The United States Agency for International Development
Bureau for Africa (USAID/AFR)
BAA for Sustainable Development in Sub-Saharan Africa

ADDENDUM 01 - IMPROVING HEALTH IN SUB-SAHARAN AFRICA

I. BACKGROUND

A. Overview

With a vision of eliminating extreme poverty in Africa, USAID's Africa Bureau seeks to incorporate new ideas that will directly and positively influence its programs and policies in Sub-Saharan Africa (SSA), including improving the health of Africans.

USAID recognizes that achieving sustainable solutions to the challenge of eliminating extreme poverty and accelerating reductions in major causes of mortality in SSA requires collaboration across the public and private sectors. While the health challenges facing Africa have rightfully captured global attention and engagement, USAID also recognizes that investment and leadership from African institutions in these collective efforts is essential to sustaining progress in the long term. Furthermore, approaches that address the unique contextual, bureaucratic, political, institutional, and regional issues facing SSA are needed to complement and reinforce large scale service delivery efforts already supported by host governments, USAID, and other partners. In most cases, the limited budgets of governments and public sector development agencies individually will not suffice to address these problems. All actors – governments, development agencies, foundations, civil society organizations, and private companies – must be involved.

B. Health and Development in Sub-Saharan Africa

Improving health and sustainable development in Sub-Saharan Africa are inextricably linked. Sub-Saharan Africa health indicators continue to lag behind the rest of the world, due in large part to weak health systems. For example, SSA has only two percent of global healthcare workers, but 70 percent of the global HIV/AIDS burden.[1] Likewise, while progress in eliminating extreme poverty has been made in the recent past, more people in SSA are living in extreme poverty than anywhere else in the world.[2] According to a 2014 United Nations Development Program (UNDP) report, "poor health is closely linked to lower socioeconomic status…given that low-income countries have the highest burden of disease, health problems can contribute to a poverty trap that impedes long-term development… the base of the pyramid will struggle to move up unless health interventions are better targeted."[3]

[1] *The GAP Report.* UNAIDS, 2014.
[2] *Annual Report 2012.*The World Bank, 2012.
[3] *The Role of the Private Sector in Inclusive Development: Barriers and Opportunities at the Base of the Pyramid.* United Nations Development Program, 2014.

UNDP also cites gender inequality as a major barrier to eliminating extreme poverty. UNDP's Gender Inequality Index (GII) measures the human development costs of gender inequality: the higher the GII value, the more disparities between females and males and the more loss to human development. Sub-Saharan Africa's 2013 GII score of 57.8 percent is the highest in the world.[4]

Economic growth and other rapid demographic changes are also changing the way health services are delivered in Africa, including new opportunities for domestic resource mobilization to expand the reach and capabilities of both the public and private health sector. Vast inequalities exist, however. Despite African cities generating about 55-60 percent of the continent's GDP, 43 percent of urban populations live below the poverty line.[5] Tailored approaches to health services designed for local contexts are needed to address unique challenges that arise as the economic, urban, and demographic landscape continues to change.

C. USAID's Topline Health Priorities in Sub-Saharan Africa

Given its epidemiologic profile, changing demographic and economic needs, and weak health systems, Sub-Saharan Africa remains the focal point of all major global health initiatives. USAID has prioritized the following topline goals in the health sector globally, including approaches to these goals that seek to strengthen health systems and strive for sustainable development solutions to health challenges:

- Ending Preventable Child and Maternal Deaths (EPCMD)
- Achieving an AIDS-free Generation
- Protecting Communities from Infectious Disease

1. Ending Preventable Child and Maternal Deaths (EPCMD)

Sub-Saharan Africa has the highest rates of maternal and child deaths of any region, with nearly three million children under five years of age, and over 200,000 mothers, dying each year – primarily from preventable causes.[6,7] Maternal deaths occur due to lack of access to health facilities for antenatal care and deliveries, major human resource constraints, poor quality services, and a poor referral system for emergencies. Likewise, children under five continue to die from three predominant illnesses: pneumonia, diarrhea, and malaria - with 80 percent of these deaths occurring at home without the child ever seeing a health care provider.

High fertility and lack of access to family planning methods also contributes to maternal mortality and child mortality. At an average of 4.75 births per woman, SSA has the highest

[4] *Human Development Report 2013.The Rise of the South: Human Progress in a Diverse World.* United Nations Development Program, 2013.
[5] Mohamed El Hedi Arouri, Adel Ben Youssef, Cuong Nguyen-Viet, Agnes Soucat. Effects of Urbanization on economic growth and human capital formation in Africa. 2014
[6] *Levels and Trends in Child Mortality Report 2015.* UN Inter-agency Group for Child Mortality Estimation. UNICEF, September 2015.
[7] *Trends in maternal mortality: 1990 to 2015, estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division*. World Health Organization, 2015.

fertility rate of any region in the world.[8] Approximately 40 percent of women of reproductive age in SSA in 2014 wanted to avoid pregnancy, but more than half of these women were not using an effective contraceptive method.[9] High fertility rates have also created a youth bulge. Approximately 43 percent of SSA's population is under the age of 15 years, creating a high dependency burden and threatening the attainment of overall development.[10]

USAID's efforts in EPCMD support the United Nations' Sustainable Development Goal target of reducing global child mortality rates to 25/1,000 by 2030 and reducing global maternal mortality to less than 70/100,000 by 2030.[11] USAID also supports the Family Planning 2020 goal of enabling 120 million additional women and girls in the world's poorest countries to use modern contraception by 2020.[12]

2. Achieving an AIDS-free Generation

In spite of great achievements in reducing the incidence of HIV infections worldwide, two million people became infected worldwide in 2014, with over half of them living in Sub-Saharan Africa.[13] Seventy percent of SSA's young people (15-24 years) living with HIV are female.**Error! Bookmark not defined.**

Although newly announced World Health Organization (WHO) treatment guidelines expand the pool of persons eligible for treatment, providing these treatments will create additional resource pressures for some countries. Even with significant donor support, many countries will not have sufficient resources to increase the number of persons receiving the treatment called for. Furthermore, HIV/AIDS control efforts must continue to address a broader health, gender, and development context and be responsive to the overall health needs faced by people living with HIV/AIDS, their families, and their communities.

USAID supports the new UNAIDS comprehensive "90-90-90" treatment target: by 2020, 90 percent of all people living with HIV will know their HIV status, 90 percent of all people with diagnosed HIV infection will receive sustained antiretroviral therapy, and 90 percent of all people receiving antiretroviral therapy will have viral suppression.[14]

3. Protecting Communities from Infectious Disease

Tuberculosis (TB). In 2014, TB surpassed HIV/AIDS as the leading cause of infectious disease death worldwide. The 2015 WHO Global TB Control Report states that the African

[8]*World Population Prospects: The 2015 Revision, Key findings and advance tables.* United Nations, Department of Economic and Social Affairs, Population Division, 2015.
[9]Singh S, Darroch JE and Ashford LS. *Adding It Up: The Costs and Benefits of Investing in Sexual and Reproductive Health.* Guttmacher Institute, 2014.
[10]*World Population Prospects: World Development Indicators, 2006-2014*. United Nations, Department of Economic and Social Affairs, Population Division.
[11]*Transforming our world: the 2030 Agenda for Sustainable Development.* United Nations Department of Economic and Social Affairs, 2015.
[12]*FP 2020 Commitment to Action: 2014-2015*. Family Planning 2020, 2014. Web. 11 Jan. 2016.
[13] Fact sheet 2015. UNAIDS, 2015. Web. 11 Jan. 2016.
[14]*90-90-90: An Ambitious Treatment Target to Help End the AIDS Epidemic.* UNAIDS, 2014.

Region[15] accounts for more than a quarter of the world's TB cases.[16] TB/HIV co-infection is fueling the TB epidemic with co-infection cases highest in the African Region. The emergence of drug resistant TB strains, combined with limited laboratory and treatment capacity in SSA, creates a particularly serious threat requiring more accelerated and intensified action. USAID, through the US Government's Global TB Strategy, supports the UN's Sustainable Development Goals and WHO's End TB Strategy targets that seek to: 1) reduce TB incidence by 25 percent from 2015 levels; 2) treat at least 13 million TB patients; 3) initiate appropriate treatment for at least 360,000 drug resistant TB patients; and 4) provide antiretroviral therapy to 100 percent of registered patients with TB/HIV co-infection in supported countries.

Malaria. Like TB and HIV, malaria is a preventable and treatable disease. However, malaria remains one of the major causes of illness and death among children in SSA. According to the World Malaria Report 2015, there are an estimated 214 million cases of malaria worldwide each year, resulting in approximately 438,000 deaths. SSA accounts for more than 90 percent of those deaths, with 77 percent occurring in children under five years of age.[17] In an effort to address the staggering number of deaths resulting from malaria infection, USAID supports the President's Malaria Initiative (PMI) which aims to: 1) reduce malaria mortality by one-third from 2015 levels; 2) reduce malaria morbidity by 40 percent from 2015 levels; and 3) assist at least five countries to meet the WHO criteria for national or sub-national pre-elimination of malaria, all by 2020.[18]

Emerging Pandemic Threats. Emerging pandemic threats are also a major cause of morbidity and mortality for communities in Sub-Saharan Africa. For example, as of December 2015 there have been nearly 29,000 cases and over 11,000 deaths due to Ebola Virus Disease (EVD) since the EVD outbreak in West Africa began in December 2013.[19] The US Government has pledged to work with 30 countries (16 in SSA) as they strengthen their global health security capacity over the next five years through the Global Health Security Agenda (GHSA). The goal of the GHSA is to make the world safe and secure from infectious disease threats by building measurable, sustainable capacity to prevent, detect, and rapidly respond to infectious disease threats.[20]

II. OBJECTIVE & AREAS OF INTEREST

A. Objective

This Addendum seeks, through research, analysis, and co-creation with a diversity of partners, new perspectives and creative solutions to strengthen health systems and overcome intractable health challenges in Sub-Saharan Africa.

[15] The "African Region" is defined by the WHO as 47 African countries, including Algeria and South Sudan, but not including Somalia and Sudan.
[16] *Global Tuberculosis Report 2015*.World Health Organization, 2015.
[17] *World Malaria Report 2015*.World Health Organization, 2015.
[18] *President's Malaria Initiative Strategy: 2015-2020.* U.S. Agency for International Development, April 2015.
[19] Ebola Situation Report. World Health Organization, December 2015. Web. 30 Dec. 2015.
[20] The U.S. Commitment to the Global Health Security Agenda. Fact Sheet. The White House Office of the Press Secretary, November 2015. Web. 16 Nov. 2016.

This Addendum is specifically intended to support USAID's three topline health goals as outlined in Section I with an intentional emphasis on a pan-African and/or regional and/or sub-regional lens, pursuing solutions that focus on the unique contextual and institutional issues, as well as regional trends, that influence overall health outcomes in SSA.

This collaborative process could result in one or more activities that contribute to the development, implementation, and overall improved impact and accountability of health related policies and programs through the design and application of flexible, responsive, nimble, and cost-effective approaches to one or more of the areas of interest noted below.

B. Areas of Interest

The areas of interest described below are not mutually exclusive. A proposed solution or analysis addressing an area of interest could include one, some, or all of the areas of interest.

1. **Analysis and Advocacy to Address Emerging Trends**
   New approaches to identifying and addressing emerging trends and critical gaps in health policies, strategies, and program implementation at the pan-African, regional, sub-regional, and cross-border levels. Solutions may include, but are not limited to: new and innovative methodologies of trend and gap analysis; new technologies, methodologies, or innovations that facilitate improved data systems, analysis, and use; and catalytic advocacy and consensus building approaches aimed at leveraging support of both public and private organizations to take action to address identified issues at greater scale.

2. **Strengthened African Capacity**
   Strengthened capability of African institutions to lead pan-African, regional, and national efforts that identify, advocate for, and implement solutions to Africa's health issues. Solutions may include, but are not limited to: testing models and new approaches developed by local institutions and linking them with each other for greater reach and scale; analyzing successful local and national institution strengthening approaches that are prime for more regional, multi-country implementation; and identifying specific processes to strengthen health systems such as innovative approaches to increasing universal health coverage, with an emphasis on domestic resource mobilization and leveraging private sector investment.

3. **Collaboration and Integration with Other Development Sectors**
   Identifying strategic opportunities for integrating health programs and collaborating across development sectors to maximize impact and cost effectiveness. Solutions may include, but are not limited to: innovative approaches to reducing child mortality through integrated health, nutrition, education, and water and sanitation programs; new approaches for reducing women's time and labor burdens to enable better access to health information and services; and improved approaches to economic policy development and implementation that incorporate the impact of health on broader development plans and outcomes.

III. INSTRUCTIONS FOR SUBMITTING EXPRESSIONS OF INTEREST

USAID will review Expressions of Interest (EOI) in accordance with the instructions and evaluation criteria set forth in this Addendum.

EOIs must indicate the research or development idea(s) that will deliver potential solutions to the Objective stated in Section II. Organizations are encouraged to collaborate with peer organizations that bring differing perspectives and/or comparative advantages. USAID is supportive of approaches which value collaboration as a component of the co-creation process.

USAID will accept multiple EOIs from a single organization.

A. General Instructions for the EOI

EOIs must be submitted in accordance with the following:

1. If a respondent does not follow the instructions set forth herein, the respondent's EOI may be eliminated from further consideration.

2. USAID will not pay for any EOI preparation costs.

3. EOIs must be submitted in English.

4. All EOIs submitted in response to this Addendum are due no later than the closing date and time indicated in this Addendum. Late EOIs will not be considered.

5. EOIs submitted in response to this Addendum will be received by electronic submission only. Facsimile or hardcopy submissions will not be accepted.

6. EOIs must be emailed to the USAID/AFR/SD/Health team at **baa_sd_health@usaid.gov**.

7. The EOI must not exceed four (4) pages in length. EOIs longer than four (4) pages will not be considered.

8. Respondents must use 8.5 by 11 inch (or A4) paper, single spaced, Times New Roman 12 point font, and have margins no less than one inch on the top, bottom, and both sides. Number each page consecutively.

9. The EOI must be in .pdf or .docx format.

10. The EOI must contain a header with the following information:
    - Title: BAA for Sustainable Development in Sub-Saharan Africa/Improving Health in Sub-Saharan Africa
    - BAA Number: BAA-AFR-SD-2016/Addendum 01
    - Name of the respondent:

- Respondent contact person, address, telephone number, and email address

11. Questions in regard to the Addendum must be submitted via email only to the USAID/AFR/SD/Health team at **baa_sd_health@usaid.gov**. Questions must be submitted by **February 17, 2016 at 5:00 PM Eastern Standard Time**.

12. EOIs must be submitted by **March 4, 2016 at 5:00 PM Eastern Standard Time**. The subject line of the email must contain "BAA-AFR-SD-2016/Addendum 01" and the name of the respondent.

B. Content of the EOI

1. Provide a brief description of your idea/approach as it applies to Section II of this Addendum. Be sure to address:
    a. how your idea will improve health outcomes in SSA, as it applies to one or more of the Areas of Interest found in Section II
    b. the potential impact your idea will have in SSA
    c. the manner in which your idea will be implemented in SSA

2. Provide a brief description of your organization's experience and/or expertise in the idea/approach you are proposing. Address your ability to harness the comparative advantages of other parties and collaborate with other organizations in your brief description.

3. Provide the approximate duration of your proposed idea/approach.

4. Provide names of up to two (2) individuals nominated to participate in the Concept Paper workshop, as described in this Addendum. Describe why the individuals you are nominating are the best people to participate in the workshop and discussions to develop the ideas presented while working alongside USAID staff and other organizations selected to participate. **Note: Individuals whose focus is on business development of the respondent organization will not be considered for participation in the workshop.**

IV. EVALUATION CRITERIA

EOIs will be reviewed and selected for Stage 2 of the BAA process according to the following evaluation criteria:

1. Idea/Approach

a. How does the solution advance one or more of USAID's areas of interest as articulated in Section II?

b. How does the idea/approach contribute fresh, informed, and realistic thinking using supporting evidence and analysis?

c. How does the solution improve upon the best existing alternative(s) available today and/or standard practice?

d. What is the context in which the solution will be delivered and sustained (e.g. applicability at the local, national, or regional level, consideration of the user's needs and wants; connectivity with health authorities and existing health facilities; local leadership, government, private sector, and civil society buy-in)?

e. How does the idea/approach reflect gender sensitivity and address gender inequality?

f. How does the approach demonstrate experience working in similar contexts, including explanation of any prior experience in partnering with African organizations?

2. Impact

How does the proposed solution or analysis demonstrate that it will have a significant, sustainable, and measurable impact in meeting the Objective articulated in Section II?

3. Ability to Participate

Does the respondent have the ability to provide the participation of up to two (2) technically experienced individuals in the co-creation workshop in April 2016, in one of the locations noted in this Addendum? **Note: USAID will not pay for travel costs for participants.**

4. Diversity of Perspectives and Capabilities

USAID seeks to bring together a diverse set of co-creators in collaboration in order to enable broader thinking and innovation. The selection of EOIs will be in line with the goal of achieving this diversity, including inclusion of African-based organizations.

V. SPECIAL INSTRUCTIONS FOR PARTICIPATION

For EOIs which are deemed by USAID to have merit to continue on to the Concept Paper stage under this Addendum (Stage 2, per the BAA), USAID will issue an invitation to collaborate to the potential partner(s). Collaboration will include the following:

1. Working together, USAID and the potential partner(s) will collaborate on a Concept Paper(s). It is during this phase of co-creation or co-design that the parties will begin to determine the need for additional partners and resources to complement the project. The Concept Paper, generally 5-10 pages in length, will further detail and explain the project as initially described in the EOI. The Concept Paper will include concept notes, which will outline a concrete programmatic plan, including goals, methodology, focus areas,

monitoring and evaluation, sustainability, gender considerations, timelines, personnel, and budget.

2. In order to initiate the Concept Paper drafting process, a co-creation workshop meeting is tentatively scheduled for the week of April18-21, 2016. The workshop will be held in **one** of three potential locations to be determined by USAID at a later date: (1) Accra, Ghana; (2) Pretoria, South Africa; or (3) Washington, DC. USAID will make every effort to provide as much advance notice as possible regarding the confirmed workshop location and any change in the meeting dates.

3. Following the co-creation workshop, all potential partners may not move forward to Stage 3, per the BAA.

All terms and conditions set forth in the BAA are applicable to this Addendum.

[END]