

# 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**

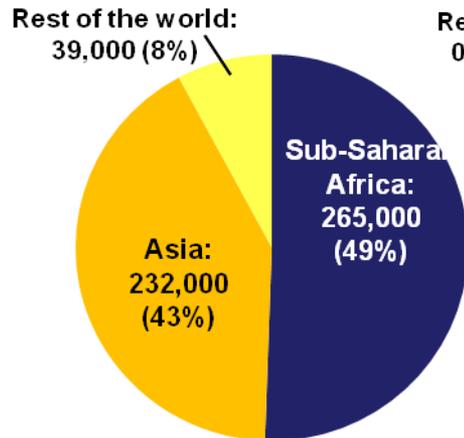


# Contemporary African History

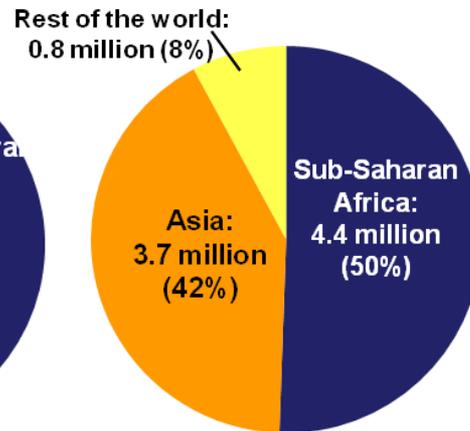
- Era of Great Expectations: Pre and immediate post independence optimism
- Era of Decline: Cold war, poor governance, commodity prices collapse, population growth
- Era of a New Hope: No cold war, growing democracy, global movement on social, justice equity, economic growth, AU/NEPAD

