

# AID Architecture and Health Outcomes in Africa Focus on Family Planning



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# Introduction



From 1960s..... *Uhuru*

Eradicating

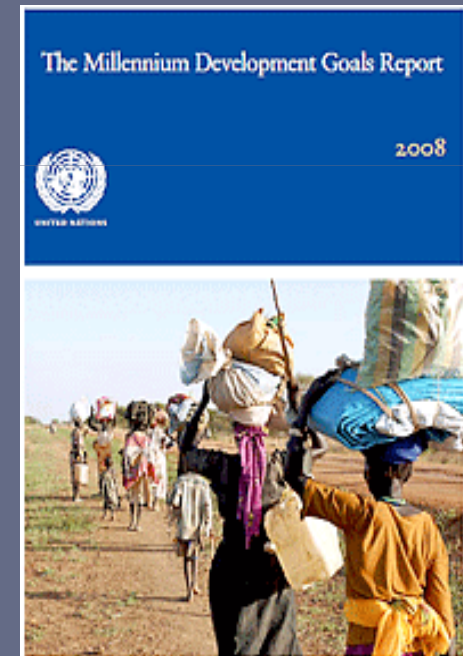
- Poverty
- Ignorance
- Disease

# UN Millennium Development Goals (MDGs) for the 21<sup>ST</sup> Century



## Eight (8) goals to be achieved by 2015

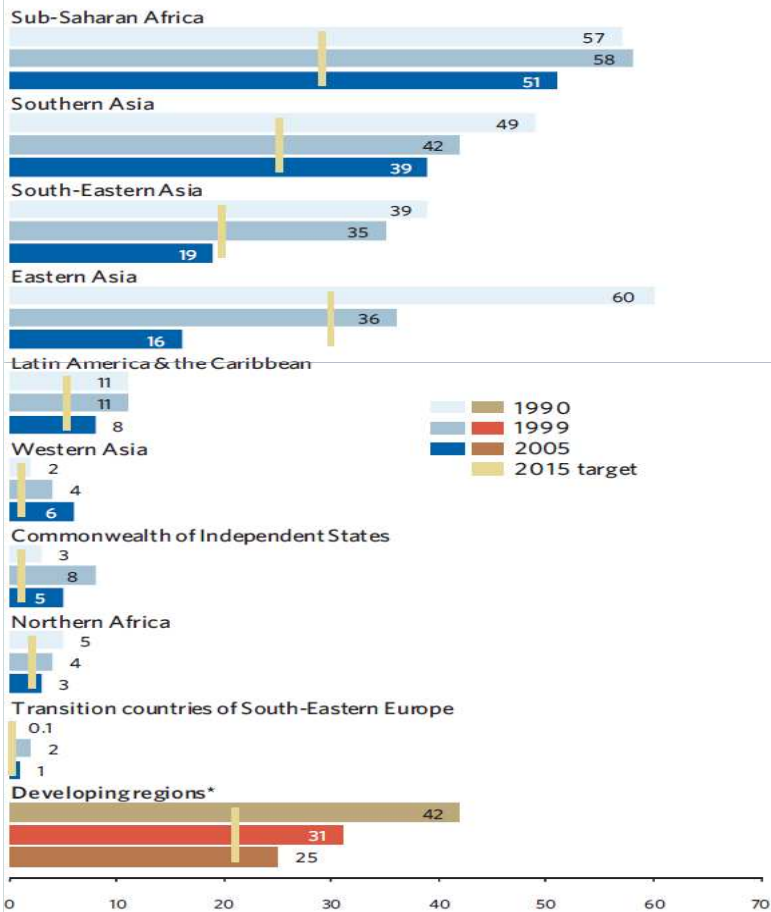
1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development



# Trends on health-related MDGs

## 1990-2015

Proportion of people living on less than \$1.25 a day, 1990, 1999 and 2005  
(Percentage)



\*Includes all developing regions, the Commonwealth of Independent States and transition countries of South-Eastern Europe.

