Left: A clinical officer trained by the African Medical and Research Foundation, an African-based NGO, treats a severely dehydrated baby. **Right:** Médicins Sans Frontières' work includes conflict zones. Here, a man with cholera receives direction at a clinic near Gomo in North Kivu, DR Congo

Advances and concerns in Africa's health systems

Despite Africa's economic growth in recent years, healthcare remains one area where the continent struggles. Governments are faced with the challenge of coming up with solutions that will help maintain a healthy and thriving society. *New African* examines areas which remain a main source of concern, and those where improvement has been made. Report by **Belinda Otas**.

As Africa continues to develop economically, so has the need for quality, affordable healthcare increased. Over the last few years, the emergence of the middle class on the continent means many can afford private healthcare, which is in high demand in countries like Nigeria, Kenya and South Africa, creating a booming healthcare industry in sub-Saharan Africa.

It is estimated that at the end of 2010, the private sector healthcare industry was delivering half of the region's health products and services. Nevertheless, African governments are faced with greater demands and an urgent need to meet the dire health needs of those who belong neither to the elite or middle class. Despite registering economic growth, health experts contend that some African governments may not be able to provide adequate healthcare to the most needy citizens by 2020.

"Despite the weak state of primary healthcare, there are areas which have shown improvement in Africa's health systems, like malaria prevention programmes."

Primary healthcare

Primary healthcare remains one area of contention as African governments continue to falter in their struggle to deliver a robust system that is accessible and affordable for all. Of the eight UN Millennium Development Goals, three of them, MDGs 4, 5 and 6 are health-focused. However, there are hindrances to these goals being achieved due to the lack of infrastructure and government policies which are yet to be implemented.

Dr Ken Simiyu, originally from Kenya, is a fellow at the McLaughlin-Rotman Centre for Global Health, Canada, with a special focus on health innovation in developing countries. In past times, he has written extensively about primary healthcare on the continent. In a 2007 essay entitled, "Healthcare in Africa: Status Projection by 2020", he estimated "over 50 per cent of the African population do not have access to modern health facilities and more than 60 per cent of people in rural areas have no access to primary healthcare."

Dr Simiyu spoke to *New African* from Rwanda and described the current state of primary healthcare in Africa (with the exception of South Africa) as generally weak.

"Some countries are better than others. But in the rural areas the primary healthcare situation is pathetic. Patients have to travel long distances to health centres, some of which do not even have trained personnel or equipment. You cannot, however, generalise and say the situation is uniform across Africa," he said, adding that African governments have become heavily reliant on medical aid relief and donor support.

He is quick to point out though that there are areas which have shown marked improvement in Africa's health systems, including the training of health professionals and malaria prevention programmes.

"The training of doctors and nurses [has improved] and there is more access to mosquito nets as a preventive against catching malaria. Statistics indicate malaria infections are dropping in countries like Kenya and Rwanda due to free distribution of mosquito nets to families with children under five years old. Therefore, policies in that regard are having an effect."

Whether care is foreign, as here with a nurse from a Chinese hospital ship dispensing free help to a youth with bronchitis, or home-grown, as pictured opposite, parts of Africa are currently in severe need of extra health provision

Dr Simiyu believes that African governments should not just look at healthcare as a social service provision, but as a way of helping to build their economies. "They should link health to socio-economic development, like they have done in India, where the pharmaceutical industry and healthcare system are now receiving patients from foreign countries, and hence contributing to the country's economic wellbeing and economic growth.

He adds: "African countries need to invest in innovative ways of providing healthcare. For example, it is about time Africa took full advantage of the world's mobile technology to improve primary healthcare and the delivery of its healthcare policies."

"African governments should look at India, where the medical system is receiving patients from other countries, contributing to national economic growth."

Enter the NGOs

There are hundreds of Non-Governmental Organisations (NGOs) operating in Africa, providing a plethora of services including in the health sector and in 2002, the former UN Secretary General, Kofi Annan, even described the NGOs as "the conscience of humanity". Where healthcare is concerned, NGOs have played a critical role during conflict times and in countries where health structures are insufficient or non-existent, they work with authorities such as the Ministries of Health to provide assistance.

One such NGO is Médecins Sans Frontières (MSF) – Doctors Without Borders – which provides emergency medical assistance and has 32 projects in 26 African countries. A total of 42.1% of its global programmes are carried out in Africa and this includes being health providers in conflict zones, like North and South Kivu in DR Congo, where it has carried out 530,000 medical consultations. MSF has also worked closely on immunisation campaigns with the Niger and Nigerian government, where an estimated 8 million people were vaccinated against meningitis in 2009.

The fight against HIV/Aids and tuberculosis continues to be an integral part of MSF's work as well, and in countries like Kenya, MSF played a key role alongside other national and international NGOs in lobbying the government to declare the disease a natural disaster in the 1990s, paving the way for access to affordable generic drugs against TB.

Dr Unni Karunakara is the International President of MSF. He says: "As a medical humanitarian organisation working mainly in emergencies, MSF does not replace national governments and their respective Ministries of Health in healthcare delivery. In fact, we always seek to work closely with the Ministry of Health, by keeping them informed and involved in the activities we do, as they are ultimately responsible for the wellbeing of their citizens."

