

Health Systems as a Neglected Developmental Pillar: The case of Ebola in West Africa

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At a macro-level there appears to be a shift taking place in health care in Africa and related outputs.¹ Weak and burdened management of social services is unable to cope with the ever-increasing human development challenges which unfortunately continue to linger on even today on the continent. As a developmental state-building pillar and human right, access to public health care remains widely limited, with many health systems still largely underdeveloped and suffering from 'brain drain' and the effects of dwindling education systems. Now more than ever it is crucial that African leadership give due consideration to the developmental rewards of an efficient and effective health care system – something which has been largely neglected thus far. It comes as no surprise that Africa was unable to come forward as a primary respondent with an adequate response to the West African Ebola crisis of 2014. The World Health Organisation (WHO) defines a health care system as a collection of institutions, organisations and resources whose primary function is to improve health through responsiveness and financial fairness.² A central requirement for such a system to operate well is that it should be highly interdependent, requiring intact stewardship in order for all actors concerned to benefit and progress.

Introduction

Liberia, Sierra Leone and Guinea were hard hit in early 2014 by the largest outbreak yet of Ebola in history. Margaret Chan, the Director General of

WHO, reported a systemic failure in the response to and management of the crisis,³ evident from a failure to respond to the Ebola outbreak by institutionalised leadership, political as well as non-political, representing a lack of commitment

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The purpose of this paper is to highlight how health is compromised in Africa. It seeks to question and analyse the predicaments faced by a number of African countries, particularly the western region as a result of the crisis caused by the Ebola epidemic. It also points to the importance of understanding the systemic and political impediments that have resulted in African health care becoming a marginalised developmental pillar

to execute fundamental in-house declarations like the Ouagadougou Declaration⁴ of 2008 on primary health care and health systems. This failure to implement and adhere to in-house declarations like the Ouagadougou health care and health systems policy is a clear indication that the fundamental building blocks – that is, the available resources – are inadequate or neglected. The current state of the health systems in the aforementioned countries and indeed on the continent contradicts the very first two points on the declaration, relating to economic development and governance, with the first point stating that '[t]he strong interrelationship among health determinants such as economic development, governance, education, gender, food security and nutrition, environment, peace, and security underscores the need to address health determinants in Africa, especially in 'resource-poor' settings where health inequalities and limited access to healthcare are more critical' – for if people are not placed at the centre of the economy, it becomes futile to expect any growth or development.

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Why are health systems an important developmental pillar for Africa?

Africa's human capital is one of the continent's most important resources in driving its overall development; and healthy human beings are central to development from a holistic perspective. Development that marginalises people should not be recognised at any cost, and this includes marginalisation based on health status. Uroh

(1998:3),⁵ in analysing Osia's work (1987),⁶ provides the following distinction between development and economic growth:

'Development so conceived is not to be taken as a synonym for economic growth, though sometimes the line of symmetry here could be rather very thin. While the latter denotes an increase in the total output of the economy, usually measured in terms of per capita income and not necessarily on how the benefits and liabilities of the society are distributed among the populace (quantitative growth, if you like), genuine development entails a qualitative increase or decrease, as the case may be, in inequality among the people – more or less marginalization among them or more democratic or authoritarian political regimes and so on.'

Current health care failings in Africa may be mainly attributed to remnants of the historical system of governance under colonialism, pervasive poverty and a general lack of primary health care, all three aspects of which contribute towards underdevelopment.⁷ Developmental endeavours within the continent and globally should proceed from the premise of economically and socially transforming the wellbeing of people through sustainable health and social interventions. In essence, that means that in order for Africa to promote its developmental agenda, it first needs to protect its human capital by acknowledging that the delivery of health services is a basic human right that deserves to be supported by a clear agenda and purpose aimed at establishing sound health systems. Yet the Ebola outbreak has highlighted how many African countries are still failing to build appropriate state-controlled health systems and consequently do not have the necessary personnel, medication and amenities to care for their people and manage outbreaks such as these. For example, Liberia had approximately 1,4 doctors and 27 nurses per 100 000 population members in 2008, as compared to 242 and 981 respectively in the US for the same year.⁸ This provides some idea of just how depressed health care systems are in West Africa. The following sections will provide a brief description of the health care systems of the country most affected by the Ebola virus, namely, Liberia.

