HEALTH AND DEVELOPMENT

THE PANEL:

1. Paul Ehmer, USAID Global Bureau – President's Malaria Initiative (PMI)
2. Iyasu Habtegabr, Hurley Medical Center, Flint Michigan – Impact of Famine and Drought on Health Status and National Responses – The Case Eritrea
3. Ahmed A. Moen, Howard University, Washington, DC – Lessons Learned from Institutional Twining of the Carter Center Public Health Initiative in Ethiopia through USAID Cooperative Agreement
4. Richard Seifman, AIDS Campaign Team for Africa, World Bank – WB Initiative in the Horn of Africa

HORN OF AFRICA: KEY ISSUES OF HEALTH AND DEVELOPMENT

Executive Summary

The panel focused mainly on the partnership and collaboration of regional and international stakeholders to combat emerging infectious and communicable diseases such as malaria, HIV/AIDS and TB and promotion of sustainable development, peace and stability of the Horn of Africa. Indeed, the presence of these opportunistic diseases coupled with endemic malnutrition, famine and drought in the Horn of Africa is not only germane to endless external dependence and fragmented food safety policies, but also barrier to capacity building, human resources and economic development and access to health care in underserved areas in the Horn of Africa. Of the 42 million people who suffered from AIDS, 26 million live in Africa and 3- 5 million AIDS orphans are in the Horn of Africa. The highest death occurs among 15-25 year old and adults in their prime life. Despite advances in drug therapies, the disease is nowhere near contained. A new case erupts every five seconds around the world. About 12-15 million people who are at risk of famine and drought related health problems in the Horn of Africa for the past five years die from preventable diseases. Every 30 seconds an African child dies of malaria and of 1.2 million people who die each year from malaria twenty-five to thirty-five percents are children.

The panel examined the issues of self-sufficiency and new paradigms of multilateral and bilateral technical and financial assistance policies of donor countries and nongovernmental organizations such as the European Union, World Bank, USAID, WHO, UNICEF, FAO and UNDP, Clinton Foundation, Millennium Development Goals as well.

The panel presented case studies and regional pilot and permanent projects some which are using ongoing bilateral partnerships to enhance quality of life and capacity building in selected countries in the Horn of Africa with especial emphasis on Ethiopia and Eritrea. For example, one case study demonstrated the value of twining American with Ethiopian institutions in curriculum designs and standardization and pre-service competency based skills, an initiative supported by cooperative agreements between USAID and the Carter Center Ethiopian Public Health Training Initiatives and the Ministries of Education and Health. Others involved the role of multilateral technical and financial assistance by the World Bank HIV/AIDS - Multi-Country HIV/AIDS Program (MAP), and USAID PEPFAR and President Bush Malaria Initiative have presented as examples of long-term strategies to promote health and development through regional partnership involving governments and civic organizations.

The integrated concurrent plenary sessions accentuated the need to address gender equity, disease burden and fragmented health care delivery services impacting maternal and child health and internally and externally displaced populations due to war and political instability driven by deteriorating environmental degradation, lack of sanitation and chronic drought. The panelists agreed that the solution for the Horn of Africa is to engage in peaceful dialogue, promote partnership and collaboration at regional and country levels. There are common cultural, social, economic and religious underpinning that propel these countries to collective actions, cooperation and partnership to change from confrontation to cooperation and from conflict to dialogue and from violence to peace and co-existence. While there were cases of successful examples of partnership and collaborations in many other development sectors, there were several major issues which need immediate consideration in the short and long run development framework:

- The threat to health and development is directly linked to high infant and maternal mortality rates, inadequate access to primary care for the majority of the population, high morbidity and deaths due to HIV/AIDS, Malaria and TB, lack of drugs, food security, malnutrition and lack of political will.

- Some of the successful policies were the product of collaborative activities involving twining approaches involving academic institutions, public and private foundations in the region and their counterparts in high resource countries such as the United States of America.

- The endless dependence on food aid and external assistance to relieve the region from hunger and famine seems to produce negative impact on sustainable development, especially in regions that lack political stability,

perennial armed conflicts, endemic displaced populations, as well as weak and corrupt governance, especially in the so called "failed states" in the region.

