Africa has a young and rapidly growing population. Currently the second most populated continent in the world with over 1 billion people, it may host 4 billion people by the end of the century, more than one third of humanity.

Sub-Saharan Africa’s real gross domestic product growth improved from 2.9% in 2001 to a maximum of 7.1% in 2007 and is projected to be about 5.4% in 2014. Fuelled by rapid urbanization and the consumption of a new and burgeoning middle class, this economic growth is largely endogenous and expected to last.

This rapid economic growth, coupled with a young, growing population, wide uptake of technology, particularly mobile phone technology, and a burgeoning middle class, has led to a new view of Africa. Often referred to as “Africa rising”, this new view sees Africa as becoming an increasingly important demographic and economic driver of global growth. This is beginning to change the standard view of Africa as a place plagued by poverty, interminable conflict and incurable health problems.

This report provides an assessment of the current status and trends in health in the World Health Organization (WHO) African Region, which consists of 47 of the 54 countries on the African continent and is one of the six regions of WHO. This report aims to go further than simply establishing the health status of the Region: the purpose of looking at data about health is to identify what can be – and has already successfully been – done to improve health, and what strategies and approaches have been shown to work.

The report is organized thematically. It looks at the multiplicity of initiatives and actors involved in health development in the Region, examines the threats limiting the health and lives of the people from birth to the senior years, describes how the dominant disease threats are being identified, controlled, mitigated and prevented, discusses the key determinants of health in the Region, including social determinants, food and nutrition, the physical environment, and risk factors related to lifestyle. The report also reviews the enormous efforts – by governments, international partners, technical agencies, researchers and other stakeholders – to strengthen the health systems in the Region and, finally, provides a list of strategies that, if applied, can make a significant difference to the health of the people of the Region.
Chapter 1. Introduction

Health yields economic dividends: healthy people are more productive, and healthy infants and children can develop better and become productive adults. A healthy population can also contribute to a country’s economic growth. The report found that increased investment in health would translate into hundreds of billions of dollars per year of additional income, which could be used to improve living conditions and social infrastructure in poorer countries. It is estimated that for every 10% increase in life expectancy at birth there is a corresponding rise in economic growth of 0.4% per year.

The Region has seen marked improvements in health outcomes during the past decade. There has been a considerable decline in child, maternal and adult mortality rates, and substantial decreases in the burdens of several diseases. In the period 1990–2011, the Region has struggled with, and begun to overcome, the devastating epidemic caused by HIV.

There has been impressive progress in reducing mortality rates in children aged less than 5 years, which fell between 1990 and 2012 from 173 to 95 per 1000 live births. The worldwide reduction in the maternal death rate has also been achieved in sub-Saharan Africa, which has seen a decline of 41% between 1990 and 2010.

The Millennium Development Goals (MDGs) are a powerful tool for focusing the world’s attention on development issues, particularly those issues that need to change. Although it is likely that many countries in the Region will not reach the MDG targets set by 2015, considerable efforts have been made to achieve them.

Chapter 2. Partnerships – working together to achieve health for all

Given the substantive proportion of external resources on health as a percentage of total health expenditures, the number of initiatives and the multiplicity of actors involved in health development in the Region, coordination and harmonization of effort is essential to avoid waste and to target real needs. Some of the major partnerships and initiatives active in the Region that have yielded health solutions that work include:

- Harmonization for Health in Africa, a regional mechanism led by the WHO Regional Office for Africa and set up in 2006 to coordinate partners’ support for strengthening African health systems.
- International Health Partnership+ country compacts have served to enhance harmonization and alignment of resources and activities to agreed sector plans and thus reduce transaction costs. They are used as a tool for mutual accountability by introducing indicators for tracking progress against agreed commitments of government and of development partners.
- The Meningitis Vaccine Project, a partnership between WHO and PATH, with funding from the Bill & Melinda Gates Foundation, has developed and rolled out the meningitis A vaccine in the meningitis belt of Africa, one of the
great public health achievements of this century. Since introduction of the vaccine, the number of cases of type A meningococcal meningitis has fallen.

Chapter 3. Health through the life course

Health through the life course addresses population health needs throughout the life course, with a special focus on key stages in life and the transitions between them.

