Health Development Challenges in Africa

A World Bank Perspective

April 7 2008, Madison, Wisconsin, USA
Dr. C. O. Pannenberg, The World Bank
Overview of Health, Nutrition and Population Developments in Sub-Saharan Africa

1. Health Status Developments
2. Health Resources
3. Progress
4. Equity & Poverty Dimensions
5. Responses – National and Global
6. Potential Answers
Current Situation in Africa

1. Relative Deterioration in
   - Health
   and
   - Nutrition

2. Little Progress in
   - Population and
   - Reproductive Health
Health Outcomes

Life Expectancy: Down

Selected countries, 1960-2005

Life Expectancy at Birth

Botswana
Burkina Faso
Central African Republic
Chad
Uganda
Zambia
Zimbabwe
Health

Communicable Diseases (e.g. Malaria)

Malaria mortality annual rates since 1900

- **World**
- **Africa**
Health

Child Mortality: Wrong Direction

Figure 1.8 Africa's share of child mortality is rising

Source: Jonsson 2002.
Trends in child malnutrition: reversal

Nutrition

Years

Percent Underweight

1990 1995 2000

Asia Central Asia South East Asia Africa Western Africa Eastern Africa Latin America & Caribbean Central America Caribbean South America DEVELOPING COUNTRIES

DEVELOPING COUNTRIES
Immunizations

Revised global coverage estimates based on joint UNICEF/WHO review

DPT3 Coverage 1980-1999

- Sub-Saharan Africa
- Middle East and North Africa
- South Asia
- East Asia and Pacific
- Latin America and Caribbean
- CEE/CIS and Baltic States
## Population

Estimated present (1995-2000) and future (2045-2050) Total fertility rates in sub-Saharan Africa, by sub-region

<table>
<thead>
<tr>
<th>Sub-region</th>
<th>Total Fertility Rate</th>
<th>1950-1955</th>
<th>1995-2000</th>
<th>2045-2050</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern Africa (17/18)</td>
<td>6.92</td>
<td>6.09</td>
<td>2.51</td>
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<tr>
<td>Middle Africa (8/9)</td>
<td>5.91</td>
<td>6.41</td>
<td>2.46</td>
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<tr>
<td>Southern Africa (5/5)</td>
<td>6.45</td>
<td>3.29</td>
<td>2.10</td>
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<tr>
<td>Western Africa (16/16)</td>
<td>6.85</td>
<td>5.95</td>
<td>2.36</td>
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</tr>
<tr>
<td>Sudan</td>
<td>--</td>
<td>4.90</td>
<td>2.10</td>
<td></td>
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<tr>
<td>Sub-Saharan Africa</td>
<td>6.68</td>
<td>5.77</td>
<td>2.42</td>
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Reproductive Health

Maternal Mortality Ratio

Kenya

Zimbabwe

1993

2005
Health (Wo)manpower

Physician per Capita by Region

Population per Physician by Region
Figure 5.1 Tanzania will meet only half its staff needs by 2015

Source: Kurowski and others 2004.
Figure 5.2 The percentage of overseas-trained nurses registered in the United Kingdom is increasing.

Source: Nursing and Midwife Council 2002.
Figure 3.8 High proportions of health workers intend to migrate

Progress Towards 2015 MDGs:
Reducing IMR & CMR by 2/3 and Malnutrition by 1/2
Poverty Dimension

Child Mortality among the Poor: health care accrues mainly to the rich

Selected countries: Rich vs. Poor, 1990s

Poorest 20%  Richest 20%

[Bar chart showing child mortality per thousand for different countries, indicating a disparity between the richest and poorest 20% of the population.]
Poverty – Health Diagram: Poverty is determined as much by health as health is determined by poverty

Health Spending and Programs A Health Outcomes B Per Capita income C Income Poverty D E
African Country Responses

• Increase Budgets: +/-

• Prioritization: Communicable Diseases
  - AIDS
  - Malaria
  - Others (TB, LF, IMCI, Res. Inf., Diarrhea, Oncho, etc)

