

# Finding a More Effective Way to Address Health Problems in Africa

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In 2014, three West African countries, namely Guinea, Sierra Leone, and Liberia were struck by the Ebola epidemic that resulted in a total of more than 11,000 deaths. Ebola is believed to have begun in the small village of Meliandou, Guinea, where children ate the bats they discovered in a tree.<sup>1</sup> Bats are thought to have carried a virus that devastated the village and soon spread to Conakry, the capital city of Guinea. Ebola is a communicable virus that is transmitted through direct physical contact with infected bodily fluids.<sup>2</sup> Poor public health infrastructure in Guinea led to the failure to contain the disease, which quickly spread to neighboring countries of Sierra Leone and Liberia. Only then did the World Health Organization (WHO) declare the situation as the Public Health Emergency of International Concern, sending public health threats to developed countries. Even though the remarkable mobilization of the United States helped defeat Ebola in West Africa, the response to the epidemic by the national governments, the WHO, and other international organizations was a failure at almost every level.

Inferior public health infrastructure, high level of poverty, and common civil conflict make Africa the most vulnerable continent to the disease outbreaks. While African countries are ill-prepared to detect or contain these outbreaks, developed countries tend to show minimal interest until their citizens are threatened. Globalization has brought health problems that are no longer bound within the borders of a single nation. Migration, cheap flights, and porous borders

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<sup>1</sup> "Outbreak: The Truth About Ebola." *BBC This World*, <https://www.youtube.com/watch?v=59LLtiMYT0U>.

<sup>2</sup> "What We Know About Transmission of the Ebola Virus Among Humans." *World Health Organization*, October 6, 2014, <https://www.who.int/mediacentre/news/ebola/06-october-2014/en/>.

allow viruses like Ebola to be spread across countries, which means that local outbreaks present globally significant threats. Global problems require global governance solutions and can no longer be solved by the nation states alone.

At the Young African Leaders Initiative in 2015, the United States President Barack Obama told young African participants that "at some point, we have to stop looking somewhere else for solutions, and you have to start looking for solutions, internally."<sup>3</sup> Experience of failure by the international organizations and limited interest of developed countries have proved that Africa can no longer depend on others and should instead look for "African solutions for African problems." Global health politicians are divided between vertical and horizontal approaches to addressing health problems in Africa. Vertical programs "employ a Western problem-solving approach, and are often disease or health issue specific."<sup>4</sup> Conversely, horizontal programs "focus on prevention and facilitating the communities response to their own health problems."<sup>5</sup> This essay will argue that in order to address health problems more effectively, African countries should stop relying on the vertical programs of dependence and should establish cooperative horizontal programs that seek to prevent the disease outbreaks by addressing the roots of the matter.

The first section of this essay will present the background of the problem, including why it is a global problem and to what extent it poses a threat. This section will identify the actors involved in the global governance attempt and their respective roles. The second section will explain vertical and horizontal approaches, including their advantages and disadvantages and

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<sup>3</sup> Pham, J. Peter. "Real African Solutions to Africa's Challenges." *The Hill*, May 26, 2015, <https://thehill.com/blogs/pundits-blog/international/243061-real-african-solutions-to-africas-challenges>.

<sup>4</sup> Seager, Greg. "What are Vertical and Horizontal Approaches to Health?" *Christian Health Service Corps*, June 9, 2018, <https://www.healthservicecorps.org/what-are-vertical-and-horizontal-approaches-to-health/>.

<sup>5</sup> Seager, Greg. "What are Vertical and Horizontal Approaches to Health?" *Christian Health Service Corps*, June 9, 2018, <https://www.healthservicecorps.org/what-are-vertical-and-horizontal-approaches-to-health/>.

why policymakers are divided between these two options. The third section will provide four sets of policy recommendations based on the horizontal approach. The last section will conclude.

