Building Resilient Health Systems: Policies for Inclusive Health in Post-COVID-19 Africa

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"Strengthening individual, organizational, and institutional capacity for inclusive growth in Africa – without which the global sustainable development goals and Africa's Agenda 2063 will not be achieved"

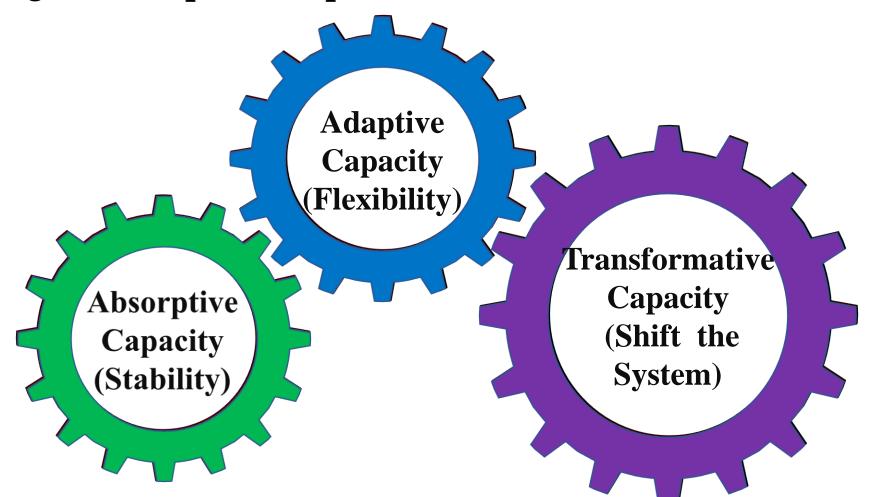
Presentation Outline

- Introduction
- Africa Before COVID-19
- Africa During COVID-19
- African Post COVID-19
- Emerging Policy Options from G-CoP Think Pieces

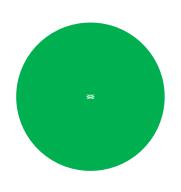


Introduction

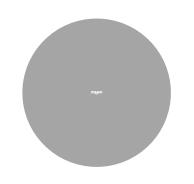
• Health Systems Resilience: The notion of systems resilience builds upon capacities and capabilities required to design and implement three types of strategies: absorptive, adaptive and transformative.



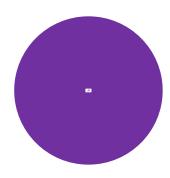
Introduction (ctd.)



Human health: Shaped by the human experience – the broader socio-economic, psychological and environmental systems of interaction with the human genome and the human phenome.



Health is not the absence of disease.



Inclusive Health & Wellness:

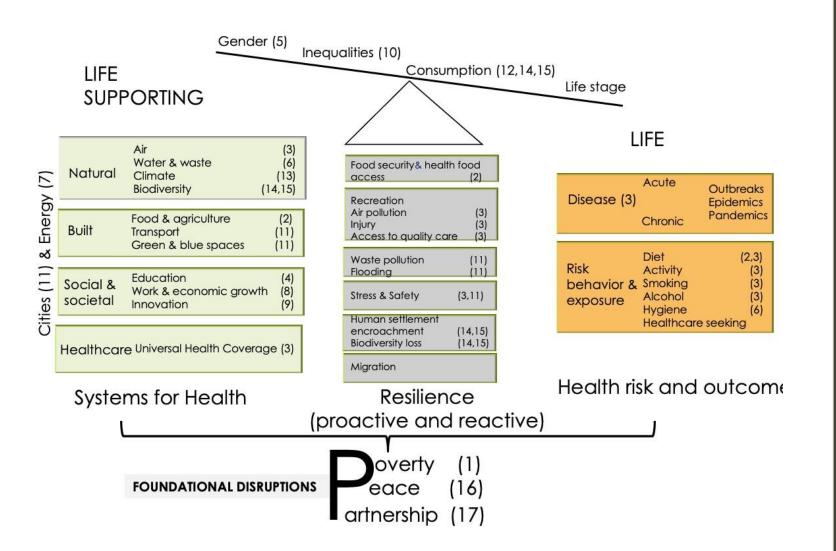
The food we eat, the water we drink, the environment we live in, our mental well-being, and our social behaviours and attitudes all interact in complex ways to shape our overall health and well-being.



Building resilient health systems: A radical shift in health policy from one that focuses on medical outcomes, to the broader concept of inclusive health – the provision of quality healthcare from conception to end of life, to all people and all the time.

Building Resilient and Inclusive Health System

- A resilient health system is an integrated system that strengthens human health and wellness, is able to detect and interpret local warning signs and quickly mobilise internally to absorb the shocks, isolate the threats, and transform itself to adapt to the shocks; and organically innovates new ways to maintain its core functions today and tomorrow.
- A resilient health system goes beyond the end of the pipe approaches to treating disease conditions to reduce morbidity and mortality. It encompasses the full cycle of conditions that prevent disease emergence, contain disease occurrence, manage health and wellness, and reduce morbidities and mitigate mortalities from disease causing agents throughout the life cycle.



