

**University of Wisconsin, Madison
School of Medicine & Public Health**

European Union Center of Excellence

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

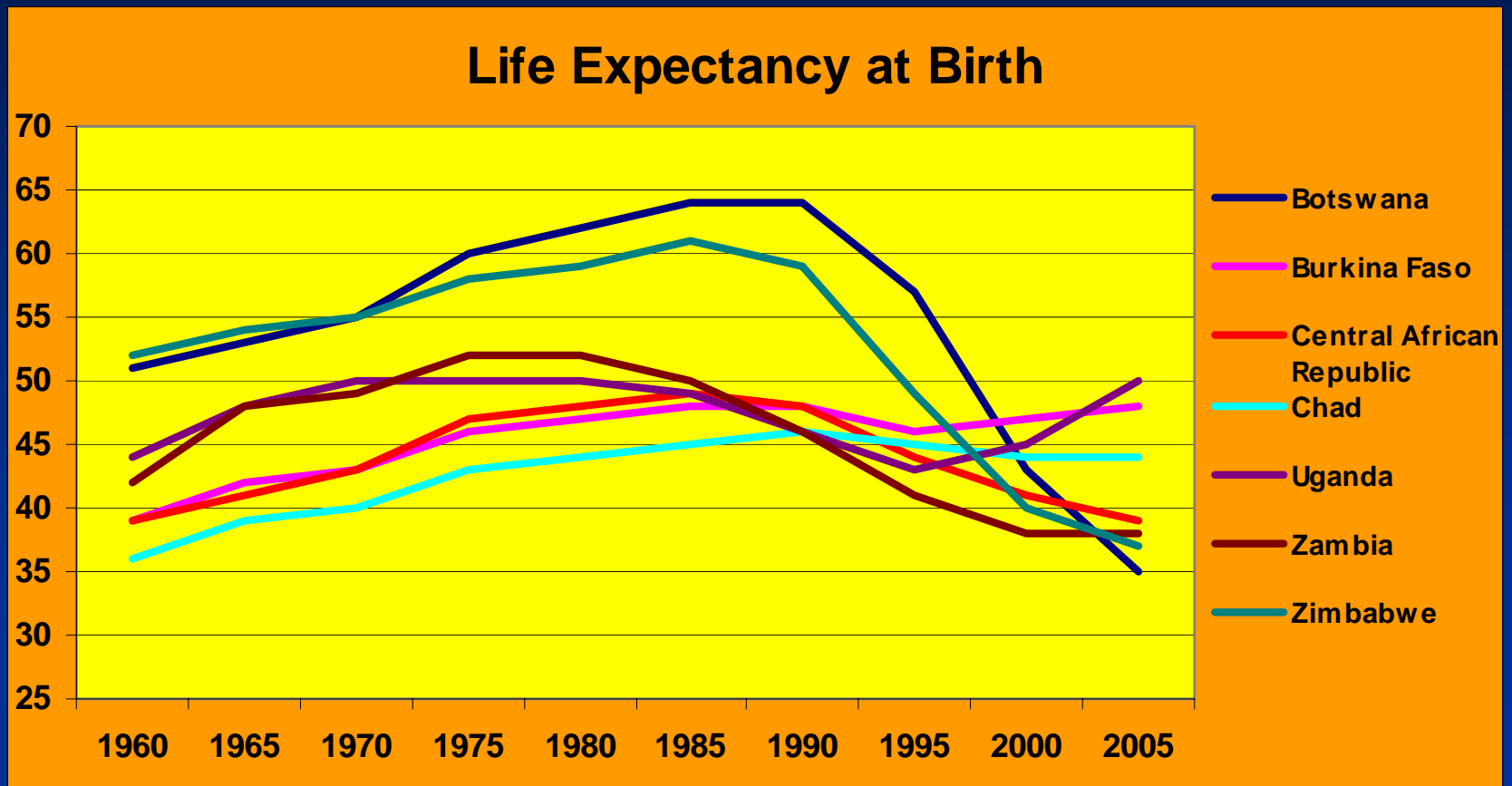
Current Situation in Africa

- 1. Relative Deterioration in
 - Health
and
 - Nutrition
- 2. Little Progress in
 - Population and
 - Reproductive Health

Health Outcomes

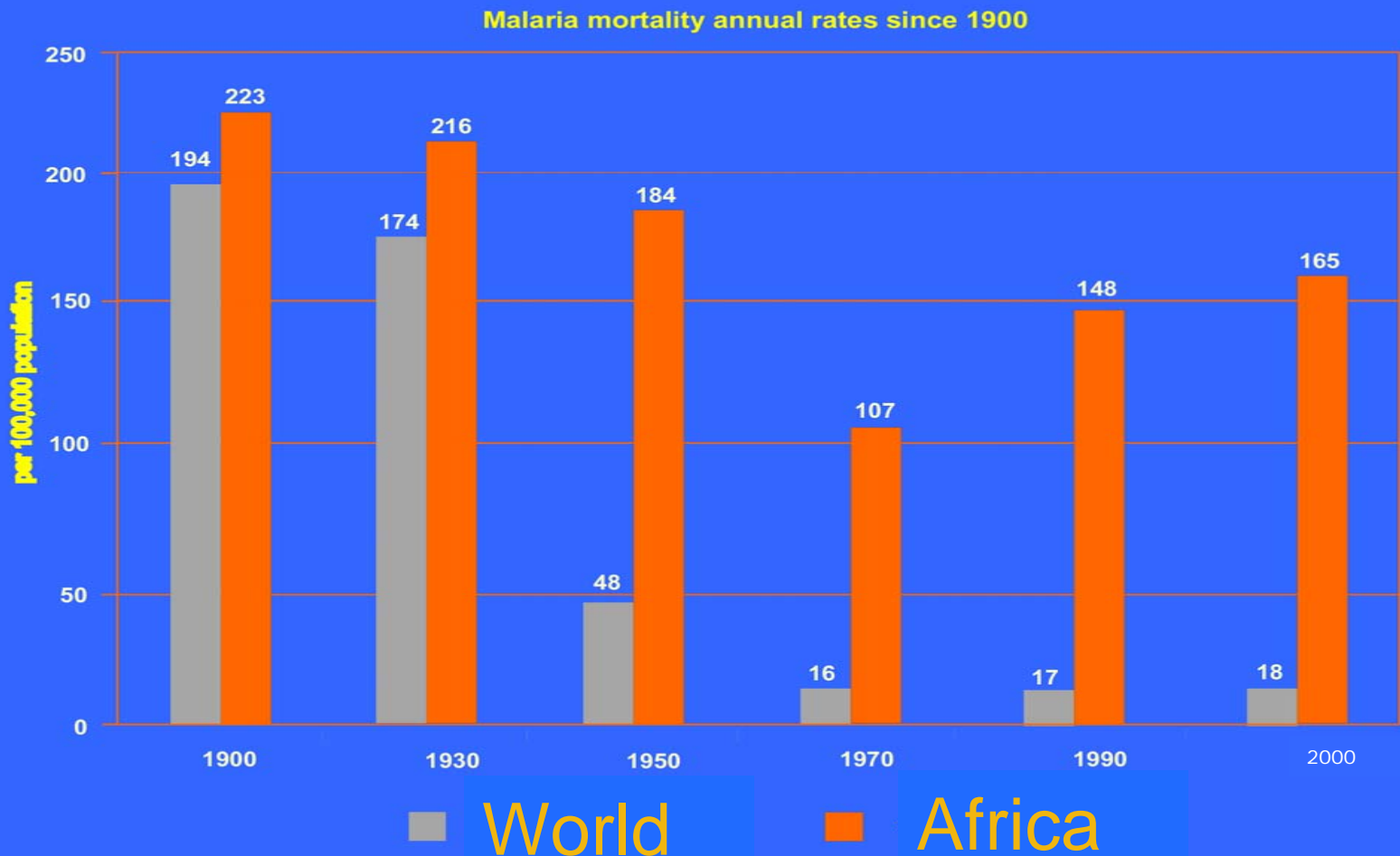
Life Expectancy: Down

Selected countries, 1960-2005



Health

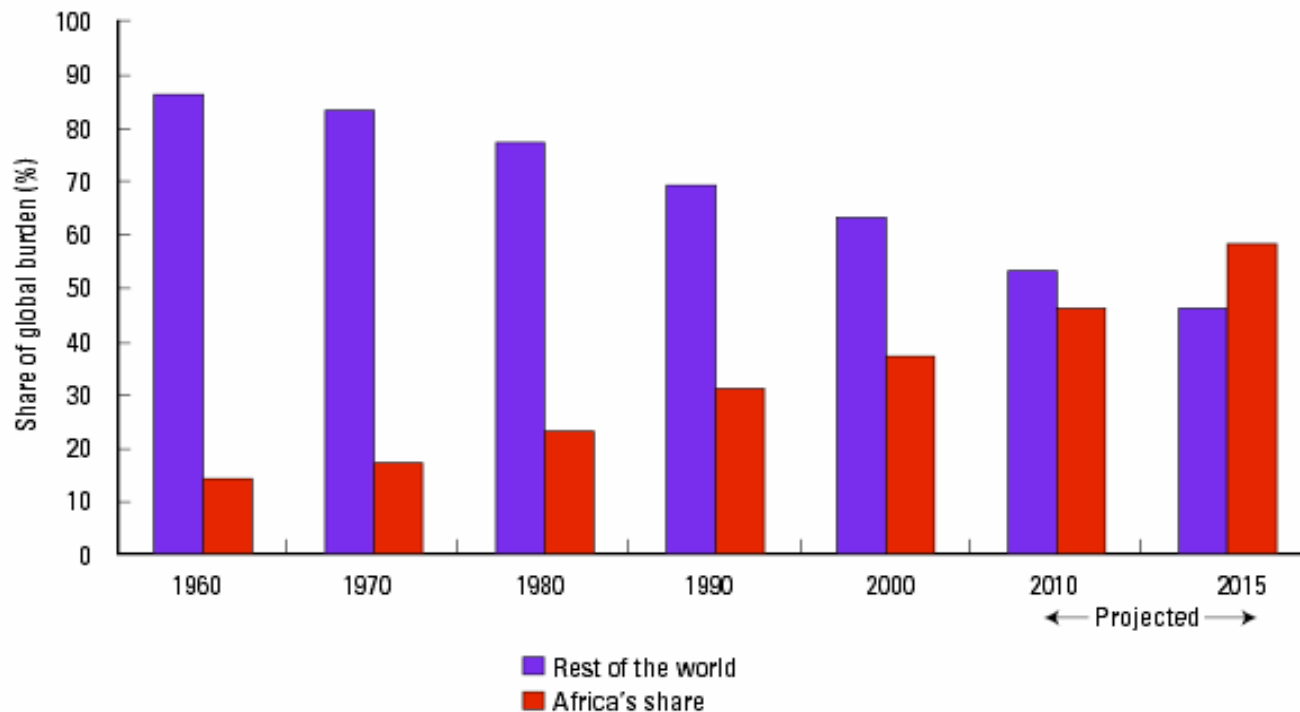
Communicable Diseases (e.g. Malaria)



