



Towards attainment of UHC, and other SDG targets
**Overview of the state of health
 in the WHO African region**



**World Health
 Organization**

IMPACT
SDG 3 goal



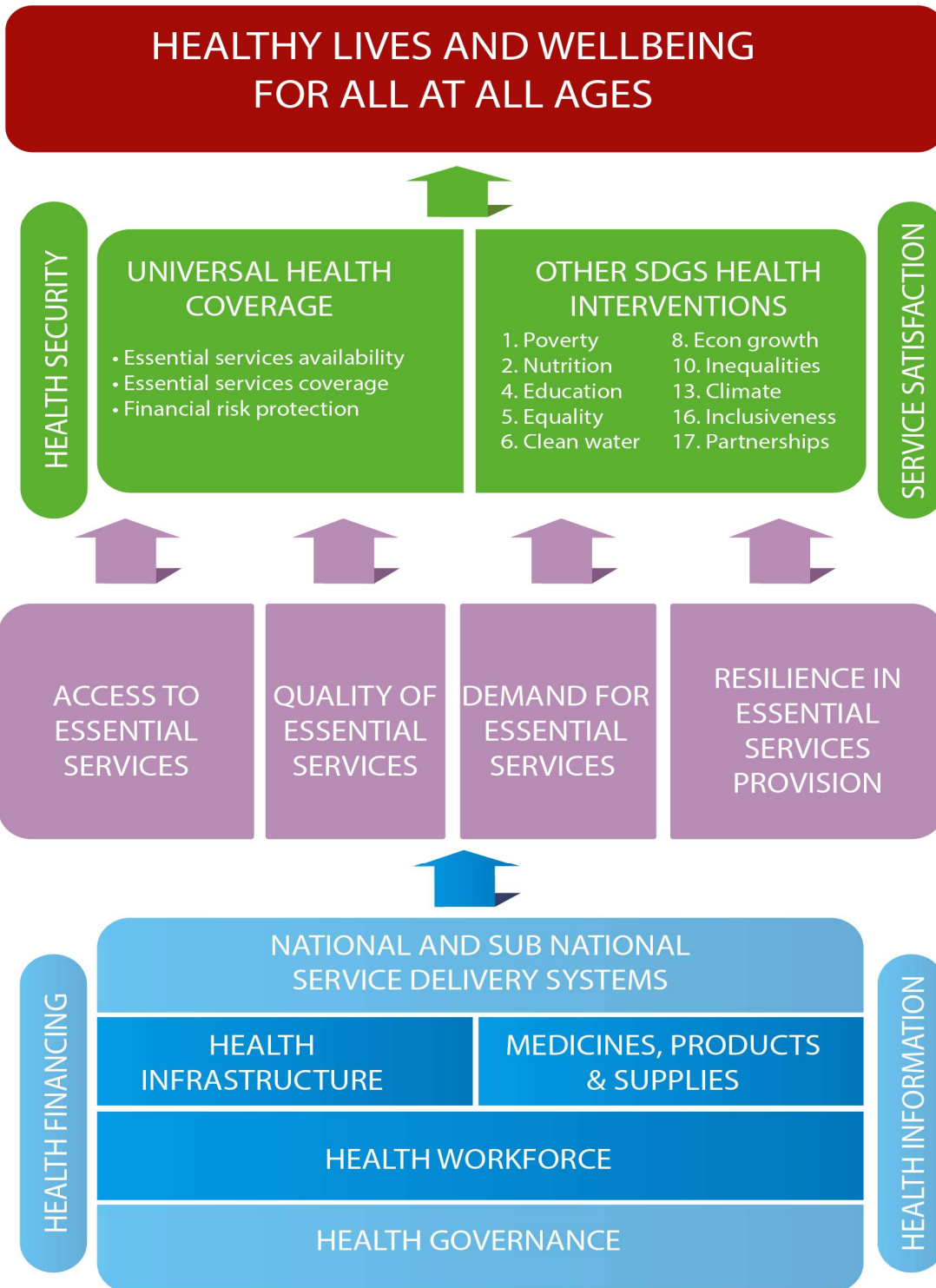
OUTCOMES
Essential services utilization



OUTPUTS
Health system performance



INPUTS / PROCESSES
Health system building block investments



FRAMEWORK OF ACTIONS

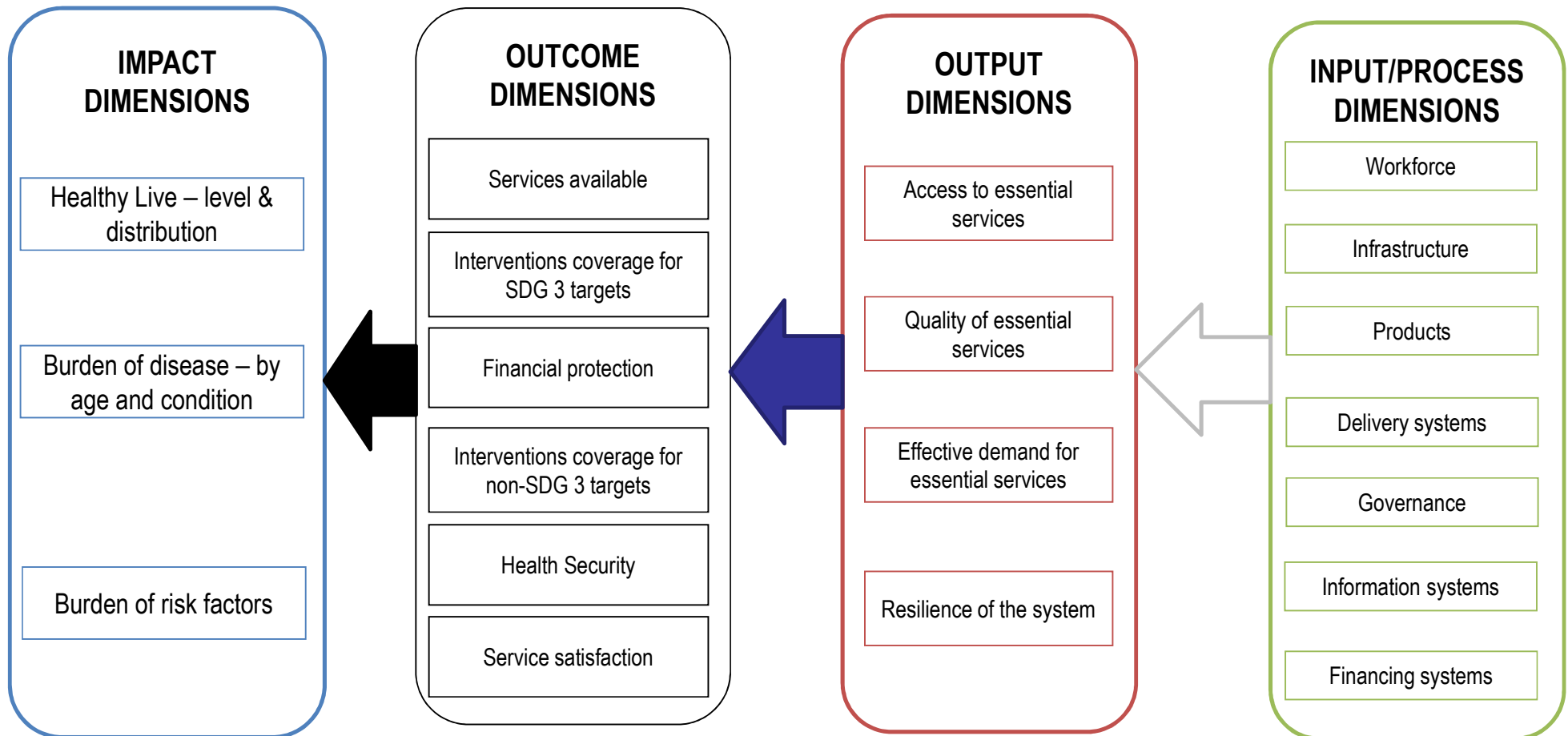
- As discussed and approved at RC 67 (**AFR/RC67/10**)
- Logical approach from inputs to impact, with defined dimensions of actions at each area of the logical framework
- Integrates planning, implementation and monitoring of health, health services and system performance and investments
- Is the guiding framework for this report