## **Background**

2014 West Africa Ebola outbreak had a limited impact on developed countries. While more than 28,000 cases were suspected in Guinea, Sierra Leone, and Liberia, only 34 cases were confirmed in the rest of the world. Twenty-seven of these cases were detected in other African countries, and only one person died from Ebola in the United States.<sup>6</sup> These statistics show that developed countries and international organizations delayed their response in West Africa, but were quick to mobilize before the disease spread elsewhere. However, not all outbreaks are contained before they spread to the developed world. HIV/AIDS was first detected in the Democratic Republic of the Congo and has turned into a global pandemic that infected 70 million people and killed more than 35 million.<sup>7</sup> The HIV/AIDS epidemic has found its way in the United States, where it turned into a major problem at the end of the 20th century, killing more than half a million people. As of today, at least 1.1 million people in the United States still live with HIV, but it is no longer a death sentence.<sup>8</sup>

Globalization has brought problems that spread across the national borders and cannot be dealt with by the nation-states acting in isolation. An outbreak in a small village in Africa can turn into a global disaster in a very short time if it is not defeated in the earliest stage. 2014 Ebola outbreak started in Guinea, until a 21-year old Louise Kamano, who lived in Sierra Leone but

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<sup>6</sup> “2014-2016 Ebola Outbreak in West Africa.” *Centers for Disease Control and Prevention*, December 27, 2017, <https://www.cdc.gov/vhf/ebola/history/2014-2016-outbreak/index.html>.

<sup>7</sup> “HIV Surveillance Report.” *Centers for Disease Control and Prevention*, 2017, vol.29, <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2017-vol-29.pdf>.

<sup>8</sup> “US Statistics.” *HIV.gov*, July 11, 2018, <https://www.hiv.gov/hiv-basics/overview/data-and-trends/statistics>.

was visiting her infected mother in Guinea, decided to return home in Sierra Leone. She crossed the river dividing Guinea and Sierra Leone with the help of the local boatmen. As a result, Louise has carried Ebola to Sierra Leone.<sup>9</sup> There were no checkpoints or immigration police at the Guinea-Sierra Leone border, but these two countries hardly serve as an exception. Today, traveling is more accessible than it has ever been, international migration flows in the OECD countries surpassed 5 million in 2016, and geographical borders are sometimes barely protected.<sup>10</sup> Globalization allows not only the transmission of diseases but also unhealthy lifestyles and practices.<sup>11</sup>

Despite being threatened by modern problems in the globalized world, governments and international organizations tend to make the same old mistakes. From HIV/AIDS to Ebola, the response has been delayed, and the mobilization dysfunctional. Louise Kamano's crossing of the border was brought to the attention of the Sierra Leone government, who claimed that Louise had gone back to Guinea. Sierra Leone government never admitted that it was ever informed about Louise.<sup>12</sup> African states lack the experience and infrastructure to detect new diseases and are overwhelmed with the number of patients after the diseases become rampant. On the global level, the health system is fractured and largely politicized, as governments prevent exports of life-saving medicines, cover up outbreaks, and only react after they are threatened. The costs of aids are high and often not justified if the disease does not turn into a global pandemic. Developed countries seek to protect their economies and avoid spreading fear in public. Given

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<sup>9</sup> "Outbreak: The Truth About Ebola." *BBC This World*, <https://www.youtube.com/watch?v=59LLtiMYT0U>.

<sup>10</sup> "International Migration Flows." *Migration Data Portal*, November 15, 2018, <https://migrationdataportal.org/themes/international-migration-flows>.

<sup>11</sup> Lister, Graham, and Michaela Told. "Current and Future Issues in Global Health Diplomacy" In *Global Health Diplomacy: Concepts, Issues, Actors, Instruments, Fora and Cases*, edited by Ilona Kickbusch, Graham Lister, Michaela Told and Nick Drager. Springer, 2013.

<sup>12</sup> "Outbreak: The Truth About Ebola." *BBC This World*, <https://www.youtube.com/watch?v=59LLtiMYT0U>.

that politicians in developed countries think in a realist perspective and African countries lack infrastructure and experience, the United Nations and its affiliate, the World Health Organization (WHO), are left to be the only actors facilitating the global health governance.

The United Nations places global health development at the top of its priorities. The Millennium Development Goals (MDGs) represented a collective effort by the Member States to tackle the world's most pressing problems. The MDGs were eight targets to be achieved between 2000 and 2015. Three out of eight MDGs were health-related. MDGs 4, 5, and 6 aimed to reduce child mortality, improve maternal health, and combat HIV/AIDS, malaria, and other diseases. Overall, the MDGs made significant progress in global health. According to the final MDG report by the UN, child mortality has been reduced from 90 to 43 deaths per 1,000 births, maternal mortality has been cut almost by half, HIV/AIDS cases fell by an estimated 40%, and more than 6.2 million malaria deaths have been prevented.<sup>13</sup> However, the progress in the MDGs has been disproportionate across developed and developing countries. In fact, the worsening of the situation in sub-Saharan Africa overshadows the progress made in developed countries. It is 15 times more likely that a child from sub-Saharan Africa will die before the age of five than a child in the developed world.<sup>14</sup> More than a billion people in Africa still lack access to clean water and sanitation, and many will still die from mostly avoidable deaths.