# Africa has a disproportionate burden

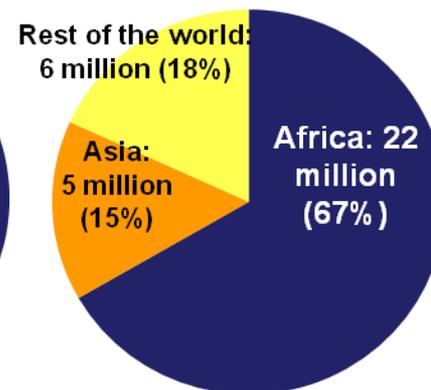
Maternal deaths,  
2005



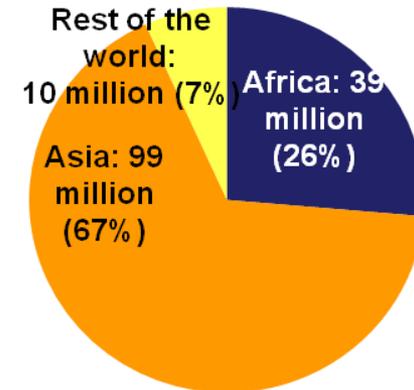
Death of children  
under five, 2008



Adults and children  
estimated to be living  
with HIV, 2007



Underweight children  
under five, 2007



**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

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

# 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.



# Africa's Economy

*The Economist Dec 3-9 2011*

- “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

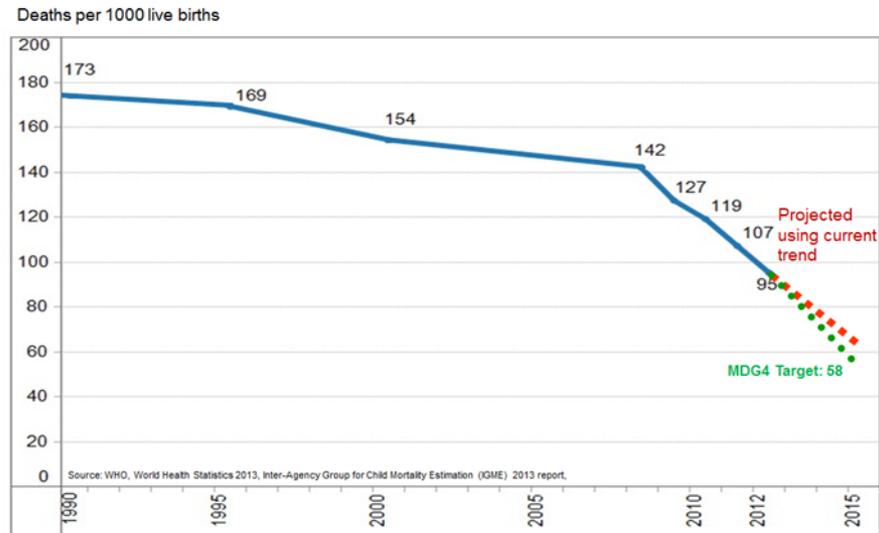
- “The future of Africa is up to Africans” Obama in Accra.
- Reclaim the “can-do attitude”; impact of economic growth, demographic dividend
- Ownership and accountability mind set
- Pursue Excellence, close implementation gap
- Partnership between: Techno-professionals, Communities and Politicians
- 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

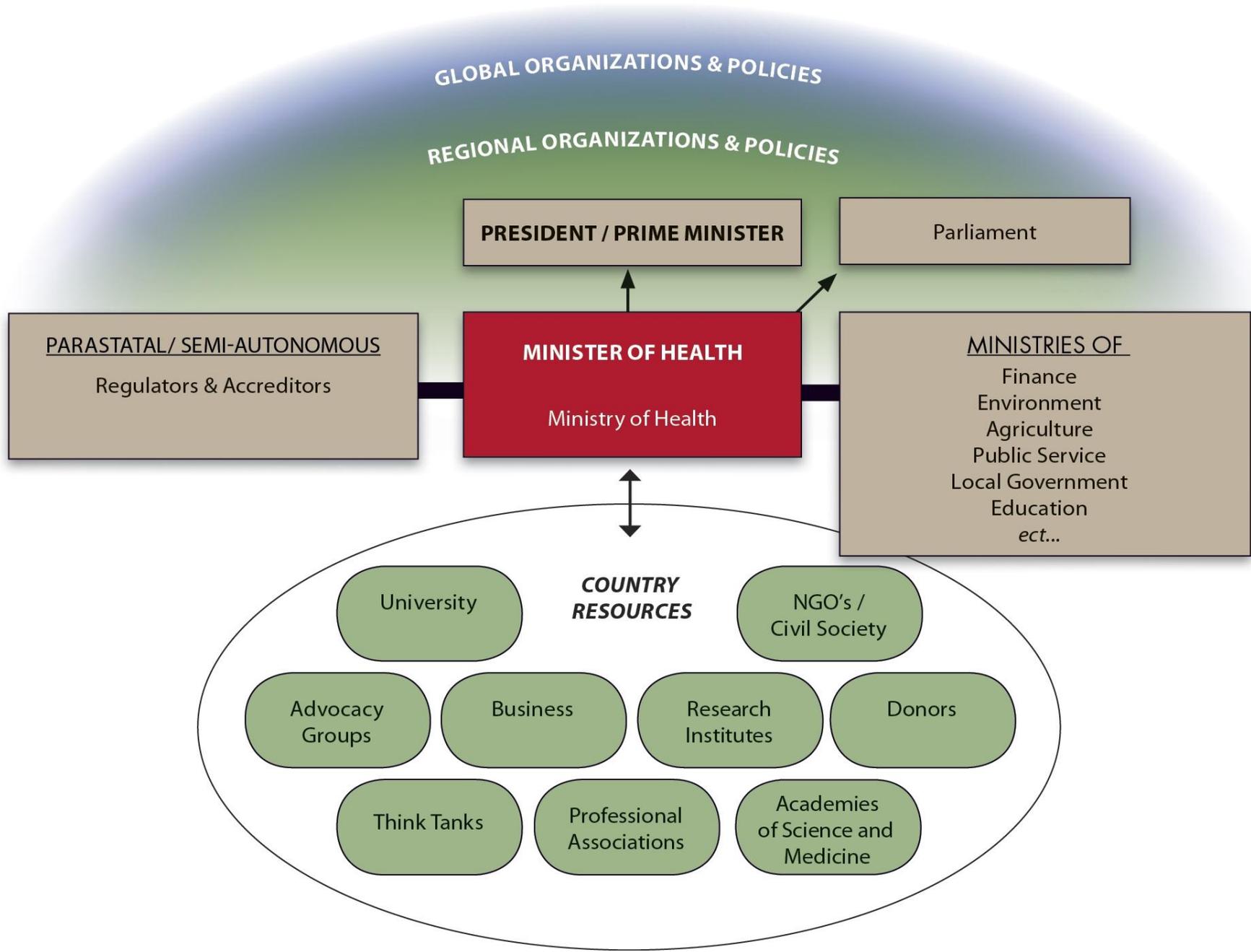
THIS IS A GOOD TIME FOR AFRICA,  
LETS GRASP THE WINDOW OF  
OPPORTUNITY BY CREATING  
ENABLING ENVIRONMENT.



