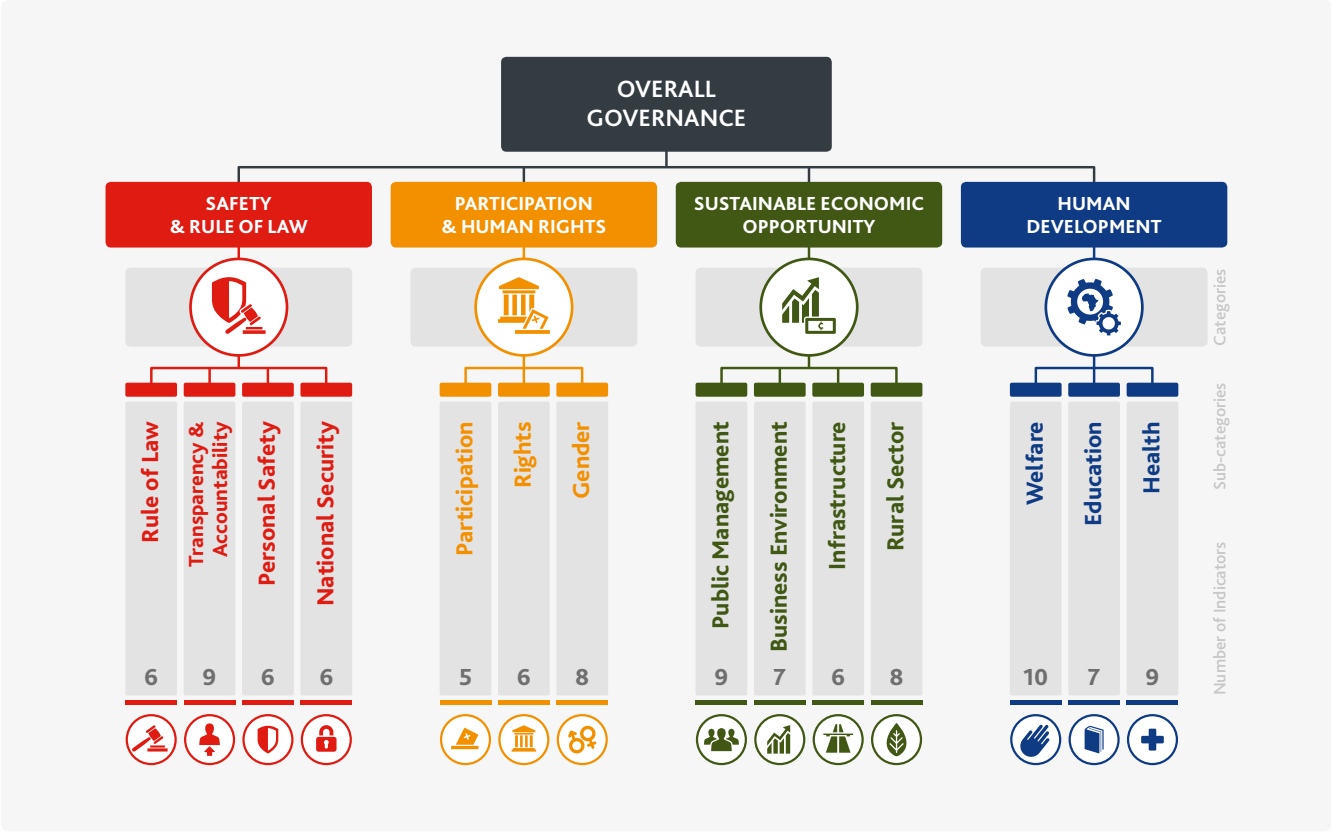
Mo Ibrahim FOUNDATION

IIAG insight: how is Africa achieving universal health coverage?

As part of the 2030 Agenda for Sustainable Development, all countries have committed to achieve Universal Health Coverage (UHC) by 2030. UHC means that all people and communities receive the quality health services they need, without financial hardship.

As part of a series of summits in addition to the general debate at the 2019 UNGA, the High-Level Meeting on UHC scheduled for 23 September is an opportunity to secure political commitment from Heads of State and Government to prioritise UHC.

As the meeting will gather stakeholders to discuss how to accelerate progress towards UHC (including access to essential health services), the Ibrahim Index of African Governance (IIAG) has some valuable insights concerning the 54 African countries.



The IIAG measures and monitors governance performance in African countries, assessing whether governments are providing the basket of core political, social and economic public goods and services for their citizens, through four categories. One of these, *Human Development*, contains a sub-category assessing *Health*.

Great progress on key components

Of the 14 sub-categories, *Health* is the most improved over the IIAG time-series (2008-2017), with the African average score for *Health* (67.8 out of 100.0) having increased by +7.6 points.

The *Health* sub-category hosts the highest number of improved countries. 47 countries, home to approximately 93% of Africa's citizens, have managed to improve their *Health* results.

What's driving this progress? Almost all the constituent indicators available for this sub-category. The three most improved; *Antiretroviral Treatment (ART) Provision* (+36.3), *Absence of Child Mortality* (+15.5) and *Absence of Communicable Diseases* (+7.3), all feature among some of Africa's most improved of the indicators in the IIAG. *Antiretroviral Treatment (ART) Provision* is actually the most improved of all the 102 indicators in the IIAG. Of the 49 countries for which data is available, every single one registers an improved score.

