

THE AFRICAN HEALTHCARE SYSTEM: A PEEP AT THE CHALLENGES AND PROSPECTS*

Abstract

The African healthcare system stands at a critical juncture, navigating a complex landscape of challenges and opportunities. This research delves into the multifaceted issues facing healthcare delivery across the continent while also identifying promising pathways for improvement. Drawing upon a comprehensive review of literature, statistical data, and qualitative analysis, this study examines key challenges such as inadequate infrastructure, limited access to essential services, disparities in healthcare quality, and persistent health crises. Moreover, it explores the socio-economic, political, and cultural factors that underpin these challenges, shaping the contours of healthcare provision in diverse African contexts. Amidst these challenges, however, lie promising prospects for transformation. Innovations in technology, collaborative partnerships, and policy reforms offer avenues for enhancing healthcare accessibility, affordability, and effectiveness. Furthermore, grassroots initiatives, community engagement, and a growing emphasis on preventative care signal a shift towards holistic healthcare paradigms. By synthesizing existing knowledge and highlighting emerging trends, this research provides valuable insights for policymakers, healthcare practitioners, and stakeholders invested in advancing the African healthcare system towards greater resilience, equity, and sustainability.

1. Introduction

The African Healthcare system represents one of the most interesting ironies in human history. The system is prominent for being characteristic of environments where sick hospitals are expected to cure sick people and weak medical and healthcare systems are expected to provide healing for weak people. The expectation from the system does not in any way commensurate the inputs or investment towards its growth and development. The system is deeply plagued with myriads of problems or challenges which principally include inadequate human resources, insufficient budgetary allocation by governments to the health sector, poor leadership and management, staggering educational/training foundation, poor maintenance of the infrastructure supporting the healthcare system, and a lack of political will.¹ Other factors include low quality healthcare services, high rates of illness, corruption in the healthcare system, inadequate leadership and administration, a lack of evidence-based interventions, inadequate resource management, inadequate training and education for healthcare professionals, inadequate healthcare management

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¹ O.O. Oleribe, *et al*, 'Identifying Key Challenges Facing Healthcare Systems In Africa And Potential Solutions' *National Library of Medicine*, 2019 available at <doi:10.2147/IJGM.S, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6844097/>, accessed on 5 November 2023.

information systems (HMIS), a lack of prioritization of healthcare initiatives, and professional rivalry.² This paper takes a critical look at the state of the African healthcare system, the challenges and prospects.

The majority of African healthcare systems are in impractical states and produce really bad health results. Numerous studies have examined the difficulties facing the African healthcare system, and this paper critically examines these problems.³ It is argued that the biggest obstacle facing Africa's health sector is a lack of human resources. This illustrates the intricacy of the task at hand by being both overt and concealed. It is overt in the sense of insufficient quantity, variety, and distribution brought about by insufficient production from training facilities or medical institutions; brain drain to Europe, America, and Asia; and unfavorable legislative measures that inhibit employment in the public sector. Covert causes include a lack of willing healthcare staff to provide services, which arises from strikes, choosing to work in private practices rather than public hospitals, moving domestically to large cities, and having a negative attitude towards one's job.⁴

Since the 1940s, national and international health policy makers, practitioners, and providers have endeavored to tackle the health issues and requirements of the populace, with a special focus on sub-Saharan Africans. Few measures, meanwhile, have been effective. The focus of recent discussions has been on how to advance the Millennium Development Goals (MDGs), achieve universal health coverage, and fortify health systems. Nonetheless, the bulk of these discussions are essentially driven by the viewpoints of health professionals and providers, paying little attention to the opinions and perceptions of end consumers. Even while advocating for more health funding is still crucial in many sub-Saharan African nations, there is a significant amount of unrealized potential in the end-users' human capital and local knowledge.⁵

2. Examining the African Healthcare System

The term 'Healthcare System' seems complex and almost incapable of a particular definition. Efforts have been advanced by authors and organizations to define healthcare system but of concern is the fact that there is no universal definition for it. Healthcare

²*Ibid.*

³O.O. Oleribe, D. Udofia, O. Oladipo, T.A. Ishola, S.D. Taylor-Robinson, 'Healthcare Workers' Industrial Action in Nigeria: a Cross-sectional Survey of Nigerian Physicians, *Hum Resour Health*, available at <2018;16(1):54>.doi: 10.1186/s12960-018-0322-8 [PMC free article] [PubMed] [CrossRef] [Google Scholar] [Ref list], accessed on 5 November, 2023.

