

# Access to quality healthcare must be improved in Africa

There needs to be a serious focus on providing quality healthcare throughout Africa, which includes education about lifestyle conditions, accessible programmes for HIV/Aids and other endemic diseases and private sector participation, experts say.



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## Focus on behavioural change

Dr Sarah Barber, World Health Organisation (WHO) representative to South Africa, says factors such as rapid urbanisation are contributing to the prevalence of non-communicable diseases (NCDs) in Africa.

She adds that urbanisation typically results in an increase of sedentary lifestyles, unhealthy diets, use of tobacco and the harmful use of alcohol – all of which can lead to often preventable NCDs such as cardiovascular diseases, cancers, chronic respiratory diseases and diabetes – especially among young people.

NCDs account for 68% of total deaths globally and 52% of deaths under the age of 70, which indicates an “urgent need” for access to quality healthcare, especially in Africa.

“The data indicates that our health systems [in Africa] are not yet prepared and must be strengthened to manage these conditions,” Dr Barber says.

“We have to focus on behavioural change. Youth and adolescence are critical periods of development which implies that investing in health during adolescence has benefits throughout the rest of the life cycle.”

## **Focus on accessible programmes**

Deputy permanent secretary in Botswana’s Ministry of Health, Dr Haruna Jibril, says his country is focusing on providing access to health facilities for all its citizens. He highlighted the country’s progress in addressing HIV, tuberculosis (TB), malaria and malnutrition through accessible programmes.

Mother-to-child HIV transmission, for example, is addressed through anti-retroviral treatment which is provided to mothers with HIV, regardless of their CD4 count, throughout their lives. Dr Jibril says this has contributed to a mother-to-child HIV transmission rate of 2%, in line with global standards.

He adds that Botswana is increasing its access to TB screening and that it currently has 100% directly observed treatment coverage, which means all patients are treated under the direct supervision of a treatment supporter.

There are also programmes aiming to eliminate malaria in the country by 2030 and public health efforts to reduce the effect of the recent drought in Southern Africa. The latter can potentially lead to a spike in malnutrition, especially among children, and the Botswana public health service has programmes to feed at-risk children two meals a day and provide them with nutritional supplements on a monthly basis during periods of drought.

While he says the country is facing challenges in its public health sector, he says the system is well supplemented by the private healthcare sector.

## **Private sector a major partner**

The role of private partnerships (PPPs) is crucial in realising quality universal healthcare (UHC) in Africa, according to Clare Omatseye, president of the Healthcare Federation of Nigeria, who adds that 90% of people in Africa currently pay for healthcare out of pocket, which leads to a vicious cycle of indebtedness and further poor health.

“Healthcare is a fundamental human right and we have to be able to find a way to get UHC available to the average person in each of our countries by 2030,” she says.

Omatseye says public and private healthcare sectors should not be viewed as mutually exclusive and can work together to not only provide quality healthcare to the population, but to also operate profitably.

To achieve this, African governments would need to incentivise the private healthcare sector to participate in providing services to the greater population. Omatseye says these incentives could include breaks on equipment duties, guaranteeing payments for the provision of services to those without private health insurance and termination compensation for all cases, including the coverage of equity and all finance charges.

These incentives would not only improve access to quality healthcare but would result in further investment in the sector and assist in greater economic development, which could result in more government revenue to spend on the public health system.

Furthermore, a strong public health sector could entice healthcare workers who have left Africa to return. Omatseye says the health “brain drain” in Africa needs to urgently be addressed and highlighted that while there are 37,000 doctors currently working in Nigeria, there are a further 35,000 Nigerian doctors who have left to work in the US and the UK.

Omatseye concludes, “The private sector will be a major partner in unlocking the potentials of healthcare as a contributor to GDP and together we can make it happen.”

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