World Health Organization

REGIONAL OFFICE FOR Africa

Dimensions of analysis



Overview of the state of health report

- Explore in-depth each dimension of the action framework
 - Where do we lie, and
 - Why are we where we are
- Provide a regional, and country specific analysis for each dimension
 - Guide countries to know where they lie, vis-à-vis their peers
- Innovative approach used, to address unique challenges in the region
 - Data gaps
 - Multiple data sources
 - Still evolving country analytical capacity
- Aim: Shift discussion on UHC and other SDG targets, from individual statistics, to analyses of sets of statistics
 - From data / statistics to information
 - Evolving focus, from individual, sometimes unconnected indicators, to analysis of a dimension of improvement, informed by multiple indicators
 - Information generated that can guide country-level policy action

Methodology for analysis

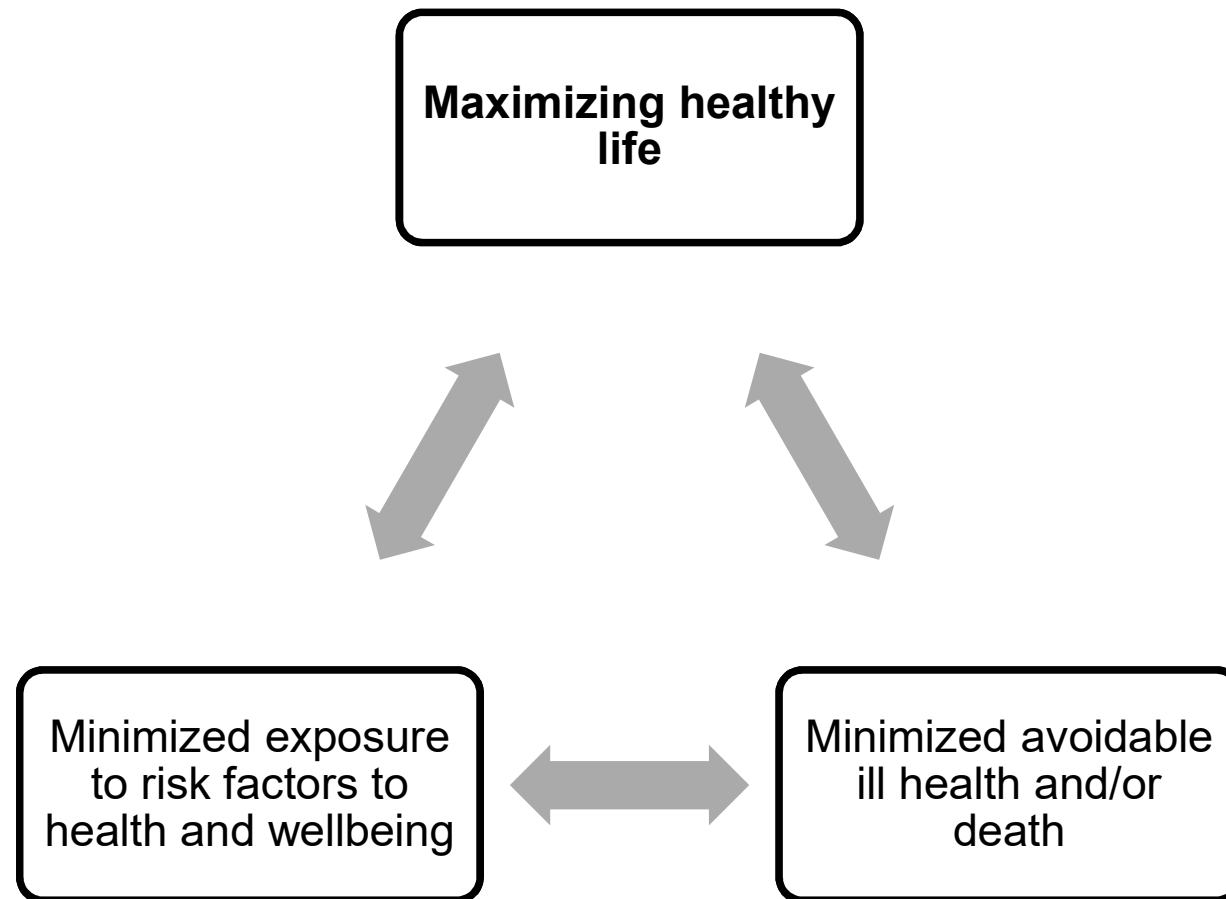
- Report is an analysis of publicly available data – NOT presentation of data
- Source of data
 - Indicator set used for each dimension
 - Indicator data primarily from WHO Global Health Observatory. Where data inconsistent or old, World Bank or UNICEF databases used
 - Selected qualitative indicators included from key informants representing state, non state and external stakeholders (3 each) – specifically for dimensions of service responsiveness, service availability and system resilience
- Data analysis
 - Based on index for each dimension and domain area of the framework of actions.
 - Index is average of normalized data for indicators constituting the dimension - normalized to range of 0 to 1: 0 – lowest achiever; 1 - highest achiever in the African Region
 - Where data missing, indicator not included. If only 1 indicator with data, no index is derived for the country

Presentation of findings

- PART 1: Regional perspective
 - Domain 1: state of health and wellbeing (impact level);
 - Domain 2: state of health and related services (outcome level);
 - Domain 3: performance of the health system (output level); and
 - Domain 4: state of investments in the health system (input / process level).
 - Analysis of implications (looking across the sections)
- PART 2: Perspective for each Member State
 - Overall state of health and key demographics
 - The state of health and related services: Compared to other countries in the region, and implications for attaining SDG targets
 - The state of the health system : Compared to other countries in the region, and implications for attaining SDG targets

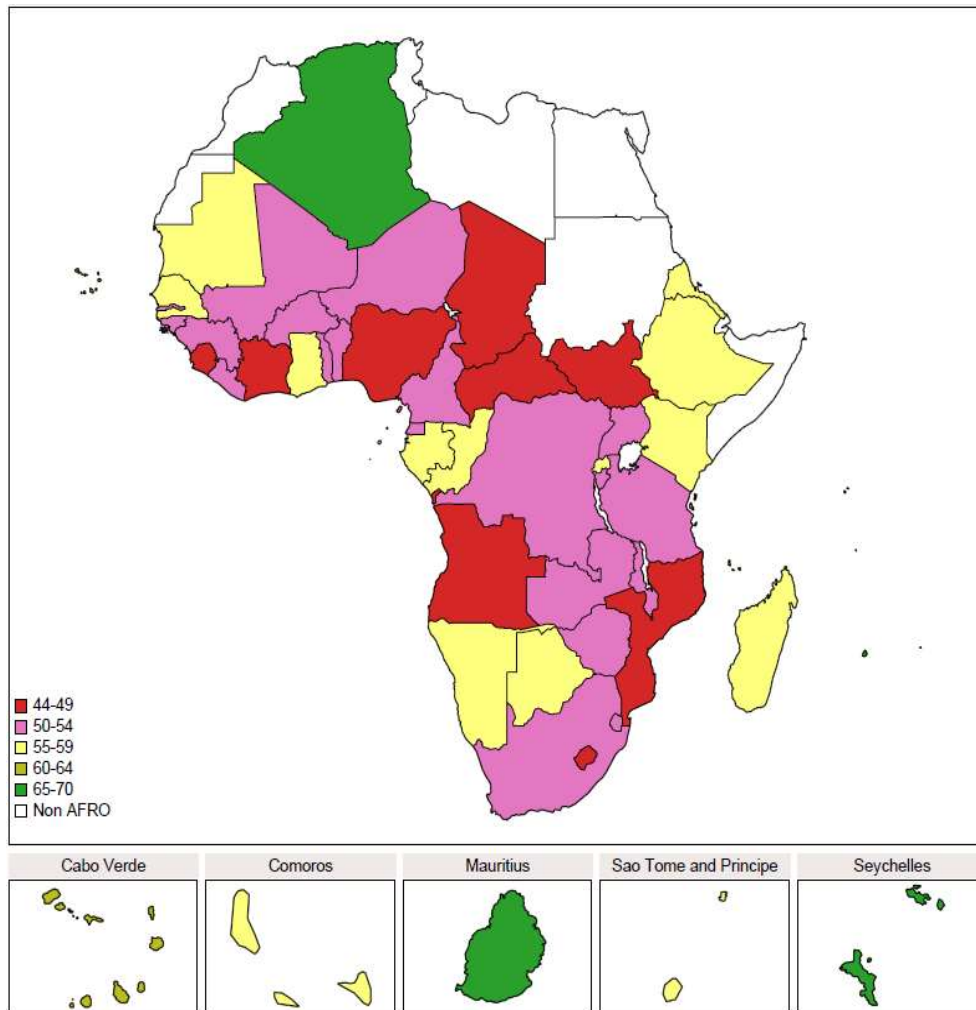
Domain 1: the state of health and wellbeing