Liberia's health system and its impasses

Decades of conflict within the West African region has left the Liberian health care system in tatters. This conflict has resulted in a great loss of human lives and widespread displacement. Liberia experienced civil war from 1989 until 2003 and has not yet been able to recover sufficiently to provide for its own needs, with the result that this country has some of the worst health system indicators^{9,10} – providing adequate health care in post-conflict states is usually a challenge because of the damaged infrastructure, limited leadership, and inadequate financial and human resources capacity.¹¹ Another challenge that not only Liberia faces, but Africa as a continent, is the paucity of health care professionals. Liberia's long history of debilitating conflicts and poor governance has created inequalities between urban and rural communities. As is the case in many African states, the structure of governance was designed to serve the small elite, to the disadvantage of the majority.¹² The 2008 census revealed that 66 per cent of the rural population reside more than one hour's walk from the nearest health facility, as opposed to only 15 per cent of those living in the urban areas.¹³ Basic health indicators show that 84 per cent live below the poverty line of \$1,25 per day; in terms of the human development index, the country ranks 182nd out of 187; malaria accounts for more than 40 per cent of deaths; and there is a large incidence of maternal deaths.^{14,15} This brief statistical picture paints in broad strokes some of the challenges that Liberia faces, and gives an indication of how desperately innovative measures are needed to help alleviate the plight of its citizens.

Failure to respond adequately to Ebola: Background

An interview with a medical doctor in the obstetrics division of a hospital in Liberia revealed how numerous surgical operations had to be done by the light of a cellular phone, and how all medical staff could do was hold the hands of women dying of sepsis as no antibiotics were available; and nor were many other basic medical supplies. Such problems were not limited to the obstetric theatre, either. When, in February 2014, Ebola hit Monrovia, both the media and officials denied the outbreak of the virus, and widespread ignorance and fear greatly exacerbated the eventual spread thereof.¹⁶ Butler paints a picture that is descriptive

of how the value of human life, and thus health, has been compromised by a denial of reality and a lack of substantive commitment.¹⁷ Following the failure of the authorities in the affected countries to respond to the outbreak, the WHO declared a public health emergency of international concern (PHEIC) for the third time in history, in August 2014.¹⁸ The declaration was mainly prompted by a few key factors: the unprecedented scale and geographic range of the epidemic; the constraints of the public health systems in the affected countries; the lack of skilled health professionals; the high ratio of fatality; and the potential international spread of the virus into other West African countries, and further afield.¹⁹

Discussion

Analysis for this policy brief involved the perspectives of three frameworks, namely, that of the WHO, with its focus on the governance of health systems; the regional integration framework of the African Union (AU); and New Partnership for Africa's Development (NEPAD)'s framework for development. According to the WHO's health system model, the governance building block – a crucial part of its framework – should seek to produce intelligence; formulate a strategic policy framework; safeguard instruments for implementation (powers, incentives, and sanctions); build coalitions or partnerships; introduce adequate measures for aligning policy objectives with organisational structure and culture; and, most importantly, ensure accountability.

Our findings suggest policies that guide the transformation and development of Africa's health systems lack precise mechanisms of adaptation, redress and implementation. Amongst potential reasons for the continent's underdeveloped health systems are: a misguided research framework in respect of critical health conditions; investing in borrowed innovation; and skewed policies being designed for Africa's immediate problems. The negligence of, and a lack of preparedness and commitment by political leaders in the affected countries have debilitated their health systems and resulted in the continent's failure to respond more rapidly to the Ebola crisis than the international community.

In 2005, African states subscribing to the WHO adopted the revised International Health Regulations (IHR 2005) and committed to developing the capacity to detect, assess, report,

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and respond to global health emergencies.²⁰ The purpose and scope of the IHR 2005 are:

‘to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade.’