Health

Child Mortality: Wrong Direction

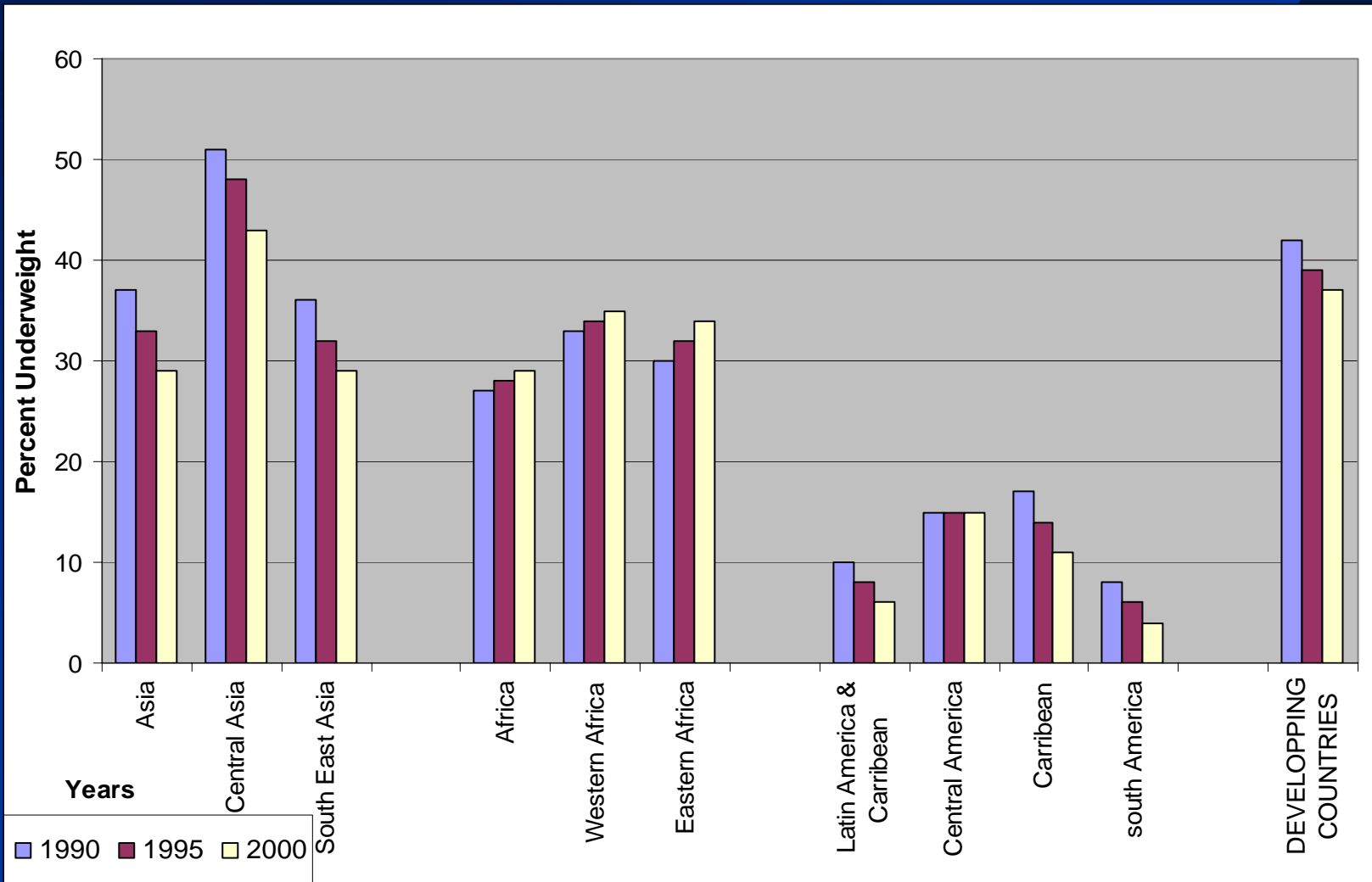
Figure 1.8 Africa's share of child mortality is rising



Source: Jonsson 2002.