In order to prevent up to two thirds of neonatal deaths, which account for one third of all children’s deaths, countries have implemented interventions including community engagement for better maternal and newborn care; prevention of mother-to-child transmission of HIV; provision of access to skilled care during delivery, including newborn resuscitation; strengthening capacity-building to support care of neonates at home; and making available essential newborn care in health facilities.

Political commitments at national and international levels have improved access to interventions that contribute to child survival, such as preventing and managing diarrhoea and pneumonia, immunization, and ensuring adequate nutrition. Increased vaccination coverage has had an impressive impact on reducing child deaths and disability in the Region, particularly those due to measles and polio. However, coverage levels vary widely between countries.

To better address adolescent and youth health issues, several countries are developing national standards aimed at providing youth-friendly quality healthcare services and laws that require males and females to be 18 years of age or older before marriage. Major health issues affecting young people in the Region include HIV infection, violence and injuries, child marriage, early initiation of sex and child marriage, and limited access to family planning services.

The reduction in maternal mortality seen in the Region has been the result of deliberate investments in some countries to address challenges such as financial and geographical inaccessibility to quality maternity services (including removal of user fees for maternity services), introduction of results- and performance-based financing, and institutionalization of maternity waiting homes.

The health care of older people is becoming a major challenge in the Region. A growing number of older people are living with chronic diseases and disability, which increases the demand for a variety of health services. Estimated at 43 million in 2010, the number of people aged 60 years and older in the Region is projected to reach 67 million by 2025 and 163 million by 2050.

Chapter 4. Disease threats

Communicable diseases account for two thirds of the total disease burden, the rest being due to noncommunicable diseases (NCDs) and injuries.

HIV incidence has declined sharply where countries have scaled up HIV prevention strategies to change behaviours. In the past decade, there has been a
steady improvement in access to antiretroviral treatment, with 10 countries in the Region now having coverage of more than 80%. This improvement was possible because of the use of standardized, simplified treatment protocols and decentralized service delivery models to deliver treatment to large numbers of HIV-positive adults and children.

Improved coverage of major interventions has proven successful in the control of tuberculosis in the Region. These interventions include the expansion of DOTS, directly observed treatment, short course, the basic package that underpins the Stop TB Strategy; improved diagnostics, resulting in improved case detection in adults and children; and better access to HIV testing and treatment for tuberculosis patients.

In the past 12 years, malaria mortality rates have decreased by about 50% in the Region. This reduction is projected to reach 68% in children by 2015, due to improved availability and use of insecticide-treated nets, diagnosis-based treatment with artemisinin-based combination therapy, engagement of communities in malaria control, and strengthening capacity in vector control for malaria.

Following the effective implementation of the Integrated Disease Surveillance and Response Strategy over the past decade, significant improvement in the detection, reporting and response to priority diseases has been recorded. The importance of early detection was underscored by the ongoing epidemic of Ebola virus disease in western Africa, which has surpassed all other outbreaks in terms of cases, deaths and geographic spread.

Mass administration of medicines for diseases such as lymphatic filariasis, onchocerciasis, schistosomiasis and soil-transmitted helminthiasis, and early case finding and decentralized case management for Buruli ulcer, dracunculiasis, human African trypanosomiasis, leprosy, leishmaniasis and yaws have been useful for preventing and eliminating neglected tropical diseases.

The Region is still at an early stage if the epidemic of NCDs. To stem the tide of these disorders and conditions, it will need to develop a response using low-cost health solutions, particularly prevention and health promotion, for the entire population.

Chapter 5. Health determinants

The determinants of health in the Region are multiple and complex, requiring committed leadership to address the threats posed to social and economic development and, ultimately, human health. However, opportunities exist to take coordinated actions to halt or reverse the negative impact on both health and development in the Region.

Some countries have set up a national coordination body to address the social determinants of health after performing a detailed qualitative review of the social determinants affecting the health of their populations. They are striving to reduce health inequities and inequalities across population groups by the integration of health into all policies and legislation and the participation of individuals, families and communities in the health services delivery process.
Countries have also taken an intersectoral approach and launched national nutrition programmes, combining all nutrition services to address the immediate and underlying causes of malnutrition, especially at community level.

Several countries in the Region have made considerable efforts to update and strengthen their food safety systems and infrastructure in recent years. This has included restructuring of food control systems for better coordination and integration of services.

