic opportunity are recognized.
- o Urban private health delivery capability can be extended to rural areas by arranging for paramedical workers to work as extensions of the city-based practitioners.
- o Small US-based health enterprises such as diagnostic, optical, and dental laboratories and distributors can be encouraged to expand overseas.