He adds: "In large emergencies it is often difficult for governments to mobilise the capacity to respond without the help of organisations such as MSF. But once the situation stabilises, we start working towards handing over our projects and interventions so that the country can resume its responsibility of providing healthcare to its citizens. In all situations, the vast majority of MSF staff are from the country where our activities are."

Neglected Diseases – South Sudan

Last year's outbreak of kala azar (visceral leishmaniasis) in South Sudan occurred as the country prepared for the cessation referendum. Kala azar is one of Africa's neglected, yet deadly tropical diseases and it is the second largest cause of parasitic deaths. The disease is transmitted through a bite by a sandfly. An unknown fact is that kala azar is endemic in 88 countries worldwide and puts approximately 350 million men, women and children at risk of infection, with an annual incidence rate of 500,000, and 90% of these cases occur in India, Nepal, Brazil and Sudan, especially in the south, according to the WHO.

Amid fears that the recent outbreak in South Sudan may worsen, the WHO reported a rise of infections in October with 9330 cases and 303 deaths – a case fatality rate of 4.7% since the outbreaks were first reported in September 2009. In Southern Sudan, it is estimated that 70% of those affected are children under the age of 15, and 75% of recorded deaths in the current outbreak are also in the same age group. Kala azar is treatable by a daily injection of pentavalent antimonials for 30 days but early diagnosis makes the difference. However, if untreated, it can be fatal.

Since 1988, MSF has treated over 95,000 kala azar patients in Sudan, Ethiopia, Kenya, Somalia and Uganda. In response to the crisis in Southern Sudan, it has set up an additional base in Pagil, Jonglei State in order to expand its capacity to deal with the increase of patients being infected. Vanessa Cramond, medical coordinator for MSF in South Sudan, said: "It is [lack of] access to healthcare in Southern Sudan which only serves to compound the major health crisis that a neglected disease such as kala azar can cause. With only one quarter of people in southern Sudan having access to the most basic form of healthcare, treatment for this disease is difficult to come by for the vast majority of people.

"An already weak healthcare system simply cannot cope with large outbreaks, such as we saw last year. MSF treated eight times the number of people than in 2009 – up until the end of December 2010, we treated 2,766 patients. A big concern for us is also the number of people returning to live in southern Sudan, particularly to Upper Nile and Jonglei States where the disease is endemic. Many people who have been living in the north where kala azar is non-endemic, would have had no or little previous exposure to the disease and are therefore vulnerable. We anticipate an increase in cases over the next few months, the time it takes for kala azar-related symptoms to appear."

Training of health personnel

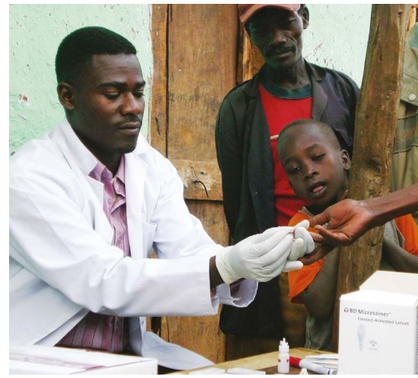
In the last decade, the "brain drain" has seen the mass migration of qualified African medical professionals to Europe, the US and other developed nations where they are guaranteed better living conditions and higher wages.

It is estimated by the UN Economic Commission for Africa and the International Organisation for Migration (IOM) that since the 90s, over 20,000 have left the continent for greener pastures annually and this includes doctors, nurses and healthcare workers in various capacities. At the end of 2010, it was reported that there is a critical shortage of workers in over 50 countries and Africa requires 800,000 health workers by 2015, if it stands a chance of achieving the UN MDG goals.

A complex set of factors such as failing economies, high unemployment, human rights abuses and armed conflicts compels people to leave. The exodus of healthcare professionals is an acute problem in Angola, Liberia, Mozambique, Sierra Leone and Tanzania. It is a grim reality best demonstrated by Malawi, where it is estimated that there are now just two doctors and 26 nurses for every 100,000 people and in Southern Sudan, there are only 50 doctors and 20 midwives catering to a population of 10 million. It is a stark contrast to the UK, where there are 250 doctors for every 100,000 people.

Given the dire statistics, there are initiatives to address the gap and one such is led by the African Medical and Research Foundation (AMREF), an African-based NGO with offices across the world delivering projects and programmes, which include training doctors, providing emergency care and tackling diseases like malaria and TB. It operates in six African countries, including Tanzania and Ethiopia, and trains health workers from over 40 countries across the continent.

Every year AMREF trains people in different capacities. This includes more than 10,000 community health workers, helping 20,000 nurses in Kenya to upgrade their skills through its innovative eLearning programme and having surgeons train over 1,000 doctors in more than 100 remote hospitals in seven African countries. Dr Peter Ngatia, AMREF's director of capacity-building, said: "Healthcare workers are meant to be the glue that binds the health system. Without them, the system fails."



"Africa's 105 medical schools do not currently have the capacity to meet the urgent demand for doctors, nurses, midwives and other cadres of health worker."

He added that it was time people stopped talking and "Walked the talk, which means investing in innovative methods of training and retaining health workers. The scaling up of human resources production cannot happen unless we invest in the use of technology to train the numbers that are required. The 105 medical schools in Africa do not have the capacity to meet the urgent demand for doctors, nurses and midwives among many other cadres of health worker." ■NA