World Health Organization
REGIONAL OFFICE FOR Africa

# THE STATE OF HEALTH in the WHO African Region

## An analysis of the status of health, health services and health systems in the context of the *Sustainable Development Goals*

***Where we are***

***Where we need to go***

Leaving no one behind in AFRICA

SUSTAINABLE DEVELOPMENT GOALS


The peoples of Africa aspire to a future of good health and well-being. The health and health-related Sustainable Development Goals (SDGs) build on this hope, providing guidance to ensure that no one is left behind as the continent progresses towards sustainable and equitable health. To achieve this, a coherent and logical approach to the adaptation of the SDGs is needed, to ensure that the health dividend accrued in the coming years is enjoyed equitably and plays its role in accelerating the development of the continent.

The WHO Regional Office for Africa has set up a process to ensure that countries walk together as they march towards sustainable and equitable health. This report is a recognition of the complexity of actions needed. It aims to provide guidance on where countries need to focus as they plan their work towards attaining the SDGs. It will also serve as a benchmark for future comparison of progress.

This report is not a country scorecard. Rather, its purpose is to act as a compass to guide progress towards health in the SDGs. The Regional Office aims to regularly provide such information to countries, so that they can attain their health goals in the most efficient and effective manner.

World Health Organization
REGIONAL OFFICE FOR Africa

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Cité du Djoué, Brazzaville, Congo
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Since the year 2000, the people of Africa have benefitted from economic growth, with poverty largely in retreat. The health and well-being of people in Africa is improving, a result of investments targeting the most pressing health needs in a context of a changing social, economic, political and environmental landscape. The people of Africa currently share a vision for the future that is filled with optimism and hope.

The United Nations Sustainable Development Goals (SDGs) reflect the aspirations arising from this vision. By achieving the targets of the SDGs, the people of Africa will enjoy the health dividend they aspire to and contribute to the continents' development in an equitable and sustainable manner.

At the WHO Regional Office for Africa, we recognize the need for Member States to engage with and learn from each other as important for movement towards sustainable and equitable health results. Health and wellbeing are clear aspirations whose attainment calls for the understanding and application of principles of work within complex sectors such as health. Member States have different lessons to learn from and share with each other. A process to analyse and identify areas where lessons can be shared across countries is important in guiding progress towards attainment of the SDGs in the Region.

This report aims to respond to this need.

My colleagues and I adopted a bold and ambitious Transformation Agenda in the African Region, to ensure that support to countries is built around achieving results based on shared values, smart technical focus countries' priority needs, responsive strategic operations and effective communication and partnership. This report is evidence of this transformation. It reflects two areas where change has occurred in the work of WHO in the African Region:

1. Transformation in data use. In the past, our information and reports focused on documenting past events. Our transformation in this instance is aimed at providing forward looking guidance to Member States on where they should place emphasis in their health systems as they move towards the attainment of their UHC and SDG targets.
2. Transformation in approach to the health sector. In the past, the health sector was fragmented and operated in independent silos. Our transformation here is informed by the guidance from the Health Systems Strengthening for UHC framework for action endorsed by the Sixty-seventh Regional Committee for Africa, which provides an integrated approach to addressing disease program outcomes, health systems and determinants of health. This report follows the same logic to provide guidance in a comprehensive manner – and not for select priority areas of the health sector.

This report is not a country scorecard. Its purpose is to act as a compass to show countries where they were in relation to different elements of health at the beginning of the SDG era, and where they need to place emphasis and resources to drive progress towards health and wellbeing aspirations. As a region, we intend to march towards the SDG targets together, leaving no one behind.

Dr Matshidiso Moeti
WHO Regional Director for Africa

# Acknowledgments

This analytical report is the result of a call by countries and partners on the WHO Regional Office for Africa for a more proactive approach to providing guidance towards attainment of the health and health-related Sustainable Development Goals, in contrast to the more reactive approach taken with the Millennium Development Goals. This is one of a series of products emerging from the effort to transform the WHO Regional Office in the African Region to better respond to current and future health needs of its Member States.

The compilation of this report is the result of efforts by several technical colleagues and teams. The Regional Office acknowledges the contributions and guidance provided by the directors of planning in the ministries responsible for health in all 47 countries of the WHO African Region, who convened for the *Regional Forum on Strengthening Health Systems for the Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC)* in Windhoek, Namibia in December 2016 to deliberate on how to take forward UHC and other health related SDG targets in the Region. A *Framework of Actions* emerged from these deliberations, together with the overall focus and structure of this report. As a result of their input, the report addresses the full breadth of the health sector, not only health services and systems.

The core editorial team was composed of Joseph Caboré, Director of Programme Management, Delanyo Dovlo, Director of Health Systems and Services and Humphrey Karamagi, SDG coordinator and Health Information and Knowledge Management team leader, working together with Aku Kwamie, a health policy and systems research expert and Health Systems Global board member.

Core inputs and reviews were provided by technical experts at the Regional Office, both individually and through their respective clusters. Of specific mention are Magda Robalo, Felicitas Zawaira, Ibrahima Soce Fall and Stephen Shongwe, directors of the communicable disease control, family and community health, health emergency, and noncommunicable disease control clusters, respectively. Their contribution to the design and review of the emerging report through the Management and Development Committee were critical in ensuring its alignment with current needs.

In addition, specific contributions from individual members are acknowledged. These include Prosper Tumusiime, leader of the Services Delivery Systems team, Martin Ekeke Monono, leader of the Health Policies, Strategies and Governance team, and Jean Baptiste Nikiema, leader of the Health Technologies and Innovations team. In addition, Grace Kabaniha, Benson Droti, Ogochukwu Chukwujekwu, Kevin Ousman, Hillary Kipruto, Monde Mambimongo Wangou, Anaclet Geraud Nganga Koubemba, Harris Benito Koubemba Mona, Davy Audrey Liboko Gnekabassa and Berence Relisy Ouaya Bouesso all provided invaluable guidance to respective sections of the report. Yves Turgeon is acknowledged for leading the publication process of the report.

# Preface

This report presents a comprehensive picture of the state of health and its determinants in the WHO African Region. It aims to act as a benchmark of progress, as Member States in the African Region adopt a range of actions to move their populations towards the health and well-being ideals of the *2030 Agenda for Sustainable Development*. The report recognizes the inherent complexity of addressing the health needs of populations, which calls for actions across a multitude of actors, with results heavily driven by context. The *Framework for health systems development towards universal health coverage in the context of the Sustainable Development Goals in the African Region* (the Framework of Actions), adopted at the Sixty-seventh session of the Regional Committee for Africa (document AFR/RC67/10), provides the structure for this analysis.

This report, an in-depth analysis of health statistics, explores the different dimensions of the Framework of Actions to better understand where countries lie, and why. As such, the results of this analysis are presented by areas of the logical framework:

- state of health and well-being: the impact level;
- state of health and health-related services: the outcome level;
- performance of the health system: the output level; and
- state of investments in the health system: the input/process level.

A total of 17 dimensions are analysed, covering the four areas of the Framework: three impact (health and well-being); six outcome (health and related services); four output (system performance) and seven input/process dimensions (investments). The report underscores the fact that all these 17 dimensions are interconnected.

The report is structured in three sections. The first provides background and context information to better understand the other sections of the report. The second section presents the regional analysis across all areas and related dimensions of the Framework. A third and final section presents a country by country analytical summary review, again following broadly the dimensions of the Framework. The indicators, data and statistics used to generate the analysis are presented in the annexes.

It is our hope that this report will be interpreted as a single consolidated document, and not independently by section. Each chapter and area is connected to the others, for a comprehensive understanding of why health in Africa is the way it is, and what needs to be done to improve it. It is my hope that you will find the information presented here useful for addressing UHC and the health and well-being aspects of the *2030 Agenda for Sustainable Development.*

# Abbreviations and acronyms

| | |
|---|---|
| AIDS | Acquired Immunodeficiency Syndrome |
| AMR | Antimicrobial resistance |
| CD | Communicable disease |
| CFA | Compulsory Financing Arrangement |
| CRD | Chronic renal disease |
| CVD | Cardiovascular diseases |
| EVD | Ebola virus disease |
| GFA | Government Financing Arrangement |
| HIC | High Income Country |
| HIV | Human Immunodeficiency Virus |
| HRH | Human Resources for Health |
| HSS | Health Systems Strengthening |
| ICT | Information Communication Technology |
| IHP+ | International Health Partnership Plus |
| IHR | International Health Regulations |
| INFRA | Infrastructure |
| JEE | Joint External Evaluation |
| LIC | Low-income country |
| LMIC | Lower-middle-income country |
| MDGS | Millennium Development Goals |
| MIC | Middle-income country |
| NCD | Noncommunicable disease |
| NHA | National health accounts |
| OOPS | Out-of-pocket spending |
| PoE | Points of entry |
| PPP | purchasing power parities |
| SARA | Service availability and readiness assessment |
| SDGs | Sustainable Development Goals |
| SIDS | Small island developing states |
| SOPs | Standard operating procedures |
| TB | Tuberculosis |
| UHC | Universal Health Coverage |
| UMIC | Upper middle-income country |
| UNDAF | United Nations Development Assistance Framework |
| VHI | Voluntary Financing Arrangement |
| WB | World Bank |
| WHO | World Health Organization |

# Executive summary

## Introduction and context

The Sustainable Development Goals (SDGs) of the United Nations *2030 Agenda for Sustainable Development* provide a different approach to the preceding Millennium Development Goals (MDGs), in being more universal in scope, with a focus on local adaptation, an emphasis on sustainability, while seeking to magnify integration across actors and domains for results. The 2030 Agenda is built around 17 SDGs containing a total of 169 targets. While a single goal is explicitly for health, SDG 3, over 50 of those 169 SDG targets have an influence on its attainment. A focus on only the 13 targets in SDG 3 will not lead to the health and well-being desired in that goal; a more comprehensive and logical approach is needed.

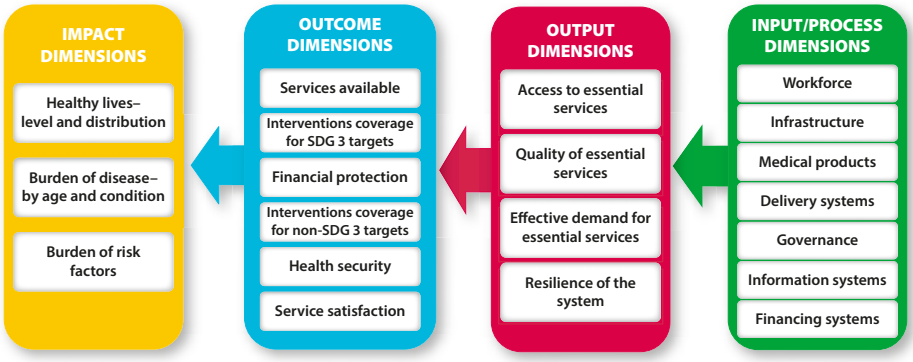
This approach, developed for the African Region by its Member States, is embodied in the *Framework of Actions for Strengthening Health Systems for UHC and the SDGs in Africa* adopted at the Sixty-seventh session of the Regional Committee for Africa in 2017. This *Framework of Actions* elaborates actions across different dimensions of logic that countries need to consider to lead to improvement in all the 50 targets influencing health and well-being. In contrast to the MDGs, Member States in the African Region have requested the Regional Office to provide proactive guidance on where they need to place their efforts to enable movement towards Universal Health Coverage (UHC) and other health-related SDG targets in a manner that will enable attainment of SDG 3. This report is a part of the effort.

This report provides a comprehensive analysis of health services and systems in the African Region from the context of achieving the *2030 Agenda* and the SDGs. It focuses on developing a better understanding of the Region's context: which categories of countries are achieving what, why, and how their results could be improved. The results of the analysis are organized and presented according to the levels of the logical framework:

- state of health and well-being – the impact level;
- state of health and health-related services – the outcome level;
- performance of the health system – the output level; and
- state of investments in the health system – the input/process level.

A total of 17 dimensions covering these 4 logical levels of the *Framework of Actions* are analysed in this report: 3 impact (health and well-being), 6 outcome (health and related services), 4 output (system performance) and 7 input/process (investments) dimensions. Within each dimension, a stepwise process is followed to derive the analysis. Data are identified and consolidated into an index for the dimension being analysed and then used to understand how they relates to other critical variables.

### Dimensions analysed and their interrelationships




The report is structured in two parts: a regional overview followed by a country by country section.

## The state of health in the African Region

The state of health is analysed from three different dimensions: the state of healthy life (level and distribution); the burden of disease (by age and condition); and the burden of risk factors contributing to ill-health and death.

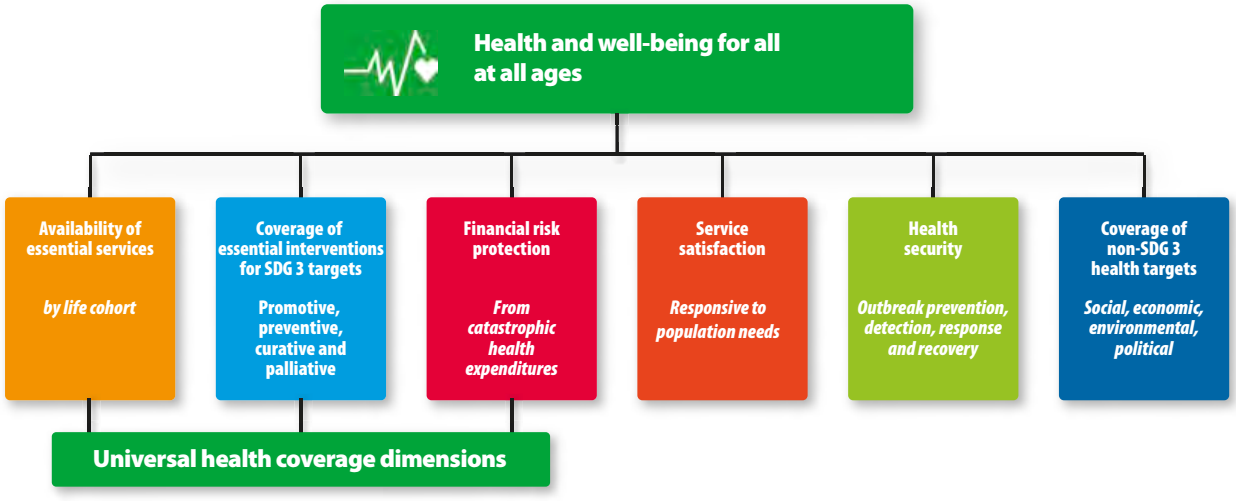
- The healthy life expectancy (a measure of life expectancy adjusted for years spent with disability) has been increasing in the Region, from 50.9 years to 53.8 years between 2012 and 2015, which represents the highest increase in any WHO region. Additionally, the gap in healthy life expectancy between the best and worst performing countries in the Region has reduced from 27.5 to 22 years. However, it still shows inequities, with healthy life highest in countries with better economies. The improvement is fastest in large population countries and in those with high population densities. Additionally, the levels of healthy life in the Region are still very low compared to other regions.
- The burden of disease is now driven by communicable conditions, noncommunicable conditions and violence/injuries. However, lower respiratory conditions, HIV/AIDS and diarrhoeal diseases still represent the top causes of both morbidity and mortality. Levels of morbidity and mortality are significantly reduced. DALYs due to the top 10 causes of morbidity have more than halved between 2000 and 2015, driven by reductions in malaria, HIV/AIDS and diarrhoeal diseases. The crude death rate due to the top 10 causes of mortality has also fallen, from 87.7 to 51.3 per 100 000 population in the same period. No significant reduction is seen for noncommunicable diseases (NCDs).
- However, the burden of risk factors to morbidity and mortality is not seeing commensurate reductions. A person in the Region aged between 30 and 70 years has a 20.7% chance of dying from one of the major NCDs. All the four major risk factors identified in the Global Action Plan for the prevention and control of NCDs (2013–2020) are high in the Region. These include alcohol abuse, insufficient physical activities, unhealthy diets and substance abuse.

While witnessing improvements in healthy life – seen in the relative improvements in healthy life and reductions in morbidity/mortality – the Region is coming from a very low base, with current levels still lower than the rest of the world. In addition, the high burden of risk factors prevents well-being from being assured, and the NCD burden will continue to rise to a level where the improvements in healthy life become eroded by losses in well-being.

## The state of health services

The analysis of services needed for health and well-being is done across six dimensions of outcomes.

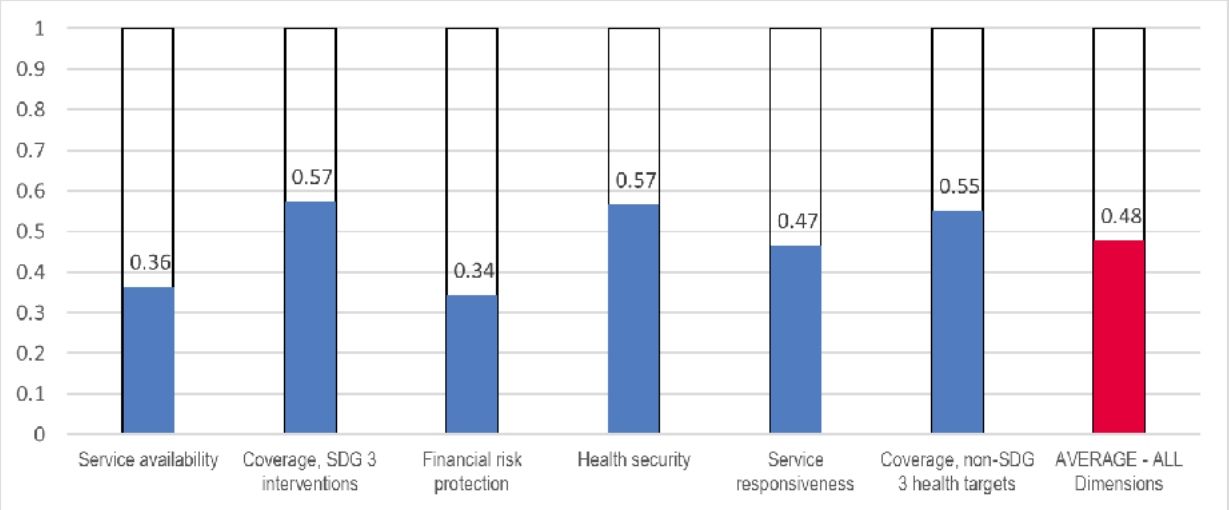
**Dimensions of health and health-related services in the African Region**



The Region shows a mixed picture across the six health and health-related outcome domains of the Framework. An overall index for health services based on the average for the indices of each of the six dimensions gives a level of 0.48 out of a possible 1. This implies that the population of the Region is only utilizing 48% of the possible health and health-related services needed for their health and well-being. Countries score in the Region range from 0.31 to 0.70. Only five countries have a score above 0.6, with the best country in the Region (Algeria) only able to provide 70% of the possible health and related services that its population needs – a worrying situation.

All six dimensions of service outcomes underperform, with the best only able to provide 57% of what is feasible. All Member States therefore need to be reviewing what they have available for their populations, with the aim of identifying and improving the services needed to improve each dimension. The worst performing dimensions relative to the others are service availability (36% of what is feasible), and financial risk protection (34% of what is feasible). Improving population outcomes in the Region will accordingly require relatively more effort in further enhancing these two dimensions

**Contribution of the dimensions of health outcomes indices to the overall index**



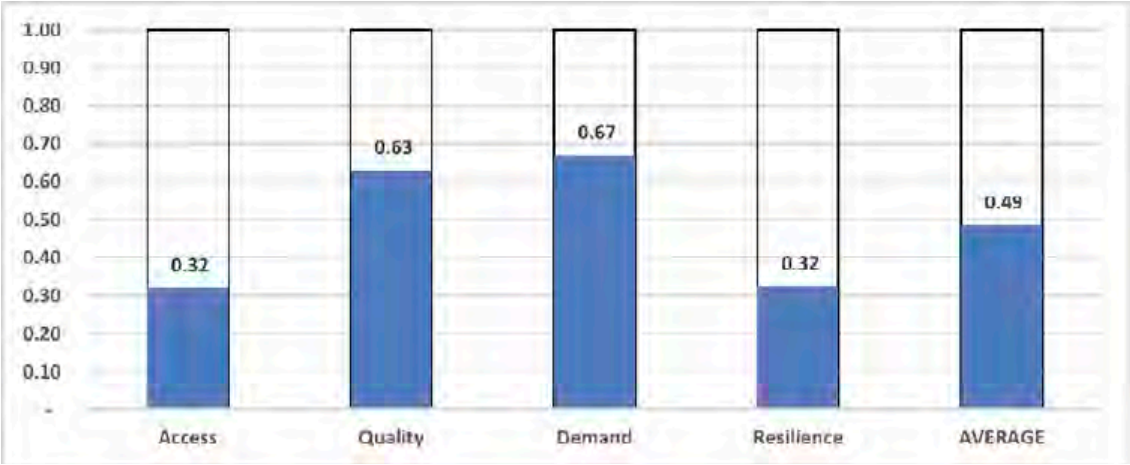

- Service availability is concerned with the range of services a country is making available to each age cohort of its population. The adolescent and the elderly age cohorts have the lowest range of services available in the Region. Countries need to plan for more comprehensive essential health packages to ensure the availability of services for all.
- Coverage of SDG 3 interventions analyses the levels of utilization achieved for 'traditional' health services: promotive, communicable and noncommunicable disease prevention, curative and rehabilitative. The coverages are lowest for noncommunicable disease and health promotion services, and highest for communicable disease control interventions.
- Financial risk protection focuses on the level of financial barriers hindering the utilization of essential services, which is driven by low levels of social security and pooling of health resources in the Region.
- Health security focuses on the level of protection populations have from the health effects of outbreaks and disasters, which is based on the compliance score with the International Health Regulations (2005, IHR) across the attributes of prevention, detection and response. The challenge is primarily related to response and recovery capacities, as detection of outbreaks has significantly improved in the Region.
- Service responsiveness focuses on how responsive the available services are to the needs of the population, using the seven attributes of dignity, autonomy, confidentiality, promptness of attention, access to social support, quality of basic amenities and provider choice. The worst attributes of responsiveness are the quality of basic amenities and the levels of autonomy in decision making. Access to social support is the best performing attribute.

- Coverage of non-SDG 3 interventions reviews the levels of coverage of other SDG targets influencing health and well-being across the social, economic, environmental and political determinants. The largest challenge in the Region lies with the economic determinants.
- The combined score for the UHC dimensions (essential services availability, essential services coverage and financial risk protection) is 0.46.

## The state of the health system performance

The analysis of health system performance is based on how well it is able to achieve across the four dimensions of access to essential services, quality of essential services, effective demand by communities for essential services, and the resilience of the system to shocks. The consolidated average system performance index in the region is 0.49, implying that systems are only performing at 49% of their possible levels of functionality. Countries' performance scores range from 0.26 and 0.70. All the indices for the performance dimensions are underperforming, with system resilience and access to essential services doing worst.

**Contribution of the performance indices to the overall system performance index**




- Access to essential services is low, with only three countries (Mauritius, Sao Tome and Principe and Seychelles) having an access index above 0.50. Countries in the Region are unable to provide the infrastructure, staff and commodities needed for those services.
- The quality of essential services remains a challenge in the Region. Client perceptions, safety assurance and effectiveness of provided interventions need to be addressed to improve quality.
- The effective demand for services by communities reflects the potential for households and communities to utilize essential services. Community-based interventions to improve ownership are critical. These exist in various forms in the Region, but are unable to build the needed demand.
- System resilience ensures that the provision of essential services is uninterrupted by shocks to the system. System resilience levels in the Region are low.

## The state of the health system investments

Countries need to invest across seven areas – through programmes or cross cutting system investments – to perform at the level needed to move towards UHC: health workforce, health infrastructure, medical products, service delivery, health governance, health financing and health information. Countries are spending an average of 60% of their health expenditures on tangible investments (health workforce, health infrastructure, and medical products) as compared to intangible ones. Within the tangible investments, highest spending of government funds is on medical products (39% of government spending), followed by the health workforce (14%). Only 7% of government expenditure is on infrastructure, which includes equipment, transport and ICT.

A country with a good performing health system puts more emphasis on the health workforce (40% versus 14%) and infrastructure (33% versus 7%) compared to countries with less performing systems. Finding a similar pattern in other countries with good performing systems would suggest that the investment focus should shift to health workforce and infrastructure investments.

## Implications for the achievement of the 2030 Agenda

A complex picture of the African Region emerges from the findings of this analysis. Looking at the level of funding available for countries to produce the results observed (using the 2015 per capita THE in US$ PPP), one sees a mixed situation: only nine countries in the Region are spending above US$ 500 per capita (all, with the exception of Eswatini, are upper middle or high-income countries), and half the countries (24) have a total health expenditure of less than US$ 140 per capita.

Analysing the linkage between health expenditure and healthy life expenditure shows a weak association between the two areas. Further analysis of associations shows that healthy life expenditure is more strongly associated with health system performance, as opposed to all other areas of the Framework of Actions. Countries need to place monitoring of performance of their systems at the centre of their efforts to move towards SDG 3.

Countries in the Region are diverse, due to cultural, economic, governance and political differences, which makes a 'one size fits all' approach in addressing health in the 2030 Agenda not possible. To move forward, countries need to:

- Find means to extend their health services to currently unreached populations, including urban informal settlements;
- Increase their focus on improving the process of care, not only its availability;
- Proactively identify and increase services to all age cohorts, including the adolescents and the elderly;
- Anticipate and mitigate health and governance security challenges, as they have the potential to undo any progress made; and
- Develop country-specific mechanisms to engage all health-related stakeholders to ensure that social, economic, environmental and political SDG targets are on track.

# Introduction and context

## 1 The *2030 Agenda for Sustainable Development*

The *2030 Agenda for Sustainable Development*, including its 17 Sustainable development goals (SDGs) and 169 targets, was adopted on 25 September 2015 by Heads of State and Government at a special United Nations summit. The *2030 Agenda* represents an unprecedented focus of the global community to eradicate poverty and achieve sustainable development worldwide by 2030. The *Agenda* is global in nature with a strong focus on equity.

As the *Agenda* is meant to be implemented in the context of countries' existing commitments, a translation process is required to adapt the SDGs into their national development plans. There is recognition that countries will require strengthening to build new types of capacities and meet new priorities to address old and new challenges alike.

**Figure 1. The Sustainable Development Goals**


Source: United Nations

## 2 The unfinished business of the *Millennium Development Goals*

The SDGs have not evolved in a vacuum, but rather in the context of 15 years of global efforts to implement the Millennium Development Goals (MDGs)[1]. While the SDGs can be considered a continuation of global efforts towards poverty alleviation and prosperity improvement, they fundamentally differ from their predecessors in their universal scope, their focus on local adaptation and their implementation approach which seeks to magnify integration across actors and domains.

The results achieved by the MDGs in the African Region have been largely positive, considering the challenging baseline conditions that existed in many countries. However, compared to other WHO regions, the African Region experienced a rate of poverty decline of only 8.1% between 1990 and 2015, far below the MDG target of 28.25%[2].

Progress on Health MDG Goal 4 (reduce child mortality), Goal 5 (improve maternal health) and Goal 6 (combat HIV/AIDS, malaria and other diseases) have also been mixed: most countries in the Region were not able to achieve their targets for these goals, apart from the reduction of HIV incidence between 2000 and 2014, achieved by 39 of the 47 countries in the Region[3].

Across the African Region, under-five mortality decreased by 55.5% against the target of reducing it by two-thirds between 1990 and 2015. The Region still maintains the highest proportion of under-five mortality globally, with only 12 countries in the Region having achieved the MDG target. Globally, the African Region also has the highest maternal mortality ratio. For MDG 5A, only 2 countries (Cabo Verde and Rwanda) achieved the target to reduce the maternal mortality ratio by three-quarters between 1990 and 2015.

Regarding health-related MDGs, 19 countries met the target of halving the proportion of people without sustainable access to safe drinking water by 2015, while only one country met the target of halving the proportion of people without basic sanitation by 2015.

## 3 Health within the SDGs

In a departure from the MDGs, health is reflected across most of the SDGs. While the single health goal SDG 3 relates to direct actions that influence health, achieving health and well-being is also closely intertwined with other SDGs, including poverty reduction, the central theme of the Agenda as a whole. Including the 13 targets of SDG 3, nearly 50 of the 169 targets of the 17 SDGs have a direct effect on health and well-being. For the purpose of organization, we have classified the SDG targets influencing health into five broad areas depending on how they are reflected in the SDGs:

- Health service determinants for SDG 3. These are the targets 3.1 to 3.9, all within SDG 3 and their means of verification.
- Social determinants for SDG 3: These are targets influencing health, found within the socially oriented SDGs (1, 2, 3, 4 and 5)
- Economic determinants for SDG 3: These are targets influencing health, found within the economically oriented SDGs (7, 8, 9 and 10)
- Environmental determinants for SDG 3: These are targets influencing health, found within the environmentally oriented SDGs (6, 11, 12, 13, 14 and 15)
- Political determinants for SDG 3: These are targets influencing health, found within the politically oriented SDGs (14, 15, 16 and 17).

These SDG 3 determinants are shown in figure 2.

SDG 3 represents the goal around which all health targets in the SDGs coalesce. Conversely, all SDGs are interdependent, with SDG 3 also influencing most other SDGs. Moving towards improvements in all health and health-related targets calls for a whole of government approach and not a sectorial delegation of responsibilities. For example, effects of climate change (target 13.2) influence almost all sectors, not just the health of the people. Likewise, a reduction in substance abuse (target 3.5) influences education, economy and many other sectors beyond health.

1 United Nations Development Programme. From the MDGs to sustainable development for all: lessons from 15 years of practice. New York: United Nations Environment Programme, 2016 (http://www.undp.org/content/dam/undp/library/SDGs/English/From%20the%20MDGs%20to%20SD4All.pdf?download, accessed 15 March 2018).

2 United Nations Economic Commission for Africa, African Union, African Development Bank, United Nations Development Programme. MDG report 2015: lessons learned in implementing the MDGs. Assessing progress in Africa toward the Millennium Development Goals. Addis Ababa: Economic Commission for Africa; 2015 (https://www.afdb.org/fileadmin/uploads/afdb/Documents/Publications/MDG_Report_2015.pdf, accessed 12 March 2018).

3 Atlas of African Health Statistics 2016: Health situation analysis of the African Region. Brazzaville: WHO Regional Office for Africa; 2016 (http://www.aho.afro.who.int/en/publication/5266/atlas-african-health-statistics-2016-health-situation-analysis-african-region, accessed 12 March 2018).

UHC (target 3.8) underpins all SDG 3 targets. Realizing UHC presents an opportunity for countries to align their actions towards achieving health and well-being. UHC is defined as "ensuring that all people can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship" . Progressing towards UHC is dependent on integration, readiness and adaptability at the operational levels (districts and facilities) as well as the broader national, regional and global policy contexts, inclusive of economic, social, cultural and environmental factors.

**Figure 2. Determinants of health and well-being across the SDGs**


## 4 Expectations of the country health sectors in implementing the SDGs

For the health sector, this breadth of targets implies the need for ministries responsible for health to have a much broader approach to attaining health and well-being. A focus only on the health services determinants (SDG 3 targets) may not lead to the sustainable achievement of SDG 3 goal that the countries aspire to.

Identification of country-level actions to achieve the SDG targets should be done using a multisectoral approach. It is critical that governments coordinate the dialogue on SDGs and involve key stakeholders. Some of the changes expected in the health sector focus, arising from the need to adopt a sustainable development agenda, are shown in the table below.

**Table 1. Country shifts needed for alignment with the Sustainable Development Agenda**

| Previous emphasis | Shift in emphasis |
|---|---|
| Mobilize and allocate resources for the provision of a basic package that is affordable | Plan and mobilize resources to facilitate a progressive improvement in the ability to provide the essential package of services needed to improve all targets influencing health and well-being |
| Design and focus on a single service delivery model based on the majority population's needs | Design and apply multiple service delivery models, depending on the target population, to ensure that no one is left behind. |
| A focus on services to mothers and children | A focus on the services needed by all age cohorts – ensuring that each person - from children to elderly – receives the services needed |
| A focus on interventions addressing acute, infectious diseases | A focus on interventions to address all the major causes of disease burden and risk factors across all public health functions |
| A focus on building capacity for the provision of services for known and expressed needs | A focus on building capacity for the provision of services for potential (such as potential health emergencies) and implicit (for example, mental health) needs |
| Building government capacity for the provision of essential services | Building government capacity for stewardship of the provision of services, with delivery by most suited public or private stakeholders |
| Focus on increasing donor funding, with prioritization of MoH-external partners coordination tools (aid effectiveness) | Focus on increasing domestic funding, with prioritization of cross-government, civil society and external partner coordination tools (overall funding effectiveness) |
| Interventions planned and programmed by diseases (disease-centric) | Interventions planned and programmed around the person (person-centric) |
| Health goals can be attained by focusing on those interventions and services that are cheap and/or cost effective | Health goals can be attained by focusing on those interventions and services that provide value for money |

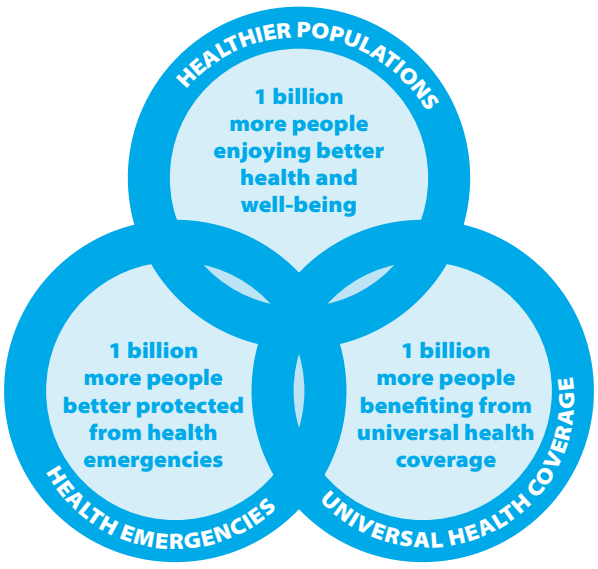
# 5 Role and focus of WHO in supporting the implementation of the SDGs

The World Health Organization has instituted the changes in its focus and guidance on health in the context of the SDGs. Its 13th General Programme of Work (GPW13, 2019-2023), which provides the overall focus of the organization, has provided a vision, rooted in the WHO constitution, of 'a world in which all people attain the highest possible standard of health and well-being' and a mission around a triple focus to: promote health; keep the world safe; and serve the vulnerable[4].

In line with this mission, WHO has defined three interconnected strategic priorities to ensure that healthy lives and well-being for all at all ages is attained by all countries. These strategic priorities are: achieving universal health coverage, addressing health emergencies and promoting healthier populations. A triple billion goal around these strategic priorities has been agreed by WHO, Member States and other partners.

This clear and ambitious set of strategic priorities have set a target for the countries to focus on, as they optimize the actions needed to attain the SDG targets influencing SDG 3.

**Figure 3. WHO GPW13 triple billion goals and strategic priorities for attainment of SDG 3**




4 Resolution A71/4 of the 71st World Health Assembly on the 13th General Programme of Work. Accessed on 26 may 2018 from http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_4-en.pdf

The WHO Regional Office for Africa has defined the *Africa Health Transformation Programme 2015–2020: a vision for universal health coverage* as the strategic framework guiding WHO's contribution to the 2030 Agenda in the African Region[5]. The programme's goal is to guarantee access to a package of essential health and health-related services in all Member States and thus achieve UHC with minimal geographical, financial and social obstacles. The work of WHO in the Region is built around five strategic priorities, reflecting the unique issues influencing health and well-being for all in the region:

i) Improving health security by tackling epidemic-prone diseases, emergencies and new health threats;

ii) Driving progress towards equity and universal health coverage through health systems strengthening;

iii) Pursuing the post-2015 development agenda while ensuring that the MDGs are completed;

iv) Tackling the social and economic determinants of health; and

v) Building a responsive and results-driven WHO secretariat

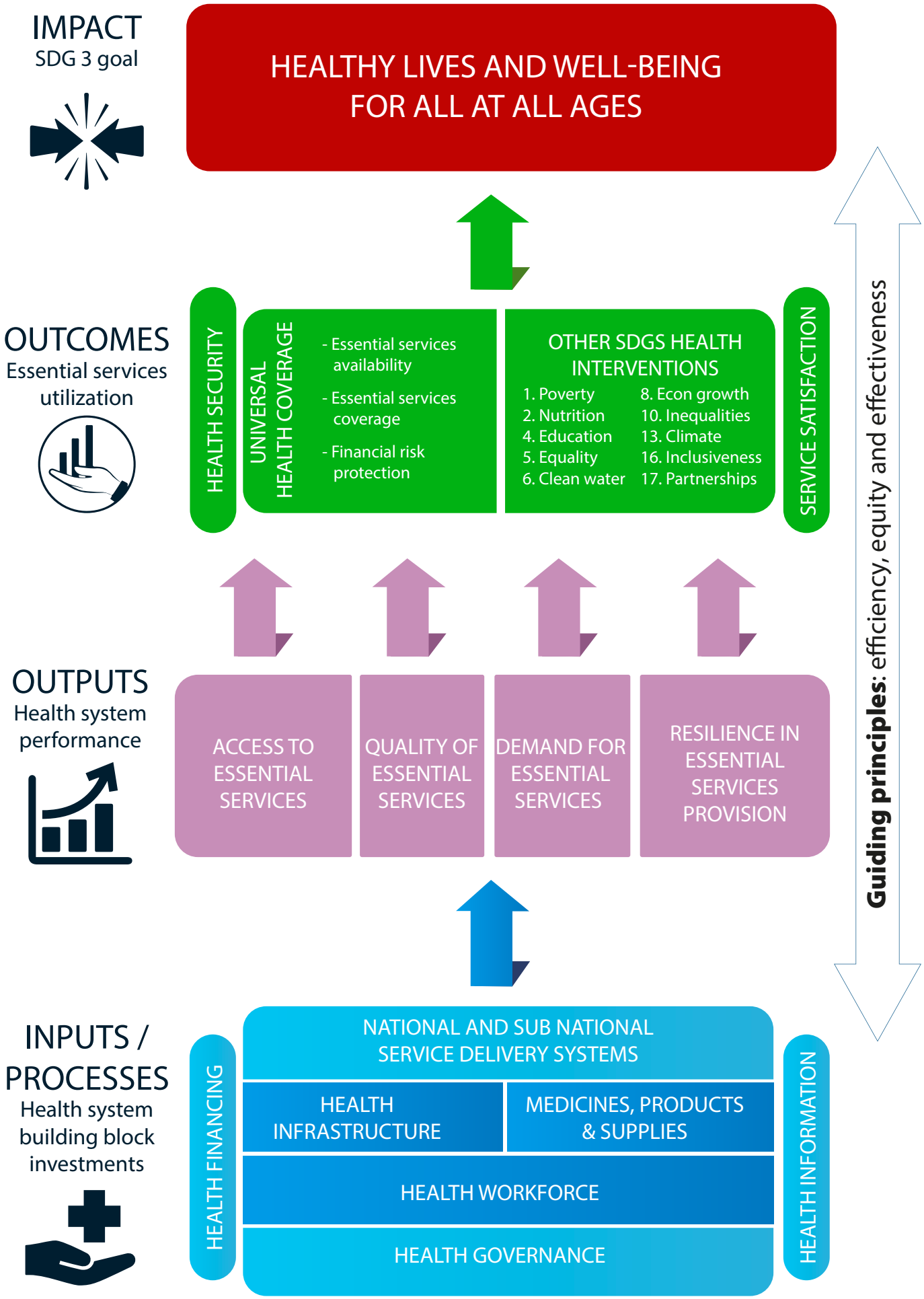
In line with this strategic focus in the Region, the WHO Regional Committee for Africa adopted a strategy for health systems development towards UHC in the context of the SDGs in August 2017[6]. This 'Framework of Actions' provides linkages between health system investments and health service outcomes to ensure synergies of action across system and service interventions that are also needed to reach SDG 3. It provides guidance to countries on the realignment of system investments needed to attain a comprehensive set of health and health-related outcomes critical to achieving SDG 3.

The framework follows a logical approach to elaborate the investments (inputs/processes) needed to assure the performance of health systems (outputs) in a manner that provides the health and related services needed by all persons (outcomes) to attain the level and distribution of health and well-being for all, at all ages (impact). Specific dimensions are defined at each level of the logical framework, from which a menu of options of actions are elaborated for countries to review and decide whether they add value in their efforts towards attaining their health aspirations.

5 WHO Regional Office for Africa (2015). Africa Health Transformation Programme 2015–2020: a vision for Universal Health Coverage. Brazzaville: WHO Regional Office for Africa; 2015 (http://www.afro.who.int/sites/default/files/2017-06/full%20repoty.pdf accessed on 15 March 2018)

6 Sixty-seventh session of the Regional Committee for Africa, Victoria Falls, Republic of Zimbabwe, 28 August–1 September 2017. Framework for health systems development towards universal health coverage in the context of the Sustainable Development Goals in the African Region. AFR/RC67/10. Brazzaville: WHO Regional Office for Africa; 2017. (http://www.afro.who.int/sites/default/files/2017-12/UHC%20framework_eng_2017-11-27_small.pdf accessed on 15 March 2018).

**Figure 4. Framework for health systems development towards universal health coverage in the context of the SDGs in the African Region (the Framework of Actions)**



# 6 Purpose, methodology and structure of this report

This report is a result of calls on WHO by governments and partner stakeholders to provide more in-depth analysis of health and investments to enable targeted guidance to progress towards the SDGs. Currently, most analyses within health are based on programmes or specific indicators, which creates difficulties in understanding how these contribute to the overall picture of health and well-being. This report is aimed at providing Member States and their partners this overall, cross cutting picture of where they lie in their efforts to attain their SDG 3 targets, and why they are where they are.

The report is a core part of the WHO Regional Office for Africa's approach to reform the use of data in guiding SDG progress. This reform is structured around three areas: statistics, information and knowledge.


- Reform in **health statistics** aims to rationalize the indicators and their data needed across all the dimensions of the Framework of Actions (the Framework) illustrated in figure 4 above. For each dimension, a set of indicators is defined, whose data is useful in understanding progress being made in Member States in the Region The reform focuses on ensuring that countries are identifying and building their capacity for generating data for the indicators they deem useful for each dimension of the Framework. Thus, a specific indicator is important only if it can provide guidance towards a given dimension – and not important on its own. The menu of indicators across the dimensions includes all the SDG monitoring indicators relating to health[7] and the WHO 100 core indicators[8]. As such, the country indicator set is aligned to the SDG and other health sector monitoring processes and can provide data for these.
- Reform in **health information** aims to provide comprehensive and scientific analyses of the available data for each dimension in the Framework. The indicators contained in each dimension are used to better understand how well that dimension is contributing to the overall health and well-being, and why. The data is brought together and compared against other variables that may offer an understanding of the performance (such as GDP, or other indicators).
- Reform in **health knowledge** aims to structure the statistics and information from analyses to generate health intelligence for decision makers. Coming from a decision-making lens, policy briefs generated from the statistics and information are developed in response to critical decision-making questions within each dimension of the Framework. In addition, good/best practices are identified within each dimension of the Framework for sharing across countries

Health statistics reform is reflected in the Atlas of African Health Statistics, where the trends and distribution of different health indicators are highlighted. Health information reform is reflected in this report, to be published biennially, which analyses available statistics to interpret the state of health, services and investments in countries. Finally, the health knowledge reform is reflected in policy briefs and good/best practice publications.

This report – an in-depth analysis of health statistics – analyses the different dimensions of the Framework of Actions to better understand where countries lie and why. As such, the results of the analysis are presented by areas of the logical framework:

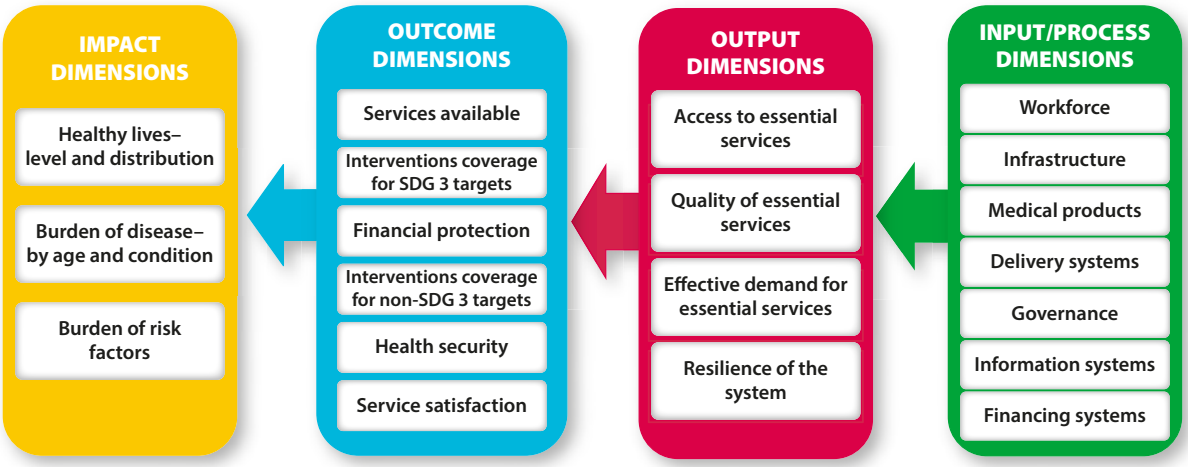
- state of health and well-being – the impact level;
- state of health and health-related services – the outcome level;
- performance of the health system – the output level; and
- state of investments in the health system – the input/process level.

A total of 17 dimensions are analysed, covering the four areas of the Framework : three impact (health and well-being); six outcome (health and related services); four output (system performance) and seven input/process (investments). The report emphasizes the fact that these dimensions are all interconnected.

7 SDG comprehensive monitoring indicator list accessible here: https://unstats.un.org/sdgs/indicators/Global%20Indicator%20Framework%20after%20refinement_Eng.pdf

8 2018 Global Reference List of 100 Core Health Indicators (plus health-related SDGs). Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO. Accessible here: http://apps.who.int/iris/bitstream/handle/10665/259951/WHO-HIS-IER-GPM-2018.1-eng.pdf;jsessionid=B0B3522E7768779EC28E2B22B3A3E652?sequence=1

**Figure 5. Dimensions analysed and their interrelationships**

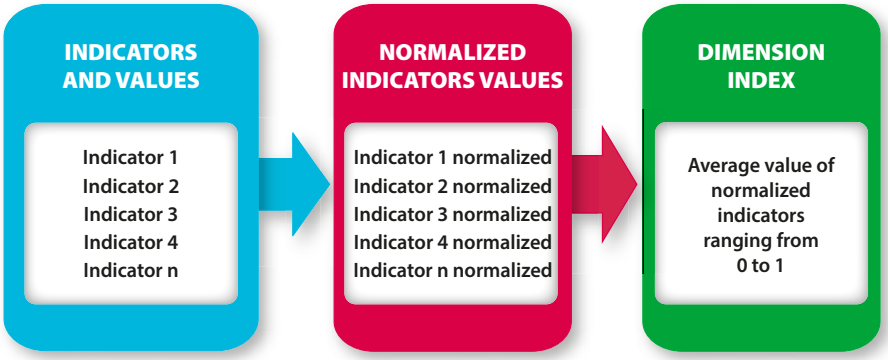



Within each dimension, a stepwise process is followed to derive the analysis, for consistency and transparency.

1. Indicators for each dimension are identified. The aim is to have as many indicators as possible, to increase the strength of the analysis – the more the indicators, the stronger the inferences. Appendix 1 highlights the indicators used for each dimension.
2. As it was important to have comparable data for each indicator, a standard source of data has been preferred for each. No country was contacted for data – only publicly available data and values were used. Use of standard sources means that the data used have been verified independently and ensures that they are comparable. For example, the use of global estimates for measles coverage is preferred over those of country reported statistics, as the data has been corrected to make it comparable. The standard data source used was the WHO Global Health Observatory[9].
    a. Where data were missing in the WHO Global Health Observatory, the UN database was consulted[10] and, if still unable to find the data, then the World Development Indicators[11] database of the World Bank was used. Appendix 2 summarizes the data values used for each indicator against the dimensions of the Framework.
    b. For indicators for which a score is required (service responsiveness, service availability and system resilience), attributes for each indicator were derived from the literature – each of which is referenced within the report. Nine key informants were identified in each country, representing state, non-state and external stakeholders (three of each), to give different perspectives on these attributes based on a 1–5 Likert scale. Their responses were added to provide a summary of the score for each responding country.
    c. Where no data were found in the above databases, or there were no key informant responses for a country, then the indicator has been left blank and has not been used further in the analysis.
3. Given the fact that there are different types of indicators in each dimension, a process to make them comparable has been first carried out. This has been achieved by normalizing the data at each point to a range of 0 and 1, in line with their value relative to the other country's values. Zero represents no achievement and one represents the highest possible achievement by a country in the African Region. Where the desired trend is negative (such as Maternal Mortality ratio), the reverse of the normalized value [1 - the normalized value] is applied.
4. The analysis generated an index for each dimension of the Framework, which is the average normalized value of the indicators used for the dimension. The average is used as all indicators are perceived to be important for the dimension. Normalization allows direct comparison of the different indicators, as they are all now unitless – with values ranging from 0 to 1. Where data were missing, the given indicator was not included in the calculation of the index. However, no index was generated with only one indicator, as this would be too biased.

9 WHO Global Health Observatory (http://www.who.int/gho/en/ . Last accessed for data on 30 March 2018).
10 UN SDG database link (https://unstats.un.org/sdgs/indicators/database/)
11 https://data.worldbank.org/products/wdi

**Figure 6. Process for deriving indices for each dimension**




The derived indices represent the achievement in the Region for the given dimension. The more the indicators are available and used, the more accurate the derived index is. As the analysis is dependent on publicly available and verified data, the index represents a calculation of the status of the dimensions based on available data. Moving forward, WHO in the Africa Region is encouraging countries to make data more available for more of the indicators that are critical for assessing health and well-being, to make the findings more accurate.

The analysis provides a regional picture for each dimension and area of the Framework. It also provides the index values for each country that contribute to the overall regional picture. Further comparison was also done to see how the index changes for certain country groupings. These include countries with similar income, health expenditure, population and the Small Island Developing States (SIDS)[12], The specific countries in each of these groupings are shown in Tables 2–4.

**Table 2. Countries by income group classification, 2016[13]**

| High-income countries (1) | Upper middle-income countries (7) | Lower middle-income countries (13) | Low-income countries (26) |
|---|---|---|---|
| HICs | UMICs | LMICs | LICs |
| Seychelles | Algeria | Angola | Benin |
| | Botswana | Cabo Verde | Burkina Faso |
| | Equatorial Guinea | Cameroon | Burundi |
| | Gabon | Congo | Central African Republic |
| | Mauritius | Côte d'Ivoire | Chad |
| | Namibia | Eswatini | Comoros |
| | South Africa | Ghana | Democratic Republic of the Congo |
| | | Kenya | Eritrea |
| | | Lesotho | Ethiopia |
| | | Mauritania | Gambia |
| | | Nigeria | Guinea |
| | | Sao Tome and Principe | Guinea-Bissau |
| | | Zambia | Liberia |
| | | | Madagascar |
| | | | Malawi |
| | | | Mali |
| | | | Mozambique |
| | | | Niger |
| | | | Rwanda |
| | | | Senegal |
| | | | Sierra Leone |
| | | | South Sudan |
| | | | Togo |
| | | | Uganda |
| | | | United Republic of Tanzania |
| | | | Zimbabwe |

12 In the WHO African Region, SIDS are Cabo Verde, Comoros, Guinea Bissau, Mauritius, Sao Tome and Principe and Seychelles.
13 http://databank.worldbank.org/data/download/site-content/OGHIST.xls

**Table 3. Top ten and bottom ten country rankings, Total Health Expenditure (International dollars, 2014)**

| Bottom ten countries, THE intl$ per capita, 2014 | | | Top ten countries, THE intl$ per capita, 2014 | | |
|---|---|---|---|---|---|
| **No** | **Country** | **Int$** | **No** | **Country** | **Int$** |
| 1 | Central African Republic | 24.96 | 1 | Equatorial Guinea | 1163.42 |
| 2 | Democratic Republic of the Congo | 32.28 | 2 | South Africa | 1148.37 |
| 3 | Madagascar | 43.70 | 3 | Algeria | 932.10 |
| 4 | Eritrea | 51.04 | 4 | Mauritius | 896.16 |
| 5 | Niger | 55.42 | 5 | Botswana | 870.84 |
| 6 | Burundi | 58.02 | 6 | Seychelles | 844.00 |
| 7 | Guinea | 68.46 | 7 | Gabon | 599.26 |
| 8 | South Sudan | 72.82 | 8 | Eswatini | 586.82 |
| 9 | Ethiopia | 72.96 | 9 | Namibia | 375.28 |
| 10 | Togo | 76.25 | 10 | Congo | 322.63 |

**Table 4. Ten highest and lowest countries by population size in thousands in the African Region, 2015**

| Lowest population countries (1000 population) | | | Highest population countries (1000 population) | | |
|---|---|---|---|---|---|
| **No** | **Country** | **Population** | **No** | **Country** | **Population** |
| 1 | Seychelles | 96 | 1 | Nigeria | 182 202 |
| 2 | Sao Tome and Principe | 190 | 2 | Ethiopia | 99 391 |
| 3 | Cabo Verde | 521 | 3 | Democratic Republic of the Congo | 77 267 |
| 4 | Comoros | 788 | 4 | South Africa | 54 490 |
| 5 | Equatorial Guinea | 845 | 5 | United Republic of Tanzania | 53 470 |
| 6 | Mauritius | 1273 | 6 | Kenya | 46 050 |
| 7 | Eswatini | 1287 | 7 | Algeria | 39 667 |
| 8 | Gabon | 1725 | 8 | Uganda | 39 032 |
| 9 | Guinea-Bissau | 1844 | 9 | Mozambique | 27 978 |
| 10 | Gambia | 1991 | 10 | Ghana | 27 410 |

The results of the analysis are presented in the order of the areas of the *Framework*: impact (status of health); outcomes (status of health and related services); outputs (status of the health system); and inputs/processes (status of health investments). Each area constitutes a stand-alone section, to allow comprehensive analysis of the area and its constituent dimensions. Each area starts with a description of its role in supporting health and well-being, followed by an overall analysis of its status and concludes with an analysis of each of its constituent attributes.

# WHO African Region


This report refers to the 47 Member States of the WHO African Region, as illustrated in this map. The WHO African Region does not include all the countries on the African continent and is not limited to sub-Saharan Africa.

The "Region" is used when referring to the African Region as defined by WHO, while "Africa" is used when discussing the continent as a whole, including its islands.

It should be noted that the World Bank divides the African continent into two regions: North Africa and sub-Saharan Africa, while UNICEF divides it into three regions: Eastern and South Africa, West and Central Africa, and North Africa.

The three-letter ISO country codes below (ISO 3166-1 alpha-3) have been used in some of the figures and tables of the report for conciseness.

| | | | | | |
|---|---|---|---|---|---|
| Algeria | DZA | Eswatini | SWZ | Namibia | NAM |
| Angola | AGO | Ethiopia | ETH | Niger | NER |
| Benin | BEN | Gabon | GAB | Nigeria | NGA |
| Botswana | BWA | Gambia | GMB | Rwanda | RWA |
| Burkina Faso | BFA | Ghana | GHA | Sao Tome and Principe | STP |
| Burundi | BDI | Guinea | GIN | Senegal | SEN |
| Cabo Verde | CPV | Guinea-Bissau | GNB | Seychelles | SYC |
| Cameroon | CMR | Kenya | KEN | Sierra Leone | SLE |
| Central African Republic | CAF | Lesotho | LSO | South Africa | ZAF |
| Chad | TCD | Liberia | LBR | South Sudan | SSD |
| Comoros | COM | Madagascar | MDG | Togo | TGO |
| Congo | COG | Malawi | MWI | Uganda | UGA |
| Democratic Republic of the Congo | COD | Mali | MLI | United Republic of Tanzania | TZA |
| Côte d'Ivoire | CIV | Mauritania | MRT | Zambia | ZMB |
| Equatorial Guinea | GNQ | Mauritius | MUS | Zimbabwe | ZWE |
| Eritrea | ERI | Mozambique | MOZ | | |

# Part I – Regional report

## 1 The status of health in the African Region

### Attributes of a good state of health in the context of the SDGs

Good health, seen from the perspective of the SDGs, is perceived in a broader context, away from the earlier emphasis on identifying and managing specific diseases. To monitor health in the context of the SDGs, the Regional Office focuses on healthy and productive periods of life, with health and well-being seen as a function of three attributes:

1. The level and distribution of healthy life that individuals and communities have
2. The level and distribution of conditions that affect health and well-being
3. The level and distribution of risk factors whose presence would affect health and well-being

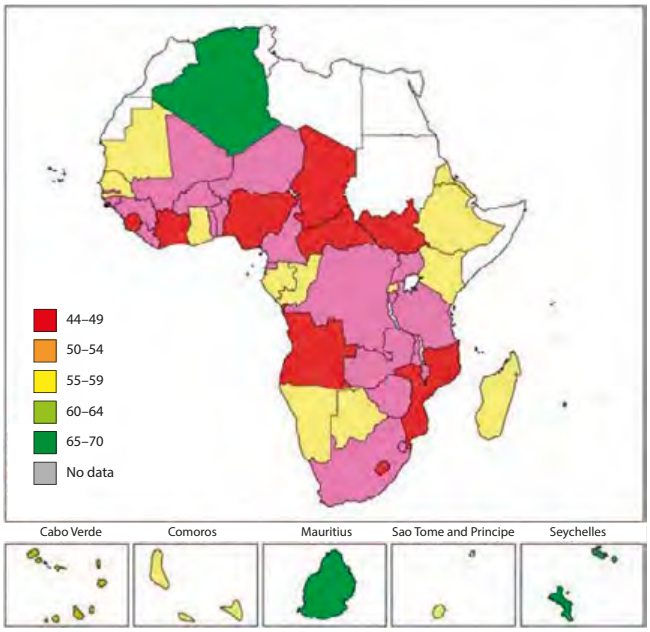
**Figure 7. Attributes of good health and well-being in the context of the SDGs**

## 1.1 The state of healthy life in the WHO African Region

Healthy life expectancy is defined as the years one can expect to live in full health. In the context of the SDGs, the analysis of healthy life expectancy is more useful than life expectancy because it distinguishes between simply living and living free of disease or ill-health.

1. The overall average healthy life expectancy is on an increasing trend in the African Region, from 50.9 years to 53.8 years for the period 2012–2015. This trend is also seen with the median healthy life expectancy, which has increased from 50.1 to 53.6 years between 2012 and 2015. This suggests an improving trend in overall health and well-being of the persons living in the Region. Four countries – Algeria, Cabo Verde, Mauritius and the Seychelles – have a significantly better life expectancy compared to the other countries, and nine other countries have a healthy life expectancy under 50 years, representing a large loss in healthy life.

**Figure 8. Healthy life expectancy in the African Region, 2015**




Source: World Health Statistics 2017: Monitoring health for the SDGs

2. There has been a reduction in the range of healthy life expectancy across countries in the Region in the past 5 years, which went from 27.5 to 22 years. This suggests a reduction of differences between countries of the region, although the differences are still significant.
3. The improvement in healthy life is highest amongst upper middle-income countries, followed by lower middle income, and lastly by low income countries. High income countries paradoxically are not experiencing this improving trend – though this should be cautiously interpreted given that there is only one high income country in the African Region. Current evidence suggests this dividend is maximized when the country attains upper middle-income status.
4. Healthy life is improving faster amongst large population countries. This could be attributed to the overall lower healthy life expectancy base that large population countries have – 51.1 years as opposed to 55 years. A focus on these large population countries may yield higher improvements in healthy life expectancy regionally.
5. Healthy life expectancy is improving marginally faster amongst countries with low population density, as opposed to those with higher population densities. Again, this may be because they are coming from a lower healthy life base (51.4 years) as opposed to countries with higher population densities (54.2 years). A focus on countries with low population density would present relatively higher improvements in healthy life and well-being regionally.
6. The healthy life expectancy in SIDS is only marginally improving. These states have unique demographic and health make-up and call for special approaches to accelerate improvements in their health and well-being. Many SIDS

already have high levels of healthy life, lowering the potential for higher increases compared to other countries.

7. Countries classified as in/recent post-conflict in 2010 showed significant improvements in healthy life of their populations. There is a significant healthy life dividend to be attained by focusing on these countries in the Region.

8. There does not appear to be a significant variation in the improvement of healthy life based on a country's level of spending on health. While the overall healthy life is higher in countries spending most, the rate of change is the same in countries spending least (2.9 years versus 3.1 years respectively).

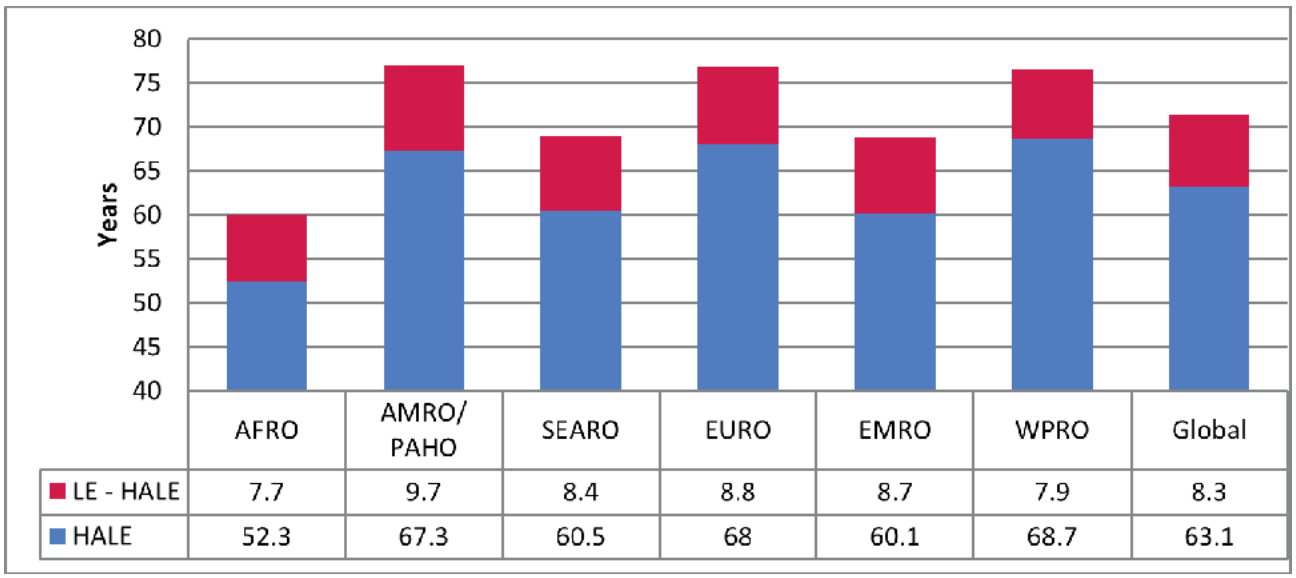
**Table 5. Trends in healthy life expectancy since 2010**

| Measure of healthy life expectancy (at birth) | 2012 | 2013 | 2015 |
|---|---|---|---|
| Average healthy life expectancy | 50.9 | 51.4 | 53.8 |
| Median value, healthy life expectancy | 50.1 | 50.6 | 53.7 |
| Regional range of healthy life expectancy | 27.5 | 27.3 | 22.4 |
| Healthy life expectancy by 2016 country income level | | | |
| *Low income countries* | *48.0* | *49.6* | *50.6* |
| *Lower-middle iIncome countries* | *50.1* | *50.5* | *52.9* |
| *Upper-middle income countries* | *55.4* | *56.1* | *58.6* |
| *High income countries* | *66.6* | *66.7* | *65.5* |
| Healthy life expectancy for special country categories | | | |
| *Large population countries (top 10)* | *51.1* | *51.8* | *54.5* |
| *Small population countries (bottom 10)* | *55.0* | *55.2* | *57.6* |
| *High population dense countries (top 10)* | *54.2* | *54.8* | *56.3* |
| *Low population dense countries (bottom 10)* | *51.4* | *52.0* | *54.7* |
| *Small Island States* | *59.0* | *58.9* | *59.4* |
| *In-/post- conflict states, 2010 - 2016* | *45.6* | *46.1* | *50.0* |
| Healthy life expectancy by health investment levels | | | |
| *High total health expenditure (top 10)* | *54.4* | *54.9* | *57.3* |
| *Low total health expenditure (bottom 10)* | *49.8* | *50.3* | *52.9* |

Source: World Health Statistics 2017: Monitoring health for the SDGs

The levels of healthy life in the African Region remain much lower than the rest of the world. The Region is the only WHO region with a healthy life expectancy under 60 (52.3 years as compared to the next lowest, the Eastern Mediterranean Region, at 60.1 years). The African Region has a 16.4-year gap in healthy life as compared to the Western Pacific Region, the best performing region globally, representing a major disparity for its population.

**Figure 9. Life expectancy and healthy life expectancy by WHO region, 2015**




Source: World Health Statistics 2017: Monitoring health for the SDGs

## 1.2 Morbidity and mortality causes influencing healthy life in the African Region

Direct causes of ill health and death in the Region are varied, with eight conditions in the top 10 causes. Lower respiratory infections, HIV/AIDS and diarrhoeal diseases still represent the top three causes of both morbidity and mortality.

It should however be noted that the levels of morbidity are on a significantly reducing trend. The DALYs per 100 000 population associated with the top 10 conditions have dropped by half since the year 2000. The largest drops are associated with communicable conditions, with malaria (66% reduction), HIV/AIDS (57.9% reduction) and diarrhoeal diseases (56.5% reduction) having the highest morbidity reductions. On the other hand, the conditions associated with the least reductions are all noncommunicable: road injuries (0.9% reduction) and congenital abnormalities (7.2% reduction).

Similarly, the levels of mortality are also getting lower, with an average crude death rate due to the top 10 causes of mortality falling from 87.7 to 51.3 per 100 000 population. As with morbidity, the reductions in crude death rate were most significant in the same three communicable conditions: Malaria (66% reduction); HIV/AIDS (57% reduction) and diarrhoeal diseases (52% reduction). Again, the reductions in mortality are least with noncommunicable conditions, led by road injuries (1% reduction), ischaemic heart disease (2% reduction) and stroke (3% reduction). This reinforces the need for countries to scale up interventions to reduce mortality associated with noncommunicable conditions

**Table 6. Trends in the top 10 causes of morbidity and mortality, 2015 and 2000**

| Morbidity cause DALYs lost per 100 000 population | | | | | Mortality cause Crude death rate per 100 000 population | | | | |
|---|---|---|---|---|---|---|---|---|---|
| *2015 Rank* | *Condition* | *2015* | *2000* | *% change* | *2015 Rank* | *Condition* | *2015* | *2000* | *% change* |
| 1 | Lower respiratory infections | 6 546 | 11 360 | -42.4 | 1 | Lower respiratory infections | 101.8 | 157.7 | -35 |
| 2 | HIV/AIDS | 4 637 | 11 016 | -57.9 | 2 | HIV/AIDS | 76.8 | 179.0 | -57 |
| 3 | Diarrhoeal diseases | 4 497 | 10 336 | -56.5 | 3 | Diarrhoeal diseases | 65.0 | 136.3 | -52 |
| 4 | Malaria | 3 600 | 10 665 | -66.2 | 4 | Stroke | 45.6 | 47.2 | -3 |
| 5 | Preterm birth complications | 3 215 | 4 890 | -34.3 | 5 | Ischaemic heart disease | 44.5 | 45.5 | -2 |
| 6 | Birth asphyxia and trauma | 3 070 | 5 091 | -39.7 | 6 | Tuberculosis | 44.0 | 58.1 | -24 |
| 7 | Congenital anomalies | 2 006 | 2 162 | -7.2 | 7 | Malaria | 40.8 | 118.8 | -66 |
| 8 | Tuberculosis | 1 875 | 2 429 | -22.8 | 8 | Preterm birth complications | 34.7 | 53.0 | -34 |
| 9 | Road injury | 1 664 | 1 679 | -0.9 | 9 | Birth asphyxia and trauma | 32.5 | 54.6 | -41 |
| 10 | Neonatal sepsis/ infections | 1 616 | 2 175 | -25.7 | 10 | Road injury | 27.2 | 26.8 | 1 |
| | **Total** | **32 726** | **61 803** | **29,077** | | **Average** | **51.29** | **87.7** | **36.41** |

Source: World Health Statistics 2017: Monitoring health for the SDGs

The overall reduction in disease burden in the African Region is more marked than in other WHO regions. All-cause mortality in the Region has reduced by 37% since 2000, as compared to 10% globally. The African Region is also one of the only two regions registering a reduction in the total deaths (all causes); all other regions, apart from the European Region, are registering increases in total deaths. This suggests that efforts to reduce excess/avoidable mortality are bearing fruit in the African Region.

**Table 7. Comparison of crude death rates and total deaths across WHO regions, 2000 to 2015**

| WHO region | Crude death rate (all causes)/100 000 population | | Total deaths (all causes) 000s | |
|---|---|---|---|---|
| | 2015 | 2000 | 2015 | 2000 |
| African | 930.8 | 1474.1 | 9 207 | 9 793 |
| Americas | 666.4 | 669.6 | 6 575 | 5 592 |
| South-East Asia | 717.6 | 828.7 | 13 836 | 13 041 |
| European | 1019.7 | 1088.5 | 9 279 | 9 439 |
| Eastern Mediterranean | 624.9 | 726.7 | 4 023 | 3 400 |
| Western Pacific | 717.5 | 634.9 | 13 309 | 10 699 |
| **Global** | **768.5** | **851.5** | **56 441** | **52 135** |

Source: World Health Statistics 2017: Monitoring health for the SDGs

**Table 8. Comparison of top 10 causes of mortality in the African Region against different income groups**

| Condition | Crude death rate per 100 000 – top 10 causes | | | | |
|---|---|---|---|---|---|
| | African Region | Low-income countries (LICs) | Lower middle-income countries (MICs) | Upper middle-income countries (UMICs) | High-income countries (HICs) |
| Lower respiratory infections | 101.8 | 84.9 | 51.5 | 26.5 | 38.2 |
| HIV/AIDS | 76.8 | 47.7 | | | |
| Diarrhoeal diseases | 65 | 57.2 | 30.9 | | |
| Stroke | 45.6 | 49.6 | 68.8 | 120.9 | 64.7 |
| Ischaemic heart disease | 44.5 | 48.6 | 111.8 | 133.4 | 144.6 |
| Tuberculosis | 44 | 34.5 | 34.5 | | |
| Malaria | 40.8 | 34.4 | | | |
| Preterm birth complications | 34.7 | 32.1 | 24.1 | | |
| Birth asphyxia and birth trauma | 32.5 | 30.5 | | | |
| Road injury | 27.2 | 28.5 | 19.1 | 19.5 | |
| Chronic Obstructive Pulmonary disease | | | 42.7 | 50.4 | 42.6 |
| Diabetes Mellitus | | | 24.2 | 20.6 | 22.6 |
| Liver cirrhosis | | | 20.3 | | |
| Cancers – respiratory | | | | 33.3 | 49.5 |
| Alzheimer's & other dementias | | | | 19.5 | 60.1 |
| Cancer – liver | | | | 18.2 | |
| Cancer - stomach | | | | 17.4 | |
| Cancer - colorectal | | | | | 27.5 |
| Kidney disease | | | | | 18.1 |
| Cancer - breast | | | | | 15.6 |
| **Average** | **51.29** | **44.8** | **42.8** | **46.0** | **48.4** |

Source: WHO Global Health Observatory, 2017

## 1.3 Risk factors influencing healthy life in the African Region

Risk factors influencing healthy life remain a key area of concern in the African Region, as they are associated with fuelling the disease burden patterns observed. The Global action plan for the prevention and control of NCDs (2013–2020)[15] recommends that countries focus on addressing four conditions (chronic respiratory disease, cardiovascular disease, cancer and diabetes) through four risk factors (alcohol abuse, insufficient physical activity, unhealthy diets and tobacco use).

At present, a person in the African Region aged between 30 and 70 years has a 20.7% chance of dying from one of these major NCDs, a probability consistent with the global pattern or 19.4%. The lowest probability of dying from these NCDs is seen in the Region of the Americas (15.4%) and the European Region (18.4%), which may be a function of the highly specialized services available to populations in some countries of these regions. Efforts to make available highly specialized services responding to these NCDs can therefore bear fruit.

There is a significant risk associated with each of the four risk factors contributing to this level of mortality:

1. alcohol consumption (6.3 L of pure alcohol consumption per capita per year);
2. insufficient physical activity (82.3% and 87.9% inactivity amongst male and female adolescents respectively);
3. unhealthy diets (7.7% and 15.1% children and adolescents' obesity respectively); and
4. tobacco use (24.2% and 2.4% tobacco use amongst 15 years old male and females respectively).

Insufficient physical activity and unhealthy diet are significantly higher amongst females, while use of tobacco products is higher amongst males. Furthermore, there is evidence from the WHO STEPwise approach to surveillance (STEPs) surveys in countries of the Region that some of the risk factors – particularly tobacco use – are increasing disproportionately more amongst females than males, especially in adolescents. These findings suggest a need for strategies focused on different sexes and age groups.

**Table 9. Comparison of risk factor prevalence in the African Region**

| WHO Region | | African | Americas | South-East Asia | European | Eastern Mediterranean | Western Pacific | Global |
|---|---|---|---|---|---|---|---|---|
| Probability of dying from any of CVD, cancer, diabetes, CRD between age 30 and exact age 70, 2012 (%) | | 20.7 | 15.4 | 24.5 | 18.4 | 20.8 | 18.0 | 19.4 |
| Total alcohol per capita (> 15 years of age) consumption, in litres of pure alcohol, 2005–2015 | 2005 | 6.2 | 9.2 | 2.9 | 9.1 | 0.7 | 5.4 | 5.6 |
| | 2010 | 6 | 8.4 | 3.5 | 10.9 | 0.7 | 6.8 | 6.2 |
| | 2015 | 6.3 | 8.1 | 3.7 | 10.2 | 0.7 | 7.6 | 6.3 |
| Percent of 11–17-year olds insufficiently active, by sex | Male | 82.3 | 75.3 | 72.5 | 78.4 | 84.7 | 81 | 77.6 |
| | Female | 87.9 | 87.1 | 74.6 | 87.7 | 91 | 88.9 | 83.9 |
| Prevalence of overweight among children and adolescents, 2016 by sex (%) | Male | 7.7 | 34.6 | 9.6 | 28.1 | 20.2 | 30.4 | 19.3 |
| | Female | 15.1 | 32.6 | 8.1 | 24.2 | 20.7 | 18.8 | 17.5 |
| Prevalence of smoking any tobacco product among persons aged ≥ 15 years by sex | Male | 24.2 | 22.8 | 32.1 | 39 | 36.2 | 48.5 | 36.1 |
| | Female | 2.4 | 13.3 | 2.6 | 19.3 | 2.9 | 3.4 | 6.8 |

Source: World Health Statistics 2017: Monitoring health for the SDGs

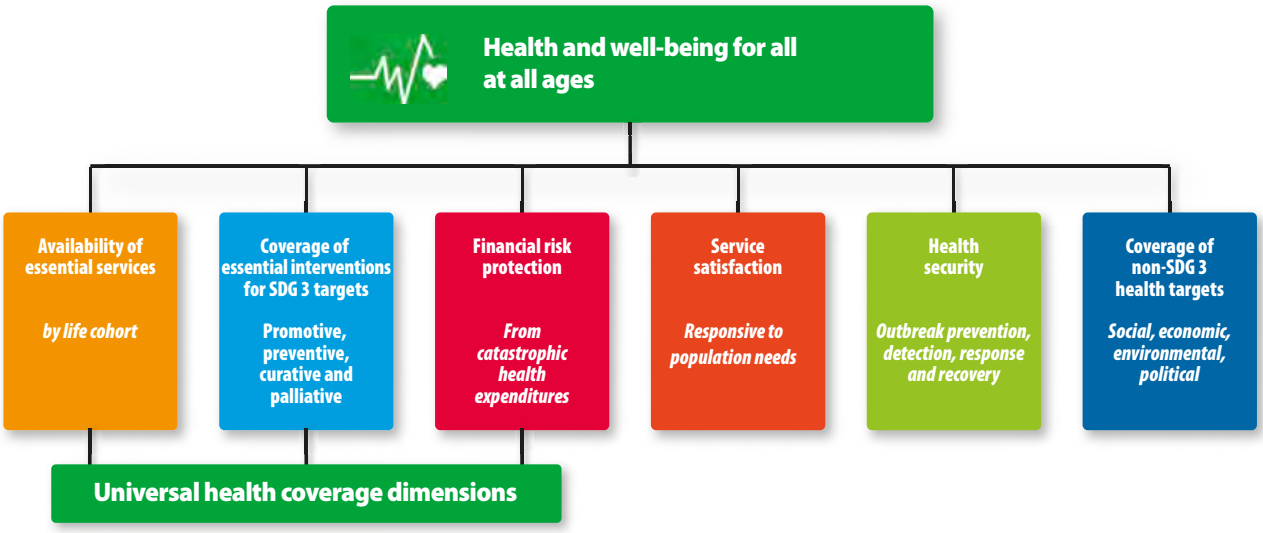
15 http://www.who.int/nmh/publications/ncd-action-plan/en/

# 2 The status of health and health-related population outcomes in the African Region

## Attributes of effective health and health-related outcomes in the context of the SDGs

The state of health and well-being is a function of the levels of attainment of the dimensions related to outcomes – the health and health-related services desired by the population. For sustainable development, these services must be broad enough to cover all the populations, irrespective of their needs and locations. The six dimensions of health outcomes provide this breadth, irrespective of where a population is within the Region.

**Figure 10. Dimensions of health and health-related services in the African Region**




There is recognition that UHC is an umbrella target within SDG 3. UHC is based on universality and sustainability and is underpinned by principles of efficiency, effectiveness and equity spanning health system inputs and processes (interactions across the various building blocks) and health system performance outputs as measured by access, quality, demand and resilience of essential services. It is achieved in concert with health security, service satisfaction and other (non-health) SDG interventions:

- Universality ensures that all persons are targeted without any discrimination – leaving no one behind. It denotes a shift of focus from priority services to vulnerable populations to essential services for all, at all ages.
- Sustainability, on the other hand, ensures that gains can be maintained at least over a strategic planning cycle (3–7 years). It denotes a shift from short term project-driven results, to longer term developmental gains.

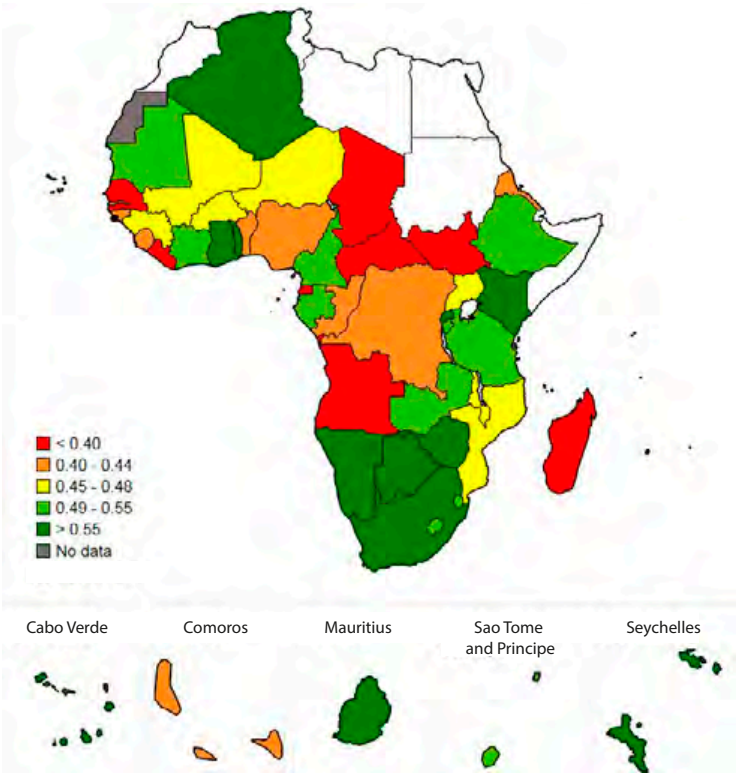
**Figure 11. Attributes of Universal Health Coverage in the context of the SDGs**


Source: WHO Regional Office for Africa

To understand the current state of health and health-related services in the African Region, the scores of each of the 6 dimensions making up the health and related services are consolidated. The value of the consolidated score for the entire Region was 0.48. Given that a score of 1 represents the best possible attainment, this score is interpreted as the Region being able to provide only 48% of health and health-related services that could potentially be provided to its population.

This 48% of of provided services masks major disparities between countries in the Region. The figure below shows the variation across countries of the Region.

**Figure 12. Comparison of health and health-related population outcomes index by country of the African Region**

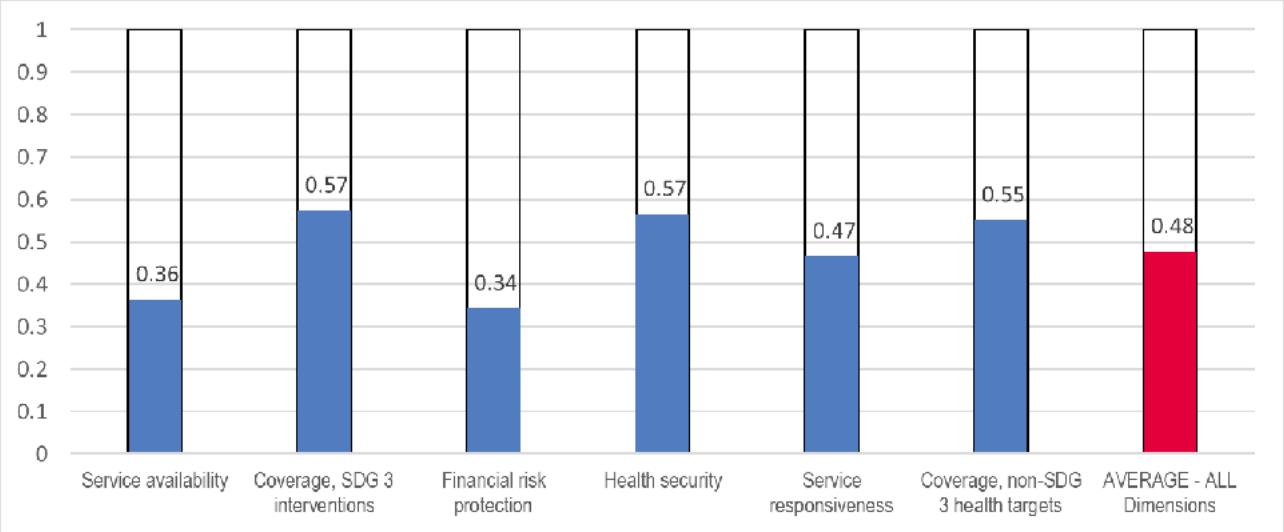



Source: World Health Statistics 2017: Monitoring health for the SDGs

The country scores in the Region range from a low of 0.31 to a high of 0.70. Only five countries in the Region have a score above 0.6: Namibia (0.62), Kenya (0.64), South Africa (0.66), Seychelles (0.68) and Algeria (0.70). Algeria, the country with the best score in the Region, is only able to provide 70% of the possible health and health-related services needed by its population – a worrying situation.

All the dimensions underperform in the Region, with the best only able to provide 57% of what is feasible. All Member States therefore need to review what they have available for their populations, with the aim of identifying and improving the services needed to improve each dimension. The worst performing dimensions relative to the others are service availability (36% of what is feasible), and financial risk protection (34% of what is feasible). Improving population outcomes in the Region will require relatively more effort in improving these two dimensions.

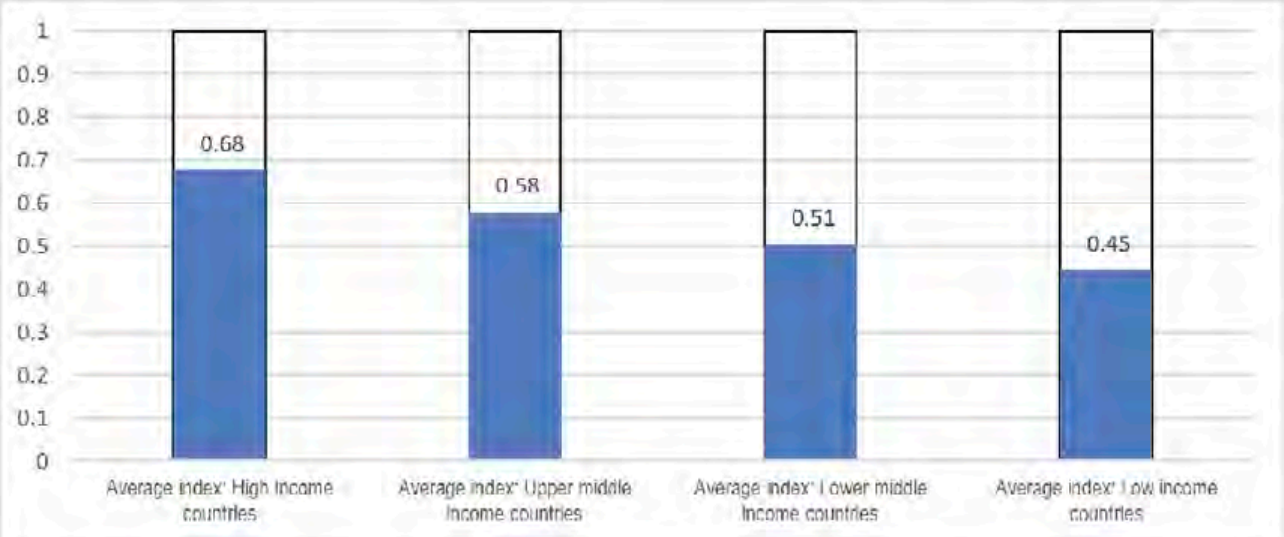
**Figure 13. Contribution of dimensions of health outcomes indices to the overall index**




Source: World Health Statistics 2017: Monitoring health for the SDGs

Further analysis of the health and health-related population outcomes index is accomplished by looking at the average of the countries index by income level, as defined by the World Bank. The index for countries increases as country GDP increases, showing a relationship between country income and health and health-related population outcomes. The index average ranges from 0.68 in Seychelles, the single high income country level, to 0.45 in the low income countries, a variation of over 50%. This again illustrates the levels of inequity in the Region, where populations of countries that are better off utilizing more of the health and health-related services they need for health and well-being. Innovative methods are needed to improve health and health-related outcomes in lower income countries.

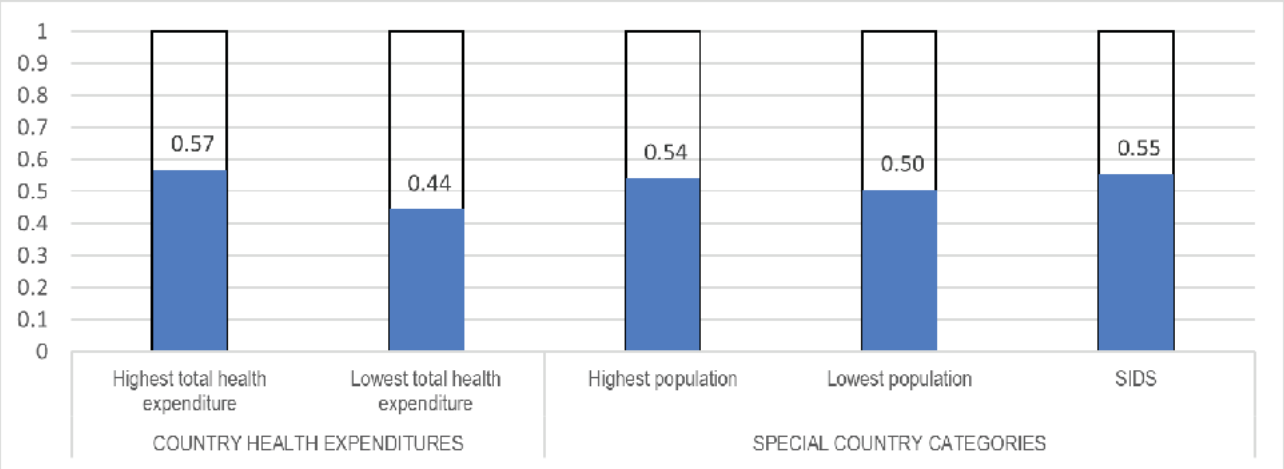
**Figure 14. Comparison of health and health-related services index by income group in the African Region**




Source: World Health Statistics 2017: Monitoring health for the SDGs

A further analysis of the variation of the outcomes index in the Region can be done by looking at country groups based on levels of health expenditure, population size and specific focus on Small Island Developing States (SIDS) countries. Those with higher total health expenditure show a significantly higher level of utilization of health and health-related services, as compared to those with the lowest total health expenditure. There is also a marginal difference in the utilization score in large versus small countries (a 4% difference). SIDS countries show a higher index (0.55) as compared to the regional average (0.48), suggesting that populations in these countries benefit from better health and health-related service outcomes.

