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Agenda item 16

**REPORT ON THE PERFORMANCE OF HEALTH SYSTEMS
IN THE WHO AFRICAN REGION**

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BACKGROUND

1. The WHO Regional Committee for Africa has provided clear guidance on how to take forward the universal health coverage (UHC) agenda in Member States since the adoption of the 2030 Agenda for Sustainable Development in 2015. The Sixty-seventh Regional Committee (RC67) endorsed the Framework for health systems development towards universal health coverage in the context of the Sustainable Development Goals in the African Region,¹ hereinafter referred to as ‘the Framework’. The Framework provides Member States with a menu of actions to choose from in developing their health systems to ensure attainment of UHC and the other health-related SDG targets.
2. The Sixty-seventh Regional Committee for Africa tasked the Secretariat with ensuring support and follow-up of the implementation of the Framework. The Secretariat has been convening a health sector directors’ planning and policy meeting annually involving all Member States to provide a platform for jointly planning, implementing and monitoring progress towards UHC and the other health-related SDG targets. In addition, the Secretariat is providing information on progress across countries. A report on the analysis of the state of health in the WHO African Region² was discussed at a side event during the Sixty-eighth Regional Committee meeting in 2018.
3. The purpose of this report is to provide a follow-up on the report on the State of Health in the WHO African Region, focusing specifically on a more in-depth analysis of health systems performance.
4. Since the adoption of the Framework, the Region has experienced significant challenges which have exposed the weakness of the health systems in many African countries. These include outbreaks such as yellow fever, cholera, Ebola virus disease, floods in East and Southern Africa, protracted conflicts in some Member States, declines in external funding and most recently, the COVID-19 pandemic. There is therefore a need to focus on the resilience of health systems as a core requirement for the provision of sustained essential services.
5. The Framework recommends that Member States build systems that ensure utilization of the health and related essential services needed for UHC, address determinants of health, health security, and are responsive to user expectations. Such a health system goes beyond the traditional understanding of system performance that focuses on access to basic services, to a more comprehensive perspective that focuses on capacities that assure the provision of those essential services people need, including their availability when needed even during shock events, their appropriate quality, and their alignment with a population’s expressed needs. Such a health system is dynamic, as these attributes are constantly changing and influenced by factors outside the health sector. Its performance is therefore assessed based on outputs expected from it, not the investments made in it.

¹ Sixty-seventh session of the Regional Committee for Africa, Victoria Falls, Republic of Zimbabwe, 28 August–1 September 2017. Framework for health systems development towards universal health coverage in the context of the Sustainable Development Goals in the African Region. AFR/RC67/10. Brazzaville: WHO Regional Office for Africa; 2017. (https://www.afro.who.int/sites/default/files/2017-12/UHC%20framework_eng_2017-11-27_small.pdf accessed on 5 December 2019).

² Sixty-eighth session of the Regional Committee for Africa, Dakar, Republic of Senegal, 27–31 August 2018. The state of health in the WHO African Region: an analysis of the status of health, health services and health systems in the context of the Sustainable Development Goals. Brazzaville: WHO Regional Office for Africa; 2018. (<https://www.afro.who.int/sites/default/files/sessions/documents/State%20of%20health%20in%20the%20African%20Region.pdf> accessed on 5 December 2019)

6. This report looks at health system performance in Member States of the WHO African Region from this perspective. It aims to provide guidance to each Member State on where it needs to place emphasis when investing in the building blocks of its health system, in order to build a system that will attain the health and related service outcomes it aspires for.

7. Performance is consolidated from the four dimensions introduced in the Framework and reflects the different capacities a performing health system needs. These four dimensions are a measure of the capacity of the health system to ensure: (i) access to essential services; (ii) quality of care in the provision of essential services; (iii) demand for essential services; and (iv) resilience to shocks interrupting provision of essential services. For each of the four dimensions of performance, vital signs are indicated, which highlight where the progress or gaps lie. Each Member State is therefore able to identify the dimension, and vital signs where progress is needed.