⁴WHO, 'Everybody's Business: Strengthening Health Systems to Improve Health Outcomes: WHO's Framework for Action', *Switzel: World Heal Organ Geneva; 2007*. [Google Scholar] [Ref list]

⁵WHO Regional Office for Africa, 'Health Systems in Africa: Community Perceptions and Perspectives', *Report of a Multi-Country Study*, June 2012, Brazzaville, Republic of Congo.

system is often defined with a reductionist approach. Different views have been developed by different authors to expand the concept of healthcare system while pointing out different areas and dimensions that should be considered. For some, healthcare system should in addition to institutional or supply side of the health system, also include population while some hold that health systems should be expressed in terms of their interrelationship and not just in their components only.⁶The World Health Organization defines a health system as:

a system consisting of all organizations, people and actions whose primary intent is to promote, restore or maintain health. This includes efforts to influence determinants of health as well as more direct health-improving activities. A health system is, therefore, more than the pyramid of publicly owned facilities that deliver personal health services. It includes, for example, a mother caring for a sick child at home; private providers; behaviour change programmes; vector-control campaigns; health insurance organizations; occupational health and safety legislation. It includes inter-sectoral action by health staff, for example, encouraging the ministry of education to promote female education, a well-known determinant of better health.⁷

According to Lima,⁸ all institutions, individuals, and behaviors whose main goal is to maintain, promote, or restore health, make up a health system. This covers both more direct health-improving initiatives and attempts to impact health factors. Therefore, it goes beyond the pyramid of publicly funded establishments providing individual medical care. A mother tending to a sick kid at home is one example, as are private providers; behavior modification programmes; vector control initiatives; health insurance companies; and laws pertaining to occupational health and safety. It involves cross-sectoral action by health professionals, such as pushing the ministry of education to support female education, which is a known predictor of improved health.

Healthcare Systems have also been defined in a broad sense, to include the entire spectrum between population-based services for public health and patient-specific

⁶J. Frenk, "The Global Health System: Strengthening National Health Systems as the Next Step for Global Progress", *PLOS Med*, available at <7(1):e1000089. doi:10.1371/journal.pmed.1000089. PMC 2797599. PMID 20069038>, accessed on 5 November, 2023.

⁷"Everybody's Business,'Strengthening Health Systems to Improve Health Outcomes : WHO's Framework for Action' (PDF). WHO. 2007,*Switzel: World Heal Organ Geneva; 2007*.

⁸ L. Lima, 'Healthcare System', *Free Online Palliative Care Dictionary*, available at <https://pallipedia.org/health-care-system/ Last accessed 19/12/2023, accessed on 5 November, 2023.

medical care. Health systems encompass much more than just hospitals and doctors, whose work frequently centers on tertiary prevention (averting complications among patients with established disease), as described in earlier Institute of Medicine publications. Primary and secondary prevention are also issues in public health and clinical care.

This assertion is fully supported by the report of a Multi-Country Study carried out by the World Health Organization Regional Office for Africa on Community Perceptions and Perspective on the African Health System where traditional or tradomedical practitioners are taken to be main providers of remedies to ailments not taken to conventional healthcare facilities.⁹ It is therefore imperative to consider the concept of traditional medicine.

2.1 Traditional Medicine and the African Health System.

The oldest system of healthcare that has endured through the ages is traditional medicine, sometimes referred to as cultural medicine, folk medicine, native healing, or alternative health care. Humans have utilized this age-old, culturally specific therapeutic technique to deal with a variety of illnesses that have threatened their survival and way of life. As a result, traditional medicine is wide and varied. Consequently, various communities have developed their own indigenous therapeutic techniques that fall under the general heading of traditional medicine, such as Chinese, Indian, and African traditional remedies.

Traditional medicine is the term for the knowledge, abilities, and practices utilized in the preservation of health as well as the diagnosis, improvement, and treatment of physical and mental illness. These practices are founded on the theories, beliefs, and experiences that are native to many cultures. In many countries, supplementary or alternative medicine is sometimes used to refer to traditional medicine. The most widely used type of traditional medicine in the region is herbal therapy, which is utilized as primary care by 70% to 80% of the population. The availability of safe and efficient standard and alternative treatments could play a significant role in expanding access to health care services, as one-third of the population lacks access to key medications.