THREE DIMENSIONS



Domain 1: Maximizing healthy life

Healthy life expectancy values across countries



- Healthy life expectancy (life expectancy adjusted for years spent with disability) improving, from 50.9 years (2012) to 53.8 years (2015)
 - the highest increase across all WHO regions
- Gap in healthy life expectancy between the best and worst countries reduced from 27.5 to 22 years
 - The improvement is fastest in large population countries and those with high population densities.
 - 9 countries with healthy life expectancy under 50 years
 - Healthy life highest in countries with better economies.
- BUT, healthy life expectancy still below other WHO regions

Domain 1: Reducing avoidable morbidity and mortality

MORBIDITY CAUSE					MORTALITY CAUSE				
DALYs per 100,000 population					Crude death rate per 100,000 population				
2015 Rank	Condition	2015	2000	% change	2015 Rank	Condition	2015	2000	% change
1	Lower respiratory infections	6546	11,360	-42.4	1	Lower respiratory infections	101.8	157.7	-35
2	HIV/AIDS	4637	11,016	-57.9	2	HIV/AIDS	76.8	179.0	-57
3	Diarrhoeal diseases	4497	10,336	-56.5	3	Diarrhoeal diseases	65.0	136.3	-52
4	Malaria	3600	10,665	-66.2	4	Stroke	45.6	47.2	-3
5	Preterm birth complications	3215	4890	-34.3	5	Ischaemic heart disease	44.5	45.5	-2
6	Birth asphyxia and trauma	3070	5091	-39.7	6	Tuberculosis	44.0	58.1	-24
7	Congenital anomalies	2006	2162	-7.2	7	Malaria	40.8	118.8	-66
8	Tuberculosis	1875	2429	-22.8	8	Preterm birth complications	34.7	53.0	-34
9	Road injury	1664	1679	-0.9	9	Birth asphyxia and trauma	32.5	54.6	-41
10	Neonatal sepsis/ infections	1616	2175	-25.7	10	Road injury	27.2	26.8	1
	TOTAL	32,726	61,803	29,077		AVERAGE	51.29	87.7	36.41

- 8 conditions in top 10 causes of both morbidity and mortality - top 3 same as in year 2000
- Overall reduction in disease burden is more marked than in other WHO regions

- **Morbidity for top 10 conditions reduced by half since 2000**

- Driven by malaria (66%), HIV/AIDS (57.9%) and diarrhoeal diseases (56.5%)

- **NCDs associated with the least reductions since 2000**

- Least reduction for road injuries (0.9%) & congenital abnormalities (7.2%).

- **Crude death rate reduced from 87.7 to 51.3 /100,000 popn**

- Driven by Malaria (66%); HIV/AIDS (57%) and diarrhoeal diseases (52%).

- **NCDs associated with the least reductions since 2000**

- Least reduction for road injuries (1%), ischaemic heart disease (2%) and stroke (3%).

Domain 1: Reducing burden of burden of risk factors

		AFRO	AMRO	SEARO	EURO	EMRO	WPRO	Global
Probability of dying from any of CVD, cancer, diabetes, CRD between age 30 and exact age 70, 2012 (%)		20.7	15.4	24.5	18.4	20.8	18.0	19.4
Total alcohol per capita (> 15 years of age) consumption, in litres of pure alcohol, 2005 - 2015	2005	6.2	9.2	2.9	9.1	0.7	5.4	5.6
	2010	6	8.4	3.5	10.9	0.7	6.8	6.2
	2015	6.3	8.1	3.7	10.2	0.7	7.6	6.3
Percent of 11 - 17 year olds insufficiently active, by sex	Male	82.3	75.3	72.5	78.4	84.7	81	77.6
	Female	87.9	87.1	74.6	87.7	91	88.9	83.9
Prevalence of overweight among children and adolescents, 2016 by sex (%)	Male	7.7	34.6	9.6	28.1	20.2	30.4	19.3
	Female	15.1	32.6	8.1	24.2	20.7	18.8	17.5
Prevalence of smoking any tobacco product among persons aged >= 15 years by sex	Male	24.2	22.8	32.1	39	36.2	48.5	36.1
	Female	2.4	13.3	2.6	19.3	2.9	3.4	6.8

● Very high burden of risk factors

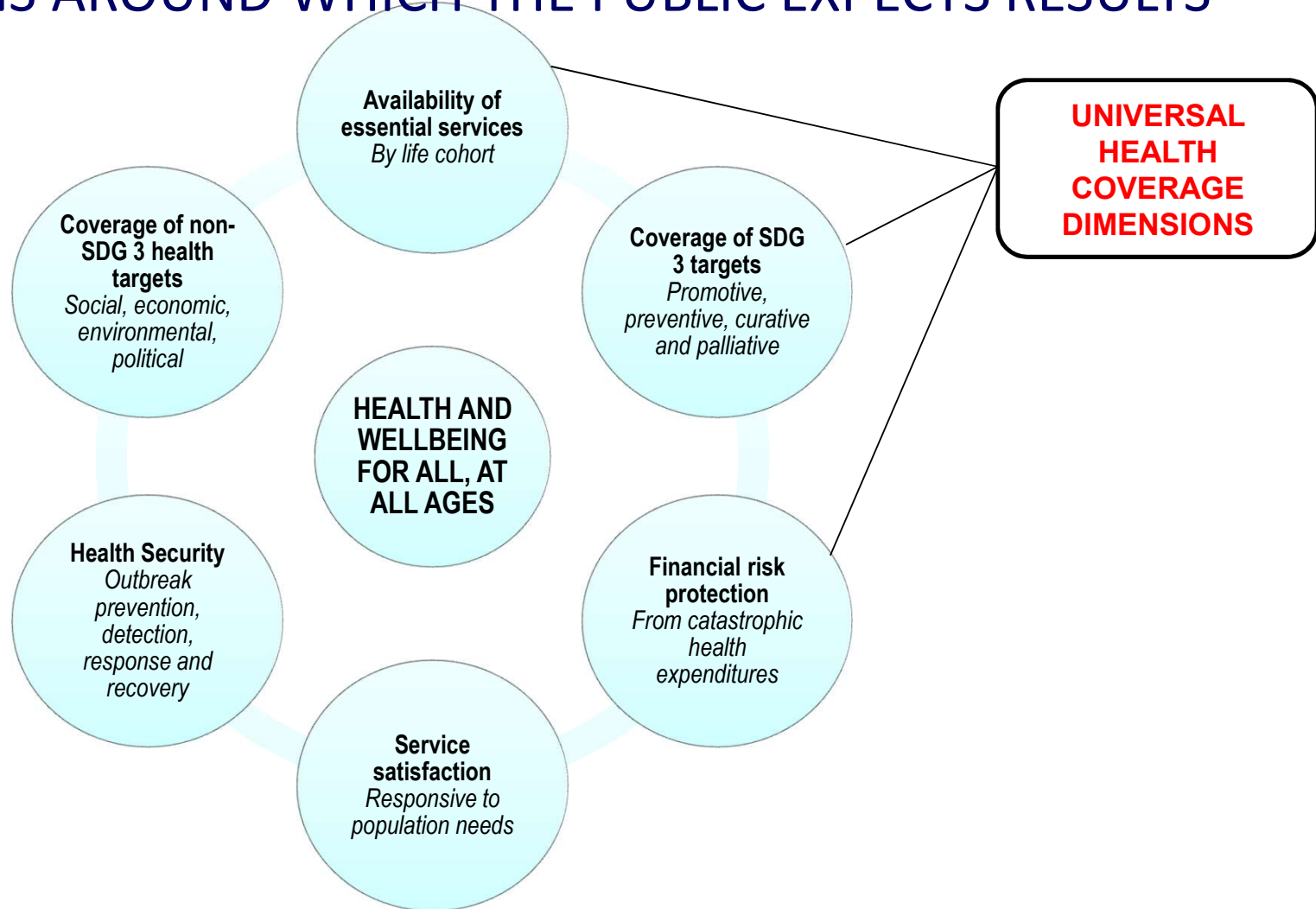
- Currently, a person in the region aged between 30 – 70 years has a 20.7% chance of dying due to one of the major NCDs