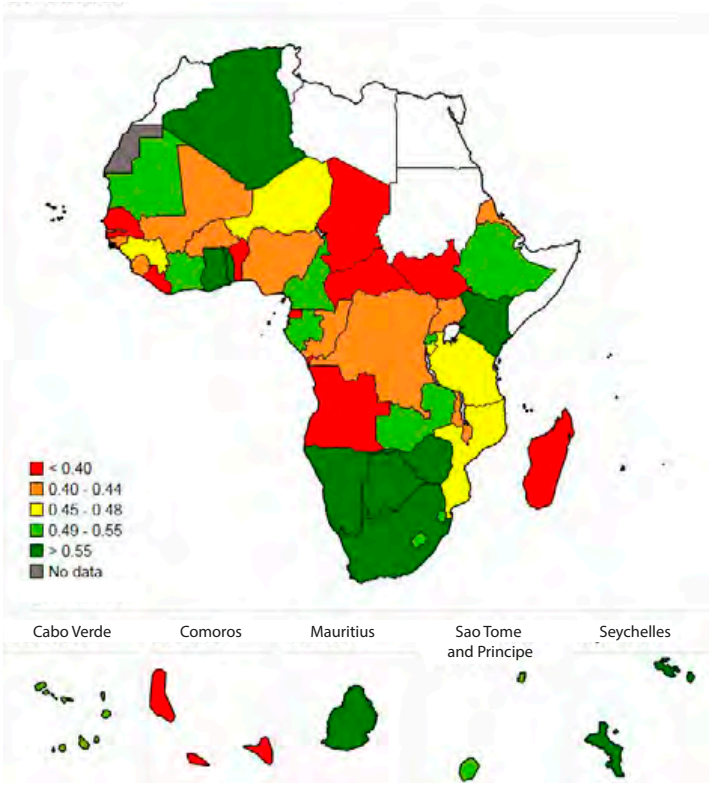
**Figure 15. Comparison of health and health-related services index by health expenditures and population across countries of the African Region**




Source: World Health Statistics 2017: Monitoring health for the SDGs

Finally, the dimensions related to service availability, SDG 3 services coverage and financial risk protection show a mixed picture. Only four countries had a combined score above 0.6: Algeria (0.7), Seychelles (0.68), South Africa (0.66) and Kenya (0.64). Since this is just an average across the 3 dimensions, it is clear that all countries in the Region have a long way to go to attain UHC. It is most often the availability of services that scores poorly, as countries have been focusing on improving coverage and/or financial risk protection, without significant efforts towards making sure a wider range of services are available for their populations.

**Figure 16. Comparison of consolidated UHC dimensions index across Member States of the African Region**




Source: World Health Statistics 2017: Monitoring health for the SDGs

## 2.1 Availability of essential services across the life course

The availability of essential services is a measure of which services exist for the population. Those services need to be aligned with health and well-being needs. Availability of essential services represents the 'forgotten' arm of UHC; a system that can make available services that people need at any age group is on its way to achieving UHC.

In many countries, availability of essential services is assumed though the provision of inputs that are cross-cutting. As such, deployment of medical officers assumes that the services a medical officer can provide are available. While this holds true in some instances – and assuming all other inputs a medical officer needs are available – there are some cohort-specific services which the health sector need to proactively plan to ensure their provision. These services are recognized as critical to a given life cohort for their health and well-being. The Framework of Actions proposes a set of services for each cohort.

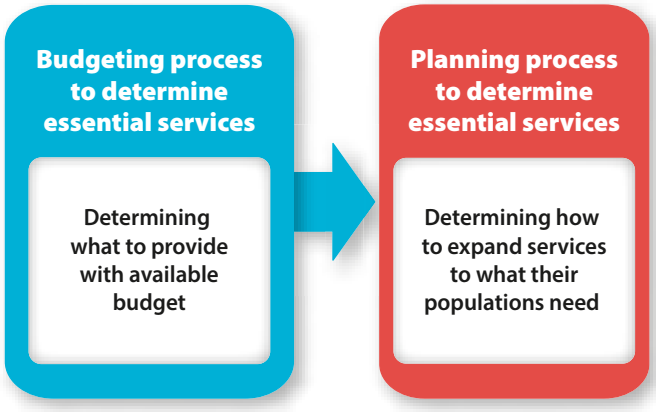
**Table 10. Tracer essential services for each age-cohort**

| Pregnancy and newborn | Childhood | Adolescence | Adulthood | Elderly |
|---|---|---|---|---|
| • Antenatal care services<br>• Perinatal care services<br>• Care for the new-born<br>• Postnatal care services | • Childhood immunization<br>• Child nutrition (under and over)<br>• Integrated childhood services<br>• Primary school health services<br>• Promotion of childhood healthy lifestyles | • Adolescent sexual and reproductive health services<br>• Adolescent/youth friendly health services<br>• Secondary school health services<br>• Harm reduction services for prevention of drug and alcohol use<br>• Promotion of adolescent healthy lifestyles | • Screening for common communicable conditions<br>• Screening for common non-communicable conditions and risk factors<br>• Reproductive health services including family planning<br>• Promotion of adulthood healthy lifestyles<br>• Adult nutrition services<br>• Clinical and rehabilitative health services | • Annual screening and medical exams<br>• Elderly persons social support services<br>• Clinical and rehabilitative services for the elderly |

Source: Leave no one behind: strengthening health systems for UHC and the SDGs in Africa. Brazzaville: WHO Regional Office for Africa; 2017

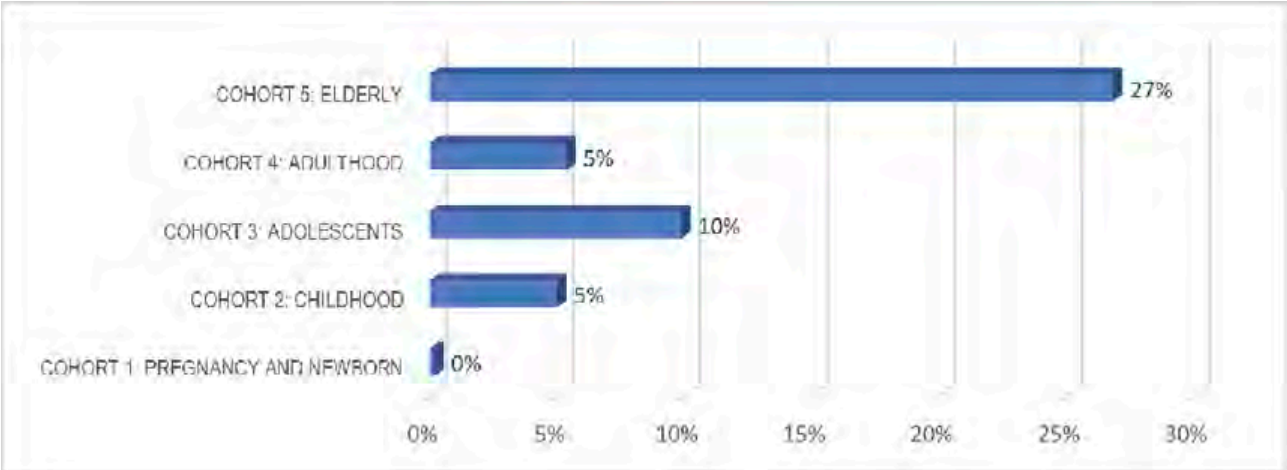
The assessment of the availability of these tracer services across African countries is based on a review by a group of key informants in each country (see Appendix 2 for attributes and emerging scores). The respondents were asked to identify which tracer services were available to the population. Their responses were converted into an overall service availability index, composed from the normalized values of each age cohort. The overall availability score for the Region of 0.36 shows that on average, the countries of the Region are only making available 36% of the essential services needed by their populations to attain health and well-being. This is a very low score, with a significant amount of effort needed by countries to increase services within their essential packages. Many countries have been defining their essential services as a basic package that is affordable. However, this package is usually not aligned with the needs of the population. A strategic shift is needed for countries to move from a budgeting process to a planning process.

**Figure 17. Strategic shift needed in making essential services available for populations**



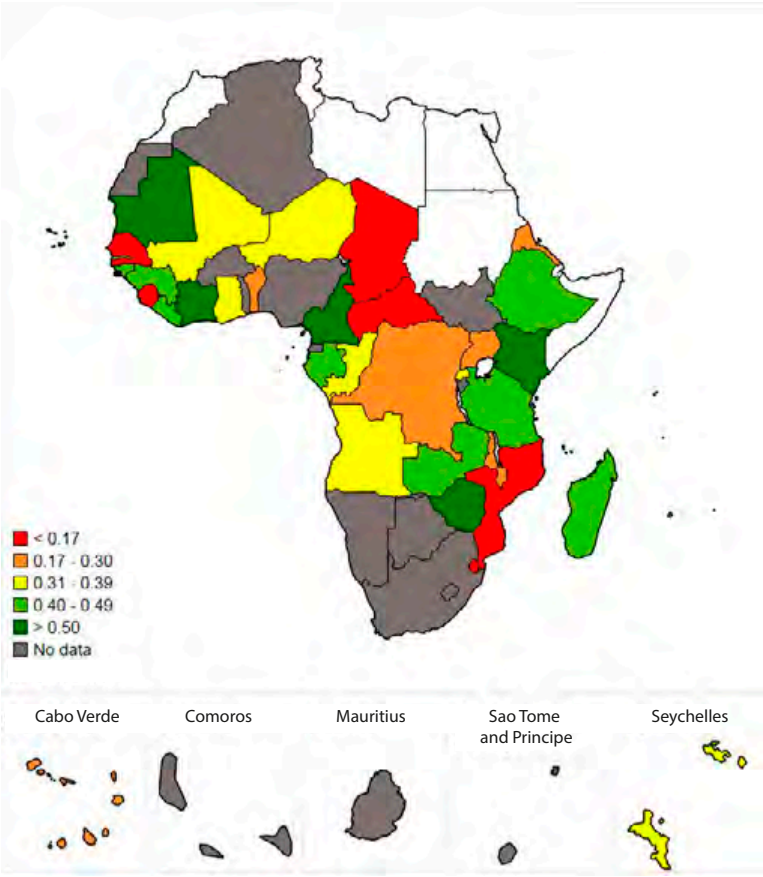
The age cohorts for which the services are least available are the adolescents and the elderly. These two cohorts represent critical age groups for UHC: the adolescents, for whom affliction with disease or risk factors has a disproportionately high impact on the populations health and well-being, and the elderly, who possess a relatively higher disease burden. A large proportion (27%) of respondents highlighted the absence of ANY services for the elderly population in their countries.

**Figure 18. Proportion of respondents reporting none of tracer services available for the population**



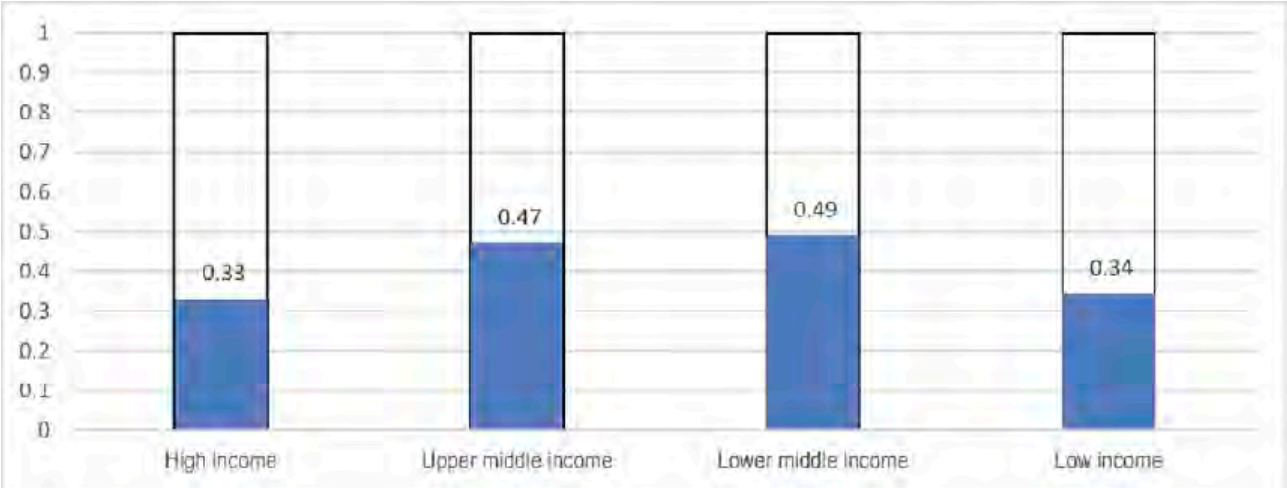

Looking across the 29 countries that provided information on the availability of these essential services, there is a wide variation across the Region, ranging from a low of 0.06 (Tchad) to a high of 1.00 (Kenya). This overall low score, and the wide variation, are a cause for real concern. Health systems are not making available the services that their populations need for their health and well-being because health services have traditionally focused on a small select set of 'priority services'. This situation needs to be quickly addressed to move towards UHC.

**Figure 19. Comparison of availability of essential services index in countries of the African Region**



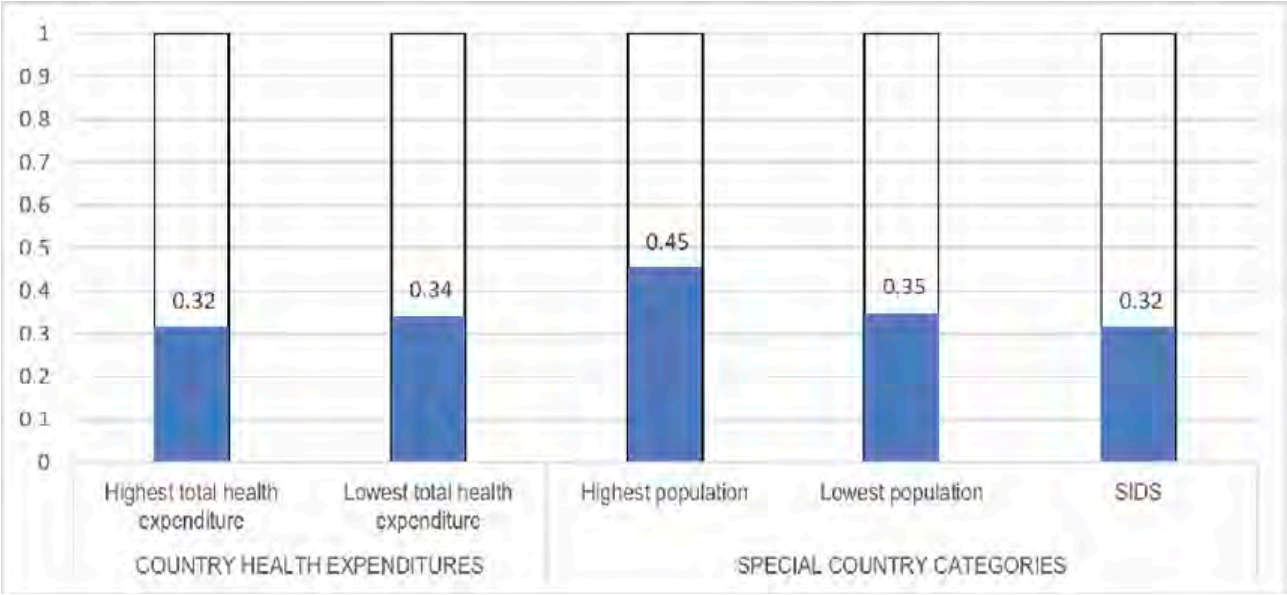
Even at this low level of availability of essential services, there are still variations by income. The middle-income countries have a higher average indices as compared to other countries.

**Figure 20. Comparison of access to essential services score by country income groups in the African Region**




This variation in availability of essential services is marginal when looking at the availability of services by health expenditure. Level of expenditure therefore does not drive availability of services. However, countries with large populations have a higher index value as compared to other countries. This may reflect the increased probability of having more services as the health sector grows in size. SIDS countries have low essential services available, again a reflection of the difficulty in assuring a wide range of services for a small population:

**Figure 21. Comparison of access index by health expenditures and population across countries in the African Region**




## 2.2 Coverage of essential health interventions

The availability of essential services only looks at what is available for different age cohorts. However, the presence of services does not mean that they will be utilized as intended by the potential beneficiaries. The coverage of essential health interventions looks at how well the potential beneficiaries are using the services. High levels of utilization imply improved results in terms of improved health and well-being, and vice versa.

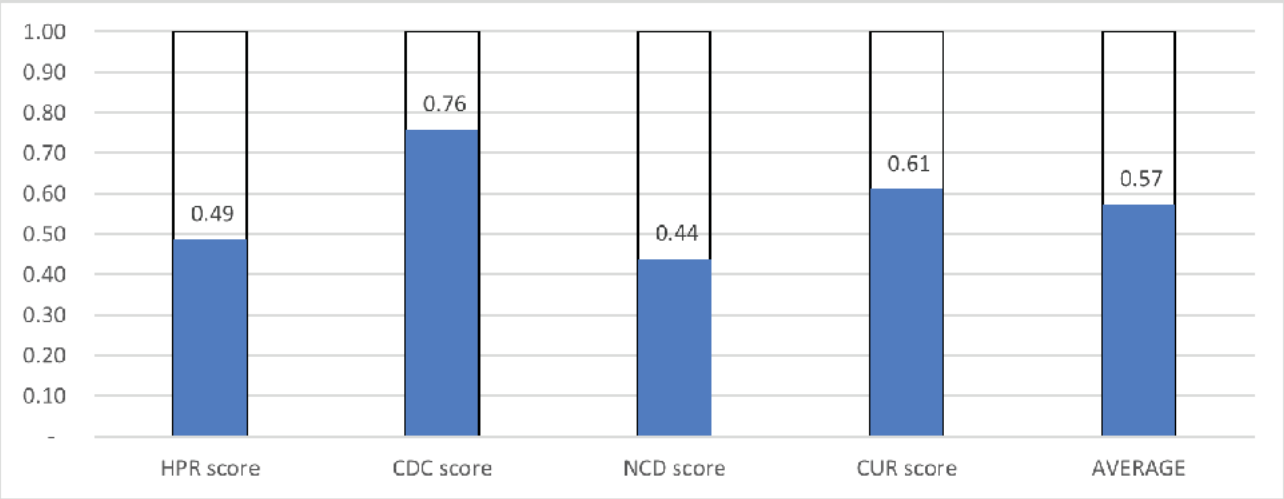
Essential health interventions need to be provided across all public health functions – health promotion, disease prevention, curative and rehabilitation/ palliative. Some of the critical essential interventions are shown in the Table 11 below.

**Table 11. Critical essential interventions by public health functions**

| Domain area | Essential interventions |
|---|---|
| Health promotion (HPR) | Individual / family based healthy behaviours and actions |
| | Health workplace and safety |
| | Behaviour change communication for healthy lifestyles in targeted environments |
| | Community initiated and owned health promoting actions |
| Communicable disease prevention and control (CDC) | Immunization / vaccinations |
| | Surveillance for health threats |
| | Integrated Vector Management |
| | Environmental hygiene management |
| | Prevention & control of common communicable conditions: HIV, Hepatitis, STIs, TB and Malaria |
| | Control and prevention neglected tropical diseases |
| Noncommunicable disease prevention and control (NCD) | Mental health services |
| | Violence and injury prevention |
| | Prevention of cardiovascular disease, cancer, diabetes and obstructive pulmonary disease |
| | Food quality and safety |
| | Prevention of tobacco use, unhealthy nutrition, physical inactivity and harmful use of alcohol |
| | Control and prevention of drug and substance abuse |
| Medical and rehabilitative (CUR) | Outpatient care |
| | Emergency and trauma care services |
| | Maternity services |
| | Investigative / diagnostic services |
| | Inpatient care |
| | Operative care |
| | Specialized therapies |
| | Palliative and end of life care |
| | Rehabilitation |

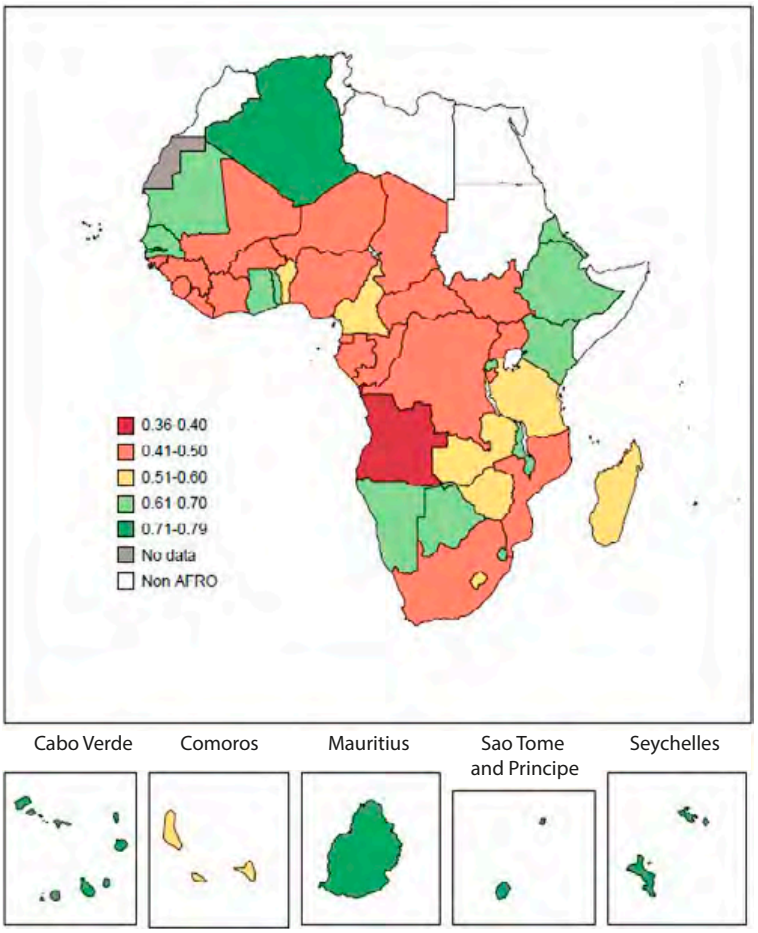
Countries should aim to maximize the coverage of these interventions to facilitate movement towards UHC. The SDG 3 utilization index value of 0.57 suggests populations in the Region are utilizing only 57% of interventions needed to attain the SDG 3 targets, which is a low level of utilization. The public health function with the highest score is communicable disease control (0.76), which implies that interventions targeting communicable diseases have the highest rate of utilization in the Region, as compared to the other public health functions. However, as much as one quarter of the population is still not utilizing these communicable disease interventions. The NCD score is the lowest (0.44), showing the very low utilization of interventions aimed at preventing noncommunicable diseases, which is at odd with the high NCDs burden of disease of the African Region.

**Figure 22. SDG 3 interventions index by public health function**



The regional score also shows variations across and within countries. In the Region, this utilization score ranges from 0.36 to 0.79, a reflection of the range of utilization that exists. Only four countries (Algeria, Mauritius, Sao Tome and Principe and the Seychelles) have a score above 0.70, a reflection of high utilization of SDG 3 interventions.

**Figure 23. Range of SDG 3 interventions utilization index across countries in the African Region**




There are significant inequities in the utilization of services in the Region.

1. There is a clear dividend in terms of utilization of services by level of income, with the utilization score increasing with the country economic ranking. The 11% higher utilization in high income countries is significant: this trend is only reversed for health promotion interventions, whose score is decreasing as the income level of the country grows. This may reflect the increasing medicalization of services in higher income countries.
2. Countries with the highest health expenditure have higher utilization of services – with the highest variation being with curative and rehabilitative services. Low country spending on health shows higher utilization of health promotion services, an indication of a lower focus on health promotion as countries spend more on health.
3. Countries with lower populations have higher utilization of interventions, compared to those with higher populations. This may be associated with the relative ease of attaining coverage interventions in lower population countries, where identifying and accessing non-covered populations may be better achieved. The variation is most pronounced with SIDS countries, which have a more than 10% higher utilization score.
4. Inequities in utilization of interventions are not only between countries; they can also be seen within countries. A review of population coverage with essential health interventions relating to reproductive, maternal, newborn and child health by wealth quintile across African countries shows an average of 22% reduction in coverage between the highest and lowest quintile in countries of the Region.

**Figure 24. Comparison of SDG 3 utilization index by income group across public health functions in the African Region**

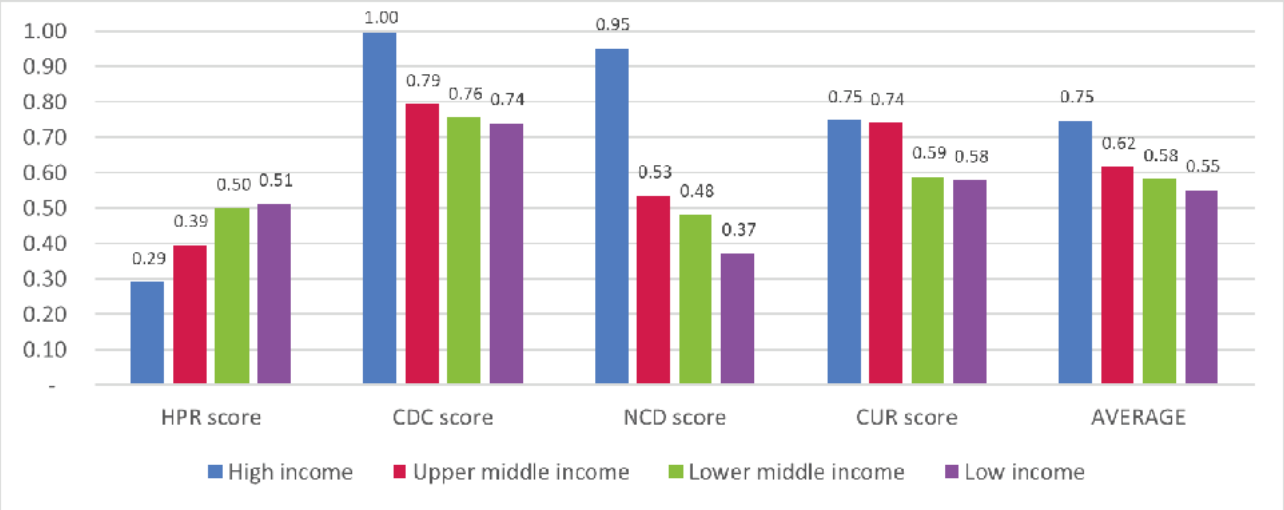
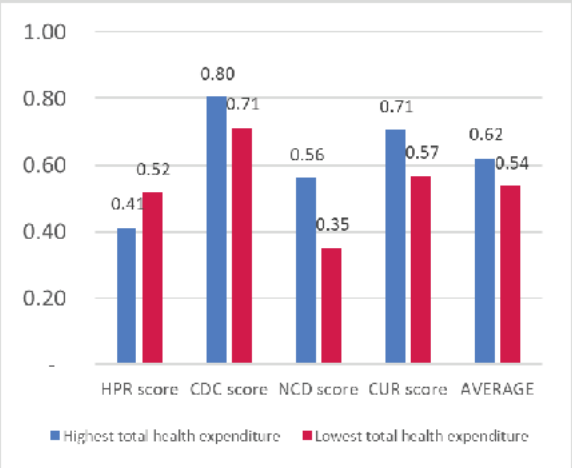



**Figure 25. Comparison of utilization by health expenditures and population for public health functions in the African Region**

Comparison by health expenditure




Comparison by country size and SIDS

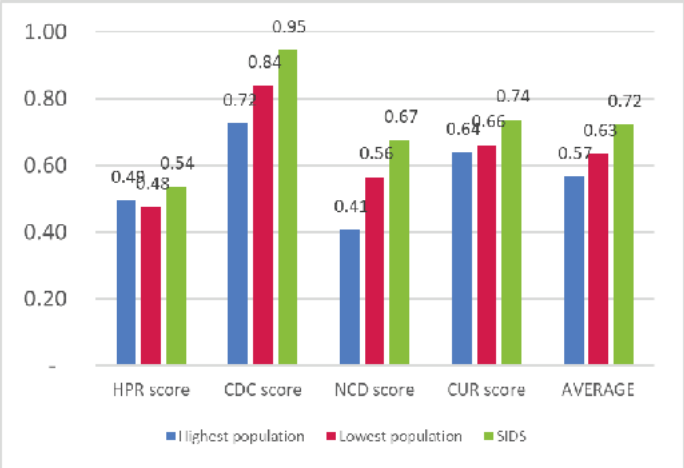



**Table 12. Percentage of population with coverage of essential health interventions related to reproductive, maternal, newborn and child health by wealth quintile in the African Region**

| Country | Quintile (Poorest) | Quintile Second | Quintile Middle | Quintile Fourth | Quintile (Richest) |
|---|---|---|---|---|---|
| Central African Republic (2010) | 32.5 | 34.6 | 40.1 | 54.4 | 66.0 |
| Chad (2010) | 18.0 | 19.9 | 22.6 | 29.6 | 45.9 |
| Democratic Republic of the Congo (2010) | 51.3 | 53.5 | 53.4 | 60.2 | 69.0 |
| Sierra Leone (2010) | 57.3 | 58.4 | 61.7 | 66.7 | 70.0 |
| Eswatini (2010) | 74.5 | 76.4 | 81.9 | 82.6 | 84.0 |
| Togo (2010) | 36.9 | 44.2 | 48.6 | 58.8 | 65.1 |
| Ghana (2011) | 60.1 | 65.2 | 69.1 | 75.5 | 77.7 |
| Mauritania (2011) | 36.4 | 44.4 | 54.6 | 63.8 | 65.7 |
| Nigeria (2011) | 22.9 | 35.0 | 49.1 | 60.0 | 74.2 |
| Malawi (2013) | 76.7 | 79.4 | 81.1 | 80.9 | 83.2 |
| Zimbabwe (2014) | 75.8 | 78.3 | 80.1 | 83.5 | 85.9 |
| Burkina Faso (2010) | 52.1 | 57.0 | 63.4 | 67.9 | 78.3 |
| Burundi (2010) | 63.0 | 63.2 | 67.8 | 67.4 | 73.0 |
| Malawi (2010) | 70.3 | 73.3 | 75.0 | 77.1 | 81.0 |
| Rwanda (2010) | 68.3 | 70.5 | 73.1 | 74.2 | 79.9 |

Source: WHO Global Health Observatory

| Country | Quintile (Poorest) | Quintile Second | Quintile Middle | Quintile Fourth | Quintile (Richest) |
|---|---|---|---|---|---|
| Senegal (2010) | 46.2 | 54.0 | 62.7 | 64.6 | 74.1 |
| United Republic of Tanzania (2010) | 61.8 | 66.5 | 66.1 | 76.7 | 86.3 |
| Zimbabwe (2010) | 65.1 | 66.4 | 70.7 | 75.2 | 74.9 |
| Benin (2011) | 45.3 | 54.1 | 60.1 | 61.9 | 66.2 |
| Cameroon (2011) | 31.2 | 55.1 | 64.2 | 69.6 | 75.8 |
| Congo (2011) | 62.9 | 69.5 | 74.2 | 78.5 | 81.4 |
| Côte d'Ivoire (2011) | 43.7 | 50.8 | 53.7 | 62.7 | 69.3 |
| Ethiopia (2011) | 24.4 | 31.0 | 32.2 | 39.5 | 65.1 |
| Mozambique (2011) | 47.0 | 51.1 | 58.8 | 67.1 | 76.0 |
| Uganda (2011) | 58.0 | 61.0 | 63.1 | 66.4 | 75.7 |
| Comoros (2012) | 49.5 | 58.5 | 64.6 | 71.8 | 68.9 |
| Gabon (2012) | 59.1 | 67.1 | 68.7 | 76.3 | 73.0 |
| Guinea (2012) | 31.4 | 42.9 | 44.9 | 52.8 | 64.6 |
| Mali (2012) | 34.6 | 42.1 | 44.0 | 58.3 | 66.9 |
| Niger (2012) | 45.0 | 51.1 | 52.6 | 58.0 | 72.7 |
| Senegal (2012) | 47.4 | 56.0 | 62.7 | 70.3 | 74.7 |
| Democratic Republic of the Congo (2013) | 49.3 | 55.3 | 58.5 | 63.1 | 71.2 |
| Gambia (2013) | 60.1 | 60.6 | 62.0 | 66.9 | 68.9 |
| Liberia (2013) | 52.0 | 59.7 | 62.4 | 67.2 | 68.8 |
| Namibia (2013) | 73.4 | 79.2 | 80.1 | 80.4 | 81.1 |
| Nigeria (2013) | 14.6 | 27.0 | 44.3 | 57.8 | 75.5 |
| Sierra Leone (2013) | 63.9 | 63.9 | 64.7 | 69.4 | 73.0 |
| Togo (2013) | 49.6 | 50.7 | 53.1 | 62.4 | 71.4 |
| Zambia (2013) | 68.5 | 70.5 | 74.5 | 82.5 | 85.6 |
| Ghana (2014) | 62.5 | 63.4 | 69.4 | 71.3 | 74.2 |
| Senegal (2014) | 56.6 | 59.5 | 64.8 | 71.7 | 70.0 |

Source: WHO Global Health Observatory

## 2.3 Levels of financial risk protection

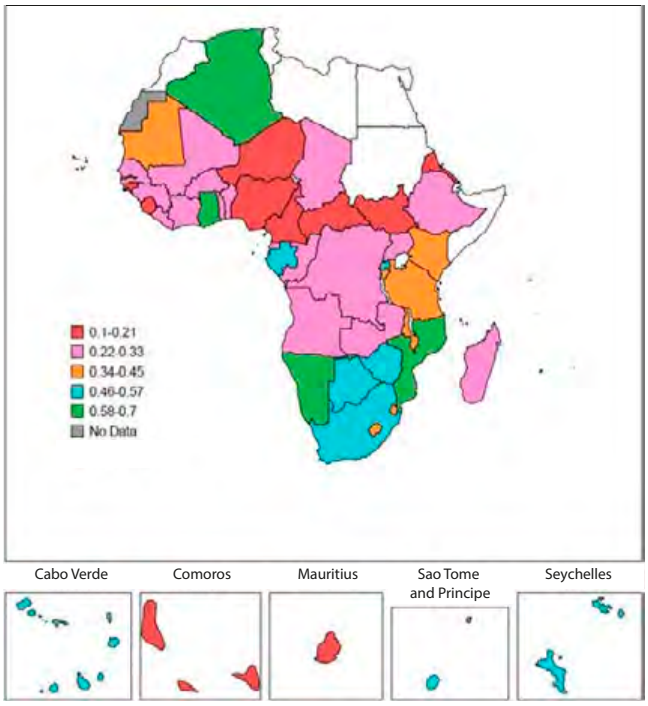
Financial risk protection (FRP) aims at reducing the financial barriers communities face in accessing essential services by ensuring that the financial costs of using essential services are minimized for households and individuals. Out of pocket payments are recognized as one of the major barriers to accessing essential services, as utilization is influenced by a person having the funds required to use needed services.

Financial protection is measured by monitoring the proportion of the population with large household expenditures on health as a share of total household expenditure (for example, 10% and/or 25%). This information is not available in all countries, as it requires a nationally representative survey that contains both information on household expenditure on health and household total expenditure. As a proxy, the analysis is based on a score derived from 3 commonly available indicators:

- General Government Health Expenditure (GGHE) as % of THE: Higher government spending as a proportion of total health expenditure implies a higher proportion of health expenditures are indirect (not paid at the point of use);
- Out of Pocket Expenditure (OOPS) as % of Private Health Expenditure (PvtHE): Higher out of pocket spending within private expenditures imply higher inequities as these expenditures are driven by ability to pay, not need; and
- Social Security Funds as % of General Government Health Expenditure (GGHE): Higher spending on health social security implies that more government spending is pooled for health use.

The FRP index of 0.34 suggests protection is only at 34% of what is feasible in the Region. This index varies markedly between countries, ranging from a low of 0.1 to a high of 0.7 out of a possible 1.

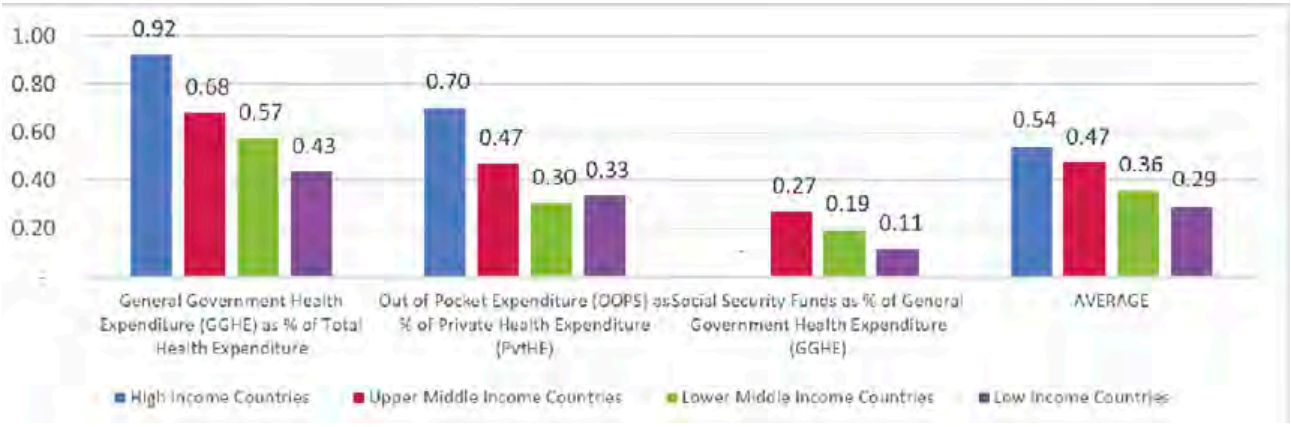
**Figure 26. Country financial risk protection index**




This level of the FRP Index is primarily driven by low investment in social security funding by governments (score of 0.16 versus 0.35 and 0.52 for OOPS and government spending, respectively). Many countries have not introduced social insurance mechanisms for health due to the perceived high costs governments would have to incur, subsidizing those with low ability to pay and covering at least the start-up management costs. However, for effective movement towards financial risk protection in a manner that will lead towards UHC, it is important for countries to critically look at how they can increase the focus of their funding towards social security.

The FRP Index is also dependent on the level of income of the country – the higher the income classification, the higher the Index. The financial risk protection in low income countries is less than half that in high income countries, a trend seen with all the three indicators used to derive the score..

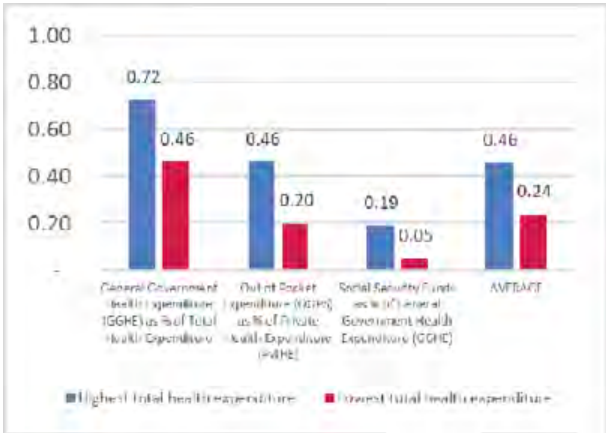
**Figure 27. Comparison of financial risk protection score by income group across financing indicators in the African Region**




Inequities are also seen based on the overall health expenditures. The countries with the highest health expenditures also have the highest financial risk protection Index – more than double that for the countries with the lowest health expenditures. This suggests health expenditures are increasingly spent in areas that provide better financial risk protection. Additionally, the smaller the country population, the higher the financial risk protection – though this pattern is reversed for social security funding, with higher population countries having higher spending on social security. This may be a result of a preference for government funded and managed services in smaller countries, where social security mechanisms may not provide the economies of scale needed to run them.

**Figure 28. Comparison of financial risk protection by health expenditures and population in the African Region**

Comparison by health expenditure




Comparison by country size and SIDS


## 2.4 Levels of appropriate health security

Health security is a key measure of UHC in the African Region, given the devastating effect of disease epidemics and health emergencies on health and well-being, as shown by the devastating 2014–2015 EVD epidemic in West Africa.

The region is particularly vulnerable to outbreak events, with an average of over 40 events being monitored at any given time. This high vulnerability calls for a need to focus on identifying and monitoring populations vulnerable to events and to respond to their needs.

Health security is assured if a country can build core capacities to prevent, detect and respond effectively to outbreak and disaster events that influence health. Such country capacities are monitored using the International Health Regulations (IHR) framework. Countries need to build core capacities across 19 areas in the three health security domain areas listed below to ensure an adequate level of health security.

**Table 13. IHR areas for building core capacities for health security**

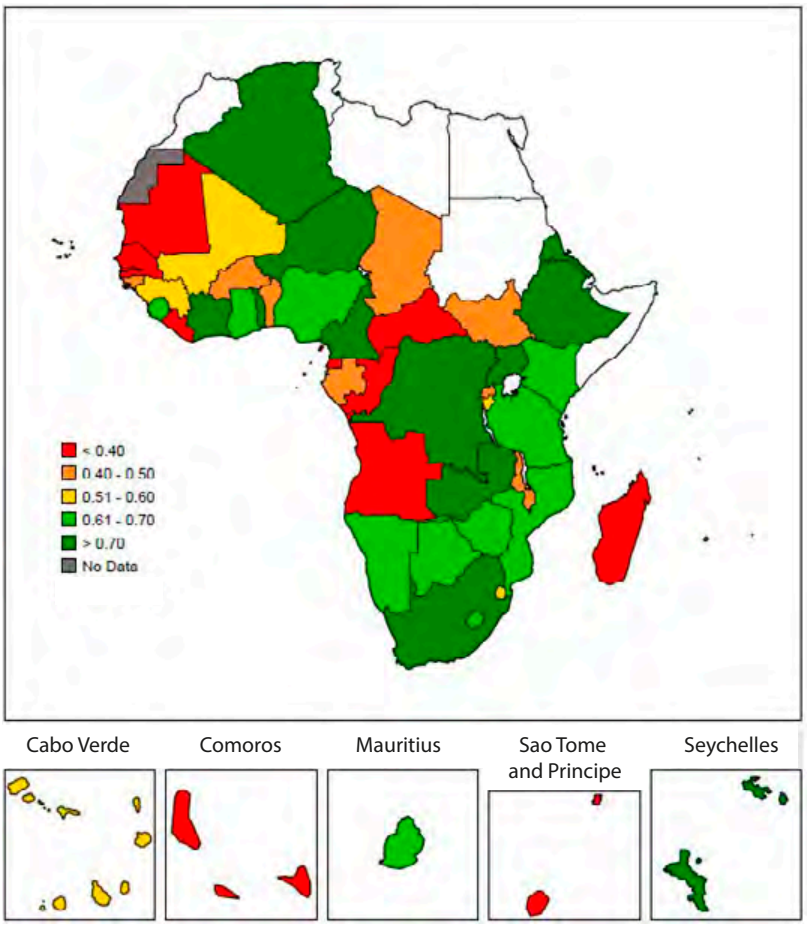
| Health security domain | | Core capacity area |
|---|---|---|
| Prevention | 1 | National Legislation, Policy and Financing |
| | 2 | IHR Coordination, Communication and Advocacy |
| | 3 | AMR |
| | 4 | Zoonotic Disease |
| | 5 | Food Safety |
| | 6 | Biosafety and Biosecurity |
| | 7 | Immunization |
| | 17 | Points of Entry (PoE) * |
| Detection | 8 | National Laboratory Systems |
| | 9 | Real-Time Surveillance |
| | 10 | Reporting |
| | 11 | Workforce Development |
| Response | 12 | Preparedness |
| | 13 | Emergency Operations Centres |
| | 14 | Linking Public Health with Law and Multisectoral Rapid Response |
| | 15 | Medical Countermeasures and Personnel Deployment |
| | 16 | Risk Communication |
| Other | 18 | Chemical Events |
| | 19 | Radiation Emergencies |

Based on countries' feedback regarding these respective capacities, WHO has developed for each country an IHR score for 13 core capacities for which cross-country comparative data exist.

The latest value shows that only 57% of the required capacities exist in countries in the Region. This is the lowest score across all WHO regions, with the next lowest, the Eastern Mediterranean Region, having a score of 74%. The highest scores are 80% in the South-East Asia and European regions. This reflects the high global discrepancy in health security, and the need for major focus and investment in the African Region.

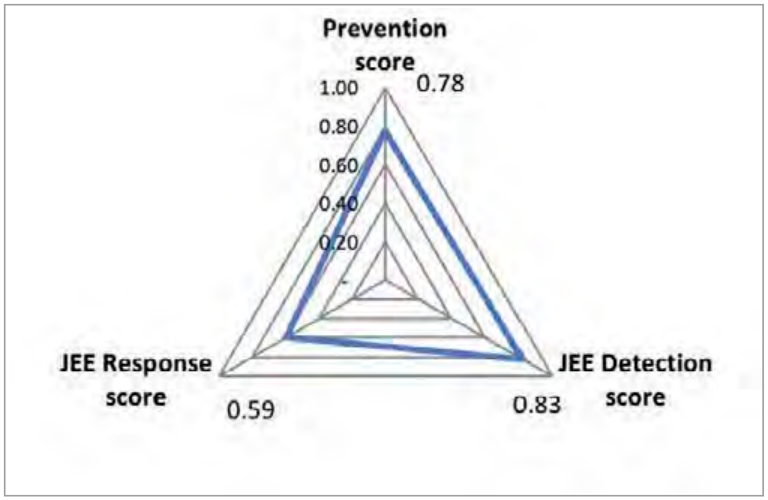
The score in the African Region masks a wide range of capacities, which range from 0.18 to 1.. This wide range of core capacities is being reflected in the large number of new and/protracted health security events, due for example to dengue, regular Viral Haemorrhagic Fevers (VHFs), plague or yellow fever), normalized outbreaks, such as cholera, and humanitarian crises. Cameroon, Côte d'Ivoire, Seychelles, South Africa and Zambia have the highest health security scores, above 0.8. On the other hand, 10 countries have IHR scores under 0.3, representing critical focus countries for improvement of health security.

**Figure 29. Average and range for IHR core capacity index of countries in the African Region**



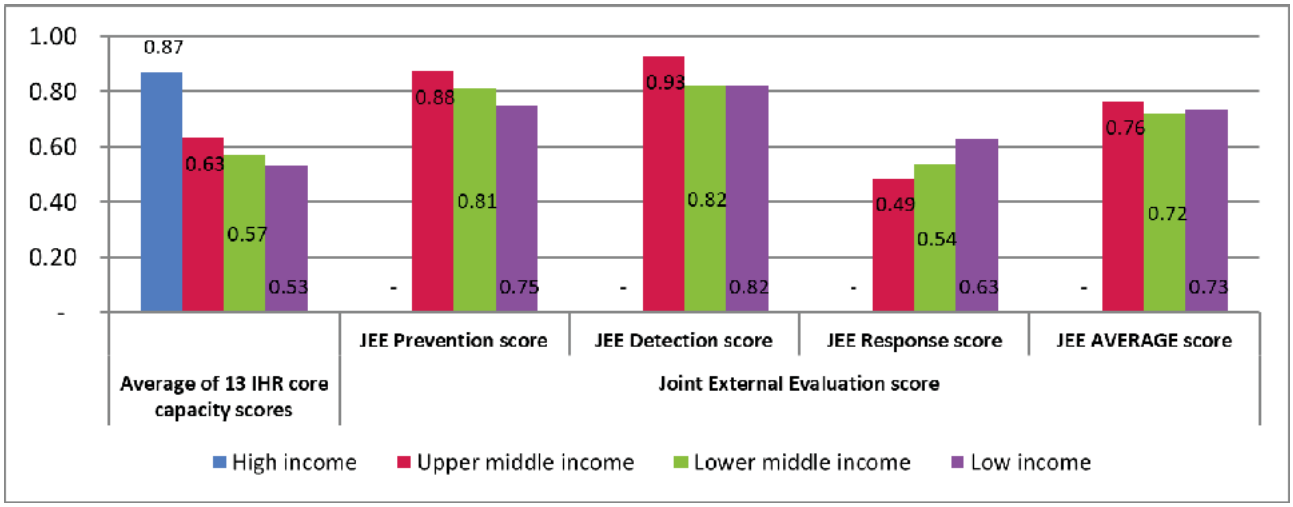

To better understand the root causes of the IHR scores for countries in the Region, information from the Joint External Evaluation of the core capacities for implementation of the International Health Regulations (IHR 2005) of the WHO Health Emergencies Programme was analysed. Only 22 of the 47 countries of the Region have completed their JEEs in the past two years. The average JEE score for these 22 countries is 0.73, with the highest values attributed to the detection capacity followed by prevention. The response capacity score is the lowest of the three JEE areas, reflecting the low capacity to respond to health threats, even if the countries can detect them.

Figure 30. Health security score by domain areas




There is also evidence of inequities in the countries health security status. There is a clear correlation between the IHR score and the level of income, with the high-income countries having the highest and the low-income ones the lowest scores. The level of health security is 64% lower in the low-income countries as compared to the high-income ones. Based on the JEE scores, this trend is mainly driven by prevention and detection capacities. The variation in detection capacity by income level does not appear significant, but the response capacity is the opposite, with higher response capacity in the lower income countries. This may reflect the focus on response in low income countries, as compared to a focus on prevention in the higher income countries.

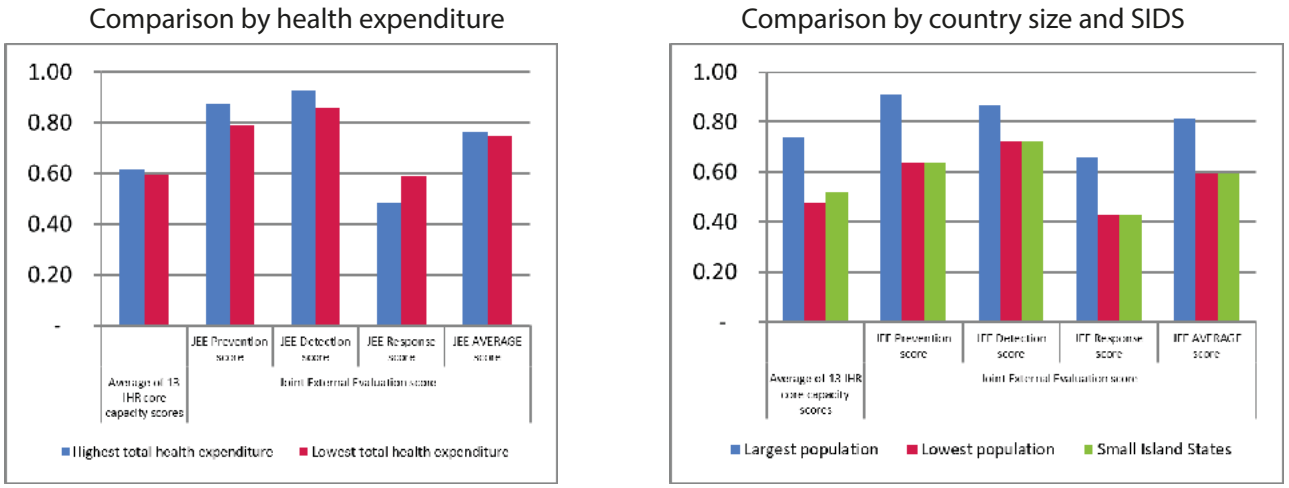
Figure 31. Comparison of health security status by JEE domain areas in the African Region




A similar trend is observed when countries are compared by their levels of health expenditure. Those with higher health expenditures have marginally better health security than those that spend the least on health.

Finally, health security is more robust across all the health security areas in large countries as compared to small or SIDS countries.

**Figure 32. Comparison of health security by health expenditures and population in the African Region**

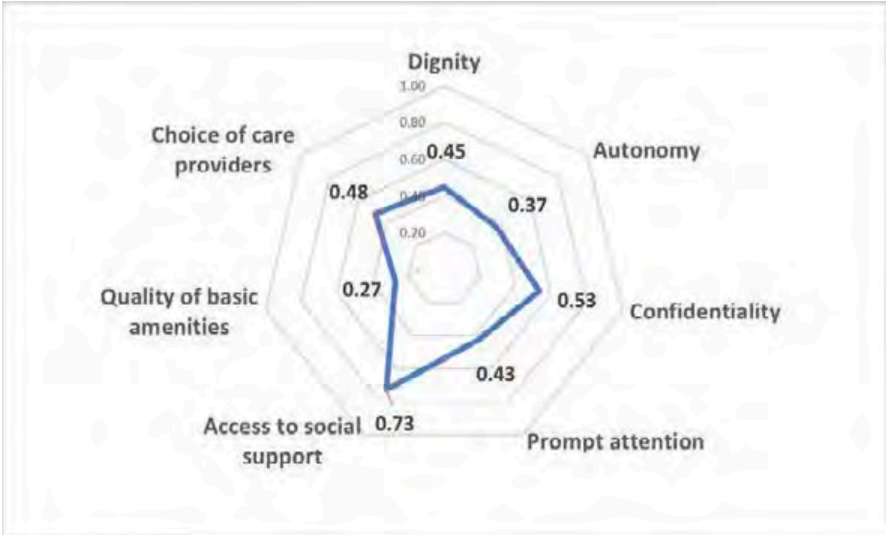



## 2.5 Responsiveness of essential services to population needs

Service responsiveness recognizes that the interaction process during care influences outcomes and use of the available services. This is important for UHC in ensuring that essential services are provided in a manner that responds to the legitimate needs of the recipients, thus improving utilization and desired health outcomes. A country where services are responsive to the needs of the population will have better health outcomes, and so accelerate its progress towards UHC.

WHO has been carrying out normative work on responsiveness since the publication of the 2000 *World Health Report*[16], which recognized responsiveness as one of the goals of any health system. Many attributes for responsiveness have since then been crystallized. In this analysis, the attributes used to look at responsiveness were dignity, autonomy, confidentiality, prompt attention, access to social support, quality of basic amenities and choice of care providers. Key Informants knowledgeable about health services in countries have shared their perception of their health system's responsiveness. From these responses, responsiveness scores – representing the proportion of responses that were positive in terms of the respective attributes – were generated for each attribute. The responsiveness index was the average of these scores. The index value (0.47) is primarily driven by access to social support (0.73), while quality of basic amenities (0.27) and autonomy (0.37) represent the lowest performing areas of responsiveness.

**Figure 33. Scores for different attributes of service responsiveness for the African Region**




16 World Health Organization. (2000). The World Health Report: 2000 : Health systems: improving performance. Geneva: World Health Organization. http://www.who.int/iris/handle/10665/42281 accessed on 15 March 2018).

**Dignity** – 54% of the respondents agreed that clients are treated with respect during the care process compared to 20% who disagreed. The rights of clients with potentially stigmatizing conditions were perceived to be effectively safeguarded by 43% of respondents. Only 33% of respondents believed that clients were encouraged to discuss their concerns and needs freely during the consultation process, compared to 33% who disagreed. Only 38% of respondents agreed that respect is shown for a client's desire for privacy during the consultation process as compared to 23% who disagreed. Respondents indicated that while service providers had been sensitized to issues of client rights and dignity such as privacy and stigma, there existed some contradictions in the effective implementation of policies to support approaches to dignified care. These included heavy client flows and inadequate staff numbers, preventing staff from taking their time to address client concerns, and infrastructural challenges which hindered privacy – particularly acute in public facilities as compared to private facilities. Respondents also noted the existence of stigma in some cases, and a need to increase awareness of patient charters where they exist. As one respondent noted:

*"Client dignity remains an ideal in the health sector, despite its universal appeal."*

**Autonomy** – 46% of respondents agreed that client consent is explicitly sought before testing or starting to manage their conditions. In comparison, only 35% of respondent felt that clients are provided with information on alternative management options, as compared to 25% who disagreed. Only 31% of respondents agreed that clients are consulted, and that their views were considered in relation to their management preferences of their conditions, as compared to 28% who disagreed. Again, respondents drew attention to the variation in care between private and public facilities. Respondents also articulated the information asymmetry between clients and providers as a challenge to client autonomy in all cases:

*"The health workers' – especially clinicians' – word is taken by and large as truth. Most clients are not enlightened enough to provide their views. Health workers on the other hand take advantage of client ignorance. Due to workload, health workers seem to be in a hurry to finish their work and hence most of the time do not encourage a discussion with the clients. In rare occasions, and especially with well-educated clients who more than not have access to information, then they do provide their views and health workers do then comply."*

**Confidentiality** – 54% of respondents agreed that consultations between clients and providers is carried out in a manner that protects confidentiality. 49% of respondents believed that confidentiality of information provided by clients is preserved, except if needed by other providers to further the care process. A lesser proportion of respondents (36%) agreed that medical records are preserved in a manner that ensures that there is limited or no chance of their leaking to unauthorized users, as compared to 20% who disagreed. Respondents pointed to challenges in filing systems, especially in public facilities, which reduces the ability to achieve maximum confidentiality. Such issues include poor medical record management and insufficient numbers of medical record assistants. Space to keep records is a challenge, and there are cases where clients can take their files home. In general, the opinion of the respondents was that while confidentiality was largely upheld, it was not totally guaranteed.

**Prompt attention** – Just 12% of respondents felt that clients can get to a facility offering services they need in under 30 minutes, as compared with 68% who disagreed. Furthermore, only 7% of respondents thought that clients usually spend under 30 minutes at a, facility before they received services, in contrast with 81% who disagreed. 13% of respondents agreed that clients will usually receive all the services they need within 2 hours of arriving at a health facility as compared to 62% who disagreed. That clients will usually spend an unnecessarily long time waiting for elective procedures was agreed by 71% of respondents. Respondents referred to inadequate numbers and cadres of human resources, long queues due to overcrowding and congestion, especially in public facilities (and perhaps as well in secondary and tertiary facilities), lack of health facilities near households, particularly in rural settings, and service delivery organization within facilities (such as triage capacities) as reasons for delayed attention.

**Access to social support** – Respondents were largely in agreement that during the care process, clients should be allowed to receive guests, that families and friends should be allowed to cater for their personal needs (both 63%), and that clients should also be allowed to be involved in religious activities (62%). Respondents pointed to the inadequate levels of staffing, which necessitated additional social support and care from family and friends. Faith-based activities were allowed where they did not interfere with patient care.

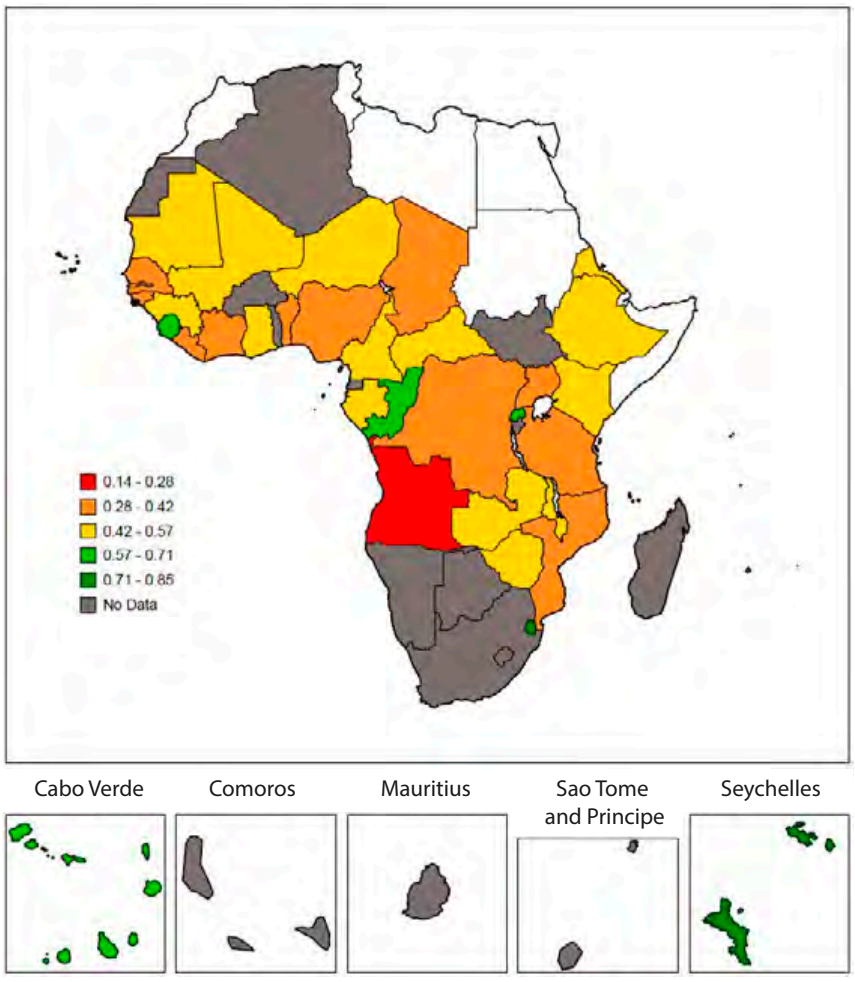
**Quality of basic amenities** – 49% of respondents agreed that health facilities are usually clean. However, only 31% of respondents agreed that linen and other personal items provided to clients were usually clean and appropriate. 21% of respondents believed that water and sanitation services for clients were usually adequate in health facilities and 20% of respondents agreed that food for clients was usually adequate for their nutritional needs. Respondents further commented on the differences between private and public health facilities and that, in particular, the provision of food and linens was seen as one of the social supports provided by the clients' families. Often, the lack of adequate nutrition was linked not only to its non-inclusion in a facility's budgets, but also the lack of any dietary plan, or absence of nutritionists. One respondent made the following comment:

> *"To the extent possible, cleanliness of buildings and surroundings is ensured, but patients are not provided with food, and water is not always sufficiently available."*

Choice of care providers – This was assessed by respondents as being low for clients' choice on providers in each facility (56% of respondents disagreed that this was the case, and 21% of respondents strongly disagreed). In contrast, 38% of respondents believed that clients usually did have a choice of facilities providing their required services, whereas 39% disagreed; 33% of respondents believed that clients could freely seek a second opinion without fear of penalization, compared to 26% who disagreed; and 34% of respondents viewed clients as having the opportunity to see specialists if they wished compared 21% who disagreed. Respondents noted poor staffing in health facilities which limits choice within facilities, as well as the financial aspects and payment mechanisms which limit choice options for the poor.

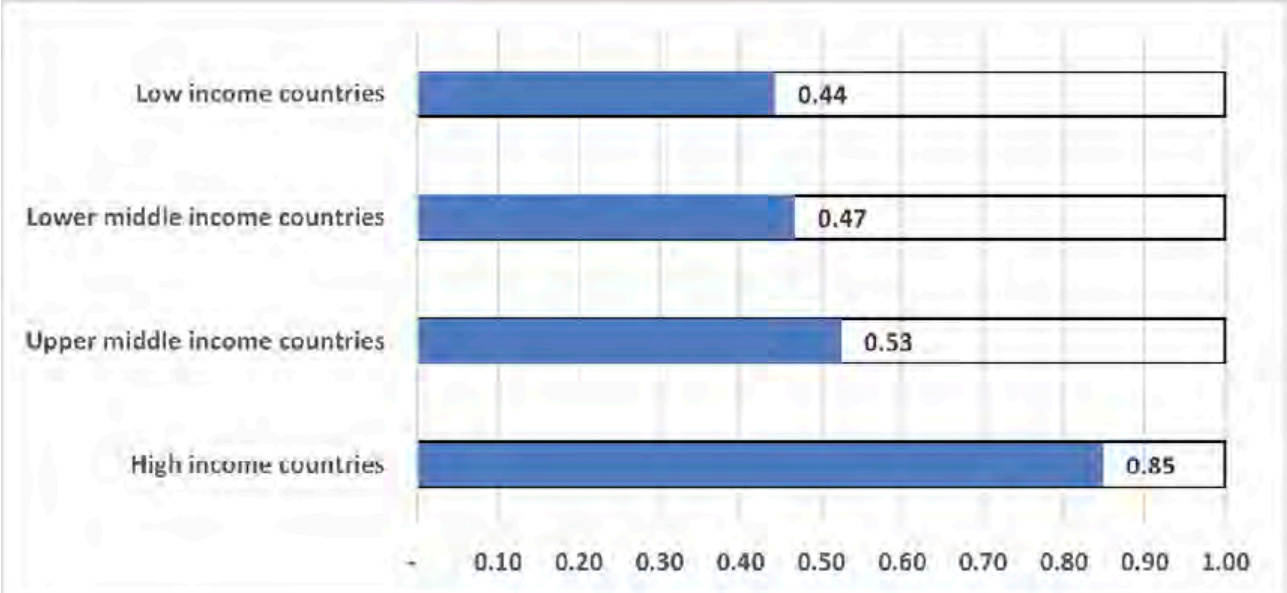
The overall service responsiveness varies across countries of the Region, from a high of 0.85 to a low of 0.14. The Seychelles registered a very high level of responsiveness, which is significantly different from the other countries. Eswatini also showed high levels of responsiveness.

**Figure 34. Comparison of service responsiveness index across countries of the African Region**



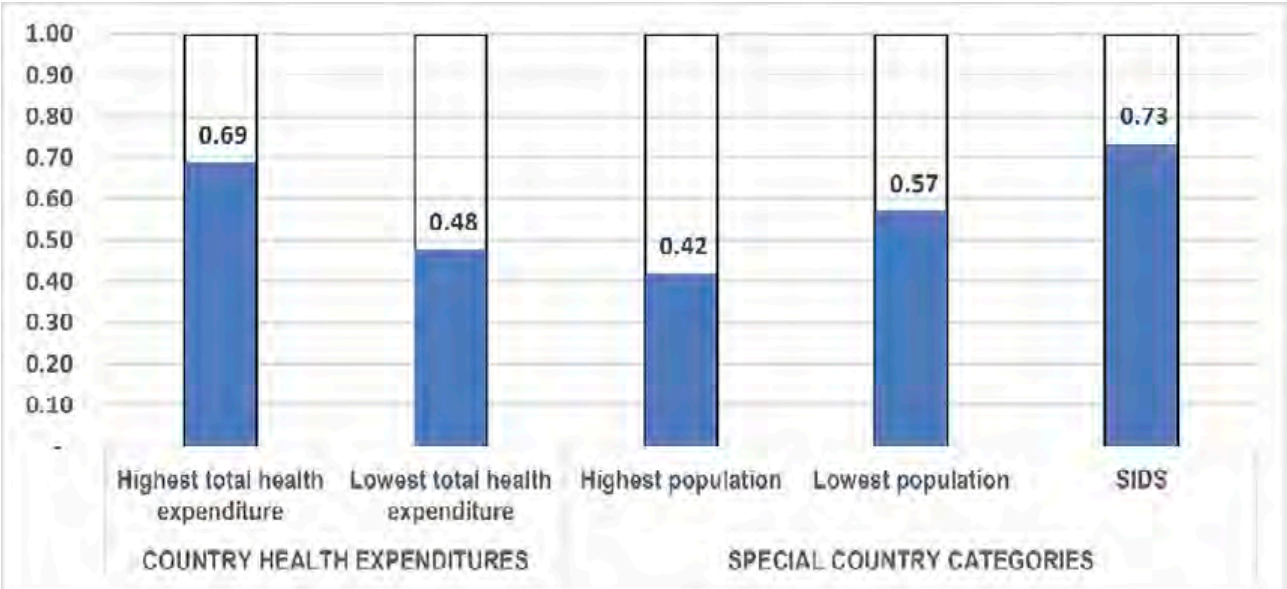
The levels of responsiveness appear to be influenced by the country's income level: the higher the income level, the higher the level of service responsiveness. This perspective however needs to be interpreted with caution, due to a limited number of countries of higher income levels having provided information on responsiveness. For lower middle and low-income countries, for which there were many countries with information, the responsiveness score is not significantly different, varying by only .03 points.

**Figure 35. Comparison of responsiveness index by income group for countries in the African Region**




The variation amongst countries is more distinct when comparing countries with highest versus lowest total health expenditures. Services are perceived to be more responsive where health expenditures are higher. Additionally, services are more responsive in smaller countries than larger countries, with SIDS having the highest levels of service responsiveness.

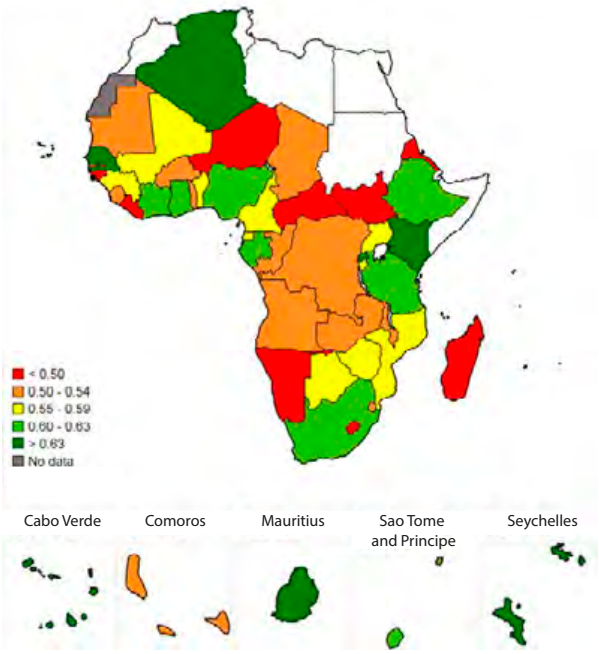
**Figure 36. Comparison of service responsiveness index by health expenditures and population in the African Region**



## 2.6 Coverage of health-related SDG targets

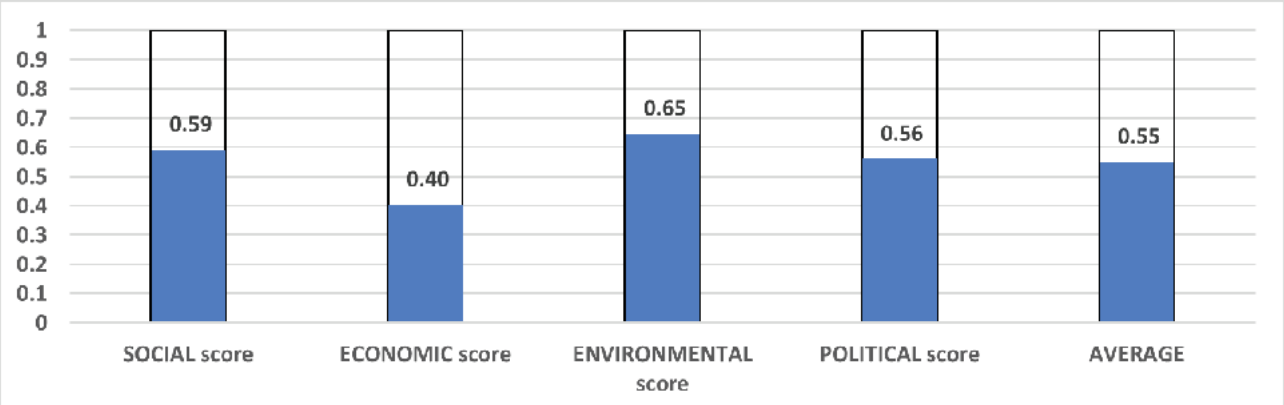
The health-related targets across the other SDGs are classified into social, economic, environmental and political determinants. The index score of 0.57 is an average from the values of indicators constituting these targets. The African Region is only achieving 57% of what it can achieve with regard to targets across the health-related SDGs. There is clearly work to be done to improve this score. Again, the scores vary widely between countries, ranging from 0.45 to 0.8.

**Figure 37. Variation of the coverage of non-SDG 3 targets index across countries in the African Region**




Of these determinants, the environmental determinants contribute highest to the overall index (0.65) while the economic determinants drag down the index the most (0.40). The overall low performance of the economies in the Region is driving the non-performance of health-related SDG targets, with low infrastructure being the primary driver.

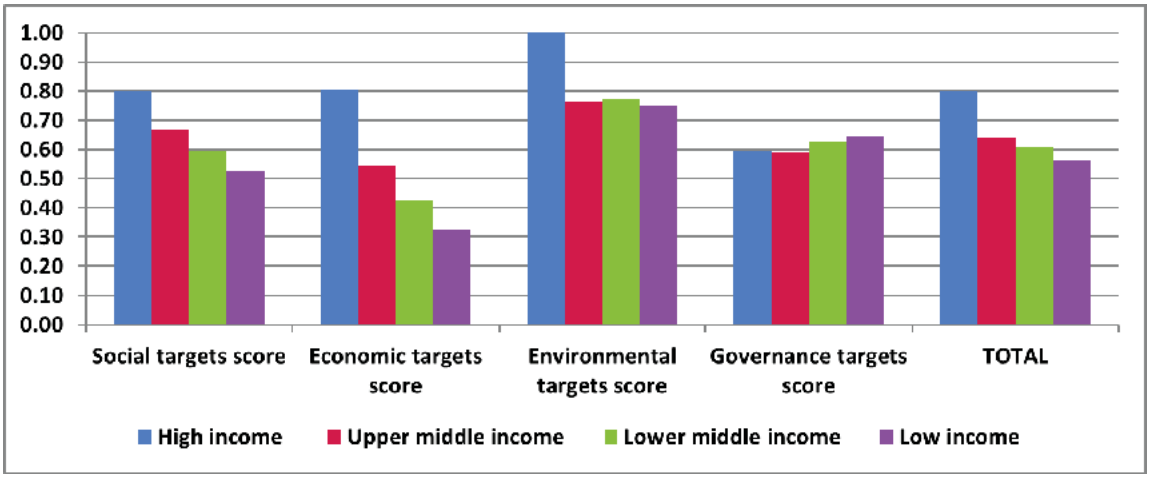
**Figure 38. Contribution of different domains to overall non-SDG 3 targets indices amongst African countries**




There are also inequities in coverage of health-related SDG targets across countries, shown across four areas.

1. Countries with higher income levels have higher levels of utilization of health-related SDG interventions. This pattern exists across all the domain areas of health-related SDG services, apart from governance where there is no significant difference between countries of different income levels. The high-income country group has also reached the environmental targets score needed for effective contribution to health and well-being.

**Figure 39. Comparison of non SDG 3 health targets Index by income groups in the African Region**




2. Countries with the highest health expenditure have higher coverages for health-related SDG targets, apart from those in the governance domain. This is unexpected, as it is usually assumed country health expenditures are spent on SDG 3 health targets. This finding could be suggestive of several issues:

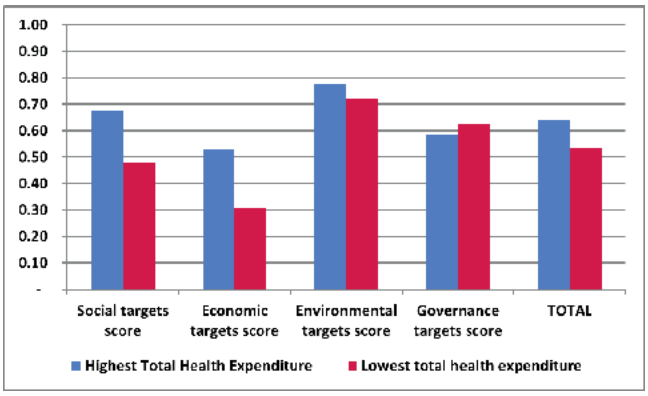
   i) The higher the health expenditure, the higher the chance that funds are spent on some of the health-related SDG interventions influencing health, or

   ii) The higher the health expenditure, the better the quality of stewardship leading to better influence on health-related SDG targets in other sectors.

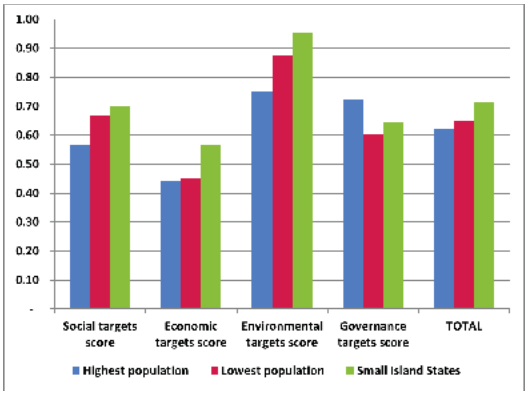
3. Countries with lower populations have higher coverage of health-related SDG 3 targets, as compared to those with higher populations. This may be associated with the relative ease of attaining coverage interventions in lower population countries, where identifying and accessing uncovered populations may be better achieved. The variation is most pronounced with SIDS countries.

**Figure 40. Comparison of non-SDG 3 health targets index by health expenditures and country categories in the African Region**

Comparison by health expenditure




Comparison by country size and SIDS




4. We see evidence of these inequities even within countries. Across 19 countries in 2016, over 40% of children under-5 years of age in the lowest income quintile had chronic malnutrition, compared to less than 20% in the richest quintile. The richest quintile population group in most countries had over 50% access to improved sanitation facilities, while the poorest population had less than 30% access[17]. The absence and inequitable distribution of water has huge implications on sanitation and hygiene, often resulting in high burden of diseases such as cholera, typhoid fever, malaria, yellow fever which can rise to epidemic proportions[18].

17 WHO (2016). Atlas of African Health Statistics 2016. Health situation analysis of the African Region. African Health Observatory, World Health Organization Regional Office for Africa

18 WHO (2017). Financing universal water, sanitation and hygiene under the sustainable development goals. UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) 2017 report. Geneva: World Health Organization; 2017

**Table 14. Percentage of population with access to improved sanitation by wealth quintile in the African Region.**

| | First quintile (poorest) | Second quintile | Third quintile | Fourth quintile | Fifth quintile (richest) |
|---|---|---|---|---|---|
| Algeria (2012) | 12.6 | 12.1 | 11.0 | 11.7 | 10.6 |
| Benin (2006) | 49.5 | 48.3 | 47.2 | 39.2 | 28.8 |
| Burkina Faso (2010) | 41.9 | 37.0 | 37.6 | 33.2 | 18.6 |
| Burundi (2010) | 70.0 | 59.1 | 59.8 | 56.5 | 41.4 |
| Cameroon (2011) | 26.1 | 18.0 | 11.6 | 8.8 | 2.8 |
| Central African Republic (2010) | 45.3 | 44.7 | 41.4 | 39.4 | 30.3 |
| Chad (2010) | 38.3 | 42.7 | 41.3 | 40.8 | 29.7 |
| Comoros (2012) | 38.2 | 32.5 | 25.9 | 27.0 | 21.9 |
| Congo (2012) | 34.5 | 27.6 | 26.9 | 17.0 | 9.3 |
| Côte d'Ivoire (2011) | 38.5 | 35.5 | 27.7 | 24.2 | 15.5 |
| DR Congo (2013) | 49.7 | 48.3 | 45.8 | 41.4 | 22.9 |
| Equatorial Guinea (2011) | 28.4 | 28.7 | 35.2 | 26.5 | 19.0 |
| Eritrea (2010) | 56.6 | 57.2 | 59.0 | 46.9 | 26.5 |
| Eswatini (2010) | 41.9 | 32.3 | 33.4 | 26.3 | 14.0 |
| Ethiopia (2011) | 49.2 | 47.7 | 45.6 | 45.0 | 29.7 |
| Gabon (2012) | 29.9 | 18.8 | 12.3 | 11.9 | 5.8 |
| Gambia (2013) | 29.5 | 27.2 | 25.2 | 22.4 | 15.2 |
| Ghana (2014) | 24.8 | 25.5 | 17.9 | 14.4 | 8.5 |
| Guinea (2012) | 33.8 | 41.1 | 33.8 | 25.0 | 15.4 |
| Guinea-Bissau (2010) | 41.9 | 36.7 | 31.1 | 23.6 | 18.0 |
| Kenya (2014) | 36.9 | 30.2 | 25.4 | 20.7 | 13.8 |
| Lesotho (2014) | 45.6 | 38.1 | 34.8 | 28.2 | 13.4 |
| Liberia (2013) | 35.3 | 35.2 | 35.3 | 27.7 | 19.9 |
| Madagascar (2009) | 47.6 | 54.0 | 52.5 | 51.0 | 43.6 |
| Malawi (2013) | 48.7 | 43.9 | 43.6 | 39.1 | 33.6 |
| Mali (2013) | 46.4 | 44.4 | 42.4 | 33.9 | 21.2 |
| Mauritania (2011) | 33.8 | 29.5 | 25.4 | 19.7 | 13.7 |
| Mozambique (2011) | 51.1 | 48.0 | 46.4 | 37.4 | 24.1 |
| Namibia (2013) | 31.3 | 28.8 | 24.2 | 16.8 | 8.7 |
| Niger (2012) | 46.9 | 48.0 | 41.8 | 46.7 | 34.5 |
| Nigeria (2013) | 53.8 | 46.1 | 35.1 | 26.3 | 18.0 |
| Rwanda (2014) | 48.6 | 44.7 | 37.5 | 30.2 | 20.9 |
| Sao Tome and Principe (2009) | 38.2 | 34.9 | 32.2 | 20.5 | 17.6 |
| Senegal (2014) | 28.8 | 21.7 | 15.5 | 13.4 | 8.4 |
| Sierra Leone (2013) | 42.6 | 40.4 | 38.1 | 35.0 | 28.1 |
| South Sudan (2010) | 31.3 | 34.1 | 32.0 | 31.7 | 26.5 |
| Togo (2013) | 33.4 | 37.5 | 32.5 | 19.4 | 10.6 |
| Uganda (2011) | 37.3 | 30.9 | 45.0 | 30.5 | 20.8 |
| United Republic of Tanzania (2010) | 20.4 | 19.5 | 16.5 | 13.7 | 8.9 |
| Zambia (2013) | 47.3 | 41.7 | 40.2 | 37.6 | 28.4 |
| Zimbabwe (2014) | 33.4 | 31.3 | 28.3 | 27.0 | 15.0 |

Data source: Data from latest population survey (MICS, DHS). The databases of population-based surveys such as DHS or MICS have disaggregated data and 41 countries had fully disaggregated by wealth quintiles. Wealth quintiles are developed using social and economic indicators. Countries without disaggregated data wealth/socioeconomic indicators data were excluded from the analysis

**Table 15. Percentage of population with access to improved sanitation by wealth quintile in the African Region.**

| | First quintile (poorest) | Second quintile | Third quintile | Fourth quintile | Fifth quintile (richest) |
|---|---|---|---|---|---|
| Algeria (2012) | 61.4 | 60.1 | 65.7 | 72.2 | 62.3 |
| Benin (2011) | 9.3 | 23.2 | 22.7 | 36.4 | 38.7 |
| Burkina Faso (2015) | 33.5 | 16.5 | 32.2 | 28.3 | 22.1 |
| Burundi (2010) | 36.5 | 39.7 | 49 | 40.6 | 49.4 |
| Cameroon (2011) | 28.6 | 52.1 | 57.7 | 40.6 | 55.7 |
| Central African Republic (2010) | 16.4 | 23.4 | 30.2 | 44.5 | 52.2 |
| Chad (2010) | 18.8 | 15.2 | 25.2 | 36.5 | 63.3 |
| Congo (2012) | 71.5 | 65.7 | 63.4 | 34.3 | 49.2 |
| Côte d'Ivoire (2011) | 14.3 | 20.8 | 26.4 | 46.3 | 36.3 |
| DR Congo (2013) | 31.2 | 39 | 34.6 | 48.8 | 51.2 |
| Eswatini (2010) | 57 | 49.9 | 58 | 69 | 75.8 |
| Ethiopia (2011) | 3 | 7.8 | 5.7 | 11.7 | 6.1 |
| Gabon (2012) | 40.6 | 47.8 | 54.8 | 52 | 58.1 |
| Gambia (2013) | 47.7 | 51.2 | 61.9 | 27 | 55.4 |
| Ghana (2011) | 53.1 | 44.7 | 61.7 | .. | .. |
| Guinea (2012) | 12.1 | 36.8 | 32.5 | 56.3 | 68.6 |
| Guinea Bissau (2010) | 27.9 | 26.2 | 31.2 | 53.7 | |
| Kenya (2014) | 47.9 | 49.3 | 51.7 | 61.6 | 59.3 |
| Liberia (2013) | 37 | 60.8 | 55 | 58.4 | 85.4 |
| Madagascar (2009) | 32.5 | 29.5 | 39.4 | 51.8 | 68 |
| Malawi (2013) | 38.7 | 39.4 | 51 | 48.9 | 59.3 |
| Mali (2013) | 9.9 | 32.8 | 22.7 | 54.8 | 33.3 |
| Mauritania (2011) | 16.5 | 28.4 | 33.1 | 43.3 | 42.7 |
| Mozambique (2011) | 17.1 | 12 | | 12.7 | 11 |
| Niger (2012) | 5.5 | 8.1 | 3.8 | 5 | 34.8 |
| Nigeria (2013) | 36.5 | 25.2 | 42.5 | 49.9 | 45.9 |
| Sao Tome and Principe (2009) | 72 | 18.5 | 81 | 57.9 | .. |
| Sierra Leone (2013) | 37.9 | 50.3 | 34.2 | 53 | 63.9 |
| South Sudan (2010) | 17.5 | 28.9 | 23.5 | 41.3 | 53.3 |
| Togo (2013) | 27.8 | 46 | 36.8 | 43 | 49.1 |
| Uganda (2011) | 40.3 | 42.7 | 55 | 45.2 | 62.6 |
| Zambia (2013) | 46.2 | 39.7 | 48.1 | 59.9 | 72.4 |
| Zimbabwe (2014) | 27.4 | 32.5 | 34.5 | 42.3 | 46.2 |

Data Source: Population survey data (MICS, DHS). Countries without data disaggregated by social parameters were excluded from analysis

# 3 Health systems performance in the African Region

## Attributes of a performing health system

A performing health system is one that can ensure the delivery of essential health and health-related services to the population where and when they are needed. Health systems – investments primarily made to facilitate the organization of the people, institutions and resources needed to deliver health and health-related services – have traditionally been defined using the WHO's concept of six building blocks[19]. However, this approach has led in practice to the verticalization of the efforts at improving health systems, with a focus on intervention within specific blocks, as opposed to the interactions across building blocks. Examples of this verticalization abound:

- Disease programmes have primarily invested in selected elements of the building blocks (mainly health products/vaccines supply or training) to attain health and health-related service outcomes, without comprehensively investing in all elements of the system needed to provide the respective service
- Systems-focus on investing in specific building blocks to make them functional, without investing in related building block interventions needed to deliver required services

The assessment of health system performance therefore needs to move from assessment of individual building blocks to measures that look holistically at the results arising from investments across different building blocks. The WHO African Region, in its Framework of actions, proposed a focus on the effect of health system investments on four areas,[20] as highlighted in the table below.

These represent the desired results arising from investments in the health system. By improving in these four areas, the delivery of essential health and health-related services is assured.

**Table 16. Attributes of health system performance**

| Attribute | Description | Measures of achievement |
|---|---|---|
| *Access to health and health related essential services* | Removal of physical barriers faced by the population that hinder their use of services. This is primarily through making available hardware needed to deliver services – health workforce, infrastructure and equipment, plus medicines and products – as close to the population as is feasible. | Health and health-related services are close to households and communities, allowing their utilization as and when needed |
| *Quality of care during provision of essential health and health-related services* | How well the services being provided are aligned to the legitimate needs of the clients. This includes the experiences during use of essential services, safety elements and effectiveness of provided interventions. | Health and health related services provision is designed in a manner to maximize possible benefits for the household and community |
| *Effective demand for health and health-related essential services* | Knowledge, attitudes and practices of households and communities that lead to their use of available essential health and health-related services. | Households and communities are utilizing available health and health-related services in a manner that maximises their health and well-being |
| *Resilience in provision of essential health and health-related services* | The inbuilt capacity of the system to sustain provision of essential health and health-related services even when challenged by outbreaks, disasters, or other shocks | Households and communities continue to access health and health-related services even when the system is responding to shocks |

19 http://www.who.int/healthsystems/strategy/en/

20 The areas of efficiency and equity are not considered health system performance measures. These rather are measures of health sector performance – how well the existing system can deliver sought after health outcome results.