In most of the African communities, access to healthcare, particularly conventional or cosmopolitan medicine is difficult, especially to the rural or sub-urban dwellers. One very interesting thing is that these rural dwellers have continually invented traditional medical sciences and arts that serve as reasonable alternatives to conventional medicine. There is

⁹ WHO Regional Office for Africa, 'Health Systems in Africa: Community Perceptions and Perspectives', (Report of a Multi-Country Study, June 2012, Brazzaville, Republic of Congo).

huge reliance on trado medical practices because of the potency it offers and the curative results produced. Barks, leaves, nuts, fruit juices, roots, and parts of domestic animals are all used by traditional healers. These traditional healers go by several names, including juju priests, diviners, herbalists, and witch doctors, and they primarily work in Africa, Asia, and other Third World nations. There are cases where their contributions to curative and preventative health have been successful. For instance, patients in Nigeria frequently see both conventional and traditional medical professionals. In addition to performing tonsillectomy and uvulectomy, their treatments include treating the extremely toxic carpet viper bite, chronic bronchitis, peptic ulcers, and heart issues. Quinine was first used by the Incas of Peru as a ceremonial medicine to treat malaria.¹⁰

It has been demonstrated that the Neem tree, *Azadirachta Indica* (Meliaceae), which is used to treat malaria in Nigeria, India, and Asia, possesses strong antiplasmodial properties. In Indian Ayurvedic medicine, the plant *Streblus as per*, Linn (*Shakhotoha Siora*) is widely used to cure fever, diarrhoea, dysentery, and filariasis. Utilized in a West Indian treatment for diabetic mellitus, the alkaloids obtained from the Madagascar periwinkle *Catharanthus roseus* (Apocynaceae) exhibit anticancer action. In Mice, the medication maytensine—obtained from *Mytenus ovatus* Loes (Celastraceae) was shown to be a potent anticancer agent. In addition to triggering labour, *Osyris wightiana* leaf tea was found to increase the production of breast milk, *Begonias saponariae* with *Enterobbium*.¹¹

Even though there has been keen reluctance regarding traditional medicine in Africa,¹² traditional medicine is still used on the continent today despite hundreds of years of use and few documented occurrences of negative side effects.¹³ Interestingly, herbal medication is the first line of treatment for 60% of children with high fevers caused by malaria in countries like Ghana, Mali, Zambia, and Nigeria.¹⁴ In Burkina Faso, Carpenter

10M. Osujih, 'Exploration of the Frontiers of Tradomedical Practices: Basis for Development of Alternative Medical Healthcare Services in Developing Countries', *National Library of Medicine Journal*, available at <<https://pubmed.ncbi.nlm.nih.gov/8410912/>>, accessed on 07/01/2024.

¹¹*ibid.*

¹²R.A. Bello, 'Integrating the Traditional and Modern Health Care System in Nigeria: A Policy Option for Better Access to Health Care Delivery', in H. Saliu, A. Jimoh, T. Arosanyin, (eds), *The National Question and Some Selected Topical Issues on Nigeria* (Ibadan: Vantage Publishers, 2006).

¹³R.N. Okigbo, E.C. Mmekka, 'An Appraisal of Phytomedicine in Africa' *KMITL Science and Technology Journal*, 2006;6(2)83–94.

¹⁴WHO, *General Guidelines for Methodologies on Research and Evaluation of Traditional Medicine*, Geneva: World Health Organisation, 2000.

et al¹⁵ found that rheumatic and neurological symptoms were driving up demand for traditional medicine. Approximately 70% of Ghanaians are predominantly dependent on traditional medicine.¹⁶ Lekotjolo¹⁷ and Mander,*et al*¹⁸ estimate that some 27 million South Africans, primarily black South Africans, utilize traditional medicine to cure a range of illnesses. According to Makundi *et al*,¹⁹ traditional medicine has made a substantial contribution to the treatment of *degedege*, or convulsions, in rural Tanzania. Sometimes patients combine traditional medicine with contemporary treatment to lessen the discomfort brought on by illness and disease. Amira and Okubadejo²⁰ found that contemporary or alternative medicine therapies were used by a sizable portion of hypertension patients at the tertiary health centre in Lagos, Nigeria, who were undergoing conventional treatment.

