Health Systems Challenges in Africa

Role of Media
HSA Workshop
Francis Omaswa,
Kampala, 24.11.16
Context: What is the name of the game?

- Health of the people as precondition for productive life
- The right to life = right to health = right to responsive health system
- Reject “God has called her/him” complacency attitude
- Quality of life, Poverty, Dignity, Social Justice, Equity
- Connected Globalized World has Knowledge, Resources: lacks the will
- Governance, Organisation of society, development
- “Nothing important happens without the right climate of opinion”. Movements on slavery, apartheid, colonialism etc
Contemporary African History

• Era of Great Expectations: Pre and immediate post independence optimism

• Era of Decline: Cold war, poor governance, commodity prices collapse, population growth

• Era of a New Hope: No cold war, growing democracy, global movement on social, justice equity, economic growth, AU/NEPAD
Africa has a disproportionate burden

Africa is 11% of the world’s population BUT half of the world’s burden of maternal and child deaths, 85% of Malaria cases, 67% of AIDS cases and 26% of underweight children

Due to an increasing epidemic of non communicable diseases Africa is faced with a double burden of disease.

Africa has the highest disease burden, yet the lowest level of financing on health

Root Causes of African Crisis

• Economic growth: high level of poverty
• Population growth: overwhelmed services
• Dependency: in communities
• Dependency on outsiders loss of “Can do” attitude, low Ownership
• Tolerance of the unacceptable: weak demand, challenging work environment
## Major causes & effects of household poverty in Uganda

<table>
<thead>
<tr>
<th>CAUSES</th>
<th>%</th>
<th>EFFECTS</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor Health &amp; diseases</td>
<td>67</td>
<td>Poor Health &amp; diseases</td>
<td>50</td>
</tr>
<tr>
<td>Excessive alcohol consumption</td>
<td>56</td>
<td>Theft</td>
<td>44</td>
</tr>
<tr>
<td>Lack of education and skills</td>
<td>50</td>
<td>Death</td>
<td>38</td>
</tr>
<tr>
<td>Lack of access to financial assistance &amp; Credit</td>
<td>50</td>
<td>Inability to meet basic needs</td>
<td>35</td>
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<tr>
<td>Lack of access to markets</td>
<td>44</td>
<td>Low productivity</td>
<td>32</td>
</tr>
<tr>
<td>Ignorance &amp; lack of information</td>
<td>44</td>
<td>Food shortage and hunger</td>
<td>27</td>
</tr>
<tr>
<td>Idleness and laziness</td>
<td>42</td>
<td>Limited income, funds &amp; capital</td>
<td>27</td>
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<tr>
<td>Lack of co-operation</td>
<td>42</td>
<td>Divorce or separation</td>
<td>24</td>
</tr>
<tr>
<td>Large families</td>
<td>42</td>
<td>Excessive alcohol consumption</td>
<td>24</td>
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<tr>
<td>Insurgency</td>
<td>40</td>
<td>Failure to educate children</td>
<td>24</td>
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</tbody>
</table>

Source: Uganda participatory Poverty Assessment survey 2002
DOES ANY ONE CARE?

• "When I fall sick I just remain like that ... like an animal."

• We are resigned to death which is simply shrugged off: "his/her day has come", "God has called him/her" (UPPAS 2000)

• Access to care by all; All deaths accounted for

• Sierra Leone: maternal, child mortality rate unacceptable.
MESSAGE 1

UNLESS WE AFRICANS, INDIVIDUALLY AND COLLECTIVELY FEEL THE PAIN AND THE SHAME OF OUR CONDITION, WE WILL NOT HAVE THE COMMITMENT TO TAKE THE NEEDED ACTIONS TO CORRECT OUR SITUATION.
“Hopeless Africa” May 2000;

“Rising Africa” Dec 2011

Africa’s GDP is however projected to keep growing 5-6% for some years to come

8/10 fastest growing economies globally
Africans Capturing the New Hope

• “The future of Africa is up to Africans” Obama in Accra.
• Reclaim the “can-do attitude”; impact of economic growth, demographic dividend
• Ownership and accountability mind set
• Pursue Excellence, close implementation gap
• Partnership between: Techno-professionals, Communities and Politicians
• Partnerships with rest of the world as equals
• “This is Africa; what do you expect; only the best”
Supportive African Leadership

• From Organization of African Unity to African Union
• Summits on Malaria, HIV and Infectious Diseases, Maternal and Child Health
• African Union Health Strategy 2007
• Biannual Health Ministers conferences
• WHO Africa Annual Health Ministers, HHA
• Regional Health Communities: ECSA, WAHO, SDAC
• Professional Associations and Platforms
Trend in Under 5 Mortality Rate, deaths per 1000 live births in the African Region, 1990 to 2012 and projection to 2015
MESSAGE 2

THIS IS A GOOD TIME FOR AFRICA, LET'S GRASP THE WINDOW OF OPPORTUNITY BY CREATING ENABLING ENVIRONMENT.
21st Century Approach to Development / Global Health

- Mutual Responsibility & Global Solidarity
- National Ownership and Priorities
- Focus on Health Systems
Responsibility for Population Health

• Governments have ultimate responsibility and accountability for population health

• Global, regional and national recognition: UN/MDGs, WHO, AU, constitutions, health in all policies

• Implementation gap: underinvestment in people who make things work, available technologies, policies, resources

• Governments alone insufficient: need to work with ever increasing number of actors

• Stewardship, governance and leadership neglected: donors, GHI, countries
DEFINITIONS

• **Stewardship**: Steward: one who is entrusted with the management of things belonging to another—government as protector of the public interest and accountable to the public for its actions.

