

DECOLONIZING THE AFRICAN HEALTH SYSTEMS; THE REQUIRED STRATEGIC SHIFTS AND LEADERSHIP

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Abstract

A health system refers to all organizations, people and actions whose primary intent is to promote, restore or maintain health. The key social goal of a health system is to increase the average level of health of the population and reduce health inequities. Decolonization is the change that colonized countries undergo when they become politically independent. Understanding the historical context of health helps us to respond more appropriately to the health challenges of today. All the African countries adopted Primary Health Care to improve their health outcomes. However lack of proper policy trust, insufficient political commitment, failure to achieve equity in access to primary care components, slow economic development, unbalanced resource distribution, poor inter-sectoral action for health, weak information systems, lack of accurate baseline data, rapid demographic and epidemiological changes, centralized planning and management with the exclusion of the communities and other stakeholders have accounted for its slow progress in Africa. Adoption of the global agenda for health has not seen translated gains for the masses. An African health system for Africans by Africans that responds to the needs of our people is what will bring gains for the masses. Attempts to improve the health status of African people must be linked to regaining political, cultural, economic independence and self-determination as individuals, families, communities and nations. The methodology used in this review involved identifying credible and relevant studies using multiple data bases and search engines such as Google search, PubMed and Medline search. Extensive notes were made during literature search and the sources and their references were noted. An unbiased and critical evaluation of every piece of evidence was under taken. The articles selected were those that met the scope and guidelines of the research such as the geography and period under consideration, from precolonial, colonial and postcolonial Africa. Another literature search was done after completing the writing of the study to ensure that no recent study was left out while the research was on-going. The paper concludes that, as a solution to Africa's health challenges, major strategic shifts including adopting systems thinking approach, engendering adaptive leadership, evidence-based policies, re-conceiving accountability and reducing vertical programmes among others are suggested.

Keywords: Health Systems, Health Policy, Decolonization, Health Outcome, Africa.

Introduction

The health system as the World Health Organization defines it consists of all organizations, people and actions whose primary intent is to promote, restore or maintain health¹. Roemer classically defined a health system as the combination of resources, organization, financing and management that culminate in the delivery of health services to the population². The WHO has also made it clear that delivering health services is an essential part of what the health system does but is not what the system is³. The Tallinn charter expanded on the WHO's perspective by defining the health system as the ensemble of all public and private organizations, institutions, and resources mandated to improve, maintain or restore health⁴. Thus the health system is far more than the pyramid of health facilities and well-polished professionals who deliver health services. The key social goal of any health system is to improve health by increasing the average level of population health and reducing the health inequities. To understand the world and Africa's place in it, we must understand ourselves. Black intellectual tradition has given so much to the rest of the world but this is often not visible^{5,6,7,8}. Indeed a deeper interrogation of our system will show that weak health systems stewardship underlies many of the problems seen across most of the other building blocks of the health system^{1,3,9,10}. A shortcoming or challenge regarding one component

or sub-system of the health system architecture affects the performance of the other sub-systems. To strengthen the health system, therefore we must improve on all the building blocks and manage their interactions in effective ways that would ensure improved, more equitable and sustained health gains for the people. Health system strengthening requires not only technical know-how and efforts but also a huge dose of appropriate policy dynamics and political actions that signify the important dimension of stewardship within the health system¹¹.

Stewardship otherwise also referred to as leadership and governance in the health systems literature, denotes the overall oversight of the health system. Stewardship sets the context and policy framework for the overall health system and its operations⁹. Stewardship decides several important questions regarding the health system, including those of priorities; the institutional framework for operations and interactions of actors; coordination mechanism and collaborative mechanism; resource generation and allocation; regulatory and accountability instruments; decision-making structure and supportive information system. Thus a weak stewardship system literally translates to poor health system performance^{12,13,14,15,16}.

History of the African Health Systems

Learning from history is vital in helping to shape a healthier future

for everyone, especially those most in need of health care. Understanding the historical context of health helps us to respond more appropriately to the health challenges of today¹⁷. Three distinct but naturally overlapping periods in the history of the African health systems can be identified.

The Precolonial period

The key characteristics of this era include the concept of disease being determined by culture which incorporated belief systems into illness. Disease was attributed to witchcraft, sorcery and mystical forces. Traditional medical practice was based on herbal cures, often integrated with spiritual counseling and providing both preventive and curative care. It also included sacrifices, prayers, atonement and divination.

These services were provided by herbalists, divine healers, soothsayers, traditional birth attendants, spiritualists, traditional bone-setters and mental health therapists. Traditional healing and medical practice remain a viable part of a complex health care system in Africa in spite of more than 150 years of the introduction of western style medicine⁶.