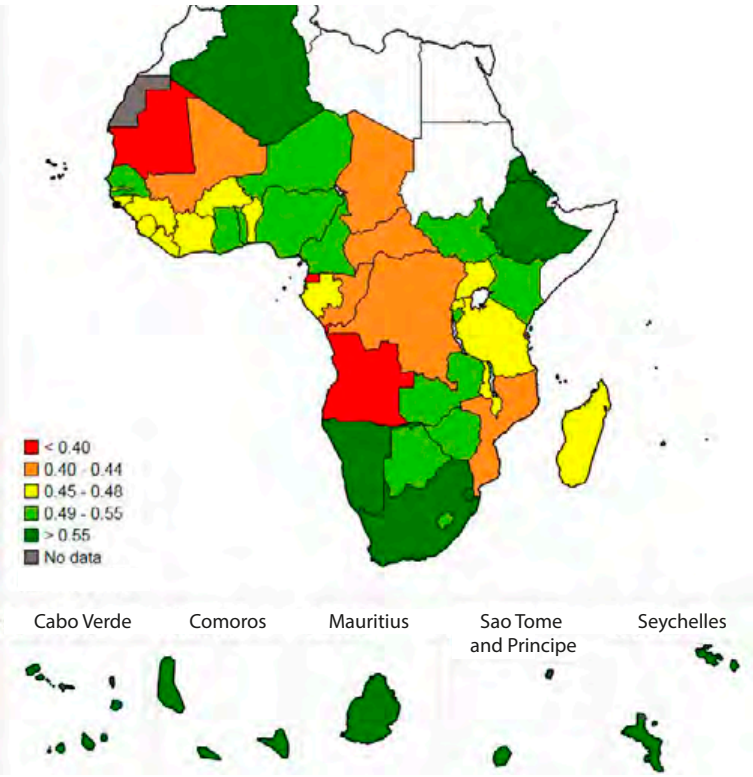
Figure 41. Attributes of health system performance


As there is no cross-country data in the African Region to monitor and analyse the performance of health systems using these attributes, proxy variables are used instead.

- An **access index** is derived, based on availability of key inputs needed to provide services. Indicators used to derive the score are for availability of the tangible health system investments:
  - Health workforce, focusing on physicians, nursing and midwifery, dentistry, pharmaceutical, laboratory, environmental, community, support and other health workers per 1000 population
  - Health infrastructure, focusing on hospital beds, hospitals, health posts, health centres, district hospitals, provincial hospitals and specialized hospitals per 100 000 population
  - Health products, focusing on mean availability and median consumer price ratios for selected generic medicines in public and non-public sectors
- A **quality of care** index is derived, based on selected outcomes reflective of quality of care received, plus specific readiness and person-centredness indicators:
  - Tuberculosis (TB) treatment success, suicide rates and diabetes mellitus deaths are indicators used as a measure of outcomes. These should improve if the quality of care provided is improved
  - Service readiness score is based on the Service Availability and Readiness Assessment (SARA) surveys data
  - Person-centredness indicators from key informants' perspectives relating to dignity, confidentiality and prompt attention
- A **demand index** is derived from the analysis of drop-out rates for services requiring repeat interventions. Demand is effective if clients come back for the repeat services. The services with most consistent data and which are used as a measure of demand are:
  - DPT 1–3 drop-out rates
  - BCG–measles drop-out rates
  - ANC 1 to ANC 4 drop-out rates
  - TB initiation to completion rate (TB completion rate)
- A **resilience index** is derived from the analysis of responses from key informants in relation to the different resilience attributes in their systems. These include:
  - Awareness
  - Diversity
  - Versatility and self-regulation
  - Mobilization, adaption and integration

Based on these indices, the consolidated health system performance score for the African Region is 0.49, which means that health systems are only functioning at a possible 49% of their achievable level of performance. There is wide variation in system performance across the Region, with the consolidated score ranging from 0.26 to 0.7. This implies that the best performing system in the African Region is only performing at 70% of what is feasible. However, most of the countries (41 out of 47) performance ranges from 0.4 to 0.6, a rather narrow performance range.

**Figure 42. Variations in health system performance amongst countries in the African Region**

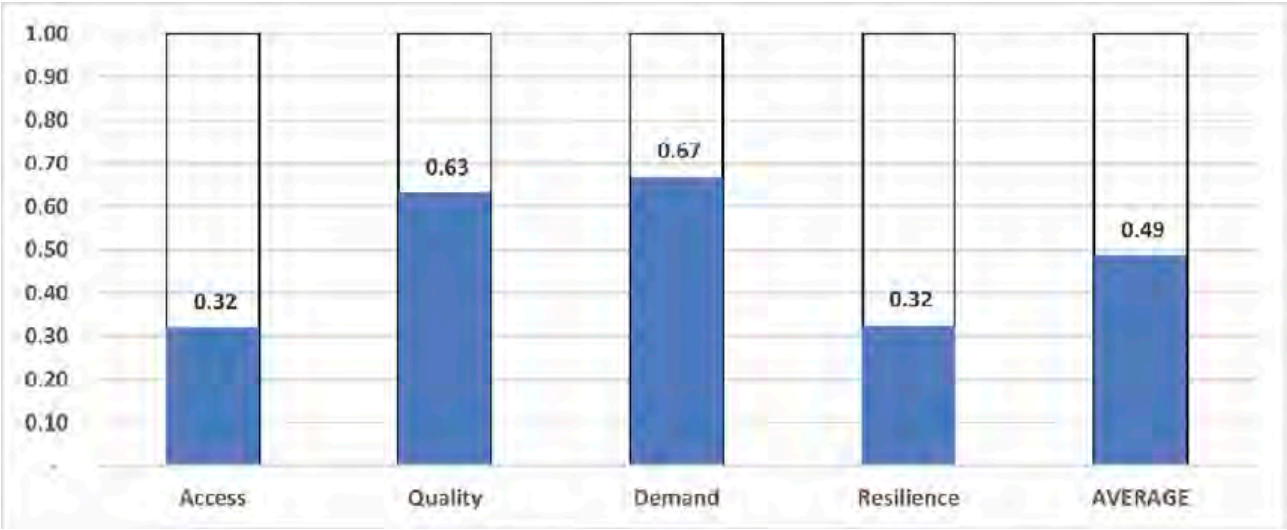



The performance of a few countries needs further elaboration and analysis:

- The performance of Angola is rather low (0.26). The country was in conflict for a long time, hampering comprehensive system building efforts. Following the war, system building has focused strongly on some elements, such as specialized workforce.
- The performance of countries with recent political challenges that are known to have negatively affected their health systems functionality (such as Burundi, South Sudan and Zimbabwe) seems better than expected. This is most probably related to the difficulty in having reliable data from these countries, due to information system breakdown. The indicator data used to construct indices for these countries are either missing, or not reflective of their current situations.

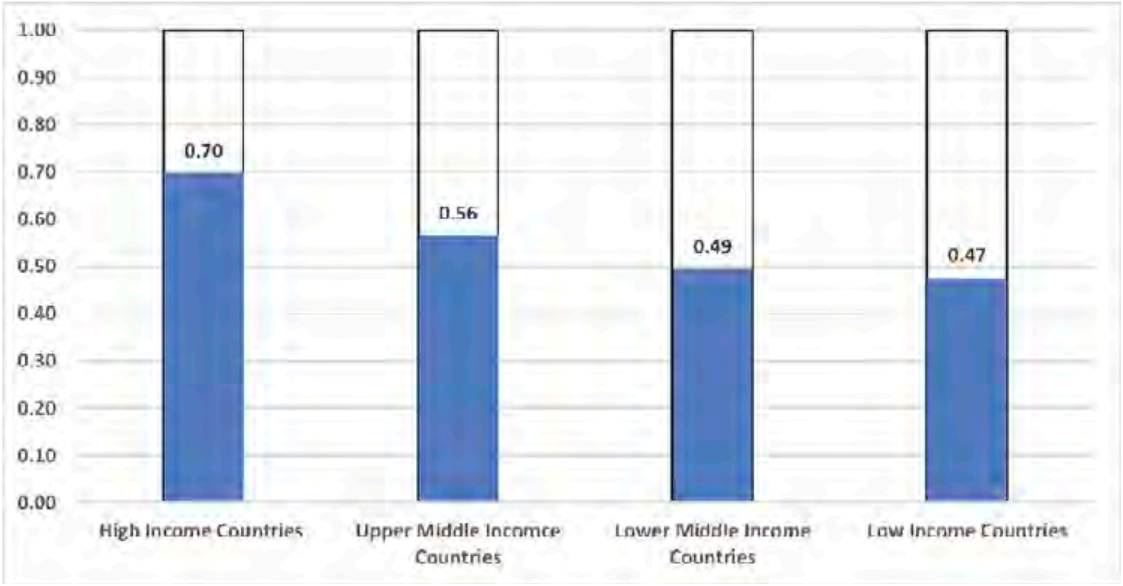
All the indices that constitute this overall performance level are underperforming. System resilience and access to essential services are performing at the lowest levels of the attributes. Marked improvements in systems performance are required for effective movement towards health and well-being.

**Figure 43. Contribution of performance indices to the overall system performance index**



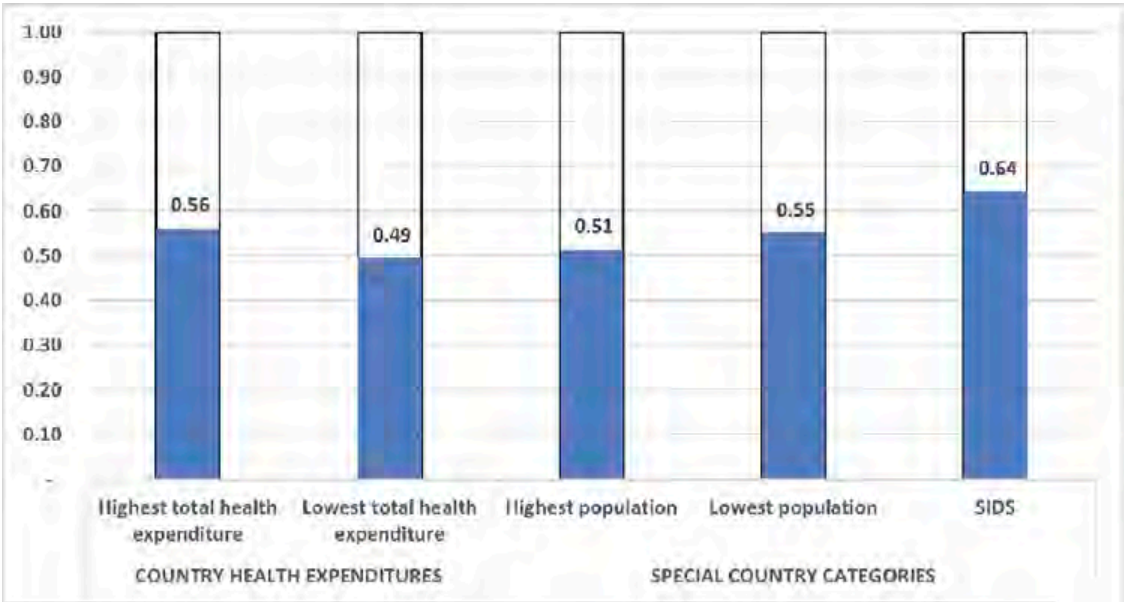
A further analysis of system performance shows that the higher the level of income of the country, the better performance is. This 'income dividend' is most likely a result of more investment available in the system as a country's level of income rises. However, system performance is not markedly different between low-income and lower middle-income countries. This similarity in performance is likely a result of the middle-income countries still having low-income systems even though they have economically graduated. A significant variation is noted when countries become upper middle-income. This finding has implications for how countries are graded and supported by the international community. Lower middle-income countries remain disadvantaged because they lose access to international development financing, while their systems and infrastructure continue to resemble those of low-income countries.

**Figure 44. Comparison of health system performance index by country income level**




This variation in health system performance by income level is further illustrated when we look at the performance by total health expenditure. Countries with the highest total health expenditure clearly have systems performing at a higher level than those with the lowest total health expenditure. The final variation appears to be seen across country populations and sizes: larger countries' performance is lower than smaller countries' – with the SIDS having the best health systems performance.

**Figure 45. Comparison of health system performance index by health expenditures and population in the African Region**

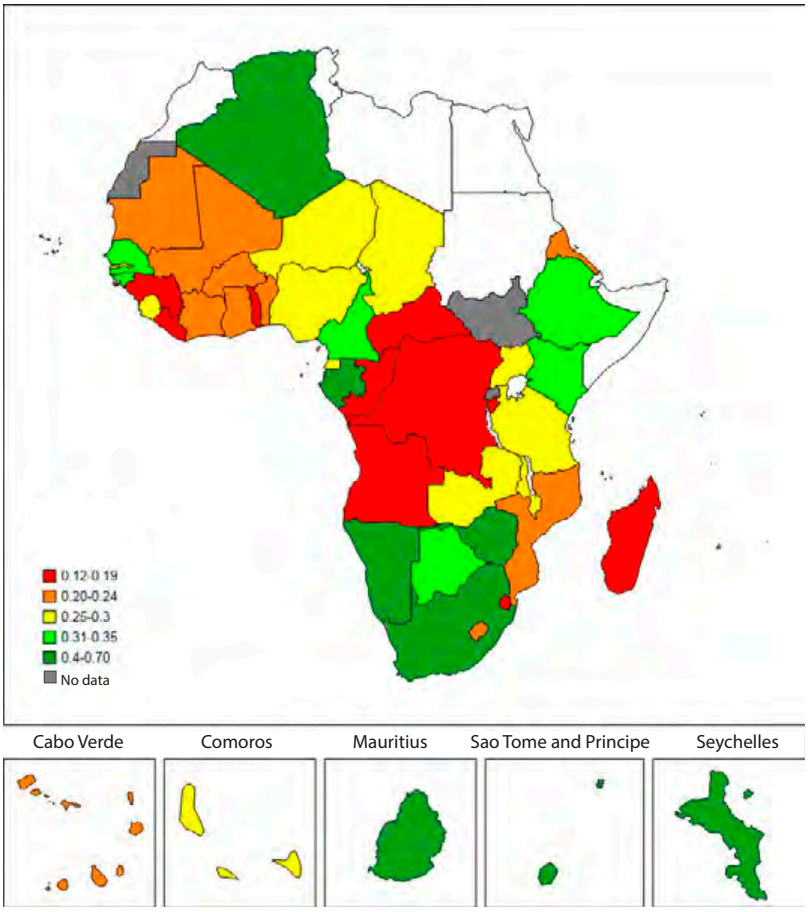


## 3.1 Access to essential services in the African Region

The level of access that populations have to health is a major determinant of whether essential health and health-related services can be provided to support the attainment of their health and well-being. Health investments in the workforce, infrastructure/equipment and supplies[21] remain low in the Region, as shown by the low access index of 0.32. On average, the systems in the region are only able to assure 32% of the potentially possible access to essential services. This will continue to be a major hindrance to Member States efforts towards attaining UHC and other health related targets needed for health and well-being of their populations.

The access index varies significantly between countries, ranging from a low of 0.12 (Central African Republic) to a high of 0.70 (Mauritius)[22]. Only three countries – Mauritius, Seychelles and Sao Tome and Principe (All SIDS) have an access index above 0.50, highlighting the very low levels of access in the Region.

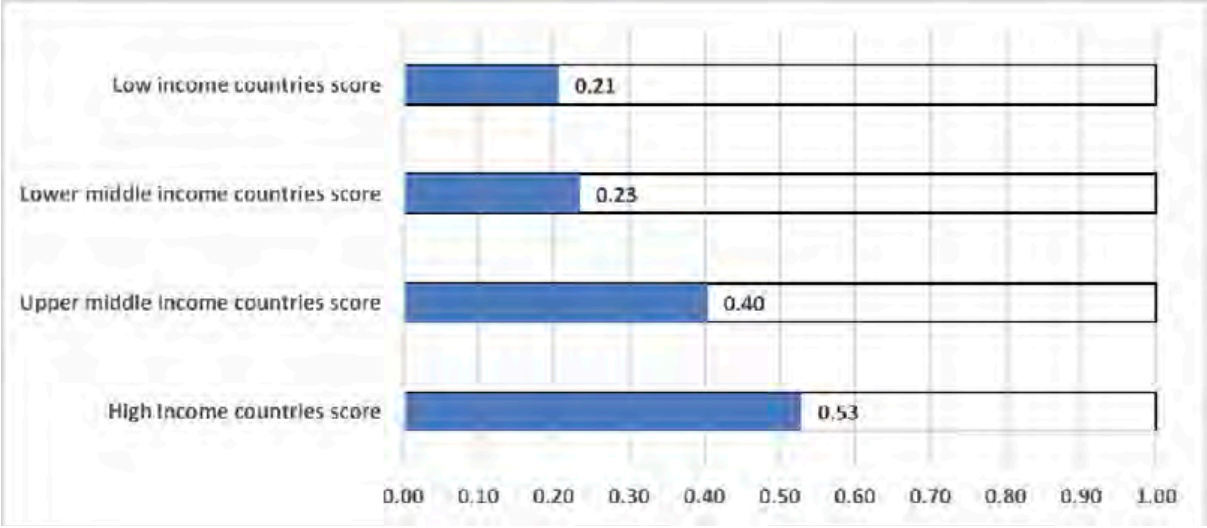
**Figure 46. Index of access to essential services amongst countries in the African Region**




The proxy indicators used to measure access are largely resource-dependent. As a result, we would expect to see countries investing more in health having higher values of access. In comparing countries by income level, there is a consistent improvement in access to services, the higher the GNI of the country. High income countries have up to three times the level of access to services as the low-income countries in the Region. This has significant implications on the ability to attain UHC and the health and well-being goals, which are largely dependent on the population being able to access the essential services they need.

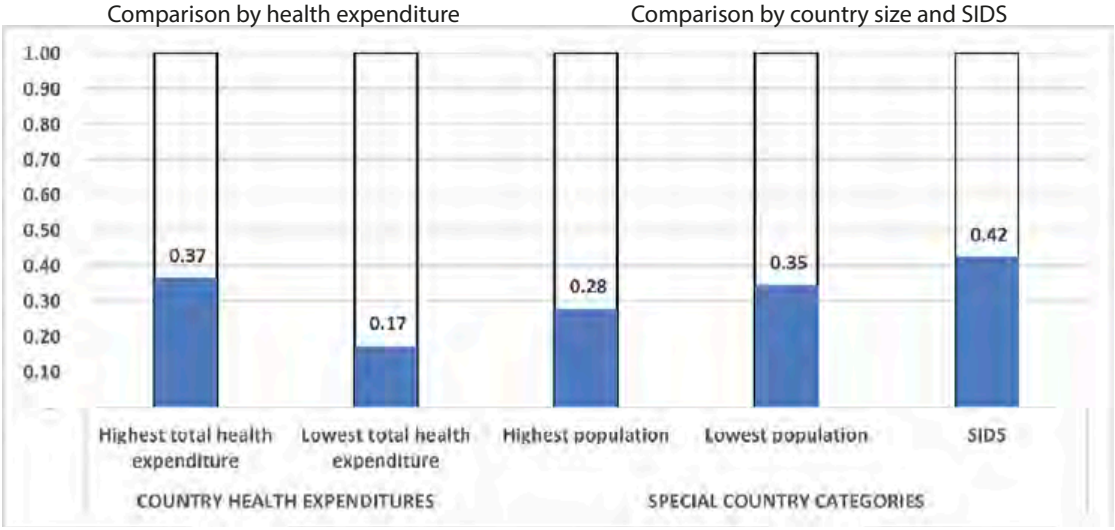
21 These are proxies used for access, based on cross country data availability issues.
22 Statistics with data for South Sudan and Rwanda were too limited to be included in the analysis

Figure 47. Comparison of access index by income level between countries in the African Region




This variation in access is further seen in levels of health expenditure and country sizes. There is a two-times variation in access to essential services in countries with the highest THE, as compared to those with the lowest. Increasing THE is therefore associated with improvements in access to services. Additionally, a country's size and population matter, with access improving the smaller the country size and population are.

Figure 48. Comparison of access index by health expenditures and population in the African Region



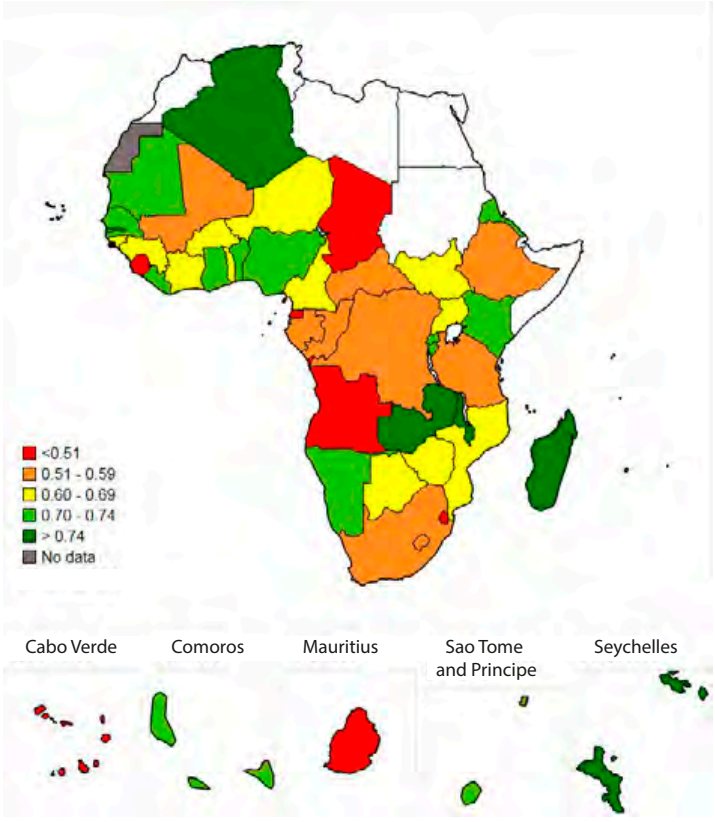

## 3.2 Quality of care in the African Region

The quality of care remains a key determinant of utilization and UHC in the Region. A significant amount of effort has gone into improving availability of services, with less focus on the quality of those services. For sustainable and effective utilization of services, populations need to be sure the services they receive are going to help them. Poor service quality erodes that belief. As such, it is important for a system to proactively plan and address issues that reduce quality of care to maximise the benefit of investments made. However, quality of care is a difficult dimension of performance to measure. The Who Framework of actions characterises three important attributes of quality, all related to the care process: client perceptions of the care process based on their experiences, level of safety (no harm done) during the care process; and the eventual effectiveness of care provided.

Figure 49. Attributes of the quality of care dimension


The indicators for which there were comparable data across countries were TB treatment success, Service readiness score (from SARA surveys), Person-centred care score (dignity, confidentiality, prompt attention scores arising from key informants responses), diabetes mellitus, deaths per 100 000 (age-standardized estimate) and suicide rates (age-standardized per 100 000 population)[23]. The quality of care index of 0.63 shows that quality of care in the Region is only 63% of what is feasible. This varied markedly between countries in the region, from a low of 0.25 to a high of 0.94.

Figure 50. Quality of care index ranges across countries in the African Region

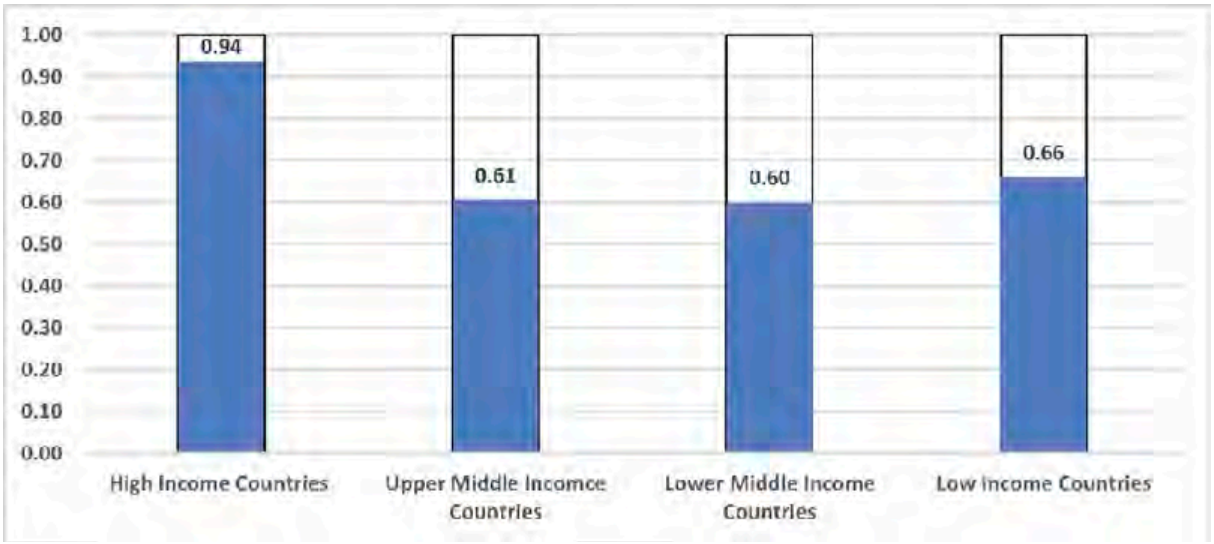



Only five out of the 47 countries of the Region have a quality index above 0.75: Seychelles, Algeria, Madagascar, Malawi and Zambia in order of performance.

The quality of care score does not seem to be influenced by the level of income of the country. Comparing the average score for high, middle and low-income countries doesn't show any significant pattern. Apart from the high score for the high-income country, countries with lower levels of income indicate the same level of quality of care.

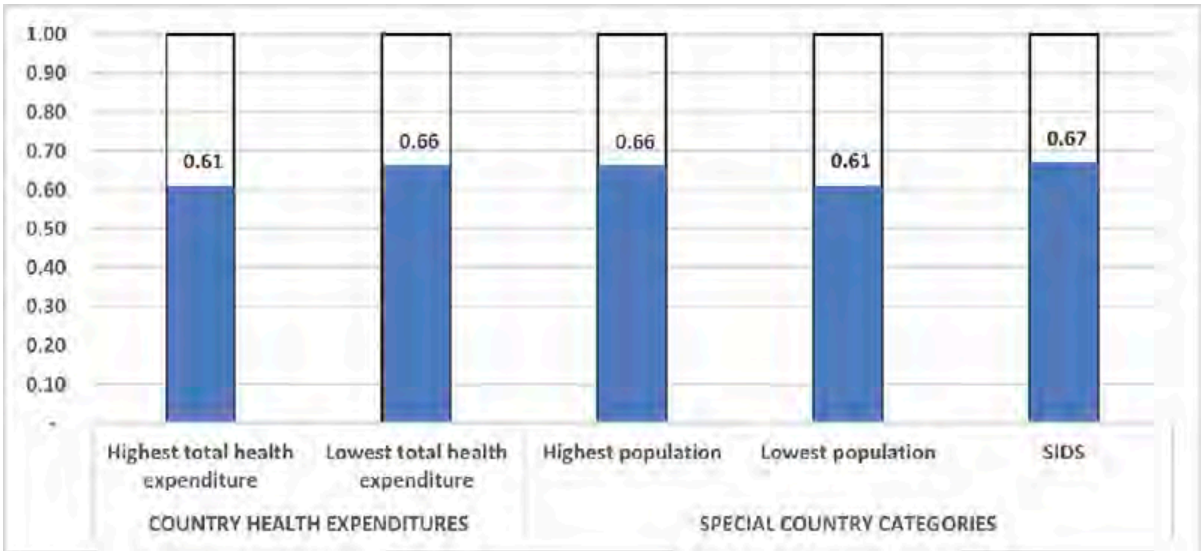
23 Data were from the Global Health Observatory, apart from the person-centred care scores from the key informants.

Figure 51. Comparison of quality of care index by country income groups




A similar lack of trends is noted when the average quality of care scores by total health expenditures and by country sizes and populations are compared. The variations are present but are too small to be able to confidently discern a pattern.

Figure 52. Comparison of quality of care index by health expenditures and population in the African Region




These findings suggest that progress in improving quality of care can be made, irrespective of the level of financing in a country. Efforts to improve quality of care should be universally applied in the Region.

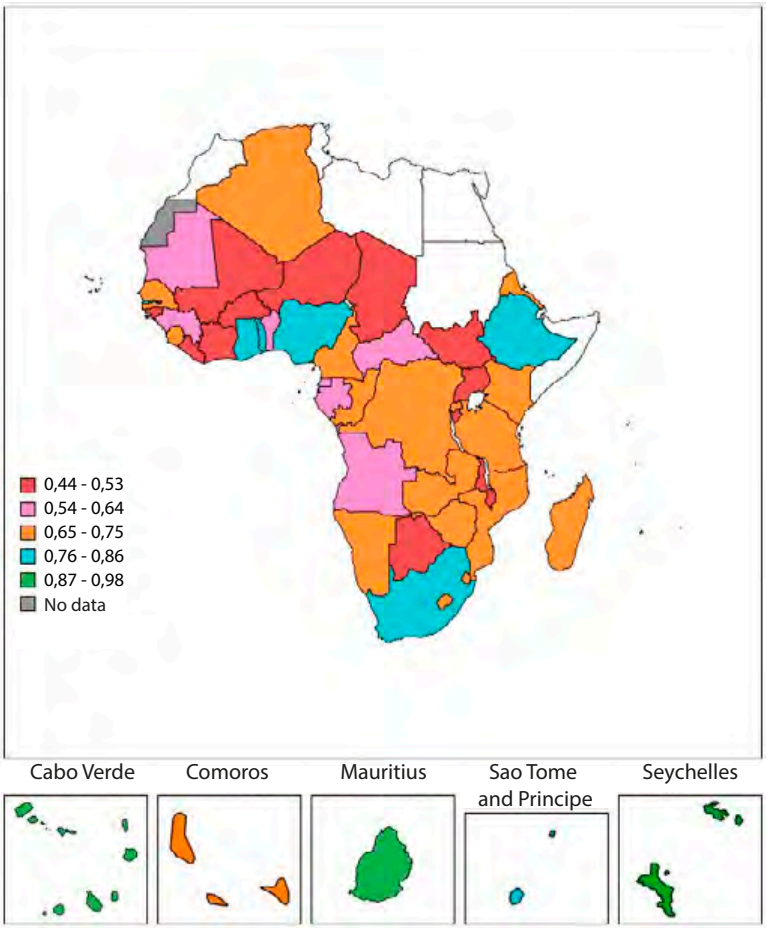
## 3.3 Demand for essential services in the African Region

The effective demand for essential services reflects the potential for households and communities to utilize the essential preventive and curative services they need. By analysing demand based on repeat services, we can identify how well the services provided are aligned to the needs of the people. If demand is poor, it suggests services being provided are not valued by the population.

The demand score for countries in the African Region is relatively high as compared to other performance measures. This implies that health systems are providing the services that people want for their health and well-being. There is still scope for improvement though, as the score of 67% in effective demand is still low to reach effective performance. More targeted efforts at ensuring services provided are what people want and educating populations on the value of available services are needed to improve the effective demand for services.

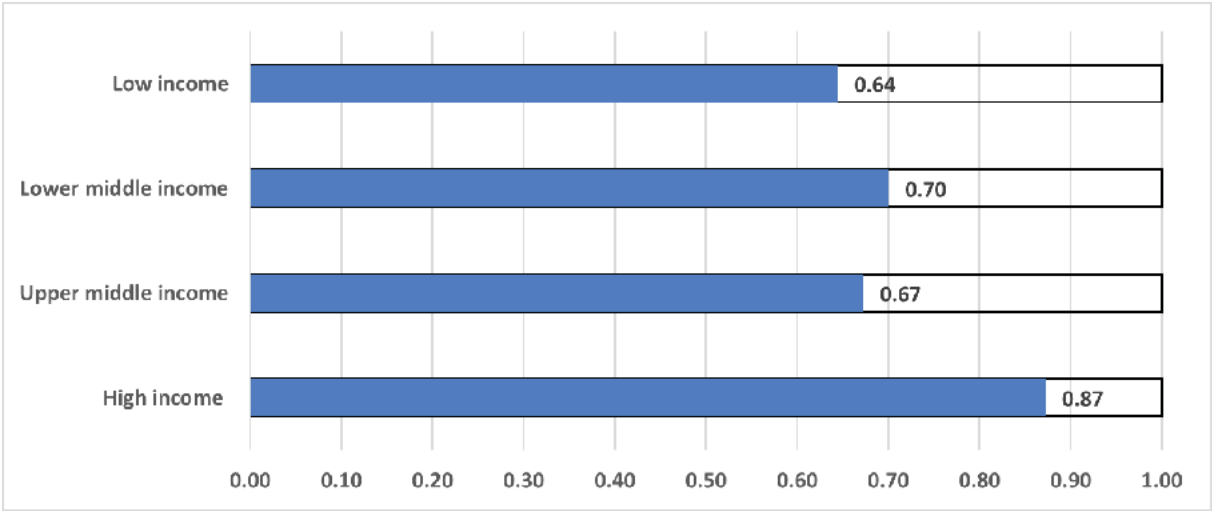
The effective demand varies significantly across countries, with the lowest country having an effective demand that is half that of the highest countries.

**Figure 53. Country effective demand index for essential services score ranges**



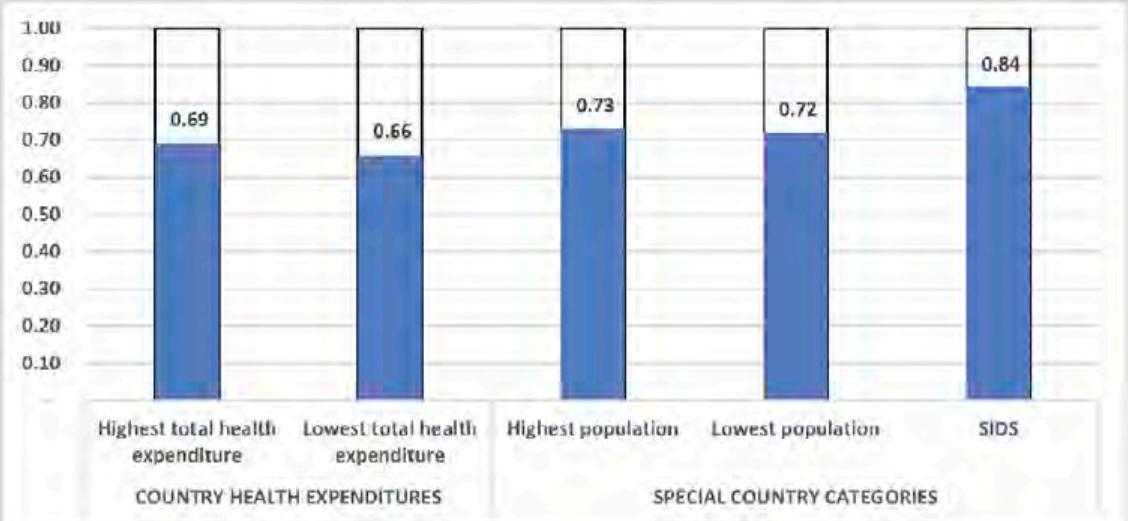

The variations in effective demand across countries does not appear to be driven by the level of income, as seen with some of the other health system performance variables. Apart from the single country in the high-income category, the variation in the average effective demand for other income groups does not appear to be significant. This may reflect the different approaches taken to build up effective demand, which can be applicable in high or low-income settings.

**Figure 54. Comparison of effective demand index by level of income between countries in the African Region**




A similar lack of variation is also seen when comparing countries with high and low total health expenditure, and countries by population. The variation in effective demand does not appear to be driven by any of these variables. Only SIDS have a clearly higher level of effective demand compared to other countries.

Figure 55. Comparison of effective demand index by health expenditures and population in the African Region

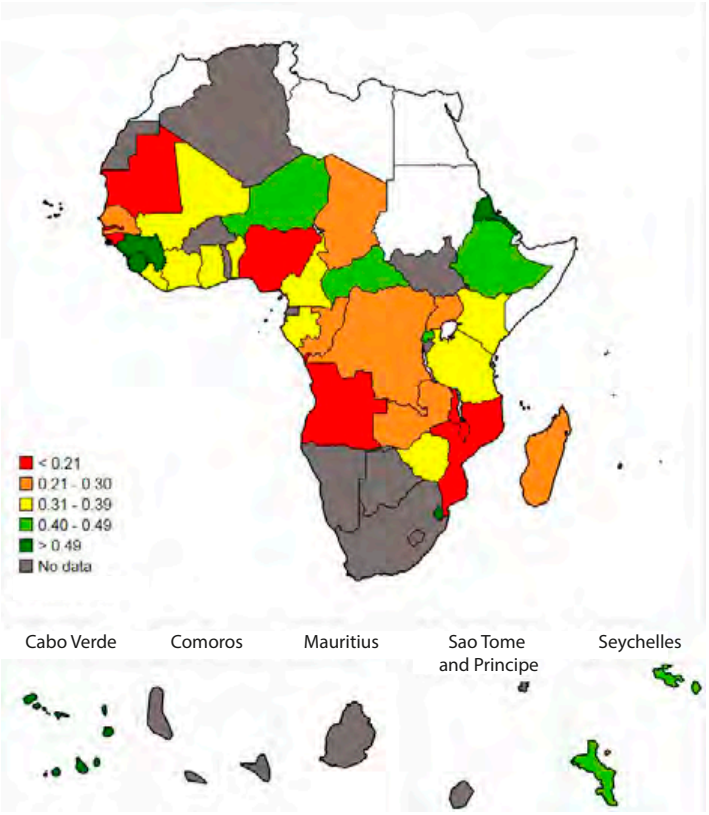



## 3.4 Resilience of health systems for essential services provision in the African Region

The low score for resilience in the African Region is a direct cause of the frequent and devastating effects on service delivery arising from outbreaks and disasters. Countries facing these shocks will usually witness significant reductions in health services outcomes because of poor resilience. Resilience levels in the Region are only at 39% of what would be needed to sustain delivery of essential services during outbreaks and disasters.

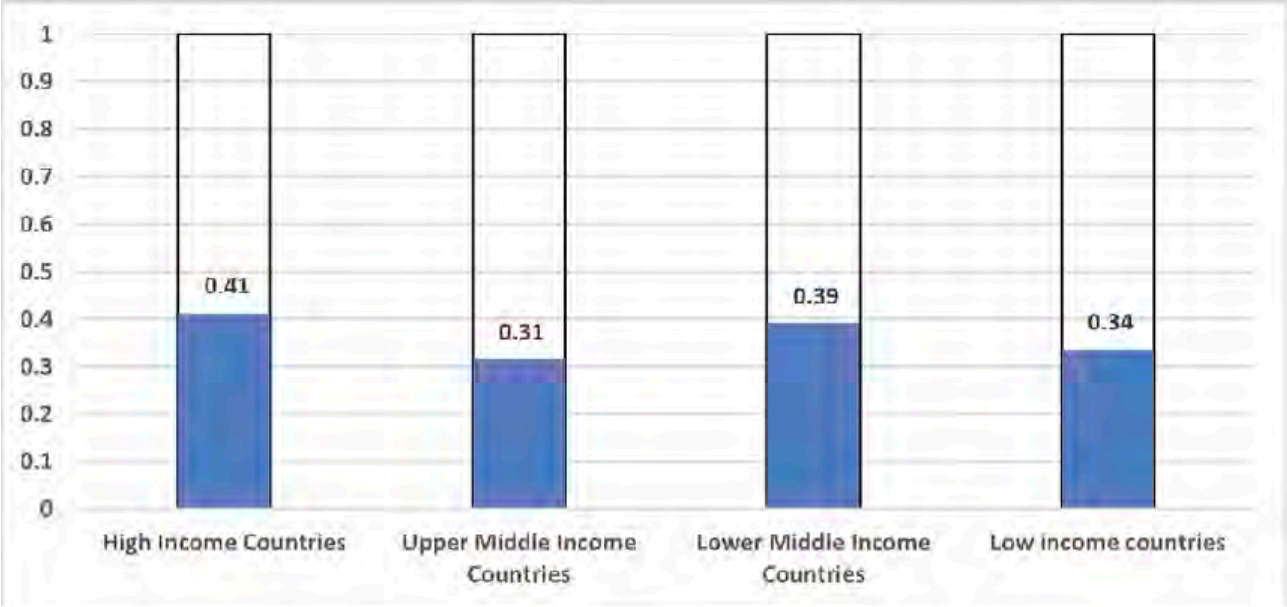
Resilience levels vary significantly across the Region. Data were available for 34 out of the 47 countries in the Region. Their relative resilience ranged from 5% to 89%. It is interesting to note that the countries most affected by EVD – Guinea, Liberia and Sierra Leone – all have resilience scores above the regional average, which suggests that lessons were learnt and the right investments made.

Figure 56. Comparison of resilience index across countries of the African Region



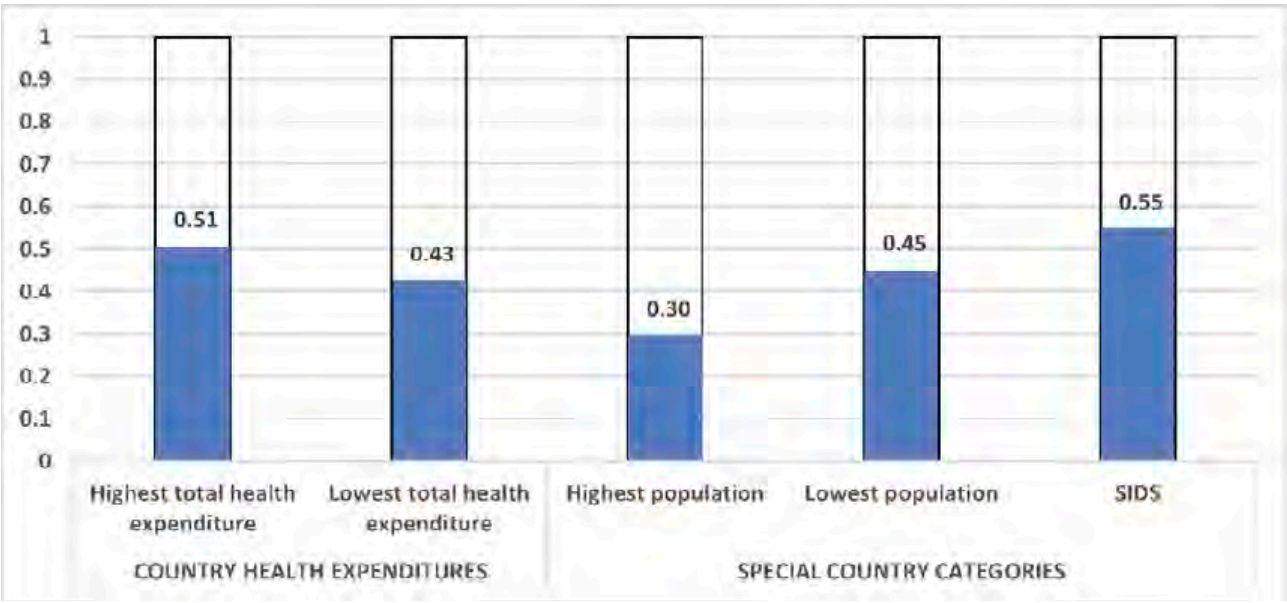
Health systems resilience appears to be influenced by the country income category. The higher the income level, the higher the level of resilience[24]. Resilience therefore could be looked at as a function associated with income levels, though this association is not very strong.

**Figure 57. Comparison of resilience index by country income category**




In addition, countries with higher levels of total health expenditure show a higher level of resilience. This suggests a resilience dividend can be gained through better investment in health. Additionally, smaller countries appear more resilient, with SIDS showing a markedly higher level of resilience.

**Figure 58. Comparison of resilience index by health expenditures and population in the African Region**




24 The upper-middle-income countries appear to move against this trend, though this may be a result of only having data for one of the countries in this group.

Key respondents largely agreed that there are pre-existing capacities to mobilize regional technical support (42%) and global financial and technical support (57%) in the event of shocks and stresses. In general, respondents noted there were several international frameworks and coordination mechanisms in place, such as IHP+ or UNDAF, and country assistance was continuously sought. However, the degree to which such mechanisms were country-owned and driven was uncertain. Respondents perceived legal frameworks (43%) and policy environments (62%) to be adequate and comprehensive enough to guide response recovery efforts in the wake of stress events. Respondents commented in some cases on the outdated nature of some health legislation. Several noted the changing contexts of decentralization and the need to strengthen legal enactment, coordination and oversight at sub-national levels. 44% of respondents believed that the IHR core capacities of the health sector were appropriate to facilitate prevention, detection and response to a stress event, while 26% disagreed and 26% were undecided. Emphasis was placed on strengthening the IHR sub-national focus. There was indication in some countries that though coordination structures existed, they were not operating optimally.

Respondents largely disagreed that health workforce numbers were appropriate for the delivery of the country's defined essential service (46% disagreed, 28% strongly disagreed and 15% were undecided). 36% of respondents disagreed that there exists adequate levels of health worker social capital and empathy – a level of togetherness, trust and responsibility shared with the community; 23% strongly disagreed and 18% were undecided.

On the variable of health system awareness (of events and potential shocks) there was widespread agreement that functional epidemiological surveillance networks existed and were reporting regularly (weekly) for potential disease events (56% of respondents agreed and 15% strongly agreed). In contrast, there was lower respondent agreement that (1) up-to-date (under 1 year) data mapping existed on health system assets (human resources, infrastructure, commodities) which could be mobilized in the event of a stress or potential shock (34% disagreed, 23% strongly disagreed and 33% were undecided); (2) up-to-date (under 1 year) mapping of potential health risks at local levels (26% disagreed, 33% strongly disagreed and 31% were undecided); (3) regular (at least annual) predictive modelling of major health risks (20% disagreed, 34%strongly disagreed and 34% were undecided); (4) simulation exercises to mimic logistics response to stress events of the highest occurrence (12% disagreed, 28% strongly disagreed and 36% were undecided).

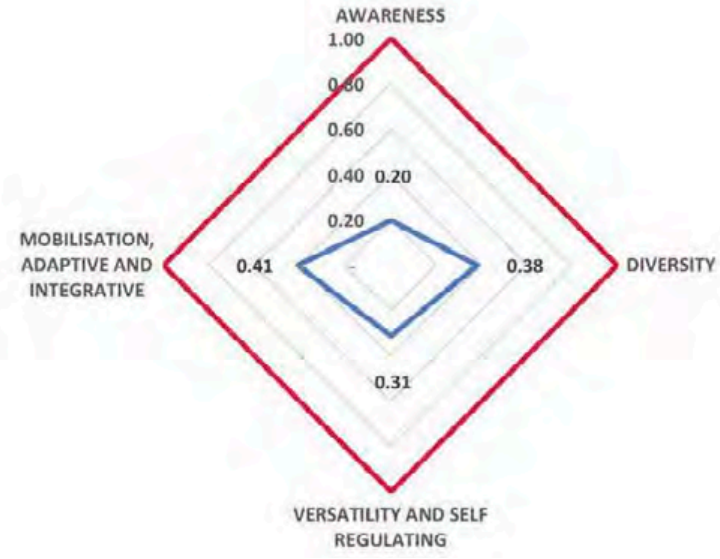
On the variable of health system diversity, there was high agreement that primary healthcare facilities were providing at least 80% of the essential services they are expected to provide (43%), and that there was a clear strategy to scale up the provision of essential services not currently being provided (45%). Respondents were in lesser agreement that barriers hindering access to essential services (for example, physical, financial and/or social) were minimized (28%), that health facilities had basic capacities needed to provide a broad range of essential services (such as amenities, equipment, medicines, standard precautions for infection prevention) (28%), and that staff were appropriately skilled and supervised to identify uncommon events when they occur (29%).

In terms of mobilization, adaptation and integration, 56% of respondents agreed that functional mechanisms exist for communication and engagement with non-public health partners working within the areas of responsibility of primary care facilities. 57% of respondents agreed that functional mechanisms exist for communication and engagement of primary care facilities with communities they are working with. 48% of respondents agreed that there are regular mechanisms (annual, for example) to monitor health system performance and ensure its constant adaptation to changing health needs. Only 33% of respondents felt that functional communication mechanisms existed with other sectors. 23% of respondents agreed that there were pre-agreed mechanisms to share personnel, funds and capacities amongst stakeholders working within their areas of responsibility of primary care facilities.

Respondents' perceptions reflected the poor performance on the versatility and self-regulating nature of the health system: 33% agreed that primary care facilities had the capacity needed to identify and isolate a health threat, whereas 32% disagreed, 8% disagreed strongly and 26% were undecided. 23% agreed that management-level mechanisms existed to support health facilities to target local resources without need for bureaucratic authorizations (compared to 31% who disagreed, 10% who disagreed strongly and 34% who were undecided). Only 30% of respondents agreed that sources of and procedures

for needed additional human resource capacities were known and agreed, and 33% of respondents agreed that protocols exist to guide absorption of mobilized resources and skills into the routine system. This contrasts with 44% of respondents who believed that health facilities were aware of, and able to put into place contingency mechanisms that allowed continued essential service provision when responding to a threat. A key issue identified by respondents was the continued centralization of health sector management.

**Figure 59. Comparison of the performance of different elements of resilience in the African Region**



# 4 The state of health system investments

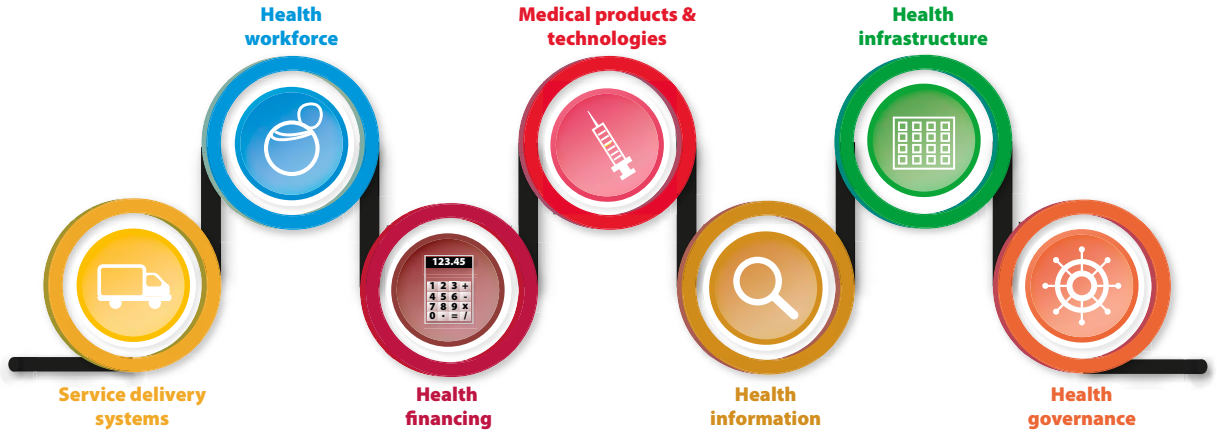
## Attributes of health system investments

These represent the actual areas where the health sector needs to invest to perform at the level needed to move towards UHC. There are seven health system investment areas defined in the framework, broadly classified into two categories:

i) Tangible inputs that provide the essential services needed, such as the health workforce, the health infrastructure and the medical products and technologies;

ii) Intangible processes needed to support the *use* of the tangible inputs – which include the way systems are designed for service delivery, health governance, health information and health financing.

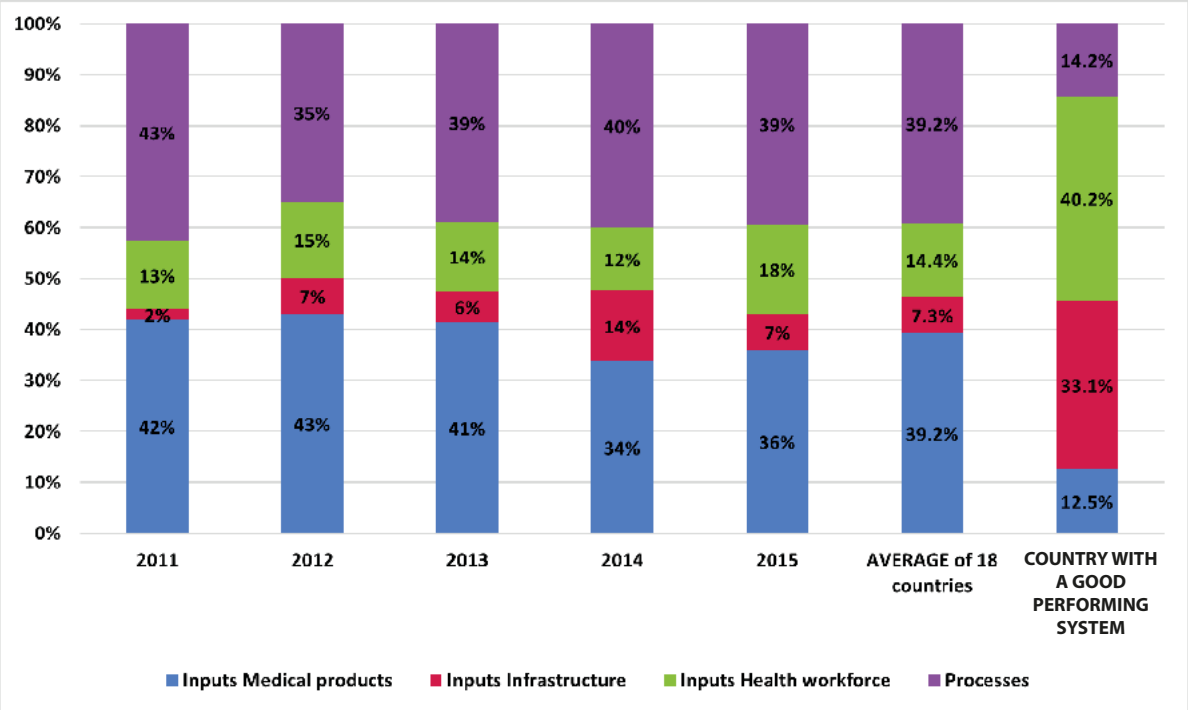
**Figure 60. Categorization of health system investment areas**




Countries make investments across seven investment areas – whether through programmes or through cross cutting system investments – to reach the system performance needed to deliver essential services and move towards UHC. A country's health system performance is a function of level, distribution/fairness and efficiency of investments made across these seven areas.

A review of levels of government financing in 18 countries of the African Region across these investment areas shows an average of 60% spending on the tangible input areas, and 40% spending on the intangible process areas. This trend is broadly sustained across a number of years. Within the tangible areas, highest spending of government funds is on medical products (39% of government spending), followed by the health workforce (14%). Only 7% of the government expenditure is spent on infrastructure – which includes equipment, transport and ICT. There is need for further analysis to better understand whether this apportioning of investments is efficient. This is especially so, as we see a different pattern of government expenditures in one of the countries that has a good performing health system, where expenditures on medicines, infrastructure, health workforce and intangibles are 13%, 33%, 40% and 14% respectively. More emphasis is placed on the health workforce (40%, versus 14%) and infrastructure (33%, versus 7%) in this country with a relatively better performing health system, as compared to the other countries with less performing systems. Should this pattern be consistent across the other countries with good performing health systems, then there would be a need to focus increasing government expenditures primarily on funding for health workforce and infrastructure investments.

Figure 61. Allocation of government expenditures across investment area categories by year and country types




The issues associated with each of the seven areas of the health system investment are analysed to better understand the status and focus needed across countries of the Region.

## 4.1 The status of the health workforce in the African Region

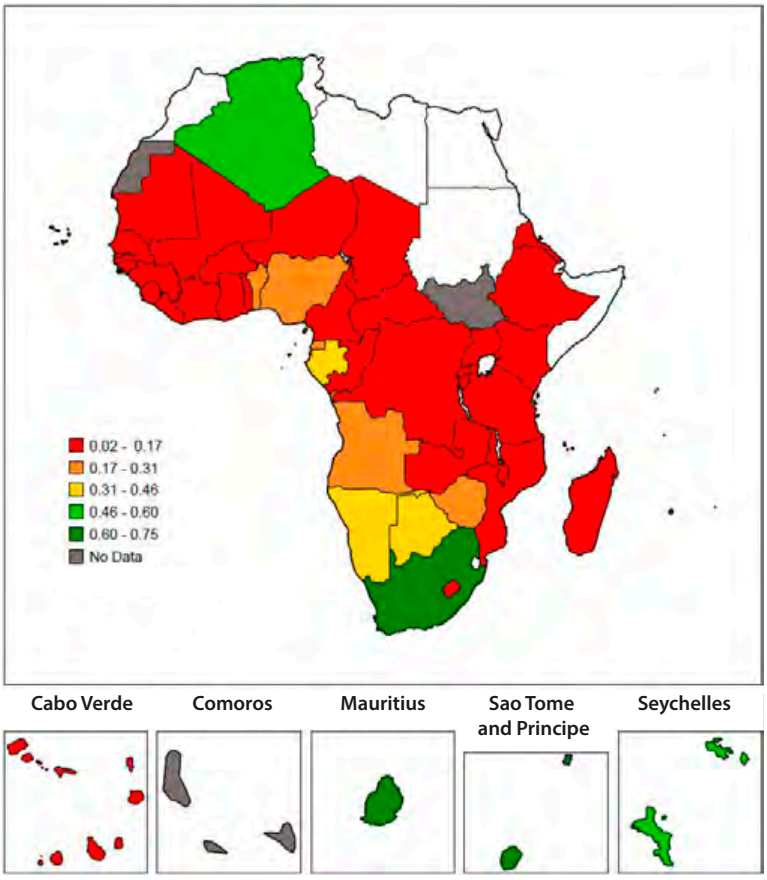
The health workforce remains a critical input area for health systems. Inappropriate numbers, quality and/or management constitute a major challenge to reach the level of performance required to attain UHC and the SDGs.

Several actions require investments, ranging from production, recruitment, deployment, management and motivation of the staff needed to contribute to service provision. The output from all these investments is aimed at ensuring an adequate, qualified and fit for purpose workforce in each country, able to provide the essential health and health-related services needed to attaining health and well-being. The status of the workforce in the Region is measured by a health workforce score which, ideally, would incorporate elements of adequacy, skills base and productivity. However, the only information available across countries relates to the numbers of staff. As such, the score is derived from the availability of a wide range of health workforce staff expected to be present in all countries. These are:

- Physicians density (per 1000 population)
- Nursing and midwifery personnel density (per 1000 population)
- Dentistry personnel density (per 1000 population)
- Pharmaceutical personnel density (per 1000 population)
- Laboratory health workers density (per 1000 population)
- Environmental and public health workers density (per 1000 population)
- Community and traditional health workers density (per 1000 population)
- Health management and support workers density (per 1000 population)

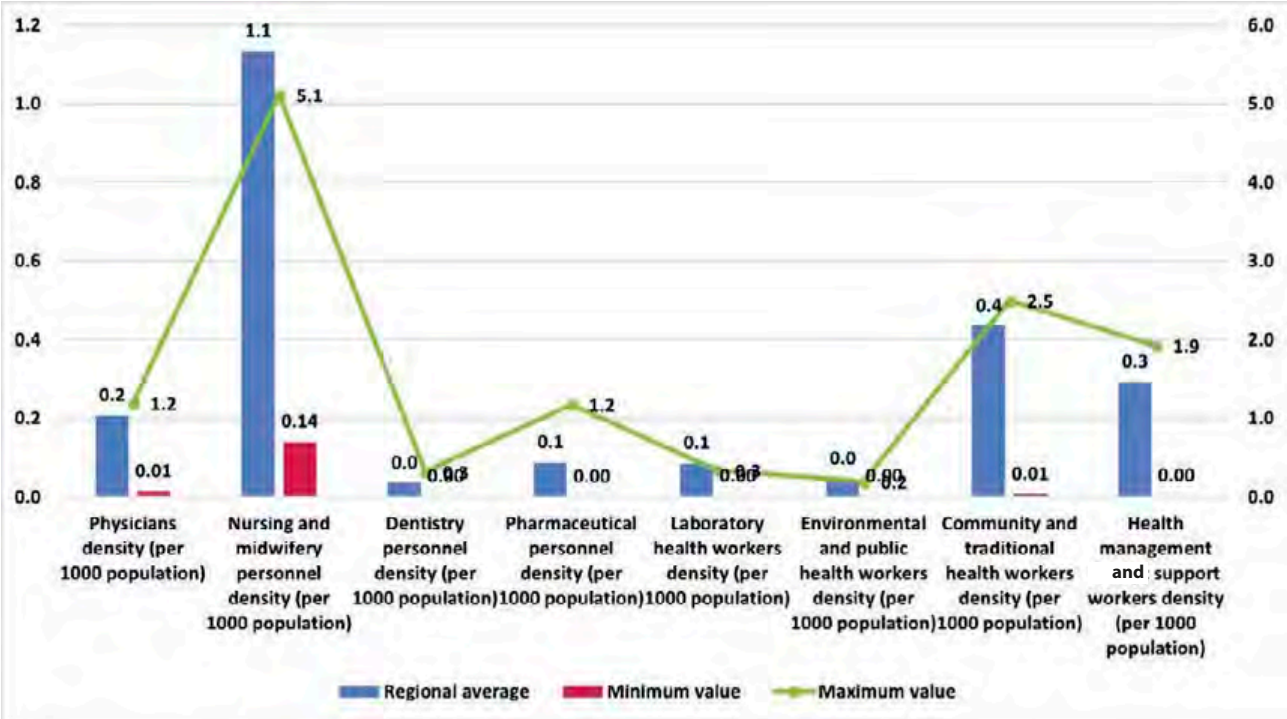
When scores across the different countries of the African Region are compared, there is a significantly wide range from a high of 0.74 to a low of 0.02 of the health workforce score, highlighting the major gaps across the Region.

Figure 62. Comparison of health workforce index amongst countries of the African region



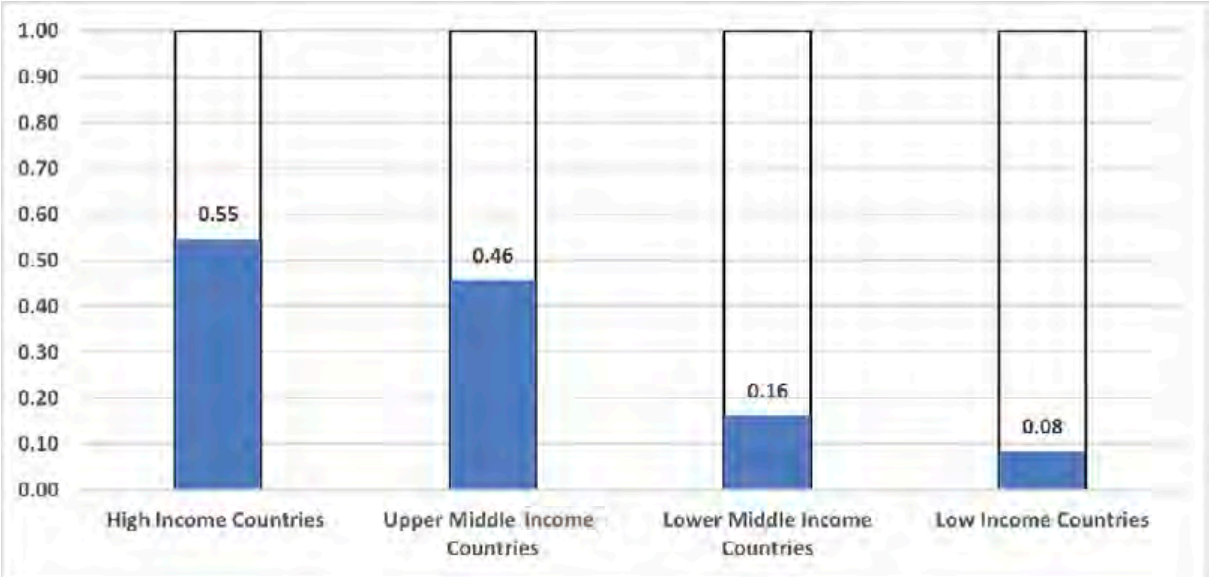

Looking across the different categories of health workers, the nursing staff are the most frequently available staff, followed by community and health management staff. The variations in the number of these categories is very high between countries. For instance, the nursing staff range from 0.14 to 5.1 per 1000 persons.

Figure 63. Availability of different health workers per 1000 population



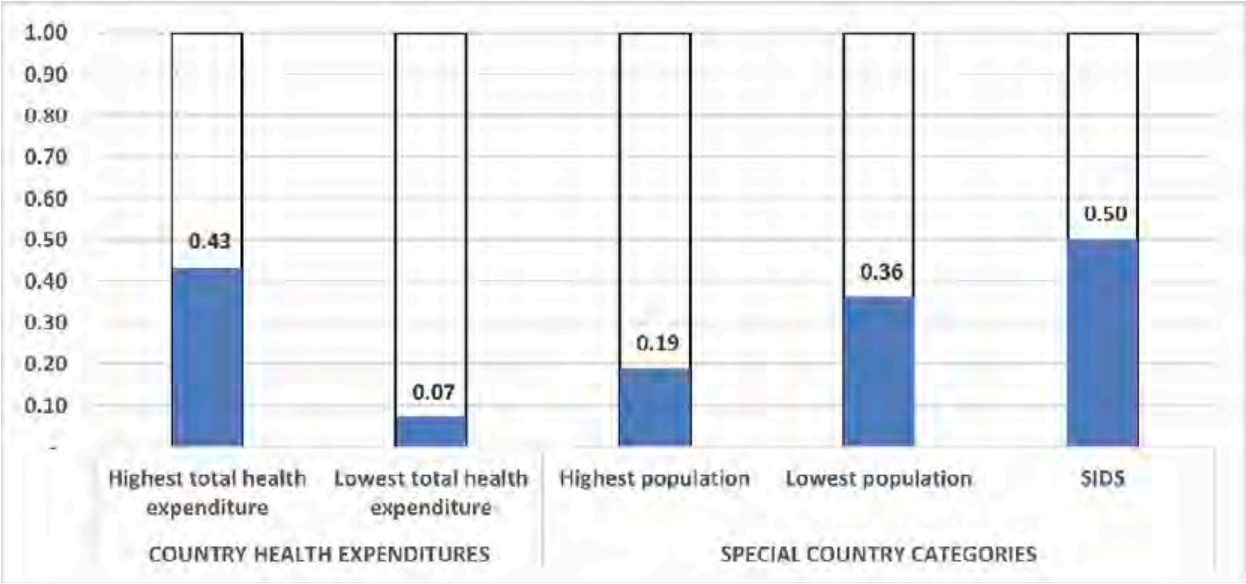
There is also a significant variation in the health workforce score in countries of different income levels. The higher the income classification, the better the investment in the health workforce. This gap is widest between the upper-middle and lower middle-income countries. The lower middle-income countries health workforce is closer to that of the low-income countries than the upper middle-income countries. The low-income countries have on average one eighth of the workforce in the high-income countries of the Region.

**Figure 64. Comparison of health workforce index by income classification**




This variation is also seen when we compare countries by health expenditure. Those having the highest total health expenditure show a six-point difference from those with the lowest health expenditure. There is however a smaller variation in countries based on population, though SIDS have a significantly better workforce.

**Figure 65. Comparison of health workforce index by health expenditures and population in the African Region**



## 4.2 The status of the health infrastructure in the African Region

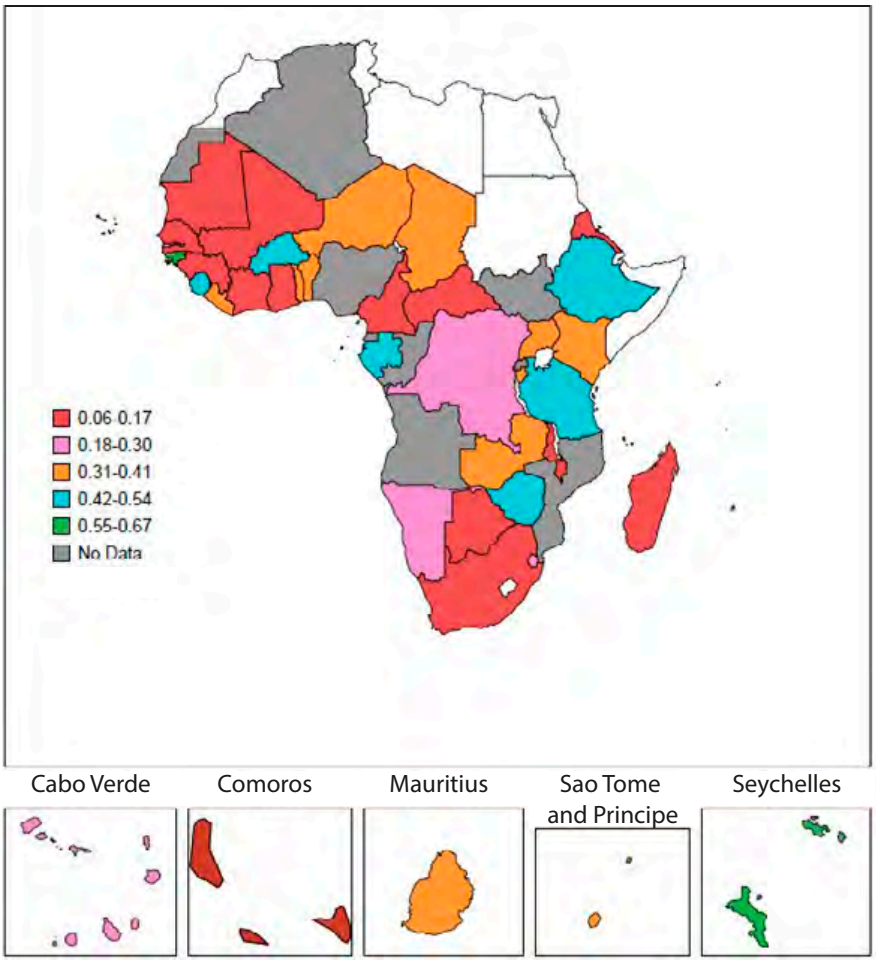
There has been limited focus on coordinating investment in health infrastructure across the Region. As a result, many countries have a variety of types, quality and functionality of infrastructure making the assurance of efficiency and equity difficult. Infrastructure, which encompasses the physical infrastructure, equipment, transport, and ICT requirements, needs coordinated planning, maintenance and use for it to input into health system performance in a manner required to attain universal health coverage and SDGs. We assess the status of the health infrastructure in the region based on a health infrastructure score. This ideally would incorporate elements of availability, functionality and readiness for the different forms of infrastructure. However, the available information across countries relates to:

General readiness of facilities to provide essential services (presence of electricity, water, and other facilities needed to facilitate effective service provision)

- Availability of basic amenities needed for service provision
- Availability of basic equipment for general service provision
- Total density per 100 000 population: Total hospitals
- Total density per 100 000 population: Health posts
- Total density per 100 000 population: Health centres
- Total density per 100 000 population: District/ rural hospitals
- Hospital beds (per 10 000 population)

The emerging health infrastructure score is based on averaging country normalized values for these variables – normalized from 0 to the highest value, to a range of 0 to 1. Countries are only included if they have information on more than one of these variables. When we compare the score across the different countries of the African Region, we see there is a significantly wide range from a high of 0.67 to 0.06 of the health infrastructure score. The highest score is seen in Guinea Bissau and is driven by high hospital density in the country.

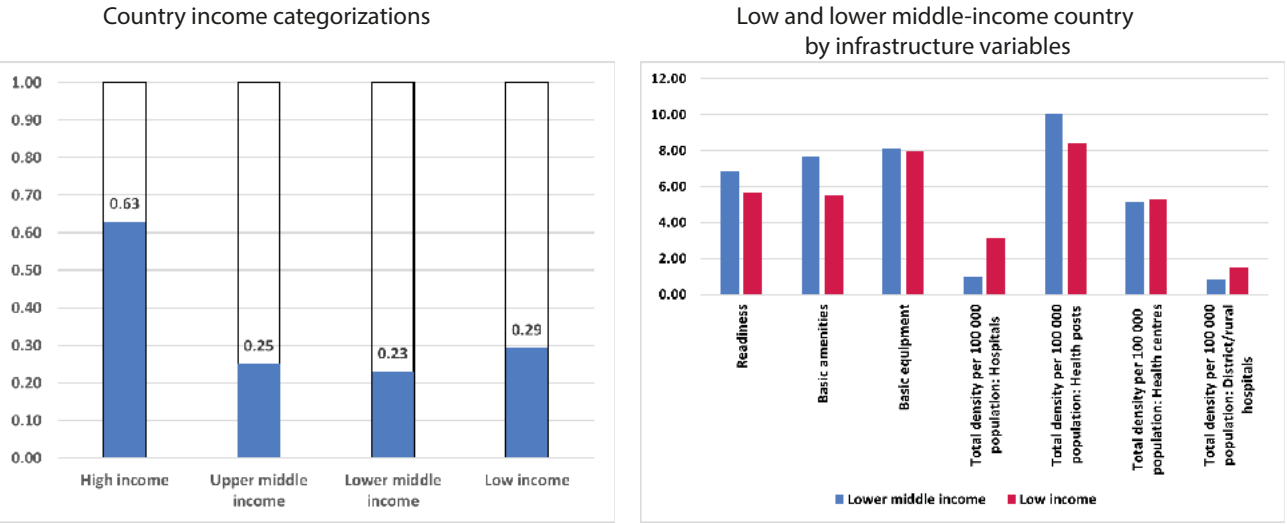
**Figure 66. Comparison of health infrastructure index amongst countries of the African Region**



It should be noted that this overall score is too low to facilitate reaching the needed system's performance. This variation in infrastructure, however, cannot be explained fully by the countries income levels. Apart from the single high-income country, the infrastructure score does not differ significantly between the other country income groups. The low-income countries appear to have higher levels per capita for hospitals – including rural hospitals – as compared to the other country groups. This presents risks and opportunities:

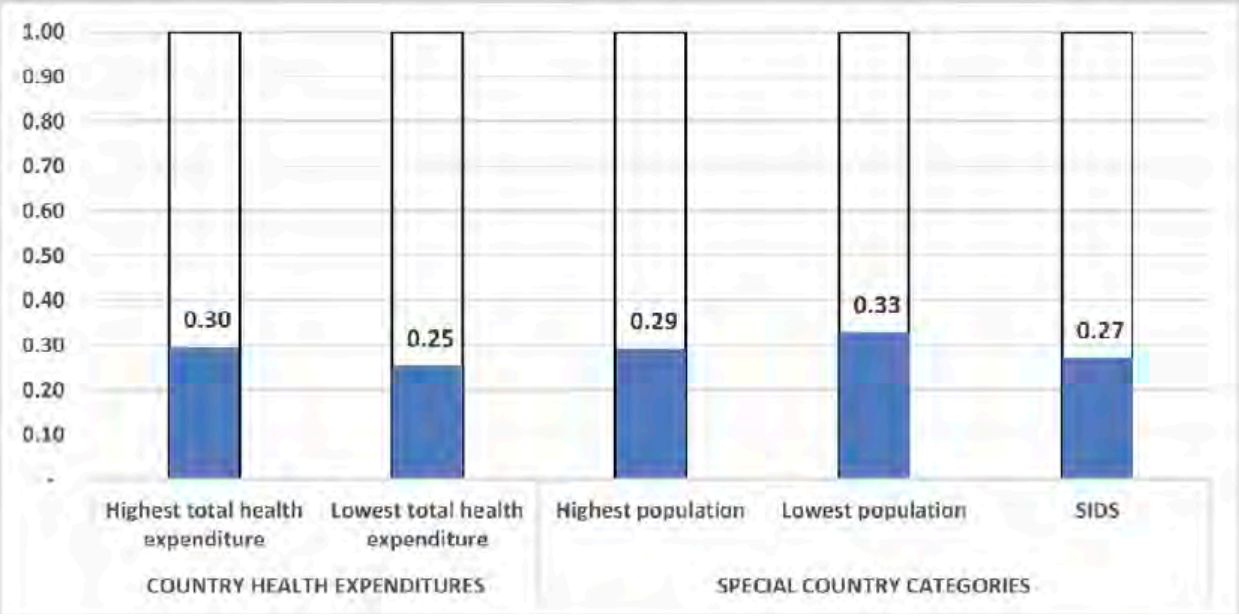
- Risks: countries may be spending a disproportionately higher cost for service provision due to the high cost nature of hospital-based services, and
- Opportunities: these low-income countries can design public health services around their existing infrastructure

**Figure 67. Comparison of health infrastructure index across different country categories**




Further disaggregation by health expenditure and population shows a mixed picture. Countries with higher health expenditures appear to have better infrastructure, though the variation is not very marked. However, countries with smaller populations have higher infrastructure, though this pattern is not sustained amongst SIDS.

**Figure 68. Comparison of health infrastructure score by health expenditures and population in the African Region**



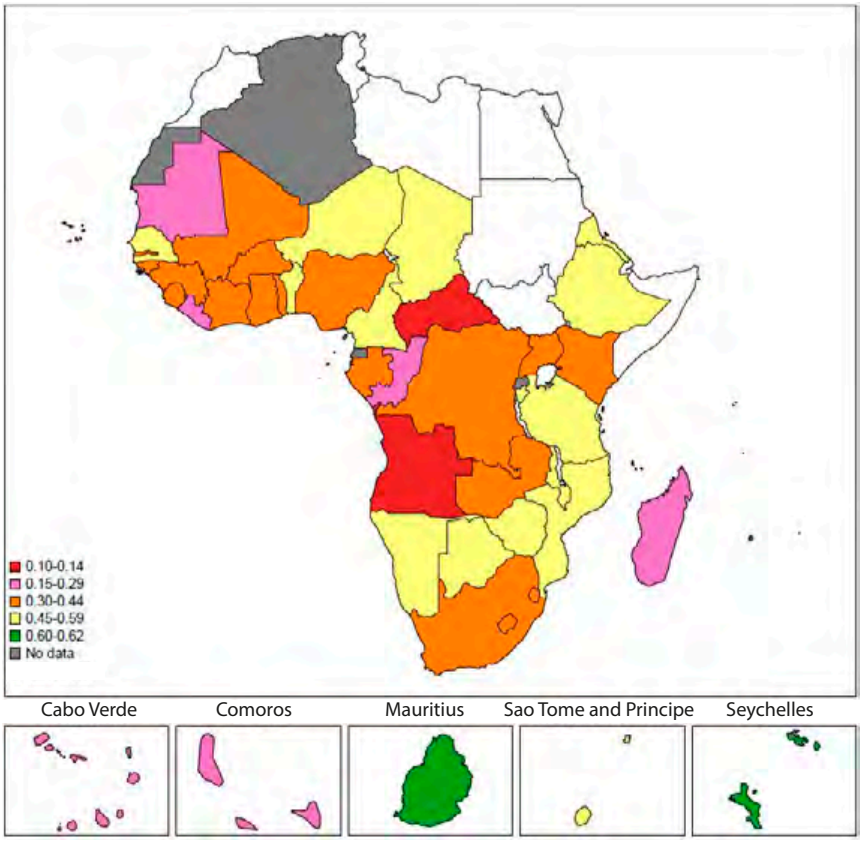
## 4.3 The status of medical products in the African Region

Health products represent a wide range of interventions provided to clients during the process of care or to facilitate that process. These range from medicines, including vaccines and other biologicals, medical devices, diagnostic and laboratory supplies, blood and other medical products of human origin, and traditional medicines. As an integral part of the healthcare process, it is critical for countries to invest in ensuring their availability and quality. To assess access to medical products in the Region, we use a medical products' score that is composed from many indicators, namely:

- Diagnostics readiness
- Essential medicines readiness
- Pharmaceutical expenditure as percentage of THE
- Density of qualified pharmacy personnel per 10 000 population
- Average number of medicines prescribed per patient contact in public health facilities
- Percentage of essential medicines prescribed in outpatient public health facilities
- Percentage of medicines prescribed in outpatient facilities by international non-propriety names
- Percentage of patients in outpatient public health facilities receiving antibiotics
- Percentage of adequately labelled medicines in outpatient public health facilities
- Blood donation rate per 1000 persons

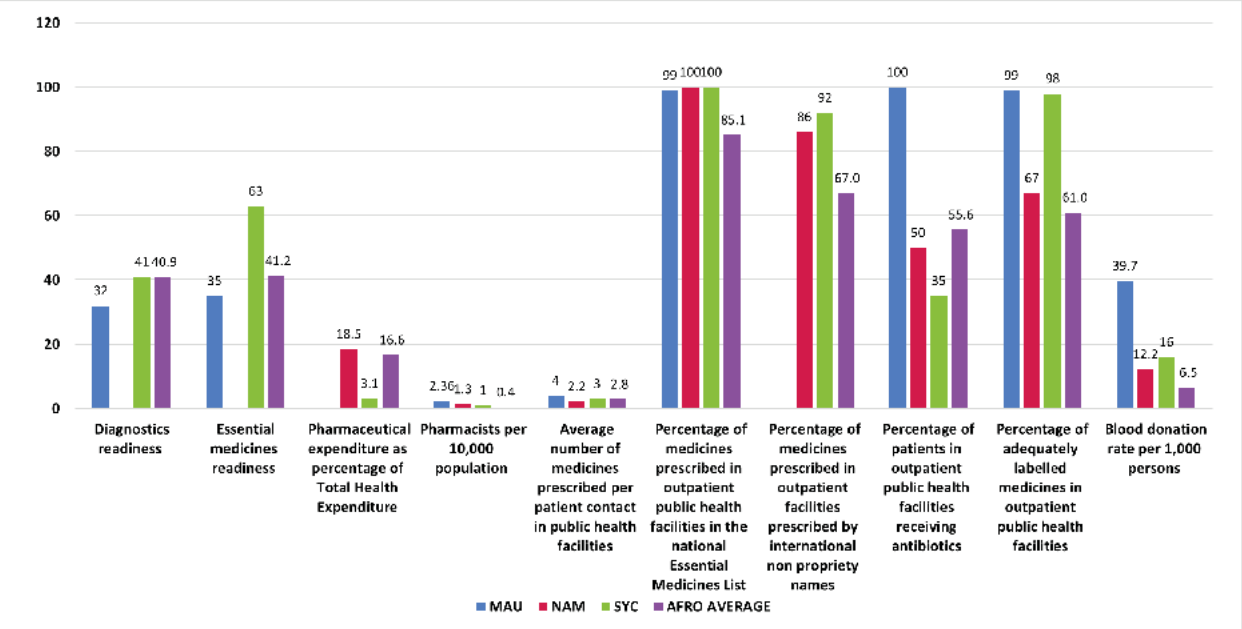
The medicines score is the average normalized value for these different indicators in each country, normalized from 0 to the highest value, to a range of 0 to 1. Countries are only included if they have information on more than one of these variables. When health products scores are compared across the different countries of the African Region, there is a significantly wide range from a high of 0.87 to 0.1. Most countries in the Region have a score of between 0.4 and 0.55, reflecting a largely similar state of health products across many countries.

**Figure 69. Comparison of health products index across countries in the African Region**



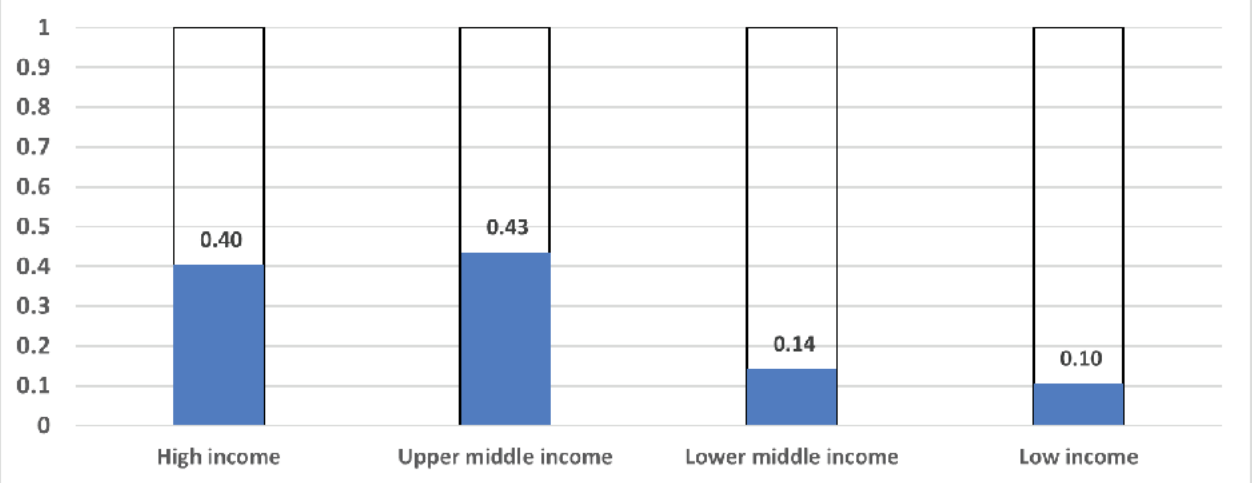
Three countries – Mauritius, Namibia and Seychelles – are performing significantly better than the other countries of the Region. This unique performance appears consistent across most of the indicators that make up the health products score, with a few exceptions, such as a high antibiotic use, medicines prescribed, and readiness for diagnostics and medicines in Mauritius, and low pharmaceutical expenditure in the Seychelles.

**Figure 70. Comparison of top performing country values across health product indicators, with regional average**



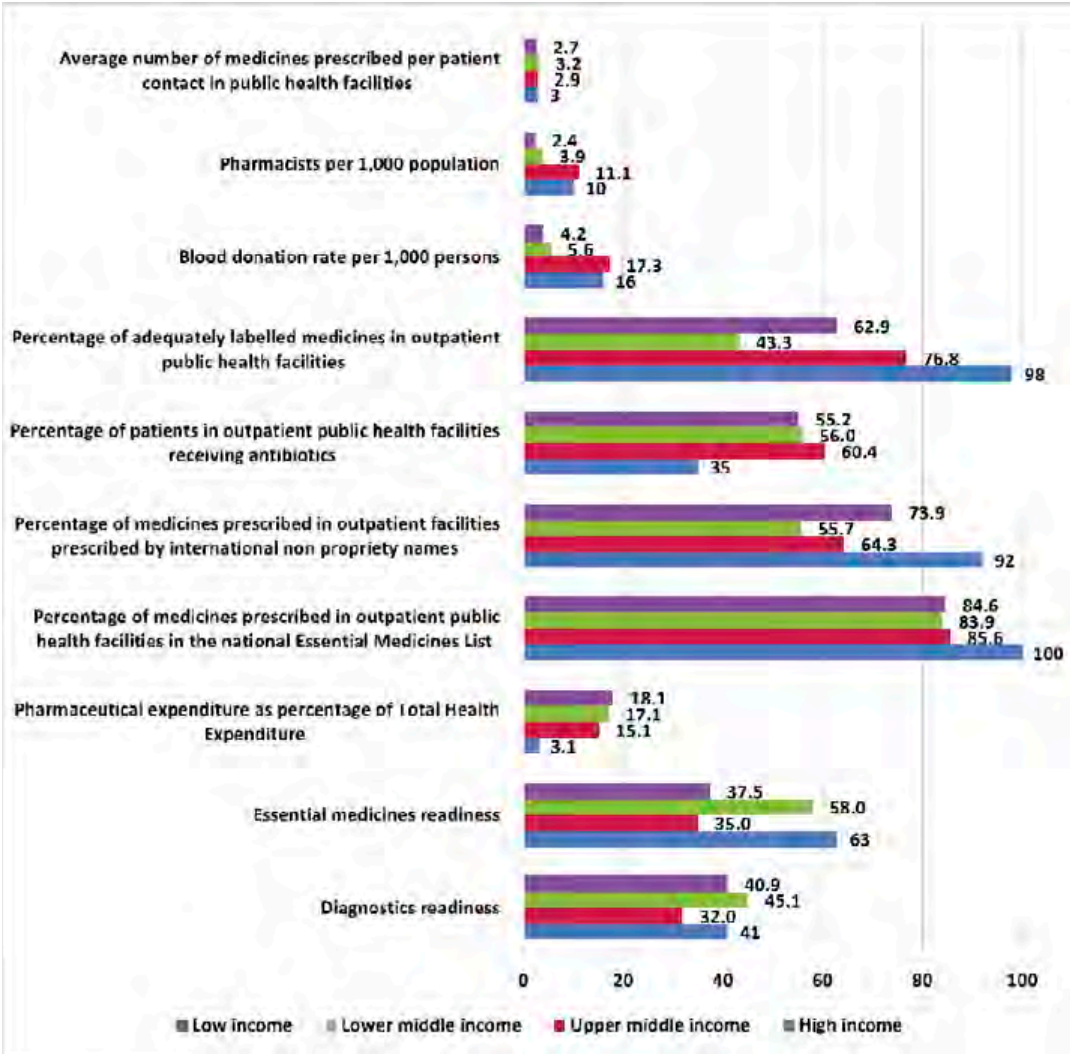

Comparing countries further, we see that there is a variation in health products investments based on a country's income status. The high and upper middle-income countries demonstrate up to three times more investments as compared to the lower middle and low-income countries. It is especially important to note that the lower middle-income country's investments in health products are closer to the low-income bracket and much lower than the upper middle-income country groups. This suggests that investments needed in lower middle-income countries are similar to those in low-income countries, possibly because they have not yet established the institutional make up of upper middle-income countries.