8. The resulting health system performance index is valid as a measure of system performance in the Member States of the Region, as the values have a strong positive correlation with the Member State's UHC Index (R-value of 0.781) which was released in the 2019 UHC Global Monitoring Report.³ It is an accurate predictor of movement towards universal health coverage in the Member States.

PROGRESS MADE

9. The overall health system performance for the Region is 52.9 out of 100. This implies that the health systems in the WHO African Region are performing at an average of 52.9% of what they can feasibly do. This ranges from 34.4% to 75.8% of what is feasible. It also represents a marginal improvement from 49% reflected in the 2018 State of Health in the WHO African Region report.⁴

10. There is a weak correlation between available funding and overall system performance (R-value of 0.4838). This suggests that a significant amount of health expenditure is not being efficiently utilized to improve system performance. The correlation is significant only for public funding, as opposed to other sources of health funds. The way external health expenditures, domestic private health expenditures, voluntary private health insurance, and out-of-pocket funds are used varies widely across the Region and is thus unable to show a consistent contribution towards performance of health systems. Public health expenditure represents the most effective and reliable source of funding to improve health system performance.

11. Neither income, country size nor population have a dominant influence on health system performance. The five best performing health systems are Seychelles, South Africa, Eswatini, Botswana and Algeria respectively, while those with the least performing health systems are Gabon, South Sudan, Equatorial Guinea, Central African Republic and Chad respectively.

12. Comparing the contribution of the four dimensions of health system performance, all countries in the Region are underperforming. Quality of care is only 61.6% of what is feasible; while demand for services, resilience of systems and access to services are 51.4%, 48.4% and 46.3% of what is feasible respectively. The performance of Member States against these dimensions differs, although

³ Primary Health Care on the Road to Universal Health Coverage MONITORING REPORT. World Health Organization 2019. https://www.who.int/healthinfo/universal_health_coverage/report/uhc_report_2019.pdf?ua=1

⁴ Sixty-eighth session of the Regional Committee for Africa, Dakar, Republic of Senegal, 27–31 August 2018. The state of health in the WHO African Region: an analysis of the status of health, health services and health systems in the context of the Sustainable Development Goals. Brazzaville: WHO Regional Office for Africa; 2018. (<https://www.afro.who.int/sites/default/files/sessions/documents/State%20of%20health%20in%20the%20African%20Region.pdf> accessed on 5 December 2019)

in 36 out of the 47 Member States, underperformance is either in access to essential services or health system resilience.

13. Member States with the highest performance in access to essential services are Seychelles, Botswana, Mauritius, Cabo Verde and Algeria, while those with the lowest performance are Central African Republic, Angola, United Republic of Tanzania, Chad and Equatorial Guinea. Access to essential services is monitored through three vital signs, with the lowest score regionally being the vital sign of physical access (25.2), compared to financial (53.4) and sociocultural access (55.8). Populations are not able to get to facilities providing essential services. The Region needs to invest relatively more in interventions that will overcome physical barriers to services in order to have the greatest impact on access to services. These include investments to scale up the numbers of the health workforce, infrastructure and medical supplies targeting populations with no, or inadequate service provision units.

14. Member States with the highest performance in quality of care are Seychelles, Mauritius, Namibia, Botswana and Burkina Faso, while those with the lowest performance are South Sudan, Côte d'Ivoire, Guinea-Bissau, Central African Republic and Nigeria. Quality of care is monitored through three vital signs, with the lowest score regionally being the vital sign monitoring user experience (50.5), compared to patient safety (56.2) and effectiveness of interventions provided (69.8). The Region needs to invest relatively more in interventions such as person-centred care initiatives that will improve overall user experience during the care process, to have the greatest impact on quality of care.

15. Member States with the highest performance in demand for essential services are Eswatini, South Africa, Algeria, Ghana and the United Republic of Tanzania, while those with the lowest performance are South Sudan, Mauritania, Equatorial Guinea, Burundi and Chad. The demand for essential services is monitored through two vital signs, with the lowest score regionally being the vital sign monitoring individuals' healthy actions (43.6), compared to individuals' health-seeking behaviours (55.6). Many community-based interventions are primarily focused on taking services to the communities, as opposed to building community engagement and knowledge that is needed to generate strong service demand. The Region needs to invest relatively more in interventions that will improve individuals' healthy actions to have the greatest impact on demand for essential services.