Household water treatment and safe storage interventions, particularly low-cost technologies such as chemical or solar disinfection, have proven to be highly cost effective for the provision of safe drinking water. Synergy between indoor air and drinking-water quality improvement interventions at the household level have shown promising results by combining household water treatment and delivery of improved cooking stoves.

Countries have taken steps to strengthen their resilience to the adverse effects of climate change by establishing multisectoral country task teams and assessing environmental risk factors affecting human health. Country task teams provide opportunities for experts from different sectors to work together in the development and implementation of national adaptation plans to strengthen country resilience.

Efforts are being made to reduce risk factors related to lifestyle by, among other things, accelerating implementation of the WHO Framework Convention on Tobacco Control; increasing alcoholic beverage taxes and prices to reduce overall alcohol consumption and heavy drinking; and developing and implementing national guidelines on healthy diet and physical activity for prevention and control of NCDs.

Conflicts and emergencies test all the elements of a public health system. Routine health services are disrupted, health personnel displaced, attacked or killed. An Emergency Response Framework has been put in place to guide an effective response to acute public health emergencies triggered either by natural disasters or conflicts. The Framework describes a set of emergency management procedures and functions, including leadership, information management, technical expertise and core services.

Chapter 6. Improving access to health care

Strong health systems are fundamental to maintaining good health throughout the life cycle and managing threats to health. In the past decade, enormous efforts – by governments, international partners, technical agencies, researchers and other stakeholders – have been applied to strengthening the Region’s health systems. Are these efforts paying off? It is clear that there are still too many gaps in the Region, including the gap between the level of services enjoyed by the wealthiest and the lack of access for the poorest.

This chapter looks at the elements needed for a functioning health system, such as leadership and governance, human resources, health financing, information and research, access to medicine and health technologies, and service deliv-
Chapter 7. Conclusion: what works

It is a convenient untruth that there has been no progress in health in the Region. This report has used a wide range of data to show that, in the past decade, the overall health of the people living in the Region has improved considerably. Some of this has been due to demographic and economic change and improved political stability, leading to fewer conflicts. But much has also been due to sustained efforts to prevent illness and maintain good health, improve access to treatment...
when illness does occur, and to find ways to deliver a better level of health care in the African context.

Throughout this report we have looked at what has been shown to work to improve the health of the people in the Region. Some of these are things that have worked elsewhere – but to be effective all have been adapted to the African context. In this chapter we look at the strategies and approaches that are working to bring better health to the Region.

Good governance for health

Good governance is one of the elements of good leadership. Using evidence to form policy, good leadership for health demands accountability at all levels from the community upwards. Good governance is a key determinant of good health outcomes in countries. Within countries, between countries as well as at global levels, governance for health is manifested through policies and legislation in all areas having a direct or indirect bearing on the health of the people. Where leaders are actively engaged in promoting health interventions, demand for such interventions increases. One of the strengths of the polio eradication programme has been active engagement of national leaders, traditional leaders, religious leaders and “champions” to increase community acceptance of polio vaccination.

Health in all policies

Health in all policies is not a new concept but is more often talked about than acted upon. However, in the Region there is evidence that governments are now considering health when raising revenue or applying fines for breaches of the law. For instance, several countries are now using revenue gained by imposing taxes on tobacco products to finance their health services. Some countries are also using revenue from fines for environmental pollution or driving under the influence of alcohol to finance their health services. By doing this, these countries are achieving a “double win” – using taxes and fines to curb unhealthy behaviours known to increase usage of health services, while applying the revenues earned to provide better health services. Health in all policies goes beyond finance. It requires genuine partnership across all sectors. In the Region, infrastructure to support sanitation, provision of clean water, safe roads and transport is lagging behind economic growth. Action on any of these things would lower death and disability in the Region dramatically.

Data-driven decision-making

In the past decade the quality of data and the ability to collect, report and receive timely feedback has improved dramatically in the Region. This has been driven by the demand for quality data to inform the polio eradication programme but is now the platform upon which other real-time data collection and reporting is riding, for example for measles, yellow fever, rotavirus and child bacterial menin-
gitis. It needs to be widened and strengthened to provide accurate data informing action on all the significant threats to human health in the Region.