Consequently, the World Health Organization has recognized the roles that traditional healers play in the provision of healthcare generally, especially in developing nations.²¹ The World Health Organization states that native healers have aided in the provision of healthcare for a wide range of conditions, including mental and geriatric health issues, non-communicable disease management and prevention, and therapy. Additionally, there is growing evidence that alternative medicine can effectively manage chronic disorders. Traditional Medicine is taught at US medical schools as part of the curriculum.²² Maybe some key questions to consider are: Why are alternative medicine demands increasing globally? And why the abrupt worries?

The extensive usage of traditional medicine and the recent concern over analyzing and evaluating the medicine's effectiveness worldwide have been attributed to a number of

¹⁵L. Carpentier, T. Prazuck, F. Vincent-Ballereau, L.T. Ouedraogo, C. Lafaix, 'Choice of Traditional Modern Treatment in West Burkina Faso, *World Health Forum*. 1995;16:198–210.

¹⁶H. Roberts, 'ACCRA: A Way Forward for Mental Health Care in Ghana? *Lancet*. 2001;357(9271):1859.

¹⁷N. Lekotjolo, 'Wits Starts Training of first 100 Sangomas this Year', *The Times*, 2009 Jul 15:8.

¹⁸Mander M, Ntuli L, Diederichs N, Mavundla K., '*Economics of the Traditional Medicine Trade in South Africa*'. 2007. (accessed from http://www.hst.org.za/uploads/files/chap13_07/01/2024).

¹⁹Makundi E A, Malebo H M, Mhame P, Kitua A Y, Warsame M. 'Role of Traditional Healers in the Management of Severe Malaria among Children below Five Years of Age: the Case of Kilosa and Handeni Districts, Tanzania' *Malaria Journal*. 2006;5(58):1–9.

²⁰Amira OC, Okubadejo NU. 'Frequency of Complementary and Alternative Medicine Utilization in Hypertensive Patients Attending an Urban Tertiary Care Centre in Nigeria' *BMC Complementary and Alternative Medicine*. 2007;7(30):1–5.

²¹WHO, 'Legal Status of Traditional Medicine and Complementary/Alternative Medicine: A Worldwide Review,' Geneva: World Health Organisation, 2001.

²²M.S. Wetzel, Einsenberg DM, Kaptchuk TJ. 'Courses Involving Complementary and Alternative Medicine at US Medical Schools' *JAMA*. 1998;280:784–787.

issues. Numerous traditional remedies have been found to be significant and useful treatment regimens in the management of a wide range of disorders, some of which may not be adequately handled with Western medications, according to research. Traditional Medicine "is thought to be desirable and necessary for treating a range of health problems that Western medicine does not treat adequately," among the black population of South Africa, according to Mander.²³ Nigerian medicinal plants have been shown to be effective in managing a wide range of diseases, including those that are used to treat opportunistic infections linked to HIV/AIDS.²⁴ At least 522 medicinal species have been discovered by and are utilised in Nigeria to treat a wide range of illnesses.²⁵

In Nigeria, there is also evidence of the medicinal benefits of insects.²⁶ According to Banjo,*et al*,²⁷ certain Ijebu Remos insects can be utilised for spiritual protection, the creation of love medicine, the treatment of ocular and ear issues, and the avoidance and management of pediatric convulsions. Similarly, arthropods are said to be utilised to treat a wide range of illnesses that cannot be managed with Western medications and therapies, including yellow fever ('iba apanju'), bedwetting ('atole'), thunderbolt ('magun'), childbirth ('igbebi'), and many other conditions.²⁸

Furthermore, the extensive use of traditional medicine in middle-class and lower-class countries, particularly in Africa, may have been influenced by the lack of access to contemporary medications and pharmaceuticals for the treatment and management of illnesses in these areas, particularly in impoverished homes. Drugs were apparently out of reach for a substantial portion of the populace in a recent research conducted in 36 low- and middle-income countries by the World Health Organization and Health Action International (HAI).²⁹

²³M. Mander, L. Ntuli, N. Diederichs, K. Mavundla, *Economics of the Traditional Medicine Trade in South Africa*, 2007, available at <http://www.hst.org.za/uploads/files/chap13_07, accessed on 27 March, 2009.