**Figure 71. Comparison of health products index by income classification**



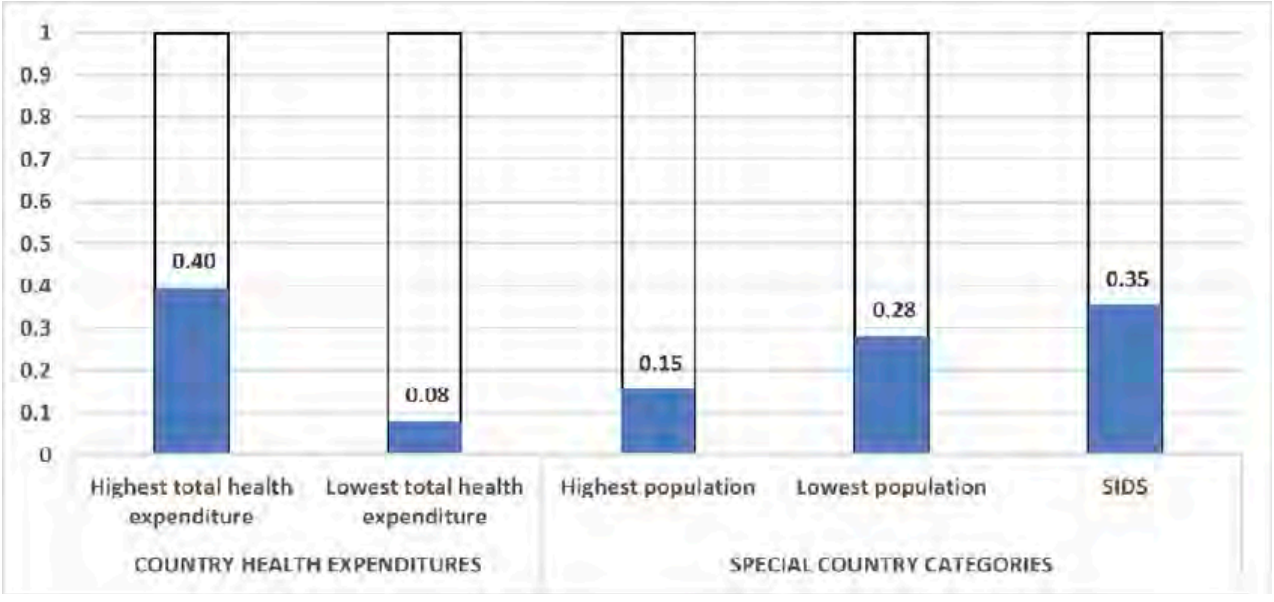

The single high-income country performs better on most of indicators – apart from proportion of total health expenditure spent on medicines – when compared to the other country groupings. Blood donation rates are very low in the low and lower middle-income countries, a finding which is worrying given the high demand for blood products. Innovative approaches for low and lower middle-income countries that can boost collection of blood in these settings need to be explored.

Figure 72. Comparison of availability of different types of medical products by country income level




There are also clear variations in health products investments, based on the health expenditure by countries, with those having the highest total health expenditure demonstrating some five times better health products score as compared to those with the lowest total health expenditure. Additionally, the smaller the country, the better the investments in health products, with the SIDS having more than double the health products investments of the other countries in the African Region.

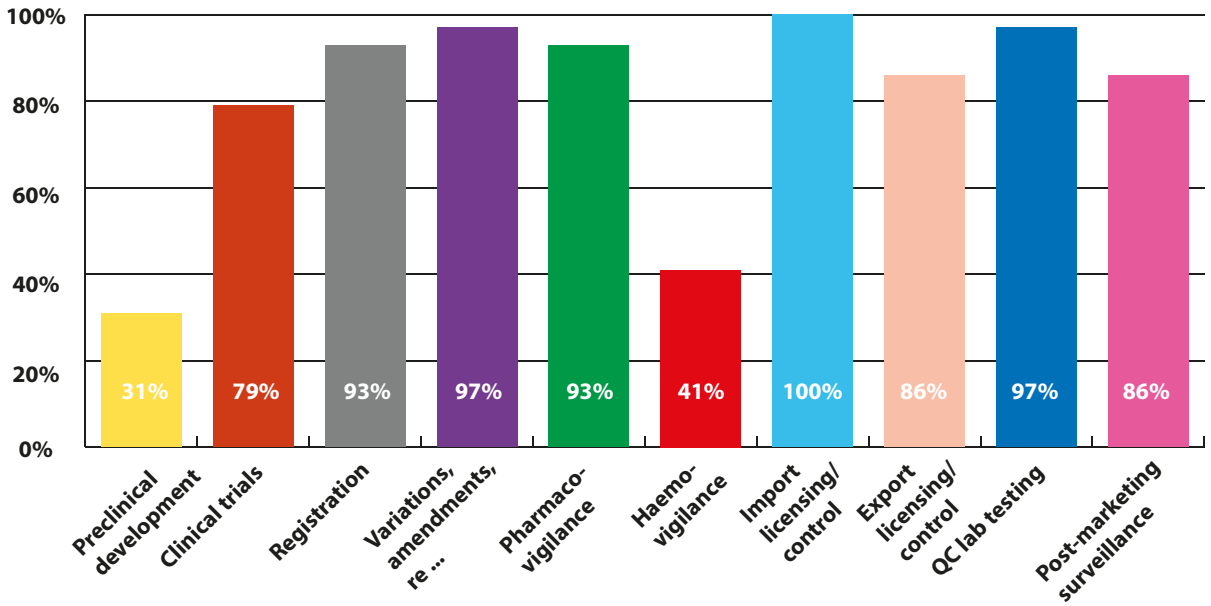
Figure 73. Comparison of medical products index by health expenditures and population in the African Region



SDG target 3.8 highlights the quality of medical products as an integral element of improved access. Regulatory mechanisms are deployed at the national, sub-regional, regional and continental levels to assure product quality and ascertain supply chain integrity. They contribute to global and regional collaboration for preventing and counteracting proliferation of substandard and falsified medicines.

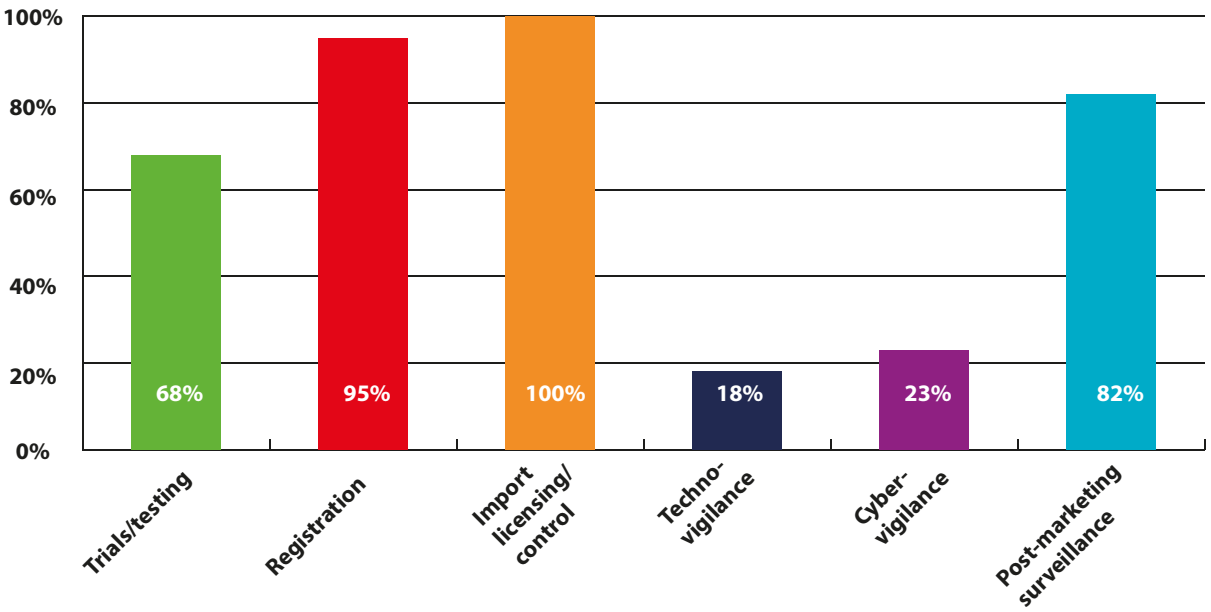
The regulatory infrastructure in the African Region consists of 45 national medicines regulatory authorities with varying levels of maturity and functionality.

**Figure 74. Regulation of medicines quality throughout product lifecycle for select functions (No = 29)**




Furthermore, 20 national regulatory authorities have mandate and frameworks for regulating medical devices, including in-vitro diagnostics.

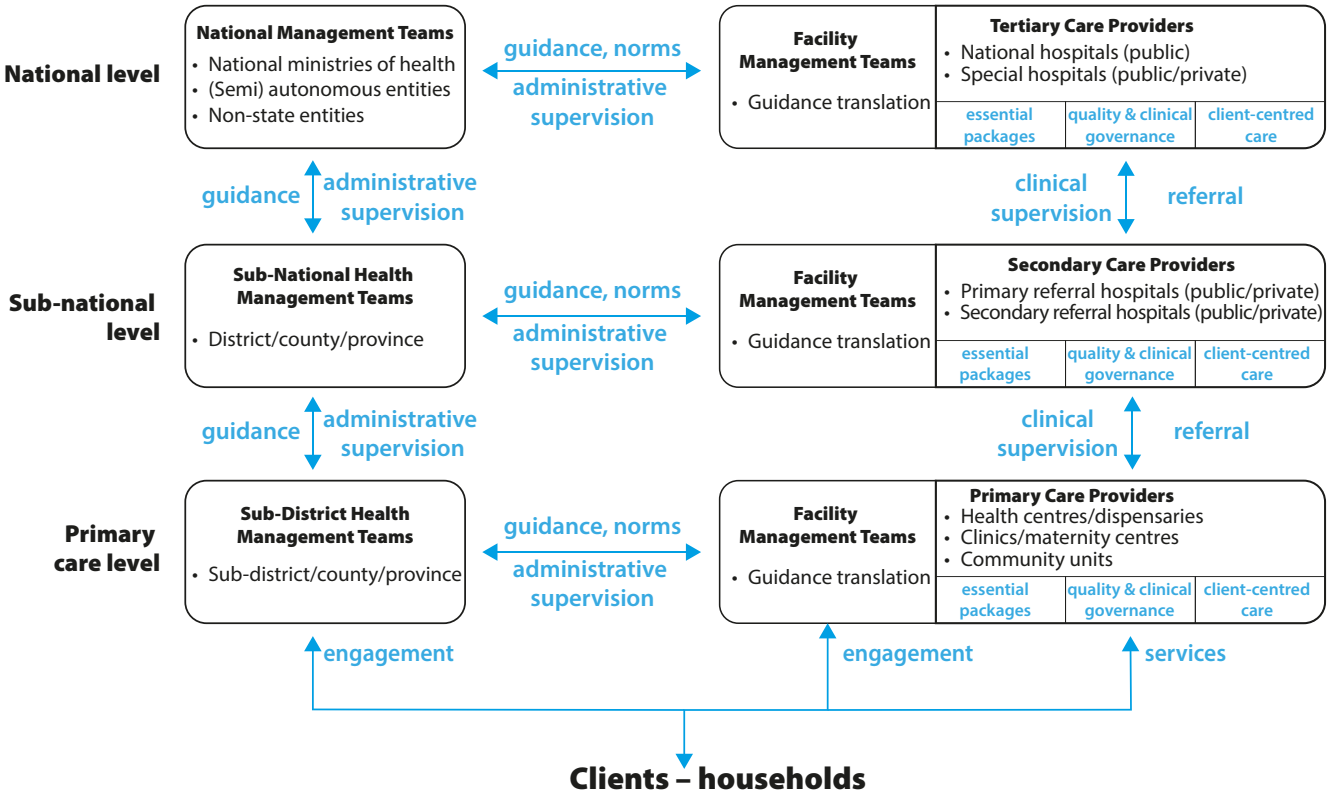
**Figure 75. Regulatory capacity for medical devices through product lifecycle (No = 22)**



## 4.4 The status of health service delivery systems in the African Region

Service delivery consists of all the actions needed to facilitate the efficient management of inputs for delivery of services to users/clients. The scope of actions defined in the Framework for actions range across a number of key areas, as shown below.

*Figure 76. Conceptual linkage of service delivery systems attributes and areas of action*




The design and level of performance of service delivery systems has a critical impact on the levels of access, coverage and utilization of essential health and health-related services. To facilitate the achievement of the health SDG, this service delivery system should be designed, not only as a coordination and management mechanism for the provision of public services, but also a system with strong features that:

- Ensure engagement of non-state providers of services, particularly the private sector, at all levels of services provision and management
- Ensure the identification and engagement of health-related social, economic, environmental and political sectors actors at all levels of services provision and management
- Appropriately link with, and engage the communities and households in the care process in a manner that assures their needs and expectations are incorporated into the process of care

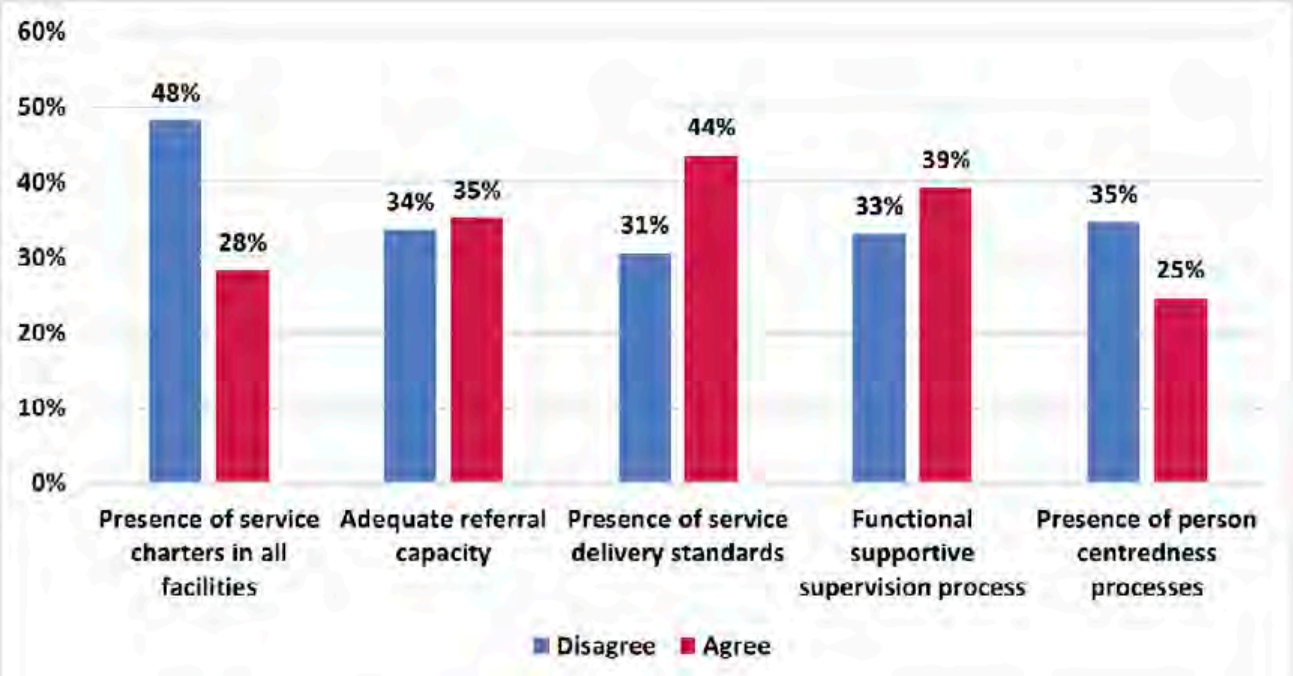
*Figure 77. Scope of engagement in a service delivery system for UHC and SDGs*

In the African Region, there is inadequate focus on designing, financing and monitoring the service delivery systems needed for the effective provision of health and health-related services. As a result, the effective use of available resources is minimized. Service delivery systems performance in the Region is explored through the perceptions of key informants of specific elements of these service delivery systems in their respective countries. Key informants were specifically asked to rate, on a scale of 1 to 5 (1 – strongly disagree and 5 – strongly agree), their level of agreement with the following statements, as related to different service delivery system elements:

- There exist patient service charters in all facilities, which define the services patients should expect, plus their rights and obligations during the care process
- Hospitals in the country have the required capacity to provide effective referral services
- There exist clear and well disseminated standards for the delivery of services at all levels of the system that are guiding quality improvement initiatives
- There is a comprehensive and functionally supportive supervision and mentoring process that is effectively providing guidance to health service delivery
- There is a process to improve and sustain person-centredness during the provision of services

The percentage that agreed/disagreed with the statements on each element of service delivery is shown in the figure below. All key informants agreed that not all elements of service delivery were present. This is particularly worrying for service delivery systems. Most key informants agreed to the presence of service delivery standards, while the presence of person centredness in service provision was acknowledged by the smallest number of informants. Most informants disagreed with the presence of service charters in the facilities – a key communication tool between services and clients.

**Figure 78. Key informant perceptions of presence of different service delivery system variables**




The status of the different attributes was further explored from the perspective of each functional area of service delivery – health management teams, facility management teams and care provision.

Health management teams are expected to provide guidance, supervise administrative support and, at the primary care level, support the engagement of households and communities in health actions.

- In most countries, guidance provided is largely programme-specific, with limited cross-cutting guidance. Cross-cutting guidance includes definition of sector-wide service standards and norms to ensure common service delivery, plus systems for monitoring adherence to this guidance. Lack of up-to-date health service standards and norms and ongoing monitoring of adherence characterize many country systems in the Region

- Administrative supervision is critical to ensure that inputs are available and effectively utilized (quality of service delivery). In many countries of the Region, these systems are defined but not functional due to lack of prioritization or ineffective follow up of recommendations.
- At the primary care level, the health management teams are expected to plan, coordinate and manage community engagement processes. This ensures that all communities are being engaged with the correct messaging and services needed. Many of the sub district management teams are carrying out this engagement together with their local authorities, but with limited guidance and involvement of the sub national levels. As a result, many of the good examples of practice are not filtering to other levels of the system, with the benefits limited to local systems. Additionally, engagement of communities and management of local service delivery is in some countries done in a haphazard manner, limiting effectiveness of actions at this level.

The health facility management teams are expected to translate the guidance provided into coordination of service delivery. As the front-line managers responsible for guiding the service delivery workforce, their role is critical in any service delivery systems. They need to translate the normative functions into service delivery tasks, primarily around essential service packages, clinical governance and client centredness of care. However, within the Region, the state of the functioning of the facility management teams is still challenging.

- Most countries have defined and put in place teams to manage the facilities. However, in many countries, these teams do not have up-to-date comprehensive Standard Operating Procedures (SOPs) to guide them in carrying out their work of translating normative guidance into operations.
- Most facility managers focus on administrative management, with limited guidance and focus on clinical management. Few countries have service charters in all service points to ensure clients are aware of services they are entitled to receive. In addition, therapeutic committees to monitor adherence to care standards are only partially functioning – and non-existent at the primary care level.
- Facility managers are usually clinically oriented, and part of the service delivery team calling for extensive in-service management trainings that take up a great deal of the time of the managers.

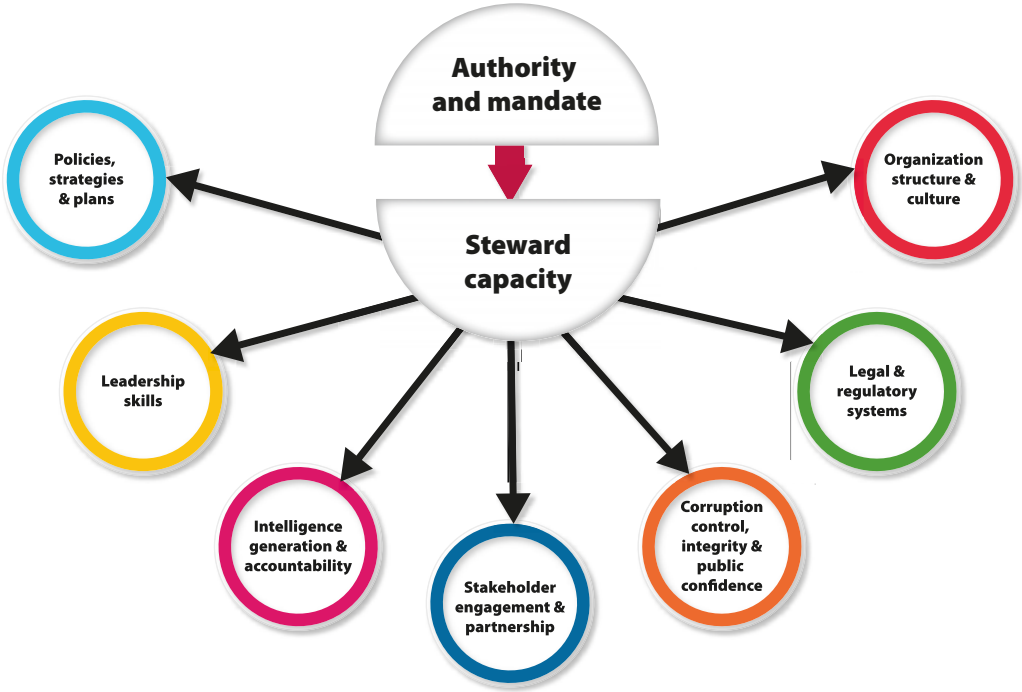
The service delivery teams are responsible for direct engagement with clients during the provision of preventive, promotive, curative or rehabilitative health or health-related services. These persons are the face of the health system, and their actions drive the perception of the care process. It is important for the system to guide them in three key areas: essential services to be provided; quality and clinical governance; and the person-centredness of the care process.

- Many providers are not given comprehensive guidance on the scope of essential services they are expected to provide. This is usually driven by programmes, leading to the providers focusing on specific services at the expense of others. Clients are therefore unable to receive the scope of essential services the systems are expected to give. This is not only a funding issue, as some services – such as screening for some NCDs – are not universally carried out even when their costs are close to zero.
- Clinical governance is focused on ensuring that a standard quality of preventive, promotive, clinical or rehabilitative care is provided to each person, irrespective of where they access services. This requires clearly defined and comprehensive clinical standards and management guidelines, plus facility-driven mechanisms for monitoring adherence. These clinical standards and management guidelines are defined in some countries, but very few countries of the Region have in place mechanisms to monitor and enforce them. As a result, varying levels of quality of care are seen within a given system, disenfranchising the population, and leading to clustering of clients seeking services around specific providers perceived to be effective.
- Person-centredness is focused instead on the care process and aims to ensure the person is placed at the centre of decisions regarding care. However, most care in the Region is disease-centric as opposed to person-centric and, as a result, there is a high perception of poor experiences with the care process that is affecting demand for services. Many private providers in the Region are perceived to provide good services as they focus on this element of the care process.

## 4.5 The status of health governance systems in the African Region

The state of governance systems is a key determinant for how well available tangibles are translated into adequate performance needed to deliver health and health-related services. As with other intangible elements of the system, governance is constructed from many inter-dependent attributes. The Regional Office structures them as shown in the conceptual framework below.

**Figure 79. Conceptual linkage of health governance attributes**




Source: WHO Regional Office for Africa health governance briefcase (in press)

Governance results are based on the capacity of the health steward (MoH or other public sector decision maker in health) to carry out a series of actions across the different attributes, where capacity is a function of the authority and mandate that the steward holds. This authority and mandate is devolved from the elected officials in a country and represents the level of decision space a given steward has to guide the health agenda. Where this authority and mandate are low, the steward's capacity to influence the attributes is likewise reduced. Decentralized systems are, by design, expected to increase this authority and mandate for local health stewards. The level of stability of the health stewards is a good measure of the authority and mandate they hold. There is a good level of authority and mandate in a system where the steward is allowed the space to make decisions and see through their implementation.

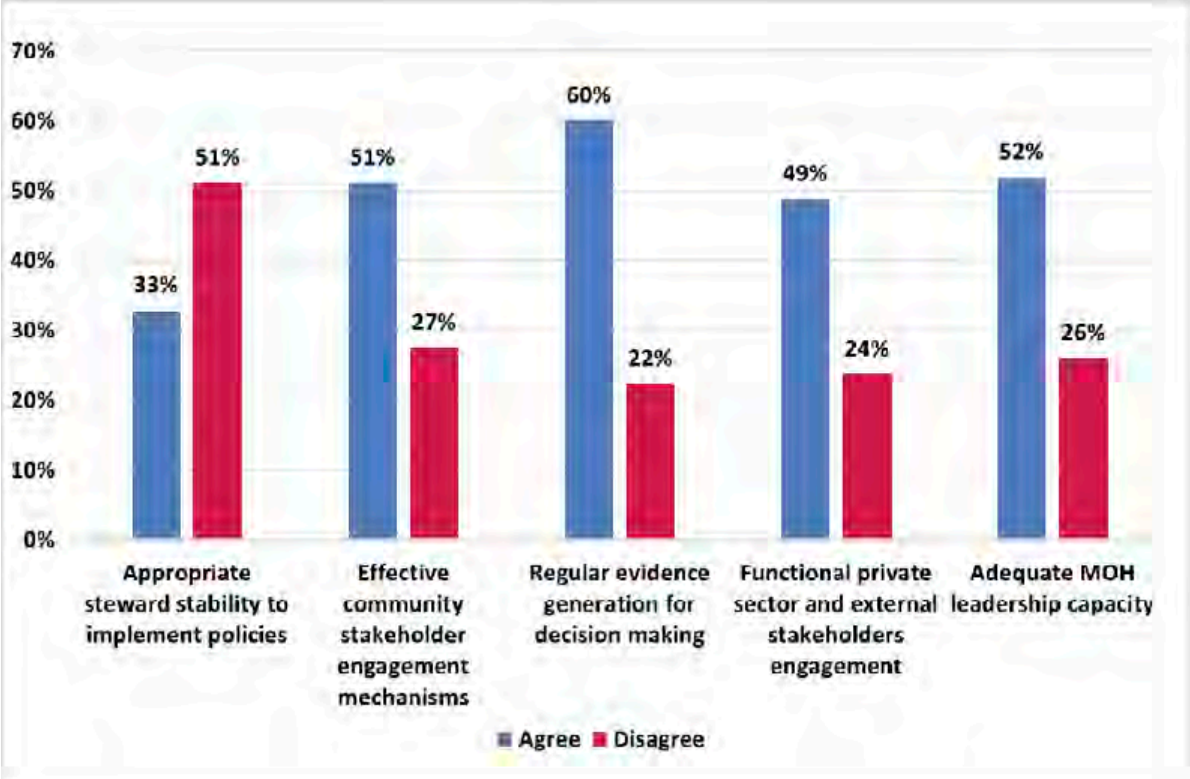
For a perspective on the quality of governance, key informants in countries of the Region were asked for their perception of the status of selected governance issues in their countries. They were specifically asked to rate, on a scale of 1 ro 5, their level of agreement with the following statements, as they relate to different health governance elements:

- The top-level leadership (Minister, Principal/ Permanent Secretary, Director) are not frequently changed, being able to implement the policies they initiate
- There exist formal mechanisms for engaging with communities that maximise their involvement and participation in planning and monitoring service provision
- The health sector regularly generates evidence, such as through annual performance reports, which is used to guide decision-making
- There exist functional processes that allow for coordination of service delivery between public and private actors, and development partner engagement
- The MoH has adequate leadership and management capacity to steward the health sector, including the engagement of non-health sectors

The percentage that agreed/disagreed with each of these selected elements of health governance is

shown in the figure below. A higher proportion of informants (51%) were of the view that the national level health stewards were not stable enough to guide implementation of policies. This places limits on the capacity for health governance in the Region – if their authority and mandate is limited, their actions influencing the governance attributes will be diminished.

**Figure 80. Key informant perceptions of presence of different service delivery system variables**

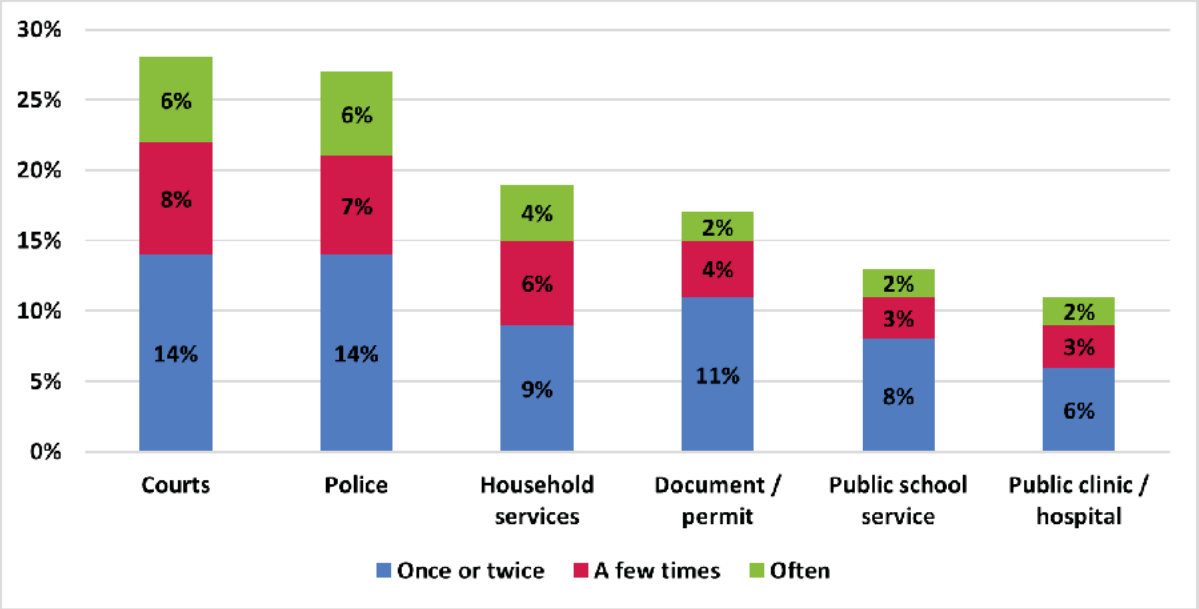



A look at the state of the governance attributes shows several hindrances in countries;

- *Organizational structure and culture*: While all ministries (and sub-national structures) have some written or implied structure, in practice many function differently.
- *Legal and regulatory systems*: All countries have a legal framework guiding health that is usually defined at three levels: constitutional provisions impacting health; comprehensive health acts, and disease/area specific acts (for example, HRH act, Diabetes act, etc); and/or decentralized health laws. These are rarely interlinked, leading to some areas with multiple legal provisions and others without. In addition, these instruments are rarely updated to reflect current legal needs. Additionally, regulations to enforce these provisions are rarely enacted or enforced. As a result, critical instruments that could facilitate movement towards appropriate health and health-related services are not effectively utilized.
- *Corruption control, integrity and public confidence*: this governance attribute has at times been perceived as a window into the quality of governance in the sector. All countries in the Region have normative and legal instruments to control corruption. These have not built the required level of public confidence in the integrity of the health services. However, relative to other government services, the health sector usually is perceived as one of the less corrupt. In *Transparency International's Global Corruption barometer: People and Corruption, Africa Survey 2015*[25], public health services were reported to have the least levels of reported corruption amongst government services assessed. The challenge is that even low levels of corruption, integrity and low public confidence are devastating in health, given the 'life or death' nature of the service. In addition, there are few assessments that have focused on corruption in the non-public sector, which is quite significant in many countries. Anecdotal evidence suggests this is also a major problem, particularly in relation to how priorities are selected and funded.

25 https://www.transparency.org/whatwedo/publication/people_and_corruption_africa_survey_2015

**Figure 81. Service users who said they had paid a bribe during services received in the past 12 months**



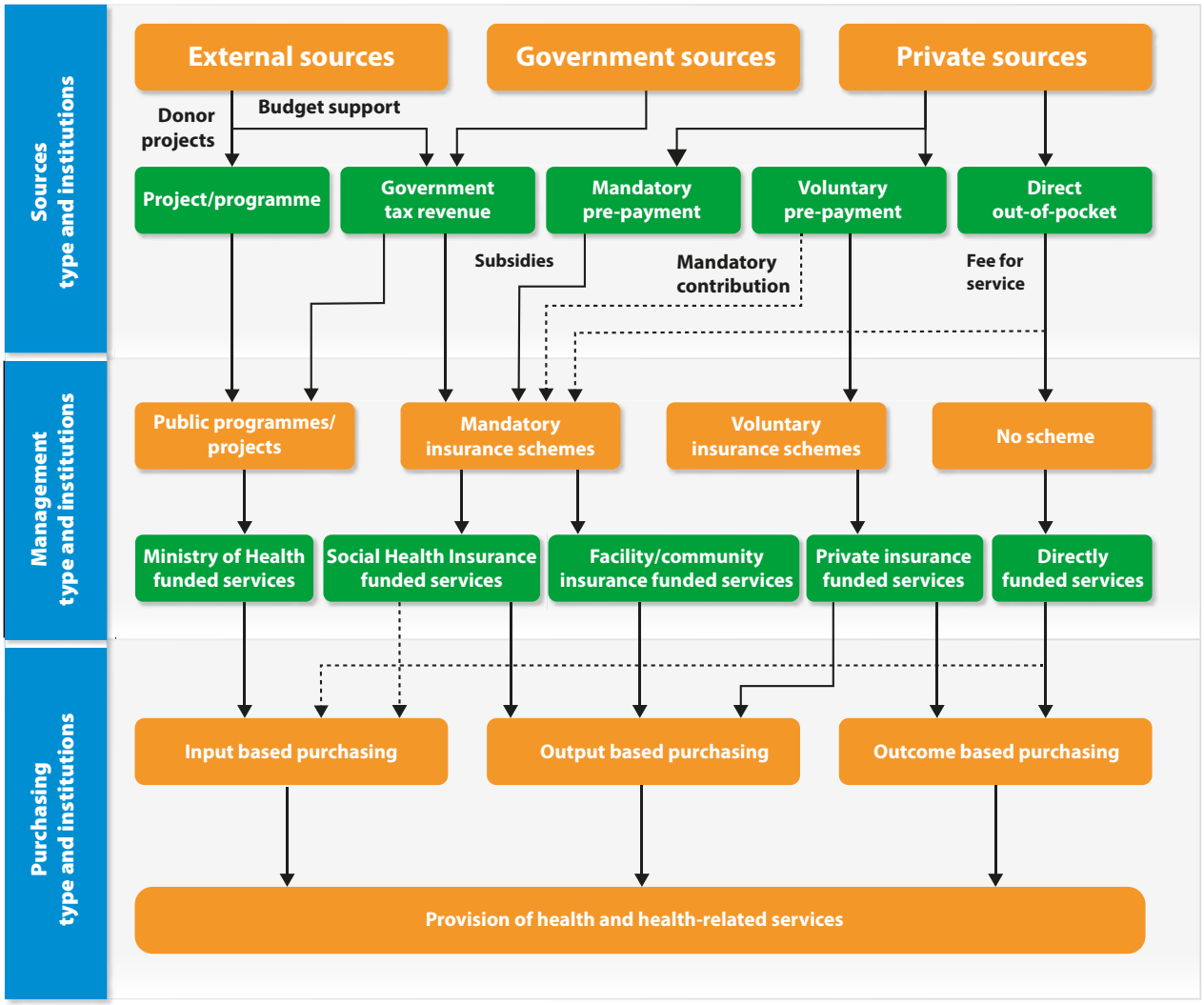

Adapted from: Global Corruption Barometer: People and corruption, Africa survey 2015

- *Stakeholder engagement and partnerships*: Only 25 of the 47 countries of the African Region have some form of instrument – a compact or memorandum of understanding – implying lack of management of partnerships. In addition, only 49% of key informants reported the presence of a formal mechanism for engagement of private sector or external actors, and only 51% for engagement with communities. This implies a high potential for inefficiencies in the allocation and/or use of health resources, as lack of effective coordination and engagement with partners makes a comprehensive sector approach difficult to achieve.
- *Intelligence generation and accountability*: Up to 60% of the interviewed informants were of the view that their countries had some form of regular evidence generation mechanism to facilitate informed decision making. This accountability process is however not well institutionalized. Only 16 out of the 47 countries of the African Region have some form of monitoring and evaluation (M&E) M&E plan to guide and make transparent the accountability process.
- *Leadership skills*: The management of the health agenda calls for a specific set of soft and hard skills that stewards need to possess. These range from 'hard' technical knowledge over the areas being stewarded, through to 'soft' skills such as communication, brokering, negotiation and others. There are constant 'training' sessions carried out for ministries of health to address these skills. However, only 51% of the key informants felt the stewards had the needed skills set for managing the health agenda. Trainings is often not well coordinated, with a lack of a standard curriculum of core skills, which makes it difficult to build the required capacity in an equitable manner.
- *Policies, strategies and plans*: These aim to provide a succinct 'roadmap' for the direction the country is taking in the long, medium and short term. They are useful not just as roadmaps, but also in the value the process of their development adds to a common understanding of the health needs and priorities amongst stakeholders. All countries have some form of policy, strategy and/or plan. However, these are not always produced with the active involvement of the stakeholders. In addition, they are often incomplete, not covering the full scope of priorities that need to be addressed.

## 4.6 The status of health financing systems in the African Region

Health financing systems are complex, encompassing different mechanisms for mobilizing, managing and using resources. The WHO schema showing the inter-relations of the different elements and components a country needs to consider for health financing systems is shown below.

Figure 82. Schema for health financing systems in the African Region




No single path can ensure that the objectives of health financing are achieved; rather, each country needs to define its processes, taking cognizance of its context, to ensure the goals of resource adequacy, equity and efficiency are attained in its financing system. Countries need to strategically think through the elements of health financing to determine the best system that would apply. A national health financing strategy is aimed at facilitating this process. However, 29 out of the 47 countries in the Region have yet to start work on elaborating their health financing strategy. Financing is therefore left as a passive process, whose structure, form and outputs are not well coordinated. Country ministries need to more proactively focus on health financing, ensuring they are driving the agenda for better health financing systems.

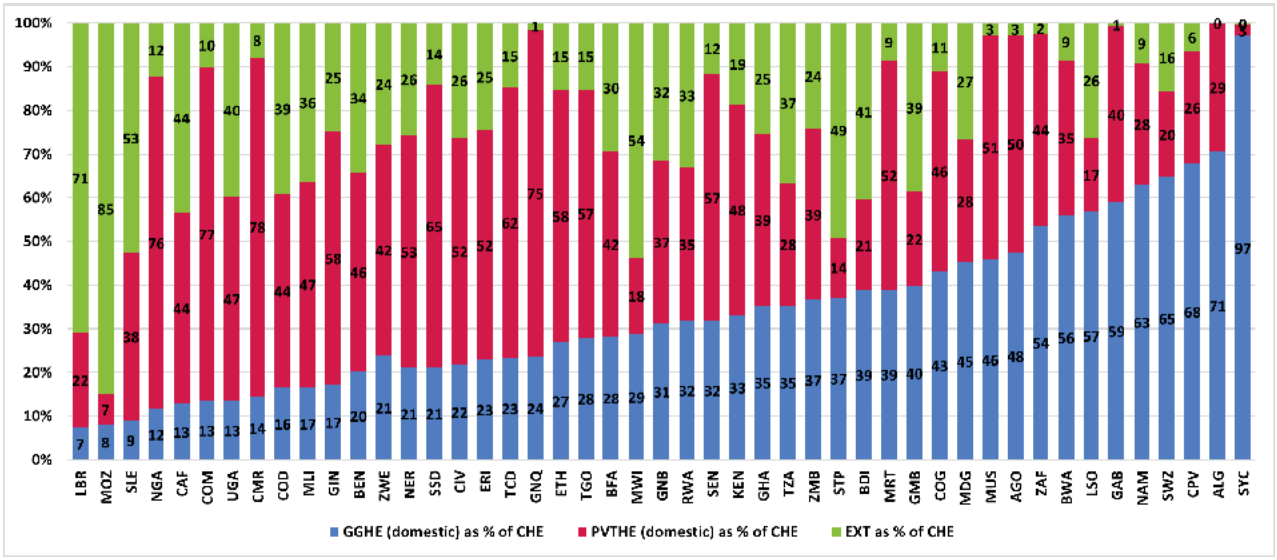
The status of the different sources, management and purchasing mechanisms in the Region is explored in the following section.

### Sources of health funds

Health funds come from government, private or external sources. They are characterized as project/programme funds, tax revenues, pre-payment funds (mandatory/voluntary) or out-of-pocket funds. There is a wide variation in the Region in the use of different sources of health financing. These sources have different characteristics – government sources are most equitable, external sources most

easily targeted and private sources most sustainable. However, government sources are difficult to augment, external sources are not sustainable and private sources inequitable, especially where incomes are low. Government funding ranges from a low of 7.4% to a high of 97% of current health evvxpenditure (2015). External funding, on the other hand, ranges from 0.5% to 71% of current health expenditure. And finally, the private (individual) expenditure ranges from 2.5% to 77% of current health expenditure.

**Figure 83. Proportion of health funds from different sources in countries of the African Region, 2015**



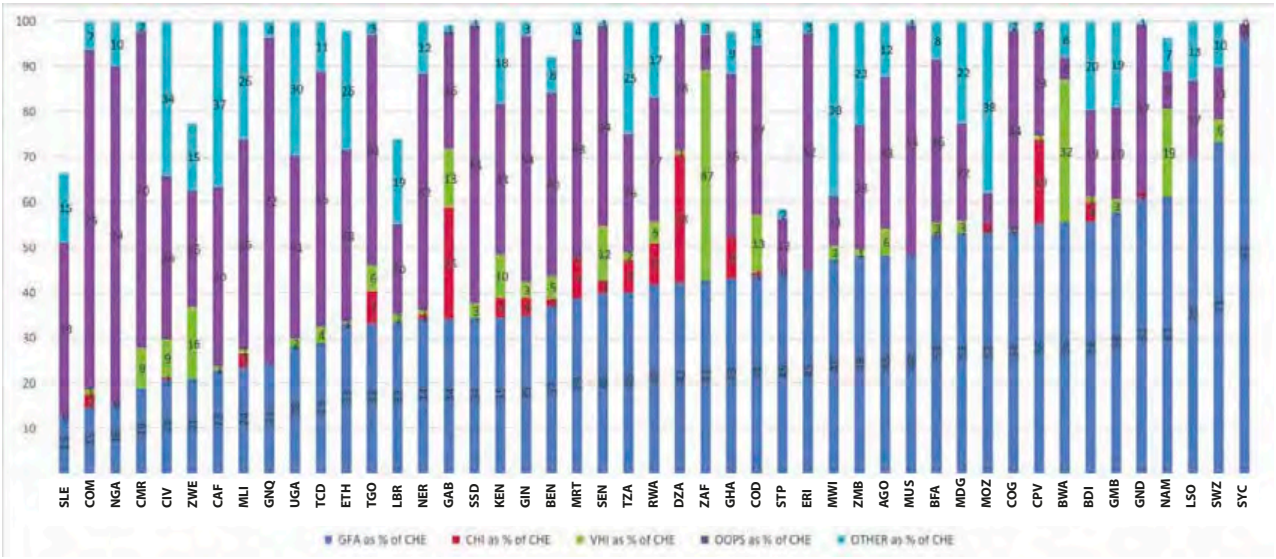

Note: GGHE – General Government Health Expenditure; PVTHE – Private Health Expenditure; CHE – Current health Expenditure; EXT – External health expenditure

## Management of health funds

These funds are managed in different ways – either as public (MoH/district) programmes; insurance schemes (mandatory/voluntary), or directly by individuals. Each source of funds tends to focus on specific mechanisms for their management.

- Funds managed by governments range from 13% (Sierra Leone) to 97% (Seychelles). Eswatini, Lesotho and Seychelles have all more than 60% of health funds managed by the government, whereas the percentage in Comoros, Nigeria and Sierra Leone is under 16%. While more equitable and aligned with country ownership, there are allocative and technical efficiency challenges that need to be specifically addressed in the countries that have a high proportion of health funds channelled through government arrangements.
- Funds managed through compulsory insurance mechanisms range from 0% to 28% (Algeria). Cabo Verde and Gabon have the relative highest proportion of health funds managed through compulsory insurance. Countries that have recently been shown to have made progress with health insurance mechanisms are still managing a low proportion of their health funds through compulsory mechanisms – these include Rwanda (9% of funds), Ghana (9%), United Republic of Tanzania (7%) and Kenya (4%). It is expected these should increase, as the benefit packages and insurance service utilization in these countries move towards UHC.
- Voluntary insurance mechanisms account for 0% to 47% (South Africa). Other countries with relatively high voluntary insurance mechanisms include Botswana (32% of health funds), Namibia (19%) and Zimbabwe (16%) – all located in Southern Africa. This presents a worrying trend, particularly for equity in these countries.
- Finally, direct out-of-pocket spending ranges from 2% (Seychelles) to 75% (Comoros). Other countries with high direct out-of-pocket management of funds include Nigeria (74% of health funds), Equatorial Guinea (72%) and Cameroon (70% ). These are very high proportions of funds to be managed by out of pocket mechanisms and suggest high levels of inequities.

**Figure 84. Proportions of health funds managed by different institutional entities in the African Region, 2015**




Note: GFA – Government Financing Arrangement; C – Compulsory Financing Arrangement; V – Voluntary Financing Arrangement; OOPS – Out-of-pocket Spending; OTHER – other

### Purchasing of services

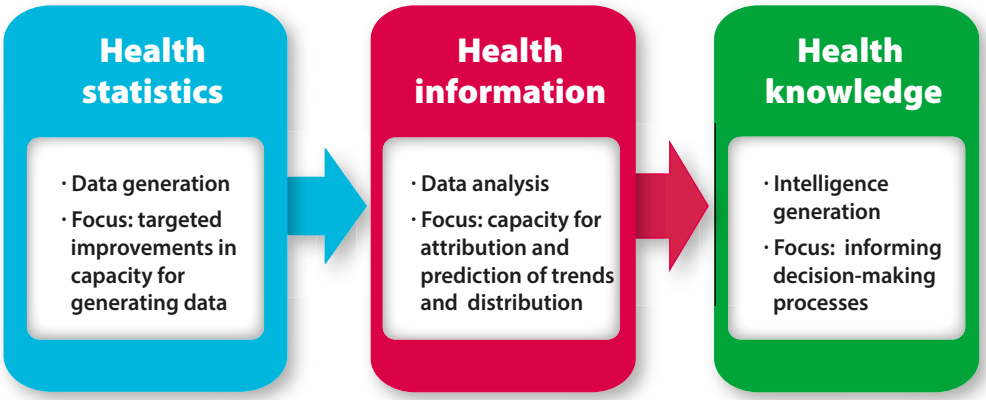
There are three distinct purchasing modalities used in the Region: input, output and outcome/results-based purchasing. Each of these have specific benefits and challenges.

- Input-based purchasing is used by most government funds, with resources used to buy inputs, for example recruiting health workers, building infrastructure and buying products. This is the most bureaucratically feasible approach to purchasing services, but it is inefficient as it unlinks funds from results. All countries in the Region use this modality to purchase services.
- Output-based purchasing is increasing as a mode of funding for health services, with good results seen in Rwanda, Kenya and other pilot countries. It is based on funding specific results achieved, such as institutional deliveries and children immunized. While linking outputs with financing improves efficiency of resource use, it has proved difficult to scale up, due to inherent institutional hindrances that limit financing using this approach.
- Outcome/results-based purchasing has been used in some countries of the Region, particularly in insurance or out-of-pocket payment arrangements. Funding is by specific results/outputs that are usually defined by diagnoses. It allows a focus of payment based on the actual result attained from the care process. The experience in the Region is mixed – while easier to administer, it requires significant investments in audit capacity to manage diagnosis creep, which results from providers favouring diagnoses with higher financial returns.

## 4.7 The status of health information and research systems in the African Region

Health information and research systems encompass all the mechanisms for data generation and validation, analysis, dissemination and knowledge translation in relation to routine health management information systems (HMIS), vital statistics, research, surveys, surveillance and census data sources. A country health information system needs to focus on all these elements to ensure functionality.

Figure 85. Schema for health information and research systems in the African Region




| Comprehensive, real-time statistics on SDG targets | Country/Region progress and performance analysis | Evidence-based decision making |
|---|---|---|
| Targeted interventions focusing on SDG monitoring processes<br>• Routine HMIS: alignment to burden<br>• Vital events: community/facility<br>• Surveillance: specific data<br>• Surveys: rationalization – NHA; DHS;<br>• Research: identification; analysis<br>Aggregation of statistics (DHIS 2 use) | Routine analysis of statistics for each area of the Framework of actions<br>• Country and regional indices<br>• Attribution (why?)<br>• Prediction (UHC/SDG implications<br>• Contribution (e.g. to 'triple billion'<br>Demand-driven analysis of statistics<br>• Performance monitoring | • Real-time policy briefs for decision-makers, using analytical products (on-the-go evidence)<br>• Repository for policy briefs, accessed by academia, decision-makers, partners, etc.<br>• Intelligence for health planning<br>• Research agenda identification for evidence generation |

The African Region is specifically focused on integrating eHealth solutions across these different elements of health information and research to improve the availability and use of information for decision making. The regional status for the different systems is discussed below.

## Routine HMIS

HMIS are systems capturing events occurring in health facilities.

*Routine HMIS data generation*

All countries have some form of HMIS that captures these events. They are either digital, paper-based or a combination of the two.

- Paper-based systems are still predominant in the Region, capturing almost all primary patient data. While it is the least costly approach, it requires complex logistics to ensure that the required data capture tools are always available. They are prone to errors and delays, and are time consuming for the health workforce.
- Digital systems use is growing, particularly for data aggregation and transmission. Many countries use some form of electronic mechanism to transmit data, with DHIS2 currently being the favoured system. However, digitization of primary data is still low. In addition, there are no regional standards to guide countries in deciding which digital systems work best in their environment. Being a different way of working, there are also technical, administrative and technological challenges in rolling them out.

*Routine HMIS data analysis*

In many cases, countries capacity to analyse newly collected data is low, as most of the investments have focused on data collection systems, with less focus on strengthening capacities of the health workforce to collect, understand and use the data in routine use. This is true both at the operational facility level (although there is some analysis done at the data collection points, with trend graphs produced, this is not uniformly practiced or supported), and at the strategic level, where data and evidence are required for policy formulation.

Information from HMIS is typically used to produce annual/quarterly health statistics in countries. There are such documents in many countries in the Region, but they do not usually give a comprehensive picture due to low timeliness and lack of accurate reporting from the facilities.

*Routine HMIS knowledge generation and translation*

There is very limited knowledge translation of HMIS information taking place in countries of the Region. As a result, decision makers are generally making decisions without using HMIS information, even when it exists in reports.

**Health surveys and census**

*Survey data generation*

Many countries carry out routine health surveys, particularly the Demographic and Health Surveys (DHS). In addition, countries are expected to conduct some census every 10 years and carry out other surveys, such as household utilization surveys, service availability and readiness assessments (SARA) and national health accounts (NHAs). These surveys are usually partner driven, with the execution and funding managed externally. There are few countries in the region that proactively plan for surveys, limiting the utility of this health information source. In addition, the content of the surveys is usually determined by the funding source, as opposed to the needs on the ground.

*Survey data analysis*

Countries' capacity to analyse survey information is also quite low, most being done by external partners. Survey data usually consists of large volumes of variables, requiring complex analytical tools that are often out of reach of the governments. Simpler, open source analytical tools need to be made available, as a first step towards building analytical capacity for surveys.

Most survey dissemination is through reports launched at high level stakeholder meetings. These allow key information to be made available to the public for brief periods of time. This has been successful in reaching a wide audience.

*Survey knowledge translation*

The dissemination method usually involves policy makers. In addition, policy briefs are sometimes produced to get the information into the body politic and guide policy. This has been successful, particularly for the demographic and health surveys, in bringing issues onto the policy table for discussion and action.

**Vital statistics systems**

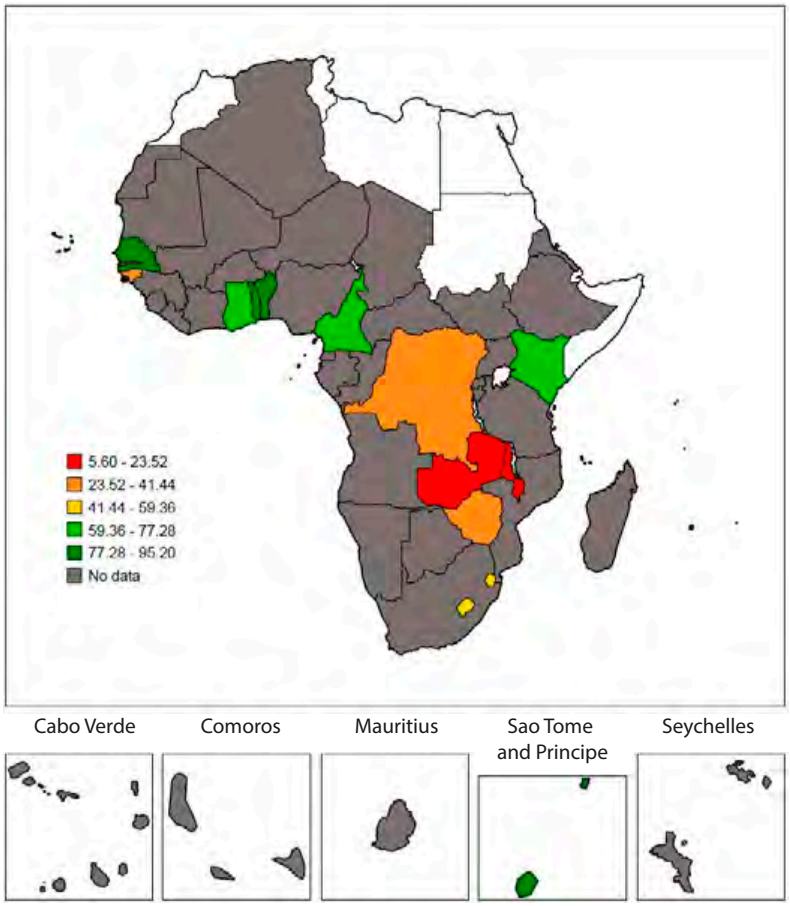
Vital statistics relate to birth, death and cause of death information. This is critical for understanding population events and trends and targeting interventions where they are most needed.

*Vital statistics data generation*

The process of collecting vital statistics data is only close to being complete in SIDS countries, with the completion rate being very low for the rest of the Region. The vital statistics are usually collected at facilities, and by civil registration units

- For vital statistics collected at facilities, the quality of vital statistics is very poor, due to inappropriate standardizations of disease classification (using the ICD for example), poor coding and certification capacities.
- For vital statistics collected during civil registration, the process is usually bureaucratic, with significant gaps in coverage. The process is typically manual, with data only aggregated after a few years. There is low uptake and use of automation, and limited use of verbal autopsies to help standardize cause of death information.

**Figure 86. Comparison of birth registration completeness amongst selected countries of the African Region**




*Vital statistics data analysis*

The analysis of vital statistics data is largely carried out by the civil registration teams in countries, with limited interlinkages with the health sector teams. As a result, the analysis is usually limited to reporting percentages and rates but with limited trend of confidence analysis.

A small number of countries have been able to produce regular (annual) reports on vital statistics. These are usually produced for immigration and registration purposes, with little input from the health sector. For these reasons, there are few instances in the Region of regular and consistent production of life tables and burden of disease estimates.

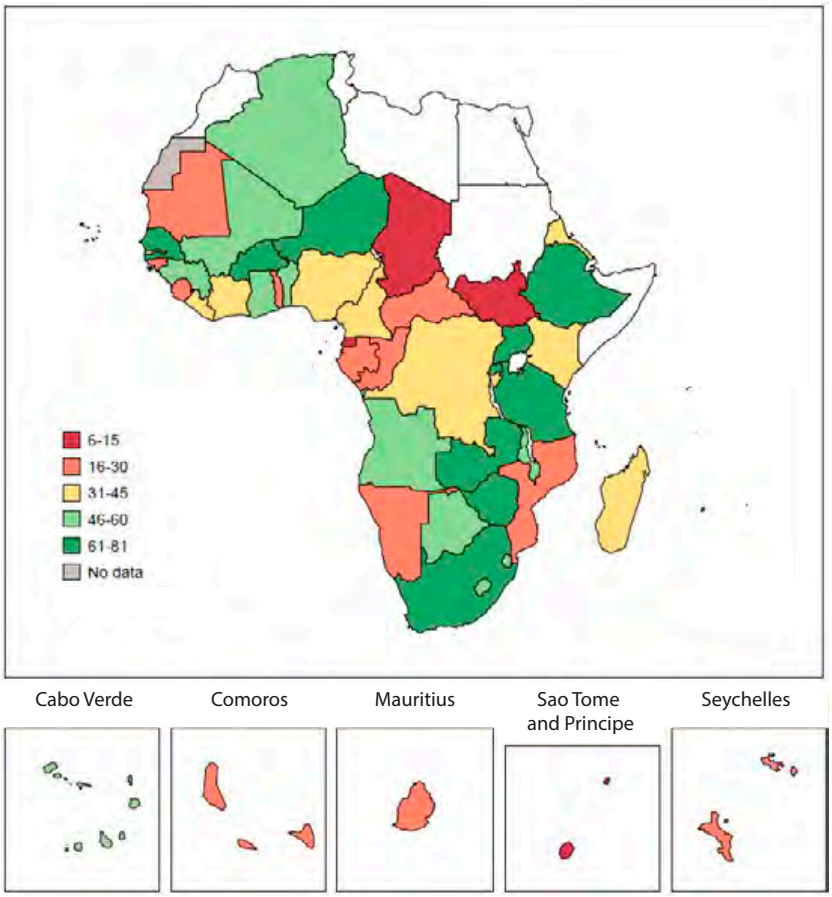
*Vital statistics knowledge generation and translation*

Information on vital statistics does not feed into the health sector decision-making processes. Many ministries make decisions without knowledge from vital statistics, as this is not made available.

## Health research

Health research capacity and focus varies significantly within the Region. An analysis based on a health research barometer tool showed an average capacity of only 42.3% in the region, ranging from 6% to 81% amongst the countries. Capacities vary in areas of action, with gaps seen in management capabilities, research governance or technical research skills.

**Figure 87. Comparison of health research barometer score amongst countries of the African Region, 2016**




*Research data generation*

Research data is generated in all countries of the Region. In most instances, it is commissioned by researchers, as opposed to policy makers. As a result, the data generated does not always align with the needs of decision makers. In addition, the capacity for research audit through national research committees is limited, with many countries not having the required capacities to guide research processes.

*Research data analysis*

This is usually left to the persons conducting the research, with limited input from the health sector.

Almost all research is disseminated in research publications, which range from peer reviewed journals through to research reports, conferences and study theses.

*Research knowledge translation*

The translation of research to policy remains a critical challenge in the Region. In some countries, formal research dissemination meetings are held with policy makers to share findings. In addition, some countries researchers work with policy makers to define upfront the research agendas that will guide the conduct of research. All these efforts are bearing location-specific results, due to the complex nature of decision making.

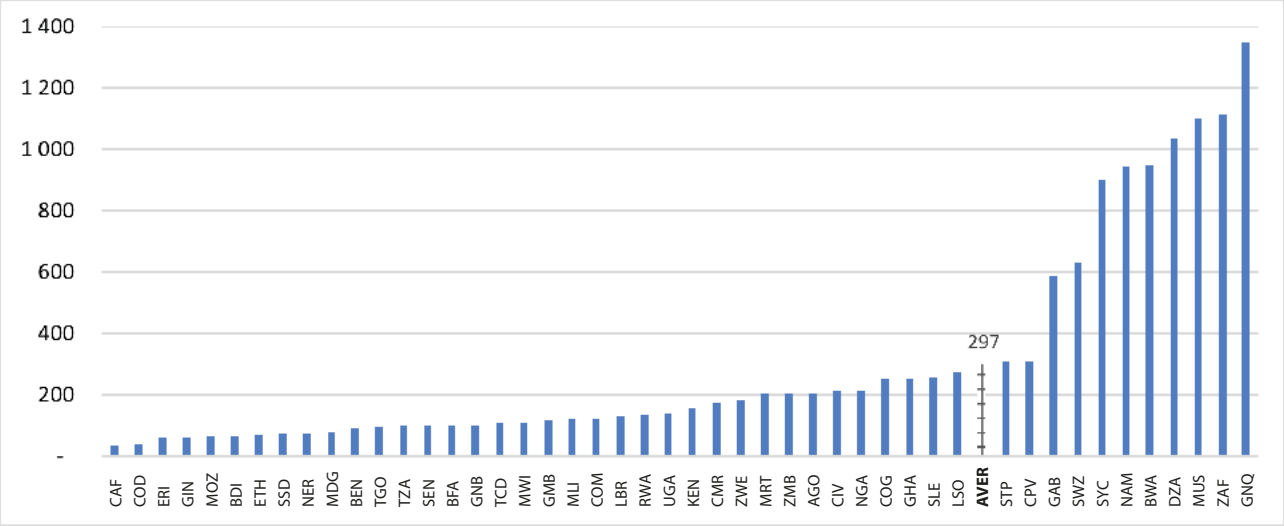
# 5 Taking forward health agenda in the African Region

## 5.1 Linking health expenditures with health and well-being

A complex picture of the African Region emerges from the findings of this analysis. Looking at the level of funding available for countries to produce the results observed (using the 2015 per capita THE in US$ PPP), one sees a mixed situation: only nine countries in the Region are spending above US$ 500 per capita (all, with the exception of Eswatini, are upper middle or high-income countries) and half the countries (24) have a total health expenditure of less than US$ 140 per capita.

There is a large gap between a THE of 400–800 US$ per capita, with only 2 countries, Eswatini and Gabon, in this zone. When looking at the scores of these 2 countries, there are wide swings in their rating of systems performance, service outcomes and health impact. Eswatini, a lower middle-income country, moves from position 12 in system performance to 15 in service outcome and drops to 38 out of 47 countries in impact performance. Gabon on the other hand, moves in the opposite direction, from position 39 in system performance to 18 in service outcome and eight out of 47 at the impact level. These represent countries migrating towards increasing THE (and are also in transition between upper and lower middle-income status).

**Figure 88. Comparison of 2015 per capita THE int$ between countries in the African Region**




Source: WHO Global Health Observatory, 2017

We would expect a linear association between levels of funding and healthy life and well-being. However, when we compare these two variables, we see an interesting set of issues emerging:

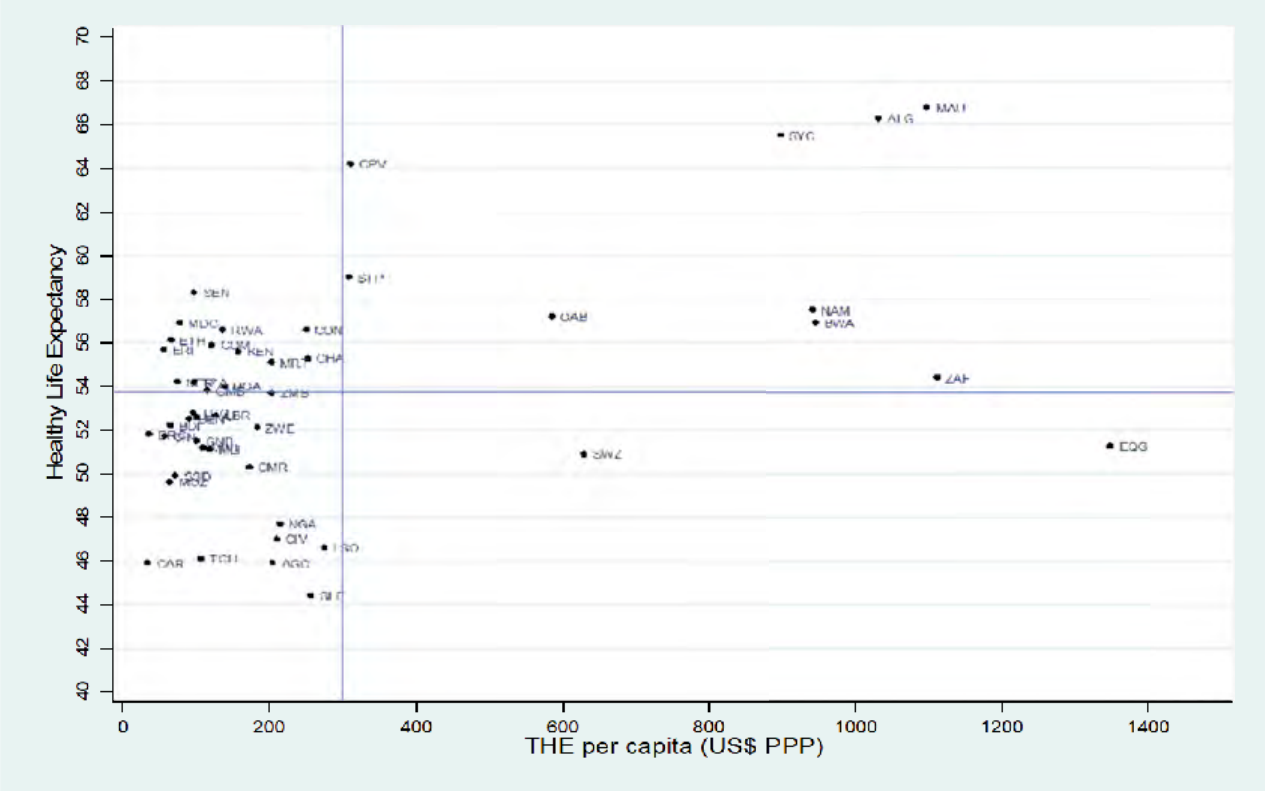
i) The association is not strong – only 20% of the values are attributable to this relationship.

ii) Many countries in the Region are clustered within a zone of Healthy Life Expectancy between 45 and 60 years, plus a total health expenditure between 0 and 300 Int US$.

iii) Countries can be grouped in four categories:

a. Category 1 (bottom left quadrant): Total health expenditure and healthy life expectancies below the regional average
b. Category 2 (top left quadrant): Total health expenditure below, but healthy life expectancy above the regional averages
c. Category 3 (bottom right quadrant): Total health expenditure above, but healthy life expectancy below the regional averages
d. Category 4 (top right quadrant): Total health expenditure and healthy life expectancy above the regional averages

**Figure 89. Association between total health expenditure, and healthy life expectancy**




Source: WHO Global Health Observatory, 2017

**Category 2** represents the most efficient countries in terms of production of health and well-being. The countries in this quadrant are shown below, with their respective healthy life expectancy and total health expenditure values. These countries show how to attain high levels of healthy life and well-being, even with low resources.

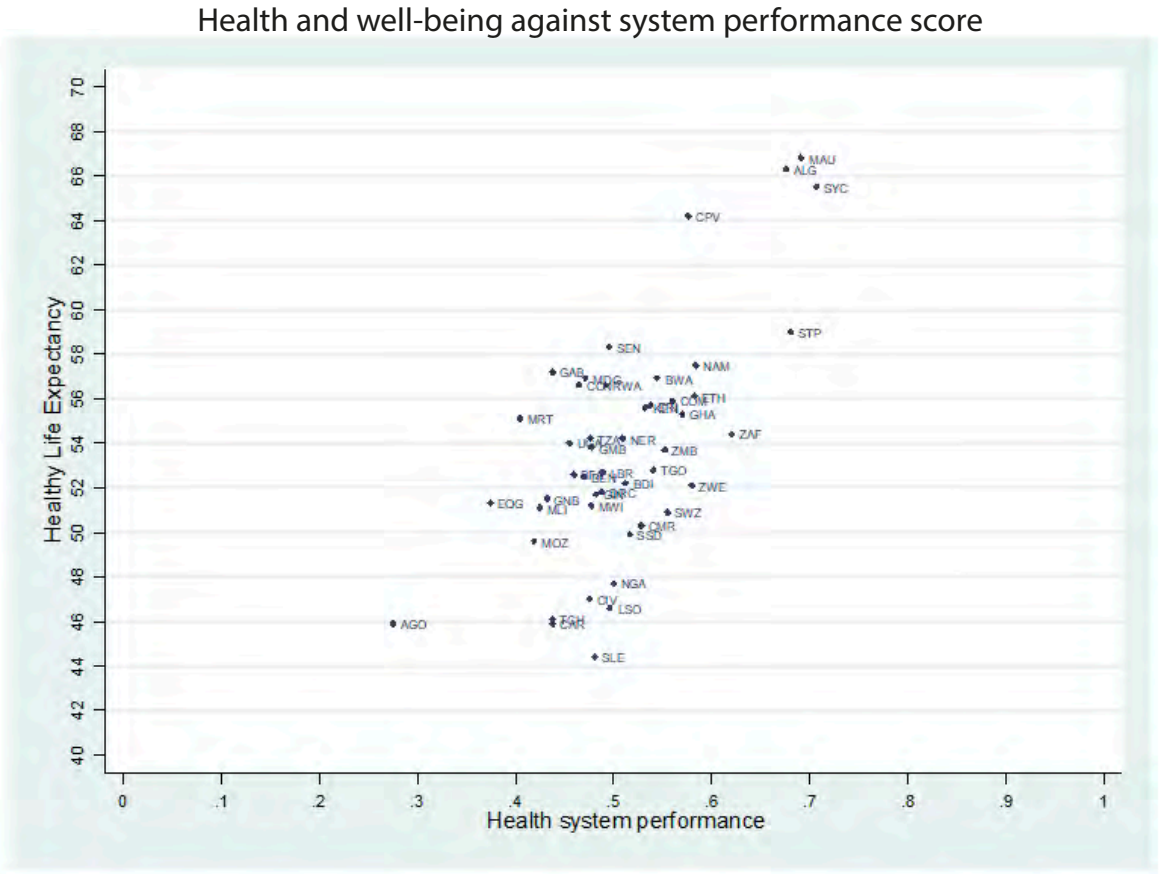
**Category 3** countries are only two – Equatorial Guinea and Eswatini. These have a level of health and well-being below that expected for their level of total health expenditure.

**Category 4** countries have the highest healthy life expectancy but are achieving this with significantly more resources. They represent the high income/upper middle-income countries with the highest THE per capita (apart from Equatorial Guinea and Eswatini). These countries show how to improve healthy life and well-being, in the presence of an increased resource base.

To further understand the association between health and the attainment of the SDGs, we looked at associations of the different domain areas of the Framework. Specifically, we looked for the levels of association between health and well-being – SDG 3 goal (using healthy life expectancy as a proxy), compared to the different domain areas of the Framework – the system performance and health and health-related service outcomes. This is aimed at identifying where most policy emphasis needs to be placed for the most effective progress.

When healthy life expectancy is plotted against either of health system performance and health and health-related outcome scores, we find the association of health and well-being is strongest with the health system performance score (R squared value of 0.4576 for health system performance score compared with 0.3707 for health and health-related service outcome score). This suggests health system performance is a better predictor of health and well-being, as compared to the levels of achievement of health and health-related service outcomes in the Region.

**Figure 90. Comparison of association between health and well-being and consolidated scores**




Source: WHO Global Health Observatory, 2017

We further tested this finding by subjecting the country scores of health expenditures, health system performance scores, health and health-related service outcome scores and health and well-being to mixed effects multiple linear regression. This showed that only health system performance scores were significant in association with healthy life expectancy.

**Table 17. Results from mixed effects multiple linear regression of domain scores of the *Framework of Actions***

| Healthy life expectancy | Coefficient | Standard error | z | P>\|z\| | [95% confidence interval] | |
|---|---|---|---|---|---|---|
| THE per capita US PPP | 0.002634 | 0.0018635 | 1.41 | 0.158 | -0.0010185 | 0.0062864 |
| Health system performance | 31.93221 | 9.848438 | 3.24 | 0.001 | 12.62963 | 51.23479 |
| Health services outcomes | 5.915346 | 9.102765 | 0.65 | 0.516 | -11.92575 | 23.75644 |
| _cons | 33.92185 | 3.478057 | 9.75 | 0.000 | 27.10499 | 40.73872 |

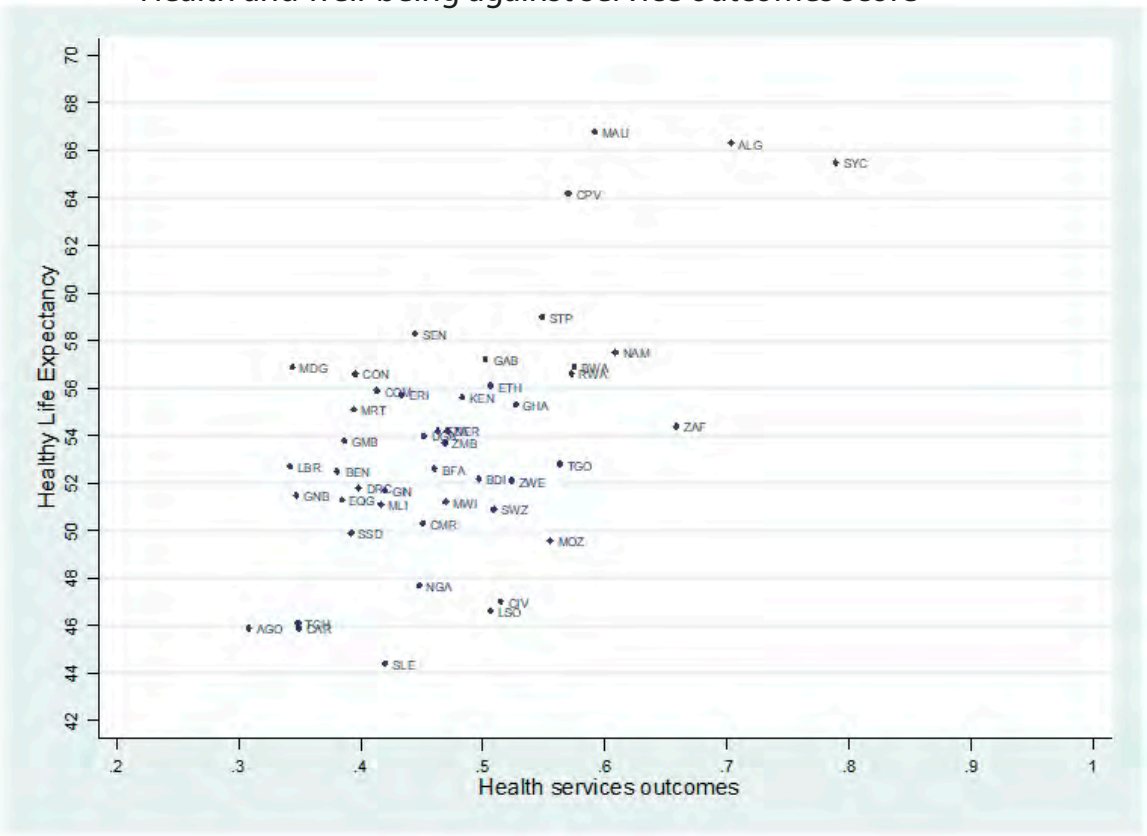
This is further corroborated with a Procrustes analysis[26]. The maps showed the relationship between healthy life expectancy and health and health-related service outcomes was a poor fit compared to the health system performance.

This finding is contrary to what one would expect, as the assumption is that investment focused on health and health-related services leads to the desired outcomes. However, it could be a result of the focus of countries on specific health outcome programmes which, while improving the programme outcomes in question, had a lower effect on overall health and well-being. As countries look at how best to invest to attain the SDGs, it will be critical to re-align their focus towards health system performance, as opposed to specific programme performance.

Finally, looking at how countries ranked in the different domains of the Framework of Actions, and

26 Procrustes analysis is a statistical shape analysis which seeks to analysis the distribution of a set of shapes by superimposing them together. In this case, the orthogonal transformation subject (health system performance and health/health-related outcome scores) were superimposed to healthy life expectancy to measure their 'fit'.

Health and well-being against service outcomes score




Source: WHO Global Health Observatory, 2017

how these ranks changed as one progressed across the Framework, shows what kinds of lessons countries can learn from each other. Table 18 overleaf shows the country summary indices consolidated for each area of the action framework. The top 10 countries in the Region are highlighted in green and the lowest 10 in red.

There are only 4 countries out of the 47 in the region that remain in the top 10 for all areas of the Framework. These are Algeria, Mauritius, Namibia and Seychelles. Only one country is in the bottom 10 for all the areas of the Framework, the Central African Republic. This suggests high levels of inefficiencies in the production of health and well-being in the countries of the Region. Angola and South Africa deserve special mention:

- Angola is allocating a significant amount to health, but is amongst the bottom 10 countries for investments, system performance, health and related outcomes and healthy life. The available resources are not used to produce health and well-being.
- South Africa is amongst the top 10 in funding, system investments, performance and health and health-related outcomes but has a relatively lower healthy life value. More effort is needed to translate its investments into healthy life and well-being.

We further explored the different areas of the logical framework to better understand at what level inefficiencies are greatest. This was done by exploring the $R^2$ value between any two areas of the Framework, with the assumption that the lower the value, the higher the potential inefficiencies. $^2$ is a measure of how close the data are to a fitted regression line, assuming the relationship between the different areas of the logical framework is a linear one. The highest $R^2$ value was found in the relationship between health systems performance and health and health-related outcomes (0.51) while the lowest was in the relationship between health and health-related outcomes and health impact (0.36). This suggests that countries are not adequately translating health and health-related outcome achievements into healthy life – possibly due to over-emphasis on some outcomes and under-emphasis on others. Additionally, a focus on system performance by countries represents the best area of focus for moving towards healthy life and well-being, corroborating the findings from the association done previously.

**Table 18. Comparison of country indices across the *Framework of Actions***

| | Total health expenditure per capita, int $ 2014 | Investments Index | Performance Index | Outcomes Index | Impact (Healthy Life Expectancy) |
|---|---|---|---|---|---|
| Algeria | 932.10 | 0.37 | 0.68 | 0.70 | 66 |
| Angola | 239.01 | 0.14 | 0.26 | 0.31 | 46 |
| Benin | 85.61 | 0.36 | 0.45 | 0.40 | 53 |
| Botswana | 870.84 | 0.35 | 0.54 | 0.57 | 57 |
| Burkina Faso | 82.31 | 0.31 | 0.46 | 0.45 | 53 |
| Burundi | 58.02 | 0.30 | 0.51 | 0.50 | 52 |
| Cabo Verde | 121.92 | 0.19 | 0.59 | 0.56 | 64 |
| Cameroon | 310.12 | 0.22 | 0.51 | 0.52 | 50 |
| Central African Republic | 24.96 | 0.10 | 0.43 | 0.31 | 46 |
| Chad | 79.02 | 0.28 | 0.41 | 0.33 | 46 |
| Comoros | 100.82 | 0.21 | 0.56 | 0.40 | 56 |
| Congo | 322.63 | 0.23 | 0.42 | 0.43 | 57 |
| Côte d'Ivoire | 187.02 | 0.23 | 0.45 | 0.52 | 47 |
| Democratic Republic of the Congo | 32.28 | 0.24 | 0.42 | 0.43 | 52 |
| Equatorial Guinea | 1163.42 | 0.29 | 0.37 | 0.39 | 51 |
| Eritrea | 51.04 | 0.21 | 0.55 | 0.44 | 56 |
| Eswatini | 586.82 | 0.25 | 0.55 | 0.50 | 51 |
| Ethiopia | 72.96 | 0.35 | 0.56 | 0.54 | 56 |
| Gabon | 599.26 | 0.41 | 0.45 | 0.53 | 57 |
| The Gambia | 118.43 | 0.26 | 0.47 | 0.43 | 54 |
| Ghana | 145.37 | 0.17 | 0.54 | 0.57 | 55 |
| Guinea | 68.46 | 0.15 | 0.46 | 0.47 | 52 |
| Guinea-Bissau | 90.96 | 0.39 | 0.45 | 0.42 | 52 |
| Kenya | 168.98 | 0.32 | 0.51 | 0.64 | 56 |
| Lesotho | 276.04 | 0.22 | 0.50 | 0.50 | 47 |
| Liberia | 98.29 | 0.22 | 0.47 | 0.39 | 53 |
| Madagascar | 43.70 | 0.12 | 0.47 | 0.34 | 57 |
| Malawi | 93.48 | 0.19 | 0.45 | 0.45 | 51 |
| Mali | 110.12 | 0.19 | 0.42 | 0.45 | 51 |
| Mauritania | 148.11 | 0.16 | 0.39 | 0.51 | 55 |
| Mauritius | 896.16 | 0.58 | 0.69 | 0.59 | 67 |
| Mozambique | 79.32 | 0.24 | 0.42 | 0.47 | 50 |
| Namibia | 375.28 | 0.37 | 0.58 | 0.62 | 58 |
| Niger | 55.42 | 0.32 | 0.49 | 0.47 | 54 |
| Nigeria | 216.87 | 0.21 | 0.49 | 0.44 | 48 |
| Rwanda | 125.07 | 0.17 | 0.44 | 0.56 | 57 |
| Sao Tome and Principe | 299.73 | 0.49 | 0.68 | 0.53 | 59 |
| Senegal | 106.94 | 0.22 | 0.49 | 0.39 | 58 |
| Seychelles | 844.30 | 0.60 | 0.70 | 0.68 | 66 |
| Sierra Leone | 223.74 | 0.30 | 0.47 | 0.43 | 44 |
| South Africa | 1148.37 | 0.39 | 0.62 | 0.66 | 54 |
| South Sudan | 72.82 | | 0.52 | 0.38 | 50 |
| Togo | 76.25 | 0.30 | 0.54 | 0.55 | 53 |
| Uganda | 132.59 | 0.29 | 0.45 | 0.46 | 54 |
| United Republic of Tanzania | 137.49 | 0.33 | 0.46 | 0.50 | 54 |
| Zambia | 194.68 | 0.32 | 0.52 | 0.53 | 54 |
| Zimbabwe | 108.01 | 0.40 | 0.55 | 0.60 | 52 |
| Average | 263.30 | 0.35 | 0.49 | 0.48 | 54 |

**Green – Country amongst the top 10 in the Region for the area of the logical framework.**
**RED – Country amongst the bottom 10 in the Region for the area of the logical framework**

## 5.2 Emerging implications for 'leaving no one behind'

This report has highlighted the status of health at different levels of the 2030 Agenda and the SDGs, identifying where progress is good and drawing attention to areas that need to be accelerated. Many issues that emerge from the analysis are of importance to progress towardsUHC and the SDGs, particularly from the equity perspective.

1. The Region still has a long way to go before people in Africa have a similar state of health and well-being as the rest of the world. Improvements are needed in all countries: the best performing country in the Region is only able to guarantee 66.8 years of healthy life to its people, compared with the global average of 62 years (range of 49–70 years).
2. The amount of healthy life lost due to disability/ disease is decreasing and is currently comparable to that of other regions.
3. The disease burden is getting lower, with DALYs associated with the top 10 conditions halved since year 2000, and the crude death rate due to the top 10 mortality causes reduced from 87.7 to 51.3 persons per 100 000 population.
4. The evidence shows significant variations across countries and is suggestive of similar variations within countries. These inequities in health are a result of inequities in investments in and outcomes from these investments.
5. The health and health-related services are all below the values needed for UHC, with an Index value of only 48% of utilization of what is feasible in the Region. Regarding UHC:
    a. The UHC index (0.46) is marginally lower than that for the overall services index, showing the higher effort countries need to put in addressing UHC vis-à-vis the other SDG targets influencing health to attain the desired improvements in healthy life and well-being.
    b. There is a wide variation in the UHC index, indicating the different 'starting points' of the countries of the Region as the adopted the 2030 Agenda. A common approach will not be feasible, as the countries are all at different positions along the trajectory towards UHC and the SDGs.
    c. Regarding UHC actions, all 3 dimensions defined for the Region are lagging behind (0.36; 0.57 and 0.34 for service availability, coverage and financial risk protection respectively). There is urgent need to accelerate efforts addressing all the UHC dimensions if the Region is going to attain the desired health and well-being.
6. The economic determinants for health are having the lowest index value (0.40) followed by political (0.56), social (0.59) and environmental (0.65). Economic and political events are having the greatest effect on overall health and well-being in the Region. Without concerted efforts to improve these, countries will find it hard to attain the health and well-being they desire.
7. Health systems in the region are underperforming, only able to perform at 49% of what they can. This low performance is largely due to low levels of access to essential services and low system resilience (each having an index of 0.32). Health system performance can only be raised by improving these dimensions across the region
    a. Countries with higher total health expenditure do show higher financial risk protection and significantly higher health service utilization, primarily focused on curative and rehabilitative services.
    b. Several countries do not perform as might be expected from their total health expenditure. This may be due to inefficiencies or wastage, or even poor models of service delivery.
8. Countries all have different levels of achievement and challenges as compared to the overall regional picture.

## 5.3 WHO Regional Office for Africa priorities for supporting countries

Supporting health in the 2030 Agenda and the SDGs represents for WHO a fundamental shift in focus and expectations in the Region. The Framework of A ctions, which provides country guidance on realigning health system investments to health and other related outcomes is a step in synergizing health system and service interventions investments. UHC, health security, service satisfaction and other health related outcomes are underpinned by health system performance as measured by access, demand, quality and resilience of essential services, which in turn are derived from health system building blocks

working holistically together. While many countries are still struggling with basic health challenges, this analysis has shown that there is a need for re-focusing the engagement with, and support to countries. For example, there is need to:

- Find means of taking services to previously unreached populations; not only those physically un-reachable but even those un-reached when in plain sight – like the urban informal settlements.
- Increase focus on improving the process of care, not only on the presence of care.
- Have a proactive approach to identify and increase the services needed for health and well-being. All age cohorts, but mostly the adolescents and the elderly, lack access to needed services.
- Health and governance security challenges, if not effectively anticipated and mitigated against, have the potential to undo any progress made.
- Country specific mechanisms of engaging with health-related stakeholders need to be planned to ensure that social, economic, environmental and political SDG targets are on track.

Countries in the African Region are very different, due to cultural, economic, governance and political peculiarities. A 'one size fits all' approach in addressing health in the SDGs era is not possible. There is a need to understand the context of each country in relation to its peers for a comprehensive and sustainable movement towards health and well-being for all at all ages. Consequently, WHO in the African Region is taking a proactive approach to supporting countries in moving towards attaining their health-related goals in the SDGs. WHO engagement is focused on the following:

1. Develop a common conceptualization of health in the SDGs in the Region, prioritising:
   - Mobilization of intersectoral action by multiple stakeholders to achieve the SDG targets influencing health
   - Health systems strengthening for UHC in the context of the SDGs
   - Respect for equity and human rights in the design and operationalization of health actions
   - Strengthening domestic resource mobilization
   - Leveraging scientific research and innovation to improve SDG actions, and
   - Developing monitoring and evaluation systems for the SDGs
2. Provide up-to-date technical tools, guidelines and SOPs guiding service delivery, focusing on:
   - Planning, implementation and monitoring guidelines and tools – including disease programmes
   - Policy dialogue for the SDGs
   - Capacity building for national and district level planning for health in the SDGs
3. Provide targeted technical support to countries in SDG adoption/implementation activities, primarily in:
   - Involving the health sector in wider SDG discussions in country
   - Training of MOH/WHO on planning, and monitoring of SDG actions
4. Provide proactive support to assure availability of information on SDGs in countries, with focus on:
   - Development and management of a regional health SDGs database
   - Analysis and production of regular analytical reports on SDG status and issues across countries

Furthermore, WHO will work closely – through an implementation research approach with a group of 'flagship countries' – to plan, apply and monitor results arising from actions driving health in the 2030 Agenda. Implementation research is an approach that embeds research as an integrated, systematic part of existing policies and programmes. It allows for meaningful engagement between researchers and decision-makers to ensure locally-driven research that is socially and contextually relevant and transformed into evidence used to strengthen the health system. These flagship countries are being selected to represent the different aspects of health in sustainable development in the Region. Clear lessons on key actions to prioritise and their resultant effects on health that emerge from this work will be shared for action with peer countries in the Region.

