



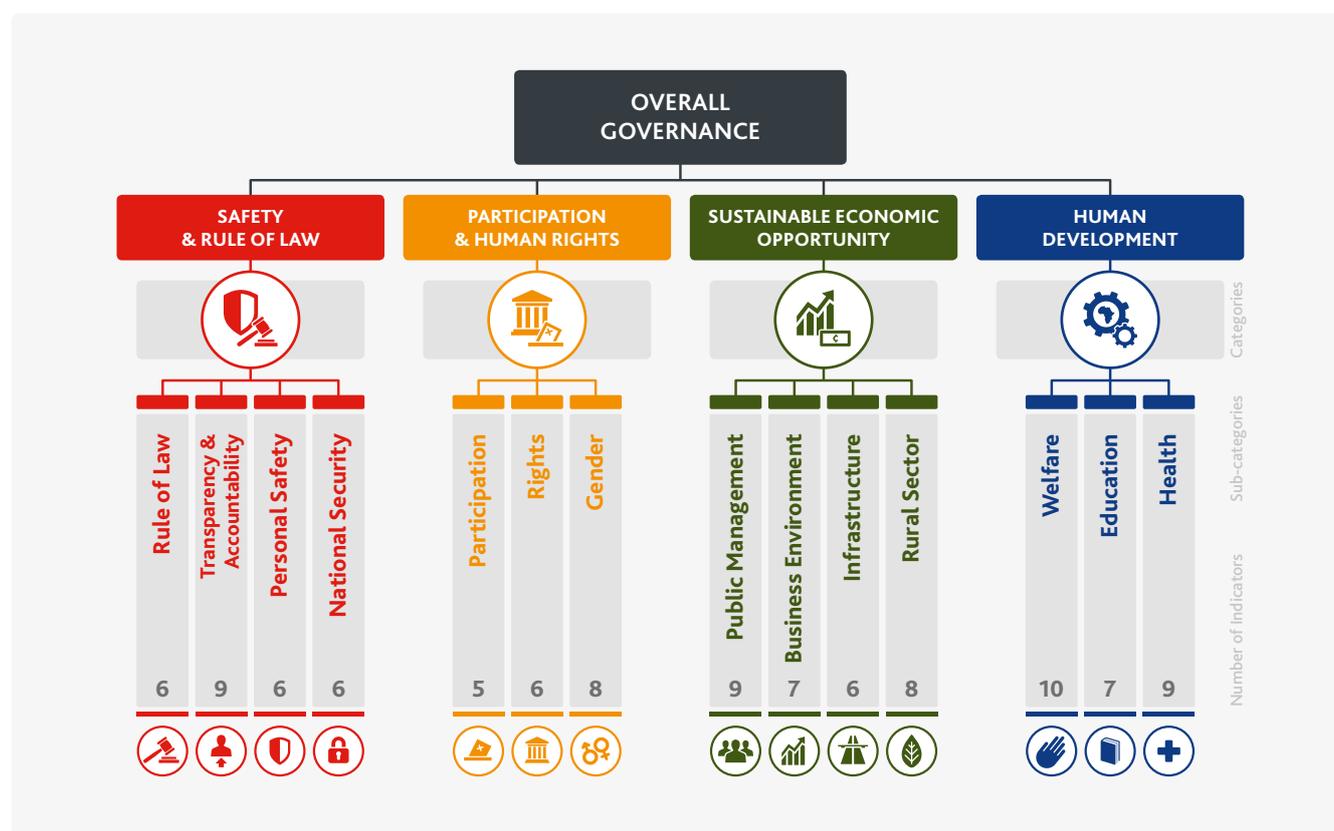
Mo Ibrahim
FOUNDATION

IIAG insight: how is Africa achieving universal health coverage?

As part of the 2030 Agenda for Sustainable Development, all countries have committed to achieve Universal Health Coverage (UHC) by 2030. UHC means that all people and communities receive the quality health services they need, without financial hardship.

As part of a series of summits in addition to the general debate at the 2019 UNGA, [the High-Level Meeting on UHC](#) scheduled for 23 September is an opportunity to secure political commitment from Heads of State and Government to prioritise UHC.

As the meeting will gather stakeholders to discuss how to accelerate progress towards UHC (including access to essential health services), the Ibrahim Index of African Governance (IIAG) has some valuable insights concerning the 54 African countries.



The IIAG measures and monitors governance performance in African countries, assessing whether governments are providing the basket of core political, social and economic public goods and services for their citizens, through four categories. One of these, *Human Development*, contains a sub-category assessing *Health*.

Great progress on key components

Of the 14 sub-categories, *Health* is the most improved over the IIAG time-series (2008-2017), with the African average score for *Health* (67.8 out of 100.0) having increased by +7.6 points.

The *Health* sub-category hosts the highest number of improved countries. 47 countries, home to approximately 93% of Africa's citizens, have managed to improve their *Health* results.