²⁴E.E. Enwereji. 'Important Medicinal Plants for Treating HIV/AIDS Opportunistic Infections in Nigeria' *Middle East Journal of Family Medicine*. 2008;6(3):21–28.

²⁵J.W. Kiringe, 'Ecological and Anthropological Threats to Ethno-Medicinal Plant Resources and their Utilization in Maasai Communal Ranches in the Amboseli Region of Kenya' *Ethnobotany Research and Applications*, 2005;3:231–241.

²⁶A.D. Banjo, O.A. Lawal, O.A. Owolana, J.S. Ashidi, G.A. Dedeke, D.A. Soewu, S.O. Owara, O.A. Sobowale, 'An Ethnozoological Survey of Insects and their Allies Among the Remos (Ogun State) South Western Nigeria' *Indilinga African Journal of Indigenous Knowledge System*, 2003; 2:61–68.

²⁷*Ibid*.

²⁸O.A. Lawal and A.D. Banjo, 'Survey for the Usage of Arthropods in Traditional Medicine in Southwest Nigeria' *Journal of Entomology*. 2007;4(2):104–112.

²⁹A. Cameron, M. Ewen, D. Ross-Degnan, D. Ball, R. Laing, 'Medicine Prices, Availability, and Affordability in 36 Developing and Middle-Income Countries: A Secondary Analysis', *Geneva: The World Health*, 2008.

Some authors have proposed that the traditional medical system be integrated into the mainstream of health care services in order to improve accessibility to health care, in light of the growing demand for traditional medicine, and the contributions of this field to the overall health delivery system, particularly in Africa.³⁰

Obute³¹ asserted that ‘the South East Nigerian people have their rich traditional medicine that should be properly organized and formally integrated into the regular healthcare delivery system, like all peoples of the world.’ Odebiyi³² holds the same view that doing this will improve primary healthcare in two ways: first, by raising the standard of care and second, by making primary care more affordable. Similarly, the 2000 resolution passed by the Regional Committee for Africa acknowledged the potential of technology transfer to bring about universal health coverage throughout the African Region and recommended a faster pace of local production growth.³³ The World Health Organization published methodologies on research and evaluation of traditional medicine³⁴ and ‘guidelines for assessing the quality of herbal medicines with reference to contaminants and residues³⁵’ (to guarantee that people have access to the necessary information for using traditional medicine effectively and that Member States adopt appropriate methodology in their efforts to incorporate the medicine into the mainstream of healthcare).

Traditional medicine practice and practitioners have been greatly confronted with huge limitations all over Africa. To fully achieve the goal of regulating, standardizing, and integrating traditional medicine in Africa, these issues and challenges must be resolved. Firstly, the belief that traditional medicine defies scientific procedures in terms of objectivity, measurement, codification, and classification is a common one in the medical community. This belief stems from the ethnocentric and medicocentric tendencies of the Western hegemonic mentality, which are typically paraded by most stakeholders in modern medicine.

³⁰R.N. Okigbo, E.C. Mmeka, ‘An Appraisal of Phytomedicine in Africa’ *KMITL Science and Technology Journal*. 2006;6(2):83–94.

³¹G.C. Obute, ‘*Ethnomedicinal Plant Resources of South Eastern Nigeria*’ 2005, available at <<http://www.siu.edu/~ebl/leaflets/-obute.htm>, accessed on 07/01/2024.

³²A.I. Odebiyi, ‘Western Trained Nurses Assessment of the Different Categories of Traditional Healers in South Western Nigeria’, *International Journal of Nursing Studies*. 1990;27(4):333–342.

³³WHO, ‘WHO Traditional Medicine Strategy 2002–2005’ Geneva: *World Health Organisation*, 2002.

³⁴WHO, ‘General Guidelines for Methodologies on Research and Evaluation of Traditional Medicine, Geneva: *World Health Organisation*, 2000.

³⁵WHO, ‘WHO Guidelines for Assessing Quality of Herbal Medicines with Reference to Contaminants and Residues’ Geneva: *World Health Organisation*, 2007.