This requires an integrated governance of interdependent health risks to achieve sustainable health and wellness from conception to end of life. Framework proposed by T. Oni (ADI-G-CoP Think Piece).

Health Foresight Theory of Change

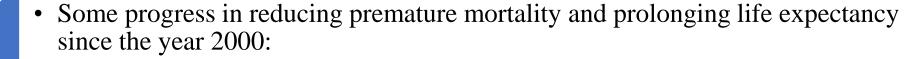
"If we focus on what is, we are condemned to repeating what was. But if we focus on what is possible, we stand a chance of transcending what is" (T.Oni, ADI-G-CoP Think Piece)

HEALTH+ENVIRONMENTAL URBAN SERVICE **EXPOSURES/RISK** BEHAVIOURS/EXP CHALLENGES+EMERGENCIES **ERIENCE INFRASTRUCTURE** Air pollution Heating, Cooling, (indoor+outdoor) Diarrhoea Electricity Greenhouse gas Resp infections Diet: quality emissions +food security Stunting Food production Healthy foods Malaria Land Use Mobility Human settlements Injury Physical activity Safety Healthcare (leisure and Obesity Blue/green/shared Waste+water Hypertension public space (aka pollution social infrastructure) Water Hygiene Diabetes/Heart Healthcare disease/stroke system Water and Waste Asthma/COPD Transport Social cohesion/conne Healthcare seeking Mental illness ctedness behavior+access Extreme weather events / Safe housing Stress + isolation Climate change (thermal comfort. ventilation, damp, Known associations Flooding overcrowding) Biodiversity loss Transmission (incl of Ecological **Emerging new** information) factors disruption infections e.g. COVID Modifiable Vulnerability factors



Africa's Health & Wellness Before COVID-19

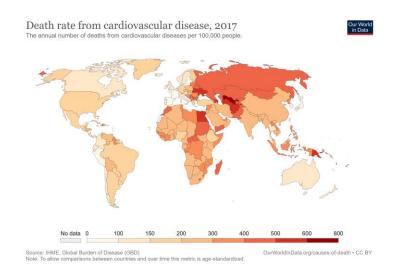
• Some progress achieved during the past decades, but Africa still lags far behind other regions of the world in key health and other development indices.

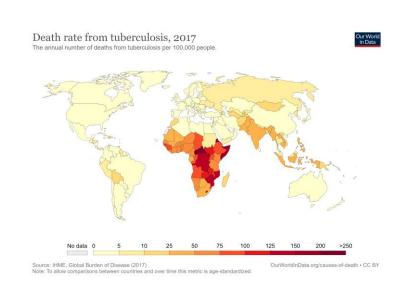


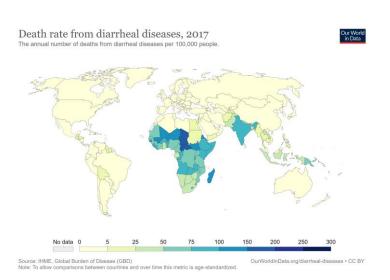
- Life expectancy increased by an average of 5 years per decade
- Under-5 and maternal mortality rates have equally fallen by 54.2% and 40.7%, respectively.
- Maternal Mortality Ratio (MMR) declined at an average 0.9% per annum from 542 to 421 per 100,000 live births between 1990 and 2015
- Communicable diseases (malaria, measles, and HIV/AIDS) substantially declined since 1990.

A Tale of Two Worlds

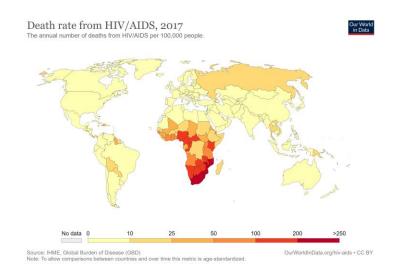
- 14-fold difference in under-five mortality between high income and low-income countries,
- Access to care is skewed against the poorest
- The overall COVID-19 mortality rate for Black Americans is 2.4 times as high as the rate for Whites and 2.2 times as high as the rate for Asians and Latinos.
- Without transformative policies and investments, SDG 3 on "Ensuring healthy lives and promoting well-being for all at all ages" is unlikely to be achieved in Africa".