It is also the intention of the Regional Office to update this baseline report to reflect the overall progress of the countries in the WHO African Region towards successfully achieving the health and health-related SDG targets of the 2030 Agenda for Sustainable Development.

# Part II – Countries' report

## The state of health in the countries of the African Region

In this second part, a summary of the information is presented for each country of the African Region. As with the regional overview, this summary covers the state of health, the state of health services, the state of the health system performance and the state of health investments.

- The state of health summarizes data on healthy life expectancy and on morbidity and mortality levels. A commentary on the overall country GDP, size and any other contextual information important for the SDGs is also provided.
- The state of health services highlights the country index against the regional average for the six dimensions of outcomes. A commentary is provided on the country status vis-à-vis the regional picture, followed by its implications for the attainment of the SDGs (where the country needs to place emphasis for improving health service outcomes). Dimensions with missing data are reflected as 'zero' and do not contribute to the average index for the state of health services, system performance or investments.
- The state of the health system performance and the state of investments highlight the country index against the four dimensions of performance and the three input system investment areas. A commentary is provided on the country status vis-à-vis the regional results, followed by its implications for the SDGs (where the country needs to place emphasis for improving investments and system performance).

A standard approach is used for the recommendations:

- Where a country is performing below expectation for a given dimension, there are significant gaps, and existing strategies being employed may not move the country towards its health aspirations. The recommendations here focus on encouraging the country to identify innovations to address the dimension.
- Where a country has an average performance for a given dimension, it appears that the uptake of needed interventions has been good, but gaps still exist, most likely for hard to reach populations. The country should focus on scaling up existing interventions, concentrating efforts on identifying and targeting hard to reach populations as existing interventions have most probably reached those 'easy to reach'.
- Finally, where a country is performing better than expected for a given dimension, and it appears that the uptake even amongst hard to reach populations has been good. Focus for moving forward is threefold: (i) identifying remaining pockets of hard to reach populations, (ii) sharing best practices, and (iii) exploring alternative institutional service delivery models that improve sustainability, as existing approaches are close to exhausting their capacity for change.

Countries are encouraged to improve the availability of data to ensure that more comprehensive information can be provided going forward.

# Algeria

## State of health and well-being

| | Country value | African Region equivalent value | | | | |
|---|---|---|---|---|---|---|
| | | Average | HICs | UMICs | LMICs | LICs |
| Healthy life expectancy | 66.3 | 53.8 | 65.5 | 58.6 | 52.9 | 52.5 |
| Crude death rate per 1000 population | 5.7 | 9.7 | 6.7 | 8.2 | 10.1 | 10.0 |
| DALYs lost per 1000 population – Total | 271.0 | 592.2 | 309.3 | 441.4 | 618.4 | 630.6 |
| *Due to communicable diseases* | 62.6 | 352.9 | 43.9 | 207.1 | 374.8 | 393.0 |
| *Due to noncommunicable conditions* | 178.5 | 177.6 | 234.9 | 190.6 | 180.3 | 170.6 |
| *Due to injuries* | 29.8 | 61.2 | 30.3 | 43.2 | 62.7 | 66.5 |

### Comments

- An upper-middle-income country with the third largest total GDP in the WHO African Region (representing 9% of the total GDP) and the eighth highest GDP per capita (US$4160 in current prices) based on 2015 estimates
- It has the eighth largest population in the Region (4.01% of total population), the largest land area (10.74% of the Region) and the 38th highest population density (16.74 persons/km²)
- Health status is commensurate with that of a high-income country
- Overall healthy life expectancy, morbidity and mortality rates are better than the regional average
- Mortality due to noncommunicable conditions is marginally higher than that of the Region

### Implications for the attainment of the SDGs*

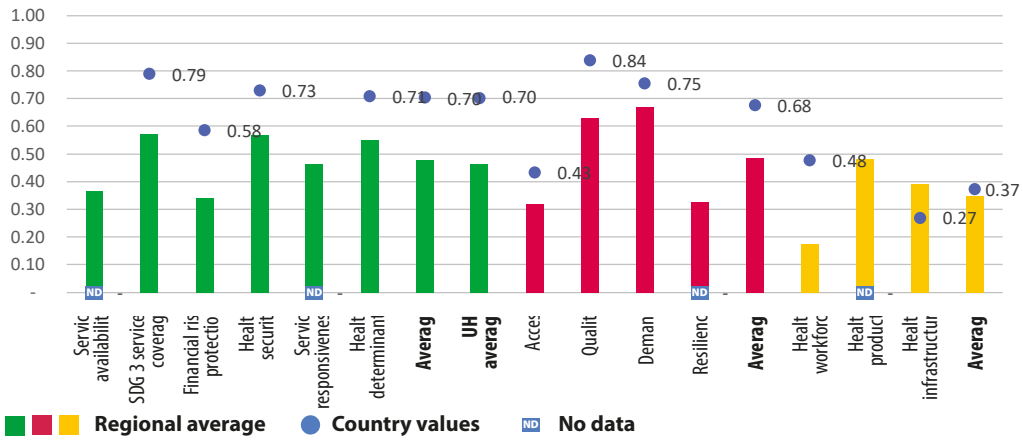
- Health status is commensurate with that needed to achieve the SDGs
- Country to share lessons on improving length and quality of life and reducing communicable diseases and injuries burdens
- Focus on identifying remaining pockets of hard to reach populations, sharing best practices and exploring alternative institutional service delivery models that improve sustainability for noncommunicable diseases

* The capacity to attain the SDGs is related to how far the country's Healthy Life Expectancy is from that of the best performing income group (high income countries – 65.5 years)

Data is from the World Bank Health Population and Nutrition database for the year closest to 2015 for which data is available.
Source: http://databank.worldbank.org/data/source/health-nutrition-and-population-statistics, last accessed on 30 April 2018.

## State of health services and the health system

Services dimensions | System performance dimensions | Investment dimensions




### Service outcomes

**Comments**

- **Highest performer in the Region for overall service outcomes, UHC indices and for SDG 3 services coverage (together with Mauritius) dimension of outcomes**
- Overall utilization of health and health-related services to achieve the SDGs is 70% of what is feasible in the Region and higher than the regional average (48%)
- Country utilization is higher than the regional average across all outcome domains assessed (no data for service availability and responsiveness)
- Compared with other upper-middle-income countries, the country utilization is higher for all outcome areas assessed

**Implications for the SDGs**

- Share lessons with other countries in improving SDG 3 services coverage and financial risk protection
- Accelerate ongoing interventions to address health security and health-related SDG services coverage focusing on the hard to reach populations
- Improve information availability, particularly for service availability and service responsiveness

### System performance and investments

**Comments**

- Relative system performance close to that of a high-income country
- Relative system performance is highest for quality of care and lowest for access
- Tangible system investments are good compared to the regional average, particularly for the health workforce
- Information is suggestive of effective system processes (service delivery, financing, governance, information), with a high ratio of overall performance score to consolidated tangible investments scores

**Implications for the SDGs**

- Explore areas to share lessons in establishing effective system processes (governance, information, delivery systems, financing systems)
- Accelerate ongoing initiatives to improve access, quality and demand for services specifically targeting hard to reach populations, prioritizing innovative approaches to improve infrastructure investments
- Improve data availability, particularly for health products and to monitor system resilience

# Angola

## State of health and well-being

| | Country value | African Region equivalent value | | | |
|---|---|---|---|---|---|
| | | Average | HICs | UMICs | LMICs | LICs |
| Healthy life expectancy | 45.9 | 53.8 | 65.5 | 58.6 | 52.9 | 52.5 |
| Crude death rate per 1000 population | 13.9 | 9.7 | 6.7 | 8.2 | 10.1 | 10.0 |
| DALYs lost per 1000 population – Total | 1 054.8 | 592.2 | 309.3 | 441.4 | 618.4 | 630.6 |
| *Due to communicable diseases* | 703.1 | 352.9 | 43.9 | 207.1 | 374.8 | 393.0 |
| *Due to noncommunicable conditions* | 240.0 | 177.6 | 234.9 | 190.6 | 180.3 | 170.6 |
| *Due to injuries* | 110.7 | 61.2 | 30.3 | 43.2 | 62.7 | 66.5 |

### Comments

- A lower-middle-income country with the fourth largest total GDP in the WHO African Region (representing 6.15% of the total GDP) and the ninth highest GDP per capita (US$ 3696 in current prices) based on 2015 estimates
- It has the 10th largest population in the Region (2.8% of total population), the fifth largest land area (5.28% of the Region) and the 35th highest population density (22.35 persons/km²)
- Health status is commensurate with that of a low-income country
- Overall healthy life expectancy, morbidity and mortality rates are lower than the regional average
- Mortality due to noncommunicable conditions is lower than that of the Region.

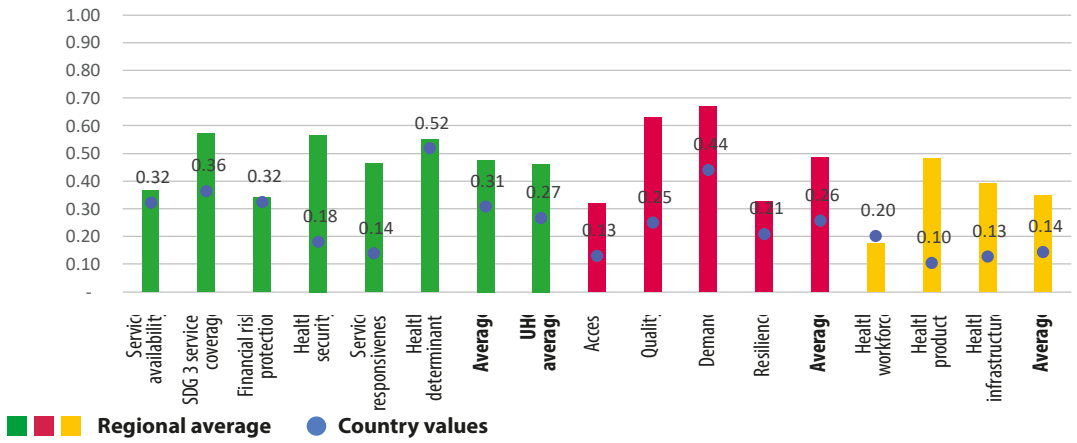
### Implications for the attainment of the SDGs*

- Health status is below that needed to reach the SDGs
- Introduce innovative approaches to address low healthy life and high disease burden for the whole population
- High resource base suggests effort should be more on introducing more efficient mechanisms to attain health goals

* The capacity to attain the SDGs is related to how far the country's Healthy Life Expectancy is from that of the best performing income group (high income countries – 65.5 years)

Data is from the World Bank Health Population and Nutrition database for the year closest to 2015 for which data is available.
Source: http://databank.worldbank.org/data/source/health-nutrition-and-population-statistics, last accessed on 30 April 2018.

## State of health services and the health system




### Service outcomes

**Comments**

- Overall utilization of required essential health and health-related services is only 31% of what is feasible in the Region and lower than the regional average (48%).
- Country utilization is lower than the regional average across all outcome domains assessed (no data for service availability)
- Compared with other lower-middle-income countries, the country utilization is lower for all outcome areas assessed

**Implications for the SDGs**

- Interventions to address financial risk protection and non-SDG 3 services coverage focusing on the hard to reach populations
- Introduce innovative approaches to improve SDG 3 services coverage, health security and service responsiveness for all populations
- Improve information availability, particularly for service availability

### System performance and investments

**Comments**

- A lower-middle-income country with a history of major civil conflict impeding investments in development
- An oil-dependent economy facing shrinking global revenues, thus limiting other sectors
- System performance is lower than that of low-income countries
- Across system monitoring domains, relative performance is highest for effective demand and lowest for access
- Tangible system investments are very low compared to the regional average, particularly for health products and infrastructure
- Tangible system investments are too low for effective system processes (service delivery, financing, governance and information)

**Implications for the SDGs**

- Introduce innovative strategies to improve access, quality, resilience and demand for services for the whole population, focusing on investments across the health system through a dedicated health system recovery programme

# Benin

## State of health and well-being

| | Country value | African Region equivalent value | | | | |
|---|---|---|---|---|---|---|
| | | Average | HICs | UMICs | LMICs | LICs |
| Healthy life expectancy | 52.5 | 53.8 | 65.5 | 58.6 | 52.9 | 52.5 |
| Crude death rate per 1000 population | 9.6 | 9.7 | 6.7 | 8.2 | 10.1 | 10.0 |
| DALYs lost per 1000 population – Total | 633.6 | 592.2 | 309.3 | 441.4 | 618.4 | 630.6 |
| *Due to communicable diseases* | 378.7 | 352.9 | 43.9 | 207.1 | 374.8 | 393.0 |
| *Due to noncommunicable conditions* | 190.8 | 177.6 | 234.9 | 190.6 | 180.3 | 170.6 |
| *Due to injuries* | 63.4 | 61.2 | 30.3 | 43.2 | 62.7 | 66.5 |

### Comments

- A low-income country with the 29th largest total GDP in the WHO African Region (representing 0.49% of the total GDP) and the 25th highest GDP per capita (US$ 783.9 in current prices) based on 2015 estimates
- It has the 26th largest population in the Region (1.06% of total population), the 30th largest land area (0.48% of the region) but the 16th highest population density (93.97 persons/km$^2$)
- Health status is commensurate with that of a low-income country
- Overall healthy life expectancy, morbidity and mortality rates are lower than the regional average
- Crude mortality rate and mortality due to injuries are at the regional average

### Implications for the attainment of the SDGs*

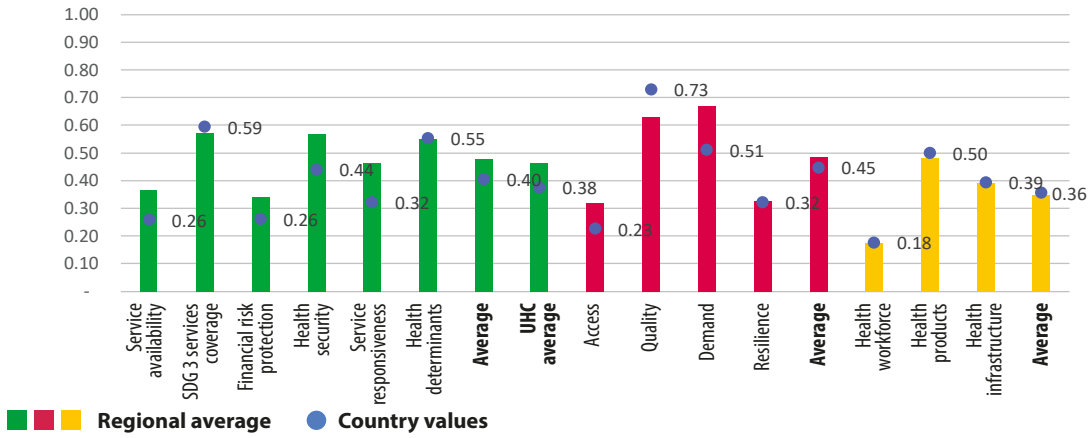
- Health status is low, below that needed to reach the SDGs
- Introduce innovative approaches to tackle the burden of communicable diseases, noncommunicable diseases and injuries

* The capacity to attain the SDGs is related to how far the country's Healthy Life Expectancy is from that of the best performing income group (high income countries – 65.5 years)

Data is from the World Bank Health Population and Nutrition database for the year closest to 2015 for which data is available.
Source: http://databank.worldbank.org/data/source/health-nutrition-and-population-statistics, last accessed on 30 April 2018.

## State of health services and the health system

Services dimensions | System performance dimensions | Investment dimensions




## Service outcomes

### Comments

- Overall utilization of health and health-related services is 38% of what is feasible in the Region, lower than the regional average (48%).
- Country utilization is higher than the regional average for health and health-related services coverage, but lower for all other outcome areas
- Compared with other low-income countries, the country utilization is higher for health and health-related services coverage only

### Implications for the SDGs

- Accelerate ongoing interventions to address health and health-related services coverage, focusing on the hard to reach populations
- Introduce innovative approaches to improve service availability, financial risk protection, health security and service responsiveness for all populations

## System performance and investments

### Comments

- A low-income country with system performance lower than that of other low-income countries
- The government has recently introduced mandatory health insurance for all
- Across system performance monitoring domains, relative performance is highest for quality of care, lowest for access
- Tangible system investments are above the regional average, but are particularly low for the health workforce
- Information is suggestive of some effective system processes (service delivery, financing, governance and information) – high ratio of overall performance score to consolidated tangible investments scores

### Implications for the SDGs

- Explore areas to share lessons in establishing effective system processes
- Accelerate strategies improving quality of care and system resilience specifically targeting hard to reach
- Introduce innovative strategies to improve effective demand and access for the whole population, focusing on scaling up investments in HRH and infrastructure

# Botswana

## State of health and well-being

| | Country value | African Region equivalent value | | | |
|---|---|---|---|---|---|
| | | Average | HICs | UMICs | LMICs | LICs |
| Healthy life expectancy | 56.9 | 53.8 | 65.5 | 58.6 | 52.9 | 52.5 |
| Crude death rate per 1000 population | 7.2 | 9.7 | 6.7 | 8.2 | 10.1 | 10.0 |
| DALYs lost per 1000 population – Total | 428.5 | 592.2 | 309.3 | 441.4 | 618.4 | 630.6 |
| *Due to communicable diseases* | 232.9 | 352.9 | 43.9 | 207.1 | 374.8 | 393.0 |
| *Due to noncommunicable conditions* | 156.2 | 177.6 | 234.9 | 190.6 | 180.3 | 170.6 |
| *Due to injuries* | 38.7 | 61.2 | 30.3 | 43.2 | 62.7 | 66.5 |

### Comments

- An upper-middle-income country with the 16th largest total GDP in the WHO African Region (representing 0.86% of the total GDP) but the fifth highest GDP per capita (US$ 6532 in current prices) based on 2015 estimates
- It has the 36th largest population in the Region (0.22% of total population), the 19th largest land area (2.4% of the Region) but the second lowest population density (3.9 persons/km$^2$)
- Health status is commensurate with that of a low-income country
- The health status is on the low side for its classification, being a lower and upper-middle-income country
- Overall healthy life expectancy; morbidity and mortality rates are better than the regional average

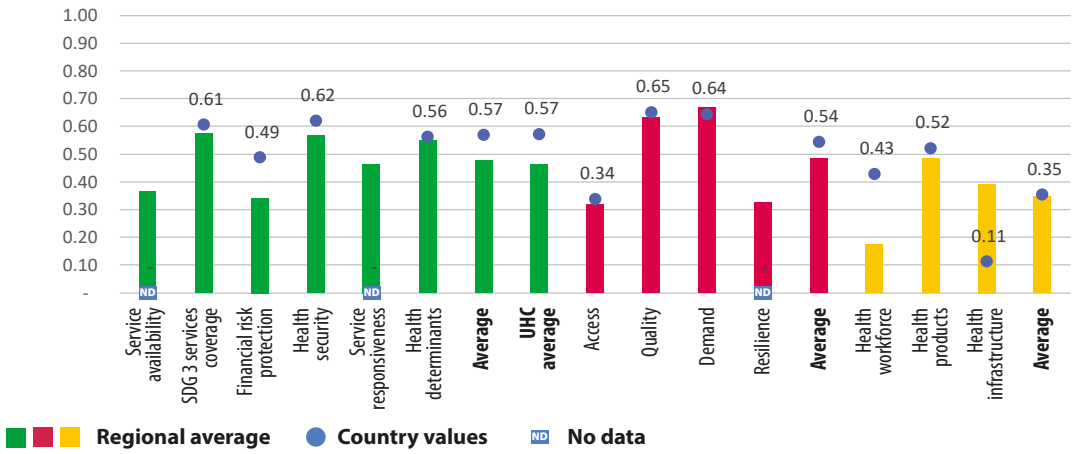
### Implications for the attainment of the SDGs*

- Health status is low, below that needed to reach the SDGs
- Explore lessons to be shared with keeping low the burden of disease due to injuries and violence
- Accelerate ongoing efforts to reduce communicable and noncommunicable diseases burdens, targeting hard to reach populations

* The capacity to attain the SDGs is related to how far the country's Healthy Life Expectancy is from that of the best performing income group (high income countries – 65.5 years)

Data is from the World Bank Health Population and Nutrition database for the year closest to 2015 for which data is available.
Source: http://databank.worldbank.org/data/source/health-nutrition-and-population-statistics, last accessed on 30 April 2018.

## State of health services and the health system




### Service outcomes

**Comments**

- Overall utilization of health and health-related services to achieve the SDGs is 57% of what is feasible in the Region, higher than the regional average (48%).
- Country utilization is higher than the regional average for all outcome domains assessed (no data for service availability and responsiveness)
- Compared with other upper-middle-income countries, the country utilization is marginally higher for financial risk protection, and lower for all other outcome areas assessed

**Implications for the SDGs**

- Accelerate ongoing interventions to address all outcome areas assessed, focusing on the hard to reach populations
- Improve information availability, particularly for service availability and responsiveness

### System performance and investments

**Comments**

- An upper-middle-income country with system performance similar to other upper-middle-income countries
- Across system performance monitoring domains, relative performance is highest for effective demand and quality of care, while lowest for access
- Tangible system investments are good compared to the regional average, but are particularly low for health infrastructure
- Information is suggestive of some effective system processes (service delivery, financing, governance and information), with a high ratio of overall performance score to consolidated tangible investments scores

**Implications for the SDGs**

- Explore areas for sharing lessons in establishing effective system processes
- Accelerate strategies improving access, quality of care and service demand focused on hard to reach
- Introduce innovative approaches to improve investment in infrastructure and equipment
- Improve on data availability, particularly on system resilience

# Burkina Faso

## State of health and well-being

| | Country value | African Region equivalent value | | | |
|---|---|---|---|---|---|
| | | Average | HICs | UMICs | LMICs | LICs |
| Healthy life expectancy | 52.6 | 53.8 | 65.5 | 58.6 | 52.9 | 52.5 |
| Crude death rate per 1000 population | 9.5 | 9.7 | 6.7 | 8.2 | 10.1 | 10.0 |
| DALYs lost per 1000 population – Total | 625.5 | 592.2 | 309.3 | 441.4 | 618.4 | 630.6 |
| *Due to communicable diseases* | 386.5 | 352.9 | 43.9 | 207.1 | 374.8 | 393.0 |
| *Due to noncommunicable conditions* | 168.5 | 177.6 | 234.9 | 190.6 | 180.3 | 170.6 |
| *Due to injuries* | 69.6 | 61.2 | 30.3 | 43.2 | 62.7 | 66.5 |

### Comments

- A low-income country with the 24th largest total GDP in the WHO African Region (representing 0.62% of the total GDP), but only the 36th highest GDP per capita (US$ 575 in current prices) based on 2015 estimates
- It has the 16th largest population in the Region (1.82% of total population), the 24th largest land area (1.16% of the region) and the 22nd highest population density (66.19 persons/km$^2$)
- Health status is commensurate with that of its classification
- Increasing security threats are limiting economic growth
- Overall healthy life expectancy, morbidity and mortality rates are at the regional average
- Mortality due to noncommunicable conditions is marginally lower than the regional average

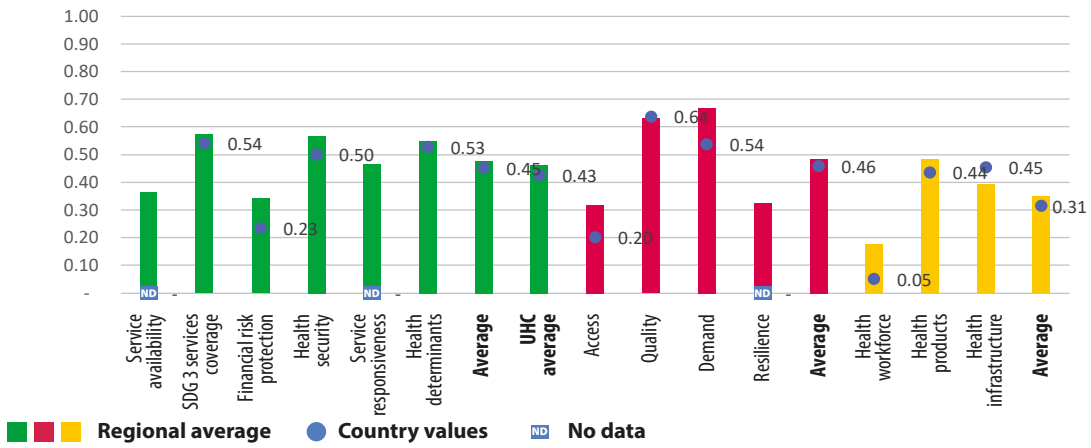
### Implications for the attainment of the SDGs*

- Health status too low compared to that needed to achieve the SDGs
- Accelerate ongoing efforts to reduce noncommunicable disease burden, targeting hard to reach populations
- Explore innovative approaches to reduce the burden due to communicable diseases and injuries

* The capacity to attain the SDGs is related to how far the country's Healthy Life Expectancy is from that of the best performing income group (high income countries – 65.5 years)

Data is from the World Bank Health Population and Nutrition database for the year closest to 2015 for which data is available.
Source: http://databank.worldbank.org/data/source/health-nutrition-and-population-statistics, last accessed on 30 April 2018.

## State of health services and the health system




### Service outcomes

**Comments**

- Overall utilization of health and health-related services to reach SDGs is 45% of what is feasible in the Region, below the regional average (48%).
- Country utilization is at par with the regional average for coverage of non-SDG 3 health targets only (no data for service availability and responsiveness)
- Compared with other low-income countries, the country utilization is only marginally higher for health-related services coverage outcome area

**Implications for the SDGs**

- Accelerate ongoing interventions to address health security and SDG 3 and non-SDG 3 interventions coverage, focusing on the hard to reach populations
- Introduce innovative approaches to improve financial risk protection for all populations
- Improve information availability, particularly service availability and responsiveness

### System performance and investments

**Comments**

- A low-income country with system performance lower than average for low-income countries
- Across system performance monitoring domains, relative performance is highest for quality of care, and lowest for access
- Tangible system investments are average to low compared with the Region and particularly low for the health workforce
- Information is suggestive of some effective system processes (systems for service delivery, financing, governance and information), high ratio of overall performance score to consolidated tangible investments scores

**Implications for the SDGs**

- Explore areas for sharing lessons in establishing effective system processes
- Accelerate strategies improving quality of care focused on hard to reach populations, prioritizing investments in the health workforce
- Introduce innovative approaches to improve access, and effective demand for the whole population
- Improve data availability, particularly system resilience

# Burundi

## State of health and well-being

| | Country value | African Region equivalent value | | | |
|---|---|---|---|---|---|
| | | Average | HICs | UMICs | LMICs | LICs |
| Healthy life expectancy | 52.2 | 53.8 | 65.5 | 58.6 | 52.9 | 52.5 |
| Crude death rate per 1000 population | 11.1 | 9.7 | 6.7 | 8.2 | 10.1 | 10.0 |
| DALYs lost per 1000 population – Total | 659.2 | 592.2 | 309.3 | 441.4 | 618.4 | 630.6 |
| *Due to communicable diseases* | 407.5 | 352.9 | 43.9 | 207.1 | 374.8 | 393.0 |
| *Due to noncommunicable conditions* | 173.4 | 177.6 | 234.9 | 190.6 | 180.3 | 170.6 |
| *Due to injuries* | 77.5 | 61.2 | 30.3 | 43.2 | 62.7 | 66.5 |

### Comments

- A low-income country with the 10th smallest total GDP in the WHO African Region (representing 0.18 % of the total GDP) and the lowest GDP per capita (US$ 300.7 in current prices) based on 2015 estimates
- It has the 27th largest population in the Region (1.03% of total population), but the 9th smallest largest land area (0.11% of the Region) resulting in the 4th highest population density (397.2 persons/km$^2$)
- Health status is commensurate with that of its classification
- The country has suffered protracted civil conflict hampering sustainable development
- Overall healthy life expectancy, morbidity and mortality rates are lower than the regional average
- Mortality due to noncommunicable conditions marginally lower than that of the Region

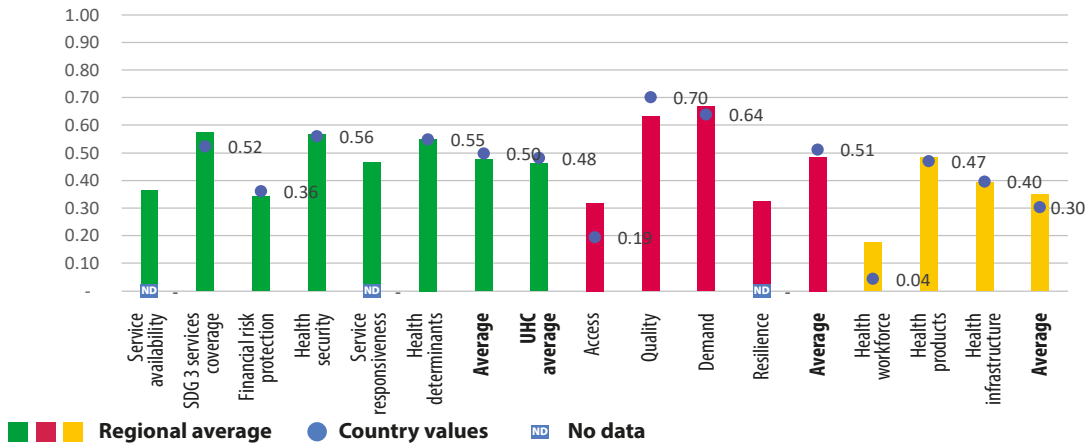
### Implications for the attainment of the SDGs*

- Health status too low compared to that needed to reach the SDGs
- A low-income and fragile country, whose health system has withstood socio-political and economic shocks to sustain an average level of performance
- Explore innovative approaches to reduce burden of communicable diseases and injuries
- Accelerate ongoing efforts to reduce noncommunicable diseases burden, targeting hard to reach populations

* The capacity to attain the SDGs is related to how far the country's Healthy Life Expectancy is from that of the best performing income group (high income countries – 65.5 years)

Data is from the World Bank Health Population and Nutrition database for the year closest to 2015 for which data is available.
Source: http://databank.worldbank.org/data/source/health-nutrition-and-population-statistics, last accessed on 30 April 2018.

## State of health services and the health system




### Service outcomes

**Comments**

- Overall utilization of health and health-related services to achieve SDGs is 50% of what is feasible in the Region, higher than the regional average (48%).
- Country utilization is higher than the regional average only for financial risk protection (no data for service availability and responsiveness)
- Compared with other low-income countries, the country utilization is higher only for financial risk protection and health security

**Implications for the SDGs**

- Accelerate ongoing interventions to address financial risk protection focusing on the whole population – the score is too low
- Introduce innovative approaches to improve coverage of SDG 3 and non-SDG 3 health services, plus health security for all populations
- Improve information availability, particularly service availability and responsiveness

### System performance and investments

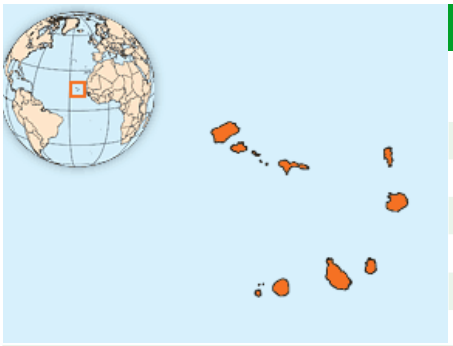
**Comments**

- A post conflict low-income country with low grade persisting insurgency in some areas, making real-time system assessment difficult
- System performance similar to the average for lower-middle-income countries
- Across system performance monitoring domains, relative performance is highest for quality of care, lowest for access
- Tangible system investments are average to low compared with the regional average and are particularly low for the health workforce
- Information is suggestive of some effective system processes (service delivery, financing, governance and information), high ratio of overall performance score to consolidated tangible investments scores

**Implications for the SDGs**

- Explore areas for sharing lessons in establishing effective system processes
- Accelerate strategies improving quality of care specifically targeting hard to reach populations, prioritizing investments in the health workforce
- Introduce innovative strategies to improve access and effective demand for the whole population

# Cabo Verde



## State of health and well-being

| | Country value | African Region equivalent value | | | |
|---|---|---|---|---|---|
| | | Average | HICs | UMICs | LMICs | LICs |
| Healthy life expectancy | 64.2 | 53.8 | 65.5 | 58.6 | 52.9 | 52.5 |
| Crude death rate per 1000 population | 5.2 | 9.7 | 6.7 | 8.2 | 10.1 | 10.0 |
| DALYs lost per 1000 population – Total | 253.2 | 592.2 | 309.3 | 441.4 | 618.4 | 630.6 |
| *Due to communicable diseases* | 73.2 | 352.9 | 43.9 | 207.1 | 374.8 | 393.0 |
| *Due to noncommunicable conditions* | 151.0 | 177.6 | 234.9 | 190.6 | 180.3 | 170.6 |
| *Due to injuries* | 28.2 | 61.2 | 30.3 | 43.2 | 62.7 | 66.5 |

### Comments

- A lower-middle-income small island state with the sixth smallest total GDP in the WHO African Region (representing 0.09% of the total GDP), but the 11th highest GDP per capita (US$ 2954 in current prices) based on 2015 estimates
- It has the third smallest population in the Region (0.05% of total population), the fifth smallest land area (0.02% of the region), but the 12th highest population density (132.24 persons/km$^2$)
- Its health status is commensurate with that of a high-income country
- Overall healthy life expectancy, morbidity and mortality rates are better than the regional average

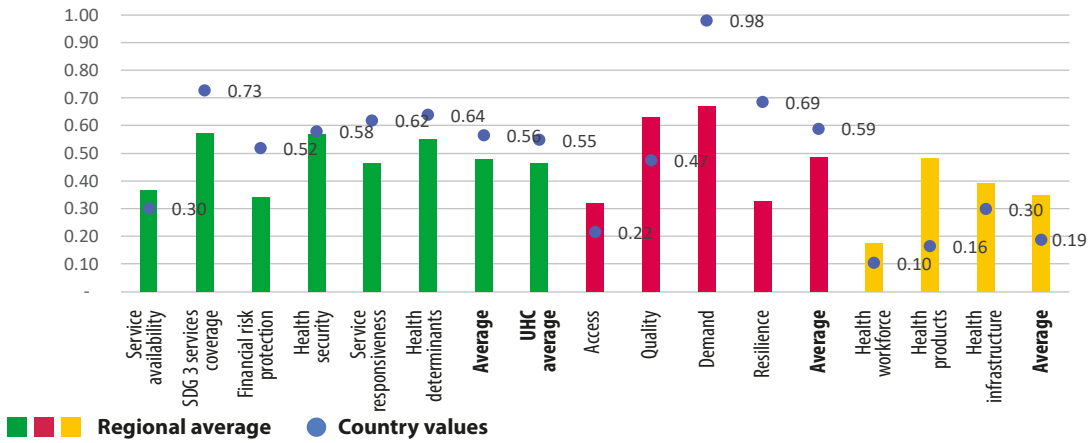
### Implications for the attainment of the SDGs*

- Health status on track towards that needed to attain the SDGs
- Focus on identifying remaining pockets of hard to reach populations, sharing best practices, and exploring alternative institutional service delivery models that improve sustainability for health and well-being

* The capacity to attain the SDGs is related to how far the country's Healthy Life Expectancy is from that of the best performing income group (high income countries – 65.5 years)

Data is from the World Bank Health Population and Nutrition database for the year closest to 2015 for which data is available.
Source: http://databank.worldbank.org/data/source/health-nutrition-and-population-statistics, last accessed on 30 April 2018.

## State of health services and the health system




### Service outcomes

**Comments**

- Overall utilization of health and health-related services to reach the SDGs is 56% of what is feasible in the Region, higher than the regional average (48%)
- Country utilization is higher than the regional average across all outcome domains assessed
- Compared with other lower middle-income countries, the country utilization is higher for all outcome areas assessed

**Implications for the SDGs**

- Share lessons with other countries in improving coverage of SDG 3 services
- Accelerate ongoing interventions to address utilization across all the outcome areas focusing on the hard to reach populations

### System performance and investments

**Comments**

- **Highest performer in the Region for effective demand for essential services and system resilience (together with Eswatini) dimensions of system performance**
- A lower-middle-income country, small island state with system performance similar to an upper-middle-income country
- Across system performance monitoring domains, relative performance is highest for effective demand and system resilience, while it is lowest for access
- Tangible system investments are very low compared with the regional average, particularly for health products and workforce
- Information is suggestive of some effective system processes (service delivery, financing, governance, information), high ratio of overall performance score to consolidated tangible investments scores

**Implications for the SDGs**

- Explore areas for sharing lessons in establishing effective system processes and building service demand and system resilience
- Accelerate strategies improving system resilience specifically targeting hard to reach populations
- Introduce innovative strategies to improve access and quality of care for the whole population, focusing on scaling up investments in the health workforce, products and infrastructure

# Cameroon

## State of health and well-being

| | Country value | African Region equivalent value | | | |
|---|---|---|---|---|---|
| | | Average | HICs | UMICs | LMICs | LICs |
| Healthy life expectancy | 50.3 | 53.8 | 65.5 | 58.6 | 52.9 | 52.5 |
| Crude death rate per 1000 population | 10.8 | 9.7 | 6.7 | 8.2 | 10.1 | 10.0 |
| DALYs lost per 1000 population – Total | 700.5 | 592.2 | 309.3 | 441.4 | 618.4 | 630.6 |
| *Due to communicable diseases* | 421.1 | 352.9 | 43.9 | 207.1 | 374.8 | 393.0 |
| *Due to noncommunicable conditions* | 204.0 | 177.6 | 234.9 | 190.6 | 180.3 | 170.6 |
| *Due to injuries* | 74.5 | 61.2 | 30.3 | 43.2 | 62.7 | 66.5 |

### Comments

- A lower-middle-income country with the 11th largest total GDP in the WHO African Region (representing 1.85% of the total GDP) and the 17th highest GDP per capita (US$ 1353.9 in current prices) based on 2015 estimates
- It has the 14th largest population in the Region (2.3% of total population), the 20th largest land area (2.00% of the region) and the 27th highest population density (48.31 persons/km²)
- Its health status is commensurate with that of a low-income country
- Ongoing low level societal tensions across different portions of the country will hinder uniform movement towards the SDGs
- Overall healthy life expectancy, morbidity and mortality rates are lower than the regional average

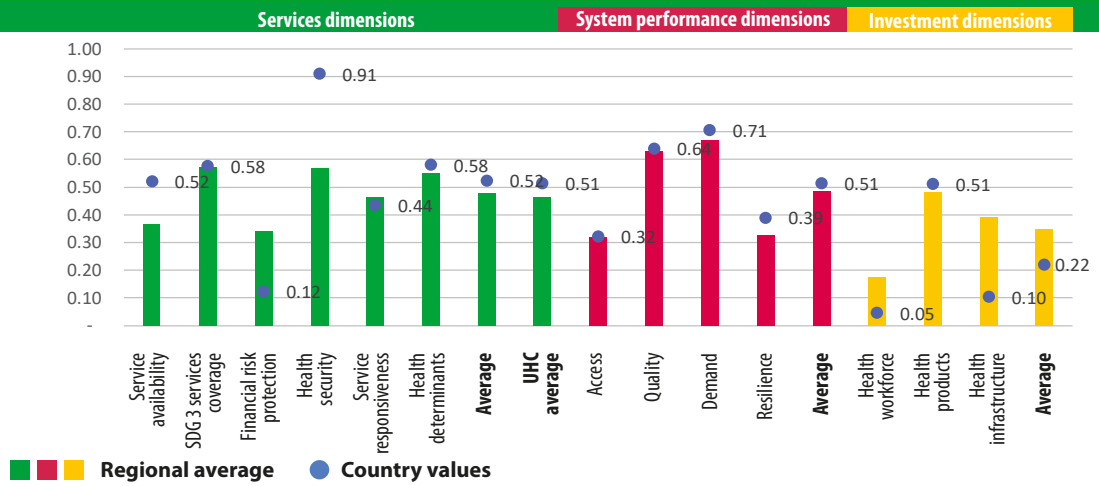
### Implications for the attainment of the SDGs*

- Health status too low compared to that needed to achieve the SDGs
- Need to explore innovative approaches to improve health and well-being

* The capacity to attain the SDGs is related to how far the country's Healthy Life Expectancy is from that of the best performing income group (high income countries – 65.5 years)

Data is from the World Bank Health Population and Nutrition database for the year closest to 2015 for which data is available.
Source: http://databank.worldbank.org/data/source/health-nutrition-and-population-statistics, last accessed on 30 April 2018.

## State of health services and the health system




### Service outcomes

**Comments**

- Overall utilization of health and health-related services to reach the SDGs is 52% of what is feasible in the Region, which is marginally above the regional average (48%).
- Country utilization is higher than the regional average only for coverage of SDG 3 services and health security outcome areas
- Compared with other lower-middle-income countries, the country utilization is higher for only health security outcome area

### System performance and investments

- A lower-middle-income country with system performance similar to its classification
- Across system performance monitoring domains, relative performance is highest for effective demand and lowest for access
- Tangible system investments are low compared with the regional average, particularly for the health workforce and health infrastructure
- Information is suggestive of effective system processes (service delivery, financing, governance and information), high ratio of overall performance score to consolidated tangible investments scores

**Implications for the SDGs**

- Share lessons with other countries in improving health security
- Accelerate ongoing interventions to address coverage of SDG 3 and non-SDG services, plus service responsiveness focusing on the hard to reach populations
- Introduce innovative approaches to improve service availability and financial risk protection for all populations
- Explore areas for sharing lessons in establishing effective system processes
- Accelerate strategies improving quality of care, effective demand and system resilience specifically targeting hard to reach populations
- Introduce innovative strategies to improve access for the whole population, focusing on scaling up investments in the health workforce and infrastructure

# Central African Republic

## State of health and well-being

| | Country value | African Region equivalent value | | | |
|---|---|---|---|---|---|
| | | Average | HICs | UMICs | LMICs | LICs |
| Healthy life expectancy | 45.9 | 53.8 | 65.5 | 58.6 | 52.9 | 52.5 |
| Crude death rate per 1000 population | 14 | 9.7 | 6.7 | 8.2 | 10.1 | 10.0 |
| DALYs lost per 1000 population – Total | 926.0 | 592.2 | 309.3 | 441.4 | 618.4 | 630.6 |
| *Due to communicable diseases* | 612.0 | 352.9 | 43.9 | 207.1 | 374.8 | 393.0 |
| *Due to noncommunicable conditions* | 215.3 | 177.6 | 234.9 | 190.6 | 180.3 | 170.6 |
| *Due to injuries* | 98.3 | 61.2 | 30.3 | 43.2 | 62.7 | 66.5 |

### Comments

- A low-income country with the seventh smallest total GDP in the WHO African Region (representing 0.09 % of the total GDP) and the second lowest GDP per capita (US$ 384.4 in current prices) based on 2015 estimates
- It has the 32nd largest population in the Region (0.46% of total population), the 15th largest land area (2.64% of the region) and the fourth lowest population density (7.30 persons/km$^2$)
- Health status is commensurate with that of its income classification
- Overall healthy life expectancy, morbidity and mortality rates are lower than the regional average

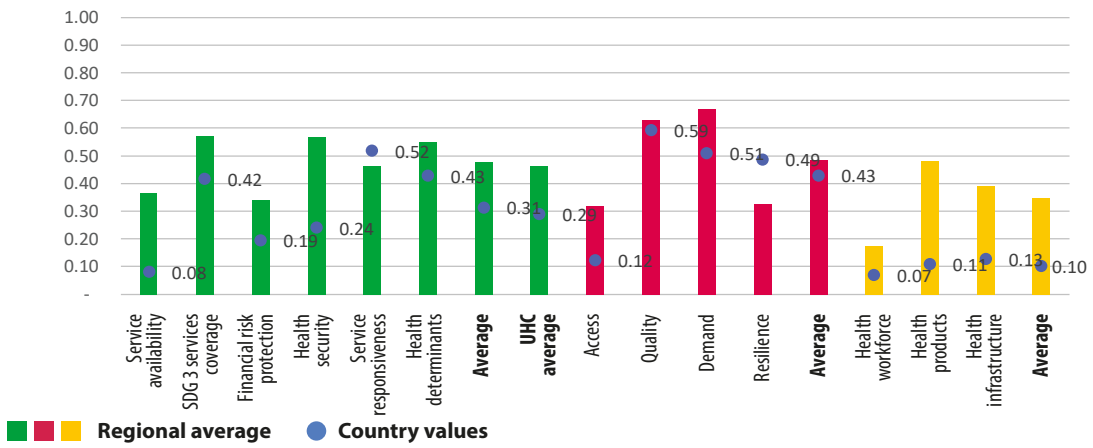
### Implications for the attainment of the SDGs*

- Health status very low compared to that needed to reach the SDGs
- Need to explore innovative approaches to improve health and well-being in the context of sustained conflict

* The capacity to attain the SDGs is related to how far the country's Healthy Life Expectancy is from that of the best performing income group (high income countries – 65.5 years)

Data is from the World Bank Health Population and Nutrition database for the year closest to 2015 for which data is available.
Source: http://databank.worldbank.org/data/source/health-nutrition-and-population-statistics, last accessed on 30 April 2018.

## State of health services and the health system




### Service outcomes

**Comments**

- Overall utilization of health and health-related services to reach the SDGs is 31% of what is feasible in the Region, lower than the regional average (48%).
- Country utilization is higher than the regional average only for service responsiveness outcome area out of all assessed (there is no data for service availability)
- Compared with other low-income countries, the country utilization is higher only for the service responsiveness outcome area

**Implications for the SDGs**

- Accelerate ongoing interventions to address service responsiveness, focusing on hard to reach populations
- Introduce innovative approaches to improve coverage of SDG 3 and non-SDG 3 services, health security and financial risk protection for all populations
- Improve information availability, particularly service availability

### System performance and investments

**Comments**

- A low-income country with a long period of low grade conflict hampering investments in development and health
- System performance is lower than that of other low-income countries
- Across system performance monitoring domains, relative performance is highest for system resilience and lowest for access
- Tangible system investments are very low across all areas compared with the regional average
- Tangible system investments are too low for effectiveness of system processes (service delivery, financing, governance and information)

**Implications for the SDGs**

- Accelerate strategies improving system resilience, specifically targeting hard to reach populations
- Introduce innovative strategies to improve access, quality and demand for services for the whole population, focusing on investments across the health system through a dedicated health system recovery programme

# Chad

## State of health and well-being

| | Country value | African Region equivalent value | | | |
|---|---|---|---|---|---|
| | | Average | HICs | UMICs | LMICs | LICs |
| Healthy life expectancy | 46.1 | 53.8 | 65.5 | 58.6 | 52.9 | 52.5 |
| Crude death rate per 1000 population | 13.6 | 9.7 | 6.7 | 8.2 | 10.1 | 10.0 |
| DALYs lost per 1000 population – Total | 982.5 | 592.2 | 309.3 | 441.4 | 618.4 | 630.6 |
| *Due to communicable diseases* | 689.0 | 352.9 | 43.9 | 207.1 | 374.8 | 393.0 |
| *Due to noncommunicable conditions* | 199.2 | 177.6 | 234.9 | 190.6 | 180.3 | 170.6 |
| *Due to injuries* | 93.6 | 61.2 | 30.3 | 43.2 | 62.7 | 66.5 |

### Comments

- A low-income country with the 23rd largest total GDP in the WHO African Region (representing 0.65% of the total GDP) and the 26t highest GDP per capita (US$ 777 in current prices) based on 2015 estimates
- It has the 22nd largest population in the Region (2.8% of total population), but with the fourth largest land area (5.33% of the Region), leaving it with the sixth lowest population density (11.13 persons/km$^2$)
- Health status is commensurate with that of its classification
- Affected negatively by a difficult Sahel environment, low grade insecurity and fluctuating global oil prices
- Overall healthy life expectancy, morbidity and mortality rates are lower than the regional average

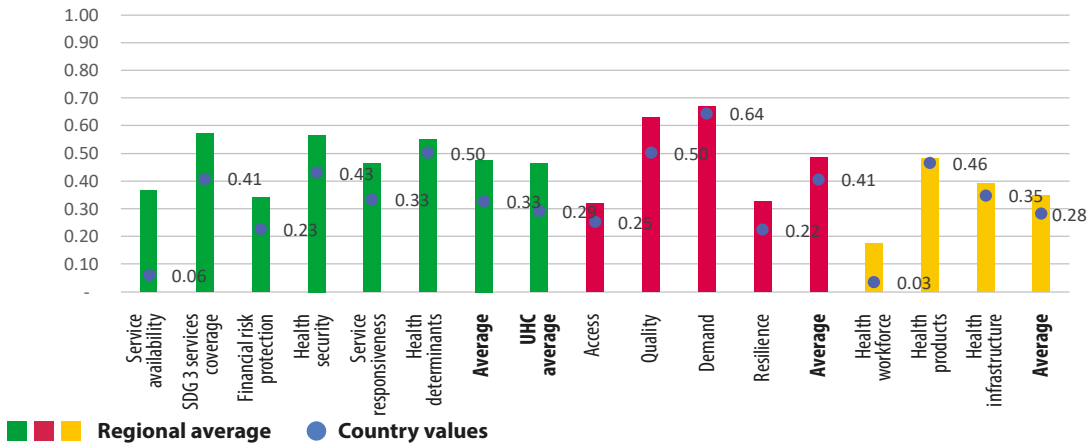
### Implications for the attainment of the SDGs*

- Health status very low compared to that needed for the attainment of the SDGs
- Need to explore innovative approaches to improve health and well-being

* The capacity to attain the SDGs is related to how far the country's Healthy Life Expectancy is from that of the best performing income group (high income countries – 65.5 years)

Data is from the World Bank Health Population and Nutrition database for the year closest to 2015 for which data is available.
Source: http://databank.worldbank.org/data/source/health-nutrition-and-population-statistics, last accessed on 30 April 2018.

## State of health services and the health system




### Service outcomes

**Comments**

- Overall utilization of health and health-related services to reach the SDGs is 33% of what is feasible in the Region, lower than the regional average (48%)
- Country utilization is higher than the regional average for none of the outcome areas assessed
- Compared with other low-income countries, the country utilization is higher for none of the outcome areas assessed

### System performance and investments

**Comments**

- A low-income country with recent history of conflict (Boko Haram) and outbreaks (EVD) in selected areas of the country, disrupting system strengthening initiatives
- System performance is lower than that of other low-income countries
- Across system performance monitoring domains, relative performance is highest for effective demand, and lowest for access
- Tangible system investments are low compared with the regional average, particularly for the health workforce
- Tangible system investments are too low for effectiveness of system processes ( service delivery, financing, governance and information)

**Implications for the SDGs**

- Accelerate ongoing interventions to address non-SDG 3 services coverage focusing on the hard to reach populations
- Introduce innovative approaches to improve services availability and responsiveness, SDG 3 services coverage, financial risk protection and health security for all
- Accelerate strategies improving access, and service demand specifically targeting hard to reach populations
- Introduce innovative strategies to improve quality of care and system resilience for the whole population, focusing on scaling up investments across all health system

# Comoros

## State of health and well-being

| | Country value | African Region equivalent value | | | |
|---|---|---|---|---|---|
| | | Average | HICs | UMICs | LMICs | LICs |
| Healthy life expectancy | 55.9 | 53.8 | 65.5 | 58.6 | 52.9 | 52.5 |
| Crude death rate per 1000 population | 8.2 | 9.7 | 6.7 | 8.2 | 10.1 | 10.0 |
| DALYs lost per 1000 population – Total | 497.1 | 592.2 | 309.3 | 441.4 | 618.4 | 630.6 |
| *Due to communicable diseases* | 275.6 | 352.9 | 43.9 | 207.1 | 374.8 | 393.0 |
| *Due to noncommunicable conditions* | 167.9 | 177.6 | 234.9 | 190.6 | 180.3 | 170.6 |
| *Due to injuries* | 52.8 | 61.2 | 30.3 | 43.2 | 62.7 | 66.5 |

### Comments

- A low-income small island state with the second smallest total GDP in the WHO African Region (representing 0.03% of the total GDP), and the 29th highest GDP per capita (US$ 727.6 in current prices) based on 2015 estimates
- It has the fourth lowest population in the Region (0.08% of total population), the third smallest land area (0.01% of the Region), but the third highest population density (417.75 persons/km$^2$)
- Health status is commensurate with that of an upper-middle-income country
- Overall healthy life expectancy, morbidity and mortality rates are better than the regional averages

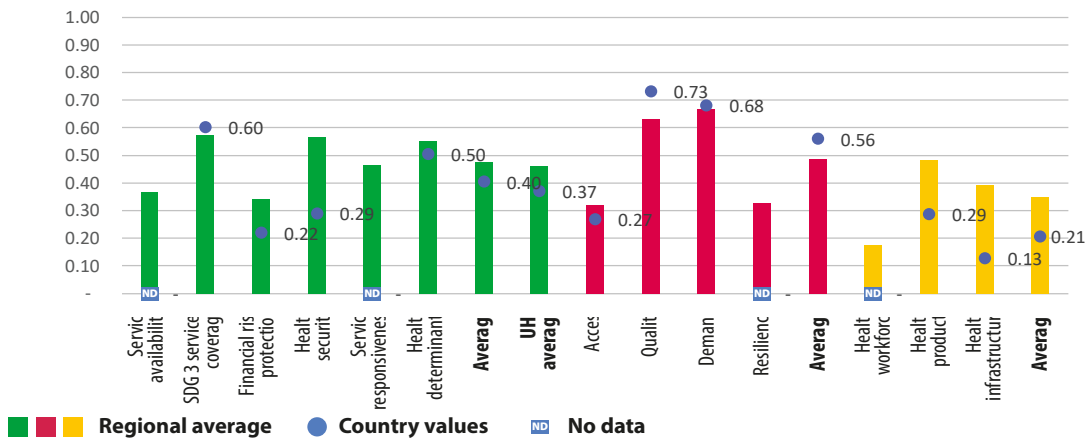
### Implications for the attainment of the SDGs*

- Health status low compared to that needed to reach the SDGs
- Accelerate ongoing efforts to reduce communicable diseases, noncommunicable diseases and injuries burdens, targeting hard to reach populations

* The capacity to attain the SDGs is related to how far the country's Healthy Life Expectancy is from that of the best performing income group (high income countries – 65.5 years)

Data is from the World Bank Health Population and Nutrition database for the year closest to 2015 for which data is available.
Source: http://databank.worldbank.org/data/source/health-nutrition-and-population-statistics, last accessed on 30 April 2018.

## State of health services and the health system




### Service outcomes

**Comments**

- Overall utilization of health and health-related services to reach the SDGs is 40% of what is feasible in the Region, lower than the regional average (48%).
- Country utilization is higher than the regional average only for the SDG 3 service coverage outcome area (no data for service availability and responsiveness)
- Compared with other low-income countries, the country utilization is higher only for SDG 3 services coverage outcome areas

**Implications for the SDGs**

- Accelerate ongoing interventions to address SDG 3 and non-SDG 3 services coverage, focusing on the hard to reach populations
- Introduce innovative approaches to improve financial risk protection and health security for all populations
- Improve information availability, particularly service availability and responsiveness

### System performance and investments

**Comments**

- A low-income country with system performance of an upper-middle-income country
- Across system performance monitoring domains, relative performance is highest for quality of care, lowest for access
- Investments highest in products and lowest for HRH
- Tangible system investments are very low compared with the regional average
- Tangible system investments are too low for effectiveness of system processes (service delivery, financing, governance and information)

**Implications for the SDGs**

- Accelerate strategies improving quality of care and system demand specifically targeting hard to reach populations
- Introduce innovative strategies to improve access to services for the whole population, focusing on scaling up investments across the health system – workforce, products and infrastructure

# Congo

## State of health and well-being

| | Country value | African Region equivalent value | | | |
|---|---|---|---|---|---|
| | | Average | HICs | UMICs | LMICs | LICs |
| Healthy life expectancy | 56.6 | 53.8 | 65.5 | 58.6 | 52.9 | 52.5 |
| Crude death rate per 1000 population | 10.1 | 9.7 | 6.7 | 8.2 | 10.1 | 10.0 |
| DALYs lost per 1000 population – Total | 494.1 | 592.2 | 309.3 | 441.4 | 618.4 | 630.6 |
| *Due to communicable diseases* | 288.9 | 352.9 | 43.9 | 207.1 | 374.8 | 393.0 |
| *Due to noncommunicable conditions* | 153.5 | 177.6 | 234.9 | 190.6 | 180.3 | 170.6 |
| *Due to injuries* | 51.2 | 61.2 | 30.3 | 43.2 | 62.7 | 66.5 |

### Comments

- An lower-middle-income country with the 28th largest total GDP in the WHO African Region (representing 0.51% of the total GDP) and the 13th highest GDP per capita (US$ 1712 in current prices) based on 2015 estimates
- It has the 31st largest population in the Region (0.50% of total population), with the 22nd largest land area (1.45% of the Region) but the 8th lowest population density (14.63 persons/km$^2$)
- Health status is within the expected range for its income level
- Overall healthy life expectancy, morbidity and mortality rates are better than the regional average
- Death rate is lower than regional average, at the level of a low-income country

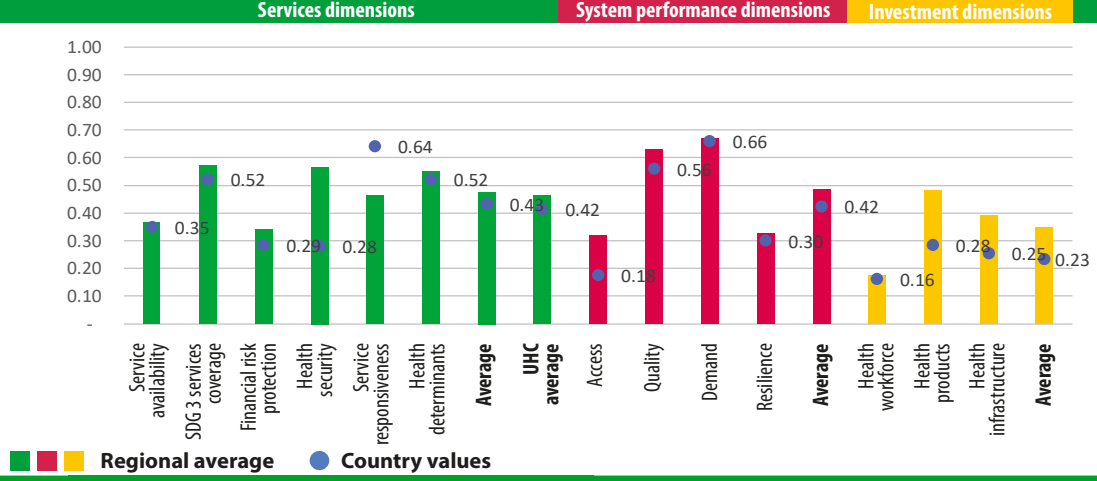
### Implications for the attainment of the SDGs*

- Health status low compared to that needed to reach the SDGs
- Accelerate ongoing efforts to reduce communicable diseases, noncommunicable diseases and injuries burdens targeting hard to reach populations

* The capacity to attain the SDGs is related to how far the country's Healthy Life Expectancy is from that of the best performing income group (high income countries – 65.5 years)

Data is from the World Bank Health Population and Nutrition database for the year closest to 2015 for which data is available.
Source: http://databank.worldbank.org/data/source/health-nutrition-and-population-statistics, last accessed on 30 April 2018.

## State of health services and the health system




### Service outcomes

**Comments**

- Overall utilization of health and health-related services to reach SDG is 43% of what is feasible in the Region, close to the regional average (48%).
- Country utilization is higher than the regional average only for responsiveness outcome area
- Compared with other lower-middle-income countries, the country utilization is higher only for service responsiveness outcome area

**Implications for the SDGs**

- Accelerate ongoing interventions to address service responsiveness focusing on the hard to reach populations
- Introduce innovative approaches to improve coverage of SDG 3 and non-SDG 3 services, financial risk protection and health security for all populations

### System performance and investments

**Comments**

- A lower-middle-income country with system performance lower than that of other lower-middle-income countries
- Across system performance monitoring domains, relative performance is highest for quality of care, lowest for access
- Tangible system investments are very low compared with the regional average
- Tangible system investments are too low for effectiveness of system processes (systems for service delivery, financing, governance and information)

**Implications for the SDGs**

- Accelerate strategies improving demand for services and system resilience specifically targeting hard to reach populations
- Introduce innovative strategies to improve access and quality of care for the whole population, focusing on investments across all health system areas

# Côte d'Ivoire

## State of health and well-being

| | Country value | African Region equivalent value | | | |
|---|---|---|---|---|---|
| | | Average | HICs | UMICs | LMICs | LICs |
| Healthy life expectancy | 47 | 53.8 | 65.5 | 58.6 | 52.9 | 52.5 |
| Crude death rate per 1000 population | 12.6 | 9.7 | 6.7 | 8.2 | 10.1 | 10.0 |
| DALYs lost per 1000 population – Total | 840.6 | 592.2 | 309.3 | 441.4 | 618.4 | 630.6 |
| *Due to communicable diseases* | 501.2 | 352.9 | 43.9 | 207.1 | 374.8 | 393.0 |
| *Due to noncommunicable conditions* | 246.4 | 177.6 | 234.9 | 190.6 | 180.3 | 170.6 |
| *Due to injuries* | 92.6 | 61.2 | 30.3 | 43.2 | 62.7 | 66.5 |

### Comments

- A low-income country with the 10th largest total GDP in the WHO African Region (representing 1.98% of the total GDP) and the 15th highest GDP per capita (US$ 1434.3 in current prices) based on 2015 estimates
- It has the 13th largest population in the Region (2.33% of total population), the 23rd largest land area (1.35% of the region) and the 20th highest population density (72.67 persons/km$^2$)
- Health status is commensurate with that of its income classification
- Overall healthy life expectancy, morbidity and mortality rates are lower than the regional average
- Civil conflict in the recent past had an influence on sustainable development

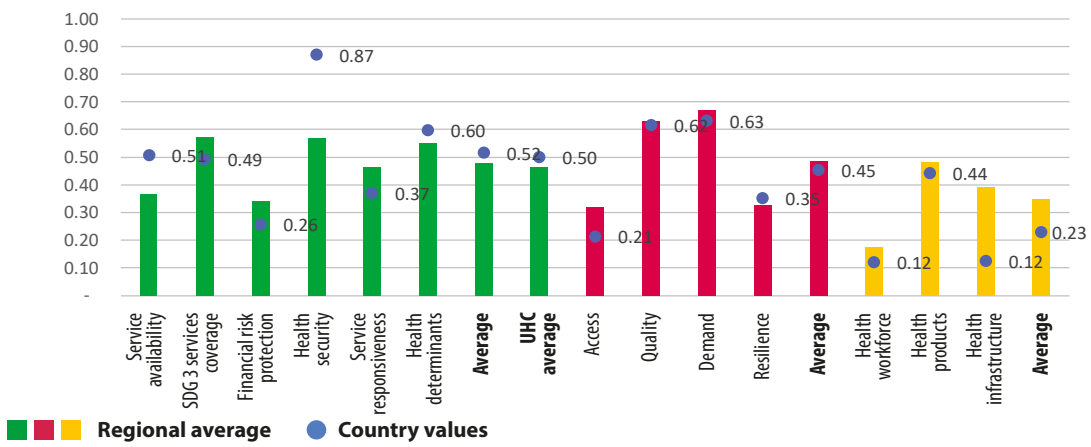
### Implications for the attainment of the SDGs*

- Health status very low compared to that needed to reach the SDGs
- Need to explore innovative approaches to improve health and well-being

* The capacity to attain the SDGs is related to how far the country's Healthy Life Expectancy is from that of the best performing income group (high income countries – 65.5 years)

Data is from the World Bank Health Population and Nutrition database for the year closest to 2015 for which data is available.
Source: http://databank.worldbank.org/data/source/health-nutrition-and-population-statistics, last accessed on 30 April 2018.

## State of health services and the health system




### Service outcomes

**Comments**

- Overall utilization of health and health-related services to reach the SDGs is 52% of what is feasible in the Region, higher than the regional average (48%).
- Country utilization is higher than the regional average for health security, service availability and non-SDG 3 services coverage outcome areas
- Compared with other low-income countries, the country utilization is higher for only health security, service availability and non-SDG 3 services coverage outcome areas

### System performance and investments

- A low-income country with system performance lower than that of other low-income countries
- Across system performance monitoring domains, relative performance is highest for quality of care, lowest for access
- Tangible system investments are low compared with the regional average, being highest for health products
- Tangible system investments are too low for effectiveness of system processes (service delivery, financing, governance and information)

**Implications for the SDGs**

- Share lessons with other countries in improving health security
- Accelerate ongoing interventions to address services availability and non-SDG 3 services coverage focusing on the hard to reach populations
- Introduce innovative approaches to improve SDG 3 services coverage, financial risk protection and service responsiveness for all populations
- Accelerate strategies improving quality of care, and system resilience specifically targeting hard to reach populations
- Introduce innovative strategies to improve effective demand and access for the whole population, focusing on scaling up investments across all health system areas

# Democratic Republic of the Congo

## State of health and well-being

| | Country value | African Region equivalent value | | | | |
|---|---|---|---|---|---|---|
| | | Average | HICs | UMICs | LMICs | LICs |
| Healthy life expectancy | 51.8 | 53.8 | 65.5 | 58.6 | 52.9 | 52.5 |
| Crude death rate per 1000 population | 13.7 | 9.7 | 6.7 | 8.2 | 10.1 | 10.0 |
| DALYs lost per 1000 population – Total | 722.7 | 592.2 | 309.3 | 441.4 | 618.4 | 630.6 |
| *Due to communicable diseases* | 475.0 | 352.9 | 43.9 | 207.1 | 374.8 | 393.0 |
| *Due to noncommunicable conditions* | 170.9 | 177.6 | 234.9 | 190.6 | 180.3 | 170.6 |
| *Due to injuries* | 76.2 | 61.2 | 30.3 | 43.2 | 62.7 | 66.5 |

### Comments

- A low-income country with the eighth largest total GDP in the WHO African Region (representing 2.26% of the total GDP) but the 8th lowest GDP per capita (US$ 497.6 in current prices) based on 2015 estimates
- It has the third largest population in the Region (7.67% of total population) and the second largest land area (9.60% of the region) but with only the 34th highest population density (33.61 persons/km$^2$)
- Health status is commensurate with that of its income classification
- Overall healthy life expectancy, morbidity and mortality rates are lower than the regional average
- However, mortality due to noncommunicable conditions is marginally higher than that of the Region

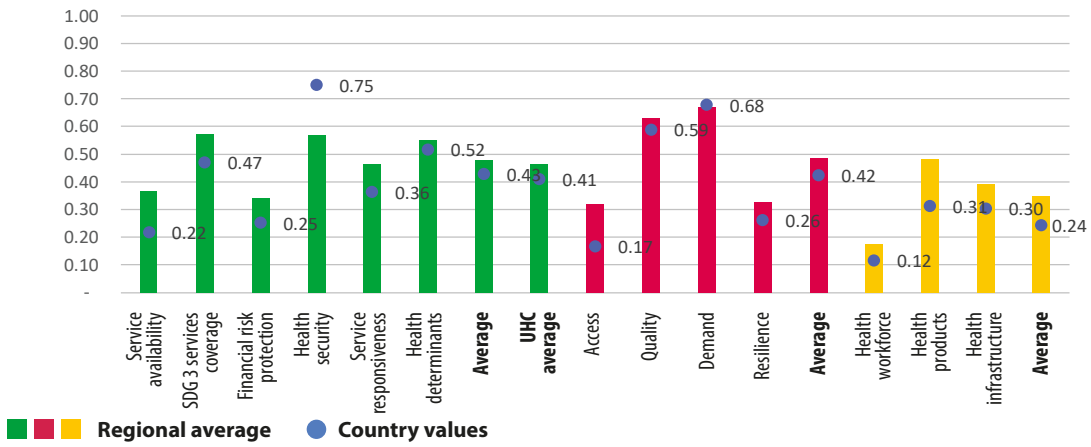
### Implications for the attainment of the SDGs*

- Health status very low compared to that needed to reach the SDGs
- Need to explore innovative approaches to improve health and well-being
- Accelerate ongoing interventions addressing noncommunicable diseases targeting hard to reach populations

* The capacity to attain the SDGs is related to how far the country's Healthy Life Expectancy is from that of the best performing income group (high income countries – 65.5 years)

Data is from the World Bank Health Population and Nutrition database for the year closest to 2015 for which data is available.
Source: http://databank.worldbank.org/data/source/health-nutrition-and-population-statistics, last accessed on 30 April 2018.

## State of health services and the health system




### Service outcomes

**Comments**

- Overall utilization of health and health-related services for the attainment of the SDGs is 43% of what is feasible in the Region, lower than the regional average (48%).
- Country utilization is higher than the regional average only for health security, due to significant investments in detection capacity, but low for all other dimensions
- Compared with other low-income countries, the country utilization is average for service availability, health security and non-SDG 3 services coverage outcome areas

**Implications for the SDGs**

- Accelerate ongoing interventions to address health security outcomes focusing on the hard to reach populations
- Introduce innovative approaches to improve service availability, SDG 3 services coverage, service responsiveness, non SDG 3 health services coverage and financial risk protection for all populations

### System performance and investments

**Comments**

- A low-income country with system performance similar to its classification
- Across system performance monitoring domains, relative performance is highest for quality of care, and lowest for access to services
- Tangible system investments are all low compared with the regional average, being lowest for the health workforce
- Tangible system investments are too low for effectiveness of system processes (service delivery, financing, governance and information)

**Implications for the SDGs**

- Accelerate strategies improving quality of care, effective demand and system resilience specifically targeting hard to reach populations
- Introduce innovative strategies to improve access to services for the whole population, focusing on scaling up investments across all health system areas

# Equatorial Guinea

## State of health and well-being

| | Country value | African Region equivalent value | | | |
|---|---|---|---|---|---|
| | | Average | HICs | UMICs | LMICs | LICs |
| Healthy life expectancy | 51.3 | 53.8 | 65.5 | 58.6 | 52.9 | 52.5 |
| Crude death rate per 1000 population | 11.5 | 9.7 | 6.7 | 8.2 | 10.1 | 10.0 |
| DALYs lost per 1000 population – Total | 685.7 | 592.2 | 309.3 | 441.4 | 618.4 | 630.6 |
| *Due to communicable diseases* | 388.5 | 352.9 | 43.9 | 207.1 | 374.8 | 393.0 |
| *Due to noncommunicable conditions* | 222.6 | 177.6 | 234.9 | 190.6 | 180.3 | 170.6 |
| *Due to injuries* | 74.2 | 61.2 | 30.3 | 43.2 | 62.7 | 66.5 |

### Comments

- An upper-middle-income country with the 20th largest total GDP in the WHO African Region (representing 0.75% of the total GDP), but the second highest GDP per capita (US$ 10 717.5 in current prices) based on 2015 estimates
- It has the fifth smallest population in the Region (0.12% of total population), 10th smallest land area (0.12% of the region) and the 30th highest population density (41.90 persons/km$^2$)
- Health status is commensurate with that of a low-income country
- Overall healthy life expectancy, morbidity and mortality rates are at the regional average

### Implications for the attainment of the SDGs*

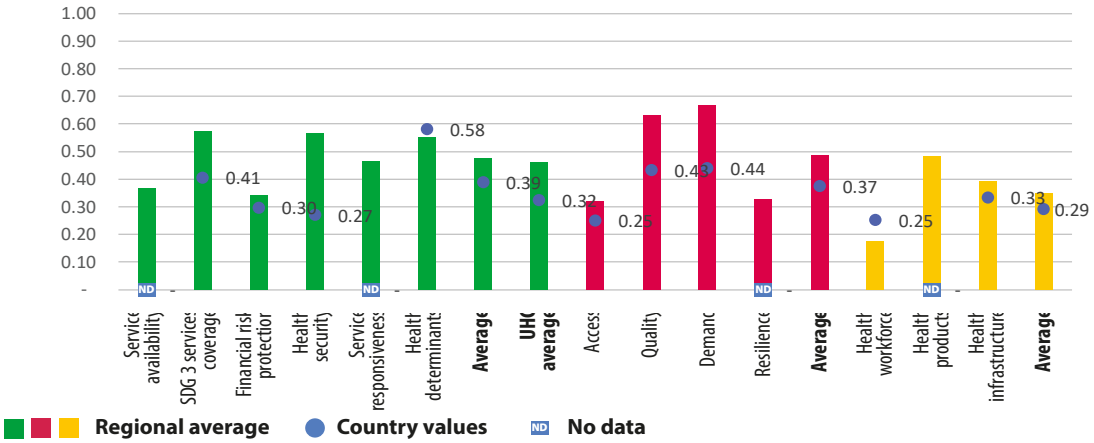
- Health status very low compared to that needed to reach the SDGs
- Need to explore innovative approaches to improve health and well-being

* The capacity to attain the SDGs is related to how far the country's Healthy Life Expectancy is from that of the best performing income group (high income countries – 65.5 years)

Data is from the World Bank Health Population and Nutrition database for the year closest to 2015 for which data is available.
Source: http://databank.worldbank.org/data/source/health-nutrition-and-population-statistics, last accessed on 30 April 2018.

## State of health services and the health system

Services dimensions | System performance dimensions | Investment dimensions




## Service outcomes

### Comments

- Overall utilization of health and health-related services to reach the SDGs is 39% of what is feasible in the Region, lower than the regional average (48%).
- Country utilization is higher than the regional average in none of the outcome domains assessed (no data for service availability and service responsiveness)
- Compared with other upper-middle-income countries, the country utilization is not higher in any of the outcome areas assessed

### Implications for the SDGs

- Accelerate ongoing interventions to address non-SDG 3 services coverage focusing on the hard to reach populations
- Introduce innovative approaches to improve SDG 3 services coverage, financial risk protection and health security for all populations

## System performance and investments

### Comments

- An upper-middle-income country with system performance lower than that of a low-income country
- Across system performance monitoring domains, relative performance is lower than the regional averages, being lowest for access to essential services
- Investments have mainly been channeled through the "Salud para todos-Health for all" program that has significantly expanded the supply of both health services for better access to preventive and curative care, plus sports facilities for promoting healthy lifestyles
- Tangible system investments are all low compared with the regional average
- Tangible system investments are too low for effectiveness of system processes (service delivery, financing, governance, information)

### Implications for the SDGs

- Accelerate ongoing strategies improving access to services, specifically targeting hard to reach populations
- Introduce innovative strategies to improve quality of care and effective demand for the whole population, focusing on scaling up investments across all health system areas

# Eritrea

## State of health and well-being

| | Country value | African Region equivalent value | | | |
|---|---|---|---|---|---|
| | | Average | HICs | UMICs | LMICs | LICs |
| Healthy life expectancy | 55.7 | 53.8 | 65.5 | 58.6 | 52.9 | 52.5 |
| Crude death rate per 1000 population | 6.3 | 9.7 | 6.7 | 8.2 | 10.1 | 10.0 |
| DALYs lost per 1000 population – Total | 414.6 | 592.2 | 309.3 | 441.4 | 618.4 | 630.6 |
| *Due to communicable diseases* | 214.2 | 352.9 | 43.9 | 207.1 | 374.8 | 393.0 |
| *Due to noncommunicable conditions* | 147.1 | 177.6 | 234.9 | 190.6 | 180.3 | 170.6 |
| *Due to injuries* | 52.9 | 61.2 | 30.3 | 43.2 | 62.7 | 66.5 |

### Comments

- A low-income country with the 11th smallest total GDP in the WHO African Region (representing 0.23% of the total GDP) and the ninth lowest GDP per capita (estimated at US$ 514 in current prices) based on 2015 estimates
- It has the 30th largest population in the Region (0.53% of total population), the 31st largest land area (0.43% of the region) and the 25th highest population density (51.76 persons/km$^2$)
- Health status is commensurate with that of an upper-middle-income country
- Overall healthy life expectancy, morbidity and mortality rates are better than the regional average

### Implications for the attainment of the SDGs*

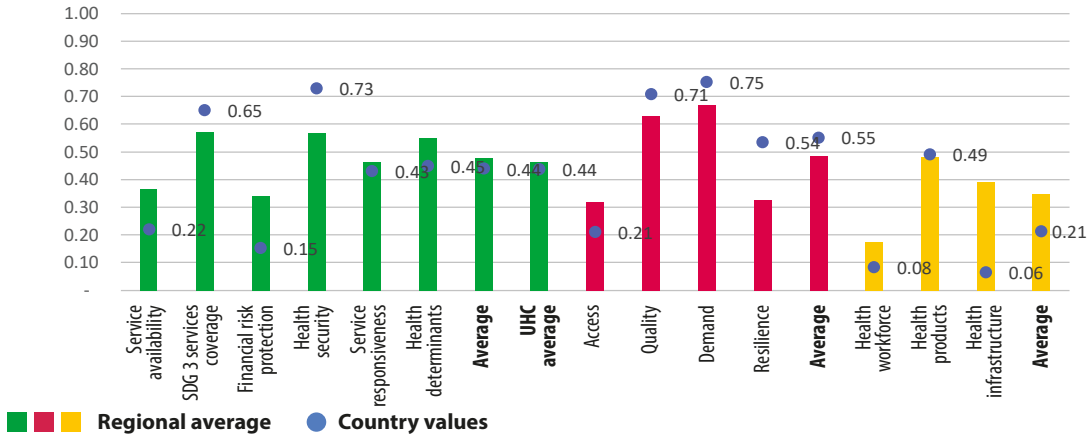
- Health status still low for the attainment of the SDGs
- Explore lessons to share in reducing death rates (better than high income countries in the Region)
- Accelerate ongoing efforts to reduce communicable diseases, noncommunicable diseases and injuries burdens targeting hard to reach populations

* The capacity to attain the SDGs is related to how far the country's Healthy Life Expectancy is from that of the best performing income group (high income countries – 65.5 years)

Data is from the World Bank Health Population and Nutrition database for the year closest to 2015 for which data is available.
Source: http://databank.worldbank.org/data/source/health-nutrition-and-population-statistics, last accessed on 30 April 2018.

## State of health services and the health system

Services dimensions | System performance dimensions | Investment dimensions




### Service outcomes

**Comments**

- Overall utilization of health and health-related services to reach the SDGs is 44% of what is feasible in the Region, marginally lower than the regional average (48%).
- Country utilization is higher than the regional average across outcome areas of SDG 3 services coverage, and health security
- Compared with other low-income countries, the country utilization is higher than that for SDG 3 services coverage and health security

**Implications for the SDGs**

- Accelerate ongoing interventions to address health security and SDG 3 services coverage focusing on the hard to reach populations
- Introduce innovative approaches to improve service availability, financial risk protection and service responsiveness for all populations
- Improve information availability, particularly for service availability and responsiveness

### System performance and investments

**Comments**

- A low-income country with system performance between that of an upper-middle-income and a lower-middle-income country
- Across system performance monitoring domains, relative performance is highest for effective demand for services
- Tangible investments in the health system are highest for health products and lowest for health infrastructure
- Tangible system investments are too low for effectiveness of system processes (service delivery, financing, governance and information)

**Implications for the SDGs**

- Accelerate strategies improving quality of care, effective demand and system resilience specifically targeting hard to reach populations
- Introduce innovative strategies to improve access to services for the whole population, focusing on scaling up investments in health workforce and infrastructure

# Eswatini

## State of health and well-being

| | Country value | African Region equivalent value | | | |
|---|---|---|---|---|---|
| | | Average | HICs | UMICs | LMICs | LICs |
| Healthy life expectancy | 50.9 | 53.8 | 65.5 | 58.6 | 52.9 | 52.5 |
| Crude death rate per 1000 population | 11.8 | 9.7 | 6.7 | 8.2 | 10.1 | 10.0 |
| DALYs lost per 1000 population – Total | 589.1 | 592.2 | 309.3 | 441.4 | 618.4 | 630.6 |
| *Due to communicable diseases* | 340.7 | 352.9 | 43.9 | 207.1 | 374.8 | 393.0 |
| *Due to noncommunicable conditions* | 185.2 | 177.6 | 234.9 | 190.6 | 180.3 | 170.6 |
| *Due to injuries* | 62.2 | 61.2 | 30.3 | 43.2 | 62.7 | 66.5 |

### Comments

- A lower-middle-income country with the 36th largest total GDP in the WHO African Region (representing 0.24% of the total GDP) but the 10th highest GDP per capita (US$ 3047.9 in current prices) based on 2015 estimates
- It has the seventh smallest population in the Region (0.13% of total population), the seventh smallest land area (0.07% of the Region) but the 19th highest population density (76.69 persons/km²)
- Health status is commensurate with that of a low-income country
- Overall healthy life expectancy, morbidity and mortality rates are lower than the regional average
- Additionally, mortality due to communicable diseases is marginally lower than the regional average

### Implications for the attainment of the SDGs*

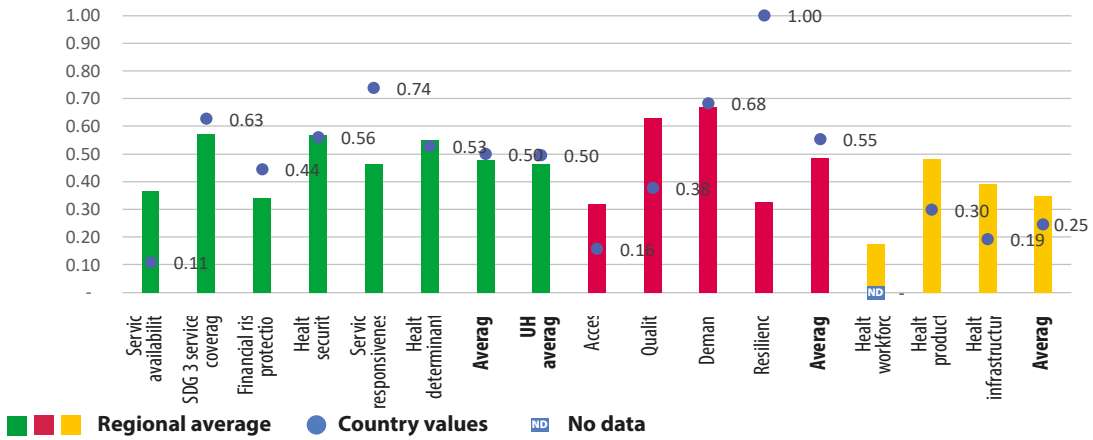
- Health status too low compared with that needed for the attainment of the SDGs
- Accelerate ongoing efforts to reduce burden of communicable diseases, focusing on hard to reach persons
- Explore innovative approaches to reduce the burden of noncommunicable diseases and injuries

* The capacity to attain the SDGs is related to how far the country's Healthy Life Expectancy is from that of the best performing income group (high income countries – 65.5 years)

Data is from the World Bank Health Population and Nutrition database for the year closest to 2015 for which data is available.
Source: http://databank.worldbank.org/data/source/health-nutrition-and-population-statistics, last accessed on 30 April 2018.

## State of health services and the health system

Services dimensions | System performance dimensions | Investment dimensions




### Service outcomes

**Comments**

- Overall utilization of health and health-related services to reach the SDGs is 50% of what is feasible in the Region, marginally higher than the regional average (48%).
- Country utilization is higher than the regional average for SDG 3 services coverage, financial risk protection and service responsiveness outcome areas
- Compared with other lower middle-income countries, country utilization is higher for SDG 3 services coverage, financial risk protection and service responsiveness outcomes

**Implications for the SDGs**

- Accelerate ongoing interventions to address SDG 3 services coverage, financial risk protection, and service responsiveness focusing on the hard to reach populations
- Introduce innovative approaches to improve service availability, and non-SDG 3 services coverage for all populations

### System performance and investments

**Comments**

- **Highest performer in the Region for system resilience (together with Cabo Verde) dimension of system performance**
- A lower-middle-income country with system performance closer to that of an upper-middle-income country
- Across system performance monitoring domains, relative performance is highest for system resilience
- Tangible system investments are lower than regional averages
- Tangible system investment levels are too low to provide information on effectiveness of system processes (service delivery, financing, governance and information)

**Implications for the SDGs**

- Accelerate strategies improving quality of care, and system resilience specifically targeting hard to reach populations
- Introduce innovative strategies to improve access to services and quality of care for the whole population, focusing on scaling up investments across all health system areas

# Ethiopia

## State of health and well-being

| | Country value | African Region equivalent value | | | | |
|---|---|---|---|---|---|---|
| | | Average | HICs | UMICs | LMICs | LICs |
| Healthy life expectancy | 56.1 | 53.8 | 65.5 | 58.6 | 52.9 | 52.5 |
| Crude death rate per 1000 population | 7.2 | 9.7 | 6.7 | 8.2 | 10.1 | 10.0 |
| DALYs lost per 1000 population – Total | 483.6 | 592.2 | 309.3 | 441.4 | 618.4 | 630.6 |
| *Due to communicable diseases* | 269.5 | 352.9 | 43.9 | 207.1 | 374.8 | 393.0 |
| *Due to noncommunicable conditions* | 158.8 | 177.6 | 234.9 | 190.6 | 180.3 | 170.6 |
| *Due to injuries* | 55.1 | 61.2 | 30.3 | 43.2 | 62.7 | 66.5 |

### Comments

- A low-income country with the fifth largest total GDP in the WHO African Region (representing 3.85% of the total GDP), but only the 33rd highest GDP per capita (US$ 645 in current prices) based on 2015 estimates
- It has the second largest population in the Region (10.05% of total population), the ninth largest land area (4.23% of the region) and the 15th highest population density (99.87 persons/ km$^2$)
- Health status is commensurate with that of a middle-income country
- Country has several areas of localized civil unrest, together with frequent disease outbreaks and disaster events
- Overall healthy life expectancy, morbidity and mortality rates are better than the regional average

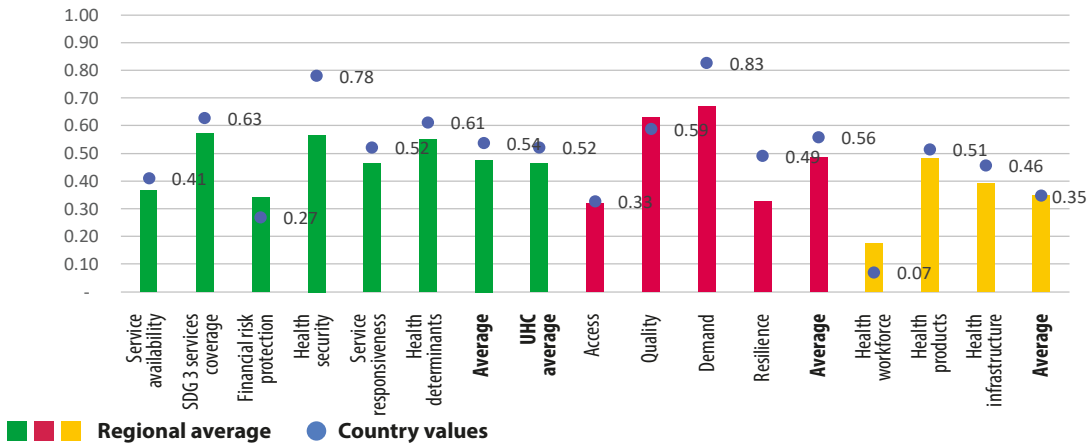
### Implications for the attainment of the SDGs*

- Health status lower than that needed for the attainment of the SDGs
- Accelerate ongoing efforts to reduce communicable diseases, noncommunicable diseases and injuries burdens targeting hard to reach populations

* The capacity to attain the SDGs is related to how far the country's Healthy Life Expectancy is from that of the best performing income group (high income countries – 65.5 years)

Data is from the World Bank Health Population and Nutrition database for the year closest to 2015 for which data is available.
Source: http://databank.worldbank.org/data/source/health-nutrition-and-population-statistics, last accessed on 30 April 2018.