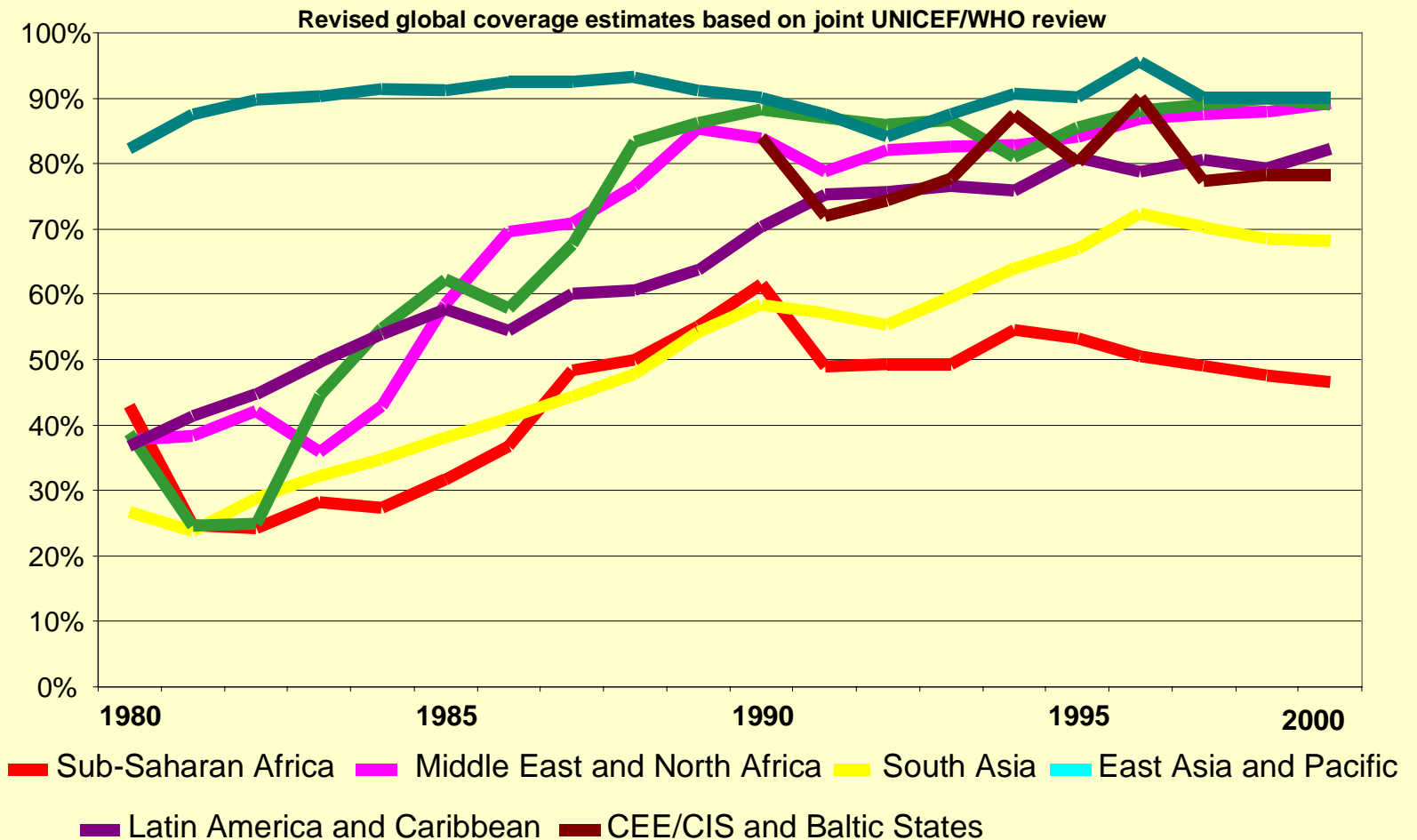
Nutrition

Trends in child malnutrition: reversal



Immunizations

DPT3 Coverage 1980-1999



Population

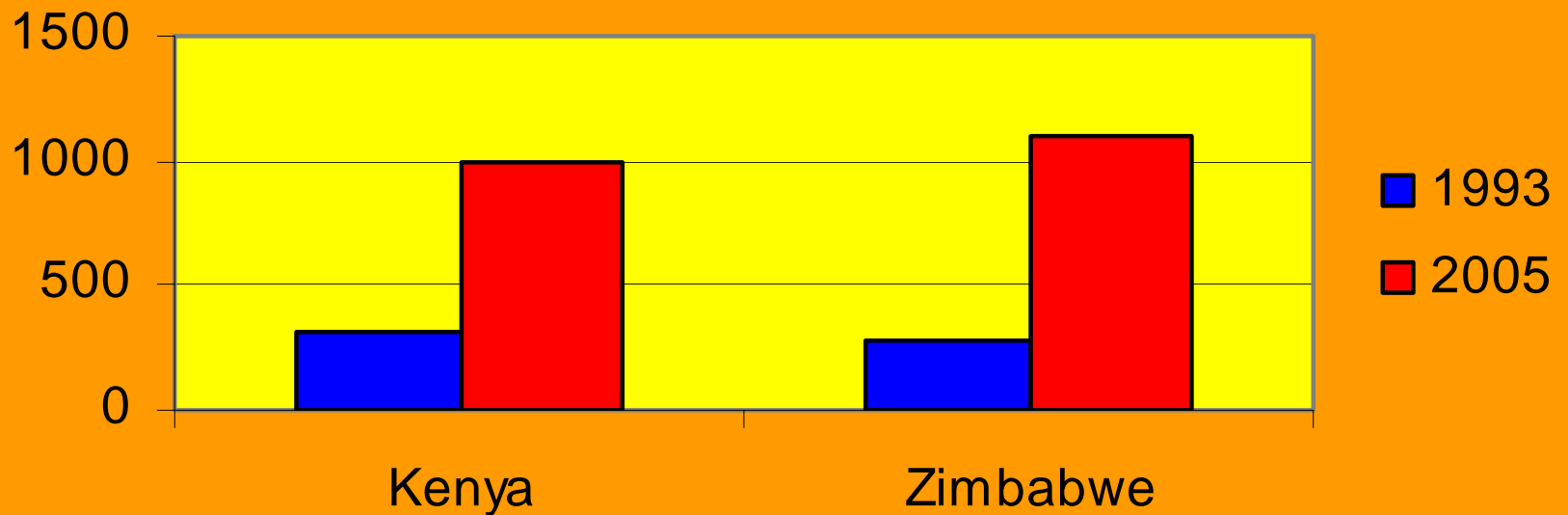
Estimated present (1995-2000) and future (2045-2050)
Total fertility rates in sub-Saharan Africa, by sub-region

<i>Sub-region (Number of countries Considered / Total)</i>	<i>Total Fertility Rate</i>		
	<i>1950-1955</i>	<i>1995- 2000</i>	<i>2045-2050</i>
Eastern Africa (17 / 18)	6.92	6.09	2.51
Middle Africa (8 / 9)	5.91	6.41	2.46
Southern Africa (5 / 5)	6.45	3.29	2.10
Western Africa (16 / 16)	6.85	5.95	2.36
Sudan	--	4.90	2.10
Sub-Saharan Africa	6.68	5.77	2.42

Source: United Nations, World Population Prospects: The 2000 Revision, 2001.

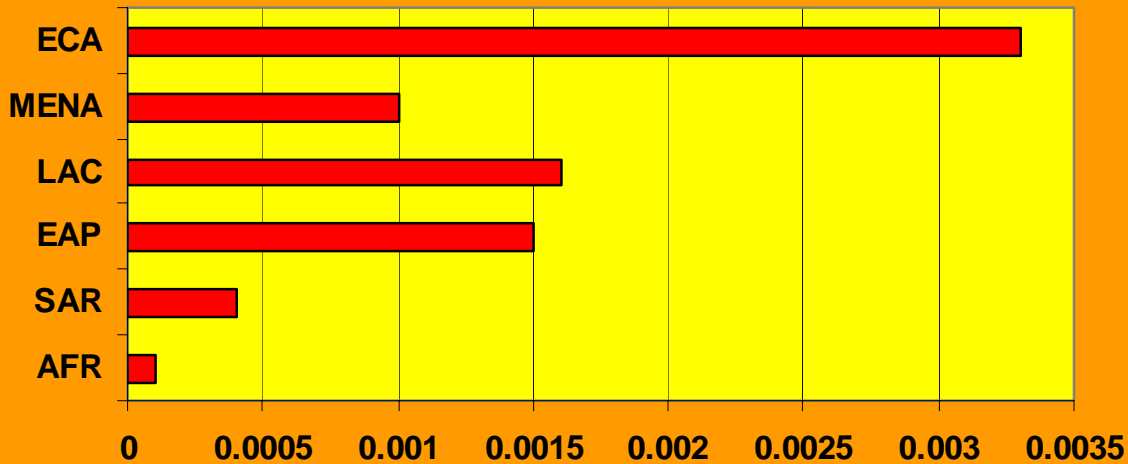
Reproductive Health

Maternal Mortality Ratio



Health (Wo)manpower

Physician per Capita by Region



Population per Physician by Region

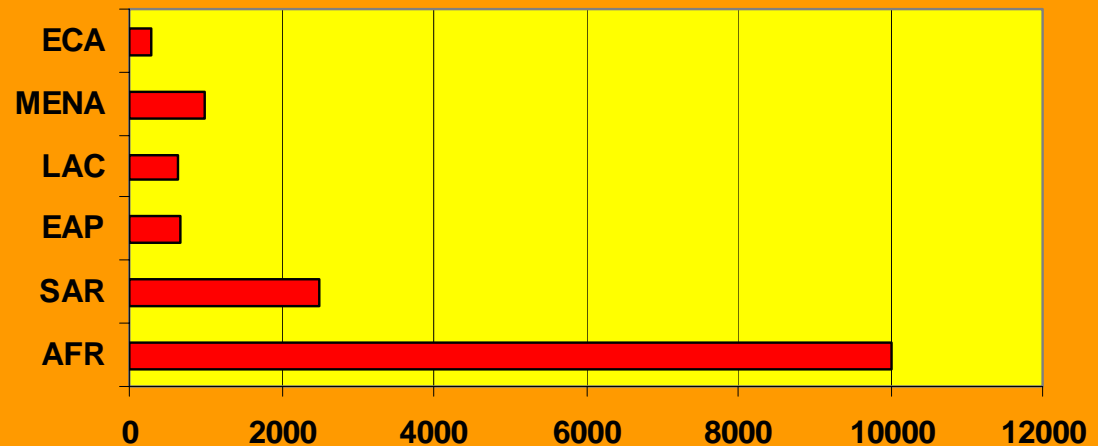
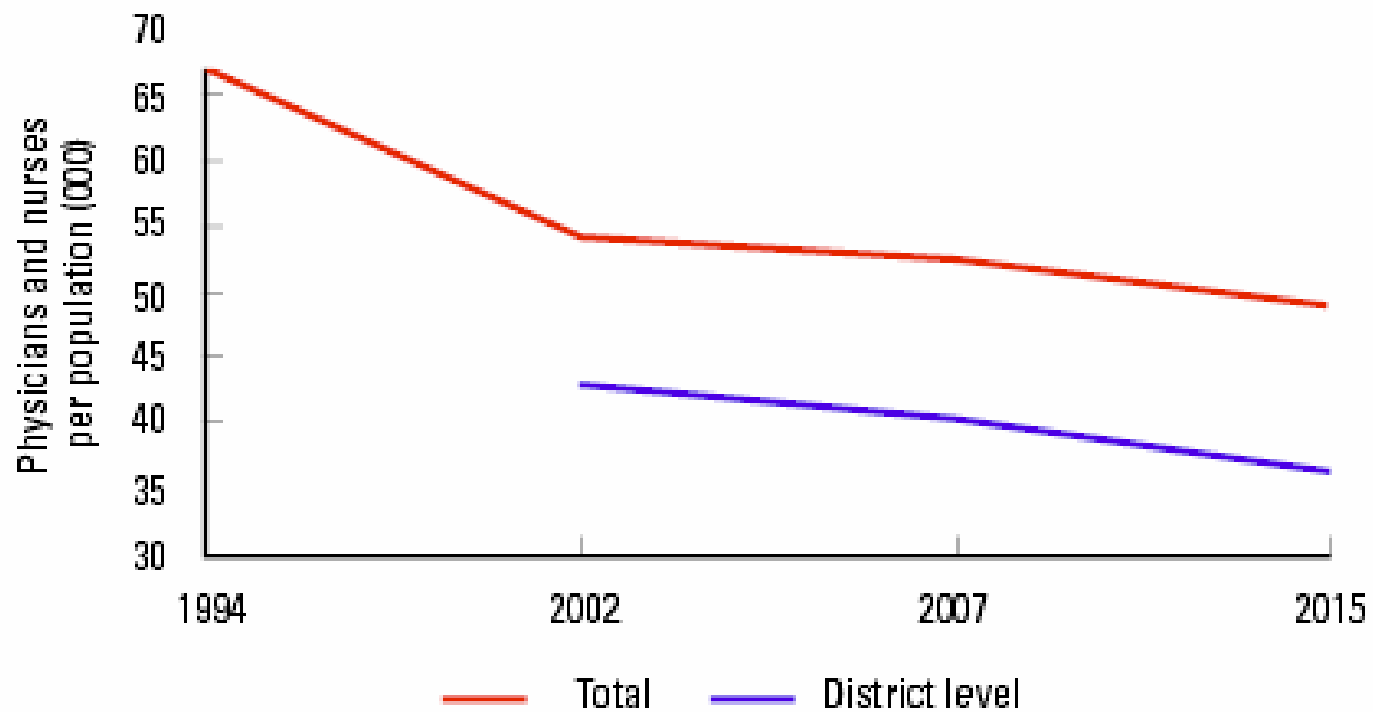
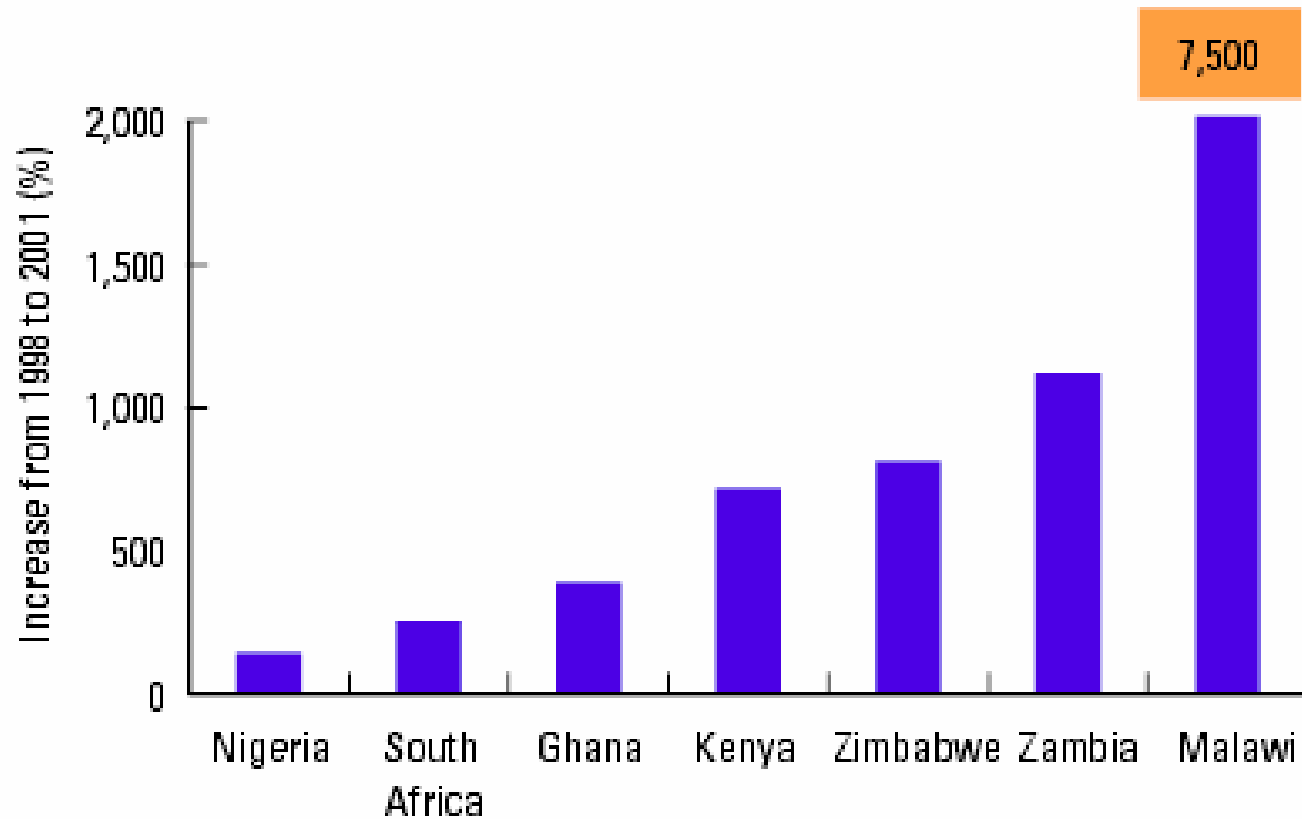


