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Towards Better Health in Sub-Saharan Africa

Substantial health improvements in Sub-Saharan Africa(SSA) are not only imperative but also feasible, concludes a new World Bank study, Better Health in Africa. Written with the active participation of African health experts, the World Health Organization and Unicef, the study sets forth a vision of health improvement that challenges SSA countries and their external partners to rethink current health strategies. The study stresses positive experiences, and concludes that far greater progress on improving health is possible than has been achieved in the past - even within existing resource constraints and despite the resurgence of tuberculosis, the rise in malaria and the threats posed by the AIDS pandemic.

Major improvements in health have been achieved in Africa in the years since independence. For example:

- The infant mortality rate fell from 145 per 1,000 in 1970 to 104 per 1,000 in 1992.
- The mortality rate for children under 5 years fell 17 percent from 1975 to 1990.

Yet, the challenge of better health in SSA is enormous, for other statistics counter these positive developments.

- Infant mortality is 55 percent higher and average life expectancy, at 51 years, is 11 years less than in the rest of the world's low-income developing countries.
- Maternal mortality, at 700 women per 100,000 live births, is virtually double that of other low- and middle-income developing countries and more than 40 times greater than in the industrial nations.

The challenge facing policy makers and other stakeholders is to take the actions needed to make better health happen, to move from rhetoric to reality.

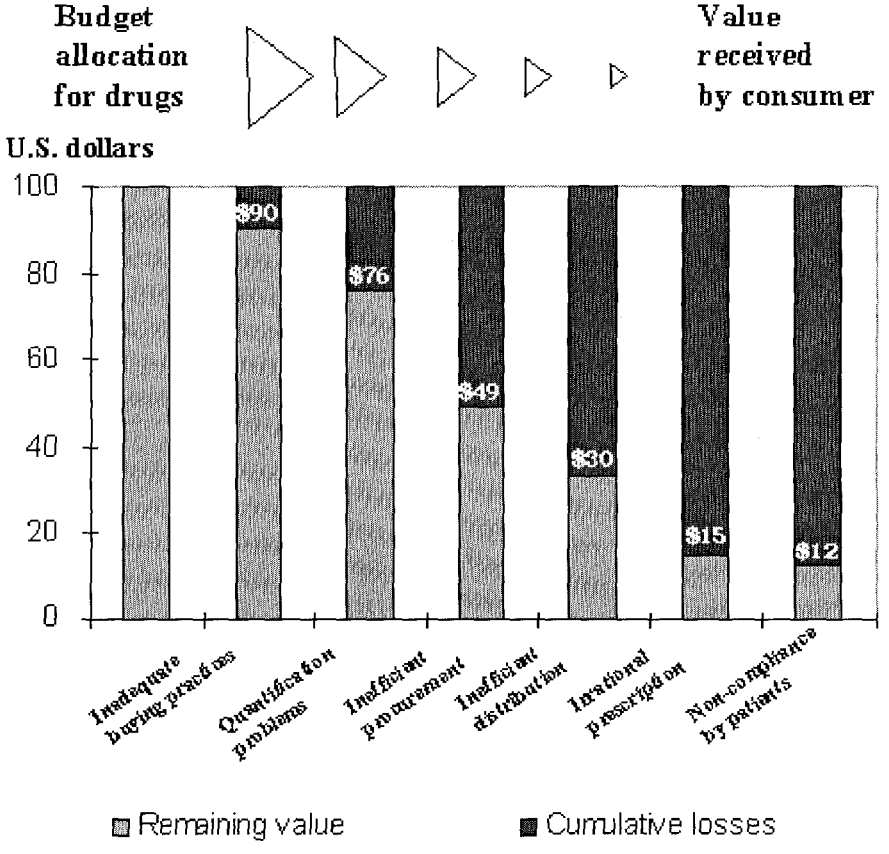
Key Messages

Better Health in Africa documents experience and lessons learned, in 4 major areas.