# 21<sup>st</sup> Century Approach to Development / Global Health

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

# MOH OPERATING ENVIRONMENT



# 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

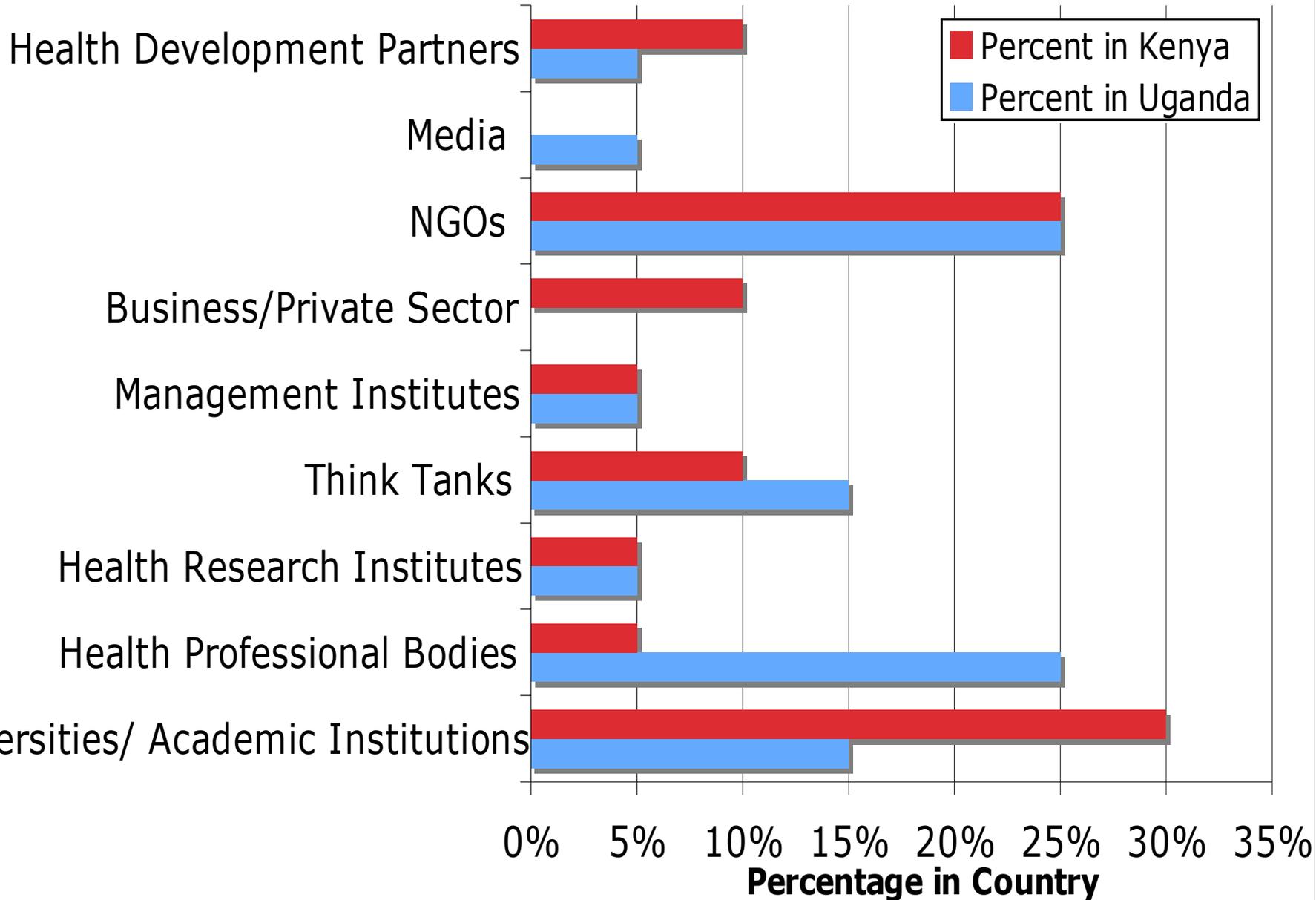