### MDG 1: Poverty and hunger

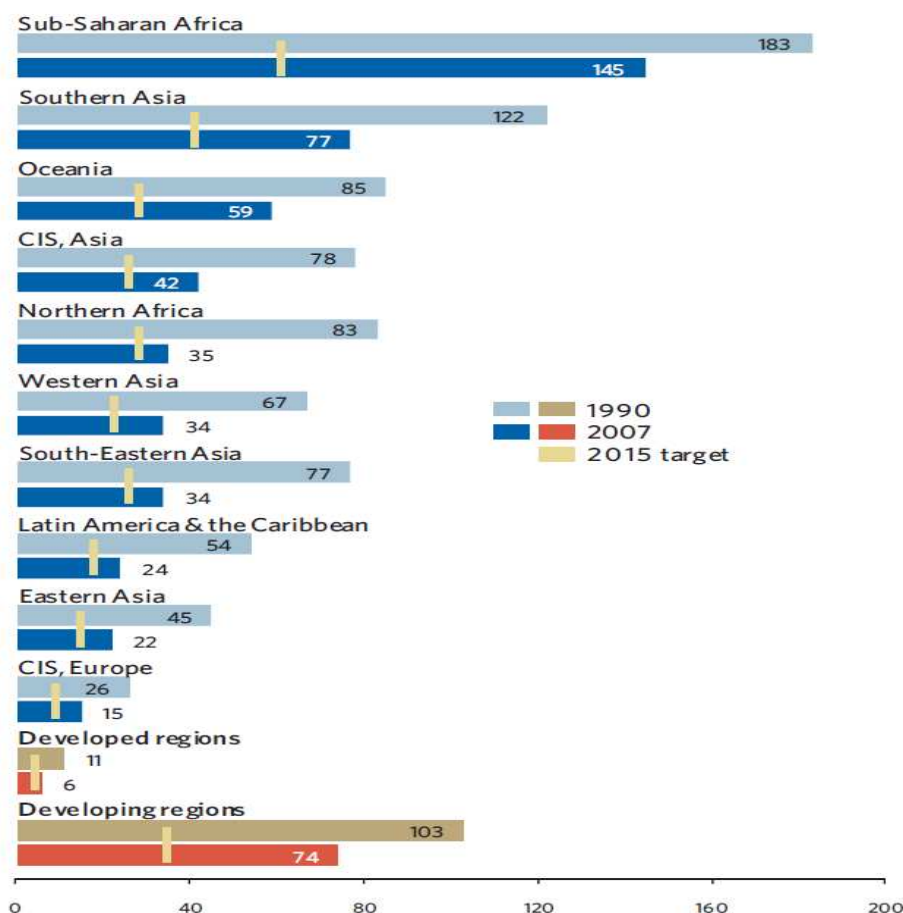
Sub-Saharan Africa counted 100 million more extremely poor people in 2005 than in 1990, and the poverty rate remained above 50%.