## State of health services and the health system




### Service outcomes

**Comments**

- Overall utilization of health and health-related services to reach the SDGs is 54% of what is feasible in the Region, higher than the regional average (48%).
- Country utilization is higher than the regional average for all outcome areas apart from financial risk protection
- Compared with other low-income countries, the country utilization is higher for all outcome areas assessed apart from financial risk protection

**Implications for the SDGs**

- Accelerate ongoing interventions to address service availability, SDG 3 and non-SDG 3 services coverage, health security, and service responsiveness focusing on the hard to reach populations
- Introduce innovative approaches to improve financial risk protection for all populations

### System performance and investments

**Comments**

- A low-income country with system performance at the level of an upper-middle-income country
- A large country with high population
- Across system performance monitoring domains, relative performance is highest for effective demand
- Tangible system investments are low compared with the regional average particularly for health workforce
- Information is suggestive of some effective system processes (service delivery, financing, governance and information), with above average investments and high ratio of overall performance score to consolidated tangible investments scores

**Implications for the SDGs**

- Explore areas for sharing lessons in establishing effective system processes and system resilience
- Accelerate strategies improving access to services and effective demand for care specifically targeting hard to reach populations
- Introduce innovative strategies to improve quality of care for the whole population, focusing on scaling up investments in health workforce

# Gabon

## State of health and well-being

| | Country value | African Region equivalent value | | | |
|---|---|---|---|---|---|
| | | Average | HICs | UMICs | LMICs | LICs |
| Healthy life expectancy | 57.2 | 53.8 | 65.5 | 58.6 | 52.9 | 52.5 |
| Crude death rate per 1000 population | 9 | 9.7 | 6.7 | 8.2 | 10.1 | 10.0 |
| DALYs lost per 1000 population – Total | 471.8 | 592.2 | 309.3 | 441.4 | 618.4 | 630.6 |
| *Due to communicable diseases* | 254.2 | 352.9 | 43.9 | 207.1 | 374.8 | 393.0 |
| *Due to noncommunicable conditions* | 170.6 | 177.6 | 234.9 | 190.6 | 180.3 | 170.6 |
| *Due to injuries* | 46.7 | 61.2 | 30.3 | 43.2 | 62.7 | 66.5 |

### Comments

- An upper-middle-income country with the 17th largest total GDP in the WHO African Region (representing 0.85% of the total GDP), but the fourth highest GDP per capita (US$ 7389 in current prices) based on 2015 estimates
- It has the ninth smallest population in the Region (0.19% of total population), the 25th largest land area (1.09% of the region) and the fifth lowest population density (7.49 persons/km$^2$)
- Health status is commensurate with that of its classification
- Overall healthy life expectancy, morbidity and mortality rates are better than the regional average

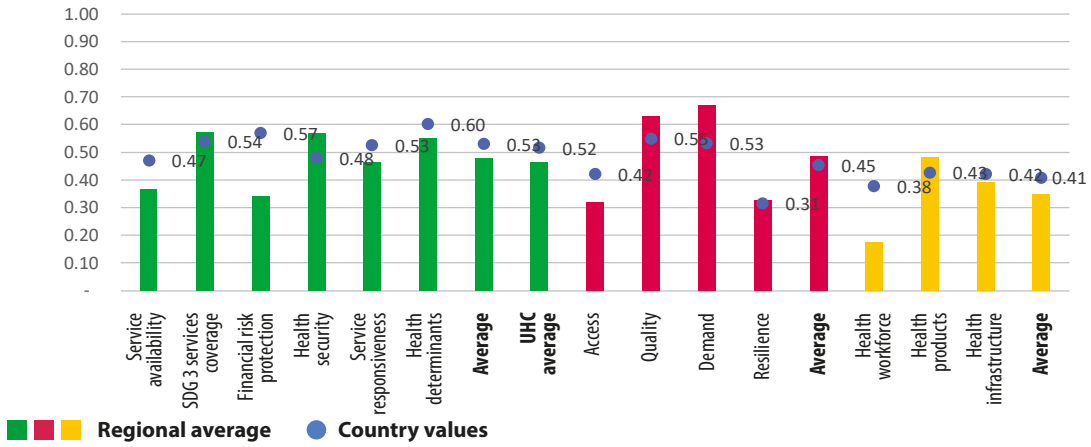
### Implications for the attainment of the SDGs*

- Health status low compared with that needed for the attainment of the SDGs
- Accelerate ongoing efforts to reduce communicable diseases, noncommunicable diseases and injuries burdens targeting hard to reach populations

* The capacity to attain the SDGs is related to how far the country's Healthy Life Expectancy is from that of the best performing income group (high income countries – 65.5 years)

Data is from the World Bank Health Population and Nutrition database for the year closest to 2015 for which data is available.
Source: http://databank.worldbank.org/data/source/health-nutrition-and-population-statistics, last accessed on 30 April 2018.

## State of health services and the health system




### Service outcomes

**Comments**

- Overall utilization of health and health-related services to reach the SDGs is 53% of what is feasible in the Region, higher than the regional average (48%).
- Country utilization is higher than the regional average for service availability, financial risk protection, and service responsiveness outcome areas
- Compared with other upper-middle-income countries, the country utilization is higher for outcome areas of financial risk protection

**Implications for the SDGs**

- Share lessons with other countries in improving financial risk protection
- Accelerate ongoing interventions to address service availability, SDG 3 and non-SDG 3 services coverage, and responsiveness focusing on the hard to reach populations
- Introduce innovative approaches to improve health security for all populations

### System performance and investments

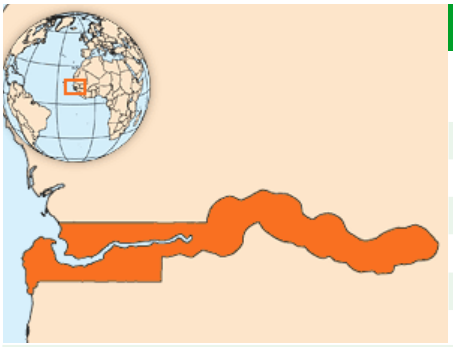
**Comments**

- An upper-middle-income country with system performance lower than that of low-income countries
- Across system performance monitoring domains, relative performance is highest for effective demand for services
- Investments highest in products, and lowest for HRH
- Tangible system investments are fair compared with the regional average, being lowest for health products
- Information is suggestive of low effective system processes (service delivery, financing, governance, information), high system investments scores, but low ratio of overall performance score to consolidated tangible investments scores

**Implications for the SDGs**

- Accelerate strategies improving access to services specifically targeting hard to reach populations
- Introduce innovative strategies to improve quality of care, effective service demand and system resilience, focusing on effectiveness of system processes and health products areas of the system

# The Gambia



## State of health and well-being

| | Country value | African Region equivalent value | | | |
|---|---|---|---|---|---|
| | | Average | HICs | UMICs | LMICs | LICs |
| Healthy life expectancy | 53.8 | 53.8 | 65.5 | 58.6 | 52.9 | 52.5 |
| Crude death rate per 1000 population | 8.2 | 9.7 | 6.7 | 8.2 | 10.1 | 10.0 |
| DALYs lost per 1000 population – Total | 576.1 | 592.2 | 309.3 | 441.4 | 618.4 | 630.6 |
| *Due to communicable diseases* | 350.0 | 352.9 | 43.9 | 207.1 | 374.8 | 393.0 |
| *Due to noncommunicable conditions* | 162.4 | 177.6 | 234.9 | 190.6 | 180.3 | 170.6 |
| *Due to injuries* | 62.8 | 61.2 | 30.3 | 43.2 | 62.7 | 66.5 |

### Comments

- A low-income country with the second smallest total GDP in the WHO African Region (representing 0.05% of the total GDP) and the seventh lowest GDP per capita (US$ 459 in current prices) based on 2015 estimates
- It has the 10th smallest population in the Region (0.20% of total population), the sixth smallest land area (0.04% of the region), but the ninth highest population density (195.41 persons/km$^2$)
- Health status is commensurate with that of a middle-income country
- The country has undergone recent political changes with the potential for major governance reforms
- Overall healthy life expectancy, morbidity and mortality rates are at/better than the regional average; however, mortality due to injuries conditions is marginally higher than that of the Region

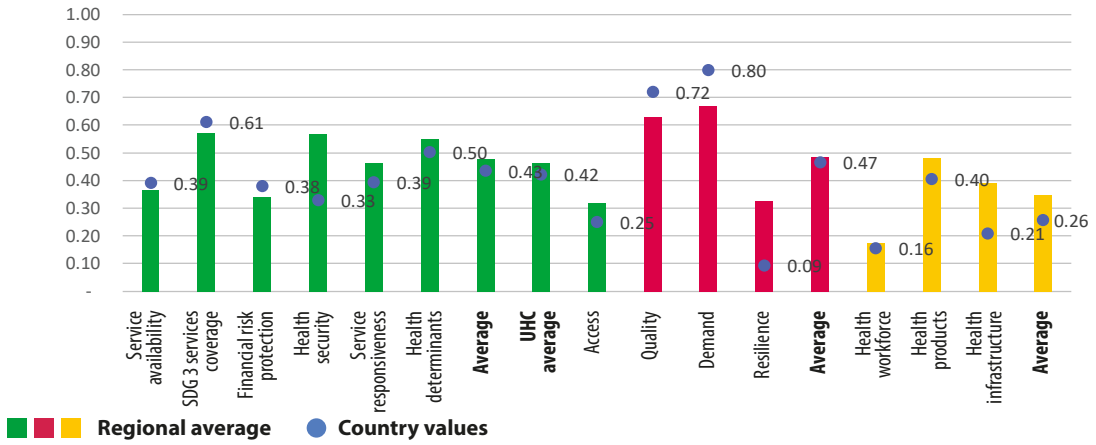
### Implications for the attainment of the SDGs*

- Health status very low compared with that needed for the attainment of the SDGs
- Accelerate ongoing efforts to reduce burdens of communicable diseases, noncommunicable diseases and injuries targeting hard to reach populations

* The capacity to attain the SDGs is related to how far the country's Healthy Life Expectancy is from that of the best performing income group (high income countries – 65.5 years)

Data is from the World Bank Health Population and Nutrition database for the year closest to 2015 for which data is available.
Source: http://databank.worldbank.org/data/source/health-nutrition-and-population-statistics, last accessed on 30 April 2018.

## State of health services and the health system




### Service outcomes

**Comments**

- Overall utilization of health and health-related services to reach the SDGs is 43% of what is feasible in the Region, lower than the regional average (48%).
- Country utilization is higher than the regional average for SDG 3 services coverage, and financial risk protection outcome areas
- Compared with other low-income countries, the country utilization is higher for SDG 3 services coverage and financial risk protection outcome areas

**Implications for the SDGs**

- Accelerate ongoing interventions to address SDG 3 services coverage, and financial risk protection outcome areas focusing on the hard to reach populations
- Introduce innovative approaches to improve services availability, health security, service responsiveness and non-SDG 3 services coverage for all populations

### System performance and investments

**Comments**

- A low-income country with system performance lower than that of other low-income countries
- Across system performance monitoring domains, relative performance is highest for effective demand for essential services
- Tangible system investments are low compared with the regional average, being lowest for health workforce
- Tangible system investments are too low for effectiveness of system processes (service delivery, financing, governance, information)

**Implications for the SDGs**

- Accelerate strategies improving access to services, quality of care and effective demand for services specifically targeting hard to reach populations
- Introduce innovative strategies to improve system resilience for the whole population, focusing on investments across all system areas

# Ghana

## State of health and well-being

| | Country value | African Region equivalent value | | | |
|---|---|---|---|---|---|
| | | Average | HICs | UMICs | LMICs | LICs |
| Healthy life expectancy | 55.3 | 53.8 | 65.5 | 58.6 | 52.9 | 52.5 |
| Crude death rate per 1000 population | 8.1 | 9.7 | 6.7 | 8.2 | 10.1 | 10.0 |
| DALYs lost per 1000 population – Total | 520.6 | 592.2 | 309.3 | 441.4 | 618.4 | 630.6 |
| *Due to communicable diseases* | 275.9 | 352.9 | 43.9 | 207.1 | 374.8 | 393.0 |
| *Due to noncommunicable conditions* | 190.0 | 177.6 | 234.9 | 190.6 | 180.3 | 170.6 |
| *Due to injuries* | 54.5 | 61.2 | 30.3 | 43.2 | 62.7 | 66.5 |

### Comments

- A lower-middle-income country with the ninth largest total GDP in the WHO African Region (representing 2.24% of the total GDP) and the 16th highest GDP per capita (US$ 1361.1 in current prices) based on 2015 estimates
- It has the 11th largest population in the Region (2.78% of total population), but with only the 27th largest land area (0.96% of the region) and the 13th highest population density (121.22 persons/km$^2$)
- Health status is on the upper side of its income classification, between a lower and an upper-middle-income countries
- Overall healthy life expectancy, morbidity and mortality rates are better than the regional average
- Mortality due to noncommunicable conditions is lower than that of the Region

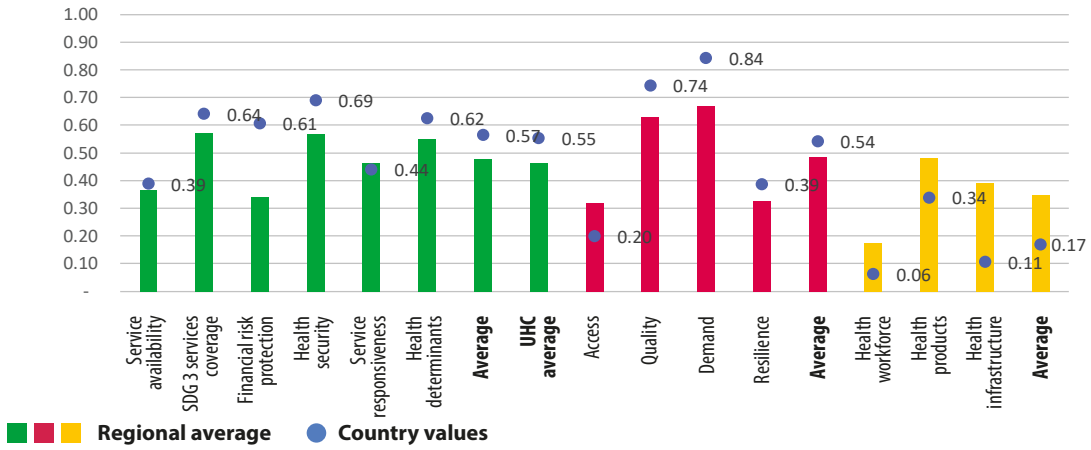
### Implications for the attainment of the SDGs*

- Health status still low compared to that needed for reaching the SDGs
- Accelerate ongoing initiatives to reduce the burden due to communicable diseases and injuries targeting hard to reach populations
- Introduce innovative approaches to address the burden due to noncommunicable diseases

* The capacity to attain the SDGs is related to how far the country's Healthy Life Expectancy is from that of the best performing income group (high income countries – 65.5 years)

Data is from the World Bank Health Population and Nutrition database for the year closest to 2015 for which data is available.
Source: http://databank.worldbank.org/data/source/health-nutrition-and-population-statistics, last accessed on 30 April 2018.

## State of health services and the health system




### Service outcomes

**Comments**

- Overall utilization of health and health-related services to reach the SDGs is 57% of what is feasible in the Region, higher than the regional average (48%).
- Country utilization is higher than the regional average in SDG 3 and non-SDG 3 services coverage, financial risk protection and health security outcome areas
- Compared with other lower-middle-income countries, the country utilization is higher for SDG 3 and non-SDG 3 services coverage, financial risk protection and health security

**Implications for the SDGs**

- Share lessons with other countries in improving financial risk protection
- Accelerate ongoing interventions addressing SDG 3 and non-SDG 3 services coverage, financial risk protection and health security focused on hard to reach populations
- Introduce innovative approaches to improve services availability for all populations

### System performance and investments

**Comments**

- A lower-middle-income country with system performance similar to that of an upper-middle-income country
- Across system performance monitoring domains, relative performance is lowest for access to services and highest for effective demand for services
- Tangible system investments are too low for effectiveness of system processes (systems for service delivery, financing, governance and information)
- Information is suggestive of some effective system processes (service delivery, financing, governance, information), low system investments, but with very high ratio of overall performance score to consolidated tangible investments scores

**Implications for the SDGs**

- Explore areas for sharing lessons in establishing effective system processes
- Accelerate strategies improving quality of care, effective demand for services and system resilience specifically targeting hard to reach populations
- Introduce innovative strategies to improve access to essential services for the whole population, focusing on scaling up investments across all the system areas

# Guinea

## State of health and well-being

| | Country value | African Region equivalent value | | | |
|---|---|---|---|---|---|
| | | Average | HICs | UMICs | LMICs | LICs |
| Healthy life expectancy | 51.7 | 53.8 | 65.5 | 58.6 | 52.9 | 52.5 |
| Crude death rate per 1000 population | 10.1 | 9.7 | 6.7 | 8.2 | 10.1 | 10.0 |
| DALYs lost per 1000 population – Total | 697.9 | 592.2 | 309.3 | 441.4 | 618.4 | 630.6 |
| *Due to communicable diseases* | 451.7 | 352.9 | 43.9 | 207.1 | 374.8 | 393.0 |
| *Due to noncommunicable conditions* | 182.0 | 177.6 | 234.9 | 190.6 | 180.3 | 170.6 |
| *Due to injuries* | 64.1 | 61.2 | 30.3 | 43.2 | 62.7 | 66.5 |

### Comments

- A low-income country with the 27th largest total GDP in the WHO African Region (representing 0.52% of the total GDP) and the 30th highest GDP per capita (US$ 725.1 in current prices) based on 2015 estimates
- It has the 23rd largest population in the Region (1.22% of total population), the 26th largest land area (1.04% of the Region) and the 26th highest population density (49.21 persons/km$^2$)
- Health status is commensurate with that of its income classification
- Overall healthy life expectancy, morbidity and mortality rates are lower than the regional average

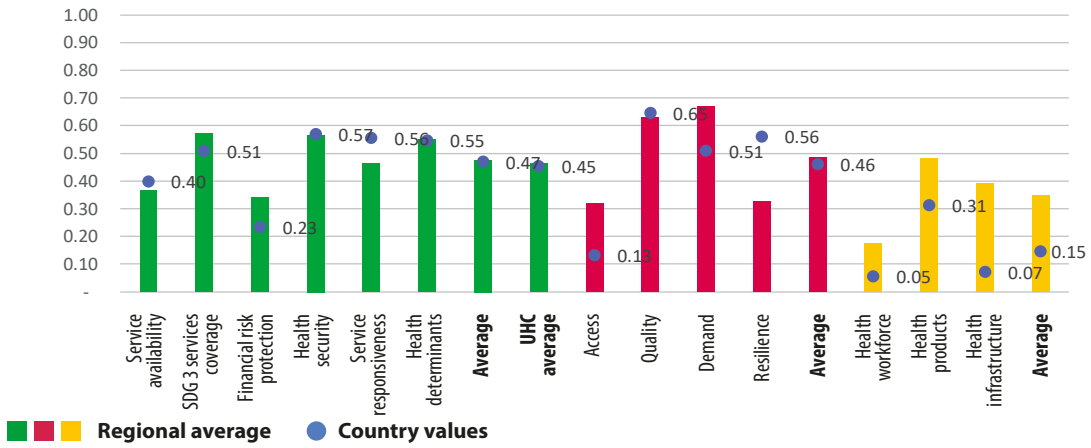
### Implications for the attainment of the SDGs*

- Health status low compared to that needed for the attainment of the SDGs
- Introduce innovative approaches to address the burden due to communicable diseases, noncommunicable diseases and injuries

* The capacity to attain the SDGs is related to how far the country's Healthy Life Expectancy is from that of the best performing income group (high income countries – 65.5 years)

Data is from the World Bank Health Population and Nutrition database for the year closest to 2015 for which data is available.
Source: http://databank.worldbank.org/data/source/health-nutrition-and-population-statistics, last accessed on 30 April 2018.

## State of health services and the health system




### Service outcomes

**Comments**

- Overall utilization of health and health-related services to reach the SDGs is 47% of what is feasible in the Region, close to the regional average (48%).
- Country utilization is higher than the regional average for service responsiveness outcome area
- Compared with other low-income countries, the country utilization is higher for health security, service responsiveness and non-SDG 3 service coverage outcome areas

**Implications for the SDGs**

- Accelerate ongoing interventions to address service responsiveness area, focusing on the hard to reach populations
- Introduce innovative approaches to improve service availability, health security, SDG 3 and non SDG 3 services coverage and financial risk protection for all populations

### System performance and investments

**Comments**

- A low-income country recently recovered from a major disruption of the system due to EVD outbreak
- System performance is lower than that of other low-income countries
- Across system performance monitoring domains, relative performance is highest for quality of care
- Tangible system investments are lower than the regional averages, particularly for the health workforce. However, a major recruitment of 4,000 health workers has since greatly improved the health workforce density
- Tangible system investment levels are too low for effectiveness of system processes (service delivery, financing, governance, information)

**Implications for the SDGs**

- Explore areas for sharing lessons in building system resilience, learning from the EVD outbreak
- Accelerate strategies improving quality of care specifically targeting hard to reach populations
- Introduce innovative strategies to improve access to services and effective demand for the whole population, focusing on scaling up investments across all health system

# Guinea Bissau

## State of health and well-being

| | Country value | African Region equivalent value | | | |
|---|---|---|---|---|---|
| | | Average | HICs | UMICs | LMICs | LICs |
| Healthy life expectancy | 51.5 | 53.8 | 65.5 | 58.6 | 52.9 | 52.5 |
| Crude death rate per 1000 population | 12.3 | 9.7 | 6.7 | 8.2 | 10.1 | 10.0 |
| DALYs lost per 1000 population – Total | 688.0 | 592.2 | 309.3 | 441.4 | 618.4 | 630.6 |
| *Due to communicable diseases* | 451.0 | 352.9 | 43.9 | 207.1 | 374.8 | 393.0 |
| *Due to noncommunicable conditions* | 173.5 | 177.6 | 234.9 | 190.6 | 180.3 | 170.6 |
| *Due to injuries* | 63.0 | 61.2 | 30.3 | 43.2 | 62.7 | 66.5 |

### Comments

- A low-income country with the fourth lowest total GDP in the WHO African Region (representing 0.06% of the total GDP) and the 35th highest GDP per capita (US$ 585.2 in current prices) based on 2015 estimates
- It has the eighth smallest population in the Region (0.18% of total population), the 37th largest land area (0.12% of the region) and the 23rd highest population density (62.96 persons/km$^2$)
- Health status is commensurate with that of its income classification
- Overall healthy life expectancy, morbidity and mortality rates are lower than the regional average
- Burden of noncommunicable diseases is marginally lower than that of the regional average

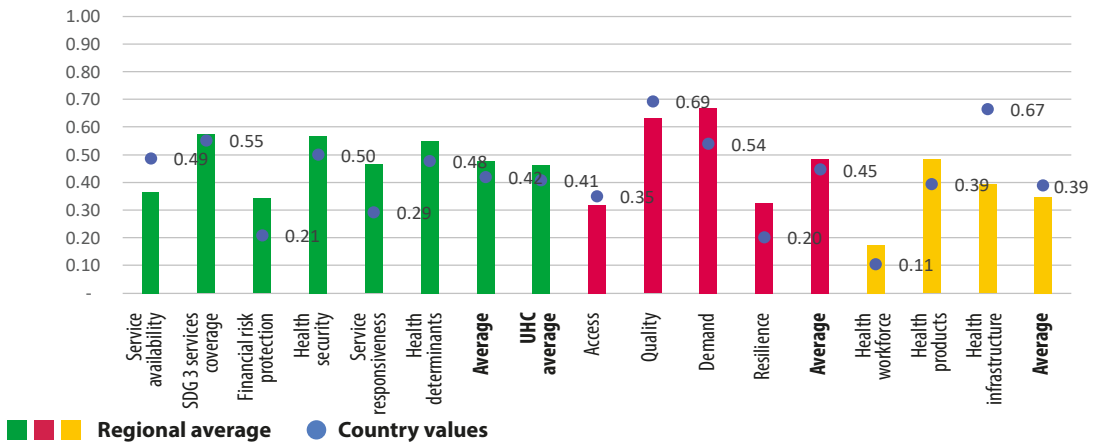
### Implications for the attainment of the SDGs*

- Health status is low compared to that needed for the attainment of the SDGs
- Introduce innovative approaches to address the burden due to communicable diseases and injuries

* The capacity to attain the SDGs is related to how far the country's Healthy Life Expectancy is from that of the best performing income group (high income countries – 65.5 years)

Data is from the World Bank Health Population and Nutrition database for the year closest to 2015 for which data is available.
Source: http://databank.worldbank.org/data/source/health-nutrition-and-population-statistics, last accessed on 30 April 2018.

## State of health services and the health system




### Service outcomes

**Comments**

- Overall utilization of health and health-related services to reach the SDGs is 42% of what is feasible in the Region, lower than the regional average (48%).
- Country utilization is higher than the regional average for none of the outcome areas
- Compared with other low-income countries, the country utilization is higher for none of the outcome areas

**Implications for the SDGs**

- Introduce innovative approaches to improve service availability, SDG 3 and non-SDG 3 services coverages, financial risk protection, health security and service responsiveness for all populations

### System performance and investments

- A low-income country with system performance lower than that of other low-income countries
- Across system performance monitoring domains, relative performance is highest for quality of care, lowest for system resilience
- Tangible system investments are higher than the regional average for health infrastructure, but lower for health workforce and health products
- Information is suggestive of low effectiveness of system processes (service delivery, financing, governance and information), relatively high investment scores in some areas, but a low ratio of overall performance score to consolidated tangible investments scores

- Explore areas for sharing lessons in improving health infrastructure
- Accelerate strategies improving access to services, and quality of care specifically targeting hard to reach populations
- Introduce innovative strategies to improve effective demand and system resilience for the whole population, focusing on scaling up investments in health workforce and health products

# Kenya

## State of health and well-being

| | Country value | African Region equivalent value | | | | |
|---|---|---|---|---|---|---|
| | | Average | HICs | UMICs | LMICs | LICs |
| Healthy life expectancy | 55.6 | 53.8 | 65.5 | 58.6 | 52.9 | 52.5 |
| Crude death rate per 1000 population | 8.3 | 9.7 | 6.7 | 8.2 | 10.1 | 10.0 |
| DALYs lost per 1000 population – Total | 474.6 | 592.2 | 309.3 | 441.4 | 618.4 | 630.6 |
| *Due to communicable diseases* | 281.0 | 352.9 | 43.9 | 207.1 | 374.8 | 393.0 |
| *Due to noncommunicable conditions* | 142.0 | 177.6 | 234.9 | 190.6 | 180.3 | 170.6 |
| *Due to injuries* | 51.3 | 61.2 | 30.3 | 43.2 | 62.7 | 66.5 |

### Comments

- A lower-middle-income country with the sixth largest total GDP in the WHO African Region (representing 3.81% of the total GDP) and the 18th highest GDP per capita (US$ 1350 in current prices) based on 2015 estimates
- It has the sixth largest population in the Region (4.75% of total population), the 18th largest land area (2.41% of the Region) and the 17th highest population density (83 persons/km$^2$)
- Health status is commensurate with that of that of its classification
- Overall healthy life expectancy, morbidity and mortality rates are better than the regional average

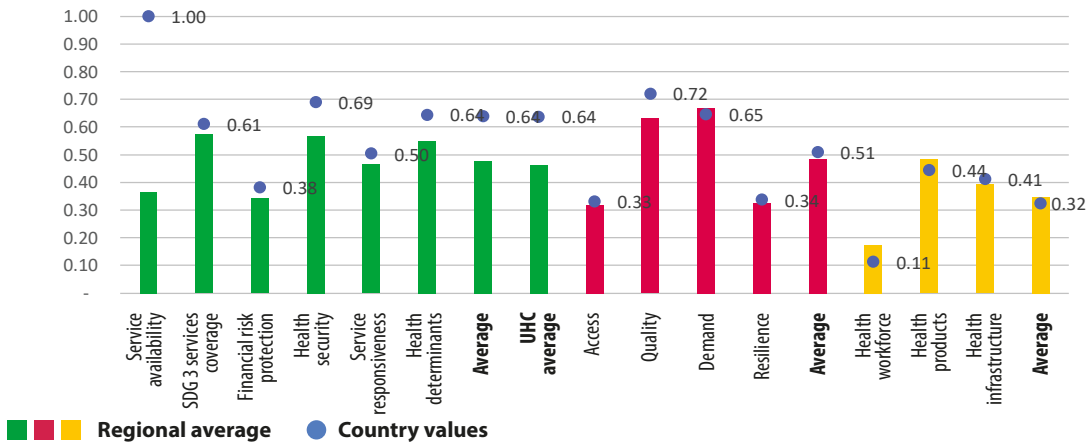
### Implications for the attainment of the SDGs*

- Health status is low compared with that needed for the attainment of the SDGs
- Accelerate ongoing efforts to address the communicable diseases, noncommunicable diseases and injuries targeting hard to reach populations

* The capacity to attain the SDGs is related to how far the country's Healthy Life Expectancy is from that of the best performing income group (high income countries – 65.5 years)

Data is from the World Bank Health Population and Nutrition database for the year closest to 2015 for which data is available.
Source: http://databank.worldbank.org/data/source/health-nutrition-and-population-statistics, last accessed on 30 April 2018.

## State of health services and the health system




### Service outcomes

**Comments**

- **Highest performer in the Region for service availability dimension of outcomes**
- Overall utilization of health and health-related services to reach the SDGs is 64% of what is feasible in the Region, higher than the regional average (48%).
- Country utilization is higher than the regional average across all outcome areas
- Compared with other lower middle-income countries, the country utilization is higher for health security, and non-SDG 3 service coverage outcome areas

**Implications for the SDGs**

- Accelerate ongoing interventions to address service availability, SDG 3 and non-SDG 3 service coverages, financial risk protection, health security and service responsiveness focusing on the hard to reach populations

### System performance and investments

**Comments**

- A lower-middle-income country with system performance at the level for its classification
- Across system performance monitoring domains, relative performance is highest for quality of care
- Tangible system investments are average, being higher than the regional average for health infrastructure
- Information is suggestive of some areas of effectiveness of system processes (service delivery, financing, governance and information), with an average level of investment scores, and an above average ratio of overall performance score to consolidated tangible investments scores

**Implications for the SDGs**

- Explore areas for sharing lessons in establishing effective system processes
- Accelerate strategies improving access to services, quality of care, effective demand for services and systems resilience specifically targeting hard to reach populations and focusing on scaling up investments in the health workforce, health products and improving effectiveness of system processes

# Lesotho

## State of health and well-being

| | Country value | African Region equivalent value | | | |
|---|---|---|---|---|---|
| | | Average | HICs | UMICs | LMICs | LICs |
| Healthy life expectancy | 46.6 | 53.8 | 65.5 | 58.6 | 52.9 | 52.5 |
| Crude death rate per 1000 population | 14.1 | 9.7 | 6.7 | 8.2 | 10.1 | 10.0 |
| DALYs lost per 1000 population – Total | 771.7 | 592.2 | 309.3 | 441.4 | 618.4 | 630.6 |
| *Due to communicable diseases* | 528.3 | 352.9 | 43.9 | 207.1 | 374.8 | 393.0 |
| *Due to noncommunicable conditions* | 179.1 | 177.6 | 234.9 | 190.6 | 180.3 | 170.6 |
| *Due to injuries* | 63.3 | 61.2 | 30.3 | 43.2 | 62.7 | 66.5 |

### Comments

- A lower-middle-income country with the ninth smallest total GDP in the WHO African Region (representing 0.15% of the total GDP), but the 21st highest GDP per capita (US$ 1152.3 in current prices) based on 2015 estimates
- It has the 11th smallest population in the Region (0.22% of total population), the 12th smallest land area (0.13% of the region) and the 21st highest population density (71.63 persons/km$^2$)
- Health status is commensurate with that of a low-income country
- Overall healthy life expectancy, morbidity and mortality rates are lower than the regional average

### Implications for the attainment of the SDGs*

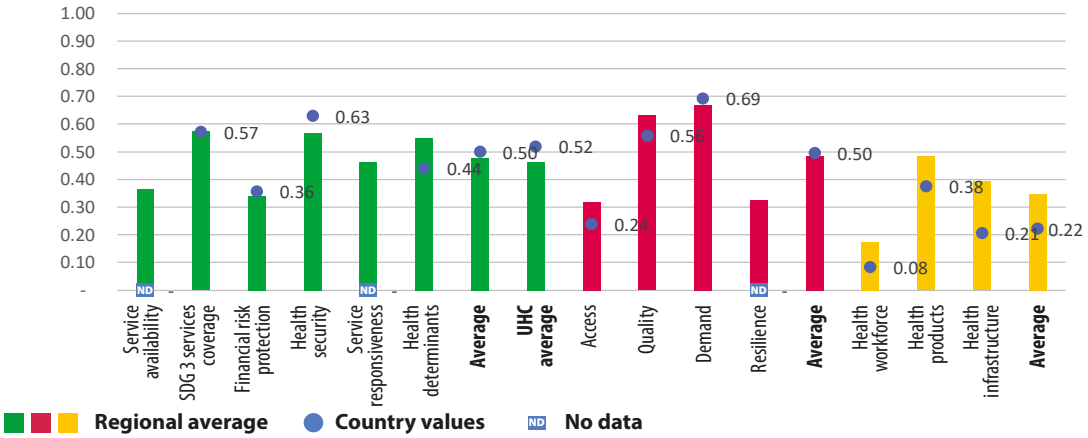
- Health status too low compared with that needed for the attainment of the SDGs
- Explore introduction of innovative approaches to reduce the burden of communicable diseases, noncommunicable diseases and injuries

* The capacity to attain the SDGs is related to how far the country's Healthy Life Expectancy is from that of the best performing income group (high income countries – 65.5 years)

Data is from the World Bank Health Population and Nutrition database for the year closest to 2015 for which data is available.
Source: http://databank.worldbank.org/data/source/health-nutrition-and-population-statistics, last accessed on 30 April 2018.

## State of health services and the health system

Services dimensions | System performance dimensions | Investment dimensions




### Service outcomes

**Comments**

- Overall utilization of health and health-related services to reach the SDGs is 50% of what is feasible in the Region, higher than the regional average (48%).
- Country utilization is higher than the regional average health security outcome areas (no data for service availability and responsiveness)
- Compared with other lower middle-income countries, the country utilization is higher for SDG 3 service coverage, financial risk protection and health security

**Implications for the SDGs**

- Accelerate ongoing interventions to address health security focusing on the hard to reach populations
- Introduce innovative approaches to improve SDG 3 services coverage, non-SDG 3 services coverage and financial risk protection for all populations
- Improve information availability, particularly for service availability and service responsiveness

### System performance and investments

**Comments**

- A lower-middle-income country with system performance at the level of its classification
- Across system performance monitoring domains, relative performance is highest for effective demand for services
- Tangible system investments are below the regional averages for all areas, particularly low for health workforce
- Tangible system investment levels are too low for effectiveness of system processes (service delivery, financing, governance and information)

**Implications for the SDGs**

- Accelerate strategies improving quality of care and effective demand for care, specifically targeting hard to reach populations
- Introduce innovative strategies to improve access to services for the whole population, focusing on scaling up investments across all health system areas

# Liberia

## State of health and well-being

| | Country value | African Region equivalent value | | | |
|---|---|---|---|---|---|
| | | Average | HICs | UMICs | LMICs | LICs |
| Healthy life expectancy | 52.7 | 53.8 | 65.5 | 58.6 | 52.9 | 52.5 |
| Crude death rate per 1000 population | 8 | 9.7 | 6.7 | 8.2 | 10.1 | 10.0 |
| DALYs lost per 1000 population – Total | 583.6 | 592.2 | 309.3 | 441.4 | 618.4 | 630.6 |
| *Due to communicable diseases* | 374.2 | 352.9 | 43.9 | 207.1 | 374.8 | 393.0 |
| *Due to noncommunicable conditions* | 149.9 | 177.6 | 234.9 | 190.6 | 180.3 | 170.6 |
| *Due to injuries* | 59.1 | 61.2 | 30.3 | 43.2 | 62.7 | 66.5 |

### Comments

- A low-income country with the eighth smallest total GDP in the WHO African Region (representing 0.12% of the total GDP) and the sixth lowest GDP per capita (US$ 452 in current prices) based on 2015 estimates
- It has the 33rd largest population in the Region (0.45% of total population), the 32nd largest land area (0.41% of the region) and the 28th highest population density (46.72 persons/km$^2$)
- Health status is commensurate with that of a lower-middle-income country
- Overall healthy life expectancy and communicable disease burden is lower than the regional average
- However, crude death and noncommunicable disease /injuries burden are better than that of the regional average

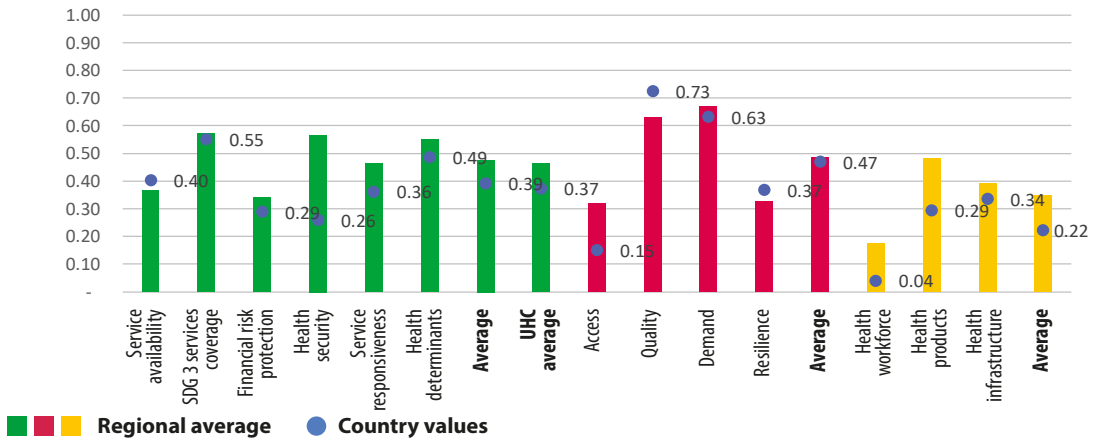
### Implications for the attainment of the SDGs*

- Health status lower than that needed for the attainment of the SDGs
- Accelerate ongoing efforts to reduce burden of noncommunicable diseases and injuries targeting hard to reach populations
- Explore innovative approaches to reduce communicable diseases burden

* The capacity to attain the SDGs is related to how far the country's Healthy Life Expectancy is from that of the best performing income group (high income countries – 65.5 years)

Data is from the World Bank Health Population and Nutrition database for the year closest to 2015 for which data is available.
Source: http://databank.worldbank.org/data/source/health-nutrition-and-population-statistics, last accessed on 30 April 2018.

## State of health services and the health system




### Service outcomes

**Comments**

- Overall utilization of health and health-related services to reach the SDGs is 39% of what is feasible in the Region, lower than the regional average (48%).
- Country utilization is higher than the regional average for none of the outcome areas
- Compared with other low-income countries, the country utilization is higher for non-SDG 3 service coverage

**Implications for the SDGs**

- Accelerate ongoing interventions to address non-SDG 3 service coverage focusing on the hard to reach populations
- Introduce innovative approaches to improve service availability, SDG 3 services coverage, financial risk protection, health security and responsiveness for all populations

### System performance and investments

**Comments**

- A low-income-country recently recovered from a major disruption of the system due to EVD outbreak
- System performance similar to that of other low-income countries
- Across system performance monitoring domains, relative performance is best for quality of care
- Tangible system investments are below regional averages across all areas
- Tangible system investment levels are too low for effectiveness of system processes (service delivery, financing, governance and information)

**Implications for the SDGs**

- Accelerate strategies improving quality of care, and system resilience specifically targeting hard to reach populations, building on lessons learnt from the EVD outbreak
- Introduce innovative strategies to access to services and effective demand for services for the whole population, focusing on scaling up investments across all system areas

# Madagascar

## State of health and well-being

| | Country value | African Region equivalent value | | | |
|---|---|---|---|---|---|
| | | Average | HICs | UMICs | LMICs | LICs |
| Healthy life expectancy | 56.9 | 53.8 | 65.5 | 58.6 | 52.9 | 52.5 |
| Crude death rate per 1000 population | 7 | 9.7 | 6.7 | 8.2 | 10.1 | 10.0 |
| DALYs lost per 1000 population – Total | 439.8 | 592.2 | 309.3 | 441.4 | 618.4 | 630.6 |
| *Due to communicable diseases* | 236.5 | 352.9 | 43.9 | 207.1 | 374.8 | 393.0 |
| *Due to noncommunicable conditions* | 156.5 | 177.6 | 234.9 | 190.6 | 180.3 | 170.6 |
| *Due to injuries* | 46.6 | 61.2 | 30.3 | 43.2 | 62.7 | 66.5 |

### Comments

- A low-income country with the 25th largest total GDP in the WHO African Region (representing 0.58% of the total GDP) and the fifth lowest GDP per capita (US$ 402.1 in current prices) based on 2015 estimates
- It has the 12th largest population in the Region (2.44% of total population), the 17th largest land area (2.46% of the region) and the 31st highest population density (41.65 persons/km$^2$)
- Health status is commensurate with that of a middle-income country
- Overall healthy life expectancy, morbidity and mortality rates are better than the regional average

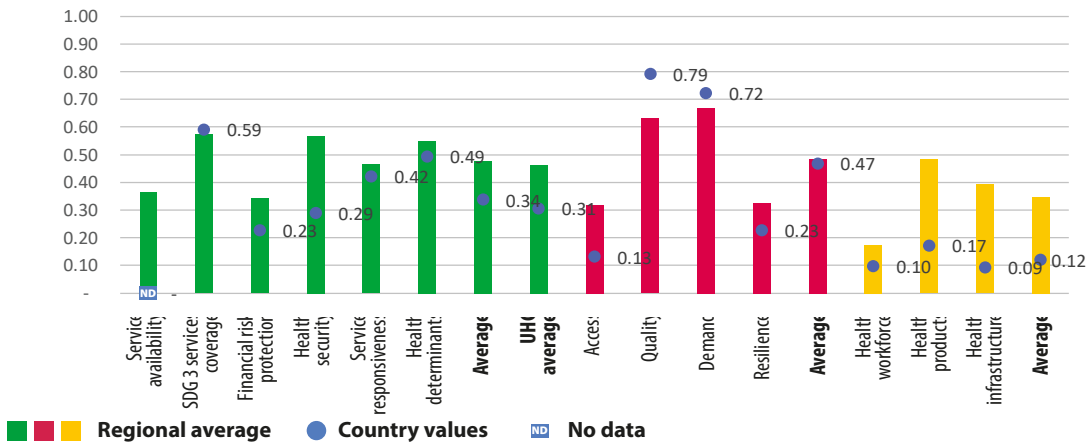
### Implications for the attainment of the SDGs*

- Health status lower than that needed for the attainment of the SDGs
- Accelerate ongoing efforts to reduce burden of communicable diseases, noncommunicable diseases and injuries targeting hard to reach populations

* The capacity to attain the SDGs is related to how far the country's Healthy Life Expectancy is from that of the best performing income group (high income countries – 65.5 years)

Data is from the World Bank Health Population and Nutrition database for the year closest to 2015 for which data is available.
Source: http://databank.worldbank.org/data/source/health-nutrition-and-population-statistics, last accessed on 30 April 2018.

## State of health services and the health system




## Service outcomes

### Comments

- Overall utilization of health and health-related services to reach the SDGs is 34% of what is feasible in the Region, lower than the regional average (48%).
- Country utilization is higher than the regional average only for SDG 3 services coverage outcome area (no data for service availability)
- Compared with other low-income countries, the country utilization is higher for SDG 3 service coverage

### Implications for the SDGs

- Accelerate ongoing interventions to address SDG 3 services coverages focusing on the hard to reach populations
- Introduce innovative approaches to improve financial risk protection, health security, service responsiveness and non-SDG 3 services coverage for all populations
- Improve information availability, particularly for service availability

## System performance and investments

### Comments

- A low-income country with system performance lower than that of other low-income countries
- Across system performance monitoring domains, relative performance is best for quality of care
- Tangible system investments are lower than the regional average in all areas
- Tangible system investment levels are too low for effectiveness of system processes (service delivery, financing, governance and information)

### Implications for the SDGs

- Accelerate strategies improving quality of care and effective service demand specifically targeting hard to reach populations
- Introduce innovative strategies to improve access to services and system resilience for the whole population, focusing on scaling up investments in all the health system areas

# Malawi

## State of health and well-being

| | Country value | African Region equivalent value | | | |
|---|---|---|---|---|---|
| | | Average | HICs | UMICs | LMICs | LICs |
| Healthy life expectancy | 51.2 | 53.8 | 65.5 | 58.6 | 52.9 | 52.5 |
| Crude death rate per 1000 population | 9 | 9.7 | 6.7 | 8.2 | 10.1 | 10.0 |
| DALYs lost per 1000 population – Total | 568.3 | 592.2 | 309.3 | 441.4 | 618.4 | 630.6 |
| *Due to communicable diseases* | 370.7 | 352.9 | 43.9 | 207.1 | 374.8 | 393.0 |
| *Due to noncommunicable conditions* | 150.3 | 177.6 | 234.9 | 190.6 | 180.3 | 170.6 |
| *Due to injuries* | 46.7 | 61.2 | 30.3 | 43.2 | 62.7 | 66.5 |

### Comments

- A low-income country with the 32nd largest total GDP in the WHO African Region (representing 0.38% of the total GDP) and the third smallest GDP per capita (US$ 362.7 in current prices) based on 2015 estimates
- It has the 17th largest population in the Region (1.77% of total population), the 33rd largest land area (0.40% of the region) and the 10th highest population density (186 persons/km$^2$)
- Health status is commensurate with that of its income classification
- Overall healthy life expectancy and communicable disease burden are lower than the regional average

### Implications for the attainment of the SDGs*

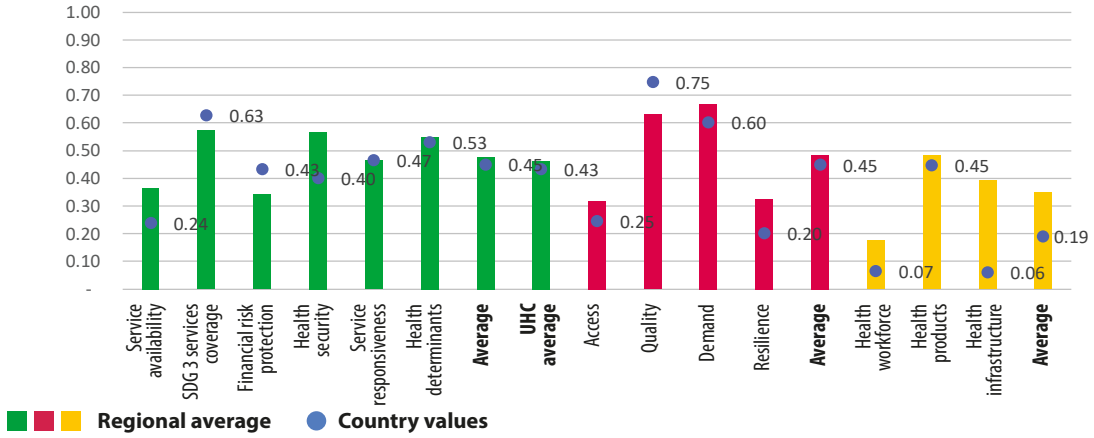
- Health status too low for the attainment of the SDGs
- Accelerate ongoing efforts to reduce burden of noncommunicable diseases and injuries targeting hard to reach populations
- Introduce innovative approaches to address communicable diseases burden

* The capacity to attain the SDGs is related to how far the country's Healthy Life Expectancy is from that of the best performing income group (high income countries – 65.5 years)

Data is from the World Bank Health Population and Nutrition database for the year closest to 2015 for which data is available.
Source: http://databank.worldbank.org/data/source/health-nutrition-and-population-statistics, last accessed on 30 April 2018.

## State of health services and the health system

Services dimensions | System performance dimensions | Investment dimensions




### Service outcomes

**Comments**

- Overall utilization of health and health-related services to reach the SDGs is 45% of what is feasible in the Region, lower than the regional average (48%).
- Country utilization is higher than the regional average for only SDG 3 service coverage
- Compared with other low-income countries, the country utilization is higher for service availability, SDG 3 service coverage, financial risk protection and responsiveness

**Implications for the SDGs**

- Accelerate ongoing interventions to address SDG 3 service coverage, focusing on the hard to reach
- Introduce innovative approaches to improve service availability, health security, financial risk protection, service responsiveness and non-SDG 3 service coverage for all populations

### System performance and investments

**Comments**

- A low-income country with system performance marginally lower than that of other low-income countries
- Across system performance monitoring domains, relative performance is lowest for access to services and system resilience
- Tangible system investments are lower than regional averages, particularly for health workforce and infrastructure
- Tangible system investment levels are too low for effectiveness of system processes (service delivery, financing, governance and information)

**Implications for the SDGs**

- Accelerate strategies improving quality of care and access to services, specifically targeting hard to reach populations
- Introduce innovative strategies to improve effective demand and system resilience for the whole population, focusing on scaling up investments across all the health system areas

# Mali

## State of health and well-being

| | Country value | African Region equivalent value | | | |
|---|---|---|---|---|---|
| | | Average | HICs | UMICs | LMICs | LICs |
| Healthy life expectancy | 51.1 | 53.8 | 65.5 | 58.6 | 52.9 | 52.5 |
| Crude death rate per 1000 population | 11.2 | 9.7 | 6.7 | 8.2 | 10.1 | 10.0 |
| DALYs lost per 1000 population – Total | 767.0 | 592.2 | 309.3 | 441.4 | 618.4 | 630.6 |
| *Due to communicable diseases* | 518.5 | 352.9 | 43.9 | 207.1 | 374.8 | 393.0 |
| *Due to noncommunicable conditions* | 176.5 | 177.6 | 234.9 | 190.6 | 180.3 | 170.6 |
| *Due to injuries* | 71.6 | 61.2 | 30.3 | 43.2 | 62.7 | 66.5 |

### Comments

- A low-income country with the 19th largest total GDP in the WHO African Region (representing 0.78% of the total GDP) and the 28th highest GDP per capita (US$ 750 in current prices) based on 2015 estimates
- It has the 18th largest population in the Region (1.76% of total population), but with the sixth largest land area (5.17% of the region) and the seventh lowest population density (14.32 persons/km$^2$)
- Health status is commensurate with that of its income classification
- Overall healthy life expectancy, morbidity and mortality rates are lower than the regional average
- Mortality due to noncommunicable conditions is marginally higher than that of the Region

### Implications for the attainment of the SDGs*

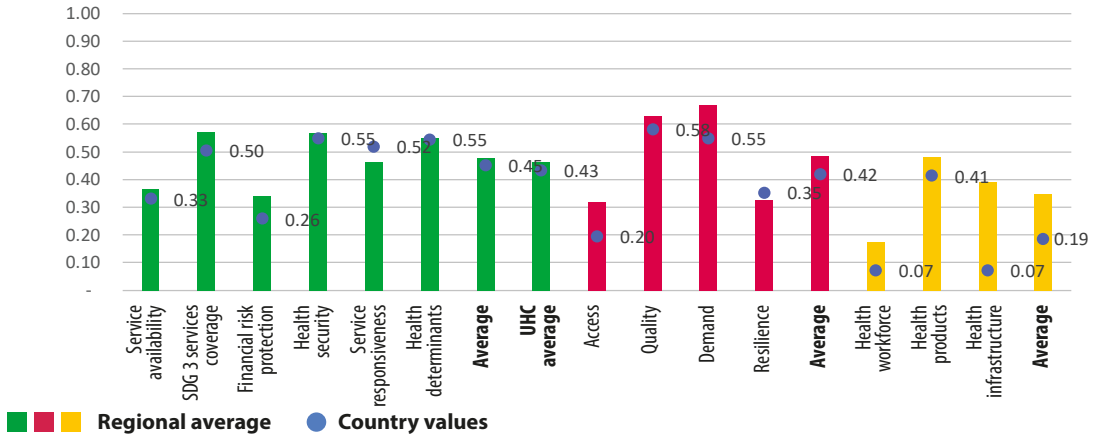
- Health status low compared with that needed for the attainment of the SDGs
- Accelerate ongoing efforts to reduce burden of noncommunicable diseases targeting hard to reach populations
- Introduce innovative approaches to address communicable diseases and injuries burden

* The capacity to attain the SDGs is related to how far the country's Healthy Life Expectancy is from that of the best performing income group (high income countries – 65.5 years)

Data is from the World Bank Health Population and Nutrition database for the year closest to 2015 for which data is available.
Source: http://databank.worldbank.org/data/source/health-nutrition-and-population-statistics, last accessed on 30 April 2018.

## State of health services and the health system

Services dimensions | System performance dimensions | Investment dimensions




### Service outcomes

**Comments**

- Overall utilization of health and health-related services to reach the SDGs is 45% of what is feasible in the Region, lower than the regional average (48%).
- Country utilization is higher than the regional average for none of the outcome areas
- Compared with other low-income countries, the country utilization is higher for health security, service responsiveness and non-SDG 3 service coverage

**Implications for the SDGs**

- Accelerate ongoing interventions to address health security, service responsiveness and non-SDG 3 service coverage, focusing on the hard to reach populations
- Introduce innovative approaches to improve service availability, SDG 3 service coverage and financial risk protection for all populations

### System performance and investments

**Comments**

- A low-income country with system performance lower than that of other low-income countries
- Across system performance monitoring domains, relative performance is lowest for access to services
- Tangible system investments are lower than regional averages, particularly for health workforce and infrastructure
- Tangible system investment levels are too low for effectiveness of system processes (service delivery, financing, governance, information)

**Implications for the SDGs**

- Accelerate strategies improving effective demand for services specifically targeting hard to reach populations
- Introduce innovative strategies to improve access, quality of care and system resilience for the whole population, focusing on scaling up investments across all the health system areas

# Mauritania

## State of health and well-being

| | Country value | African Region equivalent value | | | |
|---|---|---|---|---|---|
| | | Average | HICs | UMICs | LMICs | LICs |
| Healthy life expectancy | 55.1 | 53.8 | 65.5 | 58.6 | 52.9 | 52.5 |
| Crude death rate per 1000 population | 7.8 | 9.7 | 6.7 | 8.2 | 10.1 | 10.0 |
| DALYs lost per 1000 population – Total | 528.2 | 592.2 | 309.3 | 441.4 | 618.4 | 630.6 |
| *Due to communicable diseases* | 313.1 | 352.9 | 43.9 | 207.1 | 374.8 | 393.0 |
| *Due to noncommunicable conditions* | 159.6 | 177.6 | 234.9 | 190.6 | 180.3 | 170.6 |
| *Due to injuries* | 54.6 | 61.2 | 30.3 | 43.2 | 62.7 | 66.5 |

### Comments

- A lower-middle-income country with the 33rd largest total GDP in the WHO African Region (representing 0.29% of the total GDP) and the 20th highest GDP per capita (US$ 1158.3 in current prices) based on 2015 estimates
- It has the 34th largest population in the Region (0.42% of total population), but the eighth largest land area (4.36% of the region) leaving it with the third smallest population density (4.06 persons/km²)
- The country is part of the difficult Sahel region, with the associated health risks
- Health status is commensurate with that of its economic classification
- Overall healthy life expectancy, morbidity and mortality rates are better than the regional average

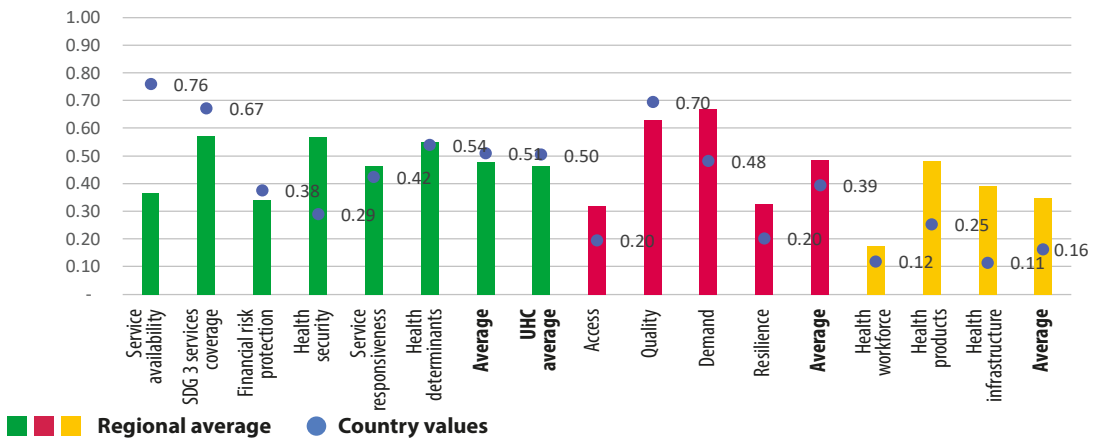
### Implications for the attainment of the SDGs*

- Health status low compared with that needed for the attainment of the SDGs
- The country needs to accelerate ongoing efforts to reduce the burden of communicable diseases, noncommunicable diseases and injuries targeting hard to reach populations

* The capacity to attain the SDGs is related to how far the country's Healthy Life Expectancy is from that of the best performing income group (high income countries – 65.5 years)

Data is from the World Bank Health Population and Nutrition database for the year closest to 2015 for which data is available.
Source: http://databank.worldbank.org/data/source/health-nutrition-and-population-statistics, last accessed on 30 April 2018.

## State of health services and the health system




### Service outcomes

**Comments**

- Overall utilization of health and health-related services to reach the SDGs is 51% of what is feasible in the Region, higher than the regional average (48%).
- Country utilization is higher than the regional average for service availability, SDG 3 service coverage, and financial risk protection outcome areas
- Compared with other lower middle-income countries, the country utilization is higher for SDG 3 service coverage and financial risk protection outcome areas

**Implications for the SDGs**

- Accelerate ongoing interventions to address service availability, SDG 3 service coverage, and financial risk protection outcome areas focusing on the hard to reach populations
- Introduce innovative approaches to improve health security, service responsiveness and non-SDG 3 service coverage for all populations

### System performance and investments

**Comments**

- A lower-middle-income country with system performance lower than that of lower-income countries
- Across system performance monitoring domains, relative performance is lowest for access to services and system resilience
- Tangible system investments are lower than regional averages, particularly for health workforce and infrastructure
- Tangible system investment levels are too low for effectiveness of system processes (service delivery, financing, governance and information)

**Implications for the SDGs**

- Accelerate strategies improving quality of care specifically targeting hard to reach populations
- Introduce innovative strategies to improve access to services, effective demand for services and system resilience, focusing on scaling up investments in all the health system areas

# Mauritius

## State of health and well-being

| | Country value | African Region equivalent value | | | |
|---|---|---|---|---|---|
| | | Average | HICs | UMICs | LMICs | LICs |
| Healthy life expectancy | 66.8 | 53.8 | 65.5 | 58.6 | 52.9 | 52.5 |
| Crude death rate per 1000 population | 7.4 | 9.7 | 6.7 | 8.2 | 10.1 | 10.0 |
| DALYs lost per 1000 population – Total | 308.7 | 592.2 | 309.3 | 441.4 | 618.4 | 630.6 |
| *Due to communicable diseases* | 27.7 | 352.9 | 43.9 | 207.1 | 374.8 | 393.0 |
| *Due to noncommunicable conditions* | 258.8 | 177.6 | 234.9 | 190.6 | 180.3 | 170.6 |
| *Due to injuries* | 22.2 | 61.2 | 30.3 | 43.2 | 62.7 | 66.5 |

### Comments

- An upper-middle-income small island state with the 21st largest total GDP in the WHO African Region (representing 0.7% of the total GDP) but the third highest GDP per capita (US$ 9260 in current prices) based on 2015 estimates
- It has the sixth smallest population in the Region (0.13% of total population), and the fourth smallest land area (0.01% of the region) leading to the highest population density (621.97 persons/km²)
- Health status is commensurate with that of a high-income country
- Overall healthy life expectancy, morbidity and mortality rates are better than the regional average
- However, mortality due to noncommunicable diseases is higher than that of the Region and high-income countries

### Implications for the attainment of the SDGs*

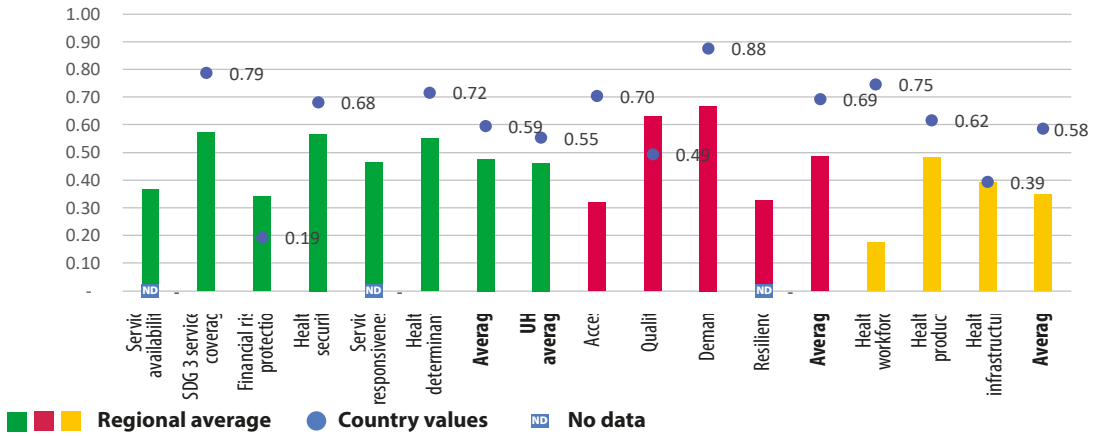
- Health status commensurate with that needed to attain the SDGs
- Introduce innovative approaches to address the burden of noncommunicable diseases
- Focus on identifying remaining pockets of hard to reach populations, sharing best practices, and exploring alternative institutional service delivery models that improve sustainability for communicable diseases and injuries

* The capacity to attain the SDGs is related to how far the country's Healthy Life Expectancy is from that of the best performing income group (high income countries – 65.5 years)

Data is from the World Bank Health Population and Nutrition database for the year closest to 2015 for which data is available.
Source: http://databank.worldbank.org/data/source/health-nutrition-and-population-statistics, last accessed on 30 April 2018.

## State of health services and the health system

Services dimensions | System performance dimensions | Investment dimensions




### Service outcomes

**Comments**

- **Highest performer in the Region for SDG 3 services coverage (with Algeria) dimension of outcomes**
- Overall utilization of health and health-related services to reach the SDGs is 59% of what is feasible in the Region, higher than the regional average (48%).
- Country utilization is higher than the regional average for SDG 3 and non-SDG 3 service coverage and health security (there is no data for service availability and responsiveness)
- Compared with other upper middle-income countries, the country utilization is higher for all outcome areas assessed, apart from financial risk protection

**Implications for the SDGs**

- Share lessons with other countries in improving SDG 3 services coverage
- Accelerate ongoing interventions to address health security and non-SDG 3 services coverage focusing on the hard to reach populations
- Introduce innovative approaches to improve financial risk protection for all populations
- Improve information availability, particularly for service availability and responsiveness

### System performance and investments

**Comments**

- **Highest performer in the Region for access to essential services**
- An upper-middle-income country with system performance close to that of a high-income country
- Across system performance monitoring domains, relative performance is highest for effective demand and access to services, and lowest for quality of care
- Tangible system investments are higher than regional averages, particularly for health workforce and products
- Information is suggestive of some effective system processes (service delivery, financing, governance, information), high system investment scores with an average ratio of overall performance score to consolidated tangible investments scores

**Implications for the SDGs**

- Explore areas for sharing lessons improving access and demand, and setting up system processes
- Introduce innovative strategies to improve quality of care for the whole population, focusing on scaling up investments in health infrastructure

# Mozambique

## State of health and well-being

| | Country value | African Region equivalent value | | | |
|---|---|---|---|---|---|
| | | Average | HICs | UMICs | LMICs | LICs |
| Healthy life expectancy | 49.6 | 53.8 | 65.5 | 58.6 | 52.9 | 52.5 |
| Crude death rate per 1000 population | 11.8 | 9.7 | 6.7 | 8.2 | 10.1 | 10.0 |
| DALYs lost per 1000 population – Total | 701.4 | 592.2 | 309.3 | 441.4 | 618.4 | 630.6 |
| *Due to communicable diseases* | 450.2 | 352.9 | 43.9 | 207.1 | 374.8 | 393.0 |
| *Due to noncommunicable conditions* | 186.2 | 177.6 | 234.9 | 190.6 | 180.3 | 170.6 |
| *Due to injuries* | 64.3 | 61.2 | 30.3 | 43.2 | 62.7 | 66.5 |

### Comments

- A low-income country with the 15th largest total GDP in the WHO African Region (representing 0.88% of the total GDP) but the 10th lowest GDP per capita (US$ 528.3 in current prices) based on 2015 estimates
- It has the ninth largest population in the Region (2.92% of total population), the 13th largest land area (3.33% of the region) but with only the 33rd highest population density (35.62 persons/km$^2$)
- Health status is commensurate with that of its economic classification
- Overall healthy life expectancy, morbidity and mortality rates are lower than the regional average

### Implications for the attainment of the SDGs*

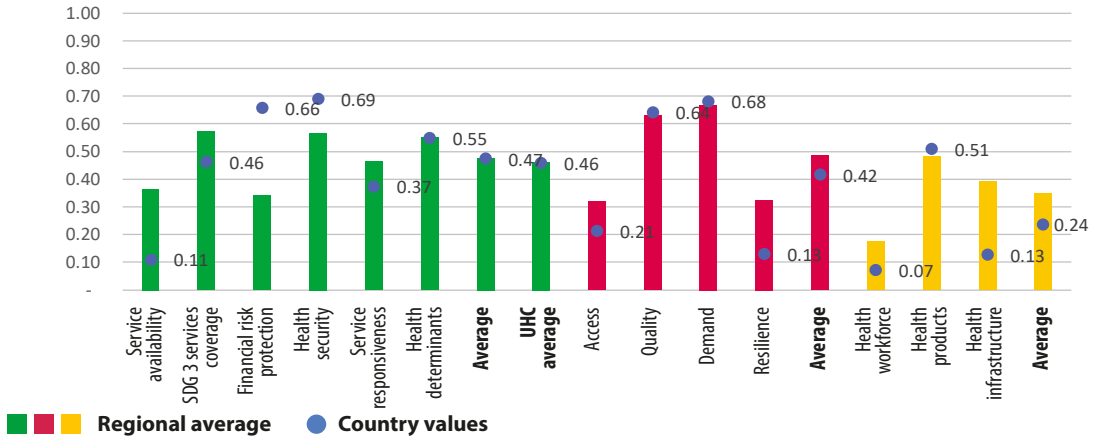
- Health status too low compared with that needed for the attainment of the SDGs
- Introduce innovative approaches to address the burden of communicable diseases and injuries
- The country needs to accelerate ongoing efforts to reduce the burden of noncommunicable diseases targeting hard to reach populations

* The capacity to attain the SDGs is related to how far the country's Healthy Life Expectancy is from that of the best performing income group (high income countries – 65.5 years)

Data is from the World Bank Health Population and Nutrition database for the year closest to 2015 for which data is available.
Source: http://databank.worldbank.org/data/source/health-nutrition-and-population-statistics, last accessed on 30 April 2018.

## State of health services and the health system

Services dimensions | System performance dimensions | Investment dimensions




### Service outcomes

**Comments**

- Overall utilization of health and health-related services to reach the SDGs is 47% of what is feasible in the Region, just below the regional average (48%).
- Country utilization is higher than the regional average for financial risk protection and health security.
- Compared with other low-income countries, the country utilization is higher for financial risk protection and health security

**Implications for the SDGs**

- Share lessons with other countries in improving financial risk protection
- Accelerate ongoing interventions to address health security and non-SDG 3 service coverage focusing on the hard to reach populations
- Introduce innovative approaches to improve service availability, SDG 3 service coverage and service responsiveness for all populations

### System performance and investments

**Comments**

- A low-income country with system performance lower than that of other low-income countries
- Facing economic challenges, including suspended international aid (IMF loans) and banking reforms
- Across system performance monitoring domains, relative performance is lowest for system resilience
- Tangible system investments are only higher than regional averages for health products; they are very low for other areas
- Tangible system investment levels are too low for effectiveness of system processes (service delivery, financing, governance and information)

**Implications for the SDGs**

- Accelerate strategies improving quality of care, and effective demand for services specifically targeting hard to reach populations
- Introduce innovative strategies to improve access to services, and system resilience for the whole population, focusing on scaling up investments in health workforce and health infrastructure

# Namibia

## State of health and well-being

| | Country value | African Region equivalent value | | | |
|---|---|---|---|---|---|
| | | Average | HICs | UMICs | LMICs | LICs |
| Healthy life expectancy | 57.5 | 53.8 | 65.5 | 58.6 | 52.9 | 52.5 |
| Crude death rate per 1000 population | 5.7 | 9.7 | 6.7 | 8.2 | 10.1 | 10.0 |
| DALYs lost per 1000 population – Total | 417.4 | 592.2 | 309.3 | 441.4 | 618.4 | 630.6 |
| *Due to communicable diseases* | 230.1 | 352.9 | 43.9 | 207.1 | 374.8 | 393.0 |
| *Due to noncommunicable conditions* | 143.1 | 177.6 | 234.9 | 190.6 | 180.3 | 170.6 |
| *Due to injuries* | 43.3 | 61.2 | 30.3 | 43.2 | 62.7 | 66.5 |

### Comments

- An upper-middle-income country with the 22nd largest total GDP in the WHO African Region (representing 0.69% of the total GDP) but the seventh highest GDP per capita (US$ 4770.5 in current prices) based on 2015 estimates
- It has the 35th largest population in the Region (0.24% of total population), but with the 12th largest land area (3.49% of the region) leaving it with the lowest population density (2.95 persons/km$^2$)
- Health status is commensurate with that of its economic classification
- Overall healthy life expectancy, morbidity and mortality rates are better than the regional average

### Implications for the attainment of the SDGs*

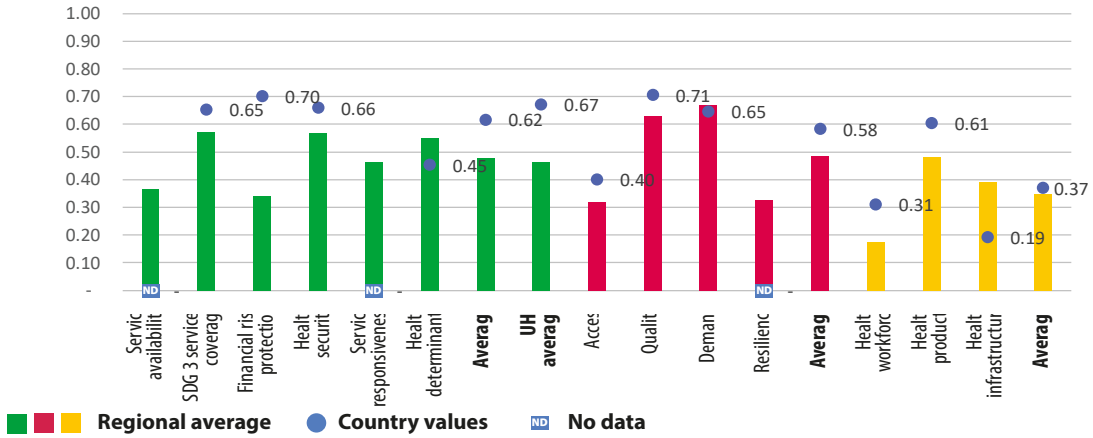
- Health status low compared with that needed for the attainment of the SDGs
- The country needs to accelerate ongoing efforts to reduce burden of communicable diseases, noncommunicable diseases and injuries, targeting hard to reach persons

* The capacity to attain the SDGs is related to how far the country's Healthy Life Expectancy is from that of the best performing income group (high income countries – 65.5 years)

Data is from the World Bank Health Population and Nutrition database for the year closest to 2015 for which data is available.
Source: http://databank.worldbank.org/data/source/health-nutrition-and-population-statistics, last accessed on 30 April 2018.

## State of health services and the health system

Services dimensions | System performance dimensions | Investment dimensions




### Service outcomes

**Comments**

- **Highest performer in the Region for financial risk protection dimension of outcomes**
- Overall utilization of health and health-related services to reach the SDGs is 61% of what is feasible in the Region, higher than the regional average (48%).
- Country utilization is higher than the regional average for all outcome areas apart from non-SDG 3 service coverage (heath determinants)
- Compared with other upper middle-income countries, the country utilization is higher for SDG 3 service coverage, financial risk protection and health security

**Implications for the SDGs**

- Share lessons with other countries in improving financial risk protection
- Accelerate ongoing interventions to address SDG 3 service coverage and health security focusing on the hard to reach populations
- Introduce innovative approaches to improve non-SDG 3 service coverage (health determinants) for all populations
- Improve information availability, particularly for service availability and service responsiveness

### System performance and investments

**Comments**

- An upper-middle-income country, with system performance appropriate for its classification
- Across system performance monitoring domains, relative performance is highest for quality of care, lowest for access to services
- Tangible system investments are higher than regional averages, apart from health infrastructure where it is below expectations
- Information is suggestive of effective system processes (service delivery, financing, governance, information) – with high system investment scores and a high ratio of overall performance score to consolidated tangible investments scores

**Implications for the SDGs**

- Explore areas for sharing lessons in establishing effective system processes
- Accelerate strategies improving quality of care and effective demand for services specifically targeting hard to reach populations
- Introduce innovative strategies to scale up investments in health infrastructure

# Niger

## State of health and well-being

| | Country value | African Region equivalent value | | | |
|---|---|---|---|---|---|
| | | Average | HICs | UMICs | LMICs | LICs |
| Healthy life expectancy | 54.2 | 53.8 | 65.5 | 58.6 | 52.9 | 52.5 |
| Crude death rate per 1000 population | 10.2 | 9.7 | 6.7 | 8.2 | 10.1 | 10.0 |
| DALYs lost per 1000 population – Total | 676.6 | 592.2 | 309.3 | 441.4 | 618.4 | 630.6 |
| *Due to communicable diseases* | 463.2 | 352.9 | 43.9 | 207.1 | 374.8 | 393.0 |
| *Due to noncommunicable conditions* | 144.8 | 177.6 | 234.9 | 190.6 | 180.3 | 170.6 |
| *Due to injuries* | 68.1 | 61.2 | 30.3 | 43.2 | 62.7 | 66.5 |

### Comments

- A low-income country with the 31st largest total GDP in the WHO African Region (representing 0.43% of the total GDP), but the fourth lowest GDP per capita (US$ 362.5 in current prices) based on 2015 estimates
- It has the 15th largest population in the Region (2.00% of total population), but the third largest land area (5.36% of the region) leaving it with the ninth lowest population density (15.71 persons/km²)
- Health status is commensurate with that of a low-income country
- Healthy life expectancy is better than, but the morbidity/mortality levels worse than the regional average
- However, mortality due to noncommunicable diseases is better than that of the Region.

### Implications for the attainment of the SDGs*

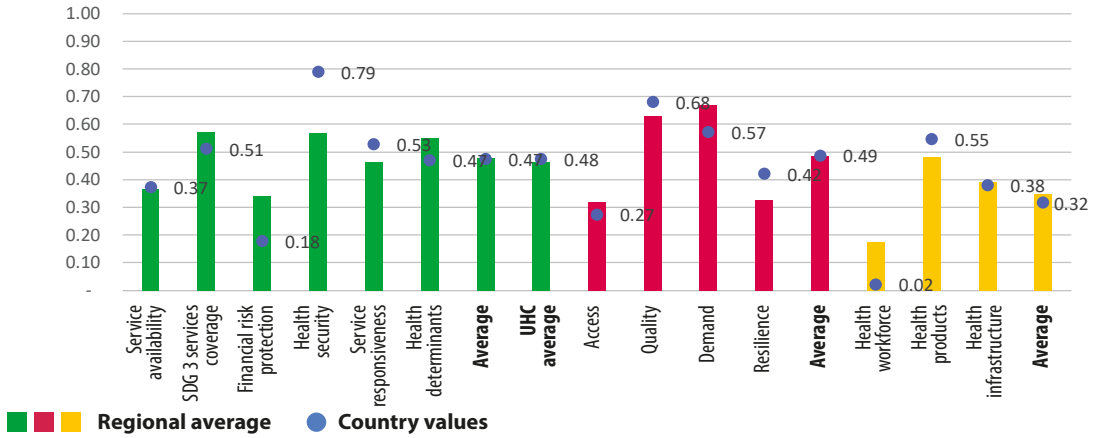
- Health status is low compared with that needed for the attainment of the SDGs
- Accelerate ongoing efforts to reduce noncommunicable diseases, targeting hard to reach populations
- Explore innovative approaches to reduce burden of communicable diseases and injuries

* The capacity to attain the SDGs is related to how far the country's Healthy Life Expectancy is from that of the best performing income group (high income countries – 65.5 years)

Data is from the World Bank Health Population and Nutrition database for the year closest to 2015 for which data is available.
Source: http://databank.worldbank.org/data/source/health-nutrition-and-population-statistics, last accessed on 30 April 2018.

## State of health services and the health system

Services dimensions | System performance dimensions | Investment dimensions




### Service outcomes

**Comments**

- Overall utilization of health and health-related services to reach the SDGs is 47% of what is feasible in the Region, marginally lower than the regional average (48%).
- Country utilization is higher than the regional average for service availability, health security and service responsiveness outcome areas
- Compared with other low-income countries, the country utilization is higher for service availability, health security and service responsiveness outcome areas

**Implications for the SDGs**

- Accelerate ongoing interventions to address service availability, health security and service responsiveness outcomes focusing on the hard to reach populations
- Introduce innovative approaches to improve SDG 3 service coverage, financial risk protection and non-SDG 3 service coverage for all populations

### System performance and investments

**Comments**

- A low-income country with system performance similar to that of low-income countries
- Across system performance monitoring domains, relative performance is good for quality of care and system resilience
- Tangible system investments are higher than regional averages for health products, but lower for health workforce and health infrastructure
- Tangible system investment levels are too low for effectiveness of system processes (service delivery, financing, governance, information)

**Implications for the SDGs**

- Explore areas for sharing lessons in setting up system resilience measures
- Accelerate strategies improving access to services, quality of care and system resilience specifically targeting hard to reach populations
- Introduce innovative strategies to improve effective demand for the whole population, focusing on scaling up investments in health workforce and infrastructure

# Nigeria

## State of health and well-being

| | Country value | African Region equivalent value | | | |
|---|---|---|---|---|---|
| | | Average | HICs | UMICs | LMICs | LICs |
| Healthy life expectancy | 47.7 | 53.8 | 65.5 | 58.6 | 52.9 | 52.5 |
| Crude death rate per 1000 population | 11.9 | 9.7 | 6.7 | 8.2 | 10.1 | 10.0 |
| DALYs lost per 1000 population – Total | 847.1 | 592.2 | 309.3 | 441.4 | 618.4 | 630.6 |
| *Due to communicable diseases* | 582.7 | 352.9 | 43.9 | 207.1 | 374.8 | 393.0 |
| *Due to noncommunicable conditions* | 189.5 | 177.6 | 234.9 | 190.6 | 180.3 | 170.6 |
| *Due to injuries* | 74.7 | 61.2 | 30.3 | 43.2 | 62.7 | 66.5 |

### Comments

- A lower-middle-income country with the largest total GDP in the WHO African Region (representing 28.72% of the total GDP) but only the 12th highest GDP per capita (US$ 2655.2 in current prices) based on 2015 estimates
- It has the largest population in the Region (18.24% of total population), and the 10th largest land area (3.86% of the region), leaving it with the eighth highest population density (198.93 persons/km²)
- Health status is commensurate with that of a low-income country
- Overall healthy life expectancy, morbidity and mortality rates are lower than the regional averages

### Implications for the attainment of the SDGs*

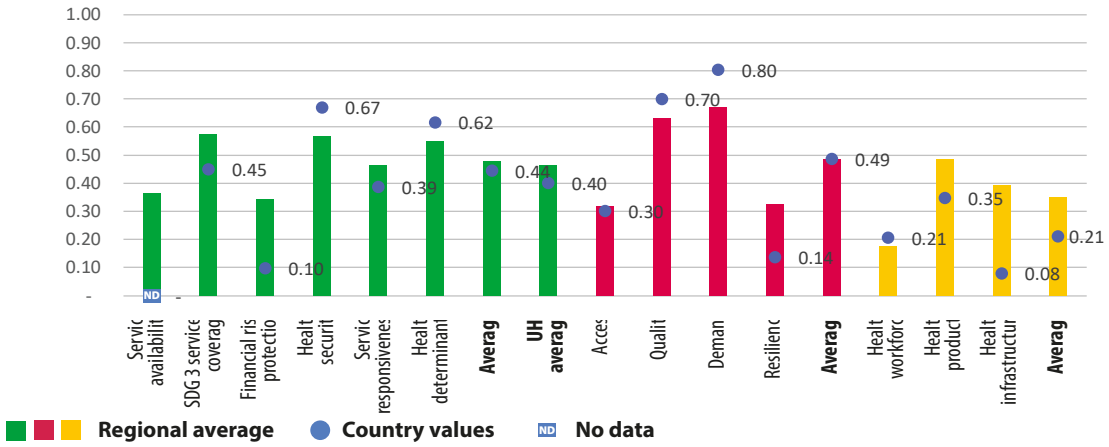
- Health status too low compared with that needed for the attainment of the SDGs
- Explore innovative approaches to reduce the burden of communicable diseases, noncommunicable diseases and injuries

* The capacity to attain the SDGs is related to how far the country's Healthy Life Expectancy is from that of the best performing income group (high income countries – 65.5 years)

Data is from the World Bank Health Population and Nutrition database for the year closest to 2015 for which data is available.
Source: http://databank.worldbank.org/data/source/health-nutrition-and-population-statistics, last accessed on 30 April 2018.

## State of health services and the health system

Services dimensions | System performance dimensions | Investment dimensions




## Service outcomes

### Comments

- Overall utilization of health and health-related services to reach the SDGs is 44% of what is feasible in the Region, lower than the regional average (48%).
- Country utilization is higher than the regional average for health security and non-SDG 3 services coverage
- Compared with other lower middle-income countries, the country utilization is higher for health security and non-SDG 3 services coverage outcomes

### Implications for the SDGs

- Accelerate ongoing interventions to address health security and non-SDG 3 services coverage outcomes focusing on the hard to reach populations
- Introduce innovative approaches to improve service availability, service responsiveness, SDG 3 services coverage and financial risk protection for all populations

## System performance and investments

### Comments

- A lower-middle-income country with system performance close to that of its classification
- A large landmass country with high population
- Across system performance monitoring domains, relative performance is highest for effective demand for services and quality of care, while it is lowest for system resilience
- Tangible system investment levels are too low for effectiveness of system processes (service delivery, financing, governance and information)

### Implications for the SDGs

- Accelerate strategies improving access to services, quality of care and effective demand for services specifically targeting hard to reach populations
- Introduce innovative strategies to improve system resilience for the whole population, focusing on scaling up investments in health products and health infrastructure

# Rwanda

## State of health and well-being

| | Country value | African Region equivalent value | | | |
|---|---|---|---|---|---|
| | | Average | HICs | UMICs | LMICs | LICs |
| Healthy life expectancy | 56.6 | 53.8 | 65.5 | 58.6 | 52.9 | 52.5 |
| Crude death rate per 1000 population | 6.4 | 9.7 | 6.7 | 8.2 | 10.1 | 10.0 |
| DALYs lost per 1000 population – Total | 413.6 | 592.2 | 309.3 | 441.4 | 618.4 | 630.6 |
| *Due to communicable diseases* | 187.9 | 352.9 | 43.9 | 207.1 | 374.8 | 393.0 |
| *Due to noncommunicable conditions* | 156.9 | 177.6 | 234.9 | 190.6 | 180.3 | 170.6 |
| *Due to injuries* | 68.5 | 61.2 | 30.3 | 43.2 | 62.7 | 66.5 |

### Comments

- A low-income country with the 30th largest total GDP in the WHO African Region (representing 0.49% of the total GDP) and the 31st highest GDP per capita (US$ 710.3 in current prices) based on 2015 estimates
- It has the 25th largest population in the Region (1.17% of total population), but with the eighth smallest land area (0.10% of the Region) leaves it with the second highest population density (471.4 persons/km²)
- Health status is commensurate with that of a middle-income country
- Overall healthy life expectancy, morbidity and mortality rates are better than the regional average
- However, mortality due to injuries is higher than that of the Region.

### Implications for the attainment of the SDGs*

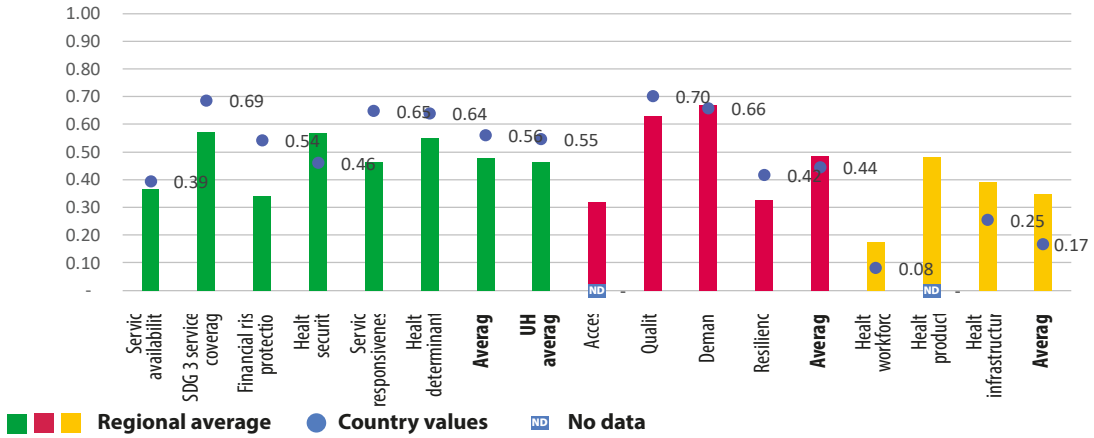
- Health status low compared to that needed for the attainment of the SDGs
- Accelerate ongoing efforts to reduce burden of communicable diseases and noncommunicable diseases targeting hard to reach populations
- Explore innovative approaches to reduce the burden of injuries

* The capacity to attain the SDGs is related to how far the country's Healthy Life Expectancy is from that of the best performing income group (high income countries – 65.5 years)

Data is from the World Bank Health Population and Nutrition database for the year closest to 2015 for which data is available.
Source: http://databank.worldbank.org/data/source/health-nutrition-and-population-statistics, last accessed on 30 April 2018.