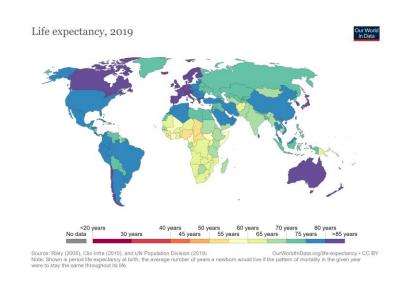


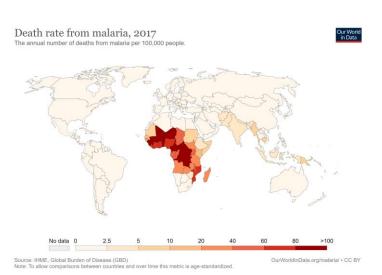




Africa and the Middle East have high rates of deaths due to cardiovascular disease; Africa has the highest rate of death from tuberculosis; and Africa and India have the highest rates of deaths from diarrheal diseases in 2017







Africa has highest death rates from HIV/AIDS and Malaria, and lowest life expectancy in years than other regions



A Bird's Eye View: Africa's Health & Wellness Before COVID 19

Africa health systems heavily vulnerable to external shocks due to dependence on global value chains & Donor funding.

Africans have high rates of preventable mortality from NCDs and associated preconditions including unhealthy diets, tobacco use, inadequate physical activity, and misuse of alcohol.

85% of all undiagnosed people with diabetes are estimated to live in Africa – perfect condition for increased mortality from COVID-19

More than 218
million people in SubSaharan Africa are
undernourished. The
number grew by 44
million in the past 25
years. Could grow to
320 million by 2025 –
precondition for
COVID-19 severity

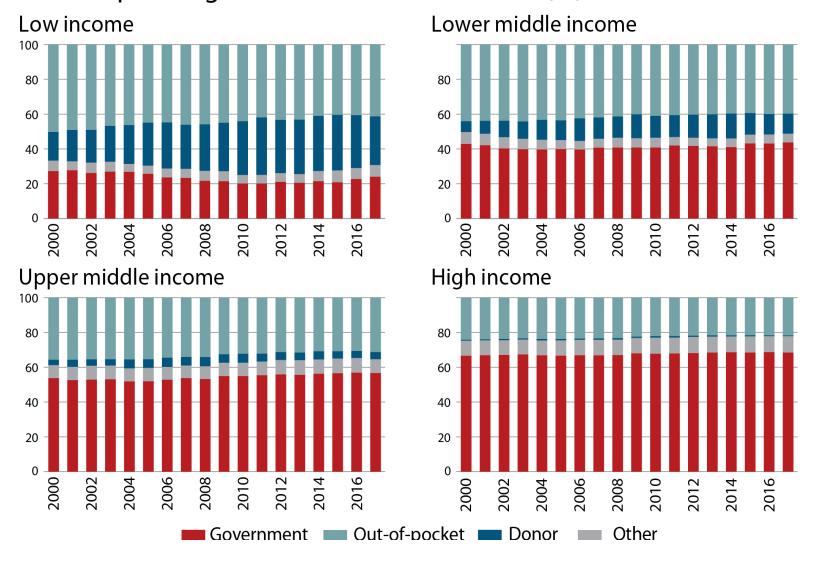
Close to 40% of children under 5 years of age in Africa are undernourished – increasing vulnerability to disease prevalence & under 5 mortality.

Africa imports about 70% of pharmaceuticals from outside the continent (costing about US \$14.5 billion) and imports substantial health services

Public expenditure on health in Sub-Saharan Africa is less than 5.2% of GDP, the only region health expenditure is expected to decrease to 5.1% in 2030

In terms of Preventable deaths, Sub-Saharan Africa is in the lowest decile with scores as low as low as 19.0%

Health spending source shares, 2000–2017 (%)



22% of total health expenditure in Africa is in the form of Official **Development** Assistance (ODA), with some countries dependent on donor money, as high as 50%.

Health Financing & Medical Tourism

- South Asia and Africa South of the Sahara together account for over 50% of the global disease burden, and 37% of the world's population; but only 2% of global health spending.
- In sub-Saharan Africa, health spending as percentage of GDP estimated at 5.2% in 2017 is expected to decrease to 5.1% in 2030 and this is still lower compared to global average of 9.7% in 2017 expected to increase to 10.5% by 2030.
- Health financing gap in Africa stands at US\$66 billion per annum.
- 22% of total health expenditure in Africa is in the form of Official Development Assistance (ODA), with some countries dependent on donor money, as high as 50%.
- Medical tourism industry earns about US \$100 billion for the governments globally each year. Most of these come from African elites and public servants.

Density of Health Professionals in Africa

- Almost all countries in the **lowest decile of the personal healthcare access and quality** are from sub-Saharan Africa, some with scores as low as 19.0%.
- Compared to the global average of 52.8 health professionals per 10,000, Africa has 23 health professions per 10,000 except for 10 of its 54 countries. 13 of the 47 countries for which data are available have less than five health professionals per 10,000 population.
- The ratio of nursing and midwifery personnel-to-population is 11:10,000 in Africa, compared to the global average of 28: 10,000.
- Africa has a shortage of **3.6 million health workers** and **50% of the population** has no access to modern health services.
- African countries have only **375 pharmaceutical companies** for the population of about **1.3 billion people** while **China and India** with a population of 1.4 billion people each has **over 7,000** and **about 10,500** pharmaceutical companies, respectively
- Fewer than **2,000 functional ventilators in 41 African countries**, while the total number of available **intensive care unit beds in 43 countries** on the continent is **less than 5,000.**