# DEFINITIONS

- **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.



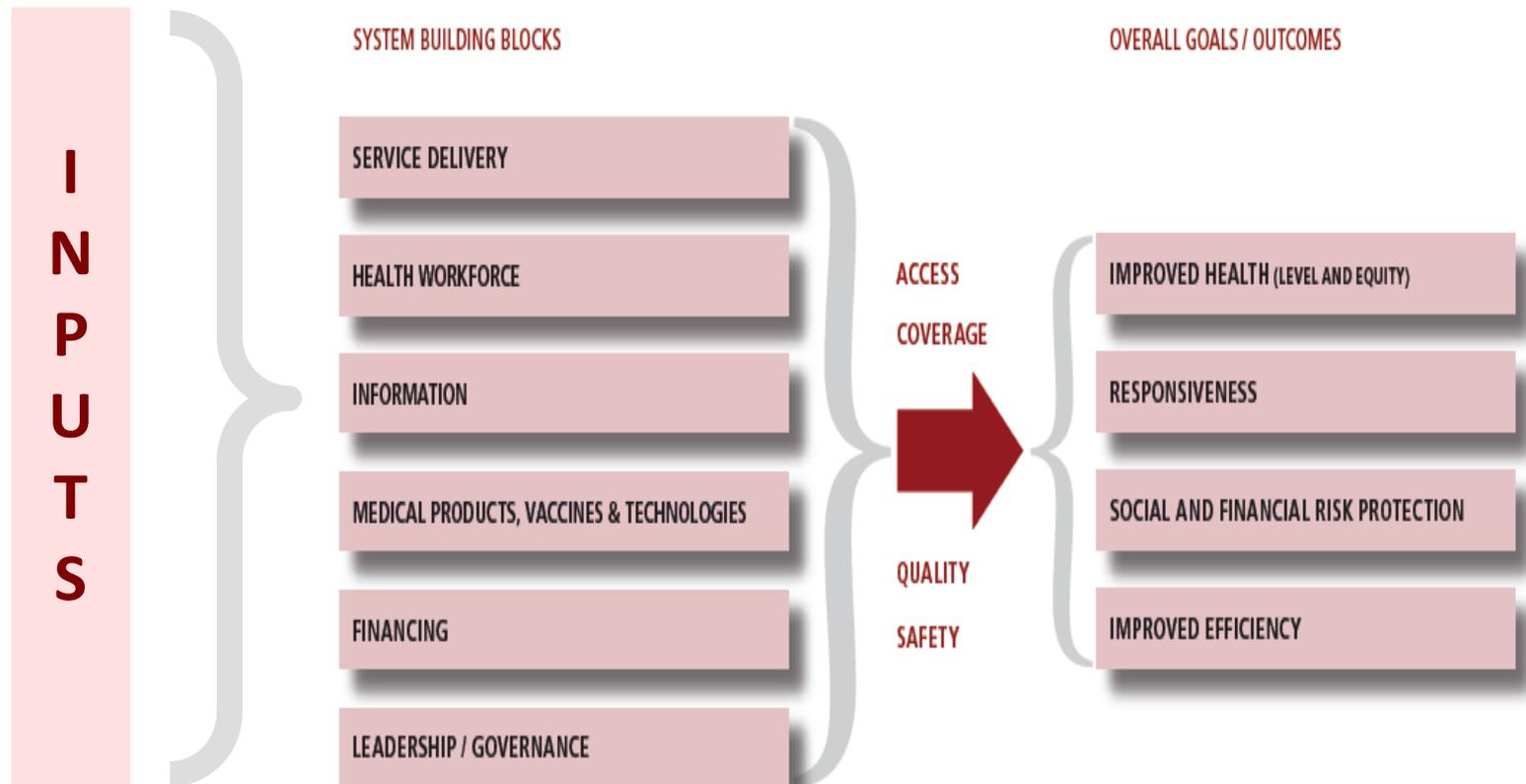
# Categories of HRPIs in Kenya and Uganda (data missing from Mali)