● Significant risk associated with ALL the 4 major risk factors

- Alcohol consumption (rate of 6.3 L of pure alcohol consumption per capita per year)
- Insufficient physical activity (82.3% and 87.9% inactivity amongst male and female adolescents respectively)
- Unhealthy diets (7.7% and 15.1% children and adolescents obesity amongst male and female respectively)
- Tobacco use (24.2% and 2.4% tobacco use amongst 15 years old male and females respectively)

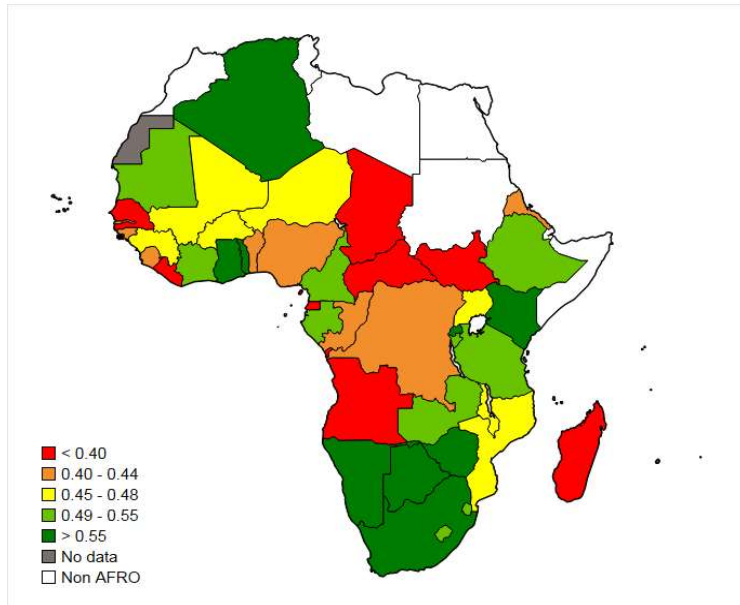
Domain 2: The state of health & related services

SIX DIMENSIONS AROUND WHICH THE PUBLIC EXPECTS RESULTS



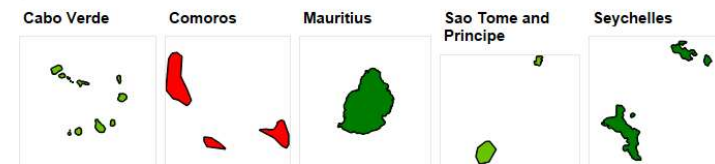
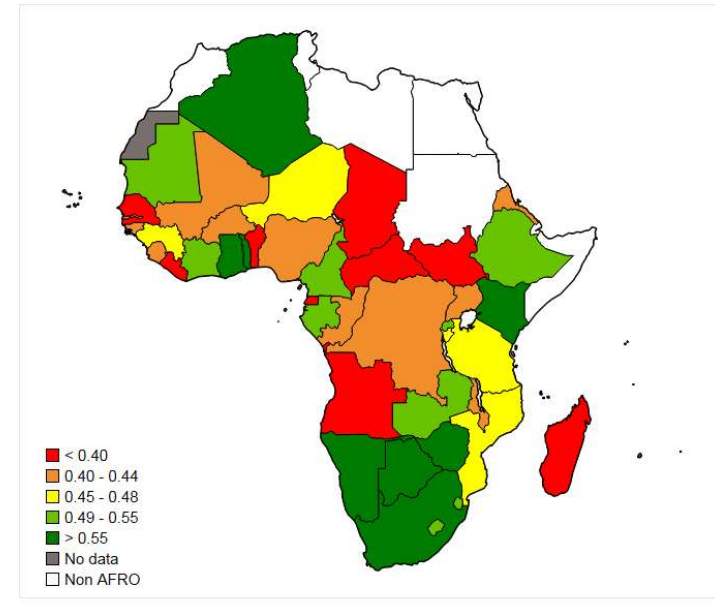
Domain 2: Health and related services outcomes

AFRO HEALTH AND RELATED OUTCOMES INDEX



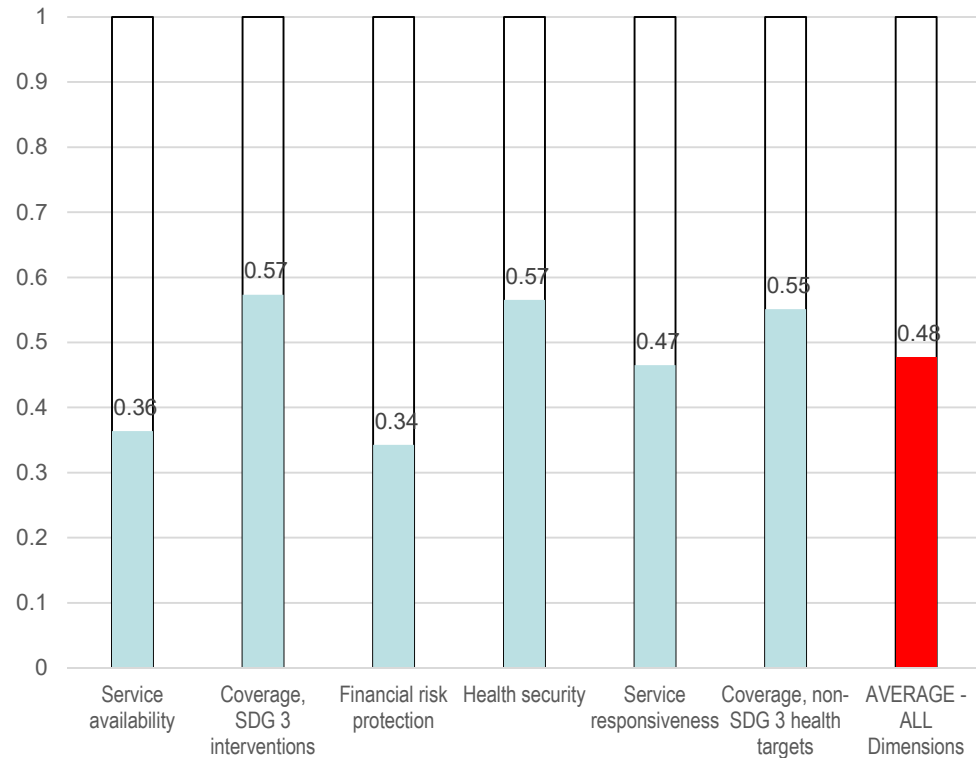
UHC dimensions appear to drive overall picture for the outcomes domain for most countries

AFRO UHC DIMENSIONS INDEX



- Regional index combining all health and related outcome dimensions – 0.48
 - The region is only able to provide 48% of health and related services it can potentially provide for its population.
- Index value ranges from 0.31 to 0.70 (Algeria)
- All the 6 dimensions of service outcomes underperform in the region
 - Worst performing dimensions service availability (36% of what is feasible), and financial risk protection (34% of what is feasible)