What's driving this progress? Almost all the constituent indicators available for this sub-category. The three most improved; *Antiretroviral Treatment (ART) Provision* (+36.3), *Absence of Child Mortality* (+15.5) and *Absence of Communicable Diseases* (+7.3), all feature among some of Africa's most improved of the indicators in the IIAG. *Antiretroviral Treatment (ART) Provision* is actually the most improved of all the 102 indicators in the IIAG. Of the 49 countries for which data is available, every single one registers an improved score.

Indicators where score improved between 2008 and 2017

Indicator	Δ
Antiretroviral Treatment (ART) Provision	+36.3
Absence of Child Mortality	+15.5
Absence of Communicable Diseases	+7.3
Absence of Maternal Mortality	+4.8
Access to Sanitation	+3.3
Immunisation	+2.9
Absence of Undernourishment	+2.0
Public Health Campaigns	+0.6

Indicators where score deteriorated between 2008 and 2017

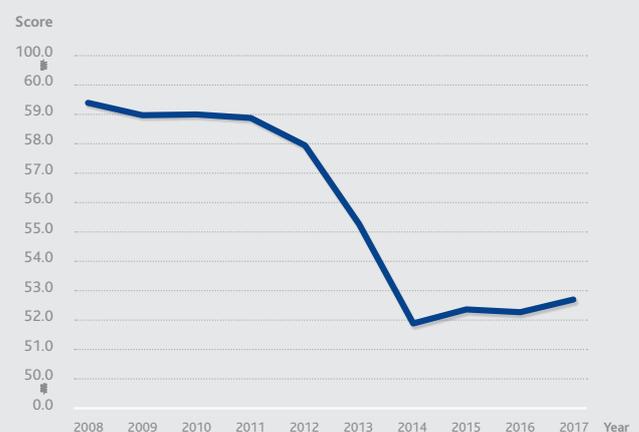
Indicator	Δ
Satisfaction with Basic Health Services	-6.7

Dissatisfaction with basic health services

The only indicator in *Health* that shows an African average decline over the last ten years is the indicator measuring *Satisfaction with Basic Health Services*. This illustrates growing dissatisfaction over the Index time series among Africa's citizens with how governments are handling improving basic health services.

In this citizen perception measure sourced from Afrobarometer, which has trends for 34 countries¹, 20 register deterioration in the past ten years, while only 14 improved their performance.

Africa: Satisfaction with Basic Health services: average score (2008-2017)



What's causing dissatisfaction and how will this affect Africa's progress towards UHC?

The answer to this is difficult, and that is because there is a lack of data.

What is clear is that there is a contrast between the perception of citizens and success in indicators that were largely achieved through the focus of the Millennium Development Goals (MDGs), mostly through partnerships with international organisations and foundations.

MDG-specific commitments may have led to a lack of policies, and hence a gap in quality data that measures broader issues such as health infrastructures and capacities, as well as affordability. Recent, regular and comparable indicators focussed on measuring improvement of specific MDG targets, missing out these other key components.

This went along with a financing gap. The percentage of aid given to the development of healthcare systems and non-communicable diseases is significantly less when compared to the aid given to specific targets of combating communicable diseases, and maternal, new-born and child health. Even worse, aid given to the development of healthcare systems decreased in the period 2010-2017, when compared to the period 2000-2010².

Indeed, the IIAG does show that there has been significant progress in indicators relating to the MDGs. So with some targets and indicators of [SDG Goal 3 - Ensure healthy lives and promote well-being for all ages](#) and of Agenda 2063's Aspiration 1 Goal 3 - Healthy and Well-Nourished Citizens - dedicated to measuring progress in these areas, progress may come. But this is not enough to achieve UHC.

The UN now acknowledges that "key barriers to UHC achievement include poor infrastructures and availability of basic amenities, out of pocket payments and catastrophic expenditures, shortages and maldistribution of qualified health workers, prohibitively expensive good quality medicines and medical products, low access to digital health and innovative technologies, among others."³

Currently, there is not always enough data for Africa to measure progress in removing these barriers. Recent, regular and comparable data are lacking for health infrastructure, or costs of accessing healthcare.

¹ Algeria, Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Cameroon, Côte d'Ivoire, Egypt, Gabon, Ghana, Guinea, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritius, Morocco, Mozambique, Namibia, Niger, Nigeria, Senegal, Sierra Leone, South Africa, Swaziland, Tanzania, Togo, Tunisia, Uganda, Zambia, Zimbabwe

² Institute for Health Metrics and Evaluation (IHME) (2017). Financing Global Health 2017 - Funding Universal Health Coverage and the Unfinished HIV/AIDS Agenda.

³ <https://www.un.org/pga/73/event/universal-health-coverage/>

Where there is data, it provides valuable insights. The World Health Organisation (WHO) for example, has over collected data on the number of skilled health professionals per 10,000 population⁴, for 41 African countries.

Across these countries, the average ratio according to data from the last ten years (since 2009) is only 17.0 per 10,000, which comes to approximately 588 “customers” per skilled health worker. In some cases, the ratio is staggeringly low: 1.1 per 10,000 in Somalia in 2014, or 2.8 in Ethiopia in 2009. In comparison, in the US in 2014 the ratio was 117.3, or approximately 86 people per skilled health worker.