Brain Drain to Brain Circulation

- About **70,000 skilled professionals** emigrate from Africa annually:
 - 75% of all trained physicians from Mozambique; 70% from Angola, 59% from Malawi, 57% from Zambia and 51% from Zimbabwe.
 - It is estimated that each migrating African professional represents a loss of \$184 000 to Africa.
 - It is estimated that Africa loses around \$2.0 billion through brain drain in the health sector alone.
 - Africa spends \$4bn a year on the salaries of 100 000 foreign experts.
 - Better health infrastructure and other policy incentives cited by the Africans in the Diaspora as the pull factors that draw them out of Africa.

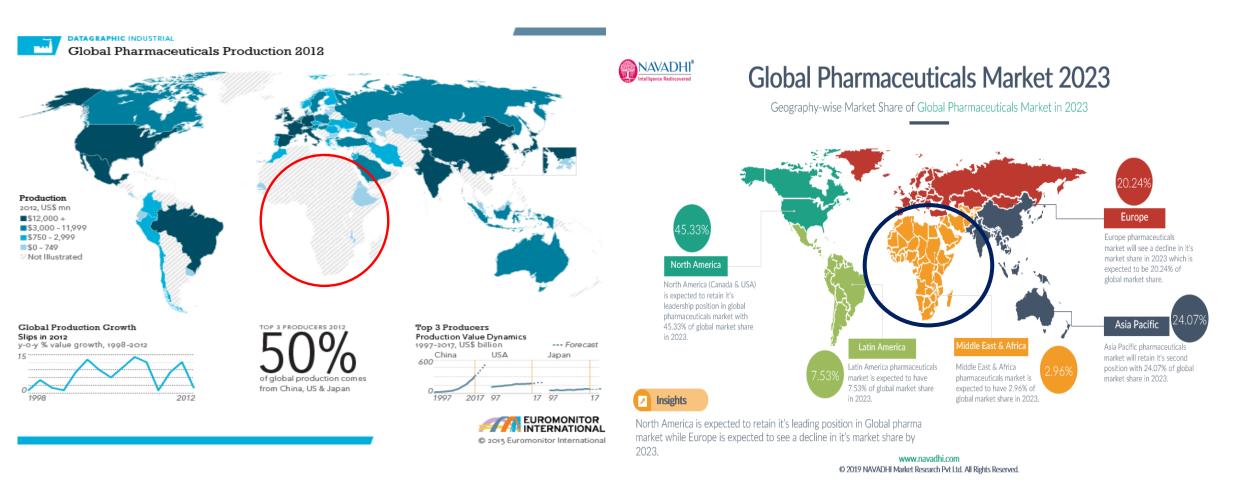
• Yet:

- Africa has a gap of about **3.6** million health workers.
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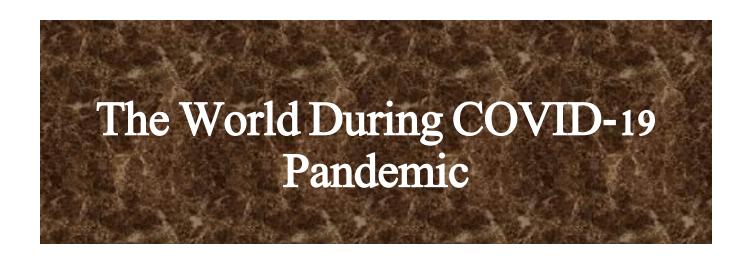
Leveraging Indigenous Knowledge for Inclusive Health in Africa

- According to the WHO, 80% of the emerging world's population relies on traditional medicine for therapy; with over 90% use in some African countries.
- The ratio of traditional healers to the population in Africa is 1:500 whereas the ratio of medical doctors to population is 1:40,000.
- Africa contributes nearly 25% of the world trade in biodiversity. Nonetheless, only few drugs commercialized globally.
- Africa is largely missing in the race for vaccine and drug discovery for several disease conditions that plague the content.

Global pharmaceutical industry will we worth USD 1.57 trillion by 2023:-Africa's Share 2.96%