As a follow up to the MDGs, the United Nations adopted a new set of targets, the Sustainable Development Goals (SDGs), to be achieved by 2030. The SDGs comprise 17 goals, out of which three are health-related. SDG 3 (Good Health and Well-Being) aims to reduce the

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<sup>13</sup> "The Millennium Development Goals Report 2015." *United Nations*, 2015,

<http://www.undp.org/content/undp/en/home/librarypage/mdg/the-millennium-development-goals-report-2015.html>.

<sup>14</sup> Childs, Anna. "How the Millennium Development Goals Failed the World's Poorest Children." *The Conversation*, July 1, 2015, <https://theconversation.com/how-the-millennium-development-goals-failed-the-worlds-poorest-children-44044>.

maternal mortality rates further, cut the number of traffic-related deaths and injuries, and “strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.”<sup>15</sup> Additionally, SDG 3.8 seeks to “achieve Universal Health Coverage, including financial risk protection, access to quality essential healthcare services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all.”<sup>16</sup> The MDGs targeted the easiest to reach communities, further worsening the situation in vulnerable societies. In order to ensure that the SDGs are achieved, African countries need to find innovative ways to strengthen their health systems and prevent the disasters caused by disease outbreaks.

## **Vertical vs Horizontal Approach**

Policymakers are divided between two approaches on how to adequately address health problems in Africa - vertical and horizontal. The vertical approach consists of disease-specific programs that are widely used by developed countries to eliminate potential outbreaks in Africa. Vertical programs target specific health issues and yield measurable results. They are often focused on the small geographic segments where the problems are threatening, and focus on short-term results, such as containment or elimination. Vertical programs are especially attractive to donors from developed countries since they look for measurable returns on their limited investments, as well as recognition by the international community.<sup>17</sup> Mobilization by the United States to help eradicate Ebola in West Africa is a classic example of a vertical program. Tom

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<sup>15</sup> “Goal 3: Ensure Healthy Lives and Promote Well-being for All at All Ages.” *The United Nations*, <https://www.un.org/sustainabledevelopment/health/>.

<sup>16</sup> “Universal Health Coverage: Realistic and Achievable?” *The Lancet*, vol. 4, January 2019.

<sup>17</sup> Cairncross, Sandy et al. “Vertical Health Programmes.” *The Lancet*, [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(97\)90079-9.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(97)90079-9.pdf).

Frieden, the director of US Centres for Disease Control & Prevention, saw the devastating situation in Liberia by himself, which prompted him to inform President Obama that action had to be taken in a matter of days. The United States, as well as the United Kingdom and other countries, sent thousands of troops to begin the emergency mission against Ebola. The operation successfully prevented Ebola from spreading beyond Africa, but the international response was clearly too late for Africans.

If developed countries lack interest and are effective only when they sense threats to their citizens, international organizations are even more ineffective. The WHO has badly mishandled the previous outbreaks of SARS and MERS, as well as the 2014 Ebola outbreak. Ebola outbreak showed how ill-prepared the WHO is for such crises. The WHO wrongly interpreted the temporary pause in Ebola cases as the end of the outbreak, prematurely withdrew from Liberia, and failed to declare an emergency for months, until the disease was out of control.

Africa should find an innovative approach to solving its own health problems. It is evident that developed countries show limited interest and international organizations, such as the UN and the WHO, are ineffective and unprepared. The vertical approach has created a culture of the dependence of African countries on developed countries. African leaders must understand that developed countries seek their own interests. At times, the world leaders are effective at eradicating diseases, but they tend to protect their budgets until they sense internationally significant threats. Such an attitude does not serve African needs.

Currently, Africa has approximately 17% of the world's population, 24% of the global disease burden, 54% of the communicable disease burden, and only 2% of the world's doctors.<sup>18</sup>

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<sup>18</sup> Lamiaux, Mathieu. "Imagining a New Future for Health Systems in Africa." *TED@BCG*, June 2015, [https://www.ted.com/talks/mathieu\\_lamiaux\\_imagining\\_a\\_new\\_future\\_for\\_health\\_systems\\_in\\_africa#t-11955](https://www.ted.com/talks/mathieu_lamiaux_imagining_a_new_future_for_health_systems_in_africa#t-11955).