Figure 5.1 Tanzania will meet only half its staff needs by 2015



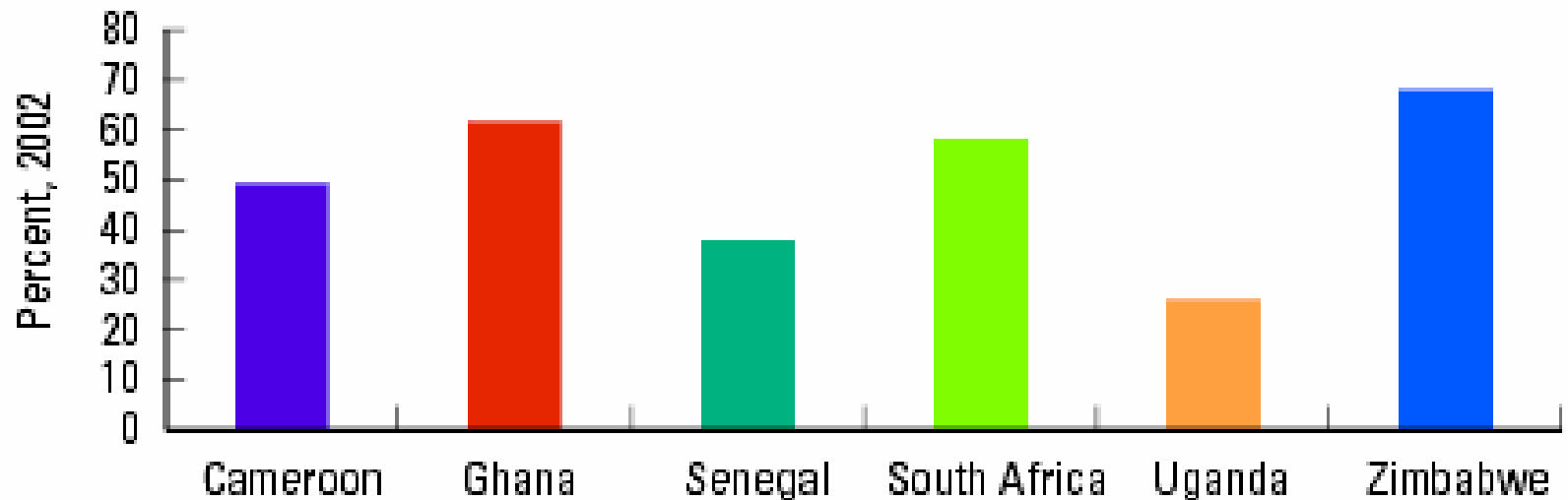
Source: Kurowski and others 2004.

Figure 5.2 The percentage of overseas-trained nurses registered in the United Kingdom is increasing



Source: Nursing and Midwife Council 2002.

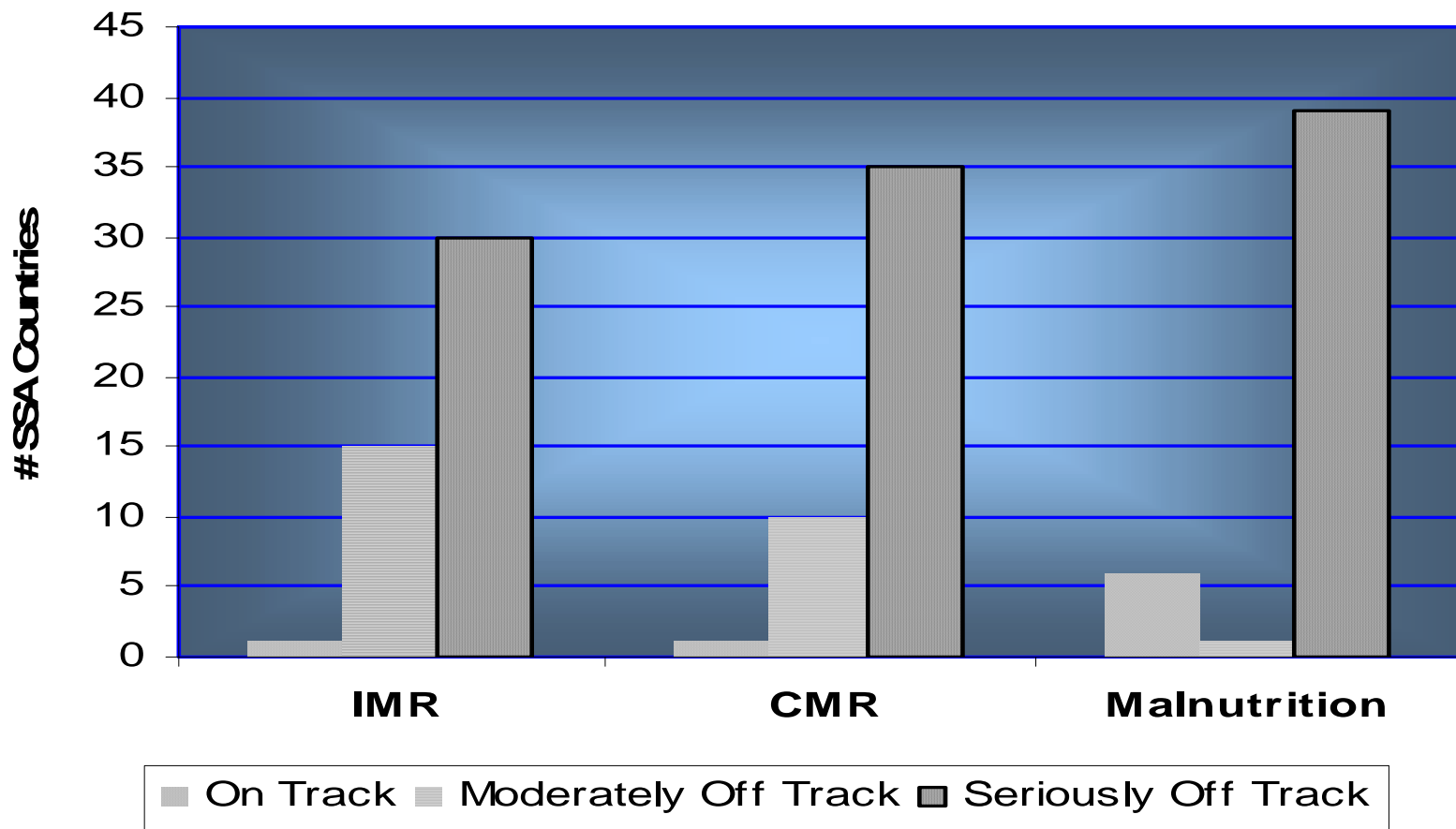
Figure 3.8 High proportions of health workers intend to migrate



Source: Habte and Elmendorf 2003.