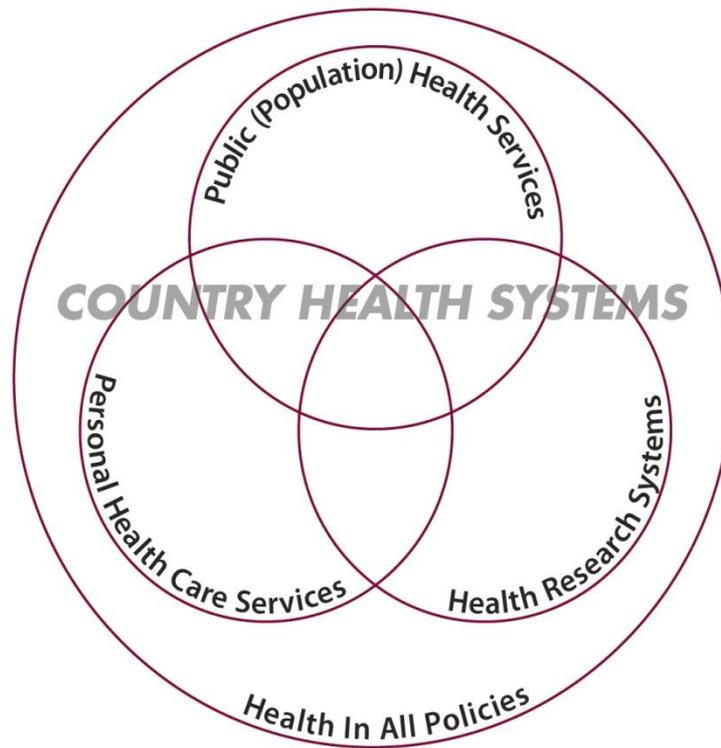
# NATIONAL TOOLS ..Cont..3

## NATIONAL HEALTH SYSTEMS

Each building block needs detailed preparation. National health plans draw on the work in each  
(World Health Report 2000; Everybody's Business 2006)



# 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 ante natal 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"

