

Data Sheet

USAID Mission:	Africa Regional
Program Title:	Better Health in Africa
Pillar:	Global Health
Strategic Objective:	698-027
Status:	New in FY 2005
Planned FY 2005 Obligation:	\$29,037,000 CSH
Prior Year Unobligated:	\$0
Proposed FY 2006 Obligation:	\$17,111,000 CSH
Year of Initial Obligation:	2005
Estimated Year of Final Obligation:	2009

Summary: Under the Family and Workforce Health program area, USAID aims to improve the health status of Africans by developing, disseminating and advocating state-of-the-art, Africa-appropriate approaches that will strengthen programs and capacity in Africa to deliver quality services. USAID will address the leading causes of morbidity and mortality in Africa and focus on (1) HIV/AIDS prevention, care and support and treatment, with an emphasis on orphans and vulnerable children (OVCs), pediatric AIDS, nutrition and HIV/AIDS, and multi-sectoral prevention and mitigation; (2) child survival and maternal health, with an emphasis on the feeding of infants and young children, immunization, and household and community approaches to improving maternal, neonatal and child health; (3) infectious disease, with a focus on the interactions of malaria and TB with HIV/AIDS, community-based malaria treatment, malaria program monitoring and evaluation, and integrated disease surveillance/epidemic preparedness and response; and (4) reproductive health, with an emphasis on repositioning family planning for improving maternal health, child survival, and prevention of maternal transmission of HIV/AIDS (PMTCT). Special emphasis is placed on identifying innovative financial and human resources development strategies to improve availability of competent manpower as well as access to and affordability of quality service.

Inputs, Outputs, Activities:

FY 2005 Program: Prevent and Control Infectious Diseases of Major Importance (\$8,512,000 CSH). USAID will continue its Africa Disease Control and Health Improvement grant to the World Health Organization's Africa Regional Office (WHO/AFRO). The grant is focused on developing policies and strategies and building Africa's capacity for disease surveillance and epidemic control programs, as well as expanding the coverage of immunization services, promoting interventions to reduce malaria in pregnancy and proper malaria treatment policies, and developing and promoting best practices to stop the spread of tuberculosis (TB). In addition, USAID will continue to help combat elephantiasis and onchocerciasis. Principal contractors and grantees: World Health Organization/AFRO (WHO/AFRO), Academy for Educational Development (AED), and the World Bank.

Improve Child Survival, Health, and Nutrition (\$4,429,000 CSH); Improve Maternal Health and Nutrition (\$750,000 CSH); Reduce Unintended Pregnancy and Improve Healthy Reproductive Behavior (\$10,937,000 CSH). USAID will continue to focus on improving child survival in Africa and will implement the recommendations from its internal assessment of child survival programs, entitled "Child Survival in Sub-Saharan Africa: Taking Stock." USAID will continue a grant with WHO/AFRO that will support the development of capacities to eradicate polio. Through other grants to WHO/AFRO and technical assistance partners, USAID will develop and promote community-based maternal and child health programs and accelerate the implementation of programs to reduce maternal and newborn mortality. USAID will also promote innovative infant and child feeding approaches. Specifically, USAID will assist African partners in the evaluation of new approaches--such as distributing antibiotics at the community level--and will disseminate information about important outcomes. State-of-the-art information and implementation tools will be disseminated to improve maternal health. Improvements in maternal and child health will also be supported through repositioning family planning, which includes abstinence and behavior modification education and the distribution of family planning equipment. Principal contractors and grantees: WHO/AFRO, AED, John Snow, and Management Sciences for Health (MSH).

Reduce Transmission and Impact of HIV/AIDS (\$2,750,000 CSH). USAID will work with a broad range of partners to improve nutrition, prevent pediatric HIV/AIDS, mitigate the impact of HIV/AIDS, and improve national and local level programming for OVCs, in particular helping non-governmental organizations (NGOs) and the private sector expand and improve home- and community-based programs. Principal contractors and grantees: AED, WHO/AFRO, University of Natal, and the HIV/AIDS Alliance.

