The Development of the African Health Care Sector: Challenges and Priorities

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The Health Sector in African countries is a cause for great concern.

Despite progress in health indices….

2010–2015: the average life expectancy at birth for both sexes increased by 5.1%, from 57 years in 2010 to 60 years in 2015.

BUT still much lower than:

Eastern Mediterranean and South-East Asia = at least 9 years longer.

The Americas, Europe and Western Pacific = at least 17 years longer.

African countries continue to have high mortality rates due to high disease burden and inadequate availability of health services.

- 24% of the global disease burden
- share of global health expenditure is less than 1%
- only 3% of the global health care workers
- produces 2% of the medicines consumed

Source: World Health Organisation

Challenges and Priorities for the African Health Care industry

Limited access to healthcare delivery and poor infrastructure

Limited investment in health care	Less than 10% of GDP spent on health care	Per capita government expenditure on health care (2014):
• Few hospitals, particularly for rural areas (focus on urban areas). • Poor availability of essential medicines. • Dispensaries that lack adequate medical equipment. • Lack of standardised quality treatments.	• Half of population without access to health care facilities.	• Africa – USD 51.6

WHO *Atlas of African Health Statistics 2018*
2013–2017 data
17 African countries

service availability and readiness assessment (SARA)

43% in Ethiopia to
77% in Kenya

availability of essential medicines and diagnostics

- Essential medicines
  - 26% Ethiopia
  - 73% Kenya
- Diagnostics
  - 27% the Democratic Republic of the Congo
  - to 68% Zimbabwe

Shortage of trained health care professionals

Physician to Population Ratio

	Number of physicians per 10,000 people	Female % Share
Africa	57	54
Americas	368	76
Arab States	119	39
Asia and the Pacific	113	64
Europe and Central Asia	418	78

Physician to population ratio among African countries

Country	No of Physicians per 10,000 people
South Africa	184
Mauritius	172
Uganda	31
Tanzania	37
Burkina Faso	28
Gambia	24
Mali	12

Permanent migration of health workers from Africa is seriously threatening the sustainability of health systems in Africa

Push Factors

- lack of opportunities for postgraduate training
- underfunding of health service facilities
- lack of established posts and career opportunities
- poor remuneration and conditions of service, including retirement provisions
- civil unrest and personal security
- governance and health service management shortcomings

Pull Factors

availability of posts, now often combined with active recruitment by prospective employing countries

opportunities for further training and career advancement

the attraction of centres of medical and educational excellence

improved working conditions

greater financial rewards

Source Countries – Negative Impact of Migration

Breakdown in health care system – large sections of population without access to health care due to insufficient medical personnel.

The estimated shortage of health workers for Africa is 817,992; a correction of the deficit requires an increase in health workers of >130%.

South Africa alone: USD 37 million. Since 1996, South Africa has had the greatest number of doctors at 37% and nurses at 7%, moving to Australia, Canada, Finland, France, Portugal, the UK and United States.

The knowledge and skill loss from the poorer to the richer countries is considered a form of reverse (poor to rich) subsidy.

Each migrating African professional represents a loss of USD 184,000 to Africa (UNCTAD).

$4 billion a year on the salaries of foreign experts.

Destination Countries: Positive Impact

- **Each qualifying doctor = GBP 200,000- 250,000 and 5-6 years to train**
- Every doctor arriving in the UK is appropriating **human capital at zero cost** for the use of the UK health services

2003:
Work permits were approved for

- 5,880 health and medical personnel from South Africa
- 2,825 from Zimbabwe
- 1,510 from Nigeria
- 850 from Ghana

despite the fact that these countries were included among those proscribed for National Health Service recruitment.

23,407 South African doctors are in Australia, New Zealand, Canada, the UK, and the United States
8,999 in the UK alone

Over 10,000 South African nurses in the UK, with large numbers also in New Zealand, Australia, Canada and the United States

- Within Africa: South Africa is a big destination country for graduates from Zambia, Zimbabwe, Kenya, Ghana, Nigeria.

Sector priorities in health care system development are a long term endeavour

Policies to Reverse Brain Drain

- Bilateral agreements between source and host countries:
  - Monitor cross-border flows of healthcare professionals in line with domestic supply and demand conditions
  - Cover immigration schemes and recruitment programmes

- Cooperation on immigration, labour-market policies, professional standards, mutual recognition, and licensing norms
- Provisions for cross-border mobility

- Specific policies to retain healthcare professionals and creating pull factors that would attract the ones who have migrated back.
- **Investment into the health care sector as a means of retention of health care professionals.**
- In-country training programmes in collaboration with the destination country
  - increase skills of domestic medical professionals
- Tax incentives for medical personnel e.g. exemptions, scholarships with conditions of providing service at home, measures to improve working conditions and medical facilities as well as increase opportunities for professional development.