Domain 2: Health and related services outcomes



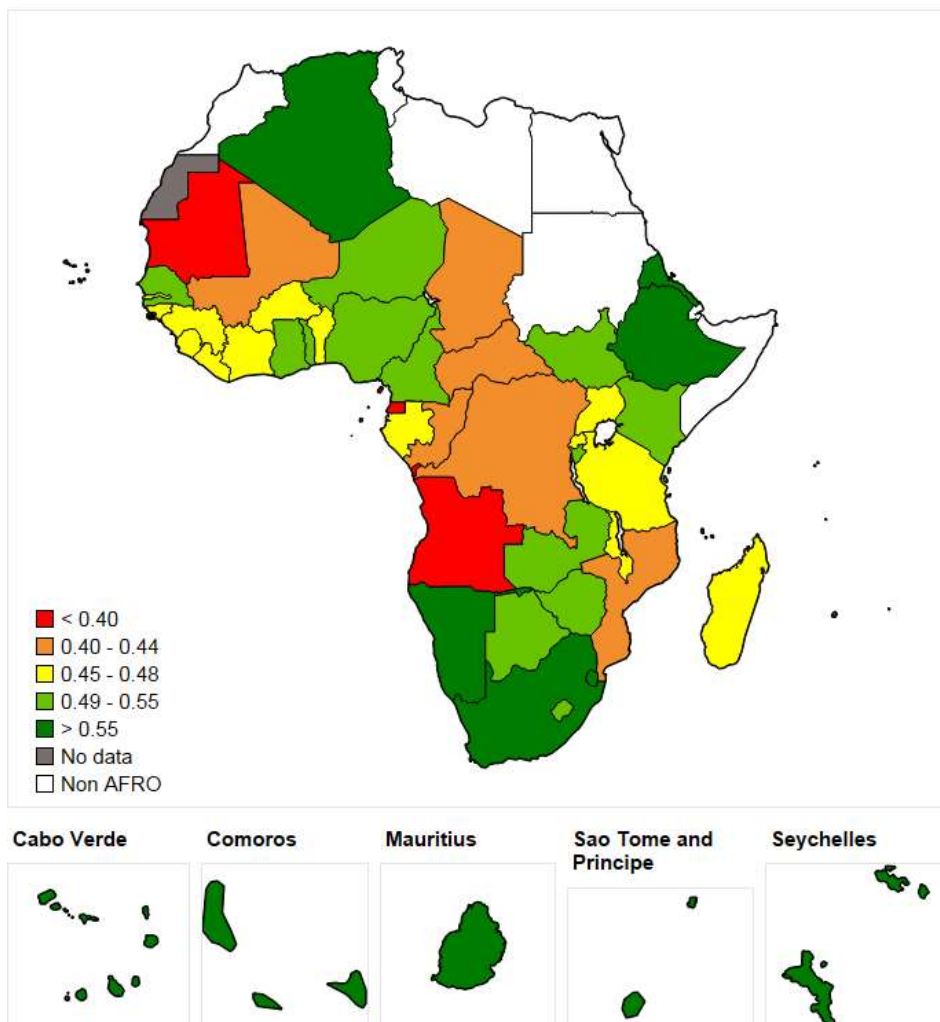
- **Service availability:** Analysis of what services exist for each age cohort. Index = 0.36
 - Few essential services available in the region (index 0.36)
 - Adolescent, and elderly age cohorts have the least range of services available
- **Coverage of SDG 3 interventions:** Utilization of promotive, preventive, curative interventions. Index = 0.57
 - Coverages lowest for non-communicable and health promotion services
- **Financial risk protection:** financial barriers hindering utilization of essential services. Index = 0.34
 - Driven by low levels of social security and pooling of health resources
- **Health security:** protection from health effects of outbreaks and disasters. Index = 0.57
 - Challenge primarily related to response and recovery capacities.
 - Detection capacity improving
- **Service responsiveness:** alignment of essential services to expectations. Index = 0.47
 - Lowest scoring attributes are quality of basic amenities and levels of autonomy in decision making,
 - access to social support is the best performing attribute.
- **Coverage of the non-SDG 3 interventions:** Utilization of social, economic, environmental and political determinants. Index = 0.55
 - Low index primarily driven by economic determinants

ALL dimensions of outcomes are low in the region

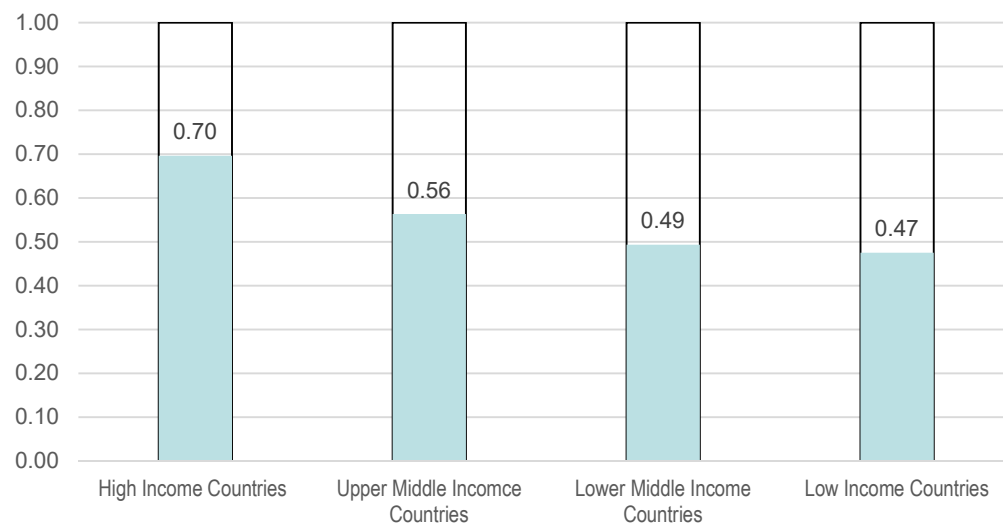
- Improves with country income level
- Similar for large, and small countries
- Higher in SIDS compared to other countries

3 Health system performance scores across countries

VARIATION IN SYSTEM PERFORMANCE

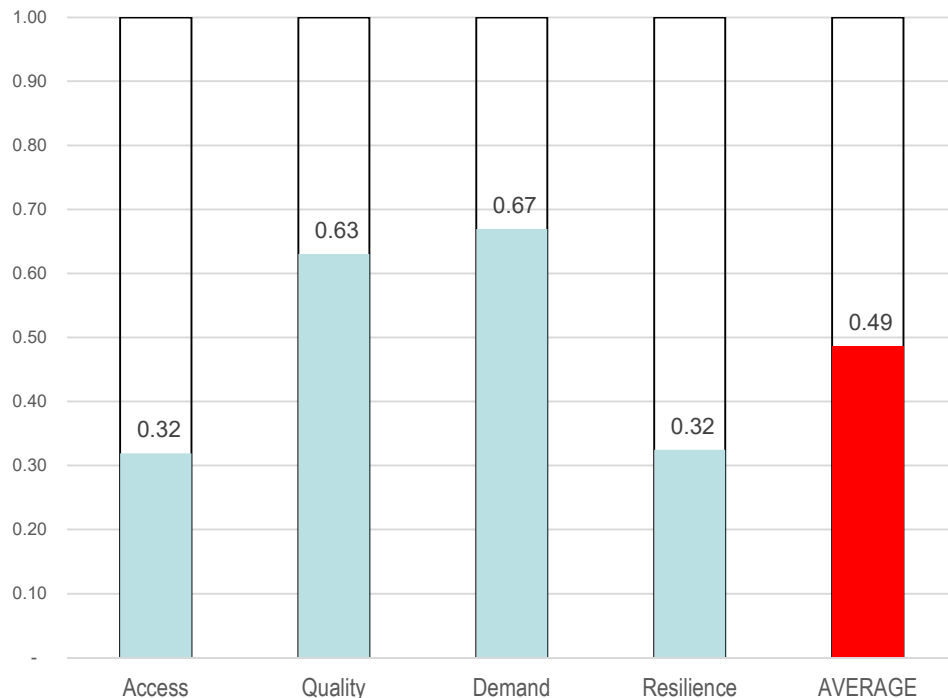


- Wide variation in system performance – 0.26 to 0.7 range
- Most countries performance within 0.4 - 0.6 range
- Performance of countries with recent political challenges (such as Burundi, South Sudan and Zimbabwe) not accurate due to difficulty in getting representative data
- Performance improves with GDP, though there is NO significant variation between LMICs and LICs