16. Member States with the highest performance in resilience to external shocks are South Africa, Lesotho, Eswatini, Uganda and Zimbabwe, while those with the lowest performance are Togo, Chad, Benin, Malawi and Gabon. Resilience is monitored through two vital signs: the inherent resilience that captures the inbuilt capacity to anticipate, absorb, and transform functionality due to a shock event; and the epidemic preparedness and response core capacity that captures the complementary capacity to respond to a shock event. The lowest score regionally is on inherent resilience (43.1), compared to the IHR core capacity (47.6). Health systems lack the inherent capacity to sustain the provision of essential services even when shocked; that capacity is needed to complement the efforts of preparing and responding to shocks.

17. The specific performance of each Member State across the four dimensions and their respective vital signs is shown in the Appendix table.

NEXT STEPS

Member States should:

18. Explore ways of increasing public funding to develop the health systems they need for attainment of UHC and other health-related outcomes. This is in line with the evidence from the assessment that shows that public financing has a strong positive correlation with the health system's performance.
19. Explore innovative ways of increasing access to services – particularly through overcoming physical barriers to services, and in building the resilience of their health systems –, focusing on the inherent resilience of their systems, as the assessment shows that these are the major bottlenecks to more effective health system performance.
20. Review and identify targeted investments needed across the health system to address specific performance gaps. These investments are in the hardware of the system – the workforce, infrastructure and medical products, complemented by the software – governance and service delivery processes; and systems of information and financing.
21. Put in place mechanisms to monitor the performance of health systems at the subnational level, in order to implement more targeted actions to address challenges.
22. Implement interventions to enhance the efficiency of available funding, particularly donor, private and out-of-pocket funds to improve the functioning of health systems for attainment of UHC and the other health-related SDG targets. Establishing a country process to appraise how equitably the health funds are contributing to the attainment of clearly defined essential health services packages should improve efficiency in their allocation and use.

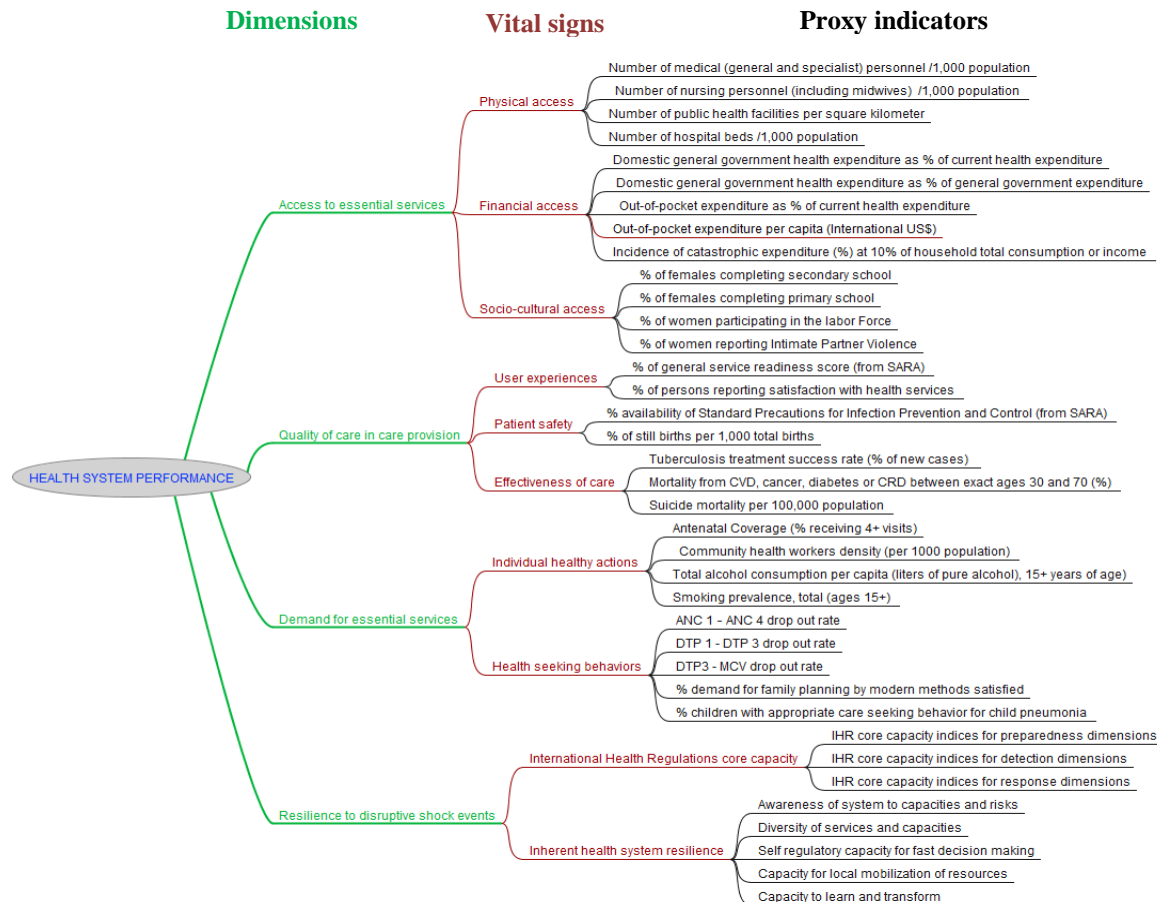
The WHO Regional Office Secretariat should:

23. Support the monitoring of health system performance at the subnational level in Member States, in order to support more accurate targeting of health systems interventions needed at different subnational levels.
24. Develop a platform for practical experience sharing among Member States, to accelerate South-South and peer learning focused on practical initiatives to address existing bottlenecks for better performance; this should include a compendium of practices to share in addressing the different vital signs for improving the dimensions that constitute health system performance.
25. Widely disseminate the findings of this report to all stakeholders, to ensure they are aligning their support with investments that are most needed to improve the performance of Member States' systems.
26. The Regional Committee noted the report and endorsed the proposed next steps.

Appendix 1: Overview of methods and Member State-specific performance

A performing health system denotes a system able to facilitate attainment of multiple outcomes – encompassing UHC, health security, health determinants across the SDGs –, and at the same time being responsive to user needs. This is a departure from defining a performing system as one that delivers a set of basic services. Performance is thus a construct of the four dimensions of access, quality, demand and resilience, which need to be functioning. Each of these dimensions is in turn a construct of vital signs that signal where progress/challenges lie for the dimension. Each vital sign is derived from a set of specific indicators that relate to it. Indicators are proxies of a desired trend, with a focus on having multiple indicators to inform on the trend. For instance, DTP1–3 dropout rate is one of the indicators for health-seeking behaviour as a proxy for whether users are practising appropriate health-seeking behaviour by coming back to complete the immunization schedule. A higher dropout rate suggests poor health-seeking behaviour that contributes to lowering the demand index.

Indicator data is obtained from publicly available sources – principally the UNSDG indicators, World Bank database, service availability and readiness assessments and the WHO Global Health Observatory. Inherent resilience data is derived from health facility resilience assessments conducted during routine disease surveillance activities, and data on IHR core capacity is the self-assessment from the IHR State Party Annual Reporting. The data by country for each indicator is normalized to convert the different units to values between the range 0–100. To obtain the scores for each vital sign, the arithmetic mean of all composite indicators is calculated. Regional values for each of the dimensions of system performance as well as the overall health system performance index are calculated as the geometric mean of all country scores.