Yet, Africa contributes nearly 25% of the world trade in biodiversity



COVID-19 Status Update, June 20, 2020

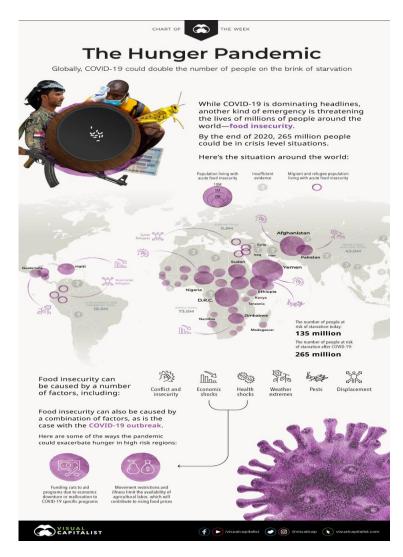
- 8,736,664 COVID-19 confirmed cases globally: 49% in the Americas, 26% in Europe; 21 percent in Asia.
- Over 4.0 million tests conducted in Africa: South Africa (32%), Morocco (13%), Ghana (7.0%), Ethiopia (5 %) and Egypt (4%).
- Confirmed cases (295,406); recovered cases (142,261); Mortalities (7,852); Active cases (145,293).
- South Africa, Egypt, Nigeria, Ghana, Algeria and Cameroon account for 68 percent of cases reported in Africa.
- Five countries with the least number of cases are Lesotho, Seychelles, Gambia, Namibia and Botswana
- As of June 20, 2020, a total of 7,852 deaths were reported in Africa, of which 42.3 percent are in North Africa, 24.9 % in Southern Africa, 13.7% in West Africa, 11.5 % in East Africa and 7.6 % in Central Africa.
- The case fatality rate (CFR) stands at 2.7% for Africa in the review period, compared to 5.3% globally.

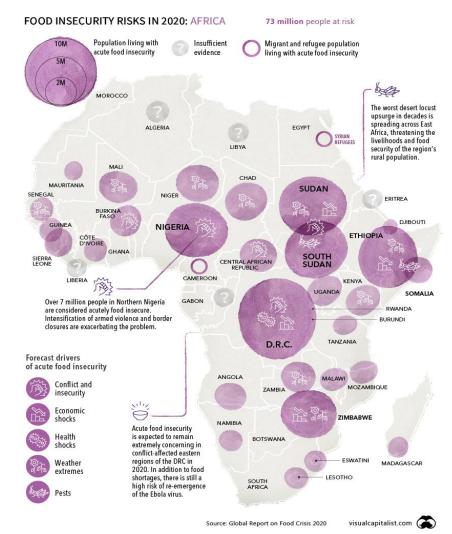
Impact Transmission Channels

- **Demand shock** lock-downs and loss on incomes reduces household incomes and affects demand for Medicare
- Supply shock: contraction in production, export ban limits medical supply.
- **Induced price shock** Artificial buying, hoarding and protectionist policies increases prices during pandemic, and contraction in production, stranded assets and incurred debt may lead to sustained price hikes in the medium term.
- **Fiscal balance constraints:** Constrained budget balances limited and plummeting internal revenue and foreign exchange earnings and instability in the value of domestic currencies caused by easing of monetary and fiscal policies elsewhere will further limit capacity of countries to expand health sector budgets. Available health budgets reallocated to COVID-19 leaving other medical needs unattended;
- Lack of coordination among relevant Ministries and Governments Agencies risk of further budget constraints as resources are relocated to COVID 19.
- Prevailing conditions: other existing health conditions will exacerbate the impacts of COVID-19 in Africa.

Africa's Health and Wellness Post COVID-19 Pandemic

Hunger Pandemic & Social Insecurity may exacerbate health challenges



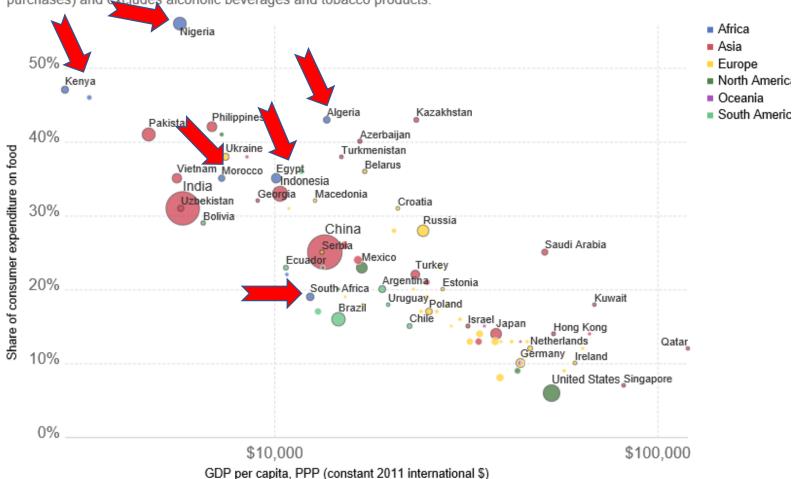


- 1. Already, **135 million** people are experiencing critical food insecurity.
- 2. By the end of 2020, upwards of **265 million** people could be on the brink of starvation globally, almost double the current rate of crisis-level food insecurity.
- 3. Children **under 5 years**who survive the hunger
 pandemic may suffer
 stunting and reduced brain
 development a condition
 that could limit their
 capacity for life.