VARIATION IN SYSTEM PERFORMANCE BY COUNTRY INCOME GROUPS

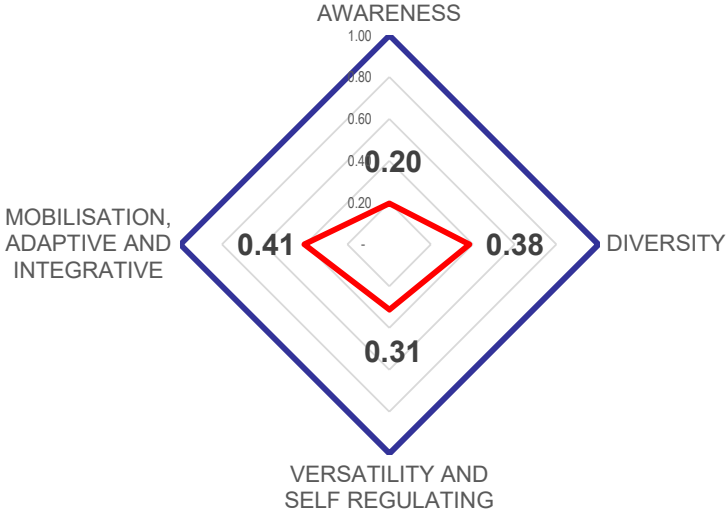
Domain 3: Health systems performance



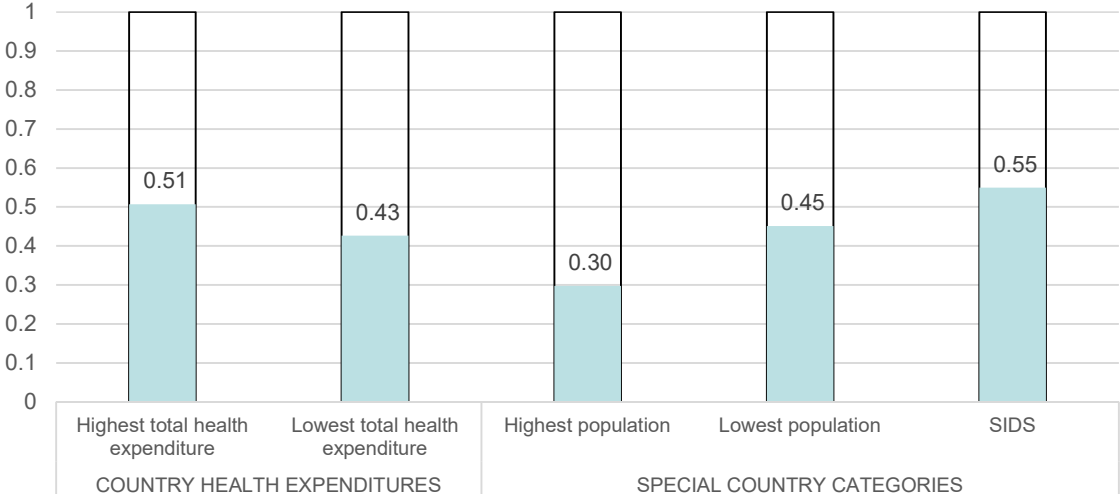
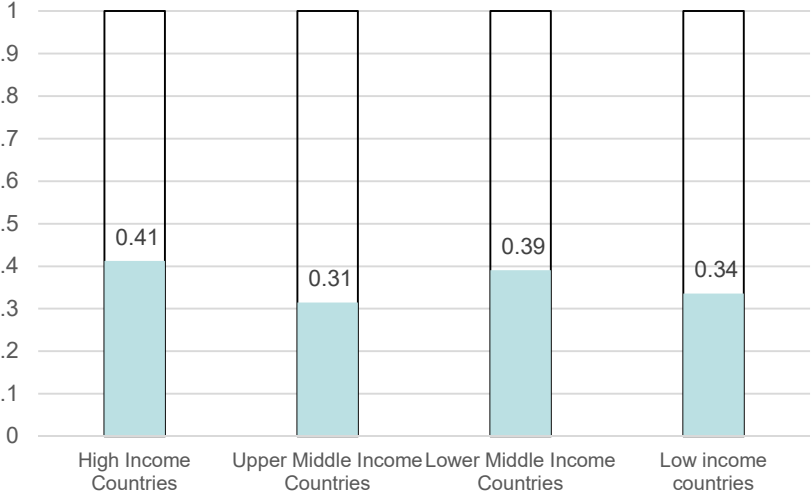
- Four performance dimensions
 - Access to essential services
 - Quality of essential services
 - Effective demand for essential services
 - Resilience to external shocks

- Consolidated system performance index in the region is 0.49
 - Systems are only performing at 49% of their possible levels of functionality.
 - Varies from 0.26 to 0.70.
- All dimensions for performance are underperforming
 - Under-performance most marked for access (0.32), and resilience (0.32)

Health System resilience – where is the problem?

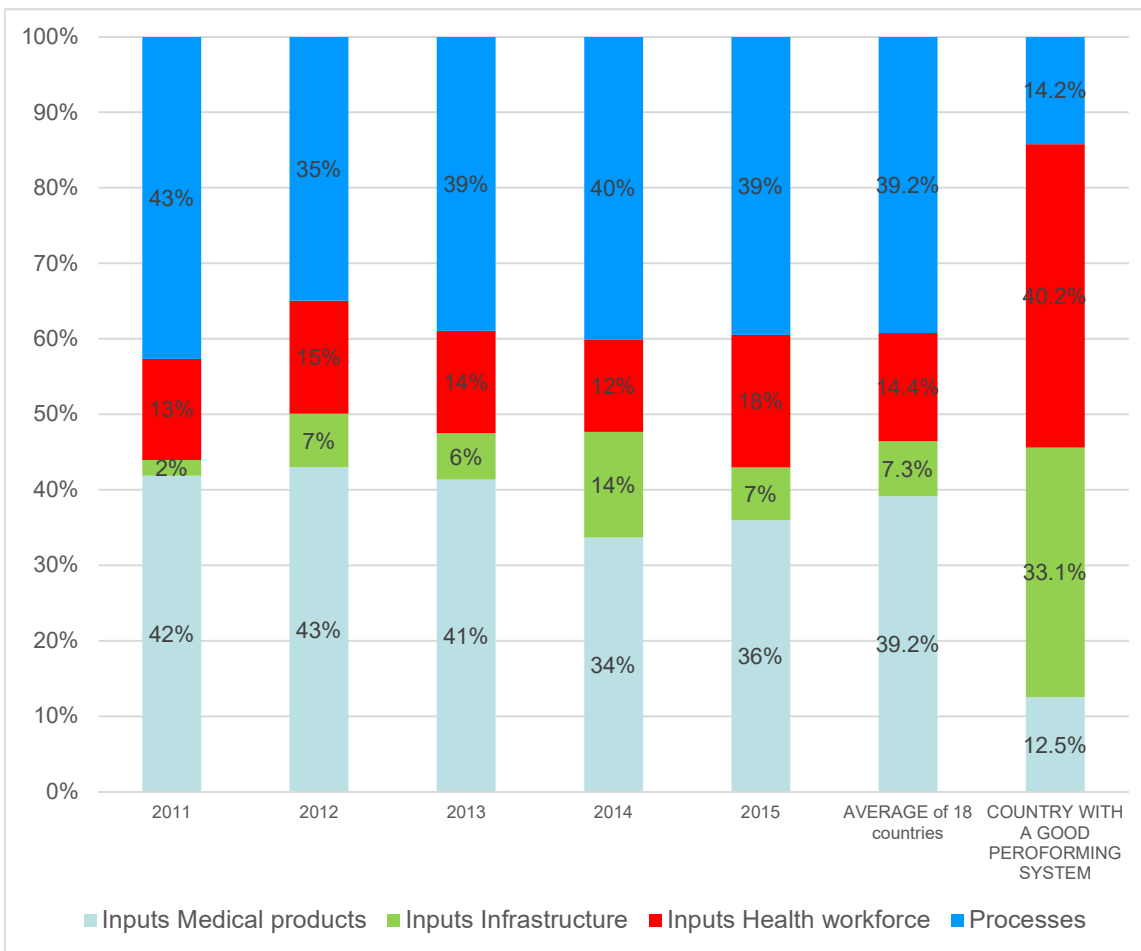


- All the Constructs of resilience underperforming
 - Lowest performance for awareness capacity
- Marginal effect of country income level. Resilience is low in high, and low income countries
- Resilience improves the smaller the country – SIDS have highest resilience levels
- Need for countries to have specific programs to improve resilience of their systems, for effective health security