Appendix 2: Healthy life expectancy and total current expenditure with UHC performance compared with health system performance indices: overall, by dimension and vital sign for each Member State of the WHO African Region

$$\text{INDEX (Overall health system performance index value)} = \frac{(\text{Access Index} + \text{Quality Index} + \text{Demand Index} + \text{Resilience Index})}{4}$$

Values are a guide to where a country should place emphasis in system strengthening – the lower the value, the more investments needed

GREEN denotes high performance; **RED** denotes low performance

Member State	HEALTHY LIFE EXPECTANCY (Years), 2019	Current expenditure on health per capita (US\$ PPP, 2017)	UNIVERSAL HEALTH COVERAGE Index (2019 report)		HEALTH SYSTEM PERFORMANCE (0–100)										
			Service coverage index (0–100)	Households spending > 10% of income on health (%)	INDEX	Access			Quality			Demand		Resilience	
						Physical	Financial	Sociocultural	User experience	Safety	Care effectiveness	Healthy actions	Health seeking	Inherent resilience	IHR core capacity
Algeria	65.5	974.8	78	No Data	67.7	62.7	62.3	68.8	39.3	70.7	95.8	69.5	67.8	54.7	88.0
Angola	55.8	185.9	40	12.4	48.8	16.1	36.3	37.8	53.7	46.7	67.2	45.6	43.7	22.6	94.0
Benin	53.5	84.7	40	10.9	48.3	12.0	41.4	62.6	71.9	60.9	72.3	73.3	47.5	13.4	33.0
Botswana	57.5	1,044.3	61	1	69.2	64.6	71.6	80.7	83.3	82.9	67.5	46.7	69.4	69.7	69.0
Burkina Faso	52.9	129.1	40	3.1	57.2	13.2	44.4	60.2	79.7	78.5	66.7	31.7	47.5	100.0	40.0
Burundi	52.6	59.2	42	3.3	49.8	15.1	43.3	56.5	72.7	55.4	69.5	11.2	49.2	47.7	72.0
Cabo Verde	64.5	173.9	69	2	57.7	45.6	62.7	79.5	36.4	85.6	74.2	46.1	85.3	26.9	47.0
Cameroon	51.1	357.1	46	10.8	46.1	30.3	41.7	55.9	58.1	69.8	62.5	46.0	46.3	40.0	26.0

Member State	HEALTHY LIFE EXPECTANCY (Years), 2019	Current expenditure on health per capita (US\$ PPP, 2017)	UNIVERSAL HEALTH COVERAGE Index (2019 report)		HEALTH SYSTEM PERFORMANCE (0–100)										
			Service coverage index (0–100)	Households spending > 10% of income on health (%)	INDEX	Access			Quality			Demand		Resilience	
						Physical	Financial	Sociocultural	User experience	Safety	Care effectiveness	Healthy actions	Health seeking	Inherent resilience	IHR core capacity
Central African Republic	44.9	42.0	30	6.7	40.4	37.2			47.9			35.0		41.8	
						24.1	50.8	36.5	53.7	25.4	64.4	42.9	27.0	38.6	45.0
Chad	47.2	87.3	28	6.3	34.4	32.2			51.9			29.2		24.3	
						11.0	46.1	39.6	56.3	40.5	58.8	32.0	26.3	25.7	23.0
Comoros	56.6	123.2	52	8.8	52.4	44.1			54.6			54.1		56.8	
						32.1	40.4	60.0	53.7	37.1	73.0	63.6	44.6	44.5	69.0
Congo, Dem. Rep	52.5	164.8	41	4.8	49.4	46.6			52.3			52.4		46.6	
						42.8	52.2	44.7	36.7	39.4	80.8	60.4	44.3	33.2	60.0
Congo, Rep	56.7	175.7	39	4.6	48.8	39.2			72.2			50.5		33.2	
						11.6	51.6	54.3	53.7	83.2	79.5	41.1	60.0	6.3	60.0
Côte d'Ivoire	48.3	37.3	47	12.4	48.6	40.0			49.5			40.8		63.9	
						19.7	49.9	50.4	57.3	48.5	42.8	36.2	45.5	75.9	52.0
Equatorial Guinea	53.8	758.9	45	No Data	40.7	24.1			63.5			30.6		44.6	
						26.9	13.7	31.6	53.7	79.9	56.8	31.4	29.8	34.3	55.0
Eritrea	57.4	59.3	38	No Data	50.2	40.6			61.3			63.9		35.2	
						25.2	39.6	57.1	53.7	61.1	69.1	78.1	49.7	30.3	40.0
Eswatini	50.2	600.1	63	13.4	70.6	56.9			71.8			71.9		81.7	
						43.5	66.4	60.8	80.5	84.8	50.1	70.5	73.3	63.5	100.0
Ethiopia	57.5	66.7	39	4.9	44.8	38.2			52.6			44.9		43.4	
						15.1	55.1	44.5	53.3	23.8	80.8	47.1	42.6	46.8	40.0
Gabon	58.7	499.6	49	5.7	43.2	53.4			53.4			50.7		15.4	
						54.1	62.8	43.4	6.7	86.5	67.0	46.7	54.8	5.8	25.0
Gambia	54.4	55.8	44	0.2	55.7	43.8			62.0			57.6		59.7	
						9.0	58.2	64.1	53.7	56.9	75.3	53.1	62.1	56.3	63.0

