Planning for improved health-care capacity and better preparedness and responses to epidemics in Africa November 2022

1. Introduction

Epidemics and diseases have always been part of human history. However, the coronavirus disease (COVID-19) pandemic has highlighted the importance of effective containment measures and strong health systems in mitigating the potentially devastating socioeconomic impact of epidemics and life-threatening diseases on States.

In Africa, given the high burden of disease and the weak and underfunded health systems, it is vital that efforts to strengthen health systems and develop epidemic preparedness and response plans be prioritized and embedded within the broader development planning architecture.

It is remarkable that, while Africa comprises about 16 per cent of the world population and carries 23 per cent of the global burden of disease, it accounted for only about 1 per cent of total global health expenditure in 2018 and has only 3 per cent of the global share of health professionals. Spending on health care is 10 times higher in the rest of the world than in Africa.

In this context, integrated strategies to develop the health sector that are aligned with national development frameworks and linked to predictable financing frameworks are critical to strengthening the continent’s responsiveness to such health shocks as the COVID-19 pandemic.

To assess the extent to which countries incorporate health-related components into general development plans and pandemic preparedness plans, in particular, into national planning frameworks, the Economic Commission for Africa conducted a study on the national development plans of nine countries that had been formulated prior to the pandemic.

The findings suggest that, while national development plans are multisectoral, most African countries had not incorporated epidemic preparedness into their plans prior to the pandemic. As a result, their response efforts were hampered. The exceptions were countries that had previously experienced significant health-related shocks, such as the Ebola virus disease. On the basis of these findings, this brief provides policy insights aimed at ensuring more robust responses to health-related shocks through the integration of such policies into development planning frameworks. In section 2, the key challenges to
health systems in Africa are identified. Section 3 contains an analysis of the status of epidemic preparedness and response plans on the continent. Section 4 provides an assessment of the integration of health-related components and epidemic and emergency preparedness into national development plans, and concluding remarks are provided in section 5.

2. Challenges to health systems in Africa

There are wide variations among African countries in the quality and characteristics of health-care systems. For example, while Algeria, Kenya, Namibia and South Africa have well-developed health institutions, hospitals and research facilities, along with essential medical equipment and well-qualified staff, Guinea-Bissau, Malawi and Mali lack such resources. There are also stark rural-urban disparities in access to high-quality health care, with urban populations having access to much better systems than those in rural areas. Overall, most health-care systems in Africa operate in a context of high disease burdens, inadequate financing, inadequately skilled staff and limited medical supplies and equipment.

Prevalence of major diseases

The prevalence of major diseases and epidemics in Africa (for example, tuberculosis, malaria, hepatitis, cholera, Lassa fever, influenza A (H1N1), Ebola, HIV/AIDS and, more recently, COVID-19), combined with weak public health systems and limited public investment in health services, has contributed to high maternal and infant mortality rates and relatively lower life expectancy in Africa (63.82 years in 2022) compared with Asia (71 years for men and 76 years for women in mid-2022) and Europe (80.4 years in 2020). Collectively, these factors have hindered social and economic development on the continent, in particular in sub-Saharan Africa.

Inadequate domestic financing

In the Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases of 2001, African countries committed to allocating 15 per cent of their national budgets to health. However, by 2013, only a few countries, namely, Liberia, Madagascar, Malawi, Rwanda, Togo and Zambia, had achieved that target, and only Djibouti, Eswatini, Ethiopia and Lesotho were within reach of meeting it. Meanwhile, a vast majority of countries had yet to meet the target. By the end of 2018, some countries were struggling to meet the target, while a number of African countries had actually reduced their financial allocation to health-care expenditure by 2019. Between 2010 and 2019, the average spending on health in Africa was 5.6 per cent of gross domestic product (GDP) (see figure), which is slightly lower than the average of 6 per cent for low-income countries in general. The African countries with an average spending on health of more than 8 per cent of GDP were Guinea-Bissau (8.35 per cent), Lesotho (11.27 per cent), Liberia (8.47 per cent), Namibia (8.50 per cent) Sierra Leone (8.75 per cent) South Africa (9.11 per cent). Meanwhile, the continent still relies heavily on external finance, with the international contribution to health-care financing ranging from 33 to 70.5 per cent.

Brain drain

There are also challenges stemming from the migration of health professionals from the region to more developed nations because of better working conditions and remuneration. In Europe, the United Kingdom of Great Britain and Northern Ireland and the United States of America, a substantial number of health workers are

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3. Epidemic preparedness and responses in Africa

African countries have experience in handling outbreaks and managing such infectious diseases as Ebola, tuberculosis, malaria and HIV. Nigeria, for example, has used national emergency operating centres, which are activated by the Nigeria Centre for Disease Control, to coordinate various centres, departments and specialized units to respond and guide actions during cyclical outbreaks of Lassa fever.