Domain 4: The state of health system investments:

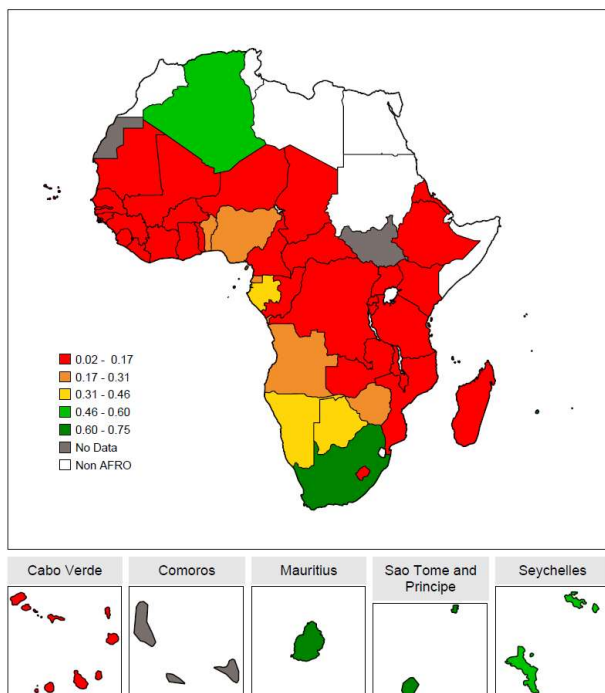
Allocation of government resources across the system investment areas



- Under investment in health workforce – on average (average 14% vs 40% in good system country)
- High investment in processes / operations (average 40% vs 14% in good system country)

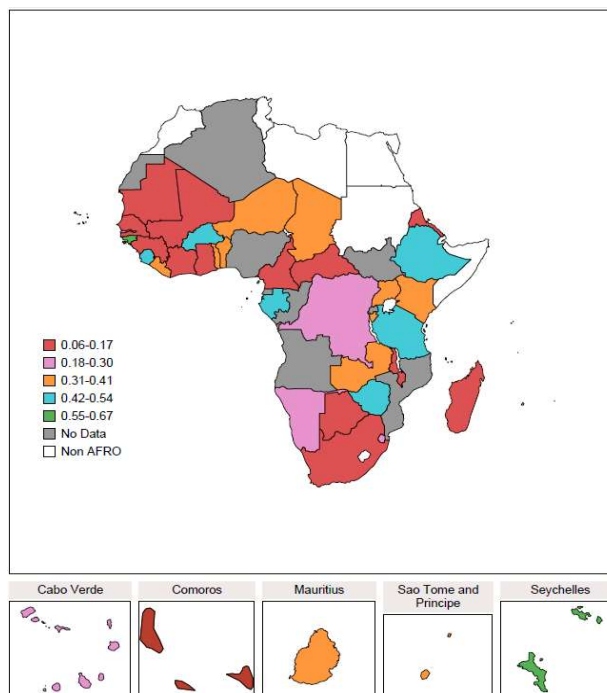
Domain 4: The state of health system investments

WORKFORCE INDEX



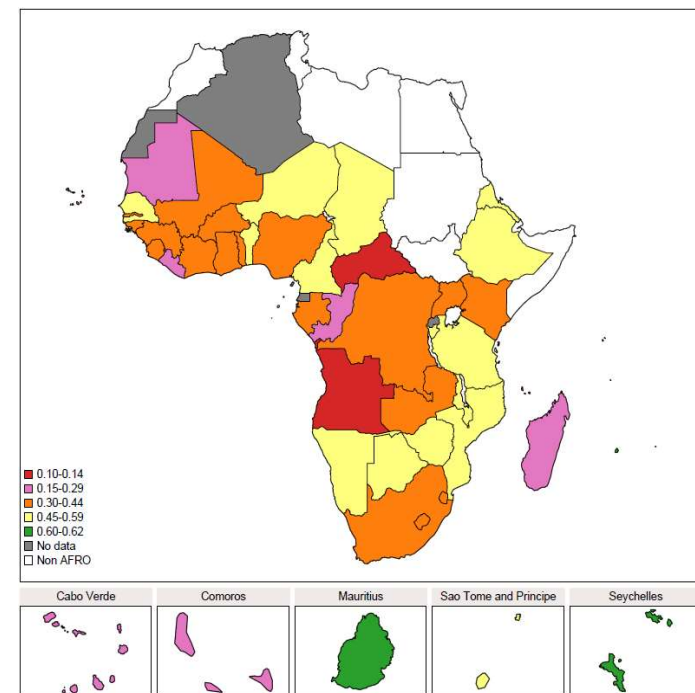
- Marked decrease in HRH index as country income level drops
- HRH index improves as country population reduces
- Marked decrease in HRH index by health expenditure

INFRASTRUCTURE INDEX



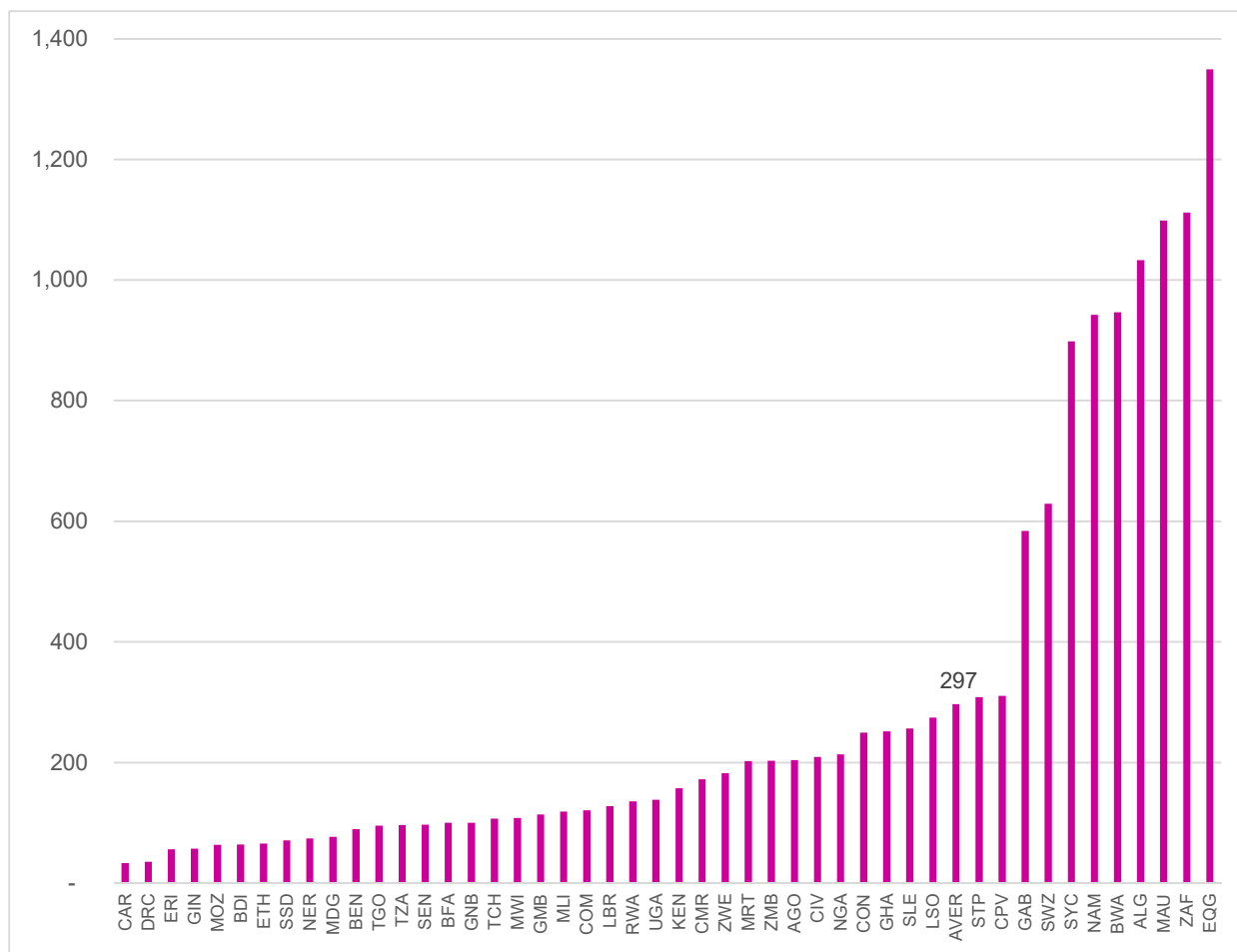
- Infrastructure index similar for Middle Income, and Low Income Countries
- No major variation in infrastructure by country size