First, experience indicates that African households and communities have the capacity and will to use knowledge and resources to recognize and respond effectively to health problems. Public authorities with health responsibilities need to give greater attention to providing the information and tools needed by communities and individuals to assume responsibility for their own health improvement. The Bamako Initiative for locally managed drug revolving funds, and related programs, in Guinea, Benin and other countries testify eloquently to the potential for health improvement at the household and community level. The public sector, with Ministry of Health leadership, should focus its efforts on creating an 'enabling environment' to stimulate action for better health by the many and diverse stakeholders.

Second, experience documented in Better Health in Africa teaches that much health improvement can be realized through managerial and other reforms in health care systems. Zimbabwe showed this with major reforms following independence. Reallocation of human and financial resources is widely needed. Better planning and management of pharmaceuticals, health sector personnel, and health infrastructure and equipment need to figure high on the agenda for change. Better Health in Africa documents many sources of inefficiency - in plain words, waste - in publicly financed and managed health care programs in Africa. In a number of African countries, the patient effectively consumes only $12 for every $100 in public budget resources spent on pharmaceuticals.

Figure 1. Inefficiency and Waste in the Supply of Drugs from Budget Allocation to Consumer



Source: WHO and World Bank data.

Third, experience suggests that cost-effective packages of basic health care services, delivered through networks of local health centers and small referral hospitals in rural and periurban areas, can go a long way to meet the needs of households. It is estimated that cost-effective packages of health services can meet 90 percent of the demands of the people for health services and reduce the burden of disability and premature mortality by about 30 percent. The specific content of the packages must be determined at the country and sometimes even the district level. In most African environments they are likely to encompass :

- Maternal and child health services, including immunizations and family planning;
- Prevention, detection and treatment of sexually transmitted diseases;
- School health;
- Limited treatment of other common illnesses; and
- Information, education and communication programs.

A number of African countries are making progress in this area, including Mali and Senegal.

Africa now spends, on average, about $14 per person per year on health, from public, household and donor resources. Yet, experience suggests that in low-income African environments a suitable

package of services can be provided for around $15 per person per year. In higher-income African countries, such as Zimbabwe, the package would cost about $16 per capita annually. These figures give the impression that the package is not outside financial reach. However, Africa's average expenditures do not tell the whole story, for they are both inequitably and inefficiently allocated and utilized in most African countries. For better health to be achieved, substantial increases in efficiency, as well as significant reallocations of public and non-governmental resources will be required, particularly away from expensive services that benefit the few towards more cost- effective interventions in a carefully designed package of services made available to all. Furthermore, in the lowest income African countries a major resource mobilization effort will be needed for better health.

Table 1. Selected African Countries Grouped by Relative Level of Expenditure on Health, 1990

	Country Grouping		
Item	*High expenditure*	*Medium expenditure*	*Low expenditure*
Country characteristics			
Population (millions)	14.1	95.5	340.3
Average GNP per capita (U.S. dollars)	757	395	225
Expenditure per capita (U.S. dollars)			
Private	19	7	4
Government	40	6	2
Donor	9	3	2
Total	68	16	8

Note: High-expenditure countries: Botswana, Lesotho, Swaziland, and Zimbabwe. Medium-expenditure countries: Burundi, Cameroon, The Gambia, Ghana, Kenya, Liberia, Malawi, Niger, Rwanda, Senegal, and Zambia. Low-expenditure countries: Burkina Faso, Ethiopia, Mali, Nigeria, Sierra Leone, Somalia, Uganda, and Zaire.

Source: United Nations Development Programme and World Bank 1992; World Bank 1993. World Development Report 1993: Investing in Health. New York: Oxford University Press.

Fourth, *Better Health in Africa finds that, with about $1.6 billion ($1,600 million) in new annual financial resources for health, basic health services could be provided to all Africans living in low income areas and countries* - representing over two-thirds of the people. African governments would finance a little over half of the amount through cost sharing with beneficiaries and additional tax effort. The donor community would be expected to finance the remainder. These figures are, of course, global and only indicative -- but they are based on the detailed studies that led to the $13 per capita estimate. Under any circumstances, major changes in domestic and international financing for health are likely to be needed, to mobilize household resources more effectively for cost-effective health services, to increase the efficiency of government funds, and to make better use of donor funds for health improvement.