- Given the fact that donor countries face competing demands for humanitarian assistance from other regions such as Darfur, Iraq, Afghanistan, Western and Central Africa, the compassion fatigue for palliative measures to prevent man-made and natural disasters are expressed in continuous erosion of funds by donor countries and private charities.

- The flight of expertise and trained human resources to lucrative and safe haven in Europe, America and Southern Africa is the underlying cause for stagnant capacity and fragmented infrastructures in underserved areas.

II. MULTILATERAL ONGOING INITIATIVES IN THE HORN OF AFRICA

The World Bank

- **MAP Status:** The World Bank has 29 countries + 4 sub-regional projects. It has committed $1.12 billion for five years (2001-2006). Of this $800 million was disbursed to fund more than 60,000 civil society subprojects. The Bank has laid the groundwork for other donors. The second phase prepared or being prepared in 5 countries includes Eritrea and Ethiopia.

- T**he Basics:** The Bank supports key elements for national action and ownership, viz. the "Three Ones". One national AIDS Strategy, One national ADIS coordinating mechanisms and One AIDS monitoring and Evaluation System. The participants in joint reviews include *Ethiopia, Kenya, Rwanda.*

- **Short Term Attention:** This strategy allows the Bank to join Multi-donor pooled funding support (ex. *Malawi); p*rovide substantial, flexible, streamlined resources; engage with civil society, including the private sector and faith-based; treat HIV/AIDS as a multi-sectoral problem (ex. education, defense, transportation) and learn-by-doing approach should form new projects and programs.

- New WB HIV/AIDS Initiative

- Member States: Djibouti, Eritrea, Ethiopia, Kenya, Somalia, Sudan and Uganda (HQ in Djibouti).
- Grant Recipients: Inter-Governmental Authority on Development (IGAD) – 4 Year Program
- Expected implementation: Begin in early 2007 and will build on work done under the existing Grant
- Partnership: Member countries, UNAIDS, UNHCR, African Development Bank, bilateral1: HIV/AIDS Support to Refugees,

❖ **Initiative Components**

- 1: HIV/AIDS Support to Refugees, Surrounding Areas, IDPs, Returnees and Cross-Border Mobile Populations
- 2: Support to Regional Health-Sector Collaboration
- 3: Project Management, Capacity Strengthening, Coordination and M&E

❖ **Deliverables:**

- Cross-border Monitoring and Evaluation
- Program Management and Coordination
- Share lessons learned among the countries
- Annual reviews of programs to improve implementation, coverage, and to fill persistent gaps
- Capacity enhancement of financial management and program coordination.

Next Step: World Bank

- Horn of Africa Task Force (TF) meeting in Hargeisa November 13-15, 2006 (develop annual action plan for TF, and agree on operational structure)
- World Bank preparation mission with other partners in January 2007, in close collaboration with TF.
- Horn of Africa Initiative to be ready by mid 2007, adding value to other initiatives in the region, an approach lead by the countries, involving all key stakeholders.

II. PRESIDENT MALARIA INITIATIVE (PMI) – USAID

President Bush announced in June 2055 that the U.S. Government will invest $1.2 billion over five years to fight malaria in 15 sub-Saharan Africa. Ethiopia has qualified for the assistance in FY 2007. The other African countries are Malawi, Mozambique, Rwanda, Senegal, Tanzania, Uganda and Angola. PMI is a collaborative U.S. Government effort led by USAID, in conjunction with the Department of Health and Human Services, Centers for Disease Control and Prevention, the Department of State, the White House and others. PMI assists national malaria control programs to achieve the President's goal of cutting malaria-related mortality by 50 percent in target countries. It goal will be achieved by reaching 85 percent of the most vulnerable groups – children under five of age and pregnant women – with proven and effective prevention and treatment tools. PMI funding in fiscal year 2006 is $30 million, and it is expected to increase to 135 million in fiscal year 2007, $300 million in each of fiscal years 2008 through 2010.

PMI uses comprehensive approach to prevent and treat malaria. The initiative support for key tools: Spraying with Insecticides ("indoor residual spraying" or (IRS) in communities; insecticide-treated bednets (ITNs); lifesaving drugs and treatment for pregnant women (Intermittent Preventive Treatment" or (IPT).