Indicators where score improved between 2008 and 2017

Indicator	Δ
Antiretroviral Treatment (ART) Provision	+36.3
Absence of Child Mortality	+15.5
Absence of Communicable Diseases	+7.3
Absence of Maternal Mortality	+4.8
Access to Sanitation	+3.3
Immunisation	+2.9
Absence of Undernourishment	+2.0
Public Health Campaigns	+0.6

Indicators where score deteriorated between 2008 and 2017

Indicator	Δ
Satisfaction with Basic Health Services	-6.7

Dissatisfaction with basic health services

The only indicator in *Health* that shows an African average decline over the last ten years is the indicator measuring *Satisfaction with Basic Health Services*. This illustrates growing dissatisfaction over the Index time series among Africa's citizens with how governments are handling improving basic health services.

In this citizen perception measure sourced from Afrobarometer, which has trends for 34 countries[1], 20 register deterioration in the past ten years, while only 14 improved their performance.

Africa: *Satisfaction with Basic Health services*: average score (2008-2017)

What's causing dissatisfaction and how will this affect Africa's progress towards UHC?

The answer to this is difficult, and that is because there is a lack of data.

What is clear is that there is a contrast between the perception of citizens and success in indicators that were largely achieved through the focus of the Millennium Development Goals (MDGs), mostly through partnerships with international organisations and foundations.

MDG-specific commitments may have led to a lack of policies, and hence a gap in quality data that measures broader issues such as health infrastructures and capacities, as well as affordability. Recent, regular and comparable indicators focussed on measuring improvement of specific MDG targets, missing out these other key components.

This went along with a financing gap. The percentage of aid given to the development of healthcare systems and non-communicable diseases is significantly less when compared to the aid given to specific targets of combating communicable diseases, and maternal, new-born and child health. Even worse, aid given to the development of healthcare systems decreased in the period 2010-2017, when compared to the period 2000-2010[2].

Indeed, the IIAG does show that there has been significant progress in indicators relating to the MDGs. So with some targets and indicators of SDG Goal 3 - Ensure healthy lives and promote well-being for all ages and of Agenda 2063's Aspiration 1 Goal 3 - Healthy and Well-Nourished Citizens - dedicated to measuring progress in these areas, progress may come. But this is not enough to achieve UHC.

The UN now acknowledges that "key barriers to UHC achievement include poor infrastructures and availability of basic amenities, out of pocket payments and catastrophic expenditures, shortages and maldistribution of qualified health workers, prohibitively expensive good quality medicines and medical products, low access to digital health and innovative technologies, among others."[3]

Currently, there is not always enough data for Africa to measure progress in removing these barriers. Recent, regular and comparable data are lacking for health infrastructure, or costs of accessing healthcare.

[1] Algeria, Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Cameroon, Côte d'Ivoire, Egypt, Gabon, Ghana, Guinea, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritius, Morocco, Mozambique, Namibia, Niger, Nigeria, Senegal, Sierra Leone, South Africa, Swaziland, Tanzania, Togo, Tunisia, Uganda, Zambia, Zimbabwe

[2] Institute for Health Metrics and Evaluation (IHME) (2017). Financing Global Health 2017 - Funding Universal Health Coverage and the Unfinished HIV/AIDS Agenda.

[3] https://www.un.org/pga/73/event/universal-health-coverage/

Where there is data, it provides valuable insights. The World Health Organisation (WHO) for example, has over collected data on the number of skilled health professionals per 10,000 population[4], for 41 African countries.

Across these countries, the average ratio according to data from the last ten years (since 2009) is only 17.0 per 10,000, which comes to approximately 588 "customers" per skilled health worker. In some cases, the ratio is staggeringly low: 1.1 per 10,000 in Somalia in 2014, or 2.8 in Ethiopia in 2009. In comparison, in the US in 2014 the ratio was 117.3, or approximately 86 people per skilled health worker.

Skilled health workers per 10,000 population	
Africa (average across selected countries (2009-2016)	**17.0**
United States of America, 2014	**117.3**

According to the 2006 World Health Report, countries with fewer than 23 physicians, nurses and midwives per 10,000 population generally fail to achieve adequate coverage rates for selected primary health care interventions.

This kind of data can help us understand why there might be dissatisfaction with provision of basic health services, yet even this is not regular. Over the last ten years, only 7 of the 41 African countries have two data points. The last year data was collected for any of the 41 countries was 2016.

In terms of financial protection, the WHO says that while there is no magic number, significant improvement in financial protection is observed across countries only once their public spending on health is greater than PPP$ 200 per capita[5]; in Africa, only 17 countries carried out this level of spending in 2016, the latest year of data.

Data is essential to be able to assess needs and priorities, take focussed decisions, efficiently allocate resources and monitor progress. For the next update of the IIAG dataset, to be released in October 2020, the Mo Ibrahim Foundation will aim to include as much relevant data as possible to contribute findings for the African continent to help aid evidence-based decision making.

For more information on the IIAG, sources, definitions, and to access the dataset, visit

http://mo.ibrahim.foundation/iiag/

[5] The total number of physicians, nursing and midwifery personnel per 10 000 population. See http://apps.who.int/gho/data/node.wrapper.imr?x-id=4667

[6] WHO, Health Financing Working Paper: Spending targets for health: no magic number (2016) https://apps.who.int/iris/bitstream/handle/10665/250048/WHO-HIS-HGF-HFWorkingPaper-16.1-eng.pdf?sequence=1