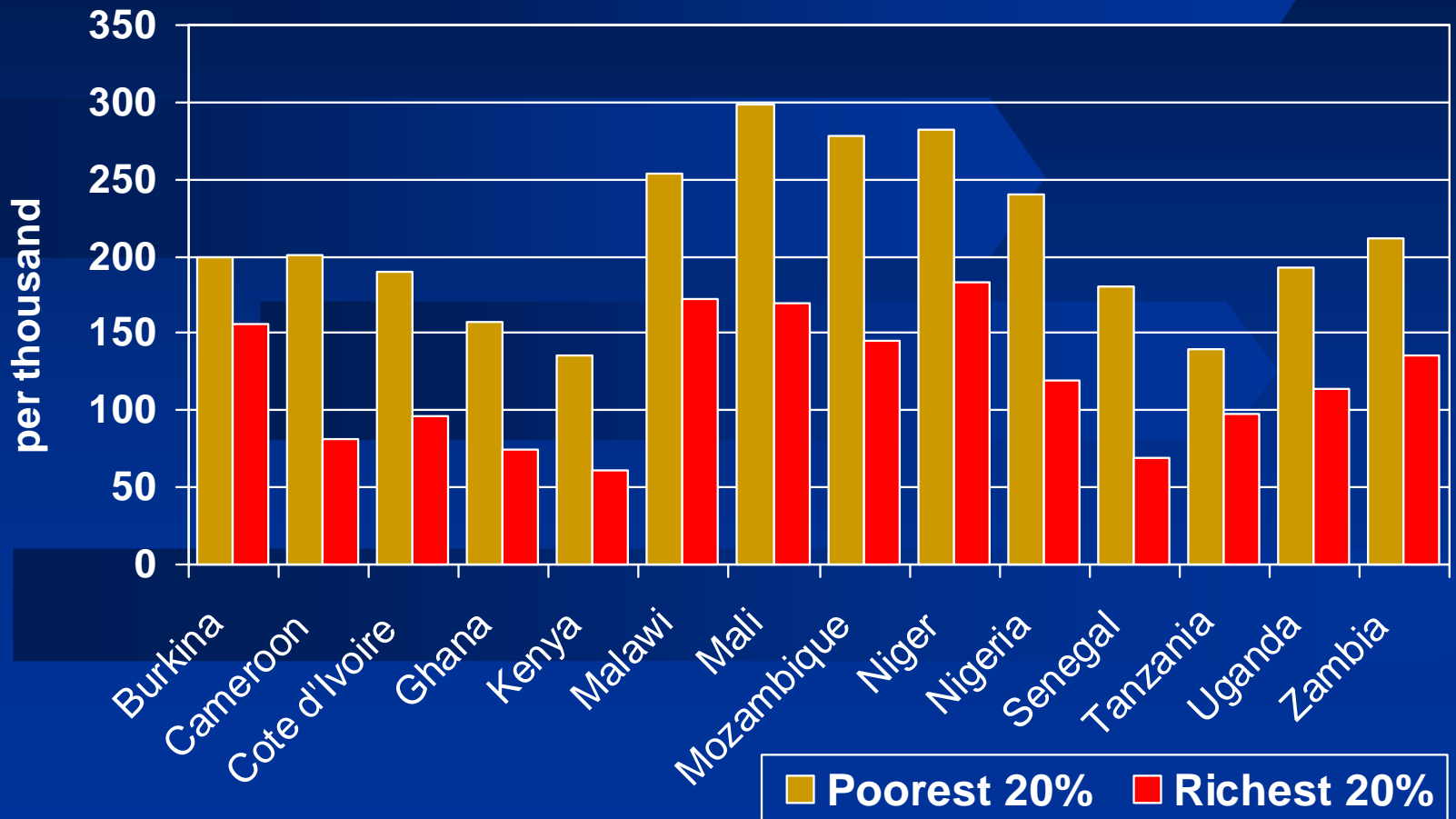
The HNP MDG Path ...

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



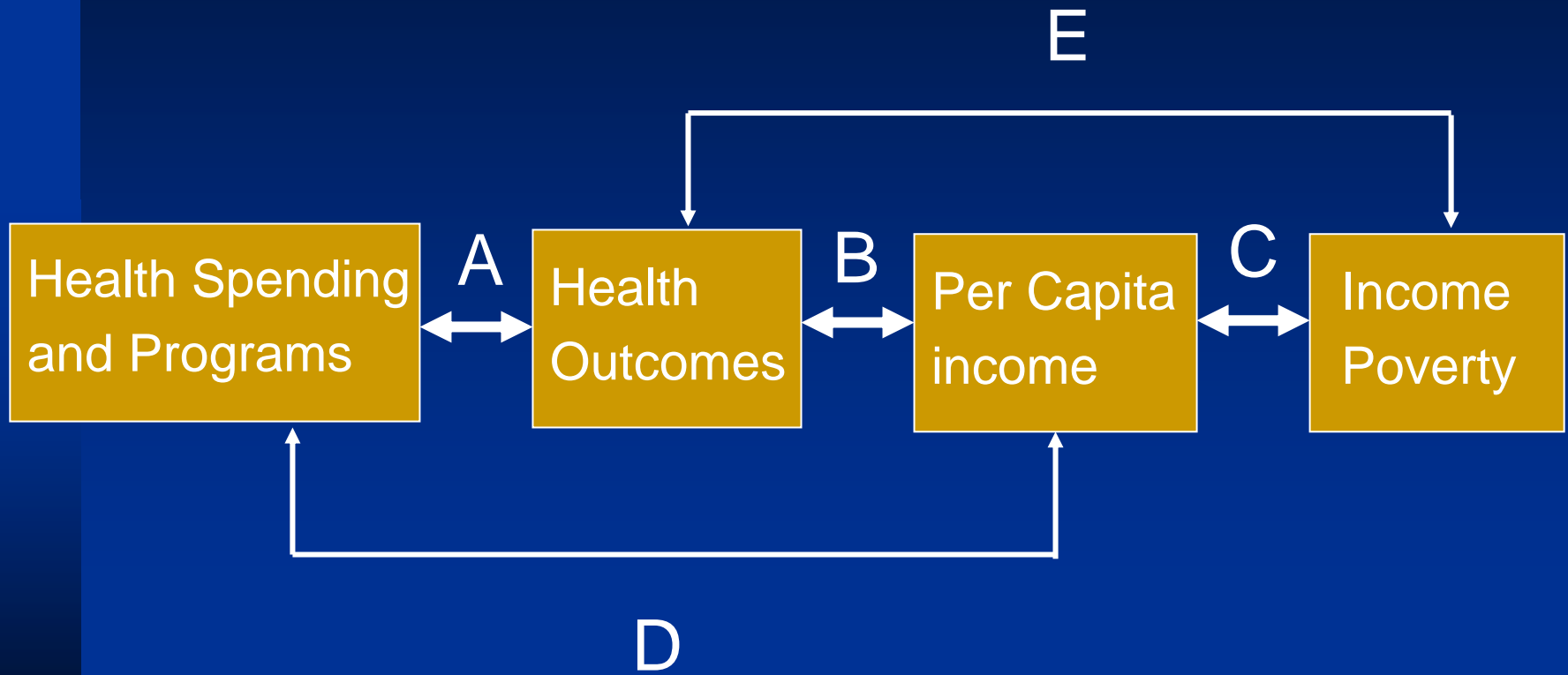
Poverty Dimension

Child Mortality among the Poor:
health care accrues mainly to the rich
Selected countries: Rich vs. Poor, 1990s



Poverty – Health Diagram:

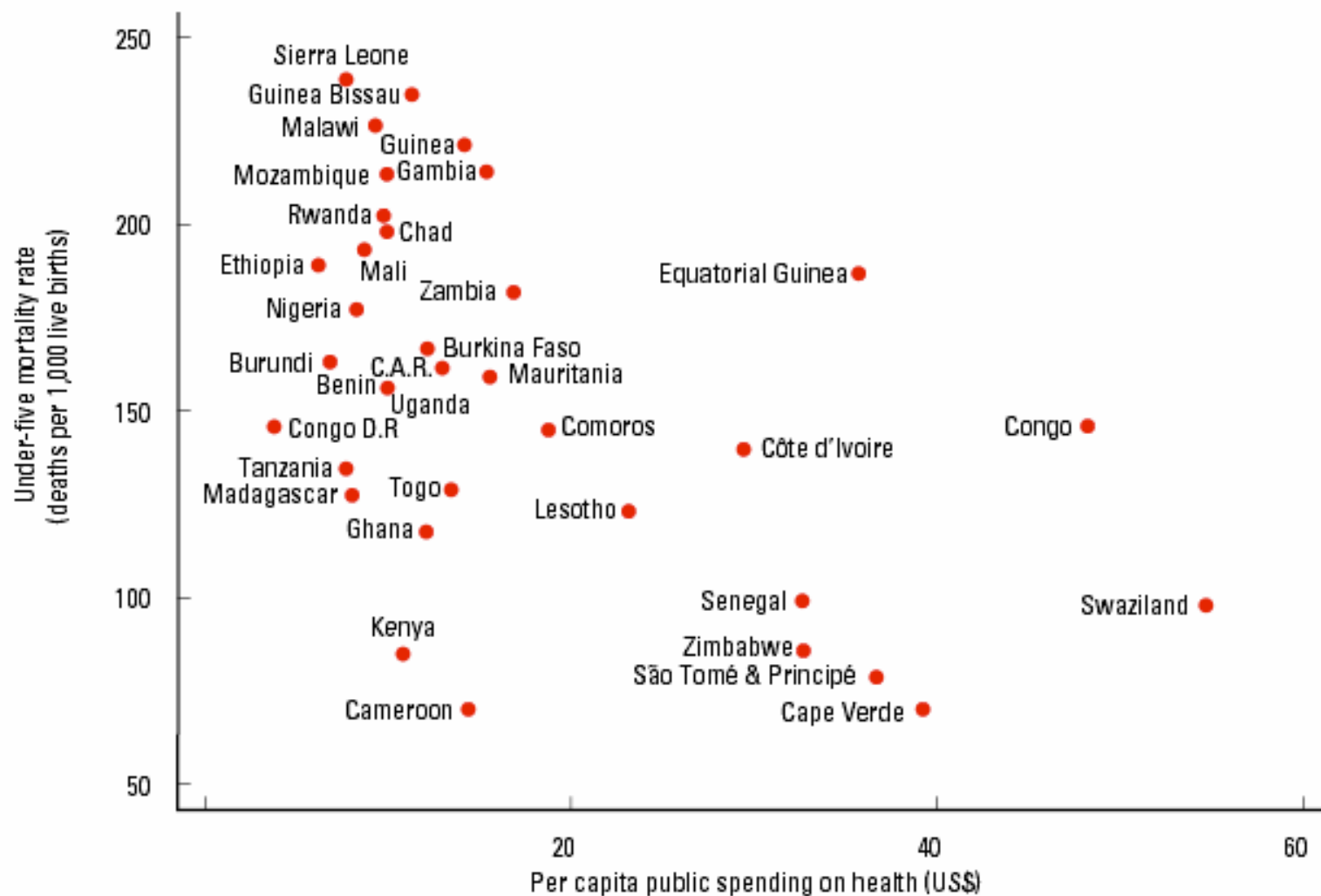
Poverty is determined as much by health as health is determined by poverty



African Country Responses

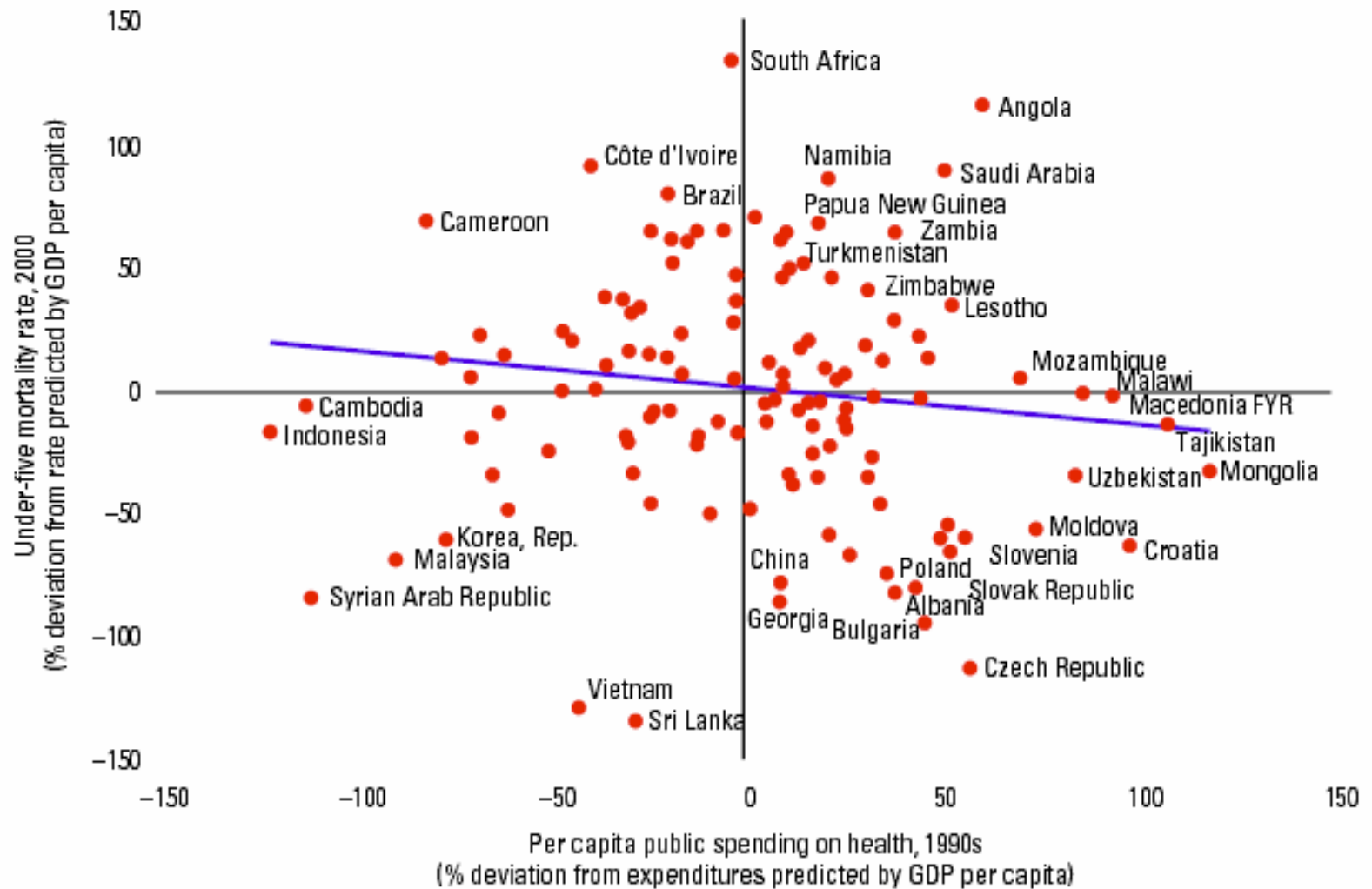
- **Increase Budgets: +/-**
- **Prioritization: Communicable Diseases**
 - **AIDS**
 - **Malaria**
 - **Others** (TB, LF, IMCI, Res. Inf., Diarrhea, Oncho, etc)
- **Staffing:**
 - **education: +/-**
 - **brain drain/migration: -**

Figure 3.3 Public spending on health correlates with under-five mortality rates



Source: World Bank 2002d.

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



Source: World Bank 2003h.