The funds associated with training enough doctors and building secondary and tertiary healthcare facilities are unattainable for the weak African economies. However, African countries have the advantage of building their health systems anew. African governments must choose a different route and develop health systems that target prevention, instead of seeking “magic bullet” solutions from the developed world once the outbreaks get out of control.

In order to achieve that, Africa must move away from the vertical programs of dependence and apply a community-based horizontal approach towards creating sustainable health systems. Horizontal programs are more comprehensive and seek to solve the underlying issues that cause outbreaks. Results of the vertical programs, such as advanced technologies or world-class hospitals, are tangible and more visible in the short-term, but the vertical approach is not the most effective way to improve the health of African people. Horizontal programs encourage cooperation and sharing of expertise between the communities. The results may take years to manifest, but work to improve the health of the population as a whole by encouraging healthy lifestyles and preventing disease outbreaks.

The remaining essay will provide four sets of policy recommendations to African countries on how to apply the horizontal approach to improve people’s health in the future. The first set of recommendations serve to strengthen and increase access to primary care. The second set suggests innovative ways to train and increase the health workforce. The third set explores the ways to increase and reallocate funds to finance the health sector effectively, and the fourth set presents an interesting method to promote health in Africa.

## Access to Primary Care

Primary care facilities are the first place that people visit when they seek medical help. The health workers at primary care facilities detect conditions and provide referrals if secondary or tertiary care is needed.<sup>19</sup> Therefore, reliable primary care facilities are required within or close to every community. Strengthening and improving access to primary care will help African countries prevent diseases by attacking them at the earliest stage. However, millions of Africans still lack access to primary care due to infrastructural and geographical barriers. Citizens in developed countries have official addresses and identifications that make them visible to local health providers. The same does not apply to people living in developing countries.<sup>20</sup> The people of sub-Saharan Africa are vulnerable to being left out of health services because of geographical distance from the healthcare facilities. Those who are not able to drive often lack transportation to the far-away hospitals. The large part of sub-Saharan Africa lives in slums and does not have an official address, making the delivery of health services impossible. Additionally, UN statistics show that approximately 230 million births worldwide are unregistered. Most of these children are likely to be excluded from healthcare services.<sup>21</sup> It is essential for African governments to start focusing on the hardest-to-reach rural communities and ease their access to healthcare services. The WHO estimates of unit costs for patient services for Kenya show that the cost per bed day in secondary and tertiary care facilities are 30% and 78% higher than the cost in primary care facilities.<sup>22</sup> Traditional clinics, well-run transportation systems, and advanced medical

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<sup>19</sup> Politzer, Maria. "How to Achieve Universal Health Coverage? Focus on Primary Care." *Devex*, September 11, 2017, <https://www.devex.com/news/how-to-achieve-universal-health-coverage-focus-on-primary-care-90721>.

<sup>20</sup> Wong, Joseph. "Achieving Universal Health Coverage." *World Health Organization*, August 14, 2015, <https://www.who.int/bulletin/volumes/93/9/14-149070/en/>.

<sup>21</sup> Wong, Joseph. "Achieving Universal Health Coverage." *World Health Organization*, August 14, 2015, <https://www.who.int/bulletin/volumes/93/9/14-149070/en/>.

<sup>22</sup> Taghreed, Adam et al. "Econometric Estimation of Country-specific Hospital Costs." *Cost Effectiveness and Resource Allocation*, 2003, vol. 1, no.3, [https://www.who.int/choice/publications/p\\_2003\\_country\\_hospitalcost.pdf?ua=1](https://www.who.int/choice/publications/p_2003_country_hospitalcost.pdf?ua=1).

technology would definitely help the issue but are too expensive for the weak African economies. Africa should look for innovative ways to reach communities that are the most vulnerable to diseases.