--2009, *UN Millennium Development Goals Report*

# Trends on health-related MDGs 1990-2015

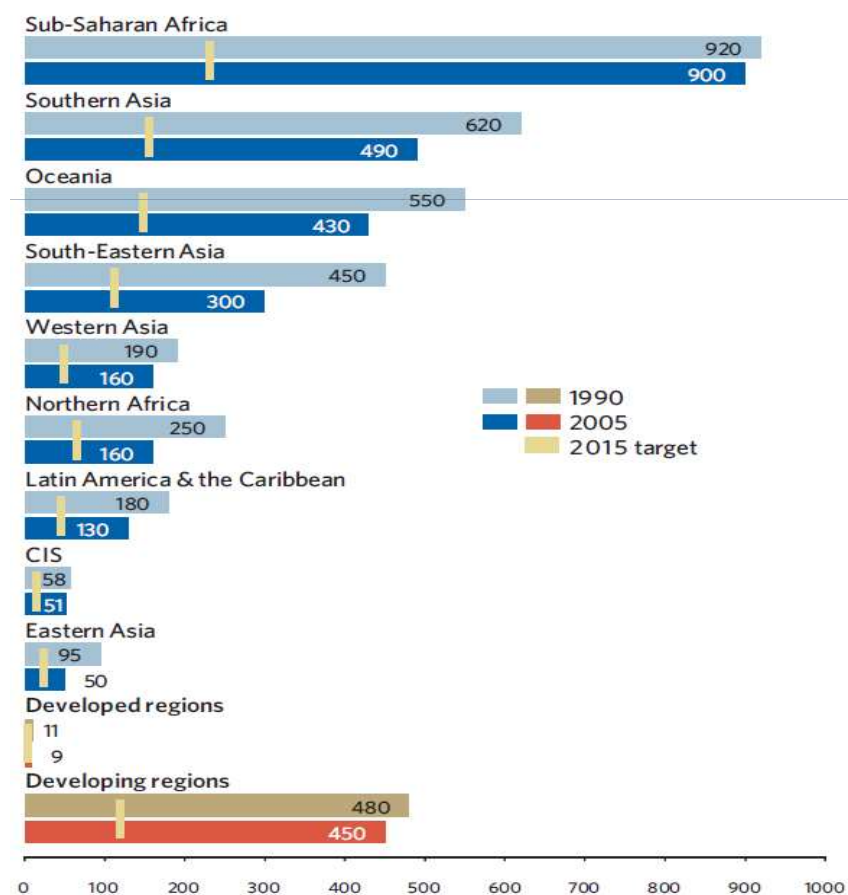
## MDG 4: Child Mortality

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



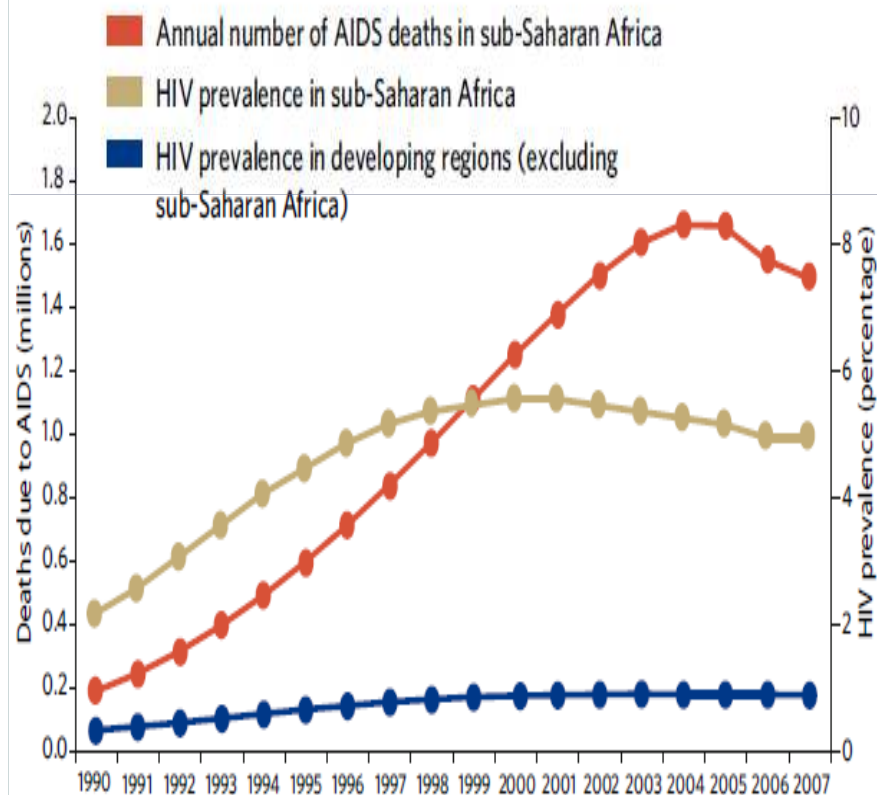
## MDG 5: Maternal Health

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



# Trends of health related MDGs

HIV prevalence in adults aged 15-49 years in developing regions and in sub-Saharan Africa (Percentage) and number of AIDS deaths in sub-Saharan Africa (Millions), 1990-2007