Member State	HEALTHY LIFE EXPECTANCY (Years), 2019	Current expenditure on health per capita (US\$ PPP, 2017)	UNIVERSAL HEALTH COVERAGE Index (2019 report)		HEALTH SYSTEM PERFORMANCE (0–100)										
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						Physical	Financial	Sociocultural	User experience	Safety	Care effectiveness	Healthy actions	Health seeking	Inherent resilience	IHR core capacity
Ghana	56.4	146.9	47	1.1	58.2	54.6			69.3			68.6		40.2	
						27.9	57.1	78.9	70.9	60.5	76.5	69.0	68.1	44.4	36.0
Guinea	52.2	123.3	37	7	46.9	42.2			53.6			52.8		39.1	
						29.2	47.1	50.1	23.9	65.3	71.8	52.1	53.5	70.2	8.0
Guinea-Bissau	51.7	158.2	40	5.5	49.6	42.4			49.4			49.6		57.1	
						15.2	59.0	53.1	53.7	18.6	75.9	58.5	40.8	71.2	43.0
Kenya	58.9	104.7	55	5.4	62.5	48.0			69.1			63.7		69.1	
						16.7	58.5	68.7	70.9	43.5	92.8	61.3	66.0	58.2	80.0
Lesotho	46.6	85.5	48	4.5	63.0	56.1			57.3			55.6		82.8	
						35.4	66.8	66.1	60.1	70.1	41.7	44.1	67.1	65.6	100.0
Liberia	54.5	114.8	39	No Data	55.4	39.0			64.4			62.3		55.8	
						37.0	37.9	42.0	53.7	63.2	76.2	52.9	71.7	31.6	80.0
Madagascar	58.3	84.2	28	1.6	54.5	51.0			51.7			57.4		58.0	
						28.7	65.0	59.1	6.7	74.0	74.6	65.0	49.7	62.9	53.0
Malawi	56.2	170.1	46	4.2	47.0	44.8			64.6			56.6		22.0	
						13.6	62.2	58.6	44.3	63.2	86.4	45.9	67.4	36.0	8.0
Mali	50.7	1,278.0	38	6.5	50.6	44.5			54.5			49.7		53.7	
						33.5	55.7	44.5	66.4	31.1	66.1	46.3	53.1	67.4	40.0
Mauritania	56.4	61.8	41	11.7	47.0	37.3			60.9			31.8		58.0	
						20.7	49.3	41.8	54.3	52.7	75.9	19.6	44.0	76.0	40.0
Mauritius	65.8	89.2	63	8.8	61.8	64.2			81.9			54.4		46.6	
						63.0	50.2	79.6	75.0	100	70.8	33.7	75.1	22.1	71.0
Mozambique	52.2	895.4	46	1.6	58.2	42.6			67.3			52.7		70.2	
						7.1	69.6	51.2	45.9	71.3	84.6	43.0	62.4	54.4	86.0