There is the most difficult task of scientifically evaluating the spiritual components of traditional medicine. Once more, considering the ethnocentric inclinations of contemporary medicine, there is a big challenge posed by who teaches physicians about the ontology, epistemology, and effectiveness of African Traditional Medicine if it is eventually integrated. Put differently, given the intrinsic ideological and epistemological distinctions between the two treatments, who judges the efficacy and effectiveness of alternative or traditional medicine? Because of these challenges, some academics argue that traditional medicine and western medicine should be let to function, advance, and prosper separately from one another.³⁶ This position is frowned at, especially as the fusion or integration of both seemingly parallel lines of practices may bury or carpet the integrity and face of the traditional medicine which touches on the actual medical identity of the African continent. The reason is simple, the integration of traditional medicine into cosmopolitan medicine would confer superiority status to cosmopolitan medicine thereby dwarfing and undermining the integrity of Africa's traditional medicine.

Notwithstanding the above challenge, there is another problem associated with the traditional medicine practices which is the rising spate of quackery amongst traditional healers in Africa. Pretorius³⁷ similarly notes that 'in the current economic climate and amid the concomitant unemployment, there is a marked increase in the ranks of traditional healers, among whom there are, unfortunately, quite a number of charlatans.' To resolve these challenges, it is expedient that there is an activation of the requisite political will to tackle these challenges amongst the African leaders. Furthermore, legal frameworks are also desperately needed to put an end to quacks and charlatans who practice traditional medicine, even if several African nations are starting to see the emergence of such frameworks. For the benefit of the millions of people in Africa who rely on traditional medicine, it is only through their sincere pursuit that the goals of regulating, re-branding, and standardizing alternative medicine products as well as the suggested collaboration between traditional and contemporary medicines can be achieved.

2.2 Diagnosing the Issues Bedeviling the African Health System

Issues with health systems across the globe differ from nation to nation. Human resources issues garner greater attention in nations with lower Human Development Indexes (HDI), but problems with health care delivery are more common in those with extremely

³⁶Konadu K. 'Medicine and Anthropology in Twentieth Century Africa: Akan Medicine and Encounters with (Medical) Anthropology', *African Studies Quarterly*, 2008;10(2&3), available at <<http://africa.ufl.edu/asq/v10/v10i2a3.htm>>, accessed on 08/01/2024.

³⁷E. Pretorius, 'Traditional Healers', *South African Health Review* (5th Edition, Durban: Health Systems Trust, 1999) pp. 249–256.

high HDIs.³⁸ Over time, human-caused problems spanning institutional, human resource, financial, technical, and political changes have plagued healthcare systems in Africa. In tackling the menace that has pervaded the health systems, a framework that breaks down healthcare systems into six main 'building blocks' was proposed by the World Health Organization in 2007, to wit:

- a. Service delivery;
- b. Healthcare workforce;
- c. Healthcare information systems;
- d. Medications and technologies;
- e. Financing; and
- f. Leadership/Governance

Most African nations fall short of the minimal standards needed for effective healthcare systems. In countries with limited resources, inadequate service integration is correlated with poor governance and issues with human resources.³⁹

Numerous studies have identified major problems with the global healthcare system and suggested fixes. But given the obstacles African healthcare systems confront, comprehensive research is necessary to find, develop, and put into practice contextual solutions that improve population health significantly while using resources as efficiently as possible. These challenges are mainly inadequate human resources, insufficient budgetary allocation by governments to the health sector, poor leadership and management, staggering educational/training foundation, poor maintenance of the infrastructure supporting the healthcare system, and a lack of political will. Other factors include low quality healthcare services, high rates of illness, corruption in the healthcare system, inadequate leadership and administration, a lack of evidence-based interventions, inadequate resource management, inadequate training and education for healthcare professionals, inadequate healthcare management information systems (HMIS), a lack of prioritization of healthcare initiatives, and professional rivalry. A few of these challenges shall be briefly discussed in this paper.

(i) Inadequate Budgetary Allocation and Poverty

The place of adequate budgetary allocation to the health industry is very critical and essential to achieving a resounding health system that will also compete with other

³⁸F. Roncarolo, A. Boivin, J.L. Denis, R. Hébert, P. Lehoux, 'What Do We Know about the Needs and Challenges of Health Systems? A scoping review of the international literature, *BMC Health Serv Res.* 2013;17(1):636.