MORTALITY AMONG THE EARLY EUROPEAN EXPLORERS TO AFRICA

Expedition	Year	Europeans	Death
Mungo Park	1805	44	39
Turkey	2826	44	21
Clapperton	1825-7	5	4
MacGregor-Laird	1832-4	41	32
Trotter	1841	145	42

The tropical world was regarded as “white man's grave” in the late 18th & 19th centuries. (Source; Tait, H.P, 1957)

The Colonial Era

The early spread of western medicine during this period was facilitated by three purposes; mainly to open up Africa for trade, to conquer and occupy Africa as well as to bring civilization to Africa. The early spread of western medicine in Africa in the colonial era was therefore in the service of the above mentioned interests. The early European medical doctors offered medical treatment mainly to European explorers, missionaries, colonial administrators and their families.

Colonial states financed and controlled the expansion of medical infrastructure in Africa, but the missionary institutions also played an important role in establishing hospitals, schools and churches. In considering other functions of the colonial health systems, it is notable that colonial medicine was equally concerned with ensuring the reproduction of labour and focusing on the health of slaves¹⁸.

There were transformations brought by the world wars, especially the second -world war, during which new technologies of disease control such as DDT and antibiotic drugs were introduced. Discussions of public health during and after the second -world war challenged the discourse of tropical medicine by suggesting that the health problems of colonial Africa were not insurmountable. The

early leaders of the World Health Organization suggested that the high burden of disease in the tropical colonies was as much due to social, economic, and political factors as to environmental ones.

Limitations of the colonial health systems.

The colonial health systems emphasized curative measures and negated the social and cultural approach of precolonial health systems. There was no primary health care approach to health and there was no emphasis on community participation or solidarity. There were various vertical approaches to control epidemics such as Smallpox, Poliomyelitis, Bubonic Plague, Yaws and Tuberculosis among other diseases. There was knee-jerk response to epidemics and general lack of public health initiatives. There was also the neglect of some disciplines with emphasis on the four disciplines of Internal Medicine, Surgery, Obstetrics and Gynaecology and Paediatrics.

Post-Colonial Era

Post-colonial public health in Africa was characterized by the self-conscious attempt by both international agencies and national governments to break from colonial precedents, assumptions and interventions. However the institutional, intellectual and epidemiological legacies of the colonial medical past continued to shape and constrain post-colonial debates and policies on public health.

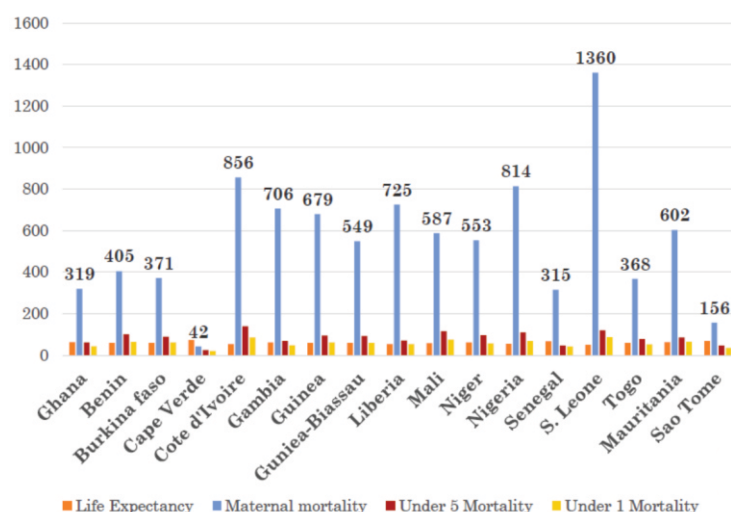
AFRICA IS NOT A HEALTHY CONTINENT, IT LAGS BEHIND IN ALL HEALTH INDICATORS, INCLUDING THE POOR COUNTRIES OF SOUTH-EAST ASIA

Indicator	World	Africa	East med.	Europe
Life expectancy at birth	68	54	66	75
Physicians per 1,000 people	14.0	2.3	11.0	33.3
Under 5 mortality per 1,000 live births	51	107	58	13
Maternal MR, per 100,000 live births	260	620	240	21

(Source; Uzochukwu, Senkubuge, Okeke, 2017)

There was no defined policy framework for resource generation and development of human resource for health and service delivery because policies were not evidence based. Too many people continued to depend on their own resources to pay for health and could often get only ineffective or poor quality care. In the post-colonial era, institutional developments neutralized the effects of traditional institutions and values that previously supported social solidarity and the community spirit that was required to make such systems work. Health services were used more heavily by those that could afford it and efforts to reach the poor were often incomplete.

SELECTED HEALTH INDICES IN WEST AFRICA



(Source; Uzochukwu, