



## Better Health for Africa:

Innovative, African Solutions for Africa's Health Problems

"AMREF has shown that indigenous solutions based on international science can address the toughest problems in the world, and serve as a beacon for Africa and for the world."

— The Global Health Fund



**“My son Ibrahim caught malaria, but I was able to recognise symptoms thanks to education from AMREF. He made a complete recovery and now we have nets.”**

A member of the Afar people of southern Ethiopia, Hasena had lost two children to malaria before Ibrahim fell sick — all because information about the disease was scarce and she could not protect her children from mosquito bites. Now, with AMREF's help, malaria-related mortality rates have been drastically reduced in her community.



## **Innovation, Using the Tools of Our Time**

WINNER, IN 2005, OF THE GATES AWARD FOR GLOBAL HEALTH, AMREF remains true to the advice Dr. Albert Schweitzer gave to one of our founders over fifty years ago. Asked how the 80% of Africans who live beyond the pale of health care facilities could be reached, Dr. Schweitzer replied: “Use the tools of our time.”

When AMREF was founded, in 1957, as the Flying Doctors of East Africa, the tools of the time were aeroplanes and radios. Today, we continue to place a premium on innovation in our work, using cutting-edge medical, information, and green technologies to address Africa's health care crisis.

Our e-learning training programme for nurses helps to reverse the effect of brain drain on the continent's fledgling healthcare systems. Our mobile health clinics, fitted with solar-powered refrigerators, enable nomadic communities to access treatment without giving up their traditional ways of life. Our integrated TB, malaria, and HIV/AIDS information management system allows health workers in Uganda to treat the problem of disease co-infection in a holistic manner.

Ultimately, our work is about unlocking Africa's potential. When people are healthy, they have control over their lives and their livelihoods. When you have a population of healthy people, you have healthy families, healthy communities and a healthy workforce. Good health creates prosperity, which creates more good health. Economies thrive. Societies flourish.

## **Looking Ahead: AMREF in 2017 and the Need for Your Support**

AMREF's TEN-YEAR GOAL is to raise £26.3 million for our lifesaving work. These funds will enable us to bring good quality, affordable health care to Africa's most vulnerable communities.

**£2000 will train 100 community drug distributors.** Community drug distributors are volunteers who provide basic health care in their own communities, educating people, diagnosing illnesses, and delivering basic treatment where health facilities are scarce.

**£5000 will provide essential medical equipment for a health post in a rural community.** This includes basic diagnostic tools, a solar-powered medicine refrigerator and a solar panel to power it.

**£12,500 will train a skilled clinical officer.** Clinical officers play a vital role in places like southern Sudan, where there are fewer than 20 doctors per 100,000 people. Properly trained, a clinical officer will save thousands of lives over his or her career.

**£25,000 will fund 10 emergency medical evacuation flights by AMREF's Flying Doctor Service.** This service transports seriously injured and desperately ill people from remote parts of Africa to receive lifesaving medical treatment and care.

**£50,000 will expand a rural health centre to include a maternity wing that serves 25,000 people.**

**These are ambitious goals, yes, but with your support and our expertise, we will succeed.**



## African Health Care in Crisis

YOU LIVE IN AFRICA. You're a student. Life in your village is tough. Droughts are frequent and the memory of war lingers in the minds of all but the youngest children. Some people eke out a living as subsistence farmers, others break rocks at the nearby quarry. You're no exception. You work hard to pay for your studies and help support your family. But you're healthy and happy and a dedicated student. You can't help but feel optimistic about the future.

Then you catch something. It's nothing serious, just a cough. You don't think much of it at first. Little by little, though, it gets worse. You can't afford to miss school or work, but the other, more expensive option is to catch a bus to the health centre two towns away. Transportation is costly, and so is medicine. Besides, you've heard the dispensary runs out of drugs every month or two. So a few days' bed rest it is.

A few days become a few weeks. You don't feel any better (if anything, the cough is worse) and you've fallen behind at school and work. The problem is, you were spending two-thirds of your income on food even before you got sick. You'd put aside a few shillings in case of emergencies, but that money will run out soon. So you find yourself cutting out meals, buying meat and vegetables fortnightly instead of twice a week. Now you're hungry and even sicker. You'll have to repeat your courses, find a new job.

Finally, having no other option, you spend what's left of your savings on a trip to the health centre. The nurses are kind (there is no doctor) but it turns out you've contracted TB and they don't have the supplies to treat your complications. The best they can do is send you home for more bed rest. You're sick and scared and all you can do is wonder: How did this happen? What can the future possibly hold, now?

IN AFRICA, THE MAJORITY OF PEOPLE do not have access even to basic health care. Many die from preventable diseases, and many more slip into abject poverty because they are too sick to work or study.

The numbers are sobering: Africa bears 25% of the global burden of disease but has only 3% of the world's health workers and accounts for less than 1% of global health expenditure. Most of what little money is spent on health in Africa goes to treating diseases rather than preventing them.

The result is a sticking-plaster solution to a chronic and very serious health problem — one whose implications are far-reaching. Poor health creates poverty, which in turn creates more poor health. Economies falter. Societies struggle.

AT AMREF, WE REFUSE TO ACCEPT THIS SITUATION.

We envision an Africa where affordable health care is accessible to everyone. Where resilient, vibrant communities have the means to protect their own health and take care of those who do get ill. Where people have access to safe drinking water and affordable drugs. Where preventable diseases are prevented.

An Africa where the future holds great promise for all. We believe that with your support our vision can become reality. We invite you to help us achieve better health for Africa.

## African Solutions to Africa's Health Problems

FOR OVER 50 YEARS, AMREF has brought good quality, affordable health care closer to Africans. We fight preventable diseases like malaria, tuberculosis, and HIV/AIDS, but we also build healthy communities through education and research, and by influencing government policy.

Headquartered in Nairobi, we are Africa's leading health development organisation, unique in our ability to offer African solutions to the continent's health crisis. We work in close partnership with local communities in six countries to understand the problems specific to them and develop tailored, sustainable solutions.

What might this look like? In Katine, one of the poorest sub-districts of Uganda, AMREF is bringing clean water, health, education, and new livelihoods to the people. Important work, all of it, but not enough on its own. By working with the community to revive and reinvigorate existing civic groups, such as health and water committees, we take the development process one step further.

New wells and boreholes reduce the amount of time women — the traditional water-gatherers — spend collecting water. With the time they save each day, and forums for their ideas, the women of Katine have been able to take a leadership role in the development process.

Sustainability means taking into account the social, cultural, and political issues that impact negatively on a community's health. That's why 97% of our expert staff are African, and many come from the communities in which they work.

Sustainability also means bridging the considerable gaps between vulnerable communities, government, and other institutions. Most African countries have weak or non-existent healthcare systems. Through a combination of advocacy and training, AMREF acts as a relationship and knowledge broker, helping to bring government services into urban slums and rural areas alike.

**“There are no hospitals in the areas [where] we move with our animals. Before AMREF came to help us we had been forgotten. People died from preventable diseases like diarrhoea, polio and measles.”**

John Losikiriati belongs to the nomadic Turkana people of northern Kenya. Trained by AMREF as a community health worker, he travels with his people as they migrate across the arid plains with their cattle. By providing health education and basic care and treatment to communities as they move, John helps to improve their overall health and support their traditional way of life.