³⁹I. Petersen, D. Marais, J. Abdulmalik, *et al*, Strengthening Mental Health System Governance in Six Low- and Middle-Income Countries in Africa and South Asia: Challenges, Needs and Potential Strategies, *Health Policy Plan.* 2017;32(5):699–709.

continents of the world favorably. Africa has had a terrible trend of undermining the health sector in its budgetary allocations. In realization of the place of adequate funding for the health system, the member states of the African Union met in Abuja in 2001 and subscribed to being fully committed to allocating 15% of their government annual budgets to health as a healthy people bring about a healthy nation.

Ten years after the proclamation, in 2011, 27 African nations raised the percentage of their budgets allotted to health care. Only South Africa and Rwanda, nevertheless, had accomplished the 15% goal. As a percentage of their overall national budgets, seven had actually cut their health spending. By 2016, things had gotten worse. Compared to the early 2000s, 19 African nations were spending less on health as a percentage of their total public spending. In 2023, Nigeria has for the first time recorded the highest budgetary allocation after her AU commitment to allocate 15% of her allocation to the health sector. The increase notwithstanding, only 5.75% of the total budget was allocated to the health sector.

The acute lack of medical resources has drawn attention to the deplorable conditions of public health systems in Africa and the distance that needs to be covered to guarantee that healthcare is both inexpensive and available to everyone. According to a recent Mo Ibrahim Foundation analysis, just ten African nations offer free universal healthcare. Similarly, according to an Afrobarometer assessment, more than half of the continent's population did not have access to basic healthcare at least once a year even prior to the COVID-19 pandemic. When using public health facilities, the majority of people report having to wait in lengthy lines, frequently never receiving the care they need, or needing to pay for attention.⁴⁰

It is expensive to achieve better health, and many African nations have little financial resources. African nations currently pay \$8 to \$129 per person on health care, while high-income nations spend more than \$4,000. There are a number of reasons behind this, but the most important one is that African nations have low GDPs and inefficient tax collection rates, which are made worse by poor budget allocations to the health sector as a result of conflicting priorities.⁴¹ Even though Africa has recently had faster economic growth than other regions, government spending on health does not always rise as

40J. Biegon, '19 Years Ago Today, African Countries Vowed to Spend 15% on health.', <https://africanarguments.org/2020/04/19-years-africa-15-health-abuja-declaration/>, accessed 10/01/2024.

⁴¹Agnes Gatome and Nkechi Olalere, 'Public Financing for Health in Africa: 15% of an Elephant is not 15% of a Chicken', Africa Renewal, available at <<https://www.un.org/africarenewal/magazine/october-2020/public-financing-health-africa-when-15-elephant-not-15-chicken>>, accessed 10/01/2024.

African nations get wealthier. For instance, government health spending as a percentage of total spending fell in 21 African nations between 2001 and 2015.⁴²

Government resources have been overshadowed by development aid for health, leading to a reliance on donors that is complicated the transition of nations with diminishing donor support and insufficient strategies to counterbalance this shift in resources. The amount of money allocated for health care is further reduced by inefficient spending and waste. The most vulnerable people are those who suffer from low government funding, which leads to high out-of-pocket costs and an unfair healthcare system that only provides access to those who can afford it.

There have been obstacles that we currently need to overcome. In actuality, making sure health systems have enough resources and are using them to their fullest potential is more crucial than meeting budgetary goals. The most practical ways to raise health-related resources are to prioritize the health sector more and spend more on it.

(ii) Inadequate Human Resources for Health

Africa's lack of qualified workers and the continent's overall health workforce continue to be major obstacles to the continent's goal of attaining universal health coverage. Even while Africa's health system has always had to deal with a drastically understaffed labor force, the continent's already frail health system is made even more vulnerable by the significant brain drain brought on by growing economic pressures and piecemeal health care reforms. The World Health Organization reports that there are less than 23 health workers per 10,000 inhabitants in 57 countries worldwide, with sub-Saharan Africa making up 63% of these nations.⁴³

Africa is struggling to manage roughly 25% of the global disease load with only 3% of the world's health staff due to a complex web of issues affecting the continent's health workforce. This stands in stark contrast to the Americas, which account for only 10% of the world's illness burden yet are home to 37% of the world's health professionals.⁴⁴

There is a significant geographic difference within the majority of African countries, therefore this discrepancy in the region's health workforce is not limited to the continent. Due to the reluctance of most health professionals to work in underdeveloped primary health facilities and in rural areas with limited social amenities, the distribution of health personnel is biased towards metropolitan areas at the expense of rural communities.