PMI coordinates with national and multilateral partners, including the Global Fund to Fight AIDS, TB and Malaria;; the World Bank Malaria Booster Program, Roll Back Malaria Partnership, nongovernmental organizations (NGOs), including faith based and community groups, and the private sector.

RECOMMENDATIONS:

1. **Recognizing that health is an important component of development and precondition to complete state of physical, mental and social well being including and not limited to peace, stability and economic progress;**
2. **Recognizing that emerging infectious, communicable and sexually transmitted diseases such as Malaria, TB, HIV/AIDS are threatening the life of peoples of the Horn of Africa and constitute major killers of millions of young and adults in their prime age, as well as women and under five children;**
3. **Recognizing that health promotion, education, prevention and treatment cannot be achieved without strengthening academic institutions and human resources capacity building and revitalizing fragmented and decaying health delivery services;**

4. **Recognizing that multisectoral development strategy can only be achieved by initiating collaboration and partnership with national, regional and international technical and financial assistance using twining approaches between US learning centers and their counterparts in the Horn of Africa;**
5. **Recognizing that the peoples of Africa are exhausted from recurrent drought, famine and armed conflicts driven by ethnic and clan based warfare leading to failed state situation;**
6. **Recognizing that peace and development are precondition for rational planning and strategies for comprehensive development and complete state of health;**
7. **Recognizing that children and women are the most vulnerable segments of the population and prevention of early death are within the reach of modern technology, medicine and indigenous expertise;**
8. **Recognizing that the flight of health professionals in search of lucrative jobs and relatively safe environment deprived the poorest of the poor from access to health care and fundamental human rights to be free from unnecessary disease burden expected to be delivered by culturally competent health professionals educated at the expense of the national treasuries;**
9. **Recognizing that there shall be incentives to promote brain gain and prevent hemorrhage of the scarce human resource;**

- **Resolved that the Conference adopt the following recommendations, among other lessons learned from pilot and upscale projects supported by multilateral, bilateral and national initiatives, aim of which to share and promote collaborative models.**
- **The health initiatives should be viewed as an integral component of plans and strategies embedded in the national framework and priorities suitable for each country of the Horn of Africa. The purpose of sharing resources and technologies must be driven by common understanding, tolerance and peaceful accommodation of diverse political, cultural and religious orientation impacting the health status of the people of the Horn of Africa:**

- **Action Plans**

- Be Strategic in terms of what you want to do with regard to *health systems* (management, infrastructure, drugs, protocols) and *disease initiatives* (AIDS, Malaria, TB, Childhood Illnesses)
- Get the data/information so it is Evidence Based
- Develop a Results-Driven, cost based action plan
- Consider a phased approach which is realistic (2 years; five years)
- Approach non-traditional large donors to finance the technical assistance, such as the Gates Foundation, even the Clinton Foundation

o Development Assistance Framework

1. Develop Strategic national frameworks responding to nature of epidemic, whether generalized, concentrated, or mixed
2. Develop transparent and performance and results based disbursement standards
3. Scale up good practices, including those of civil society
4. Balance prevention and treatment
5. Develop more explicit gender dimension including the "feminization" of HIV epidemic in Africa
6. Integrate WHO Roll Back Malaria and TB Initiatives with World Bank Global Fund, U.S. President's Malaria Initiative (PMI), MAP with public and private sectors nationally and regionally.
7. Promote civic and nongovernmental in conflict resolution and people-to-people diplomacy in all health care initiatives nationally and regionally
8. Targeted approach-where appropriate-- to vulnerable or neglected groups and high risk groups (refugees, IDPs, ex-combatants, etc)
9. Establish centers for health research and development through collaborative and partnership initiatives

o **Implementation Phase**

1. Employ multi-Sectoral Response to disease control and treatment
2. Apply exceptional and flexible implementation arrangements
3. Develop flexible and diverse national AIDS capacity building
4. Give priority to demand-driven local response initiatives
5. Enhance new decision making paradigms such as bottom-up and top-down comprehensive approach as applicable
6. Develop national framework and strategies that emphasizes learning-by-doing and value accountability and transparency to achieve balanced development and democratic culture.