

Data Sheet

USAID Mission:	Africa Regional
Program Title:	Better Health Care in Africa
Pillar:	Global Health
Strategic Objective:	698-019
Proposed FY 2004 Obligation:	\$13,470,000 CSH
Prior Year Unobligated:	\$353,000 CSH
Proposed FY 2005 Obligation:	\$15,460,000 CSH
Year of Initial Obligation:	FY 1999
Year of Final Obligation:	FY 2004

Summary: USAID aims to strengthen programs to improve the health status of Africans by developing, disseminating and advocating state-of-the-art, Africa-appropriate approaches to health improvement. USAID will address the leading causes of morbidity and mortality in Africa, including infectious diseases like tuberculosis, vaccine-preventable diseases, malaria and maternal health problems. In order to most effectively improve health status in Africa and promote lessons learned from successes, USAID has identified several areas key to improving major health indicators in sub-Saharan Africa. These include efforts in the area of nutrition, immunization, household and community approaches to improving child health, and malaria and TB control and prevention, as well as integrated disease surveillance/epidemic preparedness and response. Special emphasis is placed on identifying innovative financial strategies to improve access and affordability to quality services.

Inputs, Outputs, Activities:

FY 2004 Program:

Combating Infectious Diseases in Africa (\$5,125,000 CSH): USAID will continue its Africa Disease Control 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 programs, controlling epidemics, expanding the coverage of immunization services, promoting interventions to reduce malaria in pregnancy and proper malaria treatment policies, developing and promoting best practices to stop the spread of tuberculosis (TB), and developing and promoting community-based child and maternal health programs. Principal contractors and grantees: WHO/AFRO.

Assistance, Tools and Information Dissemination (\$5,520,000 CSH; \$353,000 prior year CSH): Tools and state-of-the-art information will be provided to additional African regional organizations, ministries of health and USAID missions. These will focus on improving nutrition, vitamin A supplementation and immunization coverage, promoting better malaria and TB prevention and treatment, and supporting innovative approaches to improving maternal health and essential obstetric care. Particular attention will be given to working with non-governmental organizations (NGOs) and the private sector to expand and improve home- and community-based maternal and child care programs. Principal contractors and grantees: Academy for Educational Development (AED), Management Sciences for Health (MSH), John Snow, Inc.

Better Healthcare Financing (\$1,075,000 CSH): USAID will (1) support innovative approaches to healthcare financing that strengthen the healthcare systems of Africa, such as mutual health organizations (MHOs) in West Africa, which help communities pool funds to efficiently procure health services; (2) support "national health accounts" that provide countries with critical health expenditure information for improved health policy decisions; and (3) explore new mechanisms to channel global trust funds for AIDS, malaria and TB directly to communities. Principal contractors and grantees: Abt Associates, MSH.

Promoting African Leadership and Capacity Building (\$1,750,000 CSH): USAID will continue to strengthen 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; Centre Africain d'Etudes Superieures en Administration et Gestion (CESAG) in Senegal, which provides regional training in healthcare financing in West Africa; Regional Centre for Quality of Health Care, located in Uganda; and others. Principal contractors and grantees: Centers for Disease Control (CDC), AED.

A follow-on strategic objective will begin in FY 2004 and will be notified separately upon approval.

FY 2005 Program:

Combating Infectious Diseases (\$5,950,000 CSH): USAID will continue to provide programmatic guidance and clear standards for the Roll Back Malaria and Stop TB initiatives in Africa, for disease monitoring, for immunization and integrated management of childhood illness (IMCI), and for steps to reduce maternal deaths throughout Africa. Principal contractors and grantees: Same as above.

Assistance, Tools and Information Dissemination (\$6,435,000 CSH): USAID will continue to provide tools and state-of-the-art information to African regional organizations, ministries of health and USAID missions on key issues related to nutrition, immunization, malaria and TB prevention and treatment, maternal health and essential obstetric care. Particular attention will be given to working with NGOs and the private sector to expand and improve home- and community-based maternal and child care programs. Principal contractors and grantees: Same as above.

Better Healthcare Financing (\$1,250,000 CSH): USAID will also continue to promote and expand successful models of community- and household-based child health programs, using the private sector and NGOs, as well as innovative healthcare financing strategies. Principal contractors and grantees: Same as above.

Promote African Leadership and Capacity Building (\$1,825,000 CSH): USAID intends to continue its support of African ministries of health and regional institutions, in partnership with WHO/AFRO, to strengthen African capacity to provide strategic and technical leadership in health care programs. Principal contractors and grantees: Same as above.

Performance and Results: Countries supported by AFR/SD's grants to UNICEF and WHO/AFRO have shown an increase of 10% to 15% in rates of immunization against diphtheria, pertussis and tetanus (DPT3) from their 1999 baselines. AFR/SD has also invested resources in accelerating and expanding IMCI in Africa; 43 countries are now implementing this approach. In addition, 40 of the 46 countries have conducted an assessment of their surveillance systems, and 36 of the 40 have prepared National Plans of Action. Five national laboratory networks have been established, and 21 countries have conducted training of district health officers.

African capacity building continued to be a critical component of AFR/SD's strategy. For example, 32 tutors (from Senegal, Niger, Cameroon and Guinea) were trained in ways to integrate nutrition approaches and tools into the training curricula of public health schools. A training guide, "Essential Nutrition Actions for Health and Social Workers in West Africa," was finalized in French and English. A pre-service training manual on nutrition and HIV/AIDS for health workers and nutritionists was completed and is in the process of being published by the Regional Centre for Quality of Health Care in Kampala, Uganda. Local capacity to launch and manage MHOs was boosted in West Africa with the training and empowering of groups which will give local technical assistance to new MHOs. In eight countries--Democratic Republic of Congo, Ghana, Guinea, Madagascar, Mali, Nigeria, Senegal and Uganda--capacity in immunization programs was built by using local staff for planning and implementation; by emphasizing problem-solving using routine data focusing on reducing participant dropout rates; and by building new competencies in communication and behavior change, community approaches, and injection safety.

US Financing in Thousands of Dollars

Africa Regional

698-019 Better Health Care in Africa	CSH	DFA	ESF
Through September 30, 2002			
Obligations	75,048	300	0
Expenditures	56,304	300	0
Unliquidated	18,744	0	0
Fiscal Year 2003			
Obligations	16,537	0	250
Expenditures	7,122	0	0
Through September 30, 2003			
Obligations	91,585	300	250
Expenditures	63,426	300	0
Unliquidated	28,159	0	250
Prior Year Unobligated Funds			
Obligations	353	0	0
Planned Fiscal Year 2004 NOA			
Obligations	13,470	0	0
Total Planned Fiscal Year 2004			
Obligations	13,823	0	0
Proposed Fiscal Year 2005 NOA			
Obligations	15,460	0	0
Future Obligations	0	0	0
Est. Total Cost	120,868	300	250