Fortunately, taking advantage of new trends and scaling up existing technologies can help Africa leapfrog its health systems. The first practical step that needs to be taken towards reliable primary care is to install trained community health workers in each community of 1,000 to 1,500 people. Having a local health worker within a close distance will allow people in rural African communities to access essential health services without traveling to the cities. Community health workers should not necessarily be high-skilled professionals, as African governments have struggled to maintain high-skilled workers in rural communities. They should receive one or two years of formal training, as well as higher than average salary as an incentive.<sup>23</sup> Once local workers are established in every rural community, Africa can capitalize on the increasing popularity of technology in African public. As of 2017, almost a billion Africans had access to mobile phones, achieving an 80% penetration rate.<sup>24</sup> Africa can exploit mobile telephony to establish and scale up innovative modes of healthcare delivery. To complement community health workers, African governments can install call centers in urban areas, staffed by existing trained officers.<sup>25</sup> The people working in the call centers will serve two purposes. First, they will provide community health workers with advanced medical support and supervision by weekly calls and second, they will provide direct consultations to patients in hard-to-reach areas. Many

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<sup>23</sup> Knapp, Tim et al. "Three Practical Steps to Better Health for Africans." *McKinsey&Company*, June 2010, <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/three-practical-steps-to-better-health-for-africans>.

<sup>24</sup> Elkman, Allison. "Improving Health in Africa through Mobile Technology." *Africa Up Close*, November 6, 2017, <https://africaupclose.wilsoncenter.org/improving-health-in-africa-through-mobile-technology/>.

<sup>25</sup> Knapp, Tim et al. "Three Practical Steps to Better Health for Africans." *McKinsey&Company*, June 2010, <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/three-practical-steps-to-better-health-for-africans>.

cases can be addressed by phone without an in-person consultation, effectively destroying geographic barriers at a relatively low cost.

Another innovative delivery method that Africa can employ is mobile health clinics. Mobile clinics can come in the form of small vans that deliver health services to rural areas by visiting every community on a weekly basis. They will deliver essential medical supplies to local health workers and will provide more complex services, such as antenatal care.<sup>26</sup> As an example, North Star Alliance, founded in Malawi, provides 30 roadside health centers that serve truck drivers and sex workers in several sub-Saharan countries.<sup>27</sup> North Star effectively created a low-cost method of mobile health delivery by converting shipping containers into clinics that provide standard health services. By scaling up such initiatives, Africa can increase the reach of healthcare and ease people's access to primary care.

## **Training Health Workforce**

Access to primary care is a necessary step to strengthen health systems in Africa, but not the only step. Healthcare facilities require trained personnel that guarantee effective delivery of quality services. However, despite having 17% of the world's population, Africa has only 2% of the world's doctors. The WHO advises that there should be one doctor per approximately 300 people.<sup>28</sup> The numbers in Africa are troubling. Uganda has one doctor per 24,000 people, while

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<sup>26</sup> Knapp, Tim et al. "Three Practical Steps to Better Health for Africans." *McKinsey&Company*, June 2010, <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/three-practical-steps-to-better-health-for-africans>.

<sup>27</sup> Mossman, Kathryn et al. "Expanding the Reach of Primary Care in Developing Countries." *Harvard Business Review*, June 6, 2017, <https://hbr.org/2017/06/expanding-the-reach-of-primary-care-in-developing-countries>.

<sup>28</sup> Garret, Laurie. "Is Universal Health Care an Attainable Goal?" *Council on Foreign Relations*, September 11, 2015, <https://www.cfr.org/expert-brief/universal-health-care-attainable-goal>.

Tanzania and Malawi have one doctor per 50,000 people.<sup>29</sup> Nigeria currently has an estimated 70,000 doctors. To catch up with the number of doctors in the United Kingdom, Nigeria will have to train 700,000 thousand doctors. With the current capacity, it would take 300 years for Nigeria to catch-up with the United Kingdom.<sup>30</sup> Besides, high-skilled workers with medical education struggle with finding employment in Africa, which prompts them to look for opportunities elsewhere, mostly in the developed world. While developed countries reap the benefits of educated African workers, the brain drain caused by the movement of human capital has a debilitating effect on Africa's health systems. The emigration of trained medical personnel will continue until unemployment in Africa is high, and wages are low. Therefore, Africa should take a different route in training its health workforce.

