



2008 REGIONAL HEALTH & HIV/AIDS FACT SHEET

Key Messages:

Improving Health, Fighting HIV/AIDS

Program Funding Level:

US \$7.85 FY 09 (estimated)

US \$9.6 million FY 08

US \$7.35 million FY 07

Partners:

East and Southern Africa Health Community (Tanzania)

Regional Center for Quality of Health Care (Uganda)

Family Health International

Care

Pathfinder

Academy for Educational Development

Geographic Location:

12 countries in East and Central Africa

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PHOTO: Reason to Celebrate: Improved Access to HIV/AIDS Prevention, Education and Treatment.



Program Overview

The health situation in East Africa remains poor. Access to nutritious foods is limited, women experience violence, mortality rates for pregnant women and children under five are stagnant, and HIV/AIDS and tuberculosis (TB) are major issues. USAID helps build the capacity of and supports African regional institutions to address health issues through policy, advocacy, initiatives to reduce violence against women, and development of quality training materials in family planning (FP), infectious diseases, HIV/AIDS, and maternal and child health.

Program Impact

- In the \$109 million *Roads to a Healthy Future* initiative USAID works with nine bilateral missions and the private sector along transport corridors to provide comprehensive services for high-risk mobile and community populations representing many of the region's new HIV infections. Cumulative results are:
 - 26 SafeTStop communities have been established in 8 countries; 46 community clusters formed with 33,000 members; 300 vulnerable women employed via sustainable *LifeWorks* private-public partnership; 230,000 reached with prevention messages; 14,350 received counseling and testing; state-of-the-art Pediatric Aids work supported;
- Promoting improved Maternal Child Health care: developing regional food fortification standards to combat under-nutrition; sensitized 22 women Members of Parliament on birth preparedness and policy issues; 1000 community workers trained in use of oral rehydration therapy for child diarrhea;
- Trained 229 technicians in Directly Observed Treatment Short-course (DOTS) to improve diagnosis and treatment quality and reduce Multi-Drug Resistant (MDR) TB; strengthening diagnostic and drug sensitivity testing capacity of TB reference labs in Uganda and Tanzania;
- Successes in gender-based violence (GBV) reduction include: 14 Health Ministers adopted GBV as 2008 national health priority; regional framework developed to integrate GBV prevention into national health plans and worked with 10 countries to adapt framework to national requirements; trained 300 media and 1,500 health professionals and others on GBV;
- Training 500 Family Planning managers annually to improve service quality; introducing a fistula care course for nursing/midwifery schools;
- 100 people trained to track health expenditures with National Health Accounts to better allocate resources and advocate for funding.

Program Challenges

Multi-Drug Resistant TB from treatment non-adherence and improper drug regimens; Limited treatment for children with HIV/TB; Low Family Planning acceptance rate (20%), high birth rates (average 5-6 children/woman); and high rape/domestic violence (30-80%).