AID Architecture and Health Outcomes in Africa
Focus on Family Planning

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KAMPALA, UGANDA
NOVEMBER 16, 2009
Introduction

From 1960s....... Uhuru

Eradicating

- Poverty
- Ignorance
- Disease
UN Millennium Development Goals (MDGs) for the 21st Century

Eight (8) goals to be achieved by 2015

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development
MDG 1: Poverty and hunger

Sub-Saharan Africa counted 100 million more extremely poor people in 2005 than in 1990, and the poverty rate remained above 50%.

--2009, UN Millennium Development Goals Report
Trends on health-related MDGs
1990-2015

MDG 4: Child Mortality

MDG 5: Maternal Health

Under-five mortality rate per 1,000 live births, 1990 and 2007

- Sub-Saharan Africa: 145
- Southern Asia: 122
- Oceania: 85
- CIS, Asia: 78
- Northern Africa: 83
- Western Asia: 67
- South-Eastern Asia: 77
- Latin America & the Caribbean: 54
- Eastern Asia: 45
- CIS, Europe: 22
- Developed regions: 15
- Developing regions: 103

Maternal deaths per 100,000 live births, 1990 and 2005

- Sub-Saharan Africa: 920
- Southern Asia: 620
- Oceania: 350
- South-Eastern Asia: 450
- Western Asia: 300
- Northern Africa: 160
- Latin America & the Caribbean: 160
- CIS: 130
- Eastern Asia: 95
- Developed regions: 11
- Developing regions: 450
MDG 6: Combat HIV/AIDS, malaria and other diseases

Two-thirds of those living with HIV are in Sub-Saharan Africa, most of whom are women.

According to WHO, nearly 1 million people died of malaria in 2006. 95% of them lived in Sub-Saharan Africa, and the vast majority were children under five.
Tactical Errors

- Underestimating the challenges
- Ineffective strategies
- Over reliance on old ‘adversaries’ (for Aid)
# Anatomy of Aid

## Types of Aid

- **Financial** (soft loans, general grants, and targeted grants, innovative financing)
- **Technical** (short and long term)
- **Goods** (equipment, drugs and pharmaceuticals, infrastructure)

## Alternatives to Aid

- Government general expenditure
  - budgetary allocations, insurance, other, etc.
- Private expenditure
  - out of pocket expenses
Trends in Reproductive and Child Health

- Separate maternal and child health (MCH) from family planning (FP)
- Integrate reproductive health services
- Vertical programs (HIV/AIDS)
Trends in Policy Environment

- Govt leadership: Minimal change
- Donors: Stronger voices
- Consumers/Communities: Less voice
Who Pays for Services?

Sources of funding:

1. Government (% of total budget): less than 10%--Abuja target is 15%

2. Donor contributions (% variable)

3. Private spending (% of total expenditure): two-three fold increase over time
Country Example: Kenya

Total Health Expenditures by Source, 2001/02 and 2005/2006

Source: NHA 2001/02
Country Example: Kenya

Total Health Expenditures in Women's Health by Sector, 2005/2006

Provider type as % of THERH, Kenya 2005/06
100% = 9 billion Ksh

- Public provider: 61%
- Private provider: 30%
- Other: 9%

Source: NHA 2005/06
Country Example: Kenya

Antenatal Services

Antenatal Services by Source (DHS 2003)

- Private Sector: 15%
- Public Sector: 13%
- Mission: 71%

Source: CBS 2003

Delivery Services by Source (DHS 2003)

- Private Sector: 14%
- Public Sector: 26%
- Home: 59%
- Other: 1%

Other: 1%
The majority of family planning services are carried out by the public sector (53%); private sector (34%); NGOs (10%) and other service providers (3%).

Source: CBS 2003
Country Example: Kenya

Use of Private Providers in Rural Areas, By Method

Range of OC Source in Rural Areas:
- Shop/Church/Friend: 25%
- Other: 25%
- Private Pharmacy: 30%
- Private Clinic/Delivery: 15%
- Govt. Clinic/Pharmacy: 5%

Range of IUD Source in Rural Areas:
- Shop/Church/Friend: 48%
- Other: 52%

Range of Condom Source in Rural Areas:
- Shop/Church/Friend: 40%
- Other: 16%
- Private Pharmacy: 15%
- Private Clinic/Delivery: 29%

Source: CBS, 2003
Country Example: Kenya

Treatment of Childhood Diarrhea

- Private providers treat 47% of children with diarrhea
- 33% poorest and 30% among the poorer income groups use the private sector
Lessons/Challenges

- Country leadership
- Donor coordination
- Government budget
- Out of pocket expenditure
- Innovation in policy, strategy and financing
Five Key Recommendations

1. Increase government resources, Abuja target must be realized

2. Improve policies and strategies, country-led priorities are imperative

3. Increase community participation in primary/preventive health

4. Establish an enabling environment for effective public-private (e.g. IFC-Health in Africa)

5. Improve stewardship (national and local leadership) and sector ownership