African health workers can be trained by those who have experienced the problem firsthand. Sadly, these people often stand farthest from the means by which they can help others. Africa should engage in task-shifting, which is defined as “moving a specific task from a highly qualified health worker to a less qualified health worker.”<sup>31</sup> Mothers2mothers, an NGO based in South Africa, replaces nurses with mothers living with HIV to educate HIV-positive mothers to prevent mother to child HIV transmission. With proper treatment and guidance, the transmission rate can be reduced from 40% to 2%.<sup>32</sup> Mothers2mothers has trained 2.3 million mothers in eight African countries, resulting in the virtual elimination of mother-to-child transmission of HIV.<sup>33</sup>

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<sup>29</sup> Ategaka, Christopher. “Stopping the Brain Drain of African Doctors.” *TED*, 2017, <https://www.youtube.com/watch?v=4L-ngajspU>.

<sup>30</sup> Lamiaux, Mathieu. “Imagining a New Future for Health Systems in Africa.” *TED@BCG*, June 2015, [https://www.ted.com/talks/mathieu\\_lamiaux\\_imagining\\_a\\_new\\_future\\_for\\_health\\_systems\\_in\\_africa#t-11955](https://www.ted.com/talks/mathieu_lamiaux_imagining_a_new_future_for_health_systems_in_africa#t-11955).

<sup>31</sup> Lamiaux, Mathieu. “Imagining a New Future for Health Systems in Africa.” *TED@BCG*, June 2015, [https://www.ted.com/talks/mathieu\\_lamiaux\\_imagining\\_a\\_new\\_future\\_for\\_health\\_systems\\_in\\_africa#t-11955](https://www.ted.com/talks/mathieu_lamiaux_imagining_a_new_future_for_health_systems_in_africa#t-11955).

<sup>32</sup> Lamiaux, Mathieu. “Imagining a New Future for Health Systems in Africa.” *TED@BCG*, June 2015, [https://www.ted.com/talks/mathieu\\_lamiaux\\_imagining\\_a\\_new\\_future\\_for\\_health\\_systems\\_in\\_africa#t-11955](https://www.ted.com/talks/mathieu_lamiaux_imagining_a_new_future_for_health_systems_in_africa#t-11955).

<sup>33</sup> “What We Do And Why.” *Mothers2mothers*, <https://www.m2m.org/what-we-do-and-why/>.

Training low-skilled workers and sharing expertise are effective ways to mitigate the damage caused by the brain drain, which will not slow down until African economies are stronger.

Training low-skilled workers is a step forward, but a strong health system cannot depend on low-skilled workers alone. African countries are still behind the 3.4 health workers per 1,000 people recommended by the WHO. To bridge the gap, Africa should find a way to provide training at a reasonable cost. Technology, once again, can be useful. The university education is expensive, and higher education, as already mentioned, contributes to the brain drain of the African workforce. Africa can provide affordable and accessible training to health workers through online courses, which require minimal resources. These courses can be facilitated by several people and distributed on a larger scale to a broader population. Online education also eliminates distance and time barriers, giving trainees an option to follow the customized content on their own pace. Leap is an interactive mobile learning platform in Kenya that trains healthcare workers at any location. Leap provides healthcare training based on an approved curriculum, allows exchange and collaboration between health workers, and can be accessed through basic mobile phones.<sup>34</sup> The results are promising. Leap has trained over 30,000 health workers in Kenya, achieved 42% increase in skilled maternal delivery, 43% increase in antenatal care visits, and 28% increase in the number of infants under one year immunized.<sup>35</sup> Leap is an example of how Africa can benefit from the increasing popularity of mobile phones and technology to address the acute shortage of health workers in the region. Technology provides a low-cost solution to a pressing challenge of increasing health workforce by scaling up training programs and giving health workers access to information at the touch of a button.

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<sup>34</sup> “About Us.” *Leap Health*, <http://www.leaphealthmobile.com/about-us/>.

<sup>35</sup> “Our Solution.” *Leap Health*, <http://www.leaphealthmobile.com/our-solution/>.

## Funding Healthcare

The policies recommended so far are the low-cost initiatives that address Africa's health problems, but in order to finance them, African governments must create sustainable funding systems for their health sectors. In 2011, members of the African Union agreed to sign The Abuja Declaration, which sets a target of allocating 15% of each country's annual budget towards health sectors. Ten years after, the WHO published a progress report, showing that out of 46 countries in which data were available, only three were on track to reach the goal. The number of countries making some progress and making insufficient progress were 16 and 27, respectively.<sup>36</sup> The lack of success can be explained by insufficient foreign assistance and the low priority attached to health by African governments. To effectively address health problems in Africa, enough funds need to be allocated to the health sector, and they must be distributed more efficiently.

