

Data Sheet

USAID Mission:	REDSO-ESA
Program Title:	Regional Health Systems Improvements
Pillar:	Global Health
Strategic Objective:	623-007
Proposed FY 2004 Obligation:	\$6,000,000 CSH
Prior Year Unobligated:	\$0
Proposed FY 2005 Obligation:	\$4,509,000 CSH
Year of Initial Obligation:	2001
Year of Final Obligation:	2005

Summary: USAID's program strengthens African institutional and human capacity to improve east and southern African health sector systems. Institutional strengthening, operating support, systems enhancement, and technical support to African regional partner organizations will: 1) enhance regional leadership in training, networking, and advocacy on health issues; 2) identify, disseminate, promote and assist in the application of state-of-the-art technical information and better practices; and 3) improve capability to expand regional policy dialogue on priority health concerns.

Inputs, Outputs, Activities:

FY 2004 Program:

Strengthened human and institutional leadership (\$2,000,000 CSH). Funds will: support technical assistance, capacity development and selected operating expenses for USAID's regional African partner organizations; strengthen partner organization management capacity, institutional viability and program and resource diversification; support the cost of an HIV/AIDS Infectious Disease Specialist at REDSO and the cost of regional specialists in Malaria and Tuberculosis at regional partner institutions; and, finance efforts to expand regional collaboration and public-private partnership on food fortification to address micronutrient deficiencies. Principal prime grantees include: the Regional Center for Quality of Health Care (RCQHC), Centre for African Family Studies (CAFS), Commonwealth Regional Community Health Secretariat (CRHCS), the Academy for Educational Development (AED), Royal Netherlands Tuberculosis Association (KNCV), International Science and Technology Institute (ISTI), Johns Hopkins University and Management Sciences for Health (MSH).

Dissemination and application of state-of-the-art information and best practices (\$2,100,000 CSH). Funds will: support ongoing work in the development and dissemination of provider reference materials and curricula on the nutritional care of persons living with HIV/AIDS; finance the continued institutionalization of national health accounts; support ongoing work on piloting National Health Accounts for HIV/AIDS, tuberculosis and reproductive health sub-analyses in ESA countries; facilitate the further expansion of community health funds to support health sector reform efforts in the region; and, support ongoing dissemination of approaches to strengthen drug and commodity quantification, procurement, management and rational use. Principal prime grantees include: RCQHC, CAFS, CRHCS, AED, KNCV, ISTI, Johns Hopkins University, MSH, and Abt Associates.

Expand regional policy dialogue (\$1,900,000 CSH). Funds will: support continued regional advocacy work in family planning and reproductive health; expand work in identifying and operationalizing linkages between family planning/reproductive health and HIV/AIDS services and interventions; and, support ongoing training and dissemination of approaches to strengthen drug and commodity quantification, procurement, management and rational use. USAID will also support strengthening of regional TB/HIV/AIDS program collaboration work; the expansion of regional malaria-in-pregnancy activities; and the development of public-private sector partnerships to promote the use of and expand the availability of insecticide-treated bednets. Principal prime contractors and grantees include: RCQHC, CRHCS, AED,

KNCV, Centers for Disease Control and Prevention, the World Health Organization, Johns Hopkins University, MSH, and Abt Associates.

FY 2005 Program:

Strengthened human and institutional leadership (CSH \$1,600,000). REDSO expects to continue technical and institution building work with African regional partner institutions, and to focus on key technical issues including micronutrient fortification and nutrition for the HIV/AIDS-affected. Prime implementing partners are expected to be the same as in FY 2004.

Dissemination and application of state-of-the-art information and best practices (CSH \$1,600,000). With FY 2005 resources, REDSO plans to expand family planning and reproductive health program and resource advocacy activities and promote public-private partnerships. REDSO also expects to consolidate efforts to strengthen health systems in ESA through the expansion of National Health Accounts and community funds, continue support for the expansion and application of National Health Accounts reproductive health sub-analyses, and support systems strengthening efforts to improve drug and commodity quantification, procurement and use. Prime implementing partners are expected to be the same partners as in FY 2004.

Expand regional policy dialogue (CSH \$1,309,000): REDSO plans to expand family planning and reproductive health program and resource advocacy activities to promote public-private partnerships on this issue. REDSO also anticipates continuing work in TB/HIV/AIDS program collaboration, strengthening the malaria-in- pregnancy program and promoting public-private partnerships to expand the availability of insecticide-treated bednets. Prime implementing partners are expected to be the same as in FY 2004.

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

Performance and Results: Management capacity and systems at African partner institutions continue to demonstrate measurable improvements. Strategic and annual work planning processes that advance organizational strategic goals are in place at all partner institutions. Institutional partners trained over 500 health care professionals, strengthening technical skills and program quality in a broad range of areas. Partner organizations played key roles in networking activities in family planning and reproductive health, gender and tuberculosis, human resource development, infection prevention and control, and HIV/AIDS. Information on better practices and state-of-the-art approaches on the nutritional care of persons living with HIV/AIDS, voluntary counseling and testing and antiretroviral guidelines, immunization standards, the prevention and control of anemia, and the counseling of mothers on infant feeding to prevent maternal-to-child transmission were applied in countries around the region. Finally, regional policy dialogue promoted country-level discussion of issues such as the prevention and control of malaria in pregnancy and tuberculosis care and management.

Continued progress in this objective will mean that by the end of FY 2005 African regional partner institutions will be playing key roles in efforts to strengthen health systems and programs in ESA, will have organizational strategies that outline long-term goals and program priorities and results, and will be recognized by key stakeholders as organizations that are effective in promoting policy dialogue and leading improvements to health programs and systems.

US Financing in Thousands of Dollars

REDSO-ESA

	CSH	DA	ESF
623-007 Regional Health Systems Improvements			
Through September 30, 2002			
Obligations	15,375	4,059	0
Expenditures	4,147	521	0
Unliquidated	11,228	3,538	0
Fiscal Year 2003			
Obligations	10,450	50	500
Expenditures	5,601	1,000	0
Through September 30, 2003			
Obligations	25,825	4,109	500
Expenditures	9,748	1,521	0
Unliquidated	16,077	2,588	500
Prior Year Unobligated Funds			
Obligations	0	0	0
Planned Fiscal Year 2004 NOA			
Obligations	6,000	0	0
Total Planned Fiscal Year 2004			
Obligations	6,000	0	0
Proposed Fiscal Year 2005 NOA			
Obligations	4,509	0	0
Future Obligations	0	0	0
Est. Total Cost	36,334	4,109	500