Lack of predictability of donor assistance

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

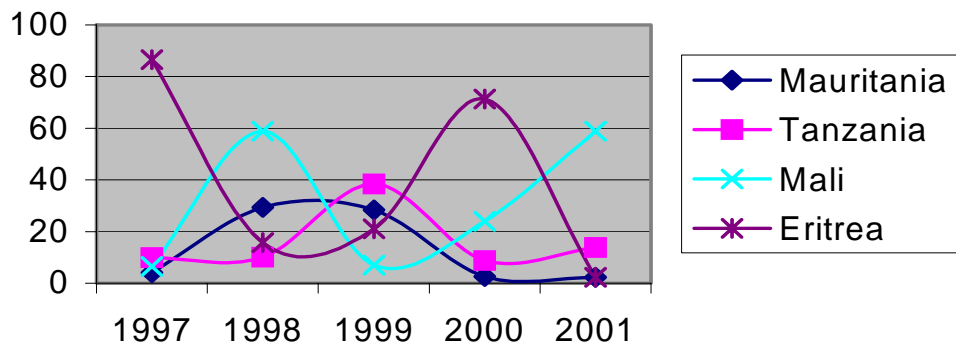
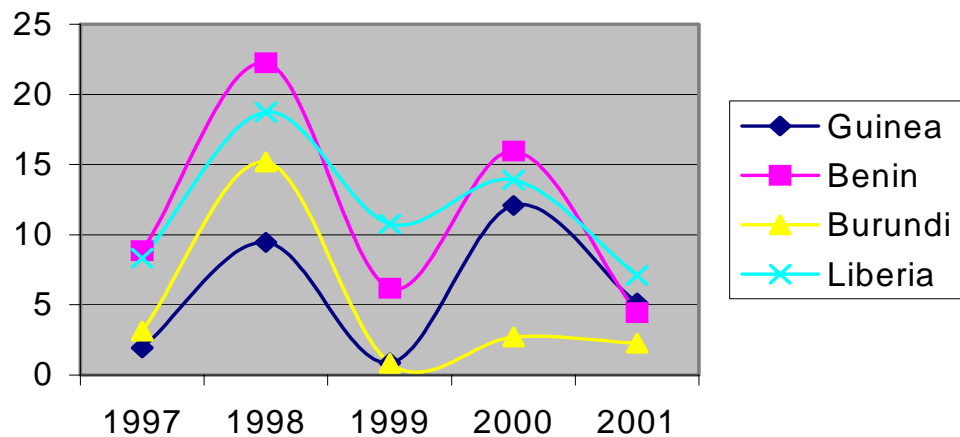
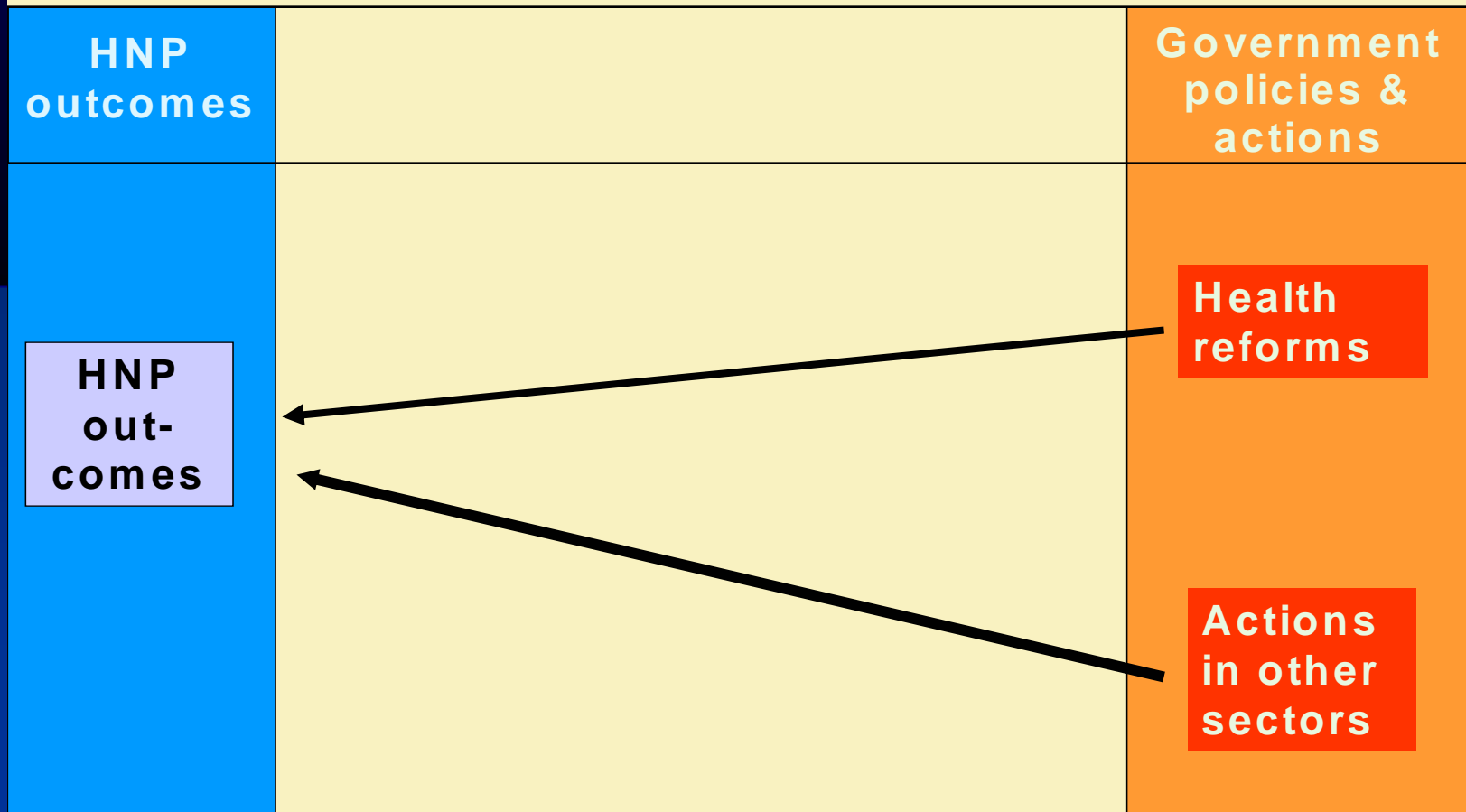


