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South are facing  
shortages of  
doctors, nurses,  
healthcare  
personnel, services  
and functional  
facilities

# THE PROBLEM – A REGION IN CRISIS


Millions in Global South are facing shortages of doctors and healthcare facilities



50223 1,000 PW Why Africa is facing a new healthcare crisis | World Economic Forum | 2015-06-24

## Why Africa is facing a new healthcare crisis

Jul 21, 2015



Alan Pamba qualified as a physician at the peak of the HIV/AIDS epidemic in East Africa. Health systems across the region were overwhelmed by the disease, and international resources were slow to be mobilized.

"As a junior physician, I probably signed off way too many death certificates than I should have," Pamba, now vice president for East Africa at GlaxoSmithKline, says. "Through that process we almost watched a disease go through its natural progress on a curve, which is probably a physician's worst nightmare."

The HIV epidemic was socially and economically devastating for much of Africa, but a decade of regional and international efforts have reduced its impact. Lifetime deaths from malaria—which killed more than a million Africans a year in the 1990s—have reduced, due to a huge focus on prevention and treatment.

But now Pamba warns of "another tsunami", for which African healthcare systems are unprepared: diseases that are equally the consequence of the continent's rapid economic growth and the changes that go with it.

High GDP growth rates, urbanisation and the consequent creation of a new middle class in sub-Saharan Africa has fostered an Africa Rising narrative that has drawn in investors. By 2035, half of all Africans will live in cities, the African Development Bank estimates that the continent already has a consuming class of around 300 million people. Global fast-food brands are pouring deeper into markets that once would never have registered in their plans. Slung king is due to open in Angola and Zimbabwe, KFC in the Democratic Republic of Congo and Ethiopia. The continent is increasingly a profit center for global brewers like Heineken, SABMiller and Diageo, and a new bright spot for cigarette sales in a world that is going up on tobacco.

Now, high consumption, sedentary lifestyles, combined with greater life expectancy have led to a building wave of non-communicable diseases (NCDs)—cancer, respiratory diseases, cardiovascular disease and other maladies associated with urban living. Currently this category is responsible for around 35% of mortality on the continent; by 2025, the World Health Organisation forecasts it will rise to 65%.

"I'm hearing a lot more about cancer, stroke, long-term diabetes. These were pages in my medical school textbooks that we were told if you skip those pages, it'll be fine. You'd never see that in your lifetime," Pamba says. "We were told to read about malaria, read about tuberculosis, read about the communicable diseases. My training in this area [of NCDs] was deficient, as it was for many others."

medicines to treat when we fail to prevent, and we don't have the healthcare infrastructure."

### Too Deficit

Even regional hubs, such as Nigeria's commercial capital, Lagos, and Kenya's capital, Nairobi, lack the sophisticated imaging and cardiovascular facilities required to treat their current patients. Many, if they can afford it, go to India, Singapore or the Middle East for treatment.

The legacy of decades of international investment into tackling communicable disease is that most of Africa's medical infrastructure is arranged in silos—created to treat individual crises.

"Our current model is only geared towards when something goes wrong, we address it. That requires lots of expensive interventions. It's an in-crisis model," says Ernest Daruh, founding partner of Broadreach Healthcare, which advises governments on building inclusive healthcare systems.

"I arrived in South Africa in 2006. A lot of our work is in rural areas. You would go into the Zulu Natal, ask people 'Do you have diabetes?' and they'd say 'Not yet.' It was that normal, that you get diabetes at a certain point... I remember thinking, 'Oh my god. This is a powder keg waiting to explode.'"

NCDs require an entirely new approach to building healthcare systems, Daruh says. Public health has to move away from "crisis mode" and into a broader understanding of a patient's lifestyle, wellbeing and ongoing needs. The current system, which he describes as "curative," is "completely flawed," he says.

Addressing the issue means more than just building assets, according to Daruh. "In Africa, thinking that we might have as many cardiologists as America one day is a pipe dream," he says. And, by the way, America doesn't have enough cardiologists, despite spending trillions of dollars a year on the health system."

### Upgrading healthcare infrastructure

Echoing Pamba's sentiments, Daruh believes that while healthcare infrastructure will need to focus as heavily on prevention and lifestyle as it does on curing those who are already sick, learning the lessons from the HIV/AIDS epidemic, where too much emphasis was put on the latter:

This means, for example, educating people on their lifestyle choices and screening for cancer early. A vaccine already exists for the human papillomavirus (HPV), which can lead to cervical cancer—according to the WHO, the leading contributor to years of life lost from cancer among women in the developing world. Rolling that out—as Rwanda is now doing—means linking health into education systems to ensure that school-age girls are covered.

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## Why Africa is facing a new healthcare crisis

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South Africa's hunger problem is turning into a major health crisis

South Africa's hunger problem is turning into a major health crisis. The country is facing a significant increase in malnutrition, particularly among children under five. This is a result of a combination of factors, including economic challenges, unemployment, and a lack of access to nutritious food. The situation is particularly concerning in rural areas where resources are limited. The government and international organizations are working to address this crisis through various programs, including food distribution and nutritional education. However, the scale of the problem is such that more comprehensive solutions are needed to ensure the long-term health and well-being of the South African population.