⁴²*ibid.*

⁴³C. Anyakora, 'Addressing the Crisis of Inadequate Human Resources in Africa's Public Health sector available at <<https://businessday.ng/columnist/article/addressing-the-crisis-of-inadequate-human-resources-in-africas-public-health-sector/>>, accessed on 11/01/2024.

⁴⁴*ibid*

There are a number of direct and indirect reasons that have contributed to the severe shortages in Africa's health workforce. These include, among other things, low pay and benefits with inconsistent salary payments; deteriorating health infrastructure; limited opportunities for professional advancement; a rise in health worker migration in search of better opportunities, a low health budget, and ineffective financial resource management, a lack of training capacity in public health training institutions; inconsistent leadership in the healthcare industry and a lack of commitment to addressing issues with human resources in the industry; and the use of antiquated practices and technology that reduce productivity and place an increased burden on health workers.

(iii) Incompetent Leadership and Management

Hospitals are the hub of healthcare organizations (HCOs), which are regarded as large, complex, modern organizations because of their advanced practices and diverse resources⁴⁵. The knowledge, abilities, and individual incentives of human resources determine how well HCOs perform⁴⁶. Given the importance of this resource, a constant leadership is needed to achieve high performance and expand employees' capacities to improve the quality of care and results. Managing uncertainty and promoting cultural and behavioral changes are essential for leaders in the quality improvement process. Incompetence in any industry can suffer from poor leadership, but the stakes are especially high in the healthcare sector. Leaders are accountable for the health and happiness of their team members as well as patients. In the healthcare industry, poor leadership can have catastrophic effects on patients, staff burnout, morale, turnover, and productivity.

3. Conclusion and Recommendations

It is very evident that the African Healthcare system is at the brink of collapse. It is sick at all levels and requires serious interventions. Improving and developing the African healthcare system is crucial for enhancing the well-being of its population. The following are some useful recommendations:

(i) Investment in Infrastructure: Given the dilapidated state of our medical and health infrastructure, it is astute to build and upgrade healthcare facilities, including hospitals, clinics, and medical laboratories, especially in rural and under-served areas. This includes ensuring access to clean water and electricity, which are essential for healthcare delivery.

(ii) Training and Retention of Healthcare Workers: It is recommended that Governments in Africa should invest in training programs to increase the number of healthcare professionals, such as doctors, nurses, midwives, and community health workers. They should implement strategies to retain healthcare workers, including providing competitive

⁴⁵D. Weberg, (ed.), 'Complexity Leadership: A Healthcare Imperative, Nursing Forum, 2012, *Wiley Online Library*.

⁴⁶J. Storey and R. Holti, *Towards a New Model of Leadership for the NHS*, 2013.

salaries, improving working conditions, and offering professional development opportunities.

(iii) Enhanced Primary Healthcare: Strengthening primary healthcare services to provide essential services, preventive care, and early detection of diseases is recommended as being essential. This includes expanding access to vaccinations, maternal and child health services, family planning, and basic diagnostic and treatment services.

(iv) Health Information Systems: There should be a valid strategy to Implement robust health information systems to collect, analyze, and utilize data for decision-making, resource allocation, and monitoring of health indicators. This includes electronic medical records, disease surveillance systems, and health management information systems.

(v) Access to Essential Medicines and Technologies: Ensure availability and affordability of essential medicines, vaccines, and medical technologies. This involves strengthening pharmaceutical supply chains, reducing tariffs and taxes on medical products, and promoting local production of pharmaceuticals.

(vi) Public-Private Partnerships (PPPs): Foster partnerships between governments, private sector entities, non-governmental organizations (NGOs), and international organizations to leverage resources, expertise, and innovation in healthcare delivery.

(vii) Community Engagement and Empowerment: Involving communities in healthcare planning, implementation, and monitoring to ensure that services are culturally appropriate, accessible, and responsive to local needs is highly recommended. This includes community health education, mobilization, and participation in health promotion activities.

(viii) Health Financing Reform: There should be a deliberate effort to strengthen health financing mechanisms, such as social health insurance, community-based health insurance, and taxation, to increase financial risk protection and ensure equitable access to healthcare services.