Better Health in Africa aims to encourage and facilitate, through documenting the lessons learned, specific actions for health improvement in Africa. Many African governments and their partners in Africa - including private voluntary providers, private-for- profit providers, and donors - are already taking strides to build further on the experiences set out in the study. These experiences are testimony to the importance of health as a critical foundation of sustainable economic development. Other countries have yet to move as decisively in directions deemed essential in the study.

Follow-Up

Several principles will guide the work on follow- up.

One, the main events for change and health improvement will take place at the country level. Here, the health leaders of Africa will control the initiatives, with the many other domestic and international stakeholders in health improvement acting as partners. Unless Africa owns the agenda of Better Health in Africa, it will be of little value. The international community looks to these leaders to review existing policies where necessary, to define suitable strategic frameworks, and to establish cost- effective programs of sustainable health investments - - programs that it, in turn, can endorse and support financially. This is beginning to happen with the emergence of health sector programs in Zambia and a few other countries. For sustainability and ensured impact, a long-term focus on development of appropriate health institutions is needed, with relatively less attention to individual diseases.

Two, African leadership at both the country and inter-country level is essential to sustainable health improvement. The formulation of Better Health in Africa was greatly aided by the work of an independent expert panel on health improvement in Africa consisting of nearly 20 distinguished African health specialists from Ministries of Health, from universities and research institutions in Africa and overseas, and from the non-governmental sector. The panel is a driving force, intellectually and politically, for support to African efforts at health improvement.

The World Bank has organized several inter- country workshops on health strategy, including the analyses and messages of Better Health in Africa, with the active participation of a wide range of domestic and external stakeholders. The Bank has signalled its willingness to hold further such events where the governments are interested and have indicated their readiness to embark on the road to reform.

Three, the donor community, and the international organizations with health responsibilities, should be in a position, not of leadership but of support for African initiatives for health improvement, both

nationally and internationally. Donors finance about 20 percent of total health expenditures, and over half of the total in some countries. Donors finance virtually all health investment in Africa. Thus, they bear a major share of the responsibility for the nature of African health systems today. It is time for the donors to fit their financial support for health improvement into coherent national programs under government leadership. Recent experience of local leadership of donors for health improvement, for example in Mozambique, suggests that donors will welcome country leadership.

One specific initiative that could be undertaken to bring Africans and donors closer together on health issues is the elaboration of consensus guidelines for official and non-governmental donors regarding future assistance for health improvement in Africa. The perspectives of Ministers of Health, and of both official and private voluntary donors to health, would be essential to the formulation of any such guiding principles.

The World Bank is committed to support African countries in the pursuit of health improvement. Through the end of June 1994 the Bank had provided financial support to over 60 population, health and nutrition projects in Africa. But, compared to other donors, the Bank is relatively new in the field of health, and most of this initial series of projects are still in execution. The total commitments of World Bank and International Development Association resources for these projects amount to $1.5 billion. Aside from the closely related area of the environment, population, health and nutrition is the fastest growing area of Bank lending. Over the next 4 years, the Bank plans to commit about $1.4 billion for population, health and nutrition projects in Africa. These commitments will only be possible if viable projects are prepared and implemented within an environment of progressive health policies and development strategies, sound health programs, and effective local and national leadership and management.

Obviously, the transition to improved health will vary in pace and scope across Sub-Saharan Africa. However, what seems clear is that the better health - both economic and physical - of the peoples and countries concerned will depend to a large extent on their willingness and commitment to pursue this transition.

R. Paul Shaw and A. Edward Elmendorf. 1994. Better Health in Africa - Experience and Lessons Learned. Development in Practice series. Washington, D.C.: World Bank. This publication is priced at US$ 15.95 and is available from The World Bank Bookstore, Box 7247-8619, Philadelphia, PA 19170-8619, USA. Fax no. 202 - 6760581. For an Executive Summary, please contact Ms. Donna McGreevy, Room J 2-245, AFTHR, The World Bank, 1818 H Street NW, Washington D.C. 20433.