**K**now' ledge creation



**S**ocial mobilization

**P**olitical involvement



# MESSAGE 3

UNTIL AND UNLESS IN EACH AND EVERY COUNTY, THERE IS S CRTICAL 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





# Quality Assurance

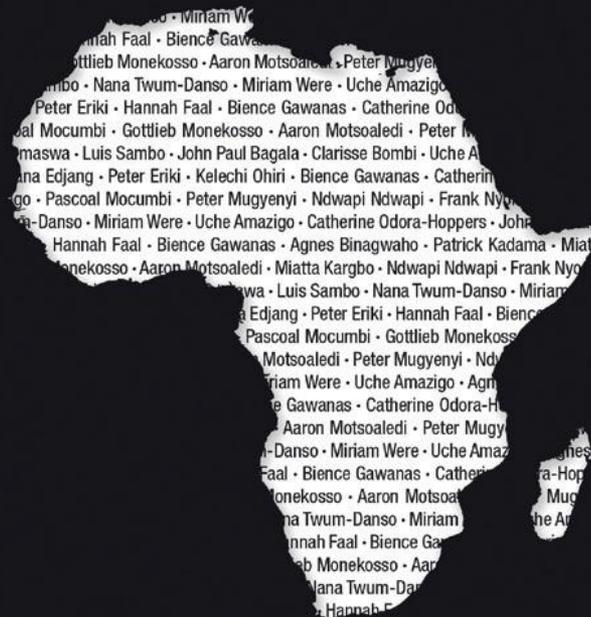
- Strong Regulatory Bodies
- Strict and Independent Accreditation
- Strong Professional Associations
- Supportive Supervision
- Educated Demand
- Self Assessment



OXFORD

# AFRICAN HEALTH LEADERS

Making Change and Claiming the Future



EDITED BY FRANCIS OMASWA & NIGEL CRISP

# *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

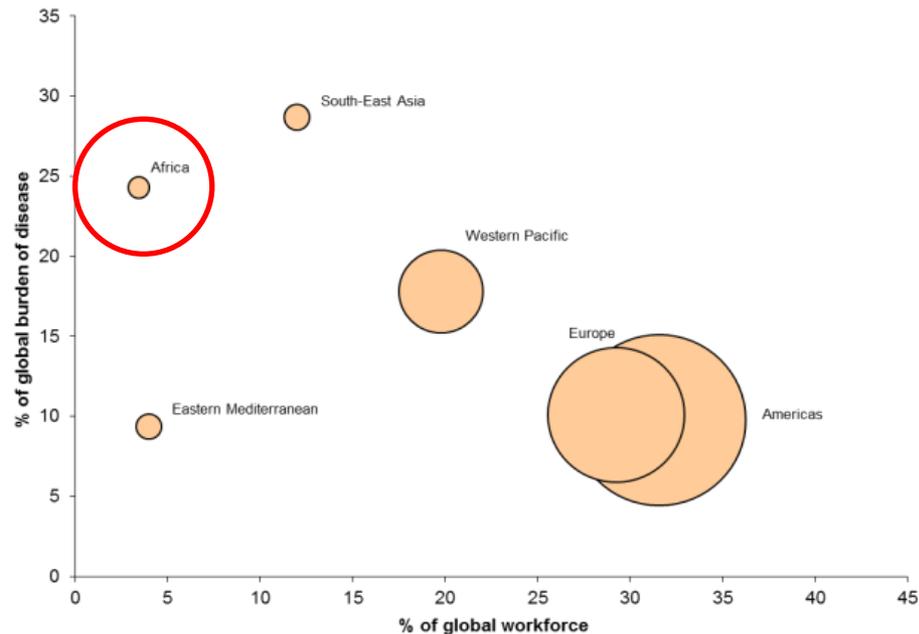
... and a vision for the future where

- 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”