# THE PROBLEM – A HEALTH SYSTEMS CHALLENGE



Today in Global South, we have some very serious challenges in the health delivery sector and are being barely touched by the current health delivery system. Its time for a shift, a shift in attitude, culture & belief, to implore an unwavering commitment to building sustainable healthcare institutions, platform and pathways that create value, growth and impact in our communities especially those in the remotest of areas. As Thomas Health, we are focusing on building a model of healthcare delivery that serves everyone, everywhere using innovative health technologies. DR ALLAN T NHAPI

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# THE PROBLEM – A LOOK AT SOME NUMBERS



**64.5**

Average life expectancy at birth



**525**

Maternal mortality per 100 000 in 2022



**602 000**

Malaria deaths in 2020



**67%**

Of people living with HIV worldwide are in Africa



**60.2%**

Rate of anemia in children aged 6-59 months



**25%**

One child out of four suffers chronic malnutrition

# THE PROBLEM - MORE NUMBERS



**\$1.5B**

Amount lost to Europe and Asia in medical tourism



**99%**

Immunizations imported into Africa



**90%**

More than 90% unemployment in southern Africa .



**40%**

**40% of** inhabitants have no running water

Southern Africa suffers from several developmental challenges ranging from housing and sanitation, unemployment through to insufficient medical specialist services.

# THE PROBLEM - PERFORMANCE OF HEALTH SYSTEMS



Proxy variable attributes used to monitor and analyze the performance of health systems in Southern Africa

## ACCESS

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.



## DEMAND

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.



## QUALITY

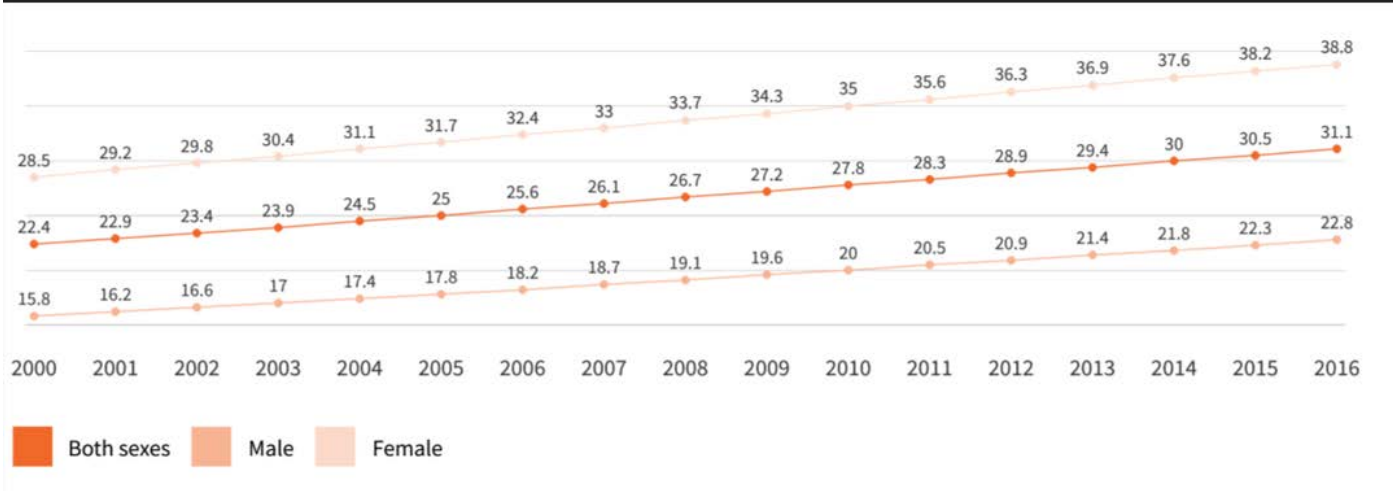
However, most of the countries 41 out of 47 performance ranges from 0.4 to 0.6, a rather narrow performance range.



# THE PROBLEM - AFRICA'S INCREASING HEALTH CHALLENGES



The number of overweight children under 5 has increased by nearly 24% percent since 2000



The prevalence of overweight and obesity among adults in the WHO African region by sex between 2010 and 2026

The Thomas Health  
concept is built on a  
**four-component  
knowledge transfer  
ecosystem**

covering seven key  
health system  
investment areas  
that drive the mission  
for universal health  
coverage in the region



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# THOMAS HEALTH SOLUTION AREAS

Tangible services providing the essential services:

1. Health workforce training
2. Health provision & research infrastructure
3. Medical products & technologies.

Intangible systems supporting the use of tangible services:

4. Health service delivery systems
5. Health governance
6. Health information and data
7. Health financing and enterprise.



Health Services and Systems covered by the Thomas Health Centre Ecosystem