• Staffing:
  - education: +/-
  - brain drain/migration: -
Figure 3.3 Public spending on health correlates with under-five mortality rates

Figure 3.4 Higher expenditures on health do not always result in better health outcomes

Lack of predictability of donor assistance

Figure 3. Donor Commitments as a percentage of Total Health Expenditure

Figure 4. Percentage of Total Health Expenditure Financed by External Sources

Source: WDI and OECD DAC donor funding database. Staff estimates
More Developed Strategies

Pathways to Improved HNP Outcomes

HNP outcomes

Government policies & actions

Health reforms

Actions in other sectors

HNP outcomes
More Developed Strategies

Pathways to Improved HNP Outcomes

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- **Government policies & actions**:
  - Macro-Economic Policies
  - Health Systems
  - Financing
International Responses

- UN AIDS, MAPS - ARV Fund - IAVI etc
- RBM, MMV, MIM, etc
- Stop TB, etc
- Global Fund (AIDS, Malaria, Tuberculosis)
- Polio
- Riverblindness
- Guinea Worm
- Micronutrient Initiative
- FRESH (Worm Infections in children-at-school)
- GAVI (Vaccines & Immunizations)
- etcetera
Joint Africa – International Community Response: MDGs

- IMR/ CMR: 66% reduction
- Maternal Mortality: 50%
- Nutrition: 50%
- Total Fertility: 30%
MDG Goals Fine
But How?

• ANSWER:
  - Sector Wide Approaches (SWAP)
  - Budget Support Strategies (PRSCs et al.)
1. SECTOR WIDE APPROACHES

In need of **Bridge Function** between

a) National Health Strategies
b) Global Initiatives
2. **Budget Support Modalities**

PRSC et al. Process at National Level in-country in Need to Include Health Sector Strategies and Health MDGs
Absorptive Capacity of Global Assistance

- **Macroeconomic and monetary**: (i) appreciating the exchange rate in real terms (Dutch Disease); (ii) undermining the government’s incentive to build a strong, sustainable tax base; and (iii) reducing the incentives to save.

- **Undermining Government Institutions and Stunting Development**: (i) drawing away talented staff to work on aid projects; (ii) undercutting government budgeting and accounting practices by keeping large amounts of public sector funds off budget; and (iii) undermining political accountability

- **Overwhelming Government’s Capacity to Use Funds Effectively**

A study in 14 African countries showed that the last two are dimensions are especially binding. Particularly, budget support often is not appropriately costed, priorities are insufficiently reflected in MTEF, health analysis is not always better nor aligned with other priorities, and monitoring & evaluation mechanisms remain weak.
Figure 2.5 The World Bank can help integrate the matrix of individual health care initiatives

**Comparative Advantage:**
- Global level: Multilateral development banks, EU, bilateral aid agencies providing budget support, recipient governments
- Regional level: UN technical agencies (WHO, UNICEF, UNFPA), bilateral aid agencies providing earmarked or tied aid, foundations, NGOs, Interest groups

- National level: National Systems, Management, Infrastructure, Staffing, Drugs, Insurance, Finance
- Local/Village level: Functions (AIDS, Malaria, Tuberculosis, Polio, Measles, Oncho, Trachoma)
- Local level: Village health worker, District medical officer

Local/Village Level Intersection
SUMMARY 1

- Worsening Health Situation in Africa [although also evidence of hopeful improvements]
- Increasingly Good National Strategies and Programs in African Countries
- However, serious shortage of funds and technical resources for African countries to be effective and reach MDG Goals
Bewildering array of Global Health Initiatives

Weak connections between National Strategies and Global Initiatives
Way Forward:

(a) Sectorwide Approaches ['SWAps’ through budget support, sectorwide lending/grants, joint or parallel ‘investment’ projects, etc.]

(b) Matrix of ‘systemic’ support together with ‘functional’ [disease-specific or intervention-specific] support.