The WHO statistics show that as countries become more affluent, their health spending does not necessarily increase proportionally. Many high-income African countries do not spend 15% of their budgets on health, while few low-income countries, such as Ethiopia and Malawi spend more than 15%.<sup>37</sup> These numbers prove that African governments do not prioritize spending on health. The Commission on a Global Health Risk Framework for the Future, discussed in the next paragraph, introduced a novel approach that can nudge governments to invest in health prevention.

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<sup>36</sup> "The Abuja Declaration: Ten Years On." *World Health Organization*, 2011, [https://www.who.int/healthsystems/publications/abuja\\_report\\_aug\\_2011.pdf?ua=1](https://www.who.int/healthsystems/publications/abuja_report_aug_2011.pdf?ua=1).

<sup>37</sup> "Public Financing for Health in Africa: from Abuja to the SDGs." *World Health Organization*, 2016, <https://apps.who.int/iris/bitstream/handle/10665/249527/WHO-HIS-HGF-Tech-Report-16.2-eng.pdf?sequence=1>.

The 2014 West African Ebola outbreak demonstrated how vulnerable and unprepared the African community is for health crises. Mistakes were made at almost every stage, starting from detecting the disease to raising alerts on time. The crisis was contained by successful, although delayed, mobilization by the international community, but the amount of damage could have been mitigated. To improve the response strategy, the U.S. National Academy of Medicine created the Commission on a Global Health Risk Framework for the Future in 2015. The Commission consisted of 17 members from different fields, such as science, medicine, business, and finance. They were tasked with “providing recommendations on creating an effective global architecture for recognizing and mitigating the threat of epidemic infectious diseases.”<sup>38</sup> The Commission’s final report urged to increase investment in prevention. The key point that can make a difference lies in how global health issues are framed to the national governments. Politicians hesitate to spend money on preventing low-probability outbreaks, but if health concerns are framed as national security issues that may spill over to the areas other than health, they will be less reluctant to dedicate more funds to avoid financial losses. Governments must be convinced that local health outbreaks may be detrimental for national security, public safety, and economic well-being. The Commission calculated that financial losses for the global economy resulting from the outbreaks might amount to \$60 billion per year. In contrast, the cost of implementing their recommendations would cost a reasonable \$4.5 billion per year.<sup>39</sup> Compared to the financial risks of potential pandemics, the costs associated with prevention are trivial.

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<sup>38</sup> Sands, Peter, et al. “The Neglected Dimension of Global Security — A Framework for Countering Infectious-Disease Crises.” *The New England Journal of Medicine*, March 31, 2016.

<sup>39</sup> Sands, Peter, et al. “The Neglected Dimension of Global Security — A Framework for Countering Infectious-Disease Crises.” *The New England Journal of Medicine*, March 31, 2016.

Once African countries prioritize financing the health sector and increase their funding to 15% of their annual budgets, they will need to allocate the funds more efficiently. The majority of African countries distribute more than 60% of their funds to disease-specific, high-end care.<sup>40</sup> Secondary and tertiary levels of care only benefit those who can afford them, leaving the most vulnerable population disregarded. As already discussed in the first set of policy recommendations, African states need to invest in primary care. Strengthening primary care facilities will prevent outbreaks, decreasing the need for secondary and tertiary hospitals significantly. Regardless, when the health budgets are cut, the funds intended for primary care are among the first to suffer. Politicians benefit from the recognition they get from building large hospitals with advanced technologies, but that is not the most cost-effective way to improve people's health. Diverting the funds to primary care facilities will prevent outbreaks, reduce inequities, and save money in the long run.

## **Health Promotion**

The previous three sets of policies were specific recommendations on how to strengthen the health infrastructure, but Africa should do more than just building the working health system and should set a general objective of promoting health and increasing public health awareness. 2014 West African Ebola outbreak was accelerated by unsafe burials of people that died from Ebola. Ebola is transmitted through physical contact with the bodily fluids of the diseased. However, local Africans were afraid to anger their ancestors by failing to provide proper burials to the dead. As a result, many people participating in the burials got infected themselves. Basic

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<sup>40</sup> "Public Financing for Health in Africa: from Abuja to the SDGs." *World Health Organization*, 2016, [https://apps.who.int/iris/bitstream/handle/10665/249527/WHO-HIS-HGF-Tech\\_Report-16.2-eng.pdf?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/249527/WHO-HIS-HGF-Tech_Report-16.2-eng.pdf?sequence=1).

health awareness could have prevented many deaths and possibly an outbreak. Poorly educated people tend to make uninformed choices. Burdened by the diseases, African governments treat health promotion and awareness as luxuries. However, it is necessary to acknowledge that educating people on how to make better decisions is essential for improving people's health in the long run. The means of prevention such as vaccination, male circumcision, bed nets, and contraception must be promoted on a broad level in African communities. The next paragraph provides an interesting method on how to achieve that.