Following the emergence of COVID-19, African countries joined the global effort to battle the pandemic. It has been reported that experience acquired by some African countries in dealing with previous outbreaks of disease were critical in the fight against COVID-19. Pre-existing emergency plans for public health interventions, community engagement programmes and emergency medical experts...
and trained health-care workers were quickly redeployed to ensure a swift response to the pandemic. However, the management of the pandemic revealed that most African countries lacked the requisite preparedness and specialized medical capacity and an adequate number of trained medical professionals to respond to severe cases of COVID-19. Beds in intensive care units, life-maintaining equipment, mechanical ventilators and the technicians and technical know-how to operate the equipment were in short supply.

To avoid a potential health disaster, it became clear that collaboration would be essential for the continent to handle the crisis. For example, on 22 February 2020, during a meeting of African health ministers convened by the African Union Commission, in collaboration with the Africa Centres for Disease Control and Prevention and the Southern African Centre for Infectious Disease Surveillance, a task force on coronavirus preparedness and response was established as part of a continent-wide strategy to combat COVID-19. Also, in 2020, the Partnership to Accelerate COVID-19 Testing was established to strengthen the capacity to test for COVID-19 across Africa. These measures were primarily put in place to prevent large volumes of new infections that would have increased hospitalization and potentially overwhelmed the limited medical facilities and equipment available.

Despite this collaboration and the strides made, African Governments were criticized for being slow or ineffective in devising domestic solutions to address the challenges in their respective countries. African countries overall lack a robust preparedness system to effectively anticipate, detect, respond to, prevent and control epidemics. These limitations point to the need for better planning and emergency preparedness.

4. Integration of health-related components and epidemic and emergency preparedness into national development plans

An analysis of a sample of national development plans that were developed in 2020 (see table) prior to the COVID-19 outbreak revealed several insights. In all cases, the health ministry was shown to be an important stakeholder in national development planning, and health was generally incorporated into the plans as a central issue, either as an overarching priority or in relation to the development of human capital. For example, the vision established as part of the national development strategy (2019–2023) of Seychelles is “a resilient, responsible and prosperous nation of healthy, educated and empowered Seychellois living together in harmony with nature and engaged with the wider world”.

However, very few countries included epidemic response plans in their national development plans. While pandemics tended to be included as risks that needed to be mitigated, for example, in the plans of Seychelles and Sierra Leone, they were not explicitly incorporated with relevant deliverables or indicators. Exceptions tended to be countries that have been significantly affected by epidemics and pandemics in the past, such as the Democratic Republic of the Congo and Liberia, both of which have previously had debilitating Ebola outbreaks.

Other countries, including Botswana, Namibia and Seychelles, had significant provisions for disaster management, but these were mainly related to natural disasters, with little to no provisions for health-related disasters. This may reflect the countries’ priorities based on pre-COVID-19 experiences.

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During the study, it was noted that a number of the countries had dedicated health emergency plans and frameworks that had been developed independently of national development plans. These include the national action plan for health security (2018–2022) of Nigeria, coordinated by the Nigeria Centre for Disease Control, and the national action plan for health security (2018–2022) of Sierra Leone. However, there is evidence that the capacity generated through those plans has been limited. For example, in a joint external evaluation of Nigeria’s capacity to prevent, detect and respond to public health risks, the country scored poorly both in terms of prevention and response. The country’s response to COVID-19 was, in fact, coordinated by an ad hoc presidential task force, which was a common but non-institutionalized approach taken in several countries.

In planning cycles, health emergency planning is often considered self-contained and independent. However, as demonstrated by the COVID-19 pandemic, epidemics require large-scale, multisectoral and intergovernmental integration of health-related components and epidemic preparedness plans into national development plans of nine African countries