Figure 4. Percentage of Total Health Expenditure Financed by External Sources



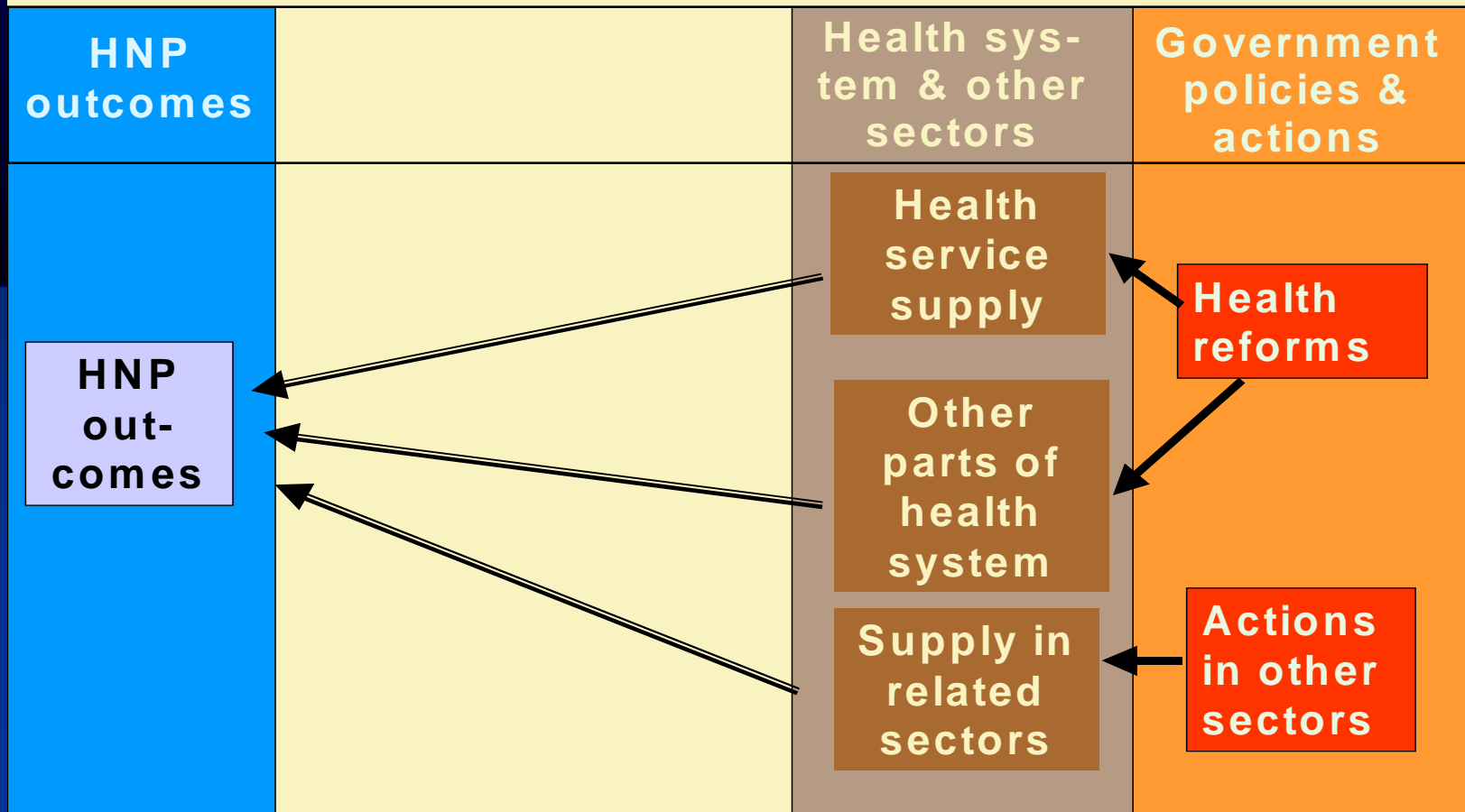
More Developed Strategies

Pathways to Improved HNP Outcomes



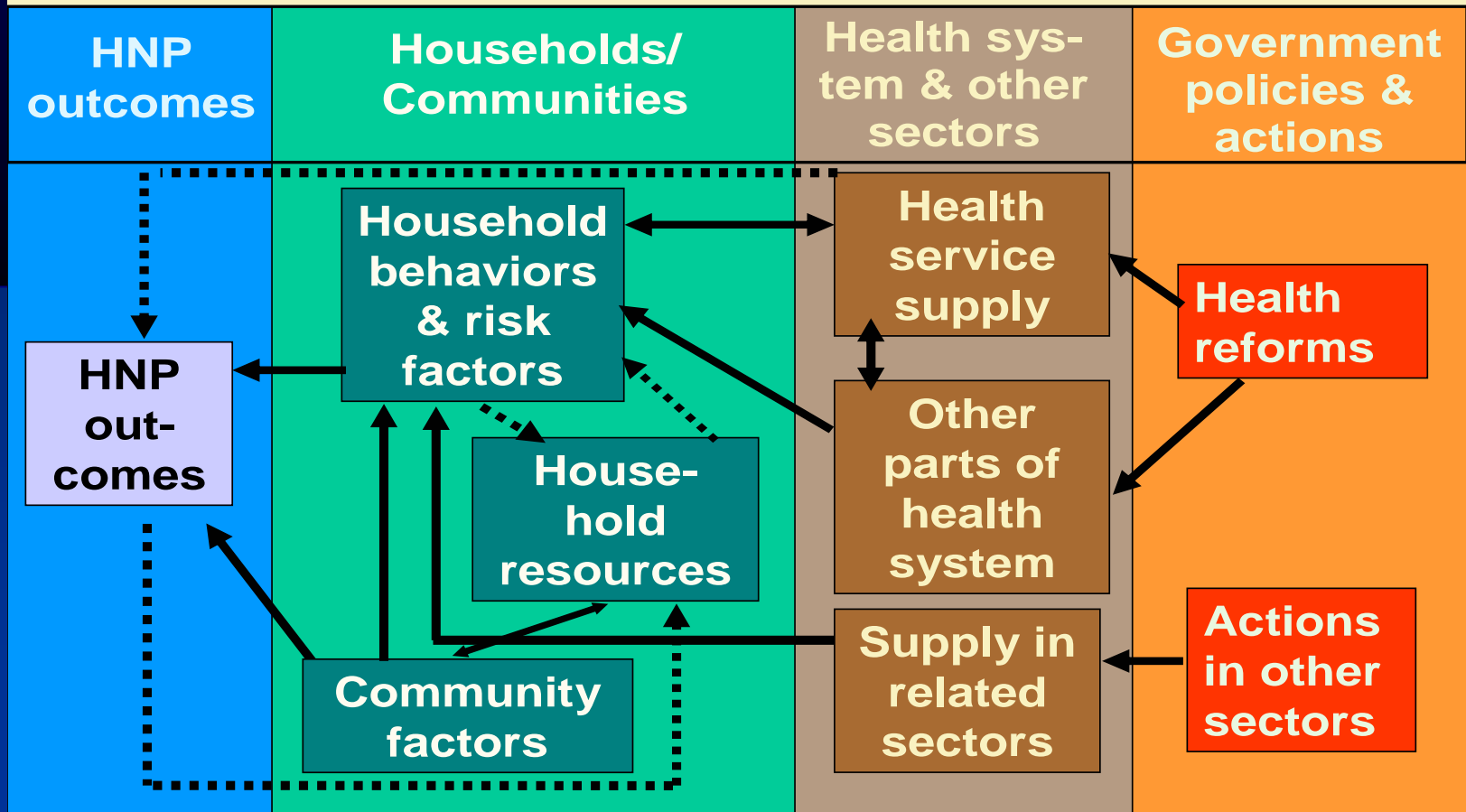
More Developed Strategies

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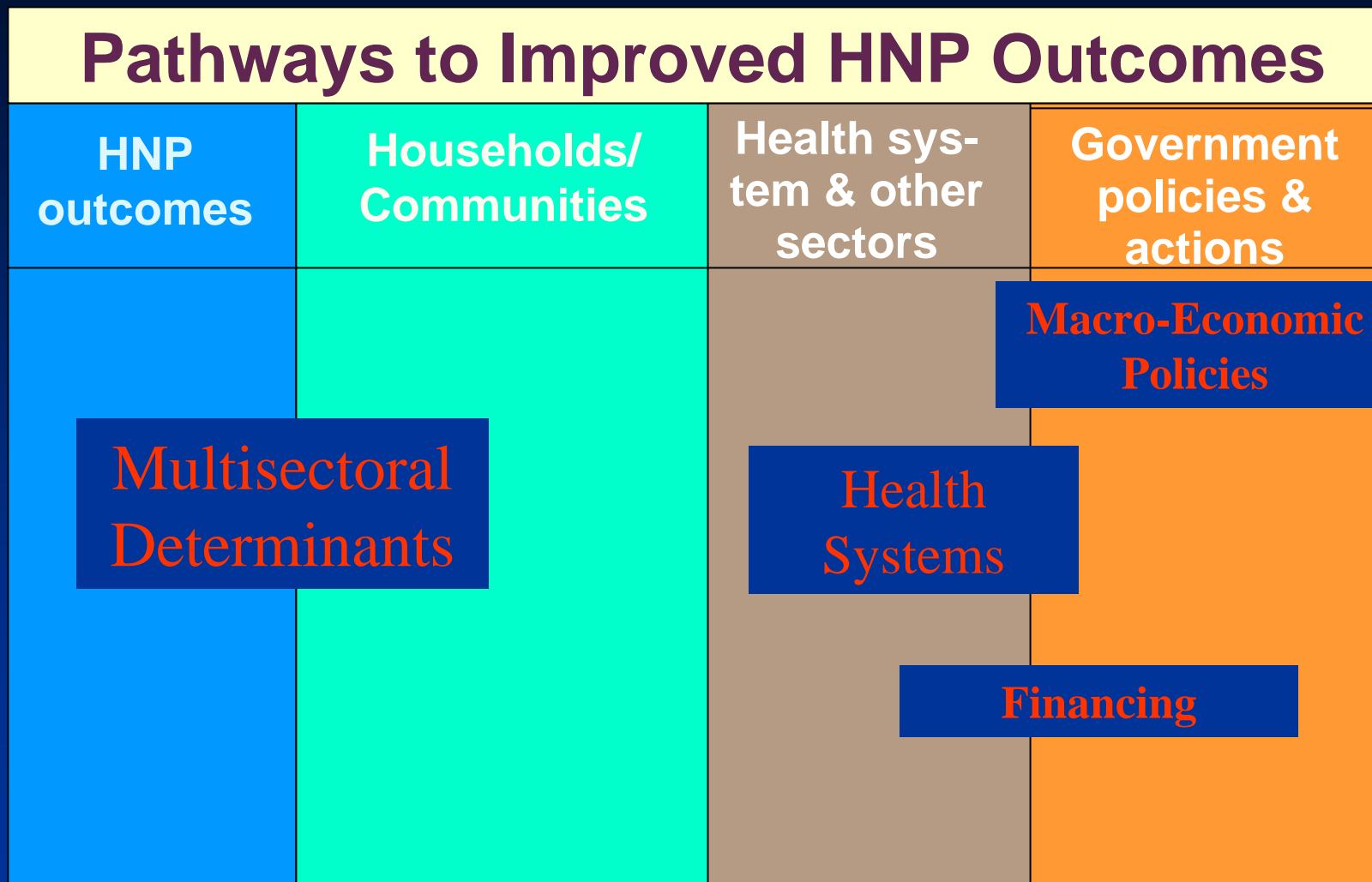


More Developed Strategies

Pathways to Improved HNP Outcomes



Pathways to Improved HNP Outcomes



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

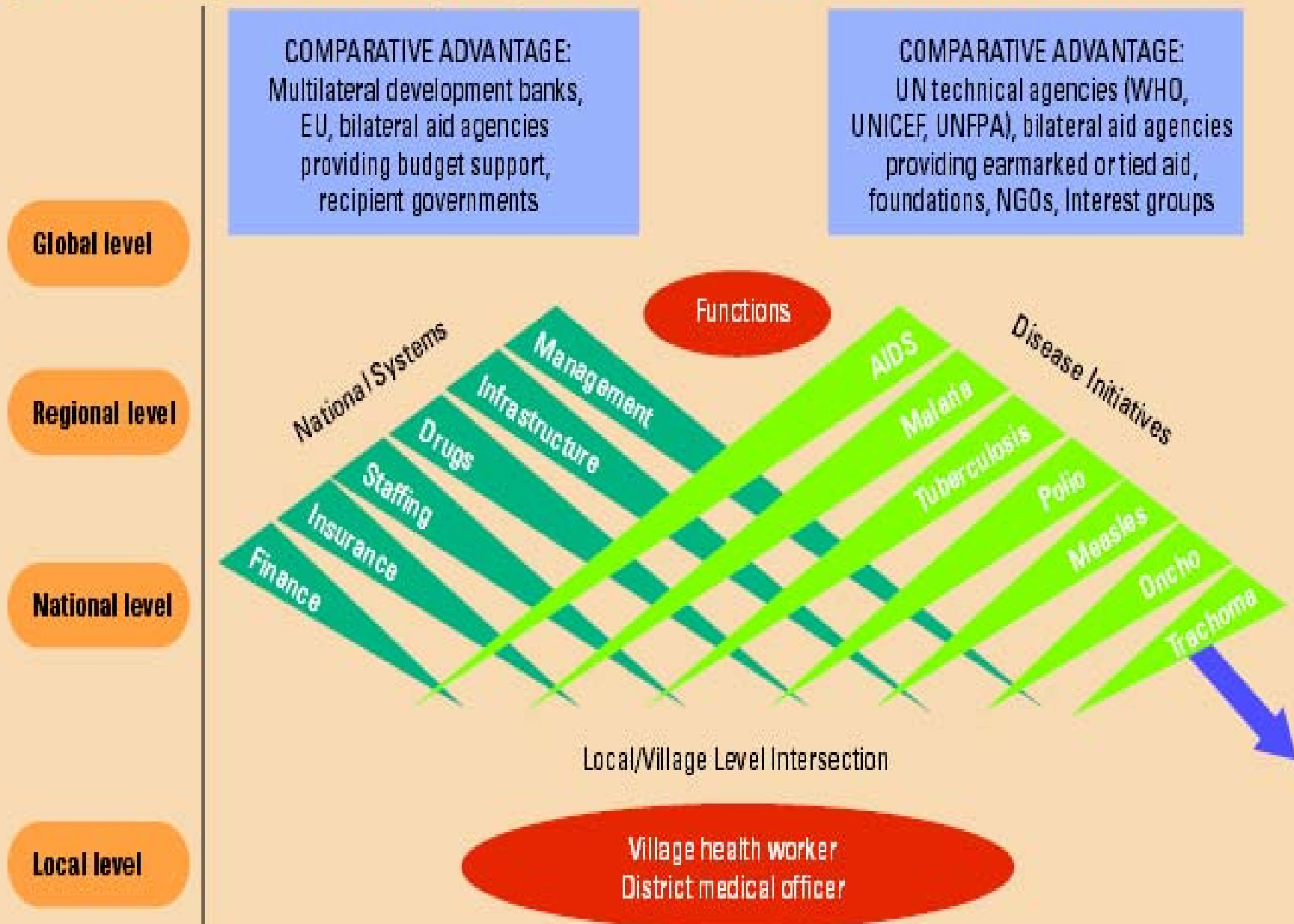
PRSC et al. Process at National Level in-country in Need to Include Health Sector Strategies and Health MDGs

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 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



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

SUMMARY 2

- ✓ Bewildering array of Global Health Initiatives
- ✓ Weak connections between National Strategies and Global Initiatives

SUMMARY 3

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.