Member State	HEALTHY LIFE EXPECTANCY (Years), 2019	Current expenditure on health per capita (US\$ PPP, 2017)	UNIVERSAL HEALTH COVERAGE Index (2019 report)		HEALTH SYSTEM PERFORMANCE (0–100)										
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						Physical	Financial	Sociocultural	User experience	Safety	Care effectiveness	Healthy actions	Health seeking	Inherent resilience	IHR core capacity
Namibia	55.9	265.5	62	1.2	65.0	56.3			80.2			55.1		68.5	
						35.1	69.4	64.4	76.7	94.6	69.2	36.8	73.3	46.9	90.0
Niger	52.5	78.9	37	6.6	47.4	45.9			61.7			54.0		28.0	
						36.8	48.5	52.3	65.5	42.3	77.4	66.8	41.1	41.1	15.0
Nigeria	48.9	221.1	42	15.1	44.8	41.1			39.7			42.4		56.0	
						32.8	34.7	56.0	43.6	9.0	66.5	37.4	47.5	62.1	50.0
Rwanda	59.9	134.4	57	1.2	52.0	48.7			70.1			49.7		39.4	
						15.6	65.8	64.6	53.7	76.6	79.8	39.2	60.1	53.9	25.0
Sao Tome and Principe	60.7	209.2	55	10.2	56.6	59.2			72.1			60.0		35.0	
						52.7	61.1	63.7	53.7	79.6	82.9	49.3	70.7	30.1	40.0
Senegal	58.8	143.1	45	3.3	57.3	38.1			62.1			65.5		63.5	
						13.3	52.2	48.8	50.0	55.1	81.2	71.7	59.3	75.1	52.0
Seychelles	65.7	1,485.5	71	3.5	75.8	83.4			84.7			65.2		69.8	
						71.8	78.6	99.8	98.0	100	56.0	44.6	85.8	39.6	100
Sierra Leone	47.6	205.4	39	54.2	50.2	46.1			57.9			50.9		45.8	
						35.4	44.3	58.5	50.3	68.7	54.8	35.9	66.0	31.7	60.0
South Africa	55.7	1,097.8	69	1.4	71.5	62.0			60.4			69.8		93.8	
						47.7	67.3	71.0	51.3	76.3	53.5	50.1	89.4	87.6	100.0
South Sudan	50.6	175.8	31	8.7	42.4	46.8			51.6			32.4		38.8	
						17.3	84.3	39.0	36.7	38.2	79.9	2.6	62.2	37.6	40.0
Togo	53.9	122.7	43	10.7	44.8	40.3			62.3			48.6		27.8	
						6.3	36.2	57.5	40.6	56.0	63.7	70.3	62.8	31.6	24.0
Uganda	54.9	104.3	43	15.3	58.3	54.3			54.5			45.1		79.2	
						29.9	47.7	43.4	50.9	73.8	62.3	36.9	60.3	76.3	82.0

Member State	HEALTHY LIFE EXPECTANCY (Years), 2019	Current expenditure on health per capita (US\$ PPP, 2017)	UNIVERSAL HEALTH COVERAGE Index (2019 report)		HEALTH SYSTEM PERFORMANCE (0–100)										
			Service coverage index (0–100)	Households spending > 10% of income on health (%)	INDEX	Access			Quality			Demand		Resilience	
						Physical	Financial	Sociocultural	User experience	Safety	Care effectiveness	Healthy actions	Health seeking	Inherent resilience	IHR core capacity
United Republic of Tanzania	56.5	103.7	45	3.8	50.1		33.3		53.4		66.6		47.0		
						35.8	62.1	65.0	44.0	34.7	84.7	38.7	51.5	63.9	30.0
Zambia	54.3	180.3	53	0.3	59.0		51.8		72.6		59.2		52.6		
						35.7	65.2	54.5	67.3	67.9	82.5	46.2	72.2	55.2	50.0
Zimbabwe	54.4	201.0	54	2.1	65.8		55.1		69.1		66.3		72.6		
						24.0	64.0	77.1	65.0	74.4	68.0	60.4	72.2	78.3	67.0