## State of health services and the health system

Services dimensions | System performance dimensions | Investment dimensions




### Service outcomes

**Comments**

- Overall utilization of health and health-related services to reach the SDGs is 56% of what is feasible in the Region, higher than the regional average (48%).
- Country utilization is higher than the regional average for all outcome areas apart from health security
- Compared with other low-income countries, the country utilization is higher for all outcome areas assessed apart from health security

**Implications for the SDGs**

- Accelerate ongoing interventions to improve service availability, responsiveness, SDG 3 and non-SDG 3 service coverages, and financial risk protection targeting hard to reach
- Introduce innovative approaches to improve health security for all populations

### System performance and investments

**Comments**

- A low-income country with system performance at its level of classification
- Across system performance monitoring domains, relative performance is highest for quality of care and lowest for access to services
- Tangible system investments are too low compared to the regional averages
- Tangible system investment levels are too low for effectiveness of system processes (service delivery, financing, governance, information)

**Implications for the SDGs**

- Accelerate strategies improving quality of care, effective demand for services and system resilience specifically targeting hard to reach populations
- Introduce innovative strategies to improve access to services for the whole population, focusing on scaling up investments across all health system

# Sao Tome and Principe

## State of health and well-being

| | Country value | African Region equivalent value | | | |
|---|---|---|---|---|---|
| | | Average | HICs | UMICs | LMICs | LICs |
| Healthy life expectancy | 59 | 53.8 | 65.5 | 58.6 | 52.9 | 52.5 |
| Crude death rate per 1000 population | 6.5 | 9.7 | 6.7 | 8.2 | 10.1 | 10.0 |
| DALYs lost per 1000 population – Total | 410.5 | 592.2 | 309.3 | 441.4 | 618.4 | 630.6 |
| *Due to communicable diseases* | 206.7 | 352.9 | 43.9 | 207.1 | 374.8 | 393.0 |
| *Due to noncommunicable conditions* | 159.9 | 177.6 | 234.9 | 190.6 | 180.3 | 170.6 |
| *Due to injuries* | 43.6 | 61.2 | 30.3 | 43.2 | 62.7 | 66.5 |

### Comments

- A lower-middle-income small island state with the smallest total GDP in the WHO African Region (representing 0.02% of the total GDP), but the 14th highest GDP per capita (US$ 1615.3 in current prices) based on 2015 estimates
- It has the second smallest population in the Region (0.02% of total population), the second smallest land area (0.00% of the region) and the fifth highest population density (203.7 persons/km²)
- Health status is commensurate with that of an upper-middle-income country
- Overall healthy life expectancy, morbidity and mortality rates are better than the regional average

### Implications for the attainment of the SDGs*

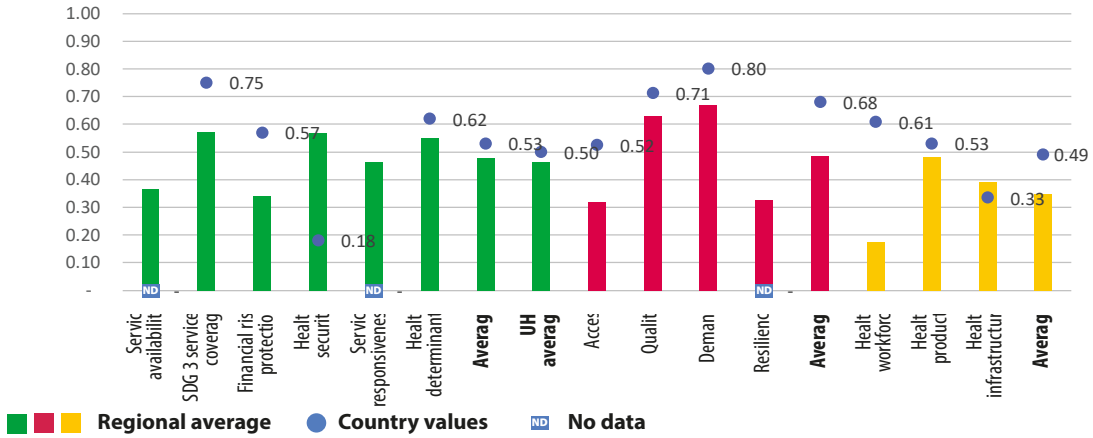
- Health status low compared with that needed for the attainment of the SDGs
- Accelerate ongoing efforts to reduce burden of communicable diseases, noncommunicable diseases and injuries focusing on hard to reach populations

* The capacity to attain the SDGs is related to how far the country's Healthy Life Expectancy is from that of the best performing income group (high income countries – 65.5 years)

Data is from the World Bank Health Population and Nutrition database for the year closest to 2015 for which data is available.
Source: http://databank.worldbank.org/data/source/health-nutrition-and-population-statistics, last accessed on 30 April 2018.

## State of health services and the health system

Services dimensions | System performance dimensions | Investment dimensions




### Service outcomes

**Comments**

- Overall utilization of health and health-related services to reach the SDGs is 53% of what is feasible in the Region, higher than the regional average (48%).
- Country utilization is higher than the regional average for SDG 3 and non-SDG 3 service coverages and financial risk protection (no service availability/responsiveness data)
- Compared with other lower-middle-income countries, the country utilization is higher for SDG 3 and non-SDG 3 service coverages and for financial risk protection

**Implications for the SDGs**

- Share lessons with other countries in improving SDG 3 service availability and financial risk protection
- Accelerate ongoing interventions to address non-SDG 3 service coverages focusing on the hard to reach populations
- Introduce innovative approaches to improve health security for all populations
- Improve information availability, particularly for service availability, and service responsiveness

### System performance and investments

**Comments**

- A lower-middle-income country with system performance of an upper-middle-income country
- Across system performance monitoring domains, relative performance is highest for effective demand for services
- Tangible system investments are higher than regional averages, particularly for health workforce and products
- Information is suggestive of some effective system processes (service delivery, financing, governance and information), high system investment scores with an average ratio of overall performance score to consolidated tangible investments scores

**Implications for the SDGs**

- Explore areas for sharing lessons in establishing effective system processes
- Accelerate strategies improving quality of care, and system resilience, specifically targeting hard to reach populations and focusing on scaling up investments in health infrastructure

# Senegal

## State of health and well-being

| | Country value | African Region equivalent value | | | |
|---|---|---|---|---|---|
| | | Average | HICs | UMICs | LMICs | LICs |
| Healthy life expectancy | 58.3 | 53.8 | 65.5 | 58.6 | 52.9 | 52.5 |
| Crude death rate per 1000 population | 7 | 9.7 | 6.7 | 8.2 | 10.1 | 10.0 |
| DALYs lost per 1000 population – Total | 406.7 | 592.2 | 309.3 | 441.4 | 618.4 | 630.6 |
| *Due to communicable diseases* | 217.4 | 352.9 | 43.9 | 207.1 | 374.8 | 393.0 |
| *Due to noncommunicable conditions* | 140.8 | 177.6 | 234.9 | 190.6 | 180.3 | 170.6 |
| *Due to injuries* | 47.6 | 61.2 | 30.3 | 43.2 | 62.7 | 66.5 |

### Comments

- A low-income country with the 18th largest total GDP in the WHO African Region (representing 0.81% of the total GDP) and the 23rd highest GDP per capita (US$ 910.8 in current prices) based on 2015 estimates
- It has the 21st largest population in the Region (1.51% of total population), the 29th largest land area (0.82% of the Region) and the 18th highest population density (77.79 persons/km²)
- Health status is commensurate with that of an upper-middle-income country
- Overall healthy life expectancy, morbidity and mortality rates are better than the regional average

### Implications for the attainment of the SDGs*

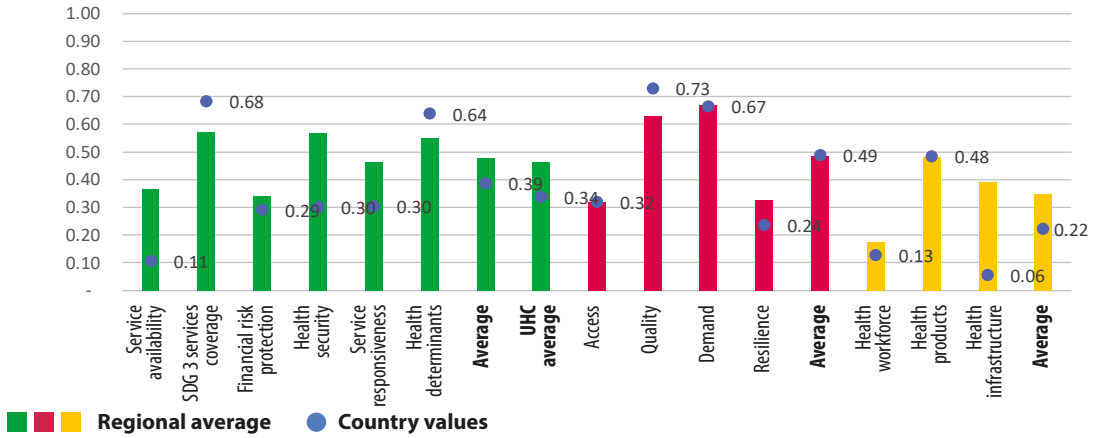
- Health status still low compared with that needed for the attainment of the SDGs
- Accelerate ongoing efforts to reduce burden of communicable diseases, noncommunicable diseases and injuries focused on the hard to reach populations

* The capacity to attain the SDGs is related to how far the country's Healthy Life Expectancy is from that of the best performing income group (high income countries – 65.5 years)

Data is from the World Bank Health Population and Nutrition database for the year closest to 2015 for which data is available.
Source: http://databank.worldbank.org/data/source/health-nutrition-and-population-statistics, last accessed on 30 April 2018.

## State of health services and the health system

Services dimensions | System performance dimensions | Investment dimensions




### Service outcomes

**Comments**

- Overall utilization of health and health-related services to reach the SDGs is 39% of what is feasible in the Region, lower than the regional average (48%).
- Country utilization is higher than the regional average for SDG 3 service coverage and non-SDG 3 service coverage outcome areas
- Compared with other low-income countries, the country utilization is higher for SDG 3 service coverage and non-SDG 3 service coverage outcome areas

**Implications for the SDGs**

- Accelerate ongoing interventions to address SDG 3 service coverage and non-SDG 3 service coverage outcome areas focusing on the hard to reach populations
- Introduce innovative approaches to improve financial risk protection, health security and service responsiveness for all populations

### System performance and investments

**Comments**

- A lower-income country with system performance in line with its classification
- Across system performance monitoring domains, relative performance is highest for quality of care, lowest for system resilience
- Tangible system investments are markedly lower than regional averages for health workforce and health infrastructure
- Tangible system investment levels are too low for effectiveness of system processes (service delivery, financing, governance and information)

**Implications for the SDGs**

- Accelerate strategies improving access to services, quality of care and effective demand for services specifically targeting hard to reach populations
- Introduce innovative strategies to improve system resilience for the whole population, focusing on scaling up investments in health workforce and health infrastructure

# Seychelles

## State of health and well-being

| | Country value | African Region equivalent value | | | |
|---|---|---|---|---|---|
| | | Average | HICs | UMICs | LMICs | LICs |
| Healthy life expectancy | 65.5 | 53.8 | 65.5 | 58.6 | 52.9 | 52.5 |
| Crude death rate per 1000 population | 6.7 | 9.7 | 6.7 | 8.2 | 10.1 | 10.0 |
| DALYs lost per 1000 population – Total | 309.3 | 592.2 | 309.3 | 441.4 | 618.4 | 630.6 |
| *Due to communicable diseases* | 43.9 | 352.9 | 43.9 | 207.1 | 374.8 | 393.0 |
| *Due to noncommunicable conditions* | 234.9 | 177.6 | 234.9 | 190.6 | 180.3 | 170.6 |
| *Due to injuries* | 30.3 | 61.2 | 30.3 | 43.2 | 62.7 | 66.5 |

### Comments

- The only high-income country that is also a small island state but with the fifth smallest total GDP in the WHO African Region (representing 0.09% of the total GDP) but the highest GDP per capita (US$ 15 390 in current prices) based on 2015 estimates
- It has the smallest population in the Region (0.01% of total population), the smallest land area (0.00% of the region) but with the sixth highest population density (203.08 persons/km²)
- Health status is commensurate with that of its economic classification
- Overall healthy life expectancy, morbidity and mortality rates are better than the regional average
- However, mortality due to noncommunicable conditions is marginally higher than that of the Region

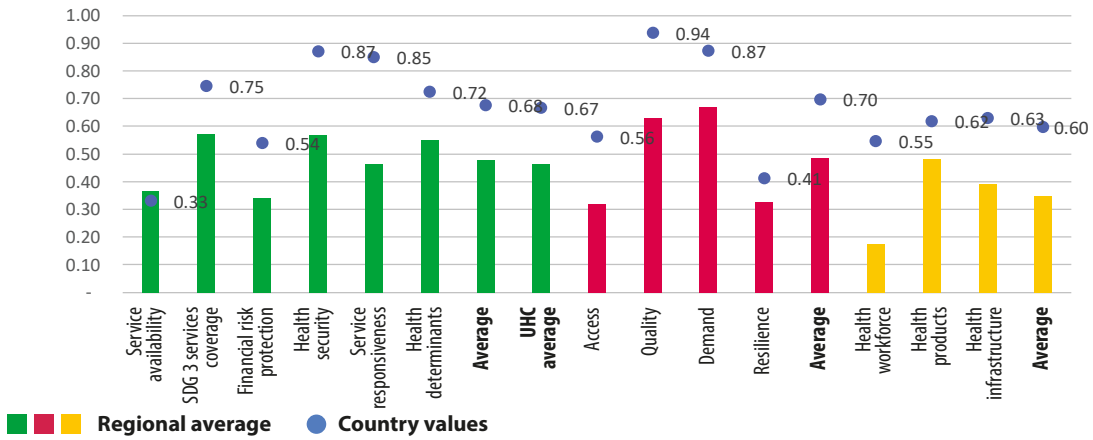
### Implications for the attainment of the SDGs*

- Health status close to that needed for the attainment of the SDGs
- Explore innovative approaches to reduce the burden of noncommunicable diseases
- Focus on identifying remaining pockets of hard to reach populations, sharing best practices and exploring alternative institutional service delivery models that improve sustainability for the low burden of communicable diseases and injuries

* The capacity to attain the SDGs is related to how far the country's Healthy Life Expectancy is from that of the best performing income group (high income countries – 65.5 years)

Data is from the World Bank Health Population and Nutrition database for the year closest to 2015 for which data is available.
Source: http://databank.worldbank.org/data/source/health-nutrition-and-population-statistics, last accessed on 30 April 2018.

## State of health services and the health system




### Service outcomes

**Comments**

- **Highest performer in the Region for service responsiveness and non-SDG 3 services coverage (health determinants) dimensions of outcomes**
- Overall utilization of health and health-related services to reach the SDGs is 68% of what is feasible in the Region, higher than the regional average (48%).
- Country utilization is higher than the regional average across all outcome domains assessed

**Implications for the SDGs**

- Share lessons with other countries in improving service availability, SDG 3 and non-SDG 3 services coverages, financial risk protection, health security and service responsiveness

### System performance and investments

**Comments**

- **Highest performer in the region for overall system performance, and quality of care dimension**
- The only high-income country in the African Region, defining the expectations for high-income countries in the Region
- Across system performance monitoring domains, relative performance is highest for quality of care and effective demand for services, and lowest for system resilience
- Tangible system investment levels are higher than the regional average for all areas of the system
- Information is suggestive of functional and effective system processes (service delivery, financing, governance, information), with high levels of investments in tangibles coupled with high ratio of overall performance score to consolidated tangible investments scores

**Implications for the SDGs**

- Explore areas for sharing lessons in establishing effective system processes and investing in system tangibles (workforce, infrastructure and products)
- Accelerate strategies improving access to services, quality of care and effective demand for services, specifically targeting hard to reach populations

# Sierra Leone

## State of health and well-being

| | Country value | African Region equivalent value | | | |
|---|---|---|---|---|---|
| | | Average | HICs | UMICs | LMICs | LICs |
| Healthy life expectancy | 44.4 | 53.8 | 65.5 | 58.6 | 52.9 | 52.5 |
| Crude death rate per 1000 population | 16.8 | 9.7 | 6.7 | 8.2 | 10.1 | 10.0 |
| DALYs lost per 1000 population – Total | 969.6 | 592.2 | 309.3 | 441.4 | 618.4 | 630.6 |
| *Due to communicable diseases* | 631.3 | 352.9 | 43.9 | 207.1 | 374.8 | 393.0 |
| *Due to noncommunicable conditions* | 243.0 | 177.6 | 234.9 | 190.6 | 180.3 | 170.6 |
| *Due to injuries* | 95.1 | 61.2 | 30.3 | 43.2 | 62.7 | 66.5 |

### Comments

- A low-income country with the 34th largest total GDP in the WHO African Region (representing 0.25% of the total GDP) and the 34th highest GDP per capita (US$ 587.5 in current prices) based on 2015 estimates
- It has the 29th largest population in the Region (0.73% of total population), the 34th largest land area (0.31% of the region) and the 14th highest population density (100.26 persons/km²)
- Health status is commensurate with that of its economic classification
- Overall healthy life expectancy, morbidity and mortality rates are lower than the regional average

### Implications for the attainment of the SDGs*

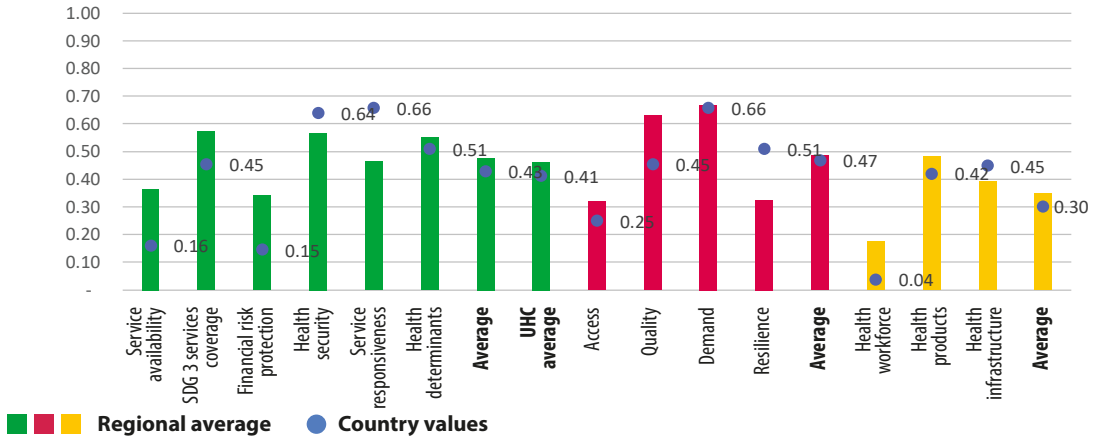
- Health status too low compared with that needed for the attainment of the SDGs
- Explore innovative approaches to reduce the burden of communicable diseases, noncommunicable diseases and injuries

* The capacity to attain the SDGs is related to how far the country's Healthy Life Expectancy is from that of the best performing income group (high income countries – 65.5 years)

Data is from the World Bank Health Population and Nutrition database for the year closest to 2015 for which data is available.
Source: http://databank.worldbank.org/data/source/health-nutrition-and-population-statistics, last accessed on 30 April 2018.

## State of health services and the health system

Services dimensions | System performance dimensions | Investment dimensions




### Service outcomes

**Comments**

- Overall utilization of health and health-related services to reach the SDGs is 43% of what is feasible in the Region, lower than the regional average (48%).
- Country utilization is higher than the regional average for health security and service responsiveness outcome areas
- Compared with other low-income countries, the country utilization is higher for health security and service responsiveness outcome areas

**Implications for the SDGs**

- Accelerate ongoing interventions to address health security and service responsiveness outcomes, focusing on the hard to reach populations
- Introduce innovative approaches to improve service availability, SDG 3 service coverage, financial risk protection and non-SDG 3 services coverage for all populations

### System performance and investments

**Comments**

- A low-income country recently recovered from a major disruption of the system due EVD outbreak
- System performance is lower than that of other low-income countries
- Across system performance monitoring domains, relative performance is highest for system resilience, and lowest for access to services
- Tangible system investments are lower than regional averages for health workforce and health products investments
- Tangible system investment levels are too low to provide information on effectiveness of system processes (service delivery, financing, governance and information)

**Implications for the SDGs**

- Explore areas for sharing lessons in establishing resilient systems, learning from EVD experiences
- Accelerate strategies improving access to services and effective demand for care specifically targeting hard to reach populations
- Introduce innovative strategies to improve quality of care for the whole population, focusing on scaling up investments in health workforce and health products

# South Africa

## State of health and well-being

| | Country value | African Region equivalent value | | | |
|---|---|---|---|---|---|
| | | Average | HICs | UMICs | LMICs | LICs |
| Healthy life expectancy | 54.4 | 53.8 | 65.5 | 58.6 | 52.9 | 52.5 |
| Crude death rate per 1000 population | 11.1 | 9.7 | 6.7 | 8.2 | 10.1 | 10.0 |
| DALYs lost per 1000 population – Total | 506.3 | 592.2 | 309.3 | 441.4 | 618.4 | 630.6 |
| *Due to communicable diseases* | 253.8 | 352.9 | 43.9 | 207.1 | 374.8 | 393.0 |
| *Due to noncommunicable conditions* | 204.2 | 177.6 | 234.9 | 190.6 | 180.3 | 170.6 |
| *Due to injuries* | 47.3 | 61.2 | 30.3 | 43.2 | 62.7 | 66.5 |

### Comments

- An upper-middle-income country with the second largest total GDP in the WHO African Region (representing 18.96% of the total GDP) and the sixth highest GDP per capita (US$ 5744.3 in current prices) based on 2015 estimates
- It has the fourth largest population in the Region (5.57% of total population), the seventh largest land area (5.14% of the Region) and the 29th highest population density (45.58 persons/km²)
- Health status is commensurate with that of a low to lower-middle-income country
- Overall healthy life expectancy marginally better, but morbidity and mortality rates worse than regional average
- Mortality due to noncommunicable diseases is higher than that of the Region.

### Implications for the attainment of the SDGs*

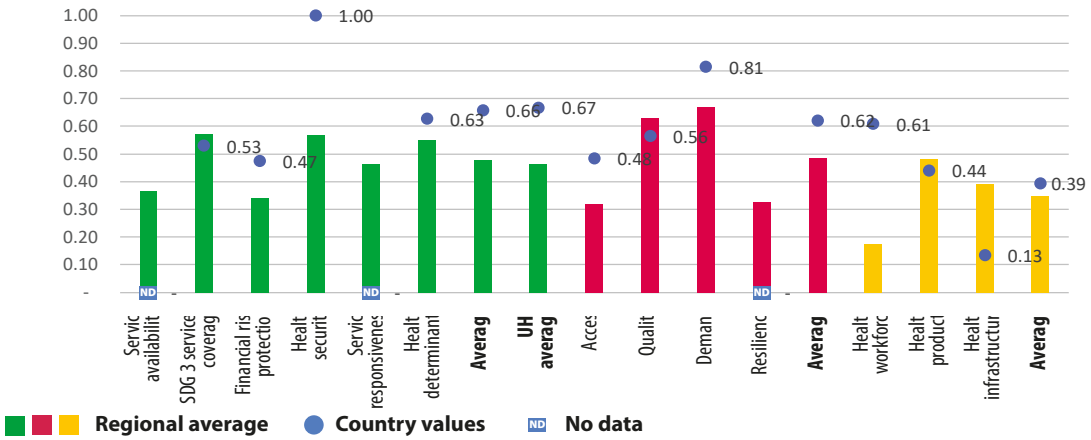
- Health status too low compared with that needed for the attainment of the SDGs
- Accelerate ongoing efforts to reduce the burden of communicable diseases and injuries focusing on hard to reach populations
- Explore innovative approaches to reduce the burden of noncommunicable diseases

* The capacity to attain the SDGs is related to how far the country's Healthy Life Expectancy is from that of the best performing income group (high income countries – 65.5 years)

Data is from the World Bank Health Population and Nutrition database for the year closest to 2015 for which data is available.
Source: http://databank.worldbank.org/data/source/health-nutrition-and-population-statistics, last accessed on 30 April 2018.

## State of health services and the health system

Services dimensions | System performance dimensions | Investment dimensions




## Service outcomes

### Comments

- **Highest performer in the region for health security dimension of outcomes**
- Overall utilization of health and health-related services to reach the SDGs is 66% of what is feasible in the Region, higher than the regional average (48%).
- Country utilization is higher than the regional average for financial risk protection, health security and non-SDG 3 service coverage outcome areas (there is no data for service availability or responsiveness).
- It forms the performance frontier for health security in the Region
- Compared with other upper middle-income countries, the country utilization is higher for health security and non-SDG 3 services coverage

### Implications for the SDGs

- Share lessons with other countries in improving health security
- Accelerate ongoing interventions to address financial risk protection and non-SDG 3 services coverage, focusing on the hard to reach populations
- Introduce innovative approaches to improve SDG 3 services coverage for all populations
- Improve information availability, particularly for services availability and responsiveness

## System performance and investments

### Comments

- An upper-middle-income country with system performance similar to its classification
- Across system performance monitoring domains, relative performance is lowest for quality of care
- Tangible system investments are average compared to the regional average, being higher for health workforce
- Information is suggestive of some effective system processes (service delivery, financing, governance and information) – average levels of tangible investments coupled with high ratio of overall performance score to consolidated tangible investments scores

### Implications for the SDGs

- Explore areas for sharing lessons in establishing effective system processes
- Accelerate strategies improving access to services, and effective demand specifically targeting hard to reach populations
- Introduce innovative strategies to improve quality of care for the whole population, focusing on scaling up investments in health products and health infrastructure

# South Sudan

## State of health and well-being

| | Country value | African Region equivalent value | | | |
|---|---|---|---|---|---|
| | | Average | HICs | UMICs | LMICs | LICs |
| Healthy life expectancy | 49.9 | 53.8 | 65.5 | 58.6 | 52.9 | 52.5 |
| Crude death rate per 1000 population | 11.1 | 9.7 | 6.7 | 8.2 | 10.1 | 10.0 |
| DALYs lost per 1000 population – Total | 734.5 | 592.2 | 309.3 | 441.4 | 618.4 | 630.6 |
| *Due to communicable diseases* | 483.3 | 352.9 | 43.9 | 207.1 | 374.8 | 393.0 |
| *Due to noncommunicable conditions* | 166.8 | 177.6 | 234.9 | 190.6 | 180.3 | 170.6 |
| *Due to injuries* | 84.1 | 61.2 | 30.3 | 43.2 | 62.7 | 66.5 |

### Comments

- A low-income country with the 26th largest total GDP in the WHO African Region (representing 0.54% of the total GDP) and the 27th highest GDP per capita (US$ 758.7 in current prices) based on 2015 estimates
- It has the 24th largest population in the Region (1.20% of total population), but the 16th largest land area (2.62% of the Region), leaving it with the 37th highest population density (19.17 persons/km²)
- Health status is commensurate with that of its income classification
- The country has faced protracted civil unrest, straining its capacity for sustainable development
- Overall healthy life expectancy, morbidity and mortality rates are lower than the regional average
- However, mortality due to noncommunicable diseases is marginally higher than that of the Region.

### Implications for the attainment of the SDGs*

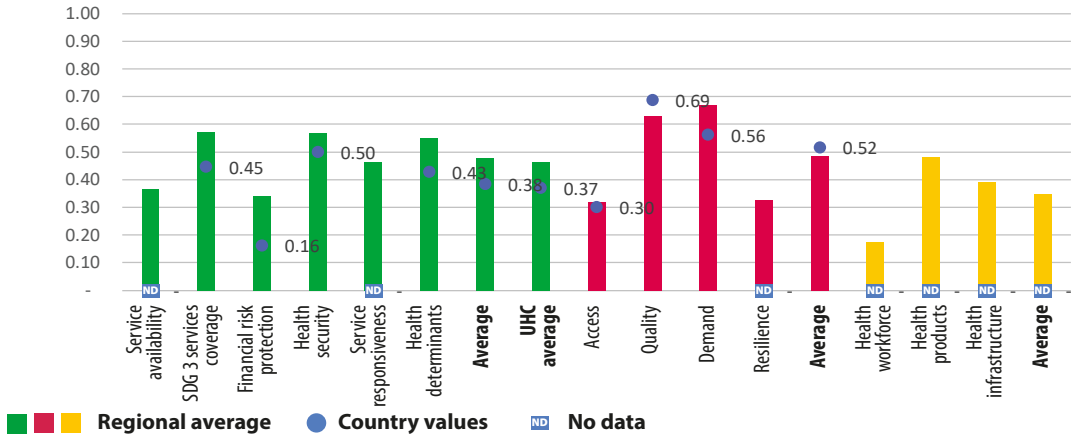
- Health status too low compared with that needed for the attainment of the SDGs
- Accelerate ongoing efforts to reduce burden of noncommunicable diseases, focusing on hard to reach populations
- Explore innovative approaches to address the high burden of communicable diseases and injuries

* The capacity to attain the SDGs is related to how far the country's Healthy Life Expectancy is from that of the best performing income group (high income countries – 65.5 years)

Data is from the World Bank Health Population and Nutrition database for the year closest to 2015 for which data is available.
Source: http://databank.worldbank.org/data/source/health-nutrition-and-population-statistics, last accessed on 30 April 2018.

## State of health services and the health system

Services dimensions | System performance dimensions | Investment dimensions




### Service outcomes

**Comments**

- Overall utilization of health and health-related services to reach the SDGs is 38% of what is feasible in the Region, lower than the regional average (48%).
- Country utilization is higher than the regional average for none of the outcome areas assessed (there is no data for service availability, and responsiveness)
- Compared with other low-income countries, the country utilization is higher for all outcome areas assessed

### System performance and investments

- A low-income country with major conflict in the recent past and persisting insurgency making real-time health system assessment difficult
- From available information system performance is average compared to the Region
- Across system performance monitoring domains, relative performance is highest for quality of care, lowest for access
- No information on tangible system investments
- No assessment of effectiveness of system processes (service delivery, financing, governance and information)

**Implications for the SDGs**

- Introduce innovative approaches to improve SDG 3 services coverage, financial risk protection, health security and non-SDG 3 services coverage for all populations
- Improve information availability, particularly for services availability and responsiveness
- Introduce innovative strategies to improve access, quality, resilience and demand for services for the whole population, focusing on investments across the health system – through a dedicated health system recovery programme

# Togo

## State of health and well-being

| | Country value | African Region equivalent value | | | | |
|---|---|---|---|---|---|---|
| | | Average | HICs | UMICs | LMICs | LICs |
| Healthy life expectancy | 52.8 | 53.8 | 65.5 | 58.6 | 52.9 | 52.5 |
| Crude death rate per 1000 population | 9.6 | 9.7 | 6.7 | 8.2 | 10.1 | 10.0 |
| DALYs lost per 1000 population – Total | 597.2 | 592.2 | 309.3 | 441.4 | 618.4 | 630.6 |
| *Due to communicable diseases* | 351.5 | 352.9 | 43.9 | 207.1 | 374.8 | 393.0 |
| *Due to noncommunicable conditions* | 181.6 | 177.6 | 234.9 | 190.6 | 180.3 | 170.6 |
| *Due to injuries* | 63.8 | 61.2 | 30.3 | 43.2 | 62.7 | 66.5 |

### Comments

- A low-income country with the 35th largest total GDP in the WHO African Region (representing 0.24% of the total GDP) and the 37th highest GDP per capita (US$ 551.1 in current prices) based on 2015 estimates
- It has the 28th largest population in the Region (0.75% of total population), the 35th largest land area (0.23% of the Region) but with the 11th highest population density (136.36 persons/ km$^2$)
- Health status is commensurate with that of a lower middle-income country
- Overall healthy life expectancy, morbidity and mortality rates are at the regional average

### Implications for the attainment of the SDGs*

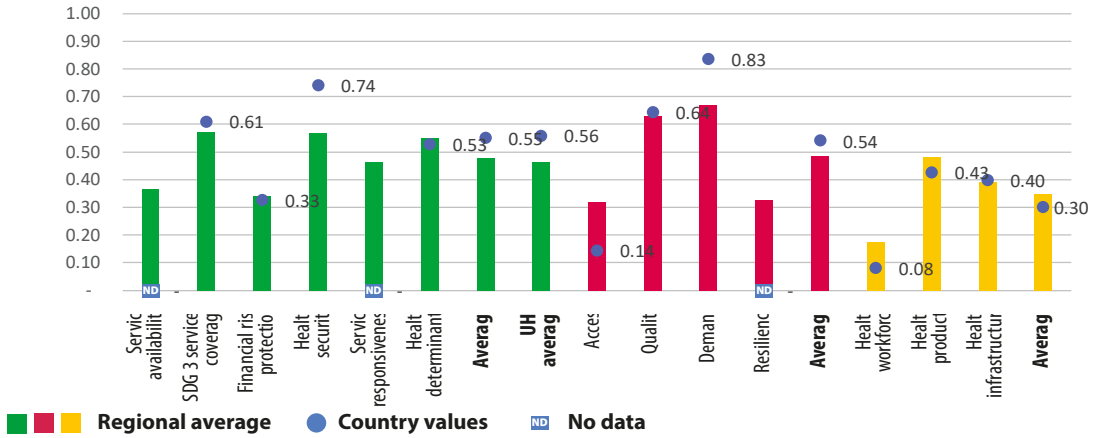
- Health status is too low compared with that needed for the attainment of the SDGs
- Accelerate ongoing efforts to reduce the burden of communicable diseases, noncommunicable diseases and injuries focusing on hard to reach populations

* The capacity to attain the SDGs is related to how far the country's Healthy Life Expectancy is from that of the best performing income group (high income countries – 65.5 years)

Data is from the World Bank Health Population and Nutrition database for the year closest to 2015 for which data is available.
Source: http://databank.worldbank.org/data/source/health-nutrition-and-population-statistics, last accessed on 30 April 2018.

## State of health services and the health system

Services dimensions | System performance dimensions | Investment dimensions




### Service outcomes

**Comments**

- Overall utilization of health and health-related services to reach the SDGs is 55% of what is feasible in the Region, higher than the regional average (48%).
- Country utilization is higher than the regional average for SDG 3 services coverage, and health security outcome areas (no data for service availability and responsiveness)
- Compared with other low-income countries, the country utilization is higher for all outcome areas assessed

### System performance and investments

- A low-income country with system performance closer to that of a lower-middle-income country
- Across system performance monitoring domains, relative performance is highest for effective demand for services
- Tangible system investments are lower than region-al averages for health workforce and health prod-ucts investments
- Tangible system investment levels are too low to provide information on effectiveness of system pro-cesses (service delivery, financing, governance and information)

**Implications for the SDGs**

- Accelerate ongoing interventions to address SDG 3 services coverage, financial risk protection, health security and non-SDG 3 services focusing on the hard to reach populations
- Improve information availability, particularly for service availability and responsiveness
- Accelerate strategies improving quality of care and effective demand, specifically targeting hard to reach populations
- Introduce innovative strategies to improve access to services for the whole population, focusing on scaling up investments in health workforce and health products

# Uganda

## State of health and well-being

| | Country value | African Region equivalent value | | | |
|---|---|---|---|---|---|
| | | Average | HICs | UMICs | LMICs | LICs |
| Healthy life expectancy | 54 | 53.8 | 65.5 | 58.6 | 52.9 | 52.5 |
| Crude death rate per 1000 population | 9.2 | 9.7 | 6.7 | 8.2 | 10.1 | 10.0 |
| DALYs lost per 1000 population – Total | 528.3 | 592.2 | 309.3 | 441.4 | 618.4 | 630.6 |
| *Due to communicable diseases* | 307.0 | 352.9 | 43.9 | 207.1 | 374.8 | 393.0 |
| *Due to noncommunicable conditions* | 157.9 | 177.6 | 234.9 | 190.6 | 180.3 | 170.6 |
| *Due to injuries* | 63.0 | 61.2 | 30.3 | 43.2 | 62.7 | 66.5 |

### Comments

- A low-income country with the 12th largest total GDP in the WHO African Region (representing 1.62% of the total GDP) but only the 32nd highest GDP per capita (US$ 674 in current prices) based on 2015 estimates
- It has the seventh largest population in the Region (4.04% of total population), but only the 28th largest land area (0.85% of the Region) leaving it with the seventh highest population density (200.2 persons/km²)
- Health status is commensurate with that of a lower middle-income country
- Overall healthy life expectancy, morbidity and mortality rates are marginally better than the regional average

### Implications for the attainment of the SDGs*

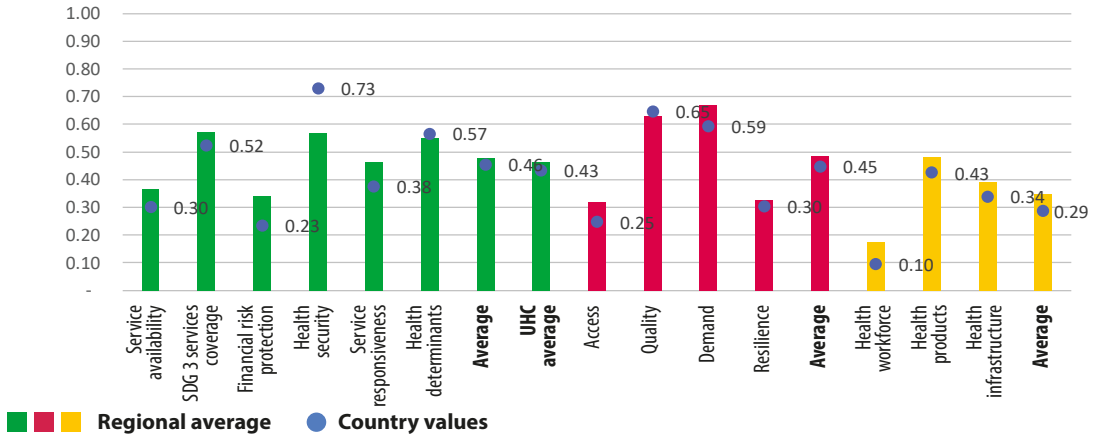
- Health status low compared with that needed for the attainment of the SDGs
- Accelerate ongoing initiatives to reduce the burdens of communicable diseases and noncommunicable diseases focusing on hard to reach persons

* The capacity to attain the SDGs is related to how far the country's Healthy Life Expectancy is from that of the best performing income group (high income countries – 65.5 years)

Data is from the World Bank Health Population and Nutrition database for the year closest to 2015 for which data is available.
Source: http://databank.worldbank.org/data/source/health-nutrition-and-population-statistics, last accessed on 30 April 2018.

## State of health services and the health system

Services dimensions | System performance dimensions | Investment dimensions




### Service outcomes

**Comments**

- Overall utilization of health and health-related services to reach the SDGs is 46% of what is feasible in the Region, marginally lower than the regional average (48%).
- Country utilization is higher than the regional average for health security
- Compared with other low-income countries, the country utilization is higher for service availability and health security outcome areas

**Implications for the SDGs**

- Accelerate ongoing interventions to address health security and non-SDG 3 services coverage focusing on the hard to reach populations
- Introduce innovative approaches to improve service availability, SDG 3 services coverages, financial risk protection and service responsiveness for all populations

### System performance and investments

**Comments**

- A low-income country with system performance lower than that of other low-income countries
- Across system performance monitoring domains, relative performance is lower than the regional average in all areas, being lowest for access to services
- Tangible system investments are lower than regional averages for all areas of investments
- Tangible system investment levels are too low to provide information on effectiveness of system processes (service delivery, financing, governance, information)

**Implications for the SDGs**

- Accelerate strategies improving access to services, quality of care and system resilience specifically targeting hard to reach populations
- Introduce innovative strategies to improve effective demand for services for the whole population, focusing on scaling up investments in all health system areas

# United Republic of Tanzania

## State of health and well-being

| | Country value | African Region equivalent value | | | |
|---|---|---|---|---|---|
| | | Average | HICs | UMICs | LMICs | LICs |
| Healthy life expectancy | 54.2 | 53.8 | 65.5 | 58.6 | 52.9 | 52.5 |
| Crude death rate per 1000 population | 7.8 | 9.7 | 6.7 | 8.2 | 10.1 | 10.0 |
| DALYs lost per 1000 population – Total | 511.9 | 592.2 | 309.3 | 441.4 | 618.4 | 630.6 |
| *Due to communicable diseases* | 298.9 | 352.9 | 43.9 | 207.1 | 374.8 | 393.0 |
| *Due to noncommunicable conditions* | 154.5 | 177.6 | 234.9 | 190.6 | 180.3 | 170.6 |
| *Due to injuries* | 58.2 | 61.2 | 30.3 | 43.2 | 62.7 | 66.5 |

### Comments

- A low-income country with the seventh largest total GDP in the WHO African Region (representing 2.72% of the total GDP) but only the 24th highest GDP per capita (US$ 872.3 in current prices) based on 2015 estimates
- It has the fifth largest population in the Region (5.42% of total population), the 11th largest land area (3.75% of the Region) and the 24th highest population density (60.83 persons/km²)
- Health status is commensurate with that of a lower-middle-income country
- Overall healthy life expectancy, morbidity and mortality rates are better than the regional average

### Implications for the attainment of the SDGs*

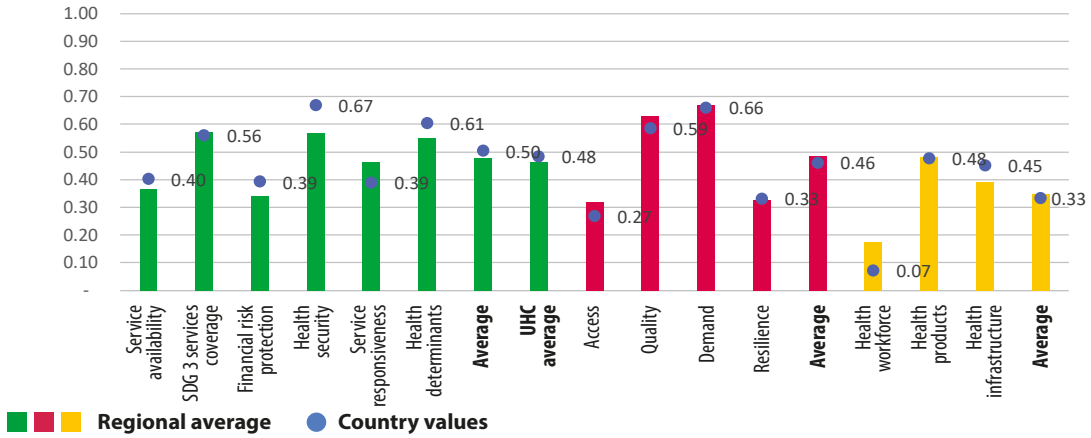
- Health status low compared with that needed for the attainment of the SDGs
- Accelerate ongoing efforts to reduce burdens of communicable diseases, noncommunicable diseases and injuries focusing on hard to reach persons

* The capacity to attain the SDGs is related to how far the country's Healthy Life Expectancy is from that of the best performing income group (high income countries – 65.5 years)

Data is from the World Bank Health Population and Nutrition database for the year closest to 2015 for which data is available.
Source: http://databank.worldbank.org/data/source/health-nutrition-and-population-statistics, last accessed on 30 April 2018.

## State of health services and the health system

Services dimensions | System performance dimensions | Investment dimensions




### Service outcomes

**Comments**

- Overall utilization of health and health-related services to reach the SDGs is 50% of what is feasible in the Region, marginally higher than the regional average (48%).
- Country utilization is higher than the regional average for financial risk protection, health security and non-SDG services coverage outcomes
- Compared with other low-income countries, the country utilization is higher for SDG 3 and non-SDG 3 services coverage, financial risk protection, and health security

**Implications for the SDGs**

- Accelerate ongoing interventions to address SDG 3 and non-SDG 3 services coverage, financial risk protection and health security focusing on hard to reach populations
- Introduce innovative approaches to improve service availability, and service responsiveness for all populations

### System performance and investments

**Comments**

- A low-income country with system performance lower than that of other low-income countries
- Across system performance monitoring domains, relative performance is highest for effective demand for services
- Tangible system investments are lower than regional averages for health workforce and health products investments
- Tangible system investment levels are too low to provide information on effectiveness of system processes (service delivery, financing, governance and information)

**Implications for the SDGs**

- Accelerate strategies improving access to services, effective demand for services and system resilience specifically targeting hard to reach populations
- Introduce innovative strategies to improve quality of care for the whole population, focusing on scaling up investments in health workforce and health products

# Zambia

## State of health and well-being

| | Country value | African Region equivalent value | | | |
|---|---|---|---|---|---|
| | | Average | HICs | UMICs | LMICs | LICs |
| Healthy life expectancy | 53.7 | 53.8 | 65.5 | 58.6 | 52.9 | 52.5 |
| Crude death rate per 1000 population | 9.7 | 9.7 | 6.7 | 8.2 | 10.1 | 10.0 |
| DALYs lost per 1000 population – Total | 554.2 | 592.2 | 309.3 | 441.4 | 618.4 | 630.6 |
| *Due to communicable diseases* | 356.5 | 352.9 | 43.9 | 207.1 | 374.8 | 393.0 |
| *Due to noncommunicable conditions* | 144.0 | 177.6 | 234.9 | 190.6 | 180.3 | 170.6 |
| *Due to injuries* | 53.4 | 61.2 | 30.3 | 43.2 | 62.7 | 66.5 |

### Comments

- A lower-middle-income country with the 13th largest total GDP in the WHO African Region (representing 1.26% of the total GDP) and the 19th highest GDP per capita (US$ 1313.9 in current prices) based on 2015 estimates
- It has the 19th largest population in the Region (1.62% of total population), the 14th largest land area (3.15% of the Region) and the 36th highest population density (22.35 persons/km²)
- Health status is commensurate with that of its income classification
- Overall healthy life expectancy, morbidity and mortality rates are similar to the regional average

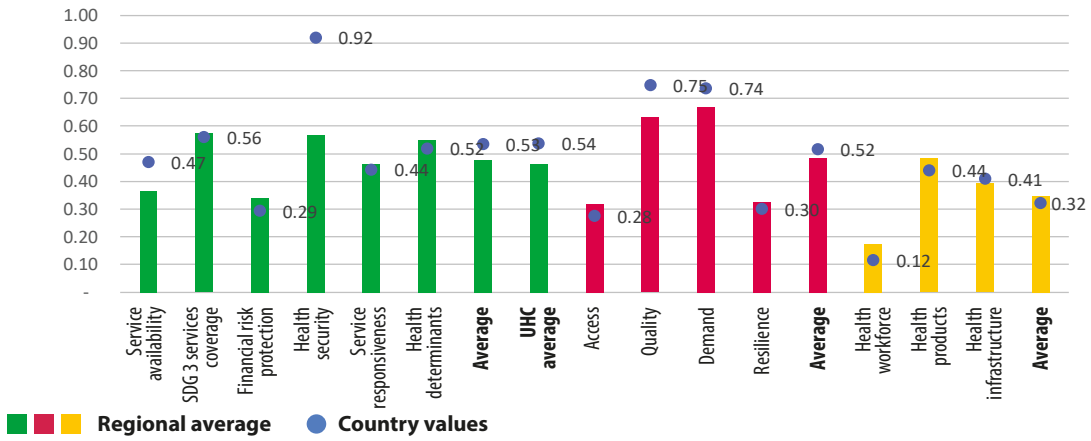
### Implications for the attainment of the SDGs*

- Health status low compared with that needed for the attainment of the SDGs
- Accelerate ongoing initiatives to reduce the burden of communicable diseases, noncommunicable diseases and injuries focusing on hard to reach persons

* The capacity to attain the SDGs is related to how far the country's Healthy Life Expectancy is from that of the best performing income group (high income countries – 65.5 years)

Data is from the World Bank Health Population and Nutrition database for the year closest to 2015 for which data is available.
Source: http://databank.worldbank.org/data/source/health-nutrition-and-population-statistics, last accessed on 30 April 2018.

## State of health services and the health system




### Service outcomes

**Comments**

- Overall utilization of health and health-related services to reach the SDGs is 53% of what is feasible in the Region, higher than the regional average (48%).
- Country utilization is higher than the regional average for health security outcome area
- Compared with other lower middle-income countries, the country utilization is higher for health security outcome area

**Implications for the SDGs**

- Share lessons with other countries on improving health security outcomes
- Accelerate ongoing interventions to address SDG 3 services coverage, focusing on the hard to reach populations
- Introduce innovative approaches to improve service availability, financial risk protection, service responsiveness and non-SDG 3 service coverage for all populations

### System performance and investments

**Comments**

- A lower-middle-income country with system performance closer to that of an upper-middle-income country
- Across system performance monitoring domains, relative performance is highest for quality of care and effective demand for services
- Tangible system investments are lower than regional averages for health workforce and health products investments
- Tangible system investment levels are too low to provide information on effectiveness of system processes (service delivery, financing, governance and information)

**Implications for the SDGs**

- Accelerate strategies improving access to services, quality of care, effective demand for services and system resilience specifically targeting hard to reach populations
- Scale up investments in health workforce and health products

# Zimbabwe

## State of health and well-being

| | Country value | African Region equivalent value | | | |
|---|---|---|---|---|---|
| | | Average | HICs | UMICs | LMICs | LICs |
| Healthy life expectancy | 52.1 | 53.8 | 65.5 | 58.6 | 52.9 | 52.5 |
| Crude death rate per 1000 population | 9.8 | 9.7 | 6.7 | 8.2 | 10.1 | 10.0 |
| DALYs lost per 1000 population – Total | 591.8 | 592.2 | 309.3 | 441.4 | 618.4 | 630.6 |
| *Due to communicable diseases* | 367.4 | 352.9 | 43.9 | 207.1 | 374.8 | 393.0 |
| *Due to noncommunicable conditions* | 160.3 | 177.6 | 234.9 | 190.6 | 180.3 | 170.6 |
| *Due to injuries* | 63.7 | 61.2 | 30.3 | 43.2 | 62.7 | 66.5 |

### Comments

- A low-income country with the 14th largest total GDP in the WHO African Region (representing 0.97% of the total GDP) and the 22nd highest GDP per capita (US$ 1033.4 in current prices) based on 2015 estimates
- It has the 20th largest population in the Region (1.59% of total population), the 21st largest land area (1.64% of the Region) and the 32nd highest population density (40.78 persons/km²)
- The country has faced a protected economic contraction leading up to the SDGs
- Health status is commensurate with that of its income classification
- Overall healthy life expectancy, morbidity and mortality rates are better than the regional average
- Mortality due to noncommunicable conditions is marginally higher than that of the Region

### Implications for the attainment of the SDGs*

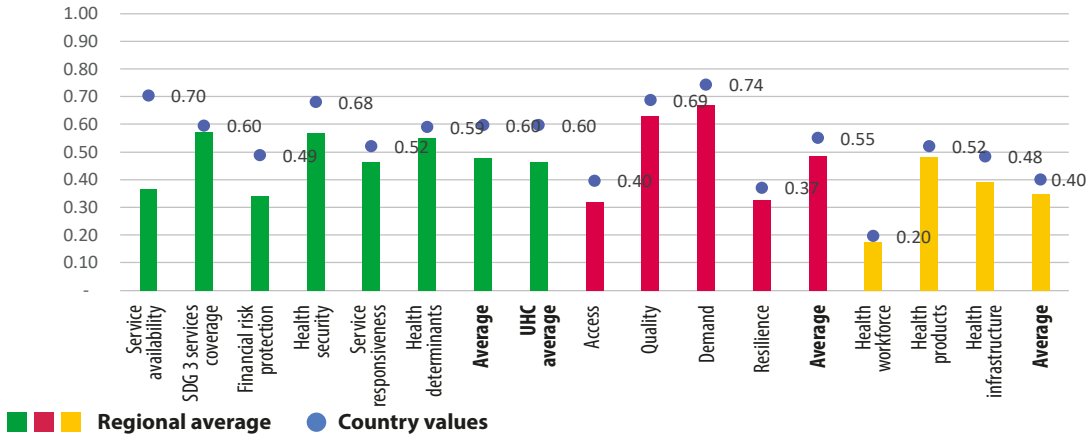
- Health status low compared with that needed for the attainment of the SDGs
- Accelerate ongoing efforts to reduce the burdens of communicable diseases, noncommunicable diseases and injuries focusing on hard to reach populations

* The capacity to attain the SDGs is related to how far the country's Healthy Life Expectancy is from that of the best performing income group (high income countries – 65.5 years)

Data is from the World Bank Health Population and Nutrition database for the year closest to 2015 for which data is available.
Source: http://databank.worldbank.org/data/source/health-nutrition-and-population-statistics, last accessed on 30 April 2018.

## State of health services and the health system

Services dimensions | System performance dimensions | Investment dimensions




### Service outcomes

**Comments**

- Overall utilization of health and health-related services to reach the SDGs is 60% of what is feasible in the Region, higher than the regional average (48%).
- Country utilization is higher than the regional average across all outcome domains assessed
- Compared with other low-income countries, the country utilization is higher for all outcome areas

**Implications for the SDGs**

- Accelerate ongoing interventions to address service availability, SDG 3 and non-SDG 3 services coverage, financial risk protection, health security and service responsiveness focusing on the hard to reach populations

### System performance and investments

**Comments**

- A low-income country with system performance of an upper-middle-income country
- Extended economic crisis
- Across system performance monitoring domains, relative performance is highest for effective demand and quality of care
- Tangible system investments are above average as compared to the regional average
- Information is suggestive of some effective system processes (service delivery, financing, governance, information), with higher than average tangible investments coupled with a high ratio of overall performance score to consolidated tangible investments scores

**Implications for the SDGs**

- Explore areas for sharing lessons in establishing effective system processes
- Accelerate strategies improving access to services, quality of care, effective demand for services and system resilience specifically targeting hard to reach populations
- Scale up investments in health infrastructure

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# Annexes

## Annex 1: Indicators



## Annex 2: Data by indicator used to generate indices

# Annex 1: Indicators

## Health outcomes – health and essential services

## Outcome area 1: Attributes to monitor availability of essential services across age cohorts

| Cohort | Essential services |
|---|---|
| Pregnancy and newborn | Antenatal care services |
| | Perinatal care services |
| | Care for the newborn |
| | Postnatal care services |
| Childhood | Childhood immunization |
| | Child nutrition (under- and overweight) |
| | Integrated childhood services |
| | Primary school health services |
| | Promotion of childhood healthy lifestyles |
| Adolescence | Adolescent sexual and reproductive health services |
| | Adolescent/youth friendly health services |
| | Secondary school health services |
| | Harm reduction services for prevention of drug and alcohol use |
| | Promotion of adolescent healthy lifestyles |
| Adulthood | Screening for common communicable conditions |
| | Screening for common noncommunicable conditions and risk factors |
| | Reproductive health services including family planning |
| | Promotion of adulthood healthy lifestyles |
| | Adult nutrition services |
| | Clinical and rehabilitative health services |
| Elderly | Annual screening and medical exams |
| | Elderly persons social support services |
| | Clinical and rehabilitative services for the elderly |

## Outcome area 2: Indicators or coverage of essential health interventions by public health functions

| SDG target | Indicator | Related public health function |
|---|---|---|
| 3.1 | Maternal mortality ratio (per 100 000 live births) | *Impact level indicator* |
| | Proportion of births attended by skilled health personnel (%) | Curative |
| 3.2 | Under-five mortality rate (per 1000 live births) | *Impact level indicator* |
| | Neonatal mortality rate (per 1000 live births) | *Impact level indicator* |
| 3.3 | New HIV infections among adults 15–49 years old (per 1000 uninfected population) | Communicable disease prevention |
| | TB incidence (per 100 000 population) | Communicable disease prevention |
| | Malaria incidence (per 1000 population at risk) | Communicable disease prevention |
| | Infants receiving three doses of hepatitis B vaccine (%) | Communicable disease prevention |
| | Reported number of people requiring interventions against NTDs | Communicable disease prevention |
| 3.4 | Probability of dying from any of CVD, cancer, diabetes, CRD between age 30 and exact age 70 (%) | Noncommunicable disease prevention |
| | Suicide mortality rate (per 100 000 population) | Noncommunicable disease prevention |
| 3.5 | Total alcohol per capita (> 15 years of age) consumption, in litres of pure alcohol | Health promotion |
| 3.6 | Road traffic mortality rate (per 100 000 population) | Noncommunicable disease prevention |
| 3.7 | Proportion of married or in-union women of reproductive age who have their need for family planning satisfied with modern methods (%) | Health promotion |
| | Adolescent birth rate (per 1000 women aged 15–19 years) | Health promotion |
| 3.9 | Mortality rate attributed to household and ambient air pollution (per 100 000 population) | Noncommunicable disease prevention |
| | Mortality rate attributed to exposure to unsafe WASH services (per 100 000 population) | Communicable disease prevention |
| | Mortality rate from unintentional poisoning (per 100 000 population) | Noncommunicable disease prevention |

## Outcome area 3: Indicators for financial risk protection

| | Indicator |
|---|---|
| 1 | General government health expenditure (GGHE) as % of Total health expenditure |
| 2 | Out of pocket expenditure (OOPS) as % of Private health expenditure (PvtHE) |
| 3 | Social security funds as % of General government health expenditure (GGHE) |

## Outcome area 4: Attributes for health security

| Domain | | Core capacity area |
|---|---|---|
| Prevention | 1 | National legislation, policy and financing |
| | 2 | IHR coordination, communication and advocacy |
| | 3 | Antimicrobial resistance (AMR) |
| | 4 | Zoonotic disease |
| | 5 | Food safety |
| | 6 | Biosafety and biosecurity |
| | 7 | Immunization |
| | 17 | Points of entry (PoE) * |
| Detection | 8 | National laboratory systems |
| | 9 | Real-time surveillance |
| | 10 | Reporting |
| | 11 | Workforce development |
| Response | 12 | Preparedness |
| | 13 | Emergency operations centres |
| | 14 | Linking public health with law and multisectoral rapid response |
| | 15 | Medical countermeasures and personnel deployment |
| | 16 | Risk communication |
| Other | 18 | Chemical events |
| | 19 | Radiation emergencies |

## Outcome area 5: Attributes for service responsiveness

| Domains | Attributes |
|---|---|
| Dignity | Patients/clients are treated with respect during the care process |
| | The rights of patients/clients with conditions that may potentially be associated with stigma are effectively safeguarded |
| Autonomy | Patients/clients are encouraged to discuss their concerns and needs freely, during the process of care |
| | Respect is shown for patients/clients desire for privacy during the examination or management process |
| | Patients/clients are provided with information on alternative management options |
| | Patients/clients are consulted and their views considered in relation to their management preferences |
| | Patient consent is explicitly sought before testing or management is commenced |
| Confidentiality | Consultations between patients/clients and providers is carried out in a manner that protects confidentiality |
| | Confidentiality of information provided by patients/clients is preserved, except if needed by other providers to further the care process |
| | Medical records are preserved in a manner that ensures there is limited/no chance of their leaking to unauthorized users |
| Prompt attention | Patients/clients are able to get to a facility offering services they need in under 30 minutes |
| | Patients/clients will usually spend under 30 minutes at a facility before they receive services |
| | Patients/clients will usually complete all the services they need within 2 hours of arriving at a health facility |
| | Patients/clients will usually spend an unnecessarily long time waiting for elective procedures |
| Access to social support networks | Patients/clients are allowed to receive guests during the care process |
| | Families and friends of patients/clients are allowed to cater for their personal needs during the care process |
| | Patients/clients are allowed to involve themselves in religious activities during the care process |
| Quality of basic amenities | Health facilities are usually clean |
| | Food for Patients/clients is usually adequate for their nutrition needs |
| | Water and sanitation services for patients/clients are usually adequate in the health facilities |
| | The linen and other personal items provided to patients/clients is usually clean and appropriate |
| Choice of care providers | Patients/clients usually have a choice of providers in a given health facility |
| | Patients/clients usually have a choice of facilities providing their required services |
| | Patients/clients have the opportunity to freely seek a second opinion without fear of penalisation, if they desire |
| | Patients/clients have the opportunity to see specialists, if they desire to |

## Outcome area 6: Indicators for coverage of essential non-SDG 3 targets across determinants

| Domain area | SDG | | SDG target | | Health related indicator used |
|---|---|---|---|---|---|
| Social determinants | 1 | End poverty in all its forms everywhere | 1.3 | Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and vulnerable | Coverage (%) – All Social Assistance |
| | 2 | End hunger, achieve food security and improved nutrition and promote sustainable agriculture | 2.2 | By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutrition needs of adolescent girls, pregnant and lactating mothers and older persons | Prevalence of stunting in children under 5 (%)<br>Prevalence of wasting in children under 5 (%)<br>Prevalence of overweight in children under 5 (%) |
| | 4 | Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all | 4.1 | By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes | Primary education, duration (years)<br>Lower secondary completion rate, total (% of relevant age group)<br>Primary completion rate, total (% of relevant age group)<br>Secondary education, duration (years) |
| | | | 4.2 | By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education | Pre-primary education, duration (years)<br>School enrolment, pre-primary (% gross) |
| | 5 | Achieve gender equality, and empower all women and girls | 5.3 | Eliminate all harmful practices, such as child early and forced marriage and female genital mutilation | Female genital mutilation prevalence (%) |
| | 6 | Ensure availability and sustainable management of water and sanitation for all | 6.1 | By 2030, achieve universal and equitable access to safe and affordable drinking water for all | Proportion of population using improved drinking-water sources v (%) |
| | | | 6.2 | By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations | Proportion of population using improved sanitation v (%) |
| | | | 6.3 | By 2030, improve water quality by reducing pollution, eliminating dumping and minimizing release of hazardous chemicals and materials, halving the proportion of untreated waste water and substantially increasing recycling and safe reuse globally | People practicing open defecation (% of population) |
| Economic determinants | 7 | Ensure access to affordable, reliable, sustainable and modern energy for all | 7.1 | By 2030, ensure universal access to affordable, reliable and modern energy services | Annualized average growth rate in per capita real survey mean consumption or income, total population (%) |
| | 8 | Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all | 8.1 | Sustain per capita economic growth in accordance with national circumstances and, in particular, at least 7 per cent gross domestic product growth per annum in the least developed countries | GDP growth (annual %) |
| | | | 8.5 | By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value | Unemployment, total (% of total labour force) (modelled ILO estimate) |
| | 9 | Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation | 9.1 | Develop quality, reliable, sustainable and resilient infrastructure, including regional and trans-border infrastructure, to support economic development and human well-being, with a focus on affordable and equitable access | Access to electricity (% of population) |
| | | | 9c | Significantly increase access to information and communications technology and strive to provide universal and affordable access to the internet in least developed countries by 2020 | Individuals using the Internet (% of population) |
| | 10 | Reduce inequity within and among countries | 10.2 | By 2030, empower and promote the social, economic, and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status | Proportion of seats held by women in national parliaments (%) |

## Outcome area 6: Indicators for coverage of essential non-SDG 3 targets across determinants

| Domain area | SDG | | SDG target | | Health related indicator used |
|---|---|---|---|---|---|
| Environmental determinants | 11 | Make cities inclusive, safe, resilient and sustainable | 11.6 | By 2030, reduce the adverse per capita environmental impact of cities, including by paying special attention to air quality and municipal and other waste management | Annual mean concentrations of fine particulate matter (PM2.5) in urban areas x (µg/m3) |
| | 13 | Take urgent action to combat climate change and its impacts | 13.1 | Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries | Average death rate due to natural disasters (per 100 000 population) |
| Political determinants | 16 | Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels | 16.1 | Significantly reduce all forms of *violence*, and related deaths | Mortality rate due to homicide [z] (per 100 000 population)<br>Estimated direct deaths from major conflicts [aa] (per 100 000 population) |
| | | | 16.2 | End abuse, exploitation, trafficking and all forms of *violence against and torture of children* | Children in employment, total (% of children ages 7–14) |
| | | | 16.9 | By 2030, provide legal identity for all, including *birth registration* | Completeness of birth registration (%) |
| | 17 | Strengthen the means of implementation and revitalize the global partnership for sustainable development | 17.1 | Strengthen *domestic resource mobilization*, including through international support to developing countries, to improve domestic capacity for tax and other revenue collection | |
| | | | 17.16 | Enhance the *global partnership* for sustainable development, complemented by multi-stakeholder partnerships that mobilize and share knowledge, expertise, technology and financial resources, to support the achievement of the SDGs in all countries, in particular developing countries | Net official development assistance received (current US$) |

## Health outputs – Health system performance measurements

| Domain | Indicators used |
|---|---|
| Access to essential services | Hospital beds per 100 000 population |
| | Total density per 100 000 population: Hospitals |
| | Total density per 100 000 population: Health posts |
| | Total density per 100 000 population: Health centres |
| | Physicians density (per 1000 population) |
| | Nursing and midwifery personnel density (per 1000 population) |
| | Dentistry personnel density (per 1000 population) |
| | Pharmaceutical personnel density (per 1000 population) |
| | Laboratory health workers density (per 1000 population) |
| | Environmental and public health workers density (per 1000 population) |
| | Community and traditional health workers density (per 1000 population) |
| | Health management and support workers density (per 1000 population) |
| | Diagnostics readiness |
| | Essential medicines readiness |
| | Pharmaceutical expenditure as percentage of Total Health Expenditure |
| | Pharmacists per 10 000 population |
| | Average number of medicines prescribed per patient contact in public health facilities |
| | Percentage of medicines prescribed in outpatient public health facilities in the national Essential Medicines List |
| | Percentage of medicines prescribed in outpatient facilities prescribed by international non-propriety names |
| | Percentage of patients in outpatient public health facilities receiving antibiotics |
| | Percentage of adequately labelled medicines in outpatient public health facilities |
| | Blood donation rate per 1000 persons |
| Quality of care | TB treatment success |
| | Service readiness score |
| | Patient-centred care (PCC) score (dignity, confidentiality, prompt attention) |
| | Diabetes mellitus, deaths per 100 000 (age-standardized estimate) – (Data source: WHO, 2012) |
| | Age-standardized suicide rates (per 100 000 population) |
| Demand for essential services | ANC 1 – ANC 4 dropout rate |
| | DTP 1 – DTP 3 dropout rate |
| | BCG – MCV dropout rate |
| | TB treatment dropout rate |

| | Resilience area | Attributes assessed |
|---|---|---|
| 1 | Awareness | There is up to date (under 1 year old) data mapping the health system assets – HR, infrastructure, commodities – that can be mobilized in the event of a stress event |
| | | There is an up to date (under 1 year old) mapping of potential health risks at the lowest level of the health system – health centre or community unit |
| | | There is a functional epidemiological surveillance network regularly (weekly) reporting on status of potential disease events |
| | | The health sector is conducting regular (at least annual) predictive modelling of major health risks facing different populations and sharing this information with concerned parties |
| | | The health sector is conducting simulation exercises to mimic the logistics of the response to the 5 stress events of highest risk of occurrence |
| 2 | Diversity | Primary care facilities are providing at least 80% of the essential services they are expected to provide |
| | | Physical, financial and/or social barriers hindering access to available essential services are minimized |
| | | There is a clear strategy to scale up the provision of essential services currently not being provided |
| | | Health facilities have basic capacities needed for provision of a **broad range of essential services:**<br>1. basic amenities: reliable power, water, sanitation,<br>2. basic equipment,<br>3. standard precautions for infection prevention,<br>4. diagnostic capacity,<br>5. essential medicines |
| 3 | Versatility and self-regulating | Staff are appropriately skilled, and supervisory systems functional enough to identify rare/uncommon events when they occur |
| | | The primary care facilities have the needed capacity to identify and isolate a health threat |
| | | There are mechanisms at the management level supporting health facilities to target local resources to an identified health threat without need for bureaucratic authorizations |
| | | Health facilities are aware of, and able to put in place contingency mechanisms that allow continued essential service provision even when responding to a threat |
| | | Sources of additional HR capacities that may be needed to respond to the threat are identified, and procedures to bring these on board are known and agreed |
| | | There are agreed protocols to guide absorption of resources and skills mobilized during a response to an event into the routine system |
| 4 | Mobilization, adaptive and integrated | There are functional mechanisms for communication and engagement with non-public health partners working within the areas of responsibility of primary care facilities – such as private sector, NGOs, CSOs and others |
| | | There are functional mechanisms for communication and engagement of primary care facilities with communities they are working within |
| | | There are functional mechanisms for communication and engagement with health-related sectors working within the areas of responsibility of primary care facilities – such as agriculture, transport, education, and others |
| | | There are pre-agreed mechanisms for sharing of personnel, funds and capacities amongst stakeholders working within their areas of responsibility of primary care facilities |
| | | There are mechanisms to regularly (annually) monitor performance of the health system and ensure it is constantly adapting to changing health needs |

## Health inputs – Health system investment measurements

| Domain | Indicator |
|---|---|
| Health workforce | Physicians density (per 1000 population) |
| | Nursing and midwifery personnel density (per 1000 population) |
| | Dentistry personnel density (per 1000 population) |
| | Pharmaceutical personnel density (per 1000 population) |
| | Laboratory health workers density (per 1000 population) |
| | Environmental and public health workers density (per 1000 population) |
| | Community and traditional health workers density (per 1000 population) |
| | Health management and support workers density (per 1000 population) |
| Health products, and technologies | Diagnostics readiness |
| | Essential medicines readiness |
| | Pharmaceutical expenditure as percentage of Total Health Expenditure |
| | Pharmacists per 10 000 population |
| | Average number of medicines prescribed per patient contact in public health facilities |
| | Percentage of medicines prescribed in outpatient public health facilities in the national Essential Medicines List |
| | Percentage of medicines prescribed in outpatient facilities prescribed by international non-propriety names |
| | Percentage of patients in outpatient public health facilities receiving antibiotics |
| | Percentage of adequately labelled medicines in outpatient public health facilities |
| | Blood donation rate per 1000 persons |
| Health infrastructure and equipment | Health infrastructure readiness |
| | Availability of basic amenities |
| | Availability of basic equipment |
| | Total density per 100 000 population: Hospitals |
| | Total density per 100 000 population: Health posts |
| | Total density per 100 000 population: Health centres |
| | Total density per 100 000 population: District/rural hospitals |
| | Hospital beds (per 10 000 population) |

# Annex 2: Data by indicator used to generate indices

## Health financing data

| Member State | Total health expenditure (THE) per capita in Int$ (purchasing power parity) | | | | |
|---|---|---|---|---|---|
| | 2010 | 2011 | 2012 | 2013 | 2014 |
| Algeria | 644.26 | 686.22 | 821.34 | 858.86 | 932.10 |
| Angola | 215.71 | 220.50 | 223.24 | 301.99 | 239.01 |
| Benin | 79.34 | 88.23 | 83.33 | 82.24 | 85.61 |
| Botswana | 779.77 | 697.87 | 878.72 | 893.17 | 870.84 |
| Burkina Faso | 99.92 | 76.01 | 82.40 | 96.72 | 82.31 |
| Burundi | 61.33 | 61.53 | 60.80 | 60.26 | 58.02 |
| Cabo Verde | 133.33 | 103.58 | 117.77 | 121.73 | 121.92 |
| Cameroon | 282.65 | 282.70 | 288.16 | 271.89 | 310.12 |
| Central African Republic | 33.67 | 33.36 | 33.66 | 22.60 | 24.96 |
| Chad | 55.58 | 59.01 | 59.90 | 70.80 | 79.02 |
| Comoros | 79.57 | 85.12 | 101.52 | 95.33 | 100.82 |
| Congo | 125.70 | 157.15 | 230.64 | 302.60 | 322.63 |
| Côte d'Ivoire | : | : | : | 176.13 | 187.02 |
| Democratic Republic of the Congo | 23.62 | 21.82 | 24.55 | 27.04 | 32.28 |
| Equatorial Guinea | 1237.30 | 1103.40 | 1367.39 | 1196.14 | 1163.42 |
| Eritrea | 42.10 | 43.19 | 44.80 | 45.63 | 51.04 |
| Eswatini | 486.45 | 503.45 | 526.64 | 597.95 | 586.82 |
| Ethiopia | 72.31 | 76.29 | 72.47 | 71.30 | 72.96 |
| Gabon | 538.24 | 523.54 | 556.46 | 671.06 | 599.26 |
| The Gambia | 93.24 | 95.65 | 97.88 | 106.83 | 118.43 |
| Ghana | 161.18 | 164.93 | 178.43 | 180.32 | 145.37 |
| Guinea | 52.16 | 56.01 | 65.72 | 67.66 | 68.46 |
| Guinea-Bissau | 87.16 | 77.15 | 91.52 | 102.48 | 90.96 |
| Kenya | 98.84 | 137.21 | 149.22 | 158.04 | 168.98 |
| Lesotho | 237.79 | 270.83 | 270.42 | 281.70 | 276.04 |
| Liberia | 80.06 | 81.88 | 81.13 | 83.66 | 98.29 |
| Madagascar | 66.27 | 58.10 | 48.35 | 58.65 | 43.70 |
| Malawi | 73.76 | 88.54 | 91.99 | 86.60 | 93.48 |
| Mali | 78.91 | 79.80 | 83.54 | 103.44 | 110.12 |
| Mauritania | 106.54 | 96.85 | 119.34 | 134.97 | 148.11 |
| Mauritius | : | : | : | : | 896.16 |
| Mozambique | 48.29 | 59.64 | 56.56 | 63.31 | 79.32 |
| Namibia | 321.16 | 337.49 | 323.30 | 321.71 | 375.28 |
| Niger | 51.15 | 53.78 | 51.95 | 54.23 | 55.42 |
| Nigeria | 174.19 | 192.85 | 178.31 | 208.46 | 216.87 |
| Rwanda | 102.96 | 107.73 | 115.93 | 120.44 | 125.07 |
| Sao Tome and Principe | : | : | : | : | : |
| Senegal | 98.74 | 95.36 | 95.01 | 101.18 | 106.94 |
| Seychelles | : | : | : | 865.86 | : |
| Sierra Leone | 135.64 | 166.53 | 179.02 | 220.11 | 223.74 |
| South Africa | 990.91 | 1044.83 | 1097.43 | 1123.63 | 1148.37 |
| South Sudan | : | : | 50.44 | 52.43 | 72.82 |
| Togo | 64.66 | 65.38 | 67.31 | 70.22 | 76.25 |
| Uganda | 175.31 | 175.39 | 133.57 | 132.52 | 132.59 |
| United Republic of Tanzania | 106.39 | 122.54 | 127.11 | 130.51 | 137.49 |
| Zambia | 141.51 | 144.13 | 175.09 | 186.89 | 194.68 |
| Zimbabwe | 71.79 | 90.55 | 113.00 | 117.23 | 108.01 |

Data source: WHO Global Health Observatory, accessed 1 December 2017

# Health investments data
# Health workforce

| Member State | Year of most recent data | Indicators and values (per 1000 population) | | | |
|---|---|---|---|---|---|
| | | Physicians density | Nursing and midwifery personnel density | Dentistry personnel density | Pharmaceutical personnel density |
| Algeria | 2007 | 1.192 | 1.924 | 0.321 | 0.24 |
| Angola | 2009 | 0.144 | 1.442 | | |
| Benin | 2013 | 0.146 | 0.604 | | |
| Botswana | 2012 | 0.384 | 2.727 | | |
| Burkina Faso | 2012 | 0.047 | 0.63 | 0.002 | 0.021 |
| Burundi | 2004 | 0.026 | 0.176 | 0.002 | 0.01 |
| Cabo Verde | 2011 | 0.309 | 0.563 | 0.006 | 0.01 |
| Cameroon | 2010 | 0.083 | 0.52 | 0.003 | 0.002 |
| Central African Republic | 2009 | 0.047 | 0.252 | 0.003 | 0.003 |
| Chad | 2013 | 0.044 | 0.309 | | 0.005 |
| Comoros | | | | | |
| Congo | 2007 | 0.108 | 0.94 | | 0.017 |
| Côte d'Ivoire | 2008 | 0.143 | 0.479 | 0.014 | 0.021 |
| Democratic Republic of the Congo | 2009 | 0.091 | 0.961 | 0.001 | 0.008 |
| Equatorial Guinea | 2004 | 0.252 | 0.447 | 0.025 | 0.2 |
| Eritrea | 2004 | 0.053 | 0.616 | 0.004 | 0.026 |
| Eswatini | | | | | |
| Ethiopia | 2009 | 0.025 | 0.252 | | 0.031 |
| Gabon | 2004 | 0.293 | 5.03 | 0.049 | 0.047 |
| The Gambia | 2008 | 0.11 | 0.889 | 0.03 | 0.047 |
| Ghana | 2008 | 0.112 | 0.988 | 0.006 | 0.072 |
| Guinea | 2004 | 0.104 | 0.466 | 0.006 | |
| Guinea-Bissau | 2009 | 0.078 | 0.653 | 0.008 | 0.013 |
| Kenya | 2013 | 0.199 | 0.868 | 0.024 | 0.05 |
| Lesotho | 2003 | 0.047 | 0.591 | 0.008 | 0.033 |
| Liberia | 2008 | 0.014 | 0.266 | 0.001 | 0.073 |
| Madagascar | 2012 | 0.143 | 0.218 | 0.008 | 0 |
| Malawi | 2009 | 0.018 | 0.336 | 0.013 | 0.015 |
| Mali | 2010 | 0.085 | 0.443 | 0.007 | 0.009 |
| Mauritania | 2009 | 0.127 | 0.658 | 0.027 | 0.035 |
| Mauritius | 2004 | 1.072 | 3.787 | 0.192 | 1.175 |
| Mozambique | 2013 | 0.055 | 0.401 | 0.016 | 0.056 |
| Namibia | 2007 | 0.372 | 2.76 | 0.043 | 0.18 |
| Niger | 2008 | 0.019 | 0.14 | 0.001 | 0.001 |
| Nigeria | 2008 | 0.374 | 1.489 | 0.025 | 0.124 |
| Rwanda | 2010 | 0.055 | 0.678 | 0.012 | 0.005 |
| Sao Tome and Principe | 2004 | 0.541 | 2.057 | 0.073 | 0.16 |
| Senegal | 2008 | 0.061 | 0.43 | 0.009 | 0.01 |
| Seychelles | 2012 | 0.984 | 4.433 | 0.148 | 0.042 |
| Sierra Leone | 2010 | 0.024 | 0.319 | 0.001 | 0.02 |
| South Africa | 2015 | 0.767 | 5.113 | 0.198 | 0.629 |
| South Sudan | | | | | |
| Togo | 2008 | 0.058 | 0.3 | 0.003 | 0.002 |
| Uganda | 2005 | 0.12 | 1.342 | 0.016 | 0.027 |
| United Republic of Tanzania | 2012 | 0.03 | 0.428 | 0.01 | 0.013 |
| Zambia | 2010 | 0.06 | 0.714 | 0.018 | 0.023 |
| Zimbabwe | 2011 | 0.074 | 1.194 | 0.018 | 0.033 |
| Regional average | 0.206591 | 1.132568 | 0.035553 | 0.0872 | 0.085086 |

Data source: WHO Global Health Observatory, accessed 1 December 2017

| Indicators and values (per 1000 population) | | | | Normalized score (index) | Member State |
|---|---|---|---|---|---|
| Laboratory health workers density | Environmental and public health workers density | Community and traditional health workers density | Health management's support workers density | | |
| 0.289 | 0.071 | 0.029 | 0.028 | 0.477 | Algeria |
| | | | | 0.201 | Angola |
| 0.098 | | | | 0.176 | Benin |
| | | | | 0.428 | Botswana |
| 0.034 | 0.005 | 0.127 | | 0.052 | Burkina Faso |
| 0.019 | | 0.086 | 0.272 | 0.043 | Burundi |
| 0.105 | 0.002 | | 0.032 | 0.104 | Cabo Verde |
| | | | | 0.046 | Cameroon |
| 0.009 | 0.052 | 0.393 | 0.008 | 0.069 | Central African Republic |
| | | | | 0.034 | Chad |
| | | | | | Comoros |
| 0.098 | 0.005 | | 0.704 | 0.161 | Congo |
| | 0.074 | | 0.133 | 0.120 | Côte d'Ivoire |
| 0.038 | 0.003 | | 0.793 | 0.116 | Democratic Republic of the Congo |
| 0.139 | 0.03 | 2.103 | 0.122 | 0.252 | Equatorial Guinea |
| 0.061 | 0.022 | | 0.188 | 0.084 | Eritrea |
| | | | | | Eswatini |
| 0.035 | 0.015 | 0.363 | | 0.070 | Ethiopia |
| 0.205 | 0.111 | | 0.107 | 0.378 | Gabon |
| 0.072 | 0.05 | 0.725 | 0.179 | 0.156 | The Gambia |
| 0.012 | 0.002 | 0.195 | 0.011 | 0.062 | Ghana |
| 0.028 | 0.014 | 0.01 | 0.054 | 0.055 | Guinea |
| 0.13 | 0.004 | | | 0.105 | Guinea-Bissau |
| | | | | 0.114 | Kenya |
| 0.077 | 0.029 | | 0.003 | 0.083 | Lesotho |
| 0.031 | 0.011 | | 0.014 | 0.040 | Liberia |
| | 0.034 | | 0.239 | 0.097 | Madagascar |
| 0.036 | 0.03 | | | 0.065 | Malawi |
| 0.032 | 0.031 | 0.007 | 0.264 | 0.072 | Mali |
| 0.036 | 0.056 | 0.278 | 0.189 | 0.119 | Mauritania |
| 0.266 | 0.196 | 0.194 | 1.667 | 0.745 | Mauritius |
| 0.055 | | 0.045 | 0.182 | 0.071 | Mozambique |
| 0.082 | 0.095 | | | 0.311 | Namibia |
| 0.019 | 0.009 | | 0.007 | 0.022 | Niger |
| 0.156 | 0.028 | 0.128 | | 0.206 | Nigeria |
| 0.078 | 0.012 | | 0.101 | 0.080 | Rwanda |
| 0.341 | 0.127 | 2.498 | 1.923 | 0.608 | Sao Tome and Principe |
| 0.021 | 0.099 | | 0.296 | 0.127 | Senegal |
| | | | | 0.547 | Seychelles |
| 0.002 | 0.028 | 0.023 | | 0.037 | Sierra Leone |
| 0.179 | 0.065 | | | 0.609 | South Africa |
| | | | | | South Sudan |
| 0.062 | 0.011 | | 0.41 | 0.081 | Togo |
| | | 0.194 | 0.11 | 0.095 | Uganda |
| 0.047 | 0.042 | | 0.007 | 0.072 | United Republic of Tanzania |
| 0.039 | 0.081 | | 0.033 | 0.116 | Zambia |
| 0.047 | 0.128 | | 0.398 | 0.197 | Zimbabwe |
| 0.046235 | 0.435176 | 0.292207 | 0.175 | | Regional average |

Data source: WHO Global Health Observatory, accessed 1 December 2017

# Health investments data
# Health products

| Member State | Indicators and values | | | | |
|---|---|---|---|---|---|
| | Readiness | Basic amenities | Basic equipment | Total density per 100 000 population: Hospitals | Total density per 100 000 population: Health posts |
| Algeria | | | | | |
| Angola | | | | | |
| Benin | 65.2 | 64 | 86 | 0.41 | |
| Botswana | | | | 1.29 | |
| Burkina Faso | 69.6 | 72 | 89 | 0.31 | |
| Burundi | 58.8 | 61 | 79 | 0.5 | 0 |
| Cabo Verde | | | | 1 | 33.47 |
| Cameroon | | | | 0.79 | 7.43 |
| Central African Republic | | | | 0.48 | 12.17 |
| Chad | 56.6 | 48 | 82 | 0.65 | 5.88 |
| Comoros | | | | 0.68 | 7.08 |
| Congo | | | | | |
| Côte d'Ivoire | | | | 1.71 | |
| Democratic Republic of the Congo | 41.4 | 27 | 75 | 0.45 | |
| Equatorial Guinea | | | | | |
| Eritrea | | | | 0.36 | 2.92 |
| Eswatini | | | | | 13.66 |
| Ethiopia | 42.6 | 44 | 63 | 0.22 | 15.14 |
| Gabon | | | | 3.53 | 29.43 |
| The Gambia | | | | 0.7 | 26.6 |
| Ghana | | | | 1.36 | 1.11 |
| Guinea | | | | 0.37 | 6.24 |
| Guinea-Bissau | | | | 56.45 | 5.63 |
| Kenya | 66.425 | 83 | 76 | 1.47 | 7.55 |
| Lesotho | | | | | |
| Liberia | 58.6 | 57 | 77 | 0.37 | 9.32 |
| Madagascar | | | | 0.47 | 12.96 |
| Malawi | | | | 0.4 | 0.45 |
| Mali | | | | 0.46 | |
| Mauritania | | | | 1.03 | 11.65 |
| Mauritius | 56.4 | 61 | 83 | 0.96 | 8.84 |
| Mozambique | | | | | |
| Namibia | | | | 1.91 | 12.76 |
| Niger | 60 | 66 | 82 | 0.55 | 13.98 |
| Nigeria | | | | | |
| Rwanda | | | | | |
| Sao Tome and Principe | | | | | 14.51 |
| Senegal | | | | 0.16 | 6.87 |
| Seychelles | 76 | 96 | 88 | 1.08 | 20.47 |
| Sierra Leone | 48.8 | 63 | 75 | | |
| South Africa | | | | 0.67 | 5.88 |
| South Sudan | | | | | |
| Togo | 60 | 49 | 87 | 0.6 | |
| Uganda | 57.6 | 54 | 79 | 0.4 | 9.59 |
| United Republic of Tanzania | 42.6 | 27 | 70 | | |
| Zambia | 71.2 | 71 | 87 | 0.45 | 1.18 |
| Zimbabwe | 73.8 | 81 | 88 | 0.52 | 0 |
| Regional average | 59.15441 | 60.23529 | 80.35294 | 2.434118 | 10.44034 |

Data source: WHO Global Health Observatory, accessed 1 December 2017

| Indicators and values | | | Normalized score (index) | Member State |
|---|---|---|---|---|
| Total density per 100 000 population: Health centres | Total density per 100 000 population: District/rural hospitals | Hospital beds (per 10 000 population) | | |
| | | 17 | 0.270 | Algeria |
| | | 8 | 0.127 | Angola |
| 5.45 | 0.25 | 5 | 0.393 | Benin |
| | 0.79 | 18 | 0.113 | Botswana |
| 11.89 | 0.25 | 9 | 0.455 | Burkina Faso |
| 5.01 | 0.32 | 19 | 0.396 | Burundi |
| 3.81 | 0.6 | 21 | 0.298 | Cabo Verde |
| 0.63 | 0.67 | 15 | 0.104 | Cameroon |
| 1.99 | 0.28 | 12 | 0.127 | Central African Republic |
| 0 | 0.5 | 4 | 0.348 | Chad |
| 1.63 | 0.27 | 22 | 0.127 | Comoros |
| | | 16 | 0.254 | Congo |
| 11.83 | 1.16 | 4 | 0.124 | Côte d'Ivoire |
| | 0.43 | 8 | 0.303 | Democratic Republic of the Congo |
| | | 21 | 0.333 | Equatorial Guinea |
| 0.88 | 0.25 | 12 | 0.064 | Eritrea |
| 0.67 | 0.17 | 21 | 0.192 | Eswatini |
| 0 | 0.19 | 63 | 0.456 | Ethiopia |
| 2.21 | 2.45 | 63 | 0.421 | Gabon |
| 1.68 | 0.38 | 11 | 0.210 | The Gambia |
| 9.13 | 1.3 | 9 | 0.106 | Ghana |
| 3.52 | 0.26 | 3 | 0.071 | Guinea |
| 32.98 | 25.64 | 10 | 0.665 | Guinea-Bissau |
| 5.99 | 1.41 | 14 | 0.413 | Kenya |
| | | 13 | 0.206 | Lesotho |
| 1.05 | 0.35 | 8 | 0.336 | Liberia |
| 0.27 | 0.33 | 3 | 0.093 | Madagascar |
| 2.3 | 0.23 | 13 | 0.061 | Malawi |
| 5.71 | 0.39 | 6 | 0.073 | Mali |
| 3.8 | 0.69 | 4 | 0.114 | Mauritania |
| 0.16 | 0.16 | 34 | 0.393 | Mauritius |
| | | 8 | 0.127 | Mozambique |
| 2.3 | 1.3 | 27 | 0.193 | Namibia |
| 4.97 | 0.43 | 3 | 0.380 | Niger |
| | | 5 | 0.079 | Nigeria |
| | | 16 | 0.254 | Rwanda |
| 2.07 | 0 | 32 | 0.335 | Sao Tome and Principe |
| 0.54 | 0.16 | 3 | 0.056 | Senegal |
| 5.39 | | 39 | 0.629 | Seychelles |
| 1.21 | | 4 | 0.448 | Sierra Leone |
| 0.55 | 0.53 | 28 | 0.134 | South Africa |
| | | | - | South Sudan |
| 10.94 | 0.51 | 9 | 0.398 | Togo |
| 3.92 | 0.36 | 5 | 0.339 | Uganda |
| | | 11 | 0.451 | United Republic of Tanzania |
| 8.33 | 0.3 | 20 | 0.410 | Zambia |
| 9.41 | 0.37 | 17 | 0.483 | Zimbabwe |
| 4.634857 | 1.248 | 15.5 | 0.391 | Regional average |