• **Governance**: the alignment of multiple actors and interests to promote collective action towards an agreed upon goal.

• Leadership: scan environment, create attractive vision, strategy, inspire, align for action

• Management: plans, time tables, resources, implement, monitor, evaluate, feed back

“As a good steward, a ministry of health must be able to lead and participate in effective systems of governance to assure the best use of resources for health.” (Strong Ministries for Strong Health Systems, January 2010. p.22).

• **HRPI**: An institution with potential to support and hold govts accountable. Creates a culture that produces and uses evidence-based policy and programs for health. Maintains visibility of national health agenda.
Categories of HRPIs in Kenya and Uganda (data missing from Mali)

- Health Development Partners
- Media
- NGOs
- Business/Private Sector
- Management Institutes
- Think Tanks
- Health Research Institutes
- Health Professional Bodies
- Universities/Academic Institutions

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<tr>
<th>HRPI Category</th>
<th>Percentage in Country</th>
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NATIONAL HEALTH SYSTEMS

Definition of a Health System
Partnership: individuals: health system: government

• **Individuals** have the primary responsibility for maintaining their own health. Health is inborn.

• **Health systems** are responsible for providing the information *(health literacy)* and facilitating behaviors *(enabling laws regulations)* that individuals need to achieve their best health.

• **Government** is responsible for ensuring that the conditions and systems exist that allow people to be as healthy as they can be. *(access to the healthy food, clean water, adequate housing, education)*
Embed Health in Governance

At its best, the routine governance of society should be the **foundation of the health system** by ensuring that laws, regulations and good practice are complied with by all: that homesteads are hygienic, mothers attend antenatal clinics, children are immunized, the nearest health facility has required personnel and supplies, the referral system is in place, the correct food crops are grown and stored properly, all children are going to school, the rural road network is maintained, law and order is enforced etc. This should be the job description of the **village or community administrator as the very first frontline health worker.** (UHC: Leaves no one behind)
"Triangle that Moves the Mountain"

Knowledge creation

Social mobilization

Political involvement
MESSAGE 3

UNTIL AND UNLESS IN EACH AND EVERY COUNTY, THERE IS A CRITICAL MASS OF INDIVIDUALS AND INSTITUTIONS THAT WORK WITH THEIR RESPECTIVE GOVERNMENTS AS BOTH SUPPORT AND ACCOUNTABILITY AGENTS, IT WILL NOT BE POSSIBLE TO CREATE AND SUSTAIN ENABLING ENVIRONMENT TO QUALITY IMPROVEMENTS.
Lessons & Way forward

• Capacity grows up from within; not dropped down.
• Country context critical: political, social, cultural, resource factors. Takes time and patience.
• Local Institutions to grow capacity exist HRPIs.
• Need to support governments and HRPIs simultaneously to grow local:
  – Expand locally driven research, Strengthen management and leadership, Improve sharing of information and strengthen networks, Close implementation gap and improve monitoring and evaluation of performance.
The Quality Mind Set

• THIS IS UGANDA: WHAT DO YOU EXPECT?

• THIS IS AFRICA: WHAT DO YOU EXPECT?
Quality Assurance

• Strong Regulatory Bodies
• Strict and Independent Accreditation
• Strong Professional Associations
• Supportive Supervision
• Educated Demand
• Self Assessment
The vision

• What more Africans can do for themselves
• What they need from the rest of the world in the spirit of global solidarity
• What others can learn from Africa

... and a vision for the future where

• Health is made at home
• Universal access to health care
• An absolute focus on quality: “This is Africa. What do you expect? Only the best”
MDG era: but words don’t always translate to action……

“24% burden of disease, 3% global health workforce” (2004-2005 vs 2013-2014)

Sources: WHR 2006; Global Health Observatory (2014 update)
Where are HRH in Uganda?

![Bar chart showing the distribution of HRH in different regions of Uganda.](image)
Uganda: No to Health Sub district 299

- Low Salary, delays, no benefits 251
- Inadequate facilities 155
- Political interference and corruption 108
- Heavy Work Load 87
- Remoteness 57
- No funding for further education 28
- No incentives-poor housing, no allowances 25
- No opportunities for CMEs/supervision/training 24
- Difficulty getting on payroll 12
- Poor staff morale 10
- No business opportunities 5
- No networking opportunities 4
Required Competencies: Fit For Purpose (FFP)

• Prepared to work where services are most needed: selection process, attitudes, socially accountable
• Able to respond to health needs of community: training in real life situations in community
• Able to deliver quality care with available (limited) resources. (*Achieving the most with available resources.*)
• Clinical excellence as foundation for teaching and research.
• Able to be leader, manager, teacher and change agent: mentors
• Continuous self directed learners
• Effective communicators: team based learning, practice
MESSAGE 5

• Leadership Needed Above All
• If not by us; then by whom?
• If not now; then when?
• If not here; then where?
• One by one & collectively
• This is Africa, what do you expect?