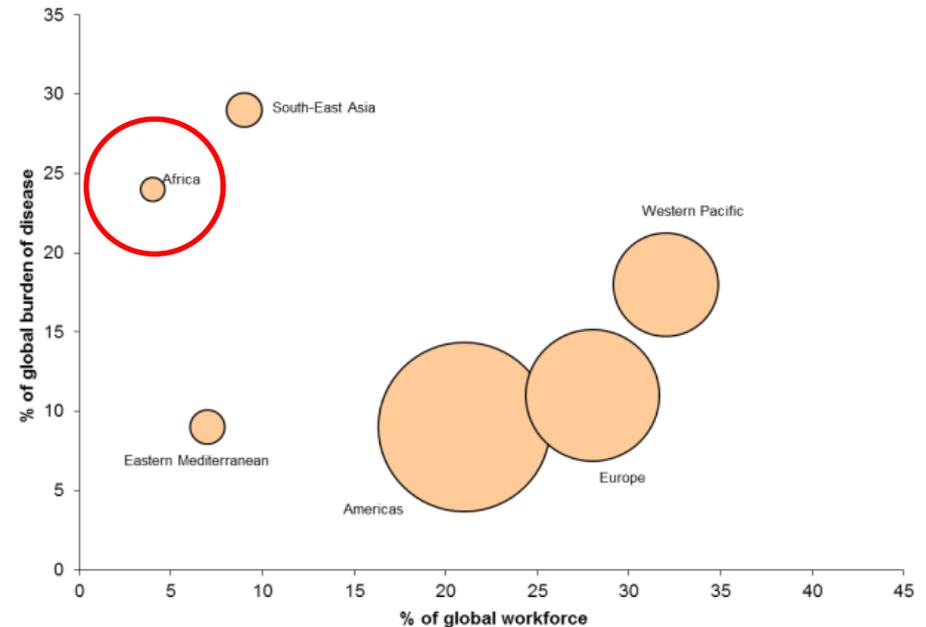
# MDG era: but words don't always translate to action.....

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

Distribution of skilled health professional by level of health expenditure and burden of diseases, WHO regions (2004)

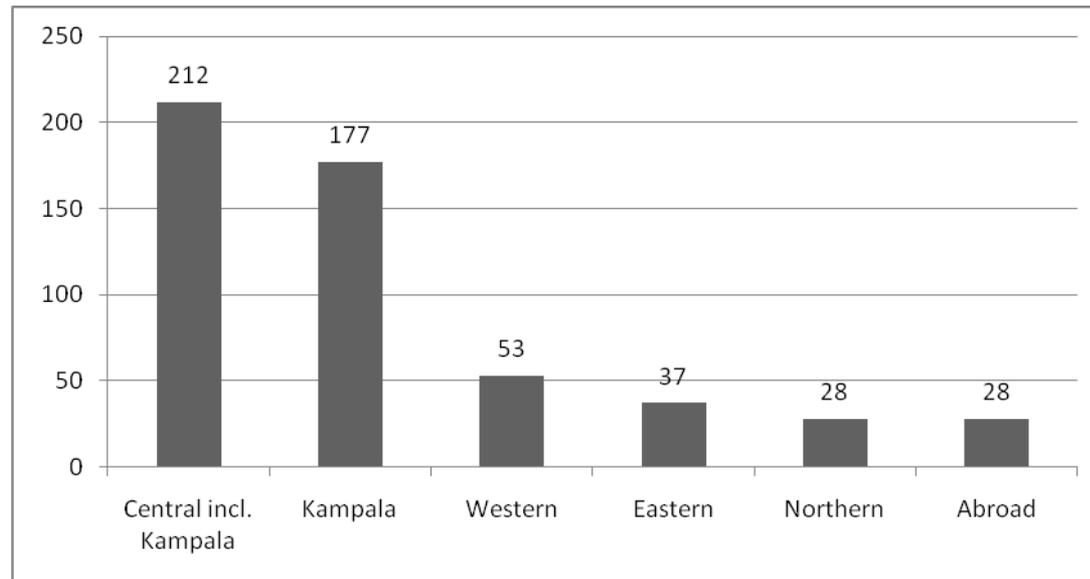


Distribution of skilled health professionals by level of health expenditure and burden of diseases, WHO regions (2014)



Sources: WHR 2006; Global Health Observatory (2014 update)

# Where are HRH in Uganda?



# 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?**