## 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?



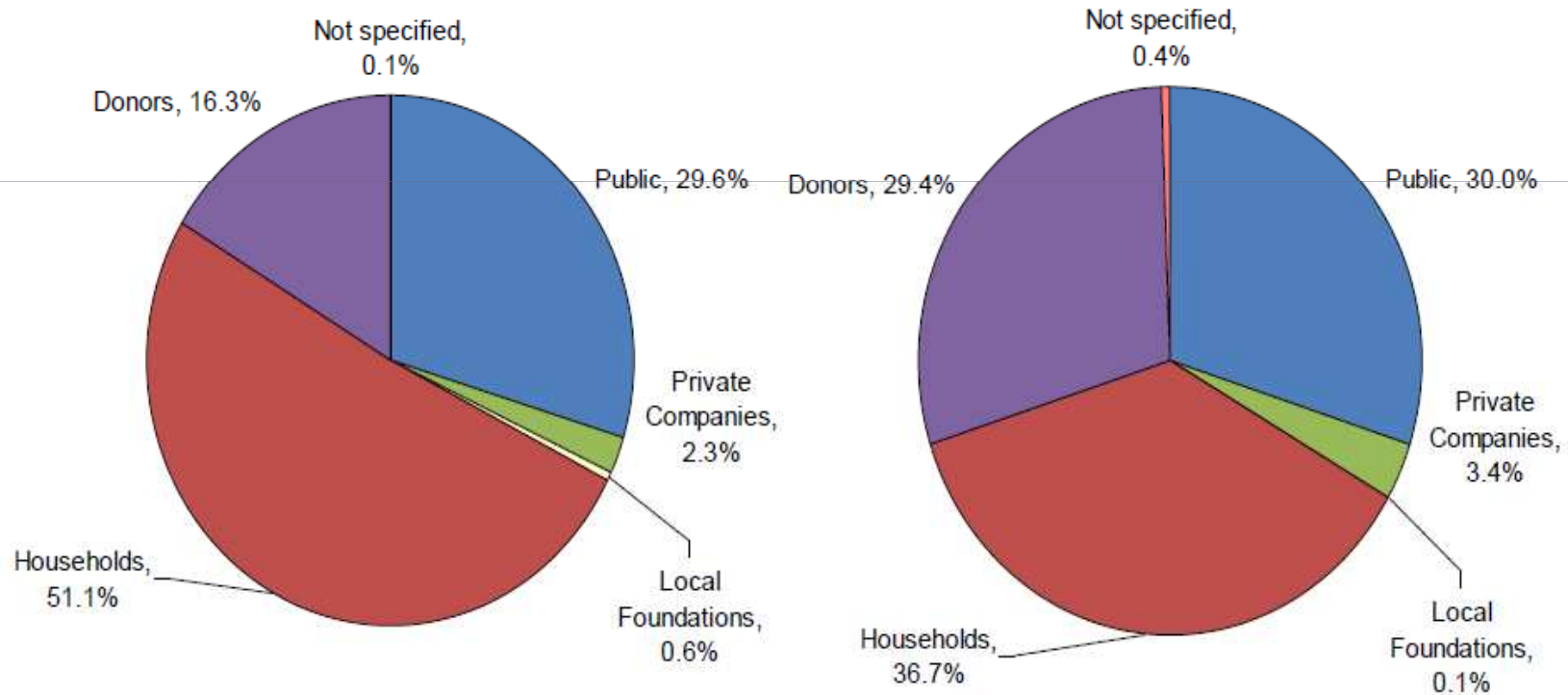
## Sources of funding:

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

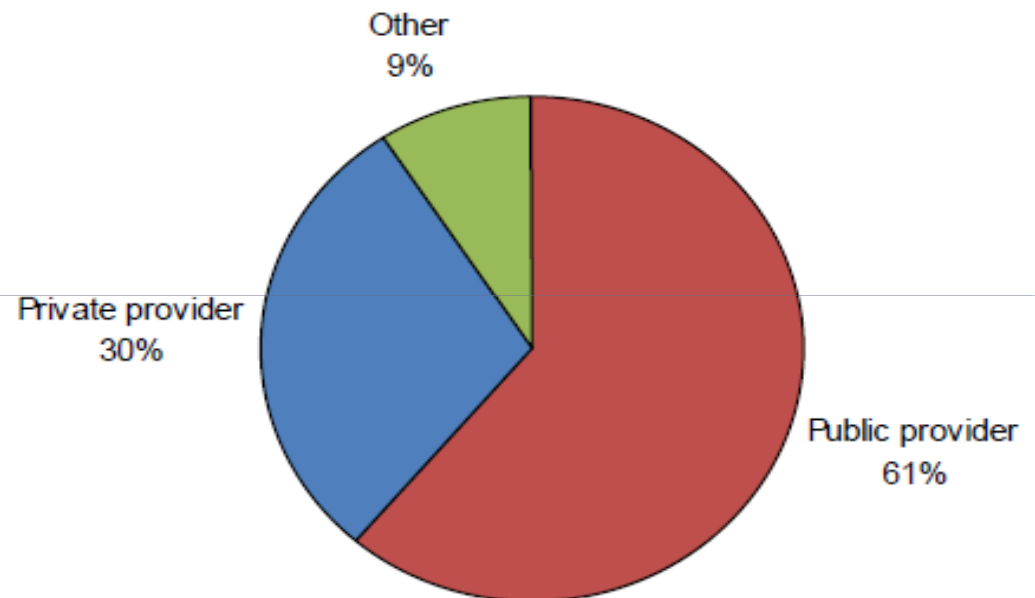


Source: NHA 2001/02

# Country Example: Kenya

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

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



Source: NHA 2005/06

# Country Example: Kenya



## Antenatal Services

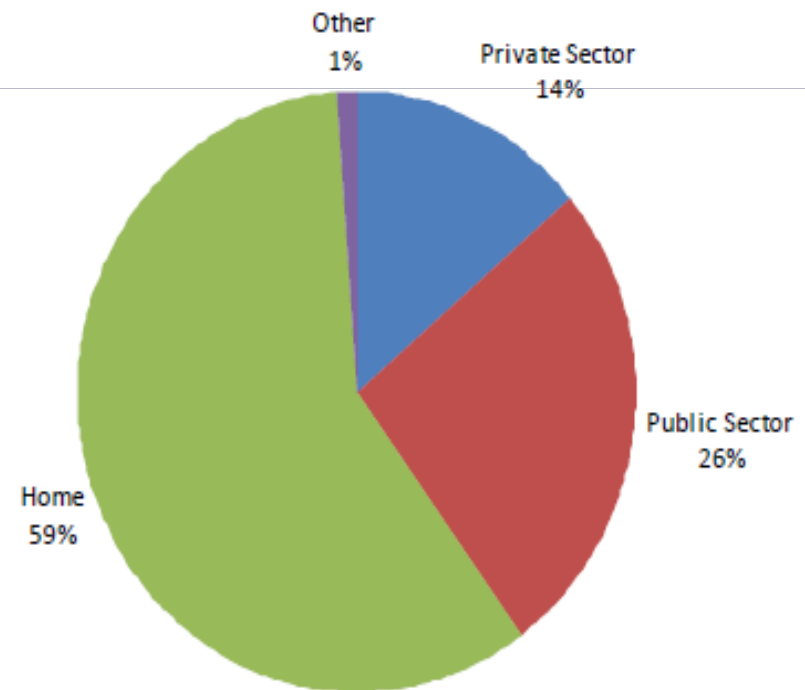
Antenatal Services by Source (DHS 2003)