Data source: WHO Global Health Observatory, accessed 1 December 2017

# Health systems performance data
## Access to essential services

| Member State | Indicators and values | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Hospital beds (per 100 000 popn) | Total density (per 100 000 popn): Hospitals | Total density (per 100 000 popn): Health posts | Physicians density (per 1000 popn) | Nursing and midwifery personnel density (per 1000 popn) | Dentistry personnel density (per 1000 popn) | Pharmaceutical personnel density (per 1000 popn) | Laboratory health workers density (per 1000 popn) | Environmental and public health workers density (per 1000 popn) | Community and traditional health workers density (per 1000 popn) | Health management & support workers density (per 1000 popn) |
| Algeria | | 0.52 | | | | | | | | | |
| Angola | 1.7 | | | 1.192 | 1.924 | 0.321 | 0.24 | 0.289 | 0.071 | 0.029 | 0.028 |
| Benin | 0.8 | | | 0.144 | 1.442 | | | | | | |
| Botswana | 0.5 | 0.41 | | 0.146 | 0.604 | | | 0.098 | | | |
| Burkina Faso | 1.8 | 1.29 | | 0.384 | 2.727 | | | | | | |
| Burundi | 0.9 | 0.31 | | 0.047 | 0.63 | 0.002 | 0.021 | 0.034 | 0.005 | 0.127 | |
| Cabo Verde | 1.9 | 0.5 | 0 | 0.026 | 0.176 | 0.002 | 0.01 | 0.019 | | 0.086 | 0.272 |
| Cameroon | 2.1 | 1 | 33.47 | 0.309 | 0.563 | 0.006 | 0.01 | 0.105 | 0.002 | | 0.032 |
| Central African Republic | 1.5 | 0.79 | 7.43 | 0.083 | 0.52 | 0.003 | 0.002 | | | | |
| Chad | 1.2 | 0.48 | 12.17 | 0.047 | 0.252 | 0.003 | 0.003 | 0.009 | 0.052 | 0.393 | 0.008 |
| Comoros | 0.4 | 0.65 | 5.88 | 0.044 | 0.309 | | 0.005 | | | | |
| Congo | 2.2 | 0.68 | 7.08 | | | | | | | | |
| Côte d'Ivoire | 1.6 | | | 0.108 | 0.94 | | 0.017 | 0.098 | 0.005 | | 0.704 |
| Democratic Republic of the Congo | 0.4 | 1.71 | | 0.143 | 0.479 | 0.014 | 0.021 | | 0.074 | | 0.133 |
| Equatorial Guinea | 0.8 | 0.45 | | 0.091 | 0.961 | 0.001 | 0.008 | 0.038 | 0.003 | | 0.793 |
| Eritrea | 2.1 | | | 0.252 | 0.447 | 0.025 | 0.2 | 0.139 | 0.03 | 2.103 | 0.122 |
| Eswatini | 2.1 | | | | | | | | | | |
| Ethiopia | 1.2 | 0.36 | 2.92 | 0.053 | 0.616 | 0.004 | 0.026 | 0.061 | 0.022 | | 0.188 |
| Gabon | 6.3 | 0.22 | 15.14 | 0.025 | 0.252 | | 0.031 | 0.035 | 0.015 | 0.363 | |
| The Gambia | 6.3 | 3.53 | 29.43 | 0.293 | 5.03 | 0.049 | 0.047 | 0.205 | 0.111 | | 0.107 |
| Ghana | 1.1 | 0.7 | 26.6 | 0.11 | 0.889 | 0.03 | 0.047 | 0.072 | 0.05 | 0.725 | 0.179 |
| Guinea | 0.9 | 1.36 | 1.11 | 0.112 | 0.988 | 0.006 | 0.072 | 0.012 | 0.002 | 0.195 | 0.011 |
| Guinea-Bissau | 0.3 | 0.37 | 6.24 | 0.104 | 0.466 | 0.006 | | 0.028 | 0.014 | 0.01 | 0.054 |
| Kenya | 1 | 56.45 | 5.63 | 0.078 | 0.653 | 0.008 | 0.013 | 0.13 | 0.004 | | |
| Lesotho | 1.4 | 1.47 | 7.55 | 0.199 | 0.868 | 0.024 | 0.05 | | | | |
| Liberia | 1.3 | | | 0.047 | 0.591 | 0.008 | 0.033 | 0.077 | 0.029 | | 0.003 |
| Madagascar | 0.8 | 0.37 | 9.32 | 0.014 | 0.266 | 0.001 | 0.073 | 0.031 | 0.011 | | 0.014 |
| Malawi | 0.3 | 0.47 | 12.96 | 0.143 | 0.218 | 0.008 | 0 | | 0.034 | | 0.239 |
| Mali | 1.3 | 0.4 | 0.45 | 0.018 | 0.336 | 0.013 | 0.015 | 0.036 | 0.03 | | |
| Mauritania | 0.6 | 0.46 | | 0.085 | 0.443 | 0.007 | 0.009 | 0.032 | 0.031 | 0.007 | 0.264 |
| Mauritius | 0.4 | 1.03 | 11.65 | 0.127 | 0.658 | 0.027 | 0.035 | 0.036 | 0.056 | 0.278 | 0.189 |
| Mozambique | 3.4 | 0.96 | 8.84 | 1.072 | 3.787 | 0.192 | 1.175 | 0.266 | 0.196 | 0.194 | 1.667 |
| Namibia | 0.8 | | | 0.055 | 0.401 | 0.016 | 0.056 | 0.055 | | 0.045 | 0.182 |
| Niger | 2.7 | 1.91 | 12.76 | 0.372 | 2.76 | 0.043 | 0.18 | 0.082 | 0.095 | | |
| Nigeria | 0.3 | 0.55 | 13.98 | 0.019 | 0.14 | 0.001 | 0.001 | 0.019 | 0.009 | | 0.007 |
| Rwanda | 0.5 | | | 0.374 | 1.489 | 0.025 | 0.124 | 0.156 | 0.028 | 0.128 | |
| Sao Tome and Principe | 1.6 | | | 0.055 | 0.678 | 0.012 | 0.005 | 0.078 | 0.012 | | 0.101 |
| Senegal | 3.2 | | 14.51 | 0.541 | 2.057 | 0.073 | 0.16 | 0.341 | 0.127 | 2.498 | 1.923 |
| Seychelles | 0.3 | 0.16 | 6.87 | 0.061 | 0.43 | 0.009 | 0.01 | 0.021 | 0.099 | | 0.296 |
| Sierra Leone | 3.9 | 1.08 | 20.47 | 0.984 | 4.433 | 0.148 | 0.042 | | | | |
| South Africa | 0.4 | | | 0.024 | 0.319 | 0.001 | 0.02 | 0.002 | 0.028 | 0.023 | |
| South Sudan | 2.8 | 0.67 | 5.88 | 0.767 | 5.113 | 0.198 | 0.629 | 0.179 | 0.065 | | |
| Togo | 0.9 | | 13.66 | 0.058 | 0.3 | 0.003 | 0.002 | 0.062 | 0.011 | | 0.41 |
| Uganda | 0.5 | 0.6 | | 0.12 | 1.342 | 0.016 | 0.027 | | | 0.194 | 0.11 |
| United Republic of Tanzania | 1.1 | 0.4 | 9.59 | 0.03 | 0.428 | 0.01 | 0.013 | 0.047 | 0.042 | | 0.007 |
| Zambia | 2 | | | 0.06 | 0.714 | 0.018 | 0.023 | 0.039 | 0.081 | | 0.033 |
| Zimbabwe | 1.7 | 0.45 | 1.18 | 0.074 | 1.194 | 0.018 | 0.033 | 0.047 | 0.128 | | 0.398 |
| Regional average | 1.55 | 2.43 | 10.81 | 0.206591 | 1.132568 | 0.036 | 0.087 | 0.085 | 0.046 | 0.435 | 0.292 |

Data source: WHO Global Health Observatory, accessed 1 December 2017

| Indicators and values | | | | | | | | | | Normalized score (index) | Member State |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Diagnostics readiness | Essential medicines readiness | Pharma-ceutical expenditure as % of THE | Pharmacists per 10 000 population | Avg. number of medicines prescribed per patient contact in public health facilities | % of medicines prescribed in outpatient PH facilities in the national Essent. Medicines List | % of medicines prescribed in out-patient facilities prescribed by international non propriety names | % of patients in outpatient public health facilities receiving antibiotics | % of adequately labelled medicines in outpatient PH facilities | Blood donation rate per 1000 persons | | |
| | | | | | | | | | 12.5 | 0.433 | Algeria |
| | | | 0.06 | | | | | | 7.2 | 0.131 | Angola |
| 51.0 | 41.0 | | | | | | | | 7.5 | 0.226 | Benin |
| | | | 0.65 | 2.1 | 98 | 62 | 41 | 46 | 10 | 0.338 | Botswana |
| 61.0 | 38.0 | 29.1 | 0.3 | | 14.0 | | 58.0 | | 6 | 0.202 | Burkina Faso |
| 52.0 | 29.0 | | 0.12 | 2.1 | 92.0 | | 50.0 | 52.0 | 5.5 | 0.194 | Burundi |
| | | | | | | | | | 6.5 | 0.215 | Cabo Verde |
| | | | 0.36 | 3.1 | 93 | 89 | 63 | 100 | 0.7 | 0.321 | Cameroon |
| | | 5.2 | 0.01 | 3.1 | | | | | 2.5 | 0.124 | Central African Republic |
| 31.0 | 44.0 | 6.0 | 0.1 | 2.4 | 97.0 | 97.0 | 54.0 | | 5.4 | 0.252 | Chad |
| | | | 0.34 | 3 | 67 | | | | 3.4 | 0.268 | Comoros |
| | | | | | | | | | 11.3 | 0.177 | Congo |
| | | 27.2 | 0.6 | 2.8 | 64.0 | | 45 | | 6.5 | 0.214 | Côte d'Ivoire |
| 27.0 | 20.0 | 19.1 | 0.5 | | | | | | 6.4 | 0.167 | Democratic Republic of the Congo |
| | | | | | | | | | | 0.251 | Equatorial Guinea |
| | | | 0.38 | 2 | 99 | 86 | 60 | | 1.4 | 0.211 | Eritrea |
| | | 15.0 | 0.5 | | | | | | 10.8 | 0.157 | Eswatini |
| 39.0 | 26.0 | 32.9 | 0.1 | 2.0 | 98.0 | 88.0 | 60.0 | | 0.8 | 0.327 | Ethiopia |
| | | 15.9 | 0.23 | 2.9 | 38.0 | | 43 | 95 | 11.1 | 0.421 | Gabon |
| | | | | 2.5 | 100 | | 50 | 1 | 5.4 | 0.250 | The Gambia |
| | | | 0.23 | 4 | 88 | 60 | 43 | 7 | 6.2 | 0.199 | Ghana |
| | | 19.0 | 0.57 | | | | 60 | | 3.6 | 0.133 | Guinea |
| | | | 0.08 | 4 | 65 | 75 | 65 | 90 | 2.8 | 0.350 | Guinea-Bissau |
| 24.1 | 73.0 | 36.6 | 0.5 | 3.0 | 93.0 | 32.0 | 77.0 | 5.0 | 3.6 | 0.331 | Kenya |
| | | 15.3 | 0.49 | 3 | 88.0 | | 53 | 31 | 3.9 | 0.238 | Lesotho |
| 42.0 | 44.0 | 1.2 | 0.1 | | | | | | 6.2 | 0.150 | Liberia |
| | | 15.9 | 0.13 | | | | | | 1 | 0.131 | Madagascar |
| | | | 0.1 | 3 | 100 | | 70 | 100 | 3.6 | 0.245 | Malawi |
| | | | 0.74 | 2.9 | 87 | | 50 | 45 | 3 | 0.195 | Mali |
| | | | 0.3 | 3 | 60 | 20.0 | 75.0 | | 2.8 | 0.195 | Mauritania |
| 32.0 | 35.0 | | 2.36 | 4.0 | 99.0 | | 100.0 | 99.0 | 39.7 | 0.704 | Mauritius |
| | | | 0.1 | 2 | 99 | | 48 | 91 | 4.6 | 0.212 | Mozambique |
| | | 18.5 | 1.3 | 2.2 | 100.0 | 86.0 | 50.0 | 67.0 | 12.2 | 0.400 | Namibia |
| 36.0 | 41.0 | 23.9 | 0.1 | 2.0 | 99.0 | | 39.0 | 93.0 | 4.3 | 0.274 | Niger |
| | | 5.4 | 0.87 | 4 | 87.0 | 48.0 | 53.0 | 43.0 | 0.7 | 0.302 | Nigeria |
| | | | | | | | | | 3.7 | 0.090 | Rwanda |
| | | | 0.12 | | | 100 | 40.0 | 88.0 | 4.8 | 0.525 | Sao Tome and Principe |
| | | 28.4 | 0.73 | 3.6 | 83.0 | 63.0 | 46.0 | 57.0 | 4.8 | 0.319 | Senegal |
| 41.0 | 63.0 | 3.1 | 1 | 3 | 100.0 | 92.0 | 35.0 | 98.0 | 16.0 | 0.563 | Seychelles |
| 11.0 | 35.0 | | 0.0 | 3.0 | 70.0 | 70.0 | 50.0 | 80.0 | 7.1 | 0.249 | Sierra Leone |
| | | 11.0 | 1.01 | 3.2 | 93.0 | 45.0 | 68.0 | | 18.0 | 0.483 | South Africa |
| | | | | | | | | | 0.2 | 0.300 | South Sudan |
| 40.0 | 39.0 | | | | | | | | 6.1 | 0.145 | Togo |
| 45.0 | 41.0 | | 0.05 | 2.9 | 97.0 | 72.0 | 67.0 | 15.0 | 5.4 | 0.248 | Uganda |
| 29.0 | 41.0 | | 0.15 | 2.5 | 99.0 | 55.0 | 51.0 | 76.0 | 3.3 | 0.269 | United Republic of Tanzania |
| 66.0 | 43.0 | 3.0 | 0.2 | 2.7 | 98.0 | 41.0 | 55.0 | 29.0 | 7.8 | 0.276 | Zambia |
| 68.0 | 48.0 | | 0.45 | 2.1 | 73.0 | 59.0 | 60.0 | 55.0 | 4.0 | 0.397 | Zimbabwe |
| 40.9 | 41.2 | 16.6 | 0.42 | 2.84 | 85.1 | 67 | 55.59 | 60.96 | 6.5 | 0.319 | Regional average |

Data source: WHO Global Health Observatory, accessed 1 December 2017

# Health systems performance data
## Quality of Care

| Member State | Indicators and values | | | | | Normalized score (index) |
|---|---|---|---|---|---|---|
| | TB treatment success | Service readiness score | PCC score (dignity, confidentiality, prompt attention) | Diabetes mellitus, deaths per 100,000 (age-standardized estimate) | Age-standardized suicide rates (per 100 000 population) | |
| Algeria | 92 | | | 67.1 | 3.1 | 0.839 |
| Angola | 55 | | 0.14 | 42.2 | 25.9 | 0.251 |
| Benin | 90 | 65.2 | 0.26 | 48.1 | 15 | 0.731 |
| Botswana | 81 | | | 60.3 | 12.6 | 0.651 |
| Burkina Faso | 78 | 69.6 | | 59.9 | 16.5 | 0.637 |
| Burundi | 92 | 58.8 | | 38.9 | 13 | 0.702 |
| Cabo Verde | 77 | | 0.65 | 22.9 | 27.2 | 0.475 |
| Cameroon | 80 | | 0.51 | 52.3 | 11.9 | 0.640 |
| Central African Republic | 68 | | 0.43 | 23.5 | 17.5 | 0.593 |
| Chad | 68 | 56.6 | 0.49 | 44.8 | 19.6 | 0.502 |
| Comoros | 91 | | | 45.2 | 14.2 | 0.731 |
| Congo | 71 | | 0.70 | 33.9 | 12.3 | 0.560 |
| Côte d'Ivoire | 78 | | 0.54 | 53.9 | 11.9 | 0.616 |
| Democratic Republic of the Congo | 87 | 41.4 | 0.40 | 33.3 | 12.2 | 0.589 |
| Equatorial Guinea | 70 | | | 39.8 | 26.6 | 0.432 |
| Eritrea | 87 | | 0.40 | 44.4 | 13.2 | 0.709 |
| Eswatini | 73 | | 0.92 | 74.8 | 17.9 | 0.377 |
| Ethiopia | 90 | 42.6 | 0.52 | 24.5 | 12.8 | 0.587 |
| Gabon | 51 | | 0.42 | 29.9 | 12.5 | 0.550 |
| The Gambia | 88 | | 0.41 | 48.6 | 11.6 | 0.721 |
| Ghana | 86 | | 0.39 | 39.5 | 10.2 | 0.744 |
| Guinea | 82 | | 0.58 | 43.5 | 11.4 | 0.646 |
| Guinea-Bissau | 73 | | 0.30 | 51.3 | 9.5 | 0.693 |
| Kenya | 88 | 66.425 | 0.52 | 34.9 | 10.5 | 0.721 |
| Lesotho | 74 | | | 74.1 | 13.6 | 0.558 |
| Liberia | 86 | 58.6 | 0.28 | 36.9 | 10.3 | 0.726 |
| Madagascar | 83 | | 0.35 | 22.6 | 8 | 0.793 |
| Malawi | 85 | | 0.39 | 30.1 | 10.8 | 0.748 |
| Mali | 68 | | 0.53 | 54.6 | 10.5 | 0.582 |
| Mauritania | 73 | | 0.35 | 40 | 9.8 | 0.695 |
| Mauritius | 90 | 56.4 | | 171 | 8.8 | 0.494 |
| Mozambique | 85 | | 0.65 | 33.5 | 12.9 | 0.642 |
| Namibia | 84 | | | 58.2 | 10.4 | 0.706 |
| Niger | 80 | 60 | 0.42 | 41.7 | 8.5 | 0.681 |
| Nigeria | 85 | | 0.32 | 47 | 15.1 | 0.699 |
| Rwanda | 89 | | 0.52 | 34.6 | 12.6 | 0.702 |
| Sao Tome and Principe | 72 | | | | 2.6 | 0.714 |
| Senegal | 85 | | 0.28 | 56.5 | 11.8 | 0.729 |
| Seychelles | 100 | 76 | 0.94 | | 8.7 | 0.938 |
| Sierra Leone | 88 | 48.8 | 0.62 | 69 | 22.1 | 0.454 |
| South Africa | 79 | | | 94.3 | 12.3 | 0.565 |
| South Sudan | 73 | | | 37.6 | 9.6 | 0.688 |
| Togo | 85 | 60 | | 43.2 | 15.4 | 0.643 |
| Uganda | 77 | 57.6 | 0.32 | 43.1 | 12.6 | 0.646 |
| United Republic of Tanzania | 88 | 42.6 | 0.41 | 49.7 | 11 | 0.586 |
| Zambia | 88 | 71.2 | 0.47 | 39.3 | 11.2 | 0.748 |
| Zimbabwe | 81 | 73.8 | 0.52 | 23.1 | 18 | 0.688 |
| Regional average | 80.72 | 59.15 | 0.47 | 47.95 | 13.10 | 0.631 |

Data source: WHO Global Health Observatory, accessed 1 December 2017

# Health systems performance data
## Effective demand for essential services

| Member State | Indicators and values | | | | Normalized score (index) |
|---|---|---|---|---|---|
| | ANC 1 - ANC 4 drop out | DTP 1 - DTP 3 drop out | BCG – MCV drop out | TB treatment drop out | |
| Algeria | 25.40 | 4 | 4 | 10.00 | 0.754 |
| Angola | | 17 | -16 | 66.00 | 0.440 |
| Benin | 24.00 | 13 | 34 | 12.00 | 0.511 |
| Botswana | 20.80 | 14 | 0 | 21.00 | 0.645 |
| Burkina Faso | 60.60 | 4 | 10 | 22.00 | 0.538 |
| Burundi | 65.50 | 3 | 0 | 8.00 | 0.640 |
| Cabo Verde | 0.50 | 0 | | 11.00 | 0.980 |
| Cameroon | 38.80 | 7 | -8 | 16.00 | 0.707 |
| Central African Republic | 30.10 | 25 | -3 | 22.00 | 0.510 |
| Chad | 23.70 | 12 | 0 | 23.00 | 0.645 |
| Comoros | 43.20 | 5 | 4 | 9.00 | 0.681 |
| Congo | 14.20 | 5 | 13 | 29.00 | 0.660 |
| Côte d'Ivoire | 46.40 | 2 | 8 | 20.00 | 0.631 |
| Democratic Republic of the Congo | 40.40 | 6 | 3 | 11.00 | 0.678 |
| Equatorial Guinea | 24.40 | 9 | 17 | 57.00 | 0.441 |
| Eritrea | 31.10 | 2 | 4 | 10.00 | 0.753 |
| Eswatini | 22.40 | 6 | 8 | 20.00 | 0.683 |
| Ethiopia | 9.10 | 3 | -1 | 16.00 | 0.826 |
| Gabon | 17.10 | 8 | 12 | 50.00 | 0.534 |
| The Gambia | 8.60 | 4 | 1 | 18.00 | 0.799 |
| Ghana | 3.20 | 1 | 5 | 15.00 | 0.843 |
| Guinea | 28.60 | 14 | 22 | 20.00 | 0.509 |
| Guinea-Bissau | 27.50 | 16 | 12 | 21.00 | 0.539 |
| Kenya | 36.10 | 6 | 11 | 13.00 | 0.646 |
| Lesotho | 20.80 | 3 | 8 | 26.00 | 0.693 |
| Liberia | 17.80 | 7 | 17 | 23.00 | 0.632 |
| Madagascar | 31.00 | 6 | -5 | 18.00 | 0.724 |
| Malawi | 51.40 | 5 | 5 | 19.00 | 0.601 |
| Mali | 6.70 | 19 | 18 | 23.00 | 0.550 |
| Mauritania | 36.30 | 13 | 16 | 29.00 | 0.481 |
| Mauritius | - | 1 | 6 | 9.00 | 0.876 |
| Mozambique | 40.00 | 3 | 8 | 12.00 | 0.680 |
| Namibia | 34.10 | 6 | 9 | 17.00 | 0.646 |
| Niger | 50.00 | 6 | 9 | 20.00 | 0.572 |
| Nigeria | 9.50 | 6 | -3 | 16.00 | 0.804 |
| Rwanda | 55.10 | 1 | 4 | 13.00 | 0.658 |
| Sao Tome and Principe | 13.90 | 1 | -1 | 22.00 | 0.802 |
| Senegal | 46.90 | 3 | 4 | 14.00 | 0.665 |
| Seychelles | - | 2 | 2 | 12.00 | 0.873 |
| Sierra Leone | 21.10 | 13 | 7 | 12.00 | 0.657 |
| South Africa | 10.00 | 5 | -6 | 19.00 | 0.814 |
| South Sudan | 44.90 | 13 | 1 | 20.00 | 0.562 |
| Togo | 15.50 | 4 | -8 | 14.00 | 0.835 |
| Uganda | 45.70 | 6 | 4 | 25.00 | 0.592 |
| United Republic of Tanzania | 48.60 | 2 | 9 | 10.00 | 0.661 |
| Zambia | 40.20 | 0 | 0 | 15.00 | 0.736 |
| Zimbabwe | 23.20 | 4 | 0 | 19.00 | 0.744 |
| Regional average | 28.4 | 6.7 | 5.3 | 19.7 | 0.669 |

Data source: WHO Global Health Observatory, accessed 1 December 2017

# Health systems performance data
## System resilience

| Member State | Proportion of respondents reporting positive perception of attribute | | | | Normalized score (index) |
|---|---|---|---|---|---|
| | Awareness | Diversity | Versatility and self regulating | Mobilisation, adaptive and integrative | |
| Algeria | | | | | |
| Angola | 0.15 | 0.25 | 0.24 | 0.15 | 0.21 |
| Benin | 0.45 | 0.21 | 0.30 | 0.80 | 0.32 |
| Botswana | | | | | |
| Burkina Faso | | | | | |
| Burundi | | | | | |
| Cabo Verde | 0.40 | 0.93 | 0.60 | 0.47 | 0.69 |
| Cameroon | 0.48 | 0.21 | 0.44 | 0.52 | 0.39 |
| Central African Republic | 0.60 | 0.40 | 0.40 | 0.75 | 0.49 |
| Chad | 0.33 | 0.11 | 0.22 | 0.80 | 0.22 |
| Comoros | | | | | |
| Congo | 0.40 | 0.30 | 0.25 | 0.55 | 0.30 |
| Côte d'Ivoire | 0.63 | 0.40 | 0.14 | 0.43 | 0.35 |
| Democratic Republic of the Congo | 0.40 | 0.10 | 0.30 | 0.60 | 0.26 |
| Equatorial Guinea | | | | | |
| Eritrea | 0.17 | 0.60 | 0.70 | 0.40 | 0.54 |
| Eswatini | 1.00 | 1.00 | 0.80 | 0.75 | 1.00 |
| Ethiopia | 0.35 | 0.70 | 0.45 | 0.80 | 0.49 |
| Gabon | 0.28 | 0.52 | 0.08 | 0.24 | 0.31 |
| The Gambia | 0.10 | 0.10 | 0.10 | 0.19 | 0.09 |
| Ghana | 0.40 | 0.50 | 0.35 | 0.65 | 0.39 |
| Guinea | 0.70 | 0.35 | 0.55 | 0.70 | 0.56 |
| Guinea-Bissau | 0.36 | 0.12 | - | 0.24 | 0.20 |
| Kenya | 0.38 | 0.42 | 0.36 | 0.38 | 0.34 |
| Lesotho | | | | | |
| Liberia | 0.60 | 0.38 | 0.36 | 0.55 | 0.37 |
| Madagascar | 0.28 | 0.08 | 0.24 | 0.28 | 0.23 |
| Malawi | 0.27 | 0.27 | 0.13 | 0.50 | 0.20 |
| Mali | 0.53 | 0.33 | 0.20 | 0.33 | 0.35 |
| Mauritania | 0.37 | 0.23 | 0.18 | 0.28 | 0.20 |
| Mauritius | | | | | |
| Mozambique | - | 0.20 | - | - | 0.13 |
| Namibia | | | | | |
| Niger | 0.50 | 0.25 | 0.50 | 0.75 | 0.42 |
| Nigeria | 0.27 | 0.13 | 0.07 | 0.42 | 0.14 |
| Rwanda | 0.25 | 0.60 | 0.35 | 0.63 | 0.42 |
| Sao Tome and Principe | | | | | |
| Senegal | 0.30 | 0.10 | 0.30 | 0.50 | 0.24 |
| Seychelles | 0.20 | 0.80 | 0.40 | 0.50 | 0.41 |
| Sierra Leone | 0.60 | 0.60 | 0.50 | 0.50 | 0.51 |
| South Africa | | | | | |
| South Sudan | | | | | |
| Togo | | | | | |
| Uganda | 0.35 | 0.25 | 0.30 | 0.56 | 0.30 |
| United Republic of Tanzania | 0.27 | 0.21 | 0.47 | 0.69 | 0.33 |
| Zambia | 0.23 | 0.40 | 0.37 | 0.63 | 0.30 |
| Zimbabwe | 0.43 | 0.43 | 0.43 | 0.50 | 0.37 |
| Regional average | 0.38 | 0.37 | 0.33 | 0.50 | 0.32 |

Data source: WHO Global Health Observatory, accessed 1 December 2017

# Health and related service outcomes data
## Service availability

| Member State | Number of key informants reporting tracer services available in country | | | | | Normalized score (index) |
|---|---|---|---|---|---|---|
| | Pregnancy / Newborn | Childhood | Adolescence | Adulthood | Elderly | |
| Algeria | 0 | 0 | 0 | 0 | 0 | |
| Angola | 16 | 16 | 17 | 20 | 4 | 0.322 |
| Benin | 12 | 15 | 14 | 15 | 3 | 0.259 |
| Botswana | 0 | 0 | 0 | 0 | 0 | |
| Burkina Faso | 0 | 0 | 0 | 0 | 0 | |
| Burundi | 0 | 0 | 0 | 0 | 0 | |
| Cabo Verde | 12 | 15 | 14 | 16 | 7 | 0.300 |
| Cameroon | 20 | 24 | 21 | 30 | 14 | 0.520 |
| Central African Republic | 4 | 5 | 5 | 6 | 0 | 0.082 |
| Chad | 3 | 3 | 1 | 0 | 3 | 0.060 |
| Comoros | 0 | 0 | 0 | 0 | 0 | |
| Congo | 16 | 18 | 19 | 4 | 11 | 0.350 |
| Côte d'Ivoire | 19 | 25 | 25 | 30 | 11 | 0.507 |
| Democratic Republic of the Congo | 8 | 10 | 10 | 11 | 6 | 0.217 |
| Equatorial Guinea | 0 | 0 | 0 | 0 | 0 | |
| Eritrea | 8 | 10 | 10 | 12 | 6 | 0.220 |
| Eswatini | 4 | 5 | 5 | 6 | 3 | 0.110 |
| Ethiopia | 16 | 20 | 18 | 23 | 10 | 0.410 |
| Gabon | 20 | 22 | 21 | 29 | 10 | 0.471 |
| The Gambia | 16 | 19 | 19 | 23 | 8 | 0.391 |
| Ghana | 16 | 20 | 19 | 24 | 7 | 0.389 |
| Guinea | 16 | 20 | 20 | 23 | 8 | 0.399 |
| Guinea-Bissau | 20 | 22 | 22 | 27 | 12 | 0.487 |
| Kenya | 40 | 50 | 48 | 58 | 21 | 1.000 |
| Lesotho | 0 | 0 | 0 | 0 | 0 | |
| Liberia | 20 | 20 | 16 | 23 | 8 | 0.402 |
| Madagascar | 20 | 20 | 22 | 27 | 7 | 0.431 |
| Malawi | 12 | 16 | 14 | 16 | 0 | 0.238 |
| Mali | 12 | 15 | 15 | 18 | 9 | 0.330 |
| Mauritania | 32 | 38 | 32 | 44 | 17 | 0.759 |
| Mauritius | 0 | 0 | 0 | 0 | 0 | |
| Mozambique | 4 | 5 | 5 | 6 | 3 | 0.110 |
| Namibia | 0 | 0 | 0 | 0 | 0 | |
| Niger | 16 | 19 | 16 | 24 | 7 | 0.372 |
| Nigeria | 12 | 15 | 15 | 18 | 9 | |
| Rwanda | 16 | 18 | 16 | 23 | 10 | 0.393 |
| Sao Tome and Principe | 0 | 0 | 0 | 0 | 0 | |
| Senegal | 4 | 5 | 4 | 6 | 3 | 0.106 |
| Seychelles | 12 | 15 | 15 | 18 | 9 | 0.330 |
| Sierra Leone | 8 | 8 | 6 | 10 | 3 | 0.160 |
| South Africa | 0 | 0 | 0 | 0 | 0 | |
| South Sudan | 0 | 0 | 0 | 0 | 0 | |
| Togo | 0 | 0 | 0 | 0 | 0 | |
| Uganda | 12 | 15 | 15 | 18 | 6 | 0.302 |
| United Republic of Tanzania | 16 | 18 | 17 | 22 | 11 | 0.403 |
| Zambia | 20 | 25 | 24 | 30 | 7 | 0.470 |
| Zimbabwe | 28 | 35 | 35 | 42 | 14 | 0.704 |
| Regional average | 510 | 606 | 575 | 702 | 267 | 0.364 |

Data source: WHO Global Health Observatory, accessed 1 December 2017

# Health and related service outcomes data
# Coverage with interventions addressing SDG 3 targets

| Member State | Health promotion interventions | | | | Communicable diseases control interventions | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Total alcohol per capita (> 15 years of age) consumption in litres of pure alcohol projected estimates l | Propor. married or in-union women of reproduct. age who have their need for family planning satisfied with modern methods n (%) | Adolescent birth rate o (per 1000 women aged 15-19 years) | Proportion of mother Exclusively breastfeeding | DTP 3 coverage | New HIV infections among adults 15-49 years old f (per 1000 uninfected population) | TB incidence g (per 100 000 population) | Malaria incidence h (per 1000 population at risk) | Infants receiving three doses of hepatitis B vaccine i (%) | Reported number of people requiring interventions against NTDs j | Mortality rate attributed to exposure to unsafe WASH services (per 100 000 population) |
| Algeria | 0.6 | 77.2 | 12.4 | 6.90 | 95.00 | 0.10 | 78 | 0.10 | 95 | - | 2.4 |
| Angola | 7.6 | | 190.9 | | 80.00 | 2.1 | 370 | 145.7 | 80 | 17 668 111 | 111.2 |
| Benin | 2.2 | 24.5 | 94 | 32.50 | 70.00 | 0.6 | 61 | 303 | 70 | 4 358 651 | 32.2 |
| Botswana | 7.7 | | 39 | 20.30 | 95.00 | 14 | 385 | 1.1 | 95 | 252 373 | 9.2 |
| Burkina Faso | 7.4 | 37.1 | 130 | 38.20 | 91.00 | 0.5 | 54 | 418.4 | 91 | 14 961 395 | 40.9 |
| Burundi | 9.8 | 32.6 | 85 | 69.30 | 95.00 | 0.1 | 126 | 269.4 | 95 | 5 332 985 | 68.4 |
| Cabo Verde | 7.2 | 73.2 | | 59.60 | 95.00 | 0.9 | 138 | 0.7 | 95 | 135 100 | 4.5 |
| Cameroon | 7.7 | 40.2 | 119 | 20.40 | 87.00 | 3.8 | 220 | 271.8 | 87 | 19 449 659 | 40.9 |
| Central African Republic | 3.8 | 28.7 | 229 | 34.30 | 47.00 | 2.7 | 375 | 325 | 47 | 4 050 725 | 102.3 |
| Chad | 4.4 | 17.5 | 203.4 | 3.40 | 46.00 | 1.5 | 159 | 157.9 | 46 | 10 477 490 | 92.8 |
| Comoros | 0.2 | 27.8 | 70 | 12.10 | 80.00 | | 35 | 170.6 | 80 | 523 106 | 28.6 |
| Congo | 3.9 | 38.5 | 147 | 20.50 | 90.00 | 1.4 | 381 | 187.5 | 90 | 3 568 201 | 48.1 |
| Côte d'Ivoire | 6.5 | 30.9 | 125 | 12.10 | 67.00 | 2.1 | 165 | 385.2 | 67 | 18 131 745 | 44.1 |
| Democratic Republic of the Congo | 3.4 | 15.6 | 138 | 37.00 | 80.00 | 0.6 | 325 | 295.2 | 80 | 57 568 918 | 107.8 |
| Equatorial Guinea | 8.1 | 20.5 | 176 | 7.40 | 24.00 | 2.9 | 162 | 211.1 | 24 | 465 062 | 57.3 |
| Eritrea | 1.4 | 19.6 | 76 | 68.70 | 94.00 | 0.2 | 78 | 17.4 | 94 | 976 756 | 34.9 |
| Eswatini | 6.4 | 80.6 | 87 | 44.10 | 98.00 | 18.9 | 733 | 3.6 | 98 | 597 165 | 22.7 |
| Ethiopia | 4.3 | 57.6 | 71.2 | 52.00 | 77.00 | | 207 | 117.8 | 77 | 67 843 988 | 29.6 |
| Gabon | 11.8 | 33.7 | 115 | 6.00 | 70.00 | 1.4 | 444 | 210.6 | 70 | 1 534 672 | 28.1 |
| The Gambia | 3.2 | 23.9 | 88 | 33.50 | 96.00 | 1.1 | 174 | 233.1 | 96 | 1 200 503 | 21 |
| Ghana | 5.4 | 44.6 | 65 | 45.70 | 98.00 | 0.7 | 165 | 318.5 | 98 | 18 697 745 | 20 |
| Guinea | 0.7 | 15.7 | 146 | 20.50 | 51.00 | 1.1 | 177 | 403.4 | 51 | 8 842 314 | 40.7 |
| Guinea-Bissau | 4.3 | 37.6 | 136.7 | 38.30 | 80.00 | 2.5 | 369 | 112.1 | 80 | 1 884 916 | 48.9 |
| Kenya | 4 | 75.4 | 96 | 31.90 | 81.00 | 2.3 | 246 | 266.3 | 81 | 12 294 911 | 32.5 |
| Lesotho | 6.4 | 76.1 | 94 | 53.50 | 96.00 | 20.1 | 852 | | 96 | 517 204 | 28.3 |
| Liberia | 5.2 | 37.2 | 147 | 55.20 | 50.00 | 0.6 | 308 | 368.8 | 50 | 3 892 705 | 25 |
| Madagascar | 1.9 | 49.6 | 148 | 41.90 | 73.00 | 0.2 | 235 | 83.3 | 73 | 20 491 358 | 26.6 |
| Malawi | 2.5 | 73.6 | 143 | 71.40 | 91.00 | 4.5 | 227 | 217.8 | 91 | 11 136 578 | 26.1 |
| Mali | 1 | 27.3 | 172 | 20.40 | 77.00 | 1.3 | 58 | 460.9 | 77 | 19 462 713 | 61.1 |
| Mauritania | 0.1 | 23.8 | 71 | 26.90 | 84.00 | 0.4 | 111 | 24.9 | 84 | 762 932 | 28.9 |
| Mauritius | 4 | 40.8 | 29.4 | 21.00 | 97.00 | 0.4 | 22 | | 97 | - | 0.9 |
| Mozambique | 2 | 28.2 | 167 | 42.80 | 78.00 | 7.4 | 551 | 352.3 | 78 | 22 815 820 | 37.9 |
| Namibia | 11.8 | 75.1 | 82 | 23.90 | 88.00 | 9.1 | 561 | 5.4 | 88 | 1 049 353 | 9.8 |
| Niger | 0.3 | 40.8 | 206 | 23.30 | 68.00 | 0.10 | 98 | 317.1 | 68 | 14 885 196 | 69.2 |
| Nigeria | 11.3 | 28.8 | 122 | 17.40 | 66.00 | 2 | 322 | 342.9 | 66 | 140 381 164 | 50.9 |
| Rwanda | 10 | 65 | 45 | 84.90 | 99.00 | 1.1 | 63 | 121.1 | 99 | 4 148 711 | 19.4 |
| Sao Tome and Principe | 6.8 | 50.3 | 92 | 51.40 | 95.00 | 0.1 | 97 | 93 | 95 | 194 856 | |
| Senegal | 0.5 | 46.3 | 80 | 39.00 | 89.00 | 0.10 | 138 | 128.1 | 89 | 11 792 254 | 25.4 |
| Seychelles | 6.7 | | 61.2 | | 99.00 | | 26 | | 99 | - | |
| Sierra Leone | 8.2 | 37.5 | 125 | 31.60 | 83.00 | 0.7 | 310 | 406 | 83 | 7 564 272 | 90.4 |
| South Africa | 11.5 | | 54 | 8.30 | 70.00 | 12.7 | 834 | 5 | 74 | 6 645 340 | 12.1 |
| South Sudan | | 5.6 | 158 | 45.10 | 39.00 | 2.6 | 146 | 153.8 | | 9 326 151 | 50 |
| Togo | 1.9 | 32.2 | 85 | 62.40 | 87.00 | 1 | 58 | 378.9 | 87 | 4 613 894 | 37.9 |
| Uganda | 10.5 | 44.7 | 140 | 63.20 | 78.00 | 6 | 161 | 231.8 | 78 | 25 344 345 | 30.3 |
| United Republic of Tanzania | 8.1 | 45.9 | 72.1 | 49.80 | 97.00 | 2.6 | 327 | 130.6 | 97 | 33 868 257 | 27.6 |
| Zambia | 4 | 63.8 | 145 | 60.90 | 86.00 | 7.5 | 406 | 214.2 | 86 | 11 466 594 | 24.5 |
| Zimbabwe | 4.8 | 86 | 120 | 31.40 | 91.00 | 9.2 | 278 | 138.9 | 91 | 7 044 670 | 27.1 |
| Regional average | 5.3 | 42.6 | 113.0 | 36.5 | 80.2 | 3.4 | 251.4 | 204.6 | 81.2 | 13 366 401.2 | 39.5 |

Data source: WHO Global Health Observatory accessed 1 December 2017

# Health and related service outcomes data

## Coverage with interventions addressing SDG 3 targets

| Noncommunicable disease control interventions | | | | | Medical care interventions | | | | | Normalized score (index) | Member State |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Probability of dying from any of CVD, cancer, diabetes, CRD between age 30 and exact age 70 k (%) | Suicide mortality rate k (per 100 000 population) | Road traffic mortality rate m (per 100 000 population) | Mortality rate attributed to household and ambient air pollution p (per 100 000 population) | Mortality rate from unintentional poisoning (per 100 000 population) | Proportion of births attended by skilled health personnel (%) | Caeserian section rate (%) | TB treatment success rate | HIV mortality rate per 100,000 | Deaths due to malaria (per 100,000 population) | | |
| 22.1 | 1.8 | 23.8 | 31.5 | 1.1 | 97.00 | 16.30 | 88.00 | 0.50 | 0.00 | 0.789 | Algeria |
| 24.2 | 10.6 | 26.9 | 104.4 | 5.5 | 47.00 | | 34.00 | 47.96 | 101.00 | 0.364 | Angola |
| 22.1 | 3.7 | 27.7 | 92 | 2.2 | 77.00 | 5.40 | 89.00 | 25.74 | 80.00 | 0.594 | Benin |
| 20.9 | 3.2 | 23.6 | 38.1 | 2.7 | 100.00 | | 77.00 | 141.44 | 0.10 | 0.607 | Botswana |
| 23.8 | 2.9 | 30 | 96.4 | 2.7 | 66.00 | 1.90 | 81.00 | 19.88 | 103.00 | 0.541 | Burkina Faso |
| 24.3 | 16.4 | 31.3 | 106 | 7 | 60.00 | 4.00 | 91.00 | 26.84 | 32.00 | 0.524 | Burundi |
| 15.1 | 3.9 | 26.1 | 58.2 | 0.3 | 92.00 | | 79.00 | 141.36 | 55.00 | 0.727 | Cabo Verde |
| 19.9 | 4.9 | 27.6 | 89.6 | 2.7 | 65.00 | 3.80 | 92.00 | 38.42 | 0.00 | 0.577 | Cameroon |
| 18.5 | 7.9 | 32.4 | 95.9 | 4.7 | 40.00 | 4.50 | 84.00 | 159.17 | 115.00 | 0.417 | Central African Republic |
| 23.2 | 2.7 | 24.1 | 121.8 | 4.6 | 24.00 | 1.50 | 70.00 | 60.55 | 137.00 | 0.409 | Chad |
| 23.5 | 10.5 | 28 | 63.4 | 3.5 | 82.00 | 9.60 | 68.00 | | 68.00 | 0.603 | Comoros |
| 19.8 | 7.8 | 26.4 | 90.2 | 2.8 | 94.00 | 5.80 | | | 104.00 | 0.521 | Congo |
| 23.3 | 5.4 | 24.2 | 89.8 | 3.2 | 56.00 | 2.70 | 69.00 | 110.12 | 71.00 | 0.492 | Côte d'Ivoire |
| 23.6 | 8 | 33.2 | 116.4 | 6.2 | 80.00 | 7.20 | 89.00 | 28.47 | 105.00 | 0.469 | Democratic Republic of the Congo |
| 23.4 | 13.9 | 22.9 | 98.3 | 5 | 68.00 | 6.60 | 58.00 | 130.17 | 69.00 | 0.406 | Equatorial Guinea |
| 24.2 | 8.3 | 24.1 | 75.8 | 4.7 | 34.00 | 2.80 | 91.00 | 9.56 | 3.10 | 0.651 | Eritrea |
| 21.4 | 5.3 | 24.2 | 62.7 | 2.5 | 88.00 | 12.30 | 78.00 | 295.27 | 0.20 | 0.627 | Eswatini |
| 15.2 | 7.5 | 25.3 | 56.8 | 3.5 | 16.00 | 1.50 | 89.00 | | 16.00 | 0.628 | Ethiopia |
| 15 | 7 | 22.9 | 47 | 1.8 | 89.00 | 10.00 | 58.00 | 75.35 | 67.00 | 0.539 | Gabon |
| 19.1 | 3.2 | 29.4 | 70.9 | 1.8 | 57.00 | 2.50 | 88.00 | 50.23 | 84.00 | 0.610 | The Gambia |
| 20.3 | 2.3 | 26.2 | 80.8 | 2.2 | 71.00 | 11.40 | 85.00 | 47.43 | 67.00 | 0.641 | Ghana |
| 20.9 | 3.3 | 27.3 | 87.9 | 3.1 | 45.00 | 2.40 | 83.00 | 36.48 | 105.00 | 0.509 | Guinea |
| 22.4 | 3.1 | 27.5 | 105.2 | 3 | 45.00 | 2.30 | 81.00 | | 96.00 | 0.551 | Guinea-Bissau |
| 18.1 | 10.8 | 29.1 | 57.1 | 3.8 | 62.00 | 6.20 | 87.00 | 78.18 | 28.00 | 0.611 | Kenya |
| 23.9 | 5.4 | 28.2 | 74.5 | 2.2 | 78.00 | 6.70 | 70.00 | 463.70 | | 0.572 | Lesotho |
| 21.2 | 2.6 | 33.7 | 69.9 | 1.9 | 61.00 | 3.50 | 74.00 | 42.19 | 69.00 | 0.552 | Liberia |
| 23.4 | 7.3 | 28.4 | 84.4 | 4.1 | 44.00 | 1.90 | 83.00 | 13.20 | 27.00 | 0.591 | Madagascar |
| 18.7 | 8.6 | 35 | 72 | 3.3 | 87.00 | 5.10 | 85.00 | 156.84 | 63.00 | 0.628 | Malawi |
| 25.6 | 2.8 | 25.6 | 116 | 4.1 | 57.00 | 2.70 | 73.00 | 36.93 | 88.00 | 0.504 | Mali |
| 15.8 | 1.8 | 24.5 | 64.5 | 1.8 | 65.00 | 9.60 | 70.00 | 24.58 | 50.00 | 0.672 | Mauritania |
| 24 | 8.5 | 12.2 | 21.2 | 0.3 | 100.00 | 47.00 | 90.00 | 39.27 | | 0.787 | Mauritius |
| 17.3 | 17.3 | 31.6 | 65.1 | 8.1 | 54.00 | 3.90 | 89.00 | 139.40 | 71.00 | 0.463 | Mozambique |
| 20 | 2 | 23.9 | 47.9 | 1.1 | 88.00 | 14.40 | 87.00 | 126.08 | 0.10 | 0.654 | Namibia |
| 19.6 | 1.8 | 26.4 | 109.7 | 4 | 29.00 | 1.40 | 79.00 | 18.09 | 111.00 | 0.511 | Niger |
| 19.8 | 4.3 | 20.5 | 90.4 | 2.4 | 35.00 | 2.00 | 87.00 | | 107.00 | 0.450 | Nigeria |
| 19.1 | 7.6 | 32.1 | 68.3 | 3.3 | 91.00 | 7.10 | 86.00 | 24.98 | 33.00 | 0.686 | Rwanda |
| | | 31.1 | | | 93.00 | | 74.00 | | 43.00 | 0.750 | Sao Tome and Principe |
| 16.7 | 3.2 | 27.2 | 43.2 | 1.5 | 59.00 | 3.80 | 87.00 | 14.54 | 58.00 | 0.684 | Senegal |
| | | 8.6 | | | 99.00 | | 69.00 | | | 0.746 | Seychelles |
| 27.5 | 5.6 | 27.3 | 142.3 | 5.7 | 60.00 | 2.90 | 85.00 | 38.74 | 109.00 | 0.455 | Sierra Leone |
| 26.8 | 2.7 | 25.1 | 44.2 | 2.5 | 94.00 | 25.00 | 78.00 | 330.33 | 0.20 | 0.529 | South Africa |
| 19.8 | 13.6 | 27.9 | 95 | 6.9 | 17.00 | | 71.00 | 97.25 | 55.00 | 0.446 | South Sudan |
| 20.2 | 3.7 | 31.1 | 81 | 2.8 | 45.00 | 8.80 | 88.00 | 69.82 | 83.00 | 0.610 | Togo |
| 21.2 | 11.9 | 27.4 | 70 | 5.1 | 58.00 | 5.30 | 75.00 | 71.74 | 55.00 | 0.523 | Uganda |
| 16.1 | 15.1 | 32.9 | 50.5 | 6.6 | 49.00 | 4.50 | 90.00 | 67.33 | 44.00 | 0.562 | United Republic of Tanzania |
| 18.1 | 9.6 | 24.7 | 64.1 | 7.9 | 64.00 | 3.00 | 85.00 | 123.37 | 78.00 | 0.561 | Zambia |
| 19.3 | 16.6 | 28.2 | 52.6 | 4.4 | 80.00 | 6.00 | 81.00 | 185.86 | 8.70 | 0.596 | Zimbabwe |
| 20.9 | 6.8 | 26.8 | 77.0 | 3.6 | 65.1 | 7.0 | 79.7 | 90.2 | 60.4 | 0.573 | Regional average |

Data source: WHO Global Health Observatory accessed 1 December 2017

# Health and related service outcomes data
## Health security

| Member State | Average of 13 IHR core capacity scores | Joint External Evaluation score | | | | Normalized score (index) |
|---|---|---|---|---|---|---|
| | | JEE prevention score | JEE detection score | JEE response score | JEE average score | |
| | 2010–2015 | 2016–2017 | | | | |
| Algeria | 73 | | | | | 0.73 |
| Angola | 18 | | | | | 0.18 |
| Benin | 44 | 28.0 | 53.8 | 31.6 | 34.4 | 0.44 |
| Botswana | 62 | | | | | 0.62 |
| Burkina Faso | 50 | | | | | 0.5 |
| Burundi | 56 | | | | | 0.56 |
| Cabo Verde | 58 | | | | | 0.58 |
| Cameroon | 91 | | | | | 0.91 |
| Central African Republic | 24 | | | | | 0.24 |
| Chad | 43 | 28.3 | 40.0 | 22.8 | 29.3 | 0.43 |
| Comoros | 29 | 32.3 | 46.3 | 27.4 | 34.0 | 0.29 |
| Congo | 28 | | | | | 0.28 |
| Côte d'Ivoire | 87 | 39.3 | 54.2 | 37.0 | 41.8 | 0.87 |
| Democratic Republic of the Congo | 75 | | | | | 0.75 |
| Equatorial Guinea | 27 | | | | | 0.27 |
| Eritrea | 73 | 43.5 | 57.9 | 43.0 | 46.4 | 0.73 |
| Eswatini | 56 | | | | | 0.56 |
| Ethiopia | 78 | 49.5 | 59.2 | 49.8 | 51.6 | 0.78 |
| Gabon | 48 | | | | | 0.48 |
| The Gambia | 33 | | | | | 0.33 |
| Ghana | 69 | 47.5 | 53.3 | 35.6 | 45.6 | 0.69 |
| Guinea | 57 | 33.5 | 52.1 | 25.4 | 35.3 | 0.57 |
| Guinea-Bissau | 50 | | | | | 0.5 |
| Kenya | 69 | 46.7 | 57.5 | 37.2 | 46.5 | 0.69 |
| Lesotho | 63 | 35.0 | 45.4 | 37.0 | 37.7 | 0.63 |
| Liberia | 26 | 36.5 | 47.5 | 63.8 | 46.0 | 0.26 |
| Madagascar | 29 | 33.3 | 50.8 | 32.6 | 36.8 | 0.29 |
| Malawi | 40 | | | | | 0.4 |
| Mali | 55 | 29.0 | 53.8 | 34.0 | 35.5 | 0.55 |
| Mauritania | 29 | 37.0 | 55.0 | 30.2 | 39.0 | 0.29 |
| Mauritius | 68 | | | | | 0.68 |
| Mozambique | 69 | 44.5 | 50.8 | 50.0 | 47.3 | 0.69 |
| Namibia | 66 | 44.3 | 59.6 | 31.0 | 44.0 | 0.66 |
| Niger | 79 | | | | | 0.79 |
| Nigeria | 67 | 38.0 | 51.3 | 31.6 | 39.1 | 0.67 |
| Rwanda | 46 | | | | | 0.46 |
| Sao Tome and Principe | 18 | | | | | 0.18 |
| Senegal | 30 | 40.0 | 58.8 | 43.6 | 44.9 | 0.3 |
| Seychelles | 87 | | | | | 0.87 |
| Sierra Leone | 64 | 36.5 | 48.8 | 51.0 | 42.9 | 0.64 |
| South Africa | 100 | | | | | 1 |
| South Sudan | 50 | | | | | 0.5 |
| Togo | 74 | | | | | 0.74 |
| Uganda | 73 | 46.7 | 64.2 | 48.6 | 50.9 | 0.73 |
| United Republic of Tanzania | 67 | 50.7 | 53.3 | 40.0 | 48.4 | 0.67 |
| Zambia | 92 | 44.3 | 52.1 | 30.8 | 42.4 | 0.92 |
| Zimbabwe | 68 | | | | | 0.68 |
| Regional average | 57 | 39 | 53 | 38 | 42 | 0.565532 |

Data source: WHO Global Health Observatory, accessed 1 December 2017

## Health and related service outcomes data
## Service responsiveness and satisfaction

| Member State | Dignity | Autonomy | Confidentiality | Prompt attention | Access to social support | Quality of basic amenities | Choice of care providers | Normalized score (index) |
|---|---|---|---|---|---|---|---|---|
| Algeria | | | | | | | | |
| Angola | 0.17 | 0.11 | - | 0.17 | 0.33 | - | 0.08 | 0.14 |
| Benin | - | 0.25 | 0.42 | 0.25 | 0.75 | 0.13 | 0.25 | 0.32 |
| Botswana | | | | | | | | |
| Burkina Faso | | | | | | | | |
| Burundi | | | | | | | | |
| Cabo Verde | 0.63 | 0.25 | 0.75 | 0.38 | 0.42 | 0.81 | 0.69 | 0.62 |
| Cameroon | 0.55 | 0.47 | 0.67 | 0.20 | 0.73 | - | 0.25 | 0.44 |
| Central African Republic | 0.25 | 0.67 | 0.67 | 0.25 | 1.00 | - | 0.50 | 0.52 |
| Chad | 0.63 | 0.33 | 0.25 | 0.40 | 0.33 | 0.20 | - | 0.33 |
| Comoros | | | | | | | | |
| Congo | 0.69 | 0.58 | 0.67 | 0.50 | 0.78 | 0.19 | 0.63 | 0.64 |
| Côte d'Ivoire | 0.46 | 0.33 | 0.67 | 0.33 | - | 0.25 | 0.29 | 0.37 |
| Democratic Republic of the Congo | 0.50 | 0.33 | 0.33 | 0.25 | 0.83 | - | 0.13 | 0.36 |
| Equatorial Guinea | | | | | | | | |
| Eritrea | 0.50 | 0.33 | 0.50 | 0.13 | 0.83 | 0.50 | 0.13 | 0.43 |
| Eswatini | 1.00 | 1.00 | 1.00 | 0.50 | - | 0.75 | 0.50 | 0.74 |
| Ethiopia | 0.56 | 0.25 | 0.58 | 0.27 | 1.00 | 0.44 | 0.31 | 0.52 |
| Gabon | 0.60 | 0.47 | 0.13 | 0.35 | 0.60 | 0.55 | 0.60 | 0.53 |
| The Gambia | 0.44 | 0.17 | 0.50 | 0.19 | 0.75 | 0.13 | 0.38 | 0.39 |
| Ghana | 0.40 | 0.40 | 0.33 | 0.30 | 0.67 | 0.30 | 0.40 | 0.44 |
| Guinea | 0.50 | 0.33 | 0.50 | 0.50 | 0.58 | 0.56 | 0.50 | 0.56 |
| Guinea-Bissau | 0.20 | 0.20 | 0.33 | 0.25 | 0.73 | 0.05 | 0.12 | 0.29 |
| Kenya | 0.55 | 0.43 | 0.67 | 0.23 | 0.80 | 0.31 | 0.33 | 0.50 |
| Lesotho | | | | | | | | |
| Liberia | 0.20 | 0.13 | 0.33 | 0.20 | 0.87 | 0.30 | 0.30 | 0.36 |
| Madagascar | - | 0.33 | 0.60 | 0.30 | 0.47 | 0.10 | 0.75 | 0.42 |
| Malawi | 0.25 | 0.33 | 0.56 | 0.25 | 1.00 | 0.42 | 0.25 | 0.47 |
| Mali | 0.42 | 0.44 | 0.67 | 0.33 | 0.78 | 0.17 | 0.50 | 0.52 |
| Mauritania | 0.44 | 0.13 | 0.42 | 0.13 | 0.88 | 0.16 | 0.58 | 0.42 |
| Mauritius | | | | | | | | |
| Mozambique | 0.57 | - | 1.00 | 0.25 | 0.67 | - | - | 0.37 |
| Namibia | | | | | | | | |
| Niger | 0.50 | 0.57 | 0.58 | 0.13 | 1.00 | 0.19 | 0.50 | 0.53 |
| Nigeria | 0.25 | 0.22 | 0.33 | 0.25 | 0.78 | 0.08 | 0.50 | 0.39 |
| Rwanda | 0.69 | 0.75 | 0.42 | 0.31 | 0.92 | 0.56 | 0.55 | 0.65 |
| Sao Tome and Principe | | | | | | | | |
| Senegal | 0.25 | - | 0.40 | 0.13 | 0.67 | 0.13 | 0.38 | 0.30 |
| Seychelles | 0.83 | 0.67 | 1.00 | 0.67 | 1.00 | 1.00 | 0.33 | 0.85 |
| Sierra Leone | 0.63 | 0.67 | 0.67 | 0.38 | 1.00 | 0.25 | 0.63 | 0.66 |
| South Africa | | | | | | | | |
| South Sudan | | | | | | | | |
| Togo | | | | | | | | |
| Uganda | 0.25 | 0.22 | 0.33 | 0.25 | 1.00 | - | 0.33 | 0.38 |
| United Republic of Tanzania | 0.63 | 0.17 | 0.42 | 0.13 | 0.92 | 0.25 | 0.13 | 0.39 |
| Zambia | 0.20 | 0.33 | 0.72 | 0.33 | 1.00 | 0.13 | 0.17 | 0.44 |
| Zimbabwe | 0.54 | 0.67 | 0.71 | 0.21 | 0.62 | 0.36 | 0.32 | 0.52 |
| Regional average | 0.45 | 0.37 | 0.53 | 0.28 | 0.73 | 0.27 | 0.36 | 0.47 |

Data source: WHO Global Health Observatory, accessed 1 December 2017

# Health and related service outcomes data

## Coverage with interventions addressing non-SDG 3 targets influencing health and well-being

| Member State | Social determinants | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1.3 | 2.2 | | | 4.1 | | | | 4.2 | | 5.3 |
| | Coverage (%) – All Social Assistance | Prevalence of stunting in children under 5 u (%) | Prevalence of wasting in children under 5 u (%) | Prevalence of overweight in children under 5 u (%) | Primary education, duration (years) | Lower secondary completion rate, total (% of relevant age group) | Primary completion rate, total (% of relevant age group) | Secondary education, duration (years) | Pre-primary education, duration (years) | School enrolment, pre-primary (% gross) | Female genital mutilation prevalence (%) |
| Algeria | | 11.7 | 4.1 | 12.4 | 5.0 | 79.4 | 108.6 | 7.0 | 1.0 | | - |
| Angola | | 29.2 | 8.2 | | 6.0 | | | 6.0 | 1.0 | | - |
| Benin | | 34.0 | 4.5 | 1.7 | 6.0 | 41.9 | 76.3 | 7.0 | 2.0 | 20.6 | 9.2 |
| Botswana | | 31.4 | 7.2 | 11.2 | 7.0 | | | 5.0 | 3.0 | | - |
| Burkina Faso | 2.3 | 32.9 | 10.9 | 2.8 | 6.0 | 24.7 | 60.5 | 7.0 | 3.0 | 4.2 | - |
| Burundi | | 57.5 | 6.1 | 2.9 | 6.0 | 25.6 | 66.6 | 7.0 | 2.0 | 10.3 | - |
| Cabo Verde | | | | | 6.0 | 75.7 | 99.8 | 6.0 | 3.0 | 70.3 | - |
| Cameroon | 0.9 | 31.7 | 5.2 | 6.7 | 6.0 | 35.7 | 72.2 | 7.0 | 2.0 | 34.4 | - |
| Central African Republic | | 40.7 | 7.4 | 1.8 | 6.0 | | | 7.0 | 3.0 | | - |
| Chad | | 39.9 | 13.0 | 2.5 | 6.0 | | | 7.0 | 3.0 | | - |
| Comoros | | 32.1 | 11.1 | 10.9 | 6.0 | 47.7 | 76.4 | 7.0 | 3.0 | 20.5 | - |
| Congo | | 21.2 | 8.2 | 5.9 | 6.0 | | | 7.0 | 3.0 | | - |
| Côte d'Ivoire | | 29.6 | 7.6 | 3.2 | 6.0 | 32.5 | 56.9 | 7.0 | 3.0 | 6.6 | - |
| Democratic Republic of the Congo | | 42.6 | 8.1 | 4.4 | 6.0 | 48.2 | | 6.0 | 3.0 | 4.2 | - |
| Equatorial Guinea | | 26.2 | 3.1 | 9.7 | 6.0 | | | 6.0 | 3.0 | | - |
| Eritrea | | 50.3 | 15.3 | 1.9 | 5.0 | | | 7.0 | 2.0 | 14.5 | - |
| Eswatini | | 25.5 | 2.0 | 9.0 | 7.0 | 41.2 | | 5.0 | 3.0 | | - |
| Ethiopia | | 40.4 | 8.7 | 2.6 | 6.0 | 29.4 | 53.7 | 6.0 | 3.0 | 25.2 | - |
| Gabon | | 17.5 | 3.4 | 7.7 | 5.0 | | | 7.0 | 3.0 | | - |
| The Gambia | | 25.0 | 11.1 | 3.2 | 6.0 | 63.7 | 69.6 | 6.0 | 4.0 | 38.3 | - |
| Ghana | | 18.8 | 4.7 | 2.6 | 6.0 | 69.1 | 96.5 | 7.0 | 2.0 | 115.1 | - |
| Guinea | | 31.3 | 9.9 | 3.8 | 6.0 | 35.1 | 61.8 | 7.0 | 3.0 | | - |
| Guinea-Bissau | | 27.6 | 6.0 | 2.3 | 6.0 | | | 6.0 | 3.0 | | 44.9 |
| Kenya | | 26.0 | 4.0 | 4.1 | 6.0 | 83.1 | 103.5 | 6.0 | 3.0 | 73.8 | 21.0 |
| Lesotho | 51.6 | 33.2 | 2.8 | 7.4 | 7.0 | 42.9 | 75.7 | 5.0 | 3.0 | 31.2 | - |
| Liberia | | 32.1 | 5.6 | 3.2 | 6.0 | 37.2 | 58.8 | 6.0 | 3.0 | 157.9 | - |
| Madagascar | | 49.2 | | | 5.0 | 37.0 | 68.8 | 7.0 | 3.0 | 13.9 | - |
| Malawi | | 42.4 | 3.8 | 5.1 | 6.0 | | 79.3 | 6.0 | 3.0 | | - |
| Mali | | 38.5 | 15.3 | 4.7 | 6.0 | 32.9 | 53.1 | 6.0 | 4.0 | 3.9 | - |
| Mauritania | 45.2 | 22.0 | 11.6 | 1.2 | 6.0 | 28.8 | 67.5 | 7.0 | 3.0 | 3.3 | - |
| Mauritius | | | | | 6.0 | 84.8 | 97.5 | 7.0 | 2.0 | 102.2 | - |
| Mozambique | | 43.1 | 6.1 | 7.9 | 7.0 | 21.7 | 47.6 | 5.0 | 3.0 | | - |
| Namibia | | 23.1 | 7.1 | 4.1 | 7.0 | | | 5.0 | 2.0 | | - |
| Niger | | 43.0 | 18.7 | 3.0 | 6.0 | 12.6 | 58.6 | 7.0 | 3.0 | 7.1 | - |
| Nigeria | | 32.9 | 7.9 | 1.8 | 6.0 | | | 6.0 | 1.0 | | - |
| Rwanda | | 37.9 | 2.2 | 7.7 | 6.0 | 34.6 | 60.5 | 6.0 | 3.0 | 15.7 | - |
| Sao Tome and Principe | | 17.2 | 4.0 | 2.4 | 6.0 | 73.7 | 90.4 | 6.0 | 3.0 | 42.3 | - |
| Senegal | | 19.4 | 5.8 | 1.3 | 6.0 | 40.3 | 59.0 | 7.0 | 3.0 | 14.7 | 24.7 |
| Seychelles | | 7.9 | 4.3 | 10.2 | 6.0 | 109.5 | 112.1 | 7.0 | 2.0 | 93.0 | - |
| Sierra Leone | | 37.9 | 9.4 | 8.9 | 6.0 | | | 7.0 | 3.0 | | - |
| South Africa | | 23.9 | 4.7 | | 7.0 | | | 5.0 | 1.0 | 77.4 | - |
| South Sudan | | 31.1 | 22.7 | 6.0 | 6.0 | | | 6.0 | 3.0 | | - |
| Togo | | 27.5 | 6.7 | 2.0 | 6.0 | 37.9 | 85.1 | 7.0 | 3.0 | 15.0 | 4.7 |
| Uganda | | 34.2 | 4.3 | 5.8 | 7.0 | 29.8 | 59.0 | 6.0 | 3.0 | 10.8 | - |
| United Republic of Tanzania | | 34.7 | 3.8 | 5.2 | 7.0 | | | 6.0 | 2.0 | 32.0 | - |
| Zambia | | 40.0 | 6.3 | 6.2 | 7.0 | | | 5.0 | 4.0 | | - |
| Zimbabwe | | 27.6 | 3.3 | 3.6 | 7.0 | | | 6.0 | 2.0 | | - |
| Regional average | 25.0 | 31.6 | 7.4 | 5.0 | 6.1 | 46.8 | 74.1 | 6.3 | 2.7 | 37.8 | 2.2 |

Data source: WHO Global Health Observatory, accessed 1 December 2017

| Environmental determinants | | | | | Economic determinants | | | | | | Member State |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 6.1 | 6.2 | 6.3 | 11.6 | 13.1 | 7.1 | 8.1 | 8.5 | 9.1 | 9.c | 10.2 | |
| Proportion of population using improved drinking-water sources v (%) | Propor. of population using improved sanitation v (%) | People practicing open defecation (% of population) | Annual mean concentrations of fine particulate matter (PM2.5) in urban areas x (µg/m3) | Average death rate due to natural disasters y (per 100 000 population) | Annualized avg growth rate in per capita real survey mean consumption or income, total population (%) | GDP growth (annual %) | Unemployment, total (% of total labor force) (modeled ILO estimate) | Access to electricity (% of population) | Individuals using the Internet (% of population) | Proportion of seats held by women in national parliaments (%) | |
| 84.0 | 88.0 | 1.1 | 26.00 | 0.09 | 100.0 | 3.8 | 10.6 | 100.0 | 29.5 | 31.6 | Algeria |
| 49.0 | 52.0 | 34.1 | 42.80 | 0.10 | 47.6 | 4.8 | 6.8 | 32.0 | 10.2 | 36.8 | Angola |
| 78.0 | 20.0 | 56.0 | 27.90 | 0.09 | 6.6 | 6.4 | 1.0 | 34.1 | 6.0 | 8.4 | Benin |
| 96.0 | 63.0 | 16.9 | 19.30 | 0.10 | 62.5 | 4.1 | 17.1 | 56.5 | 36.7 | 9.5 | Botswana |
| 82.0 | 20.0 | 49.5 | 36.90 | 0.09 | 7.0 | 4.2 | 3.3 | 19.2 | 9.4 | 18.9 | Burkina Faso |
| 76.0 | 48.0 | 3.1 | 49.40 | 0.20 | 2.1 | 4.7 | 1.6 | 7.0 | 1.4 | 30.5 | Burundi |
| 92.0 | 72.0 | 28.5 | | - | 70.9 | 0.6 | 10.4 | 90.2 | 40.3 | 20.8 | Cabo Verde |
| 76.0 | 46.0 | 7.1 | 64.00 | 0.09 | 17.6 | 5.9 | 4.1 | 56.8 | 16.2 | 31.1 | Cameroon |
| 69.0 | 22.0 | 24.0 | 56.20 | - | 2.0 | 1.0 | 6.6 | 12.3 | 3.6 | .. | Central African Republic |
| 51.0 | 12.0 | 67.9 | 61.80 | 0.09 | 3.6 | 6.9 | 5.8 | 8.0 | 2.9 | 14.9 | Chad |
| 90.0 | 36.0 | 0.6 | 7.00 | 0.10 | 7.0 | 2.1 | 19.6 | 73.8 | 7.0 | 3.0 | Comoros |
| 77.0 | 15.0 | 8.1 | 57.60 | 0.09 | 17.6 | 6.8 | 10.1 | 43.2 | 7.1 | 7.4 | Congo |
| 82.0 | 23.0 | 24.4 | 19.30 | 0.09 | 18.5 | 8.8 | 9.4 | 61.9 | 19.3 | 9.4 | Côte d'Ivoire |
| 52.0 | 29.0 | 12.0 | 63.20 | 0.09 | 5.9 | 9.5 | 3.7 | 13.5 | 3.0 | 10.6 | Democratic Republic of the Congo |
| 48.0 | 75.0 | 4.4 | 32.00 | - | 21.5 | (0.7) | 6.7 | 67.6 | 18.9 | 24.0 | Equatorial Guinea |
| 58.0 | 16.0 | 76.3 | 35.70 | - | 13.8 | .. | 7.0 | 45.8 | 1.0 | 22.0 | Eritrea |
| 74.0 | 58.0 | 11.8 | 19.90 | 0.20 | 35.3 | 4.2 | 26.7 | 65.0 | 26.2 | 6.2 | Eswatini |
| 57.0 | 28.0 | 30.6 | 36.70 | - | 2.0 | 10.3 | 5.0 | 27.2 | 7.7 | 27.8 | Ethiopia |
| 93.0 | 42.0 | 2.9 | 35.90 | - | 73.2 | 4.3 | 20.2 | 89.5 | 38.1 | 15.0 | Gabon |
| 90.0 | 59.0 | 0.9 | 43.00 | 0.09 | 4.0 | 0.9 | 29.6 | 47.2 | 15.6 | 9.4 | The Gambia |
| 89.0 | 15.0 | 18.9 | 22.20 | 0.20 | 20.8 | 4.0 | 5.1 | 78.3 | 25.5 | 10.9 | Ghana |
| 77.0 | 20.0 | 16.1 | 19.40 | - | 5.6 | 0.4 | 7.0 | 27.6 | 6.4 | 21.9 | Guinea |
| 79.0 | 21.0 | 17.2 | 28.90 | - | 3.0 | 2.5 | 6.6 | 17.2 | 3.3 | 13.7 | Guinea-Bissau |
| 63.0 | 30.0 | 12.3 | 16.90 | 0.10 | 6.2 | 5.4 | 11.8 | 36.0 | 16.5 | 19.1 | Kenya |
| 82.0 | 30.0 | 31.1 | 21.70 | 0.20 | 31.8 | 2.3 | 24.6 | 27.8 | 22.0 | 26.7 | Lesotho |
| 76.0 | 17.0 | 43.0 | 6.10 | - | 2.0 | 0.7 | 3.6 | 9.1 | 5.4 | 11.0 | Liberia |
| 52.0 | 12.0 | 43.6 | 32.40 | 0.20 | 2.0 | 3.3 | 1.4 | 16.8 | 3.7 | 20.5 | Madagascar |
| 90.0 | 41.0 | 7.1 | 25.60 | 0.20 | 3.2 | 5.7 | 6.4 | 11.9 | 5.8 | 16.7 | Malawi |
| 77.0 | 25.0 | 8.9 | 34.80 | 0.09 | 2.0 | 7.0 | 8.2 | 27.3 | 7.0 | 9.5 | Mali |
| 58.0 | 40.0 | 31.3 | 86.20 | 0.09 | 44.7 | 5.6 | 10.1 | 38.8 | 10.7 | 25.2 | Mauritania |
| 100.0 | 93.0 | 0.1 | 14.30 | 0.20 | 99.3 | 3.7 | 7.7 | 99.2 | 44.8 | 18.8 | Mauritius |
| 51.0 | 21.0 | 37.4 | 22.40 | 0.20 | 4.4 | 7.4 | 25.3 | 21.2 | 9.2 | .. | Mozambique |
| 91.0 | 34.0 | 50.2 | 18.80 | 0.90 | 45.9 | 6.5 | 29.6 | 49.6 | 14.8 | .. | Namibia |
| 58.0 | 11.0 | 72.1 | 51.80 | 0.20 | 3.1 | 7.0 | 2.5 | 14.3 | 2.0 | 13.3 | Niger |
| 69.0 | 29.0 | 25.4 | 38.90 | 0.09 | 2.3 | 6.3 | 4.8 | 57.7 | 21.0 | 6.7 | Nigeria |
| 76.0 | 62.0 | 2.3 | 50.60 | 0.09 | 2.0 | 7.6 | 3.4 | 19.8 | 10.6 | 63.8 | Rwanda |
| 97.0 | 35.0 | 51.2 | | - | 30.4 | 6.2 | 13.5 | 68.6 | 24.4 | 18.2 | Sao Tome and Principe |
| 79.0 | 48.0 | 15.7 | 43.70 | 0.09 | 35.8 | 4.3 | 10.4 | 61.0 | 17.7 | 43.3 | Senegal |
| 96.0 | 98.0 | - | 5.00 | - | 99.9 | 3.3 | .. | 99.5 | 51.3 | 43.8 | Seychelles |
| 63.0 | 13.0 | 19.3 | 16.80 | 0.09 | 2.0 | 4.6 | 2.8 | 13.1 | 6.1 | 12.1 | Sierra Leone |
| 93.0 | 66.0 | 2.8 | 32.60 | 0.09 | 81.8 | 1.7 | 24.9 | 86.0 | 49.0 | 41.5 | South Africa |
| 59.0 | 7.0 | 63.2 | 32.50 | 0.30 | 3.1 | 3.4 | .. | 4.5 | 4.5 | 26.5 | South Sudan |
| 63.0 | 12.0 | 51.2 | 25.90 | 0.09 | 6.3 | 5.9 | 6.8 | 45.7 | 5.7 | 17.6 | Togo |
| 79.0 | 19.0 | 6.8 | 80.30 | 0.09 | 2.0 | 5.2 | 1.9 | 20.4 | 16.9 | 35.0 | Uganda |
| 56.0 | 16.0 | 11.2 | 24.10 | 0.09 | 2.0 | 7.0 | 2.1 | 15.5 | 7.0 | 36.0 | United Republic of Tanzania |
| 65.0 | 44.0 | 15.8 | 29.60 | - | 16.1 | 4.7 | 7.7 | 27.9 | 19.0 | 10.8 | Zambia |
| 77.0 | 37.0 | 26.7 | 24.10 | 0.20 | 31.3 | 2.8 | 5.1 | 32.3 | 16.4 | 31.5 | Zimbabwe |
| 74.2 | 36.6 | 24.3 | 34.2 | 0.1 | 23.6 | 4.6 | 9.7 | 42.1 | 15.5 | 21.2 | Regional average |

Data source: WHO Global Health Observatory, accessed 1 December 2017

(continued on next page)

# Health and related service outcomes data

## Coverage with interventions addressing non-SDG 3 targets influencing health and well-being

| Member State | Political determinants | | | | |
|---|---|---|---|---|---|
| | 16.1 | | 16.2 | 16.9 | 17.16 |
| | Mortality rate due to homicide z (per 100 000 population) | Estimated direct deaths from major conflicts aa (per 100 000 population) | Children in employment, total (% of children ages 7-14) | Completeness of birth registration (%) | Net official development assistance received (current US$) |
| Algeria | 4.40 | 1.00 | | | 160 720 000 |
| Angola | 10.70 | - | | | 235 390 000 |
| Benin | 6.30 | - | | 84.8 | 599 320 000 |
| Botswana | 12.40 | - | | | 99 370 000 |
| Burkina Faso | 9.80 | 0.09 | | | 1 123 510 000 |
| Burundi | 6.70 | 0.10 | | | 515 400 000 |
| Cabo Verde | 8.80 | - | | | 231 390 000 |
| Cameroon | 11.70 | 1.20 | | 66.1 | 856 170 000 |
| Central African Republic | 13.50 | 25.60 | | | 611 010 000 |
| Chad | 9.40 | 0.10 | | | 391 930 000 |
| Comoros | 8.00 | - | | | 74 950 000 |
| Congo | 10.40 | - | | | 106 210 000 |
| Côte d'Ivoire | 12.20 | 0.50 | | | 925 130 000 |
| Democratic Republic of the Congo | 13.30 | 1.80 | 41.4 | 24.6 | 2 400 120 000 |
| Equatorial Guinea | 3.50 | - | | | 520 000 |
| Eritrea | 7.70 | 0.09 | | | 82 070 000 |
| Eswatini | 19.40 | - | | 53.5 | 86 370 000 |
| Ethiopia | 8.00 | 0.20 | | | 3 584 720 000 |
| Gabon | 9.30 | - | | | 111 270 000 |
| The Gambia | 9.40 | - | | | 101 530 000 |
| Ghana | 10.00 | - | | 70.5 | 1 123 720 000 |
| Guinea | 8.80 | 0.20 | | | 563 180 000 |
| Guinea-Bissau | 10.10 | 0.09 | 63.9 | 23.7 | 110 260 000 |
| Kenya | 7.40 | 0.60 | | 66.9 | 2 661 320 000 |
| Lesotho | 37.50 | - | | 43.3 | 107 170 000 |
| Liberia | 11.20 | - | | | 749 610 000 |
| Madagascar | 8.10 | 0.09 | | | 586 240 000 |
| Malawi | 2.00 | - | 47.6 | 5.6 | 931 450 000 |
| Mali | 11.00 | 3.70 | | | 1 235 920 000 |
| Mauritania | 11.30 | 0.30 | | | 260 710 000 |
| Mauritius | 2.70 | - | | | 44 520 000 |
| Mozambique | 3.40 | 0.09 | | | 2 106 010 000 |
| Namibia | 19.70 | - | | | 226 220 000 |
| Niger | 10.30 | 0.20 | | | 917 780 000 |
| Nigeria | 10.10 | 3.10 | | | 2 479 020 000 |
| Rwanda | 5.80 | 0.70 | 5.9 | | 1 035 030 000 |
| Sao Tome and Principe | 7.20 | | | 95.2 | 41 380 000 |
| Senegal | 7.90 | 0.10 | | 72.7 | 1 108 750 000 |
| Seychelles | 9.50 | | | | 12 000 000 |
| Sierra Leone | 13.00 | - | | | 914 140 000 |
| South Africa | 35.70 | 0.09 | | | 1 077 220 000 |
| South Sudan | 4.80 | 21.10 | | | 1 964 120 000 |
| Togo | 9.30 | - | 35.2 | 78.1 | 210 960 000 |
| Uganda | 12.00 | 1.90 | | | 1 634 660 000 |
| United Republic of Tanzania | 8.00 | 0.09 | 34.7 | | 2 648 730 000 |
| Zambia | 10.50 | - | | 11.3 | 997 730 000 |
| Zimbabwe | 15.10 | 0.09 | | 32.3 | 760 590 000 |
| Regional average | 10.6 | 1.4 | 38.1 | 52.0 | 825 649 787.2 |

Data source: WHO Global Health Observatory, accessed 1 December 2017

| Normalized score (Index) | | | | | Member State |
|---|---|---|---|---|---|
| Social determinants. Index | Economic determinants | Environmental determinants index | Political determinants index | Overall determinants index | |
| 0.73 | 0.68 | 0.80 | 0.63 | 0.709 | Algeria |
| 0.58 | 0.47 | 0.70 | 0.39 | 0.535 | Angola |
| 0.59 | 0.37 | 0.79 | 0.63 | 0.595 | Benin |
| 0.68 | 0.48 | 0.83 | 0.35 | 0.584 | Botswana |
| 0.50 | 0.34 | 0.74 | 0.68 | 0.565 | Burkina Faso |
| 0.58 | 0.33 | 0.60 | 0.65 | 0.542 | Burundi |
| 0.75 | 0.57 | 1.00 | 0.41 | 0.685 | Cabo Verde |
| 0.57 | 0.50 | 0.58 | 0.64 | 0.572 | Cameroon |
| 0.67 | 0.22 | 0.35 | 0.27 | 0.377 | Central African Republic |
| 0.54 | 0.31 | 0.59 | 0.62 | 0.517 | Chad |
| 0.60 | 0.25 | 0.90 | 0.40 | 0.540 | Comoros |
| 0.69 | 0.36 | 0.62 | 0.38 | 0.512 | Congo |
| 0.59 | 0.48 | 0.84 | 0.64 | 0.636 | Côte d'Ivoire |
| 0.56 | 0.37 | 0.58 | 0.57 | 0.521 | Democratic Republic of the Congo |
| 0.70 | 0.48 | 0.63 | 0.45 | 0.565 | Equatorial Guinea |
| 0.43 | 0.34 | 0.59 | 0.60 | 0.492 | Eritrea |
| 0.68 | 0.35 | 0.77 | 0.36 | 0.540 | Eswatini |
| 0.54 | 0.45 | 0.57 | 0.93 | 0.624 | Ethiopia |
| 0.75 | 0.56 | 0.58 | 0.39 | 0.569 | Gabon |
| 0.71 | 0.17 | 0.70 | 0.39 | 0.493 | The Gambia |
| 0.72 | 0.48 | 0.76 | 0.60 | 0.639 | Ghana |
| 0.63 | 0.27 | 0.77 | 0.64 | 0.578 | Guinea |
| 0.63 | 0.25 | 0.66 | 0.40 | 0.487 | Guinea-Bissau |
| 0.69 | 0.36 | 0.85 | 0.81 | 0.676 | Kenya |
| 0.63 | 0.31 | 0.76 | 0.16 | 0.464 | Lesotho |
| 0.64 | 0.22 | 0.93 | 0.46 | 0.561 | Liberia |
| 0.47 | 0.31 | 0.70 | 0.65 | 0.533 | Madagascar |
| 0.71 | 0.31 | 0.74 | 0.38 | 0.535 | Malawi |
| 0.56 | 0.33 | 0.75 | 0.64 | 0.568 | Mali |
| 0.61 | 0.44 | 0.45 | 0.59 | 0.522 | Mauritania |
| 0.84 | 0.71 | 0.81 | 0.47 | 0.707 | Mauritius |
| 0.52 | 0.26 | 0.76 | 0.83 | 0.592 | Mozambique |
| 0.64 | 0.37 | 0.39 | 0.27 | 0.419 | Namibia |
| 0.44 | 0.34 | 0.59 | 0.66 | 0.505 | Niger |
| 0.62 | 0.43 | 0.72 | 0.77 | 0.634 | Nigeria |
| 0.62 | 0.51 | 0.66 | 0.75 | 0.634 | Rwanda |
| 0.68 | 0.48 | 1.00 | 0.61 | 0.693 | Sao Tome and Principe |
| 0.65 | 0.51 | 0.70 | 0.71 | 0.642 | Senegal |
| 0.80 | 0.80 | 0.94 | 0.38 | 0.729 | Seychelles |
| 0.59 | 0.30 | 0.85 | 0.45 | 0.550 | Sierra Leone |
| 0.71 | 0.60 | 0.76 | 0.45 | 0.630 | South Africa |
| 0.47 | 0.18 | 0.64 | 0.53 | 0.458 | South Sudan |
| 0.60 | 0.37 | 0.80 | 0.52 | 0.575 | Togo |
| 0.59 | 0.42 | 0.48 | 0.69 | 0.547 | Uganda |
| 0.59 | 0.41 | 0.81 | 0.74 | 0.641 | United Republic of Tanzania |
| 0.68 | 0.36 | 0.66 | 0.37 | 0.518 | Zambia |
| 0.69 | 0.42 | 0.75 | 0.54 | 0.601 | Zimbabwe |
| 0.59 | 0.40 | 0.72 | 0.56 | 0.570 | Regional average |

Data source: WHO Global Health Observatory, accessed 1 December 2017

# Health impact data

| Member State | Crude death rate (per 1000 population), 2013 | Healthy Life Expectancy, 2015 | DALYs per 1000 population | | | | Population (1000) |
|---|---|---|---|---|---|---|---|
| | | | All Causes | Communicable, maternal, perinatal and nutritional conditions | Noncommunicable diseases | Injuries | |
| Algeria | 5.7 | 66.3 | 271 | 63 | 178 | 30 | 39 667 |
| Angola | 13.9 | 45.9 | 1,055 | 703 | 240 | 111 | 25 022 |
| Benin | 9.6 | 52.5 | 634 | 379 | 191 | 63 | 10 880 |
| Botswana | 7.2 | 56.9 | 429 | 233 | 156 | 39 | 2 262 |
| Burkina Faso | 9.5 | 52.6 | 625 | 387 | 168 | 70 | 18 106 |
| Burundi | 11.1 | 52.2 | 659 | 407 | 173 | 77 | 11 179 |
| Cabo Verde | 5.2 | 64.2 | 253 | 73 | 151 | 28 | 521 |
| Cameroon | 10.8 | 50.3 | 700 | 421 | 204 | 74 | 23 344 |
| Central African Republic | 14 | 45.9 | 926 | 612 | 215 | 98 | 4 900 |
| Chad | 13.6 | 46.1 | 983 | 689 | 199 | 94 | 14 037 |
| Comoros | 8.2 | 55.9 | 497 | 276 | 168 | 53 | 788 |
| Congo | 10.1 | 56.6 | 494 | 289 | 154 | 51 | 4 620 |
| Côte d'Ivoire | 12.6 | 47 | 841 | 501 | 246 | 93 | 22 702 |
| Democratic Republic of the Congo | 13.7 | 51.8 | 723 | 475 | 171 | 76 | 77 267 |
| Equatorial Guinea | 11.5 | 51.3 | 686 | 388 | 223 | 74 | 845 |
| Eritrea | 6.3 | 55.7 | 415 | 214 | 147 | 53 | 5 228 |
| Eswatini | 11.8 | 50.9 | 589 | 341 | 185 | 62 | 1 287 |
| Ethiopia | 7.2 | 56.1 | 484 | 269 | 159 | 55 | 99 391 |
| Gabon | 9 | 57.2 | 472 | 254 | 171 | 47 | 1 725 |
| The Gambia | 8.2 | 53.8 | 576 | 350 | 162 | 63 | 1 991 |
| Ghana | 8.1 | 55.3 | 521 | 276 | 190 | 54 | 27 410 |
| Guinea | 10.1 | 51.7 | 698 | 452 | 182 | 64 | 12 609 |
| Guinea-Bissau | 12.3 | 51.5 | 688 | 451 | 174 | 63 | 1 844 |
| Kenya | 8.3 | 55.6 | 475 | 281 | 142 | 51 | 46 050 |
| Lesotho | 14.1 | 46.6 | 772 | 528 | 179 | 63 | 2 135 |
| Liberia | 8 | 52.7 | 584 | 374 | 150 | 59 | 4 503 |
| Madagascar | 7 | 56.9 | 440 | 236 | 156 | 47 | 24 235 |
| Malawi | 9 | 51.2 | 568 | 371 | 150 | 47 | 17 215 |
| Mali | 11.2 | 51.1 | 767 | 518 | 177 | 72 | 17 600 |
| Mauritania | 7.8 | 55.1 | 528 | 313 | 160 | 55 | 4 068 |
| Mauritius | 7.4 | 66.8 | 309 | 28 | 259 | 22 | 1 273 |
| Mozambique | 11.8 | 49.6 | 701 | 450 | 186 | 64 | 27 978 |
| Namibia | 5.7 | 57.5 | 417 | 230 | 143 | 43 | 2 459 |
| Niger | 10.2 | 54.2 | 677 | 463 | 145 | 68 | 19 899 |
| Nigeria | 11.9 | 47.7 | 847 | 583 | 189 | 75 | 182 202 |
| Rwanda | 6.4 | 56.6 | 414 | 188 | 157 | 69 | 11 610 |
| Sao Tome and Principe | 6.5 | 59 | 411 | 207 | 160 | 44 | 190 |
| Senegal | 7 | 58.3 | 407 | 217 | 141 | 48 | 15 129 |
| Seychelles | 6.7 | 65.5 | 309 | 44 | 235 | 30 | 96 |
| Sierra Leone | 16.8 | 44.4 | 970 | 631 | 243 | 95 | 6 453 |
| South Africa | 11.1 | 54.4 | 506 | 254 | 204 | 47 | 54 490 |
| South Sudan | 11.1 | 49.9 | 734 | 483 | 167 | 84 | 12 340 |
| Togo | 9.6 | 52.8 | 597 | 352 | 182 | 64 | 7 305 |
| Uganda | 9.2 | 54 | 528 | 307 | 158 | 63 | 39 032 |
| United Republic of Tanzania | 7.8 | 54.2 | 512 | 299 | 154 | 58 | 53 470 |
| Zambia | 9.7 | 53.7 | 554 | 356 | 144 | 53 | 16 212 |
| Zimbabwe | 9.8 | 52.1 | 592 | 367 | 160 | 64 | 15 603 |
| Africa | 9.7 | 53.8 | 592 | 353 | 178 | 61 | 21 046 |

Data source: WHO Global Health Observatory, accessed 1 December 2017