<table>
<thead>
<tr>
<th>Countries</th>
<th>National development plan</th>
<th>Integration of health components</th>
<th>Integration of epidemic preparedness</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Botswana</td>
<td>National development plan No. 11 (2017–2023)</td>
<td>Yes</td>
<td>No</td>
<td>Epidemics are identified as a risk, but preparedness is not incorporated into the plan.</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Country operational plan (2019)</td>
<td>Yes</td>
<td>Yes</td>
<td>Programme activities for epidemic control in locations and populations have been integrated into the plan.</td>
</tr>
<tr>
<td>Egypt</td>
<td>Sustainable development plan (2019–2020)</td>
<td>Yes</td>
<td>No</td>
<td>Health components are prominent, but epidemic and emergency preparedness are not.</td>
</tr>
<tr>
<td>Liberia</td>
<td>Pro-poor agenda for prosperity and development 2018–2023</td>
<td>Yes</td>
<td>Yes</td>
<td>Containing and reducing the risks of epidemics and other health-related risks that are endemic to the sub-region is a major policy focus.</td>
</tr>
<tr>
<td>Namibia</td>
<td>National development plan No. 5</td>
<td>Yes</td>
<td>No</td>
<td>While epidemic preparedness is not incorporated into the plan, there is a comprehensive national disaster-risk management policy.</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Vision 20:2020</td>
<td>Yes</td>
<td>No</td>
<td>The vision includes a focus on high-quality and affordable health care.</td>
</tr>
<tr>
<td>Seychelles</td>
<td>National development strategy (2019–2023)</td>
<td>Yes</td>
<td>No</td>
<td>Epidemics are identified as a risk, but preparedness is not incorporated into the plan.</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>Medium-term national development plan (2019–2023)</td>
<td>Yes</td>
<td>No</td>
<td>Epidemics are identified as a risk, but preparedness is not incorporated into the plan except in relation to the objectives to improve disease prevention and disaster management.</td>
</tr>
<tr>
<td>Tunisia</td>
<td>Country strategy (2018–2023)</td>
<td>No</td>
<td>No</td>
<td>No health components are integrated into the plan.</td>
</tr>
</tbody>
</table>

Source: Constructed by authors.

22 The evaluation is an independent, collaborative multisectoral effort to assess a country’s capacity to prevent, detect and respond to public health risks.

efforts that cannot be limited to the health sector only. In such instances, the health ministry, which should play a central role, may even be side-lined.

An examination of national development plans formulated subsequent to the COVID-19 outbreak revealed that the inclusion of health emergency preparedness in national planning is beginning to gain traction. Emergency preparedness was considered, for example, in the national medium-term development policy framework (2022–2025) of Ghana, the national development strategy (2020–2030) of Cameroon and the national development plan (2021–2025) of Nigeria. In these documents, the management of health emergencies and epidemics is prominent. The plans are aimed at enhancing capacity for the surveillance and management of epidemics and pandemics, streamlining the operation of programmes and initiatives to combat major epidemic and endemic diseases, enhancing the use of diagnostic protocols and improving standards for community case management. These recent examples should be instructive for other African countries. However, as some countries expand the coverage and quality of health services and the preparedness of the health-care system to deal with endemics and pandemics, and in view of the goal to spend at least $60 per capita on health from domestic sources by making health a public priority, securing adequate financing will be one of the many challenges, given that some countries still rely on external assistance to fund health expenditure.

5. Concluding remarks and implications

Epidemics will continue to put strain on health systems and economies, in particular in developing countries. According to WHO, pandemics and epidemics will also become serious security threats in the twenty-first century, and health systems need to be prepared and strengthened to prevent and combat them. Therefore, improving the quality and capacity of health-care systems is of great importance. Coordinating and funding such improvements requires careful planning and action to ensure that interventions are implemented effectively and as needed. Accordingly, integrating pandemic preparedness into national development planning is vital to ensure financing for preparedness plans and to be able to anticipate and effectively respond to the potential adverse impact of epidemics. However, this practice has not been common in African countries.

Planning cannot occur in a vacuum: alongside national development plans, African countries must put in place advance warning systems to recognize epidemics that will or are likely to affect them and must prepare in advance to mitigate the effects. They should increase investment in preparedness and increase health-care capacity, which includes investing in robust health care and public health infrastructure, strong surveillance mechanisms, laboratory capacity improvements, equipment, specific technical training for health workers, effective social, behavioural and risk communication, and strengthening cross-border cooperation, warning, tracking, monitoring and the dissemination of information. Given the centrality of their health systems, African countries should increase domestic resource mobilization and earmark a certain amount to sustainably finance their health systems and reduce their dependency on external sources of funding.

A robust and resilient health system that is prepared to tackle disasters should be considered as a primary goal of development and should be accordingly integrated as a core dimension of national development planning, rather than having current health and related crises frameworks developed independently from national planning frameworks. Moreover, given the multisectoral nature and far-reaching consequences of health emergencies, it is critical that such emergencies be considered within a comprehensive national development plan. These efforts could be informed by intercountry exchanges and peer reviews, better documentation of innovations in policy and greater support for institutions that can drive and guide the building of nationally integrated health policies, strategies and plans.

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