



WHO: Universal Health Coverage in Sub-Saharan Africa

According to a report carried out in cooperation with the IMF, half of the world's population – 3,500 million people – do not have access to essential health services. And every year close to 100 million people fall into extreme poverty because they have to pay for medical care.

The most striking outbreak in recent years has undoubtedly been the Ebola virus that was declared in the Democratic Republic of Congo in 2014. Although it affected three very poor West African countries, it highlighted the shortcomings of global health security that posed a risk for everyone. In addition to the great cost in human lives, Ebola had devastating economic effects. The International Monetary Fund revised the growth forecasts of these three countries. The prices of raw materials plummeted, and unemployment and the fiscal deficit increased.

Ebola showed how serious it can be for the world and how the fragility of a country's health system can expose everyone to a global catastrophe. It should be noted that the difference in life expectancy between some countries according to the World Health Organization can be up to 33 years (between rich and poor).

The goal of universal health coverage is to ensure that all people receive the health services they need, without having to go through financial hardship to pay for them. For this, several requirements have to be fulfilled, among which can highlight a solid health system, a financing system for health services, access to medicines and essential technologies, as well as well-trained health personnel.

Countries become more vulnerable when “surveillance systems are not adequate, health professionals do not go to work because they are not paid in a timely manner, there is a shortage of medicines or there are no systems for the prevention and control of infections.”¹ The primary cause of health insecurity is the lack of access by people most vulnerable to essential health services, in other words, the lack of universal health coverage.

New technologies, large amounts of data and e-health will be essential to improve surveillance and expand access to services. However, in many cases, the best defenses do not require major technologies: universal health coverage is available to all countries, whatever their income level. All nations can do more with the resources they have. An example of this is Rwanda, where there is a community-based health insurance program that covers more than 80% of the country's population.

Another pioneering country is China, which in the last 20 years has made massive investments in its health infrastructure and achieved greater equality in the access of its vast population to health services. The result has been large reductions in maternal and infant mortality, better health outcomes and an increase in life expectancy.

¹ Dr. Tedros Adhanom Ghebreyesus, General Director of the World Health Organization. (2018) Dubai.



Public financing is one of the predominant ways to achieve universal health coverage. Subsequently, in countries with high incomes, the percentage of domestic spending for health increased from 66% to 70% and in middle-income countries increased from 48% to 51%. However, in low-income countries, the proportion decreased from 30% to 22% in the current year.

The benefits of this coverage cover diverse areas beyond health, as is the strengthening of the economies of the countries, so that, for many countries, a really serious obstacle is the lack of political will. Evidence of this is the article published in The Lancet Global Health by Karin Stenberg and others, which shows that, even with low income levels, countries can make great progress. There are countries with different degrees of economic development that have managed to establish universal health coverage; however, although it is not safe to say that this is a political rather than an economic challenge, the countries with the greatest shortage of goods and tools for development are the ones that have most harassed in their attempt to cover basic health needs in their respective territories.

It is fair in these last mentioned countered where the biggest problem is found at a global level, with the exceptions of Afghanistan, Haiti and Yemen, the 30 countries that are at the bottom of the ranking, are all in sub-Saharan Africa, with the Central African Republic presenting the worst results. It is necessary to remember and emphasize that this is one the countries with the lowest life expectancy in the world.

WHO works around the world to strengthen health systems focused on the promotion of health and the prevention of diseases, paying special attention to surveillance systems. At the 2015 World Health Assembly, all countries were challenged to take concrete steps to make universal health coverage a reality for all by the year 2030.

In order to fulfill this mission, various international and national organization have been created that seeking to comply with his objective; among them is the Alliance for Universal Health Coverage (UHC Partnership), an effort between the European Union, Luxembourg and the Republic of Ireland to help countries with worse health coverage reach the global goal by 2030. TO mention that, within the countries benefited by this alliance, most of the nation's belonging to the African territory located south of the Sahara are located (Chad, Guinea, Guinea Bissau, South Sudan).

There are even nations that help these African countries individually as Japan has done in recent years through the Japan International Cooperation Agency (JICA), through strong charismatic donations and substantial humanitarian aid in the search for a solution to the outbreak, existing in sub-Saharan Africa.

But the critical situation is that, due to the precarious development in general sub-Saharan African countries, it is difficult even to gather specific, necessary and extremely important data to attack their main problems. In fact, the grates amount of information related to the health of its nationals that can be obtained is not thanks to its government, but to the international organization that look after health, such as Doctors Without Borders.



In the words of the current General Director of the WHA: “Governments must go from words to deeds and ensure a safe level of funding for contingencies related to health emergencies.” And without a doubt pull all the resources and efforts necessary to ensure to the entire world population a health security regardless of economic, ethnic or geographical conditions.

Guided Questions:

1. What political strategies are necessary to make progress in terms of Universal Health Coverage?
2. What is the resolution adopted by all the Member States of WHO in Universal Health Coverage?
3. What measures is the international community taking to combat the problem and help countries that are lagging behind in health coverage?
4. Is there a commitment to which more than one nation is imperative or juxtaposed? If so, is it an obligation to your nationals or also to other nations?
5. What can countries with worse health coverage such as Afghanistan, Haiti, Yemen and those in sub-Saharan Africa do to get out of this situation by achieving better health coverage in their territories?
6. How is the state of poverty and the difficulty in the transition to universal coverage of citizens related to the achievement of internationally agreed development goals?
7. What political obstacles must be overcome to achieve this transition and what are the means to achieve it?
8. In these countries there are alarming life expectancy levels, what policies should countries such as Guinea take to prevent their population from having such a low life expectancy?
9. The UN has not been able to intervene much in this situation, however, what do you think would be the best way for the United Nations to act in this African region?
10. Diseases such as cholera and malaria cause public health expenditures to focus on these diseases. Is there any nation in the African continent that is an example to follow in terms of public health expenditures? And if there is, who and what do they do?

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