MEDICAL PRODUCTS SCORE



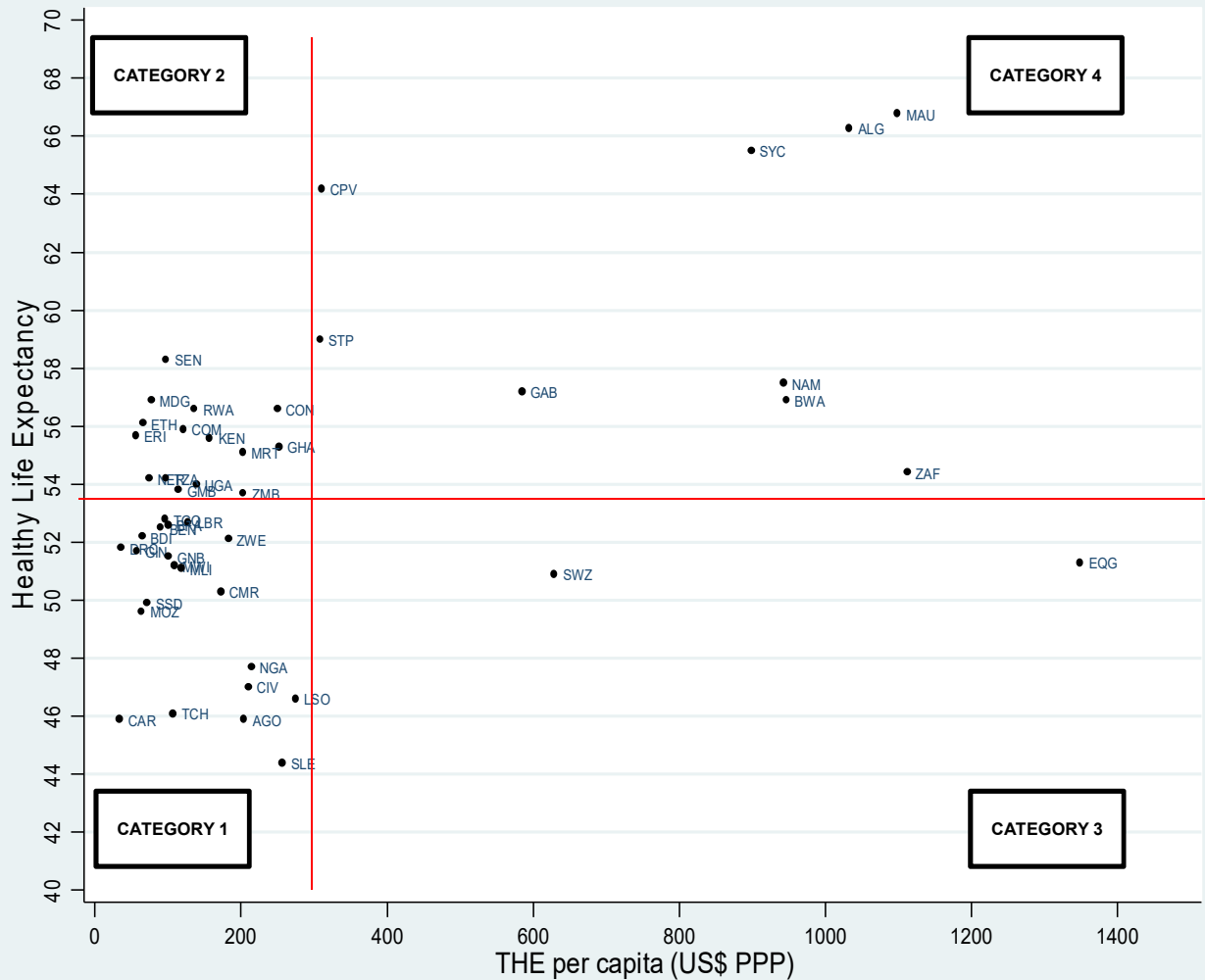
- Similar medical products index for LMICs and LICs
- Medical products index improves as Country population reduces

Per capita total health expenditure (int US\$), 2015



- Only nine countries are spending above Int US\$ 500 per capita
- Half the countries (24) have a total health expenditure of less than Int US\$ 140 capita.
- There is a large gap between a THE of 400–800 Int US\$ per capita
 - Only GAB and SWZ within this zone
 - Migrating towards high THE (are in transition between upper and lower middle-income status).
 - SWZ with poor translation of inputs to impact, and GAB the opposite

Linking expenditure with health and wellbeing



- Weak association between health expenditure and wellbeing
- Category 2 – most efficient production of healthy life (above average healthy life, below average resources)
- Category 4 – good impact, at high cost
- Association strongest with health system performance (versus service outcomes)
 - Effect of vertical programs

Take home messages

- State of health still relatively low, BUT
 - Healthy life lost due to disability/disease decreasing and is currently comparable to that of other regions.
 - Disease burden is getting lower
 - Still wide regional variations across, and within countries
- Health and related services represent only 48% of what is feasible
 - All outcome dimensions are low – most acute being the need to make available a wider range of services for the people (0.36), and improve financial risk protection (0.34)
 - Wide variation in UHC score shows different ‘starting points’ for countries in adoption of UHC
 - For determinants, lowest score by economic determinants (0.4), followed by political (0.56), social (0.59) and environmental (0.72)
- Health systems only performing at under 50% of feasible capacity
 - All dimensions underperforming, with most acute challenge due to low levels of access to services (0.32), and resilience of systems (0.32).
 - Higher total expenditure associated with higher financial risk protection and significantly higher health service utilization primarily for curative and rehabilitative services
 - High inefficiencies in translating resources to performance - poor models of service delivery.

Moving forward

- A complex picture of the African Region
 - Low levels of funding in many countries - only nine countries in the Region are spending above US\$ 500 per capita, and half (24) have a total health expenditure of less than US\$ 140 capita.
 - Healthy life expectancy is more strongly associated with health system performance, as opposed to health expenditure, or health outcomes
- General focus for countries:
 - Extend health services to currently unreached populations
 - Increase focus on improving the process of care, not only its availability (quality)
 - Pro-actively identify and increase services to all age cohorts, including the adolescents and the elderly
 - Anticipate and mitigate economic and political challenges, which have the potential to undo any progress made
 - Develop country-specific mechanisms to engage all health-related stakeholders to ensure that social, economic, environmental and political SDG targets are on track.
- Specific recommendations made for each Country in its country page