Skilled health workers per 10,000 population	
Africa (average across selected countries (2009-2016))	17.0
United States of America, 2014	117.3

According to the 2006 World Health Report, countries with fewer than 23 physicians, nurses and midwives per 10,000 population generally fail to achieve adequate coverage rates for selected primary health care interventions.

This kind of data can help us understand why there might be dissatisfaction with provision of basic health services, yet even this is not regular. Over the last ten years, only 7 of the 41 African countries have two data points. The last year data was collected for any of the 41 countries was 2016.

In terms of financial protection, the WHO says that while there is no magic number, significant improvement in financial protection is observed across countries only once their public spending on health is greater than PPP\$ 200 per capita⁵; in Africa, only 17 countries carried out this level of spending in 2016, the latest year of data.

Data is essential to be able to assess needs and priorities, take focussed decisions, efficiently allocate resources and monitor progress. For the next update of the IIAG dataset, to be released in October 2020, the Mo Ibrahim Foundation will aim to include as much relevant data as possible to contribute findings for the African continent to help aid evidence-based decision making.

For more information on the IIAG, sources, definitions, and to access the dataset, visit

<http://mo.ibrahim.foundation/iiag/>

⁵ The total number of physicians, nursing and midwifery personnel per 10 000 population. See <http://apps.who.int/gho/data/node.wrapper.imr?x-id=4667>

⁶ WHO, Health Financing Working Paper: Spending targets for health: no magic number (2016) <https://apps.who.int/iris/bitstream/handle/10665/250048/WHO-HIS-HGF-HFWorkingPaper-16.1-eng.pdf?sequence=1>

Environmental Sustainability: a key governance challenge, in need of better measurements

The impacts of climate change are being felt everywhere as global emissions reach record levels. Although among the least responsible for climate change, African states can do little to stop it, though the continent's populations are among those to bear the heaviest brunt of its effects. Adapting to climate change and the impact it will have on the environment and on citizens is one of the key governance challenges facing Africa.

The African continent has not been caught unaware. In 1968, the predecessor of the African Union (AU), the Organisation of African Unity (OAU), adopted the African Convention on the Conservation of Nature and Natural Resources which was revised in 2017 and has been signed by 44 member states to date¹. The Convention outlines the importance of the environmental issues for the African continent, stating that Africa's natural environment and resources are an integral part of its heritage and that the conservation of the environment constitutes a primary concern of all Africans. The relevance of environmental issues for the African continent is also reflected in the AU's Agenda 2063 whose Goal 7 aims for environmentally sustainable and climate resilient economies and communities. The AU Convention assigns governments a direct responsibility of protecting and conserving the environment and the African Environment Outlook (2013) calls on African countries to put these issues at the top of their national and continent-wide policy agendas as they are vital for the well-being of their citizens.

Governance, defined by the Mo Ibrahim Foundation as the provision of political, social and economic public goods that citizens have the right to expect from their state, is therefore key to ensuring environmental sustainability. One of the major outcomes of the next Ibrahim Index of African Governance (IIAG) dataset update to be released in October 2020, will be the inclusion of a new sub-category revolving around the topic of *Environmental Sustainability*.

The Foundation, consulting relevant literature and experts, has identified nine main dimensions that are relevant for assessing government's efforts and performance with regards to *Environmental Sustainability*: Promotion & Enforcement of Environmental Sustainability, Absence of Air Pollution, Absence of Greenhouse Gas Emissions, Sustainable Energy, Sustainable Management of Land & Soil, Sustainable Fisheries & Aquatic Ecosystems, Wildlife and Biodiversity, Sustainable Forests and Recycling & Waste Management. However, finding suitable data to measure all of these dimensions is challenging.

For example, data on waste management is only available for a small number of African countries or only provides data for a single year, making it impossible to track improvements or declines in performance. Data on greenhouse gas emissions, on the other hand, are available over a time-series and for almost every African country, yet the latest available data year is 2010, 2012 or 2014 depending on the variable. Large data gaps are also found with regards to data on sustainable fisheries or wildlife trade.

There are improvements in other areas on the way. Through their Tracking SDG 7 Initiative, a coalition of international organisations, including the International Energy Agency, the International Renewable Energy Agency, the United Nations Statistics Division, the World Bank and the World Health Organization, are providing data on renewable energy and energy efficiency for the large majority of African countries, covering over ten years. The joint website State of Global Air by the Health Effects Institute and the Institute for Health Metrics and Evaluation presents time-series data on air pollution which covers 54 African countries.

For such a critical area for the well-being of citizens, the data landscape must be improved. The Foundation looks forward to contributing findings for the African continent to help aid evidence-based decision making in the governance of environmental sustainability.

For more information on the IIAG, sources, definitions, and to access the dataset, visit <http://mo.ibrahim.foundation/iiag/>

¹ <https://au.int/en/treaties/african-convention-conservation-nature-and-natural-resources>
https://au.int/sites/default/files/treaties/7782-sl-revised_african_convention_on_the_conservation_of_nature_and_natural_resources.pdf