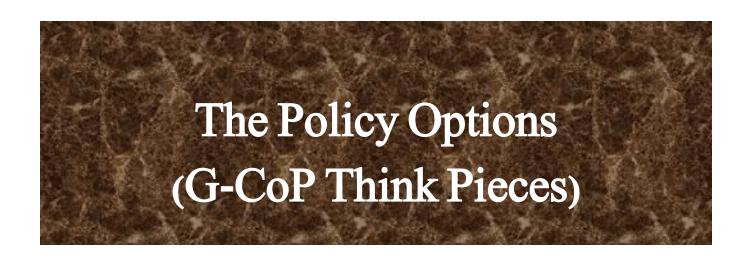
Share of consumer expenditure spent on food vs. GDP per capita, 2015



Food expenditure relates only to food bought for consumption at home (i.e. it excludes out-of-home food purchases) and excludes alcoholic beverages and tobacco products.



Majority of African households spend more than 40% of disposable income on food. On average more than 50% in Nigeria



Short Term Policy Options

- National-level coordination mechanism
- Economic stabilization policies targeted fiscal stimulus to support the food, water and health services for the vulnerable populations.
- Public policy measure to create awareness and encourage individual responsibility, social distancing and hygiene practices
- Electronic medical record, robotic surgery; precision medicine, biomedical research are all emerging fields that can benefit inclusive health in Africa
- Gender based solutions
- Public Private Partnerships
- Health Technology: Drones, telemedicine, etc.
- Capacity building and skills development to strengthen national health innovations systems.
- Health Insurance Schemes
- Prioritize health promotion, disease prevention and treatment of illness
- Financing UHC in Africa: consumptive and not productive health care investments.
- The need for clear leadership and shared vision: Encourage a collaborative learning partnership between policy actors, researchers, civil society organizations and financing organizations such as the G-CoP.

Medium Term Policy Options

- Convene an African Diaspora Summit (ADS) to explore polices and practice steps towards reversing the brain drain and encouraging brain circulation.
- Establish an African Ministerial leadership program/academy based in Africa and led by Africans
- One health Integrated health systems: strengthening the link between health and non-health sectors
- Invest in Human Resources for Health and the Global Health Workforce (HWF) Crisis
- Inclusive health accountability systems Big-Data
- Health and health policy research and development
- Strengthen institutions that provide the framework conditions for inclusive health: Education, Research, Community Health Care, Traditional Care; Pharmaceutical Companies, and Hospitals.
- Health Personnel Management; Incentives to stem Brain Drain and encourage brain circulation FIFARISATION of Human Capital in the sector.
- Strategic plan to re-engage the African Diaspora from brain drain to brain circulation
- Invest in inclusive health infrastructure: telemedicine, the human phenome.
- Social Compact for Resilient Health Systems
- Early warning systems: Vigilance and Strong Surveillance Systems, Risks and Vulnerability Assessments.
- Fore sighting with a focus on both curative and preventive aspects of health

Long Term Policy Options

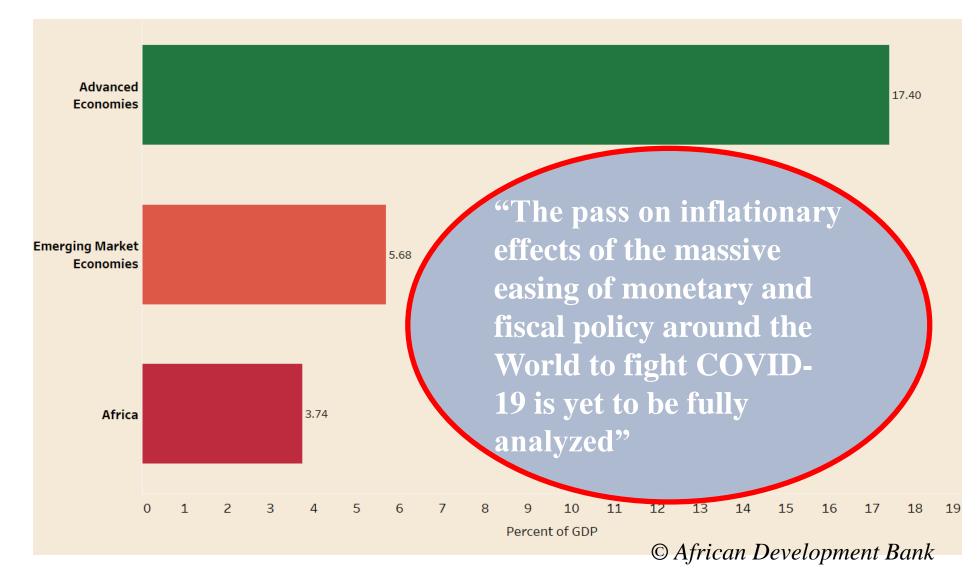
- Prioritise health infrastructure investments
- Global cooperation particularly in health research and development
- Health sector reforms: structural, institutional, regulatory and legislative nature.
- Development of intensive and targeted inclusive health educational programs
- Introduction of data based and blockchain technologies for health surveillance and early warning systems.
- Human Capacity Development health technology, genomics, phenomics, etc.,
- Internet-regional collaboration and joint ventures
- Public-Private Sector Participation.
- Innovative strategies to incorporate the impact on health and environment as performance indicators into public and private sectors
- A Marshall plan for planetary health: the case for emergency health foresight



Known Knowns: Unequal Fiscal Capacity to Response to COVID-19: Africa vs. Others

• Fiscal stimulus has been disproportionately lower in Africa than elsewhere

• Less than 4% of GDP: about half of the size in merging market economies and one-quarter of the stimulus in developed countries.



