

WHO report: 630-million years of healthy life lost in Africa

Nearly 630-million years of healthy life were lost in 2015 due to the diseases afflicting the population across the World Health Organisation's (WHO's) 47 member states in Africa, now amounting to a loss of more than \$2.4trn from the region's gross domestic product value annually.



Dr Matshidiso Moeti, WHO regional director for Africa

Non-communicable diseases have overtaken infectious diseases as the largest drain on productivity, accounting for 37% of the disease burden. Other culprits for lost healthy years are communicable and parasitic diseases; maternal, neonatal and nutrition-related conditions; and injuries.

Around 47%, or \$796bn, of this lost productivity value could be avoided in 2030 if the Sustainable Development Goals (SDGs) related to these health conditions are achieved, WHO found.

Health expenditure

“Four years into the implementation of countries’ efforts towards achieving universal health coverage (UHC), current average expenditure on health in the region falls short of this expectation,” the WHO Regional Director for Africa, Dr Matshidiso Moeti, writes in the foreword to [*A Heavy Burden: The Productivity Cost of Illness in Africa*](#), which was launched during the second WHO Africa Health Forum this week in Cabo Verde.

As a target of SDG 3, UHC would require countries in the WHO African Region to spend, on average, at least \$271 per capita per year on health, or 7.5% of the region's gross domestic product.

According to United Nations Conference on Trade and Development estimates, attaining the 17 SDGs will require spending ranging from \$1.5trn to \$2.5trn per year until 2030, or up to \$37.5trn. Low-income countries will need an additional \$671bn (\$76 per capita on average) until 2030 to attain the health-related SDGs.

To achieve the health-related SDG targets, countries must invest adequately in the development of resilient national and local health systems to effectively, affordably and efficiently deliver the integrated packages of proven cost-effective interventions contained in relevant programmatic global strategies and plans to target populations in need.

Disease burden

The findings of the WHO study on disease burden suggest that health systems strengthening should focus on rich as well as poor countries and on all ages as well as on the specific disease categories.

Five countries (the Democratic Republic of the Congo, Ethiopia, Nigeria, South Africa and the United Republic of Tanzania) accounted for almost 50% of the total years lost in healthy life (or DALYs) accrued in the WHO African Region.

The unpredictability of public revenues combined with mounting debt pressure is limiting the potential fiscal space that can be made available for health. Private financing sources have filled the gap, but either with out-of-pocket expenses that result in financial hardship or insufficient voluntary private health insurance that is not effective in extending service coverage to those that need it.

Political will

As the report emphasises, achieving the SDGs by 2030, including the target of UHC, will require political will and greater focus on government-led planning and financing for health. It will also necessitate greater outlays from public revenue, reforms to raise additional revenue and strategic purchasing mechanisms. And it will require that people usually left behind be put at the centre of health financing reform.

“This report illustrates how achievement of the critical health SDG targets, including UHC, would contribute to poverty eradication efforts on a large scale, reduce disparities in lifespan, tackle social exclusion and promote political stability and economic development in the WHO African Region,” explains Grace Kabaniha, health economist in the WHO Regional Office for Africa. “It also provides much-needed evidence that ministries of health can use in dialogue on resource allocation with ministries of finance. It adds to the body of evidence showing that health is a strategic investment for development.”

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