In 2001, 53 African leaders signed the Abuja Declaration, pledging at least 15 per cent of their national budgets to the health sector.²¹ Only a handful of the 53 countries have actually been honouring this pledge, however, and making sure that adequate financial allocations are invested in health infrastructure and the health sector in general. The majority of African states are committing less than five per cent of their GDP to health, spending less than \$10 per person on health when they should be spending around \$27 per person. In Liberia, for instance, where the 2014 outbreak of Ebola affected a large part of the country’s population, there was only one inadequately run testing centre, which proved to be unable to cope with the massive number of cases.²² Ebola cases were often not diagnosed for months due to the long turnaround time at the testing centre. Furthermore, the government was unable to provide adequately run centres for the treatment of Ebola cases due to the lack of health care personnel to manage them.²³ The situation was the same for government-run hospitals, which were also struggling to cope with the high number of Ebola cases. The Ebola outbreak clearly demonstrates the failure by an African government to provide basic health care services to its own citizens.

The international community responded by taking a leading role in ensuring that appropriate measures were taken to bring the epidemic under control. Although many critics complained that their response was too slow, at least they did act and so were able to quell the outbreak – which is more than can be said of the African governments concerned. Finally, on 6 November 2014, the Economic Community of West African States (ECOWAS) held an extraordinary session in Accra in the Republic of Ghana, under the chairmanship of H.E. Mr John Dramani Mahama, President of the Republic of Ghana,²⁴ to discuss measures to eradicate the Ebola Virus Disease (EVD) in West Africa.

Conclusion

Public health care, a basic human right fundamental to economic development is marginalised both systemically and practically on the African continent. Africans and their leaders urgently need to come up with a smart and responsive model of health care that caters for African circumstances. ECOWAS and the AU have in the past managed to negotiate peace and security in what at one time used to be a war-torn Liberia and Sierra Leone, proving that Africans are indeed able to solve their own challenges. The same co-operation and collaboration should be channelled towards a continent-wide investment in public health care infrastructure, capacity and policies, not only to finally eradicate the Ebola virus but also, in a further step, to address basic health care requirements.

Eradicating the Ebola virus will require a substantial investment in human and capital resources, coupled with extensive campaigns to educate citizens on the signs, symptoms, causes and methods of transmission. Thus this paper proposes that an integrated political model of responsiveness be created for emergency or life-threatening epidemics such as the Ebola outbreak. Apart from the eradication of Ebola, African leaders should then furthermore take responsibility for honouring and valuing the lives of their citizens by mobilising the necessary resources and displaying the political will to create sufficient health care infrastructure to look after those who need it most.

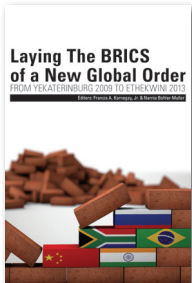
Before Africa can even begin to feature in the sustainability discourse, it is imperative that it takes ownership of its developmental challenges and opportunities, with health being one of the most fundamental and critical challenges to be addressed.

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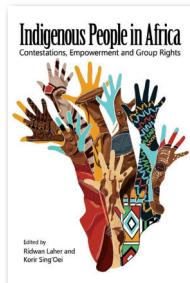
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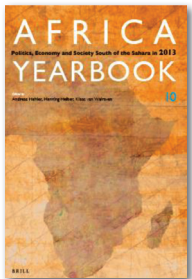
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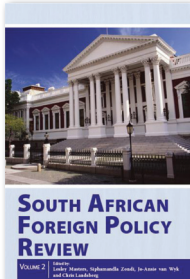
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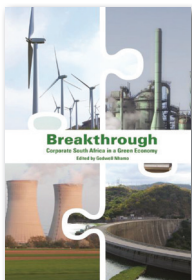
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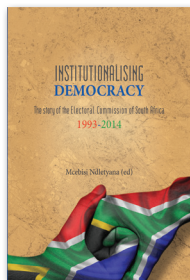
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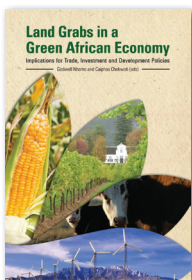
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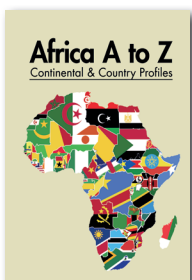
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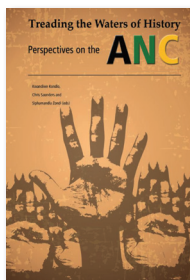
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