Source: CBS 2003

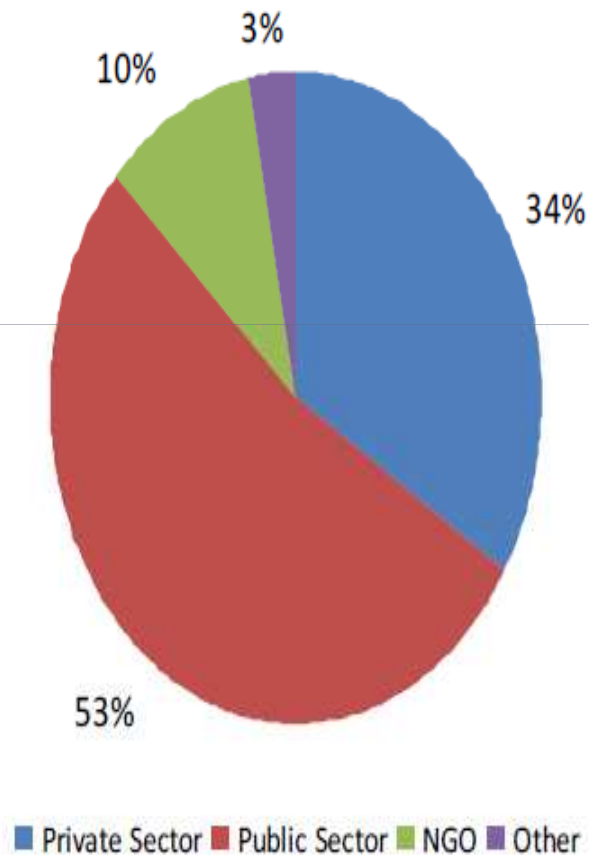
■ Private Sector ■ Public Sector ■ Mission ■ Other

Delivery Services by Source (DHS 2003)



# Country Example Kenya

Family Planning Services by Source (DHS 2003)



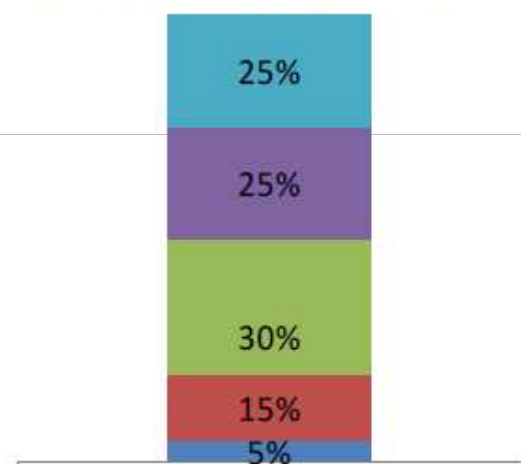
**The majority of family planning services are carried out by the public sector (53%); private sector (34%); NGOs (10%) and other service providers (3%).**

# Country Example: Kenya



## Use of Private Providers in Rural Areas, By Method

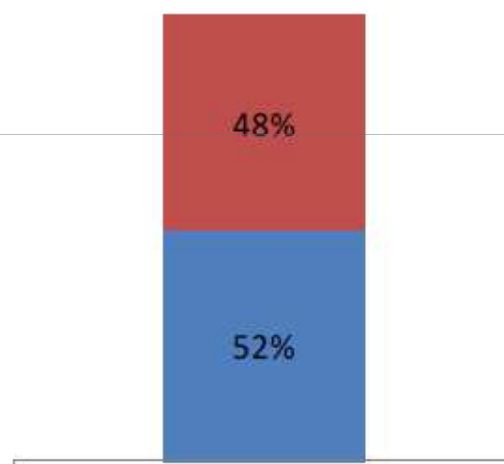
Range of OC Source in Rural Areas



Rural

- Shop/Church/Friend
- Other
- Private Pharmacy
- Private Clinic/Delivery
- Govt. Clinic/Pharmacy

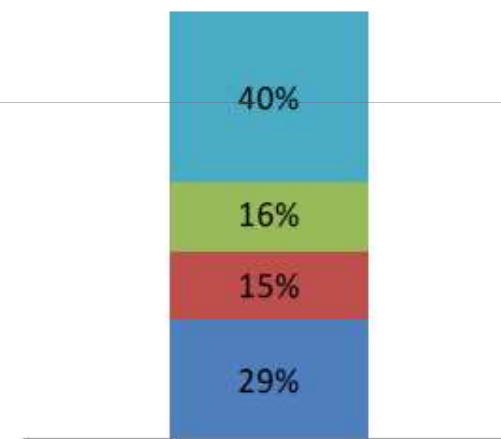
Range of IUD Source in Rural Areas



Rural

- Shop/Church/Friend
- Other
- Private Pharmacy
- Private Clinic/Delivery
- Govt. Clinic/Pharmacy