Consumer product companies have enjoyed substantial popularity in African markets. Research has shown that low-income African families attach a high value to international brands.<sup>41</sup> They are willing to decrease spending in other areas to buy their favorite products, even if cheaper options are available. Africans believe that brands express their identity; therefore, they develop a level of emotional attachment to the brands they cherish. Companies that manufacture healthcare products have the potential to capitalize on the popularity of brands by finding specific ways to market products. For example, South African people have developed a stigma around one government-issued condom because it was free. One of the consumers stated: "The old brand has a lot of stigma attached to it. Rebranding might increase demand, especially for young people. We love to be seen using the latest brands."<sup>42</sup> By developing a high-impact marketing campaign with the right marketing messages, companies can harness the power of brands to influence choices made by African people and nudge them towards healthier practices.

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<sup>41</sup> Spivey, Lori et al. "What Global Health Can Learn from Consumer Companies in Africa." *BCG*, May 7, 2014, <https://www.bcg.com/publications/2014/global-health-globalization-what-global-health-can-learn-consumer-companies-africa.aspx>.

<sup>42</sup> Spivey, Lori et al. "What Global Health Can Learn from Consumer Companies in Africa." *BCG*, May 7, 2014, <https://www.bcg.com/publications/2014/global-health-globalization-what-global-health-can-learn-consumer-companies-africa.aspx>.

Marketing can also be applied to pharmaceutical products, nutrition, and other healthy practices, such as male circumcision.<sup>43</sup>

Uganda was able to increase male circumcision rates from 19% to 39% over the 14 years. As a result, “in communities where more than 40% of men had been circumcised, the rate of new infections among men was reduced by 39% as compared to those communities where 10% or fewer men had been circumcised.”<sup>44</sup> Convincing men to get circumcised is not an easy task, but correctly marketing the benefits of circumcision is the first step to take. Africa needs to not only make system-wide changes but also to engage everyone in the battle by encouraging individual steps towards better health.

## **Conclusion**

Overall, it is safe to conclude that improving health is a bottom-up, rather than a top-down process. The battle towards better health begins with informed individual decisions, continues with sustainable community networks, national systems, and ends with solid global health infrastructure. The media and public interest focus on cases that generate instant gratification, such as saving one life, which is important, but no one ever applauds the averted epidemic or an increased life expectancy. It is time for African governments to redefine their approach and treat not only the sick people in the hospital front-lines but focus on the long-term needs of people to enhance the quality of their lives in the future. To achieve that, this essay argued that Africa has to start relying less on the vertical programs that generate the culture of

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<sup>43</sup> Spivey, Lori et al. “What Global Health Can Learn from Consumer Companies in Africa.” *BCG*, May 7, 2014, <https://www.bcg.com/publications/2014/global-health-globalization-what-global-health-can-learn-consumer-companies-africa.aspx>.

<sup>44</sup> “Male Circumcision and HIV Treatment Can Significantly Reduce New Infections in African Men.” *Africa Health*, July 14, 2016, <https://africa-health.com/research/male-circumcision-hiv-treatment-can-significantly-reduce-new-infections-african-men/>.

reliance and anticipation of the next foreign assistance. Instead, Africa should find “African solutions for African problems” by encouraging sharing the expertise and taking advantage of the upcoming trends. The recommended policies serve to strengthen African health infrastructure by advising the governments on how to increase access to primary care, train low-skilled workers, reallocate the funds for better financing, and promote healthy practices. These are four essential steps that will allow African countries to leapfrog their health systems, but the change must begin with redefining values and favoring the long-term potential over short-term rewards. Only then will Africa be able to escape from the vicious circle of failure that keeps repeating with every disease outbreak. Finally, containing health problems will allow Africa to pursue building its economy in confidence, increase the standards of living, and position the impoverished continent on the road towards a brighter future.

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