Build Health Systems Capacity (\$1,659,000 CSH). Across all of the program components included in this objective, USAID will enhance human resources development and healthcare financing by identifying and disseminating innovative approaches to increase the availability and quality of health providers in Africa. USAID will also improve healthcare financing, thus strengthening African healthcare systems using such approaches as mutual health organizations and national health accounts. USAID will continue to promote African leadership and capacity building by strengthening strategic and technical leadership on the continent, focusing on organizations like the East, Central and Southern Africa Commonwealth Secretariat for Health, which promotes appropriate health policies and strategies to its 17 member countries; the University of Natal in South Africa, which provides regional expertise in HIV/AIDS; and CERPOD (Centre d'Etudes et de Recherche sur la Population pour le Développement), which provides analysis of HIV/AIDS and reproductive health issues in West Africa. Principal contractors and grantees: Centers for Disease Control (CDC), AED, WHO/AFRO, Abt Associates, and MSH.

FY 2006 Program: Prevent and Control Infectious Diseases of Major Importance: (\$5,715,000 CSH). Activities under this component will continue as described above. Principal contractors and grantees: Same as above.

Improve Child Survival, Health, and Nutrition (\$3,962,000 CSH); Improve Maternal Health and Nutrition (\$750,000 CSH); Reduce Unintended Pregnancy and Improve Healthy Reproductive Behavior (\$1,619,000 CSH). Activities under these components will continue as described above. Principal contractors and grantees: Same as above.

Reduce Transmission and Impact of HIV/AIDS (\$2,750,000 CSH). Activities under this component will continue as described above. Principal contractors and grantees: Same as above.

Build Health Systems Capacity. (\$2,315,000 CSH). Activities under this component will continue as described above. Principal contractors and grantees: Same as above.

All family planning agreements will incorporate clauses that implement the President's directive reinstating the Mexico City policy.

Performance and Results: For three years, over 40% of countries in the Africa region have been able to sustain over 70% coverage of the third dose of diphtheria, pertussis and tetanus (DPT) vaccine. Another 12 countries have increased coverage by 4 to 20 percentage points in the past three years. The increases in immunization coverage are due to the strengthening of immunization systems, supported in part through USAID's grant to WHO/AFRO. This grant provided mid-level management and logistics courses for 264 epidemiology managers, 38 tutors from health training institutions, personnel from 54 national logistics offices, 8 logistics consultants, and 71 WHO/UNICEF focus persons. USAID has also invested resources in accelerating and expanding its Integrated Management of Childhood Illness (IMCI) approach in Africa: 43 countries are now implementing IMCI, and 19 countries have expanded implementation in more than 11 districts. Community approaches to child health are being expanded, and 10 countries have adopted community strategies in more than five districts. With USAID support, 17 countries have revised their malaria drug policies and adopted the recommended Artemisinin-based combination therapy for the treatment of uncomplicated malaria. In partnership with UNICEF, USAID completed a rapid assessment of the status of OVCs in 17 countries. Over 250 participants from 40 countries attended and gained skills in planning OVC responses in Lesotho, Uganda, and Senegal.

Improved institutional monitoring and treatment programs are expected to lead to a marked increase in the ability to detect and treat preventable infectious diseases, increased immunization rates, improved maternal and child nutrition, and a favorable impact on child mortality and HIV/AIDS infection rates.

US Financing in Thousands of Dollars

Africa Regional

698-027 Better Health in Africa	CSH
Through September 30, 2003	
Obligations	0
Expenditures	0
Unliquidated	0
Fiscal Year 2004	
Obligations	0
Expenditures	0
Through September 30, 2004	
Obligations	0
Expenditures	0
Unliquidated	0
Prior Year Unobligated Funds	
Obligations	0
Planned Fiscal Year 2005 NOA	
Obligations	29,037
Total Planned Fiscal Year 2005	
Obligations	29,037
Proposed Fiscal Year 2006 NOA	
Obligations	17,111
Future Obligations	68,199
Est. Total Cost	114,347