Good data-driven decision-making is a success that generates success. As better, more real-time data provide decision-makers with information they can use to respond effectively to their population health needs, countries see the value of better data collection.

Find and fill the gaps

Unless gaps are identified early and accurately, simply providing a raft of general interventions will not meet the real health needs of the people of the Region. Better surveillance and a stronger laboratory system have led to early detection and rapid response to disease threats. When the pandemic influenza H1N1 emerged globally, countries in the Region strengthened their early-warning alert and response systems, leading to early detection of the first case of pandemic influenza (H1N1) in South Africa in June 2009, and subsequent cases in other countries in the Region.

Staff properly paid

The Region’s severe shortages of health workers are now being reversed in several countries where salaries have been increased and payment guaranteed. To ensure sustainability, these countries are in the process of institutionalizing this approach by increasing the percentage of general government spending on health. This is reflected in improved salaries and more posts, resulting in a better paid and more committed health workforce.

Harnessing local technological capacity

The rapid rise in use of cell phones has been one of the most dramatic changes in the Region. Surveillance systems, diagnostic support for remote health workers, training and support can all be provided by mobile phone. However, to be effective this requires identifying and dedicating people within the system to administer the system, respond to diagnostic images and data appropriately, support surveillance with data collection and feedback, and support community workers with regular training, evaluation and physical support. For example, Cameroon distributed mobile telephones to key personnel to enable them to communicate epidemiological information at no cost. As a result, coverage of the epidemic-prone disease surveillance network increased from 30% to 98%, thus improving the response to cholera, yellow fever, measles and polio epidemics.

Quality in all things

Using external accreditation with support from partner laboratories and organizations, reference laboratories for polio and measles in the Region have reached
Executive summary

International standards. Benchmarking, accreditation, genuine supervision, evaluation and constructive feedback should be used to ensure all health work – from community level up – is performed at the highest world standards. For the past 12 years an external quality assessment programme covering diagnosis of infectious diseases (HIV, tuberculosis, malaria and plague) has been provided to 81 national public health laboratories in 45 countries. Proficiency is tested and results shared with the laboratories, allowing them to improve diagnostic performance.

Performance-based health management

Performance-based management means taking responsibility for use of resources and delivering on promises. In health, these promises can be a matter of life and death for communities that health workers are serving. While linking outcomes to performance is a powerful way to make health workers accountable, equally, health workers need to be able to hold their managers and systems accountable. If vaccines, essential medicines, diagnostic tests, functioning equipment, regular training and logistical support are not readily available, those responsible for failing to deliver should also be held accountable. Burundi introduced a national results-based financing scheme in 2010 to overcome poor provision of services after pilot studies showed an average improvement of 50–60% for every indicator linked to finance.

Community-based intervention

Imposing interventions on communities is difficult and often not sustained because there is no genuine demand for them. Where communities are the planners, decision-makers and are responsible for supporting an intervention, it has more chance of succeeding. In Rwanda, when mutual health organizations are set up, it is community members who decide who should pay what. A strategy was devised to determine mutual health organization contributions, subsidizations and exemptions. This approach is based on traditional values aimed at rallying the people around shared efforts to improve social conditions. In the past, people living in small villages would organize themselves to work on farms and build houses for the poorest people. Development partners saw an opportunity to build on this ethic and set up a system whereby the community identifies destitute people and determines the assistance they need. The Government of Rwanda and development partners then send aid to groups that have identified their own needs, as part of poverty alleviation activities.

Understanding who communities trust for health advice and interventions (e.g. 80% use traditional healers) and why, and including those people in the health system, increases opportunities for bringing better health. Making it real – turning recommendations into implementable actions – requires genuine partnership with, and adaptation by, the communities affected.
Scaling up better

Scaling up, that is putting the theory proven by successful pilot programmes into widely used practice, is often difficult. New programmes tend to be imposed, rather than built up using existing capacity. The need to develop a strong surveillance and delivery system working well at all levels from community, through to district, provincial and national levels, all supported by high-quality laboratory services and a strong logistical system, has built capacity that is now being extended to other areas. Better support for immunization has strengthened community case-finding, diagnostics, reporting and detection of measles, yellow fever and other outbreaks, and malnutrition. This is an opportunity to build up better that should not be missed. The system is working, yielding results and should be widened further to capitalize on this home-grown platform.