Known Knowns: Unequal Fiscal Capacity in Africa in Response to COVID-19 as well



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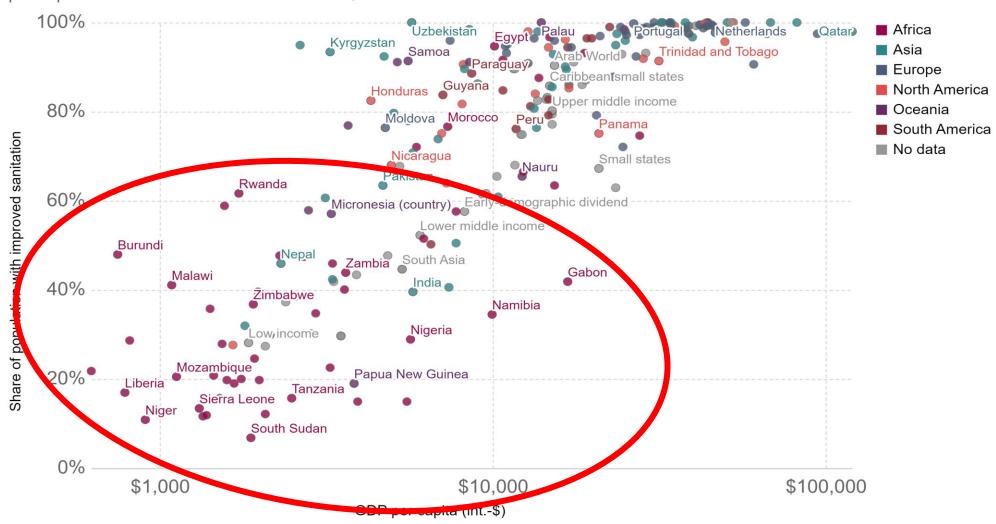
The Inconvenient Truths

- 4.5 billion people (60% of the world) do not have access to safely managed sanitation; 15% of the world still practice open defecation and 40% of the world does not have access to basic handwashing facilities. Unsafe sanitation is responsible for 775,000 deaths annually.
- Measures of health spending should reflect systems that are largely responsible for preventable ill-health.
- Health outcomes do not trickle down
- We must move from flattening disease curve to addressing longstanding baseline healthcare needs of citizens: There must not be another return to business as usual
- We can't avert a next pandemic with the same logic and systems that got us to this point.
- Incrementalism does not work in the health sector. Bolder action for health in Africa
- Africa needs to unlearn to learn.

Share of population with improved sanitation vs. GDP per capita, 2015



Improved sanitation facilities are likely to ensure hygienic separation of human excreta from human contact. GDP per capita is measured in 2011 international-\$.



Source: World Bank

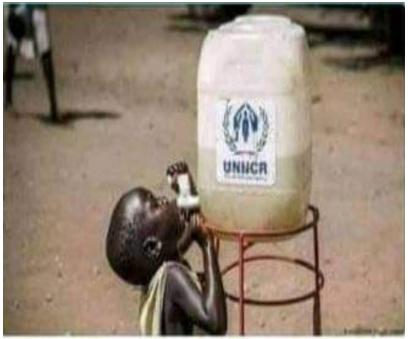
OurWorldInData.org/sanitation • CC BY

Note: Improved sanitation facilities include flush/pour flush (to piped sewer system, septic tank, pit latrine), ventilated improved pit (VIP) latrine, pit latrine with slab, and composting toilet.

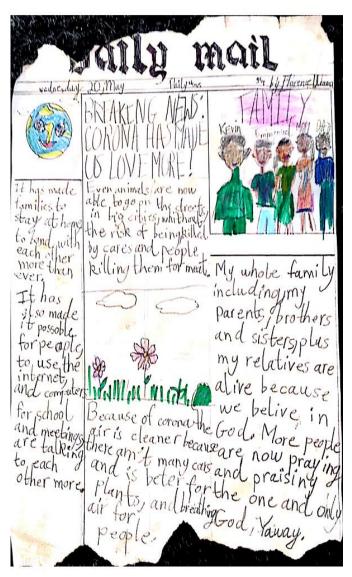
Lock-Downs Are Not Equal: The Tale of Two Continents

Peace of mind is not about fat bank accounts; it is about contentment.