Increasing Investment in the Sector

Link Public and Private Health Care Services

Professional exchange programmes: increase quality and expertise of medical personnel

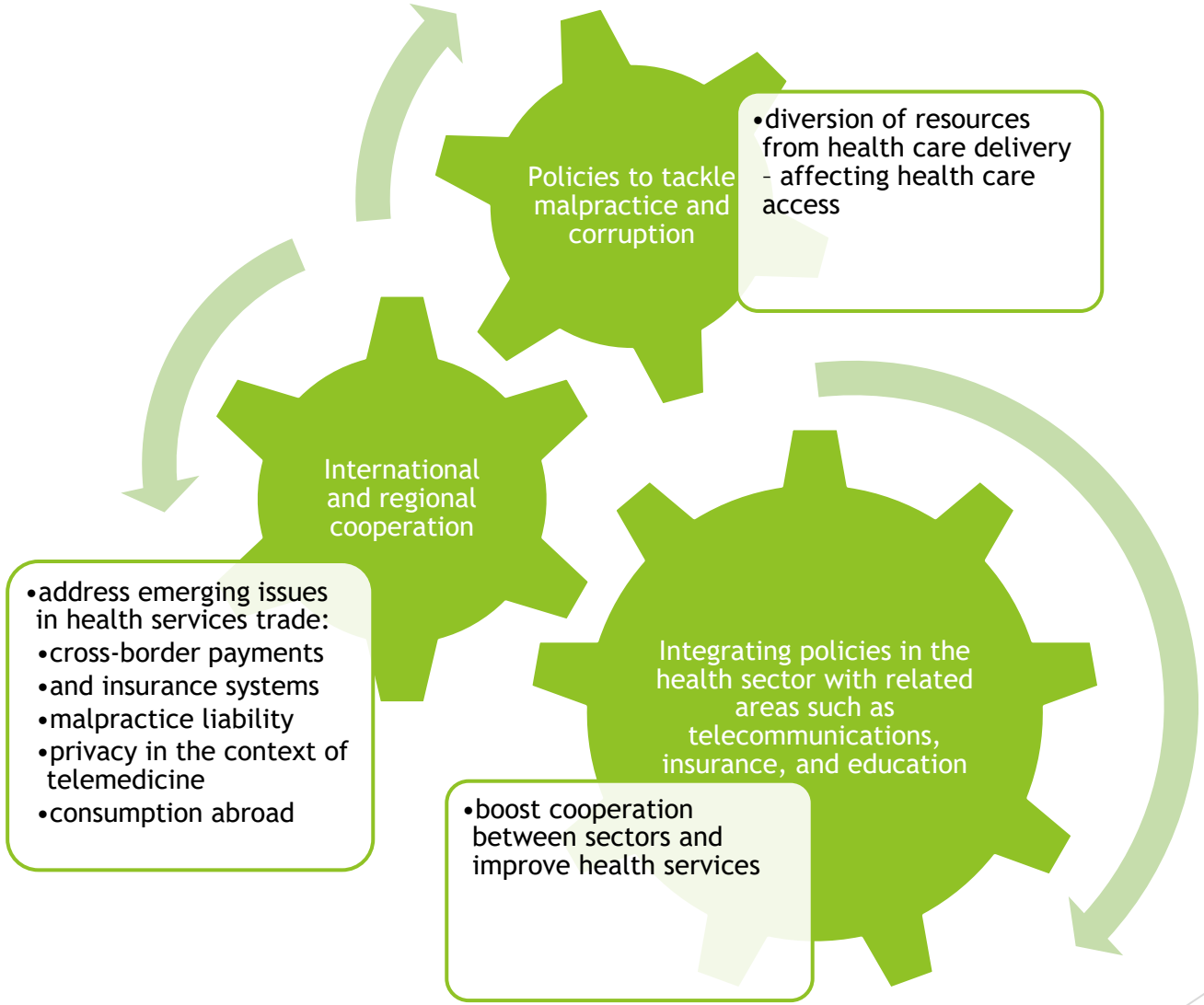
Training and sharing information between public and private health care facilities

Construct public hospitals through revenues earned from private hospitals: buy medical equipment or beds through the revenues earned from private hospitals

Incentives to the private sector to encourage healthcare services in remote and rural areas

Extend medical insurance coverage through partnerships with the private sector

Policy Integration



Telemedicine

Requires human resource and technology capacity building

Upgrading of telecommunications infrastructure (export through Mode 1)

Improving transport sector (boost Mode 2 and Mode 4 – and availability of essential supplies)

Increasing scope for cross – border telemedicine

Promoting recognition and coverage by health insurance of foreign tele – diagnosis services

Leverage digital technologies and advances in telemedicine

Continental Health Sector Database

Comprehensive and systematic database on global and continental transactions in the health sector

Will require coordination among professional associations, ministries of health and commerce

Also coordination with multilateral agencies such as the UN, WHO, WTO, the International Monetary Fund, and the World Bank.

Additionally - in-depth case studies

- to assess the potential costs and benefits of trade in health services for individual countries under the AfCFTA

Thank you

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