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Planning for improved health-care capacity and better preparedness and responses to epidemics in Africa November 2022

1. Introduction

Epidemics and diseases have always been part of human history. However, the coronavirus disease (COVID-19) pandemic has highlighted the importance of effective containment measures and strong health systems in mitigating the potentially devastating socioeconomic impact of epidemics and life-threatening diseases on States.

In Africa, given the high burden of disease and the weak and underfunded health systems, it is vital that efforts to strengthen health systems and develop epidemic preparedness and response plans be prioritized and embedded within the broader development planning architecture.

It is remarkable that, while Africa comprises about 16 per cent of the world population and carries 23 per cent of the global burden of disease,¹ it accounted for only about 1 per cent of total global health expenditure in 2018² and has

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only 3 per cent of the global share of health professionals³. Spending on health care is 10 times higher in the rest of the world than in Africa.

In this context, integrated strategies to develop the health sector that are aligned with national development frameworks and linked to predictable financing frameworks are critical to strengthening the continent's responsiveness to such health shocks as the COVID-19 pandemic.

To assess the extent to which countries incorporate health-related components into general development plans and pandemic preparedness plans, in particular, into national planning frameworks, the Economic Commission for Africa conducted a study on the national development plans of nine countries⁴ that had been formulated prior to the pandemic.

The findings suggest that, while national development plans are multisectoral, most African countries had not incorporated epidemic preparedness into their plans prior to the pandemic. As a result, their response efforts were hampered. The exceptions were countries that had previously experienced significant health-related shocks, such as the Ebola virus disease. On the basis of these findings, this brief provides policy insights aimed at ensuring more robust responses to health-related shocks through the integration of such policies into development planning frameworks. In section 2, the key challenges to

¹ Osondu Ogbuoji and others, "Closing Africa's health financing gap", Future Development blog, 1 March 2019.

² World Health Organization (WHO), Global Spending on Health 2020: Weathering the Storm (Geneva, 2020).

³ Seed Global Health, "Historic \$100M commitment to strengthen African health workforce", 22 September 2022. Available at https://seedg-lobalhealth.org/2022/09/22/historic-100m-commitment-to-strength-en-african-health-workforce/.

⁴ Botswana, Democratic Republic of the Congo, Egypt, Liberia, Namibia, Nigeria, Seychelles, Sierra Leone and Tunisia.

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health systems in Africa are identified. Section 3 contains an analysis of the status of epidemic preparedness and response plans on the continent. Section 4 provides an assessment of the integration of health-related components and epidemic and emergency preparedness into national development plans, and concluding remarks are provided in section 5.

2. Challenges to health systems in Africa

There are wide variations among African countries in the quality and characteristics of health-care systems. For example, while Algeria, Kenya, Namibia and South Africa have well-developed health institutions, hospitals and research facilities, along with essential medical equipment and well-qualified staff, Guinea-Bissau, Malawi and Mali lack such resources. There are also stark rural-urban disparities in access to high-quality health care, with urban populations having access to much better systems than those in rural areas. Overall, most health-care systems in Africa operate in a context of high disease burdens, inadequate financing, inadequately skilled staff and limited medical supplies and equipment.

Prevalence of major diseases

The prevalence of major diseases and epidemics in Africa (for example, tuberculosis, malaria, hepatitis, cholera, Lassa fever, influenza A (H1N1), Ebola, HIV/AIDS and, more recently, COVID-19), combined with weak public health systems and limited public investment in health services, has contributed to high maternal and infant mortality rates and relatively lower life expectancy in Africa (63.82 years in 2022)⁵ compared with Asia (71 years for men and 76 years for women in mid-2022)⁶ and Europe (80.4 years in 2020).⁷ Collectively, these factors have hindered social and economic development on the continent, in particular in sub-Saharan Africa.

Inadequate domestic financing

In the Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases of 2001, African countries committed to allocating 15 per cent of their national budgets to health. However, by 2013, only a few countries, namely, Liberia, Madagascar, Malawi, Rwanda, Togo and Zambia, had achieved that target, and only Djibouti, Eswatini, Ethiopia and Lesotho were within reach of meeting it. Meanwhile, a vast majority of countries had yet to meet the target.⁸ By the end of 2018, some countries were struggling to meet the target,9 while a number of African countries had actually reduced their financial allocation to health-care expenditure by 2019.¹⁰ Between 2010 and 2019, the average spending on health in Africa was 5.6 per cent of gross domestic product (GDP) (see figure), which is slightly lower than the average of 6 per cent for low-income countries in general.¹¹ The African countries with an average spending on health of more than 8 per cent of GDP were Guinea-Bissau (8.35 per cent), Lesotho (11.27 per cent), Liberia (8.47 per cent), Namibia (8.50 per cent) Sierra Leone (8.75 per cent) South Africa (9.11 per cent).¹² Meanwhile, the continent still relies heavily on external finance,13 with the international contribution to health-care financing ranging from 33 to 70.5 per cent.14

Brain drain

There are also challenges stemming from the migration of health professionals from the region to more developed nations because of better working conditions and remuneration. In Europe, the United Kingdom of Great Britain and Northern Ireland and the United States of America, a substantial number of health workers are

⁵ Macrotrends, "Africa life expectancy 1950–2022". Available at www. macrotrends.net/countries/AFR/africa/life-expectancy (accessed on 17 November 2022).