Giving a child water to wash his hands when he lacks water to drink, here lies the consequences of not fighting poverty first



Scanned with CamScanne

The Contrast

• Child A: Falls asleep on the cooking pot after scavenging for food

• Child B: Avails herself of the water provided for hand-washing by UNHCR to encourage COVID-19 hygiene protocols

• Child C: Designed Daily Mail News paper: "Breaking News – Corona has made us to love more! It has made families to stay at home, to bond with each other more than ever. It has also made it possible for people to use the internet, and computer for School, and meetings, and talking more than ever. Even the animals are now able to go to the streets in big cities without the risk of being killed by cars or people killing them for meat. Because of Corona the air is cleaner because there aren't many cars and it is better for plants, and breathing air for people".

The Known Knowns

- Continued Lockdowns can endanger law and order, social stability and peace
- In many parts of Africa, COVID-19 is a pandemic within pandemics: Poverty, hunger and malnutrition, malaria, conflict and climate change, ..., kill more than COVID-19 in Africa.
- The hunger pandemic is a worse killer than COVID-19. Other disease conditions kill more than COVID-19 in Africa
- Ongoing geo-political shifts: nationalism, glocalization, or globalization is irrelevant to the hungry and the dying poor.
- Protectionism, economic nationalism may further strain health supply chains in the near term.
- Implications for the policy responses: "Bold Actions and Transformative Policies are required".

The Known Knowns

- We cannot address this or any future health or environmental emergencies without addressing their social, economic and political determinants.
- Response cannot be restricted to the health sector but instead a whole-society approach is required, with unprecedented collaboration and cooperation across sectors, cities, countries and regions.
- All 5 operational strategies of the African Development Bank's High 5 are directly related to creating health as a means of improving the quality of life for the people of Africa.

The Recovery Path

"The impacts of COVID-19 on Patients are not yet fully know. It might well be that the impacts amplify fragilities to other medical conditions"

"We can expect a "V", "U", extended "U", a "W" or multiple "W" shaped recovery in African countries until the vaccine for COVID-19 virus or a therapeutic cure become universally available".

Urgent Priority Policy Options

- Health Technology Solutions: Telemedicine, Robotics, Block-Chain Technologies and Big Data
- A Phenome Center for Africa for disease profiling, management and control
- Strategic investments in one-health / integrated health infrastructures human wellness beyond disease control and treatment.
- Global convening of African Diaspora and friends of Africa to mobilize resources, skills and competences for health care in Africa.
- Innovative policy incentives (financial, infrastructure and technologies) to reverse brain drain and encourage brain circulation in the health sector.
- A Marshal Plan for One Health (Health and Wellness) in Africa
- Scaling up investments in health capacity development in Africa

Closing Thoughts

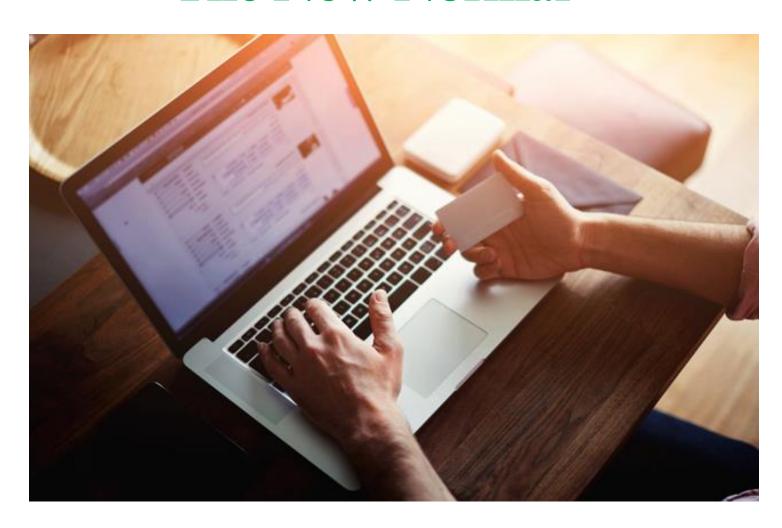
"Most of the health pandemics appear to have resulted from anthropogenic incursions into natural habitats — climate change, trade in wild life; biodiversity loss, food insecurity; massive social inequalities that is driving the poor to the banks of survival; a development model that benefits the few at the detriment of the masses. Until these sources of disequilibria in the outcomes of the current development paradigm is decisively addressed, more pandemics are yet to come".1

Closing Thoughts

- "Innovations do not occur in the mainstream, but in the interactions of Actors in the Innovation System. When we challenge the status quo and push the boundaries of possibilities, transformative innovations occur".
- If we focus on what is, we are condemned to repeating what was. But if we focus on what is possible, we stand a chance of transcending what is"²
- Let us please not rehash what we used to do and/or are doing which brought us to where we are today. Instead, let us learn from them, and unlearn through them, that we might arrive at transformation ideas to build the inclusive and resilient health system we want. This is the health system for the Africa we want.



The New Normal



Thank You

African Development Institute

"Strengthening capacity for inclusive growth in Africa – without which the global sustainable development goals and Africa's Agenda 2063 will not be achieved"



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