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

World Health Organization
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
Dimensions of analysis

**IMPACT DIMENSIONS**
- Healthy Live – level & distribution
- Burden of disease – by age and condition
- Burden of risk factors

**OUTCOME DIMENSIONS**
- Services available
- Interventions coverage for SDG 3 targets
- Financial protection
- Interventions coverage for non-SDG 3 targets
- Health Security
- Service satisfaction

**OUTPUT DIMENSIONS**
- Access to essential services
- Quality of essential services
- Effective demand for essential services
- Resilience of the system

**INPUT/PROCESS DIMENSIONS**
- Workforce
- Infrastructure
- Products
- Delivery systems
- Governance
- Information systems
- Financing systems

**Burden of disease – by age and condition**
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- **Burden of risk factors**

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Overview of the state of health report

● Explore in-depth each dimension of the action framework
  o Where do we lie, and
  o Why are we where we are

● Provide a regional, and country specific analysis for each dimension
  o Guide countries to know where they lie, vis-à-vis their peers

● Innovative approach used, to address unique challenges in the region
  o Data gaps
  o Multiple data sources
  o Still evolving country analytical capacity

● Aim: Shift discussion on UHC and other SDG targets, from individual statistics, to analyses of sets of statistics
  o From data / statistics to information
  o Evolving focus, from individual, sometimes unconnected indicators, to analysis of a dimension of improvement, informed by multiple indicators
  o 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

Maximizing healthy life

Minimized exposure to risk factors to health and wellbeing

Minimized avoidable ill health and/or death
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

### DALYs per 100,000 population

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<tbody>
<tr>
<td>1</td>
<td>Lower respiratory infections</td>
<td>6546</td>
<td>11,360</td>
<td>-42.4</td>
<td>1</td>
<td>Lower respiratory infections</td>
<td>101.8</td>
<td>157.7</td>
<td>-35</td>
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<tr>
<td>2</td>
<td>HIV/AIDS</td>
<td>4637</td>
<td>11,016</td>
<td>-57.9</td>
<td>2</td>
<td>HIV/AIDS</td>
<td>76.8</td>
<td>179.0</td>
<td>-57</td>
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<tr>
<td>3</td>
<td>Diarrhoeal diseases</td>
<td>4497</td>
<td>10,336</td>
<td>-56.5</td>
<td>3</td>
<td>Diarrhoeal diseases</td>
<td>65.0</td>
<td>136.3</td>
<td>-52</td>
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<tr>
<td>4</td>
<td>Malaria</td>
<td>3600</td>
<td>10,665</td>
<td>-66.2</td>
<td>4</td>
<td>Stroke</td>
<td>45.6</td>
<td>47.2</td>
<td>-3</td>
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<tr>
<td>5</td>
<td>Preterm birth complications</td>
<td>3215</td>
<td>4890</td>
<td>-34.3</td>
<td>5</td>
<td>Ischaemic heart disease</td>
<td>44.5</td>
<td>45.5</td>
<td>-2</td>
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<tr>
<td>6</td>
<td>Birth asphyxia and trauma</td>
<td>3070</td>
<td>5091</td>
<td>-39.7</td>
<td>6</td>
<td>Tuberculosis</td>
<td>44.0</td>
<td>58.1</td>
<td>-24</td>
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<tr>
<td>7</td>
<td>Congenital anomalies</td>
<td>2006</td>
<td>2162</td>
<td>-7.2</td>
<td>7</td>
<td>Malaria</td>
<td>40.8</td>
<td>118.8</td>
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<td>8</td>
<td>Tuberculosis</td>
<td>1875</td>
<td>2429</td>
<td>-22.8</td>
<td>8</td>
<td>Preterm birth complications</td>
<td>34.7</td>
<td>53.0</td>
<td>-34</td>
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<tr>
<td>9</td>
<td>Road injury</td>
<td>1664</td>
<td>1679</td>
<td>-0.9</td>
<td>9</td>
<td>Birth asphyxia and trauma</td>
<td>32.5</td>
<td>54.6</td>
<td>-41</td>
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<tr>
<td>10</td>
<td>Neonatal sepsis/ infections</td>
<td>1616</td>
<td>2175</td>
<td>-25.7</td>
<td>10</td>
<td>Road injury</td>
<td>27.2</td>
<td>26.8</td>
<td>1</td>
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<tr>
<td>TOTAL</td>
<td></td>
<td>32,726</td>
<td>61,803</td>
<td>29.07</td>
<td>AVERAGE</td>
<td></td>
<td>51.29</td>
<td>87.7</td>
<td>36.41</td>
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- 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

<table>
<thead>
<tr>
<th>Probability of dying from any of CVD, cancer, diabetes, CRD between age 30 and exact age 70, 2012 (%)</th>
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<tbody>
<tr>
<td>AFRO</td>
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<td>20.7</td>
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<thead>
<tr>
<th>Total alcohol per capita (&gt; 15 years of age) consumption, in litres of pure alcohol, 2005 - 2015</th>
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<tr>
<td>2005</td>
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<tr>
<td>6.2</td>
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<tr>
<th>Percent of 11 - 17 year olds insufficiently active, by sex</th>
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<tbody>
<tr>
<td>Male</td>
</tr>
<tr>
<td>82.3</td>
</tr>
<tr>
<td>75.3</td>
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<tr>
<td>72.5</td>
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<tr>
<th>Prevalence of overweight among children and adolescents, 2016 by sex (%)</th>
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<tbody>
<tr>
<td>Male</td>
</tr>
<tr>
<td>7.7</td>
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<tr>
<td>34.6</td>
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<tr>
<td>9.6</td>
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<tr>
<th>Prevalence of smoking any tobacco product among persons aged &gt;= 15 years by sex</th>
</tr>
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<tbody>
<tr>
<td>Male</td>
</tr>
<tr>
<td>24.2</td>
</tr>
<tr>
<td>22.8</td>
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<tr>
<td>32.1</td>
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</table>

- **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

- **Availability of essential services**
  - By life cohort

- **Coverage of non-SDG 3 health targets**
  - Social, economic, environmental, political

- **Health Security**
  - Outbreak prevention, detection, response and recovery

- **Coverage of SDG 3 targets**
  - Promotive, preventive, curative and palliative

- **Financial risk protection**
  - From catastrophic health expenditures

- **Service satisfaction**
  - Responsive to population needs

**HEALTH AND WELLBEING FOR ALL, AT ALL AGES**

**UNIVERSAL HEALTH COVERAGE DIMENSIONS**
Doman 2: Health and related services outcomes

AFRO HEALTH AND RELATED OUTCOMES 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)

AFRO UHC DIMENSIONS INDEX

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

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**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

- 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
Domain 3: Health systems performance

- 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)

- Four performance dimensions
  - Access to essential services
  - Quality of essential services
  - Effective demand for essential services
  - Resilience to external shocks
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
- 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 per 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
  o 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 per capita.
  o Healthy life expectancy is more strongly associated with health system performance, as opposed to health expenditure, or health outcomes

● General focus for countries:
  o Extend health services to currently unreached populations
  o Increase focus on improving the process of care, not only its availability (quality)
  o Pro-actively identify and increase services to all age cohorts, including the adolescents and the elderly
  o Anticipate and mitigate economic and political challenges, which have the potential to undo any progress made
  o 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