⁶ Statista, "Life expectancy in Asia 2022". Available at www.statista. com/statistics/274516/life-expectancy-in-asia/ (accessed on 17 November 2022).

⁷ Eurostat, "Life expectancy across European Union regions in 2020". Available at https://ec.europa.eu/eurostat/web/products-eurostat-news/-/ddn-20220427-1 (accessed on 17 November 2022).

⁸ United Nations and African Union, "Abuja +12: shaping the future of health in Africa", 2013.

⁹ South African Institute of International Affairs, "SADC and the Abuja Declaration: honouring the pledge", 11 March 2021.

¹⁰ WHO, "Current health expenditure per capita in US\$", The Global Health Observatory database. Available at www.who.int/data/gho/data/ indicators/indicator-details/GHO/current-health-expenditure-(che)-percapita-in-us\$ (accessed on 3 January 2023).

¹¹ WHO, Global Spending on Health: Weathering the Storm. (Geneva, 2020).

¹² World Bank, "Current health expenditure (% of GDP) - Sub-Saharan Africa", World Development Indicators databank. Available at https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS?locations=ZG (accessed on 27 October 2022).

¹³ Augustine Asante, Wilson Wasike and John Ataguba, "Health financing in sub-Saharan Africa: from analytical frameworks to empirical evaluation", Applied Health Economics and Health Policy, vol. 18, No. 6 (2020).

¹⁴ Akanni Olayinka Lawanson, "Healthcare financing in Africa: what does national health accounts estimates do reveal about the distribution of financial burden?", Journal of Medicine and Medical Sciences, vol. 4, No. 4 (April 2013).

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Spending on health as a share of GDP in selected African countries and in sub-Saharan Africa as a whole, 2010–2019 (Percentage)

from Africa. For example, in the United Kingdom, 31 of every 1,000 staff members of the National Health Service originate from Africa.¹⁵ In contrast, Africa is estimated to have only 0.2 doctors for every 1,000 people,¹⁶ while there are 4.9 doctors for every 1,000 people in Europe¹⁷ and 1.7 doctors for every 1,000 people in East Asia and the Pacific.¹⁸

Against this backdrop, the COVID-19 pandemic has exposed the limitations of African health systems, which were hardly prepared to cope with the outbreak owing to inadequate and limited curative strategies, massive underfunding and a chronic shortage of skilled workers, in particular in rural areas. These limitations came to light despite evidence that several countries, including Cameroon, the Democratic Republic of the Congo, Egypt, Ghana, Liberia, Namibia, Nigeria and Tunisia, had broad-spectrum or health-specific policies that explicitly addressed pandemics.

3. Epidemic preparedness and responses in Africa

African countries have experience in handling outbreaks and managing such infectious diseases as Ebola, tuberculosis, malaria and HIV. Nigeria, for example, has used national emergency operating centres, which are activated by the Nigeria Centre for Disease Control, to coordinate various centres, departments and specialized units to respond and guide actions during cyclical outbreaks of Lassa fever.

Following the emergence of COVID-19, African countries joined the global effort to battle the pandemic. It has been reported that experience acquired by some African countries in dealing with previous outbreaks of disease were critical in the fight against COVID-19. Pre-existing emergency plans for public health interventions, community engagement programmes and emergency medical experts

Source: World Bank, World Development Indicators databank.

¹⁵ Carl Baker, "National Health Service staff from overseas: statistics", House of Commons Library research briefing, 22 November 2022. Available at https://commonslibrary.parliament.uk/research-briefings/ cbp-7783/#fullreport.

¹⁶ World Bank, "Physicians (per 1,000 people) – Sub-Saharan Africa", World Development Indicators databank. Available at https://data. worldbank.org/indicator/SH.MED.PHYS.ZS?locations=ZG (accessed on 5 January 2023).

¹⁷ Ibid., "Physicians (per 1,000 people) – European Union", World Development Indicators databank. Available at https://data.worldbank.org/ indicator/SH.MED.PHYS.ZS?locations=EU (accessed on 13 November 2022).

¹⁸ Ibid., "Physicians (per 1,000 people) – East Asia and the Pacific", World Development Indicators databank. Available at https://data. worldbank.org/indicator/SH.MED.PHYS.ZS?locations=Z4 (accessed on 17 November 2022).