Range of Condom Source in Rural Areas



Rural

- Shop/Church/Friend
- Other
- Private Pharmacy
- Private Clinic/Delivery
- Govt. Clinic/Pharmacy

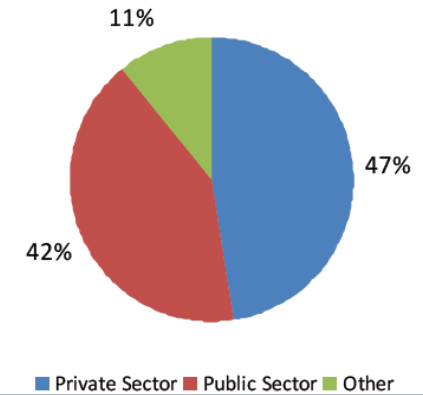


# Country Example: Kenya

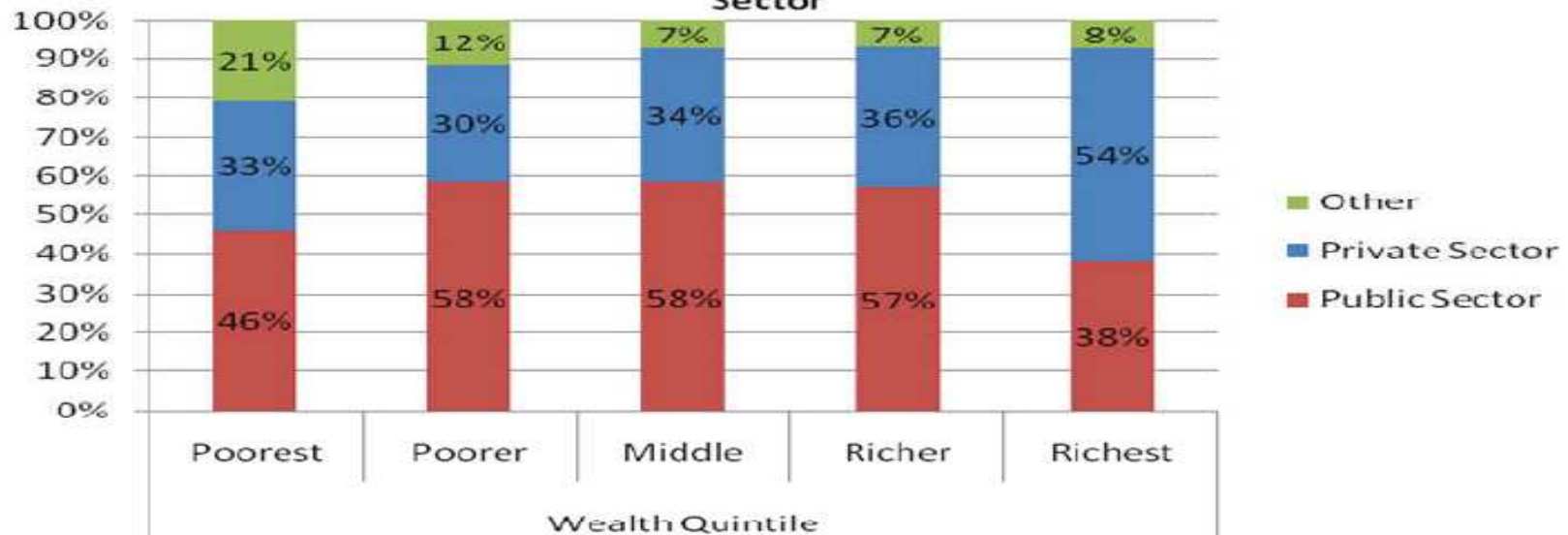
## Treatment of Childhood Diarrhea

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

Treatment Source for Child's Diarrhea by Sector in Urban Areas



Treatment Source for Child's Diarrhea by Wealth Quintiles and Service 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