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and trained health-care workers were quickly redeployed to ensure a swift response to the pandemic. However, the management of the pandemic revealed that most African countries lacked the requisite preparedness and specialized medical capacity and an adequate number of trained medical professionals to respond to severe cases of COVID-19. Beds in intensive care units, life-maintaining equipment, mechanical ventilators and the technicians and technical know-how to operate the equipment were in short supply.

To avoid a potential health disaster, it became clear that collaboration would be essential for the continent to handle the crisis. For example, on 22 February 2020, during a meeting of African health ministers convened by the African Union Commission, in collaboration with the Africa Centres for Disease Control and Prevention and the Southern African Centre for Infectious Disease Surveillance, a task force on coronavirus preparedness and response was established as part of a continentwide strategy to combat COVID-19. Also, in 2020, the Partnership to Accelerate COVID-19 Testing was established to strengthen the capacity to test for COVID-19 across Africa. These measures were primarily put in place to prevent large volumes of new infections that would have increased hospitalization and potentially overwhelmed the limited medical facilities and equipment available.

Despite this collaboration and the strides made, African Governments were criticized for being slow or ineffective in devising domestic solutions to address the challenges in their respective countries.¹⁹African countries overall lack a robust preparedness system to effectively anticipate, detect, respond to, prevent and control epidemics.²⁰ These limitations point to the need for better planning and emergency preparedness.

4. Integration of health-related components and epidemic and emergency preparedness into national development plans

An analysis of a sample of national development plans that were developed in 2020 (see table) prior to the COVID-19 outbreak revealed several insights. In all cases, the health ministry was shown to be an important stakeholder in national development planning, and health was generally incorporated into the plans as a central issue, either as an overarching priority or in relation to the development of human capital. For example, the vision established as part of the national development strategy (2019–2023) of Seychelles is "a resilient, responsible and prosperous nation of healthy, educated and empowered Seychellois living together in harmony with nature and engaged with the wider world".²¹

However, very few countries included epidemic response plans in their national development plans. While pandemics tended to be included as risks that needed to be mitigated, for example, in the plans of Seychelles and Sierra Leone, they were not explicitly incorporated with relevant deliverables or indicators. Exceptions tended to be countries that have been significantly affected by epidemics and pandemics in the past, such as the Democratic Republic of the Congo and Liberia, both of which have previously had debilitating Ebola outbreaks.

Other countries, including Botswana, Namibia and Seychelles, had significant provisions for disaster management, but these were mainly related to natural disasters, with little to no provisions for health-related disasters. This may reflect the countries' priorities based on pre-COVID-19 experiences.

¹⁹ Israel Nyaburi Nyadera, Brian Wandwkha and Billy Agwanda, "Not the time to take chances! Why African Governments' response to COVID-19 matters", Global Social Welfare, vol. 8, No. 2 (2021). 20 Akinola Ayoola Fatiregun and Elvis Efe Isere, "Epidemic preparedness and management: a guide on Lassa fever outbreak preparedness plan", Nigerian Medical Journal, vol. 58, No. 1 (2017).

²¹ Seychelles, Ministry of Finance, National Planning and Trade, "Seychelles vision 2033". Available at www.finance.gov.sc/vision-2033.

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Integration of health-related components and epidemic preparedness plans into national development plans of nine African countries

Countries	National development plan	Integration of health components	Integration of epidemic preparedness	Comments
Botswana	National development plan No. 11 (2017–2023)	Yes	No	Epidemics are identified as a risk, but preparedness is not incorporated into the plan.
Democratic Republic of the Congo	Country operational plan (2019)	Yes	Yes	Programme activities for epidemic control in locations and populations have been integrated into the plan.
Egypt	Sustainable development plan (2019–2020)	Yes	No	Health components are prominent, but epidemic and emergency preparedness are not.
Liberia	Pro-poor agenda for prosperity and development 2018– 2023	Yes	Yes	Containing and reducing the risks of epidemics and other health-related risks that are endemic to the sub- region is a major policy focus.
Namibia	National development plan No. 5	Yes	No	While epidemic preparedness is not incorporated into the plan, there is a comprehensive national disaster-risk management policy.
Nigeria	Vision 20:2020	Yes	No	The vision includes a focus on high- quality and affordable health care.
Seychelles	National development strategy (2019–2023)	Yes	No	Epidemics are identified as a risk, but preparedness is not incorporated into the plan.
Sierra Leone	Medium-term national development plan (2019–2023)	Yes	No	Epidemics are identified as a risk, but preparedness is not incorporated into the plan except in relation to the objectives to improve disease prevention and disaster management.
Tunisia	Country strategy (2018–2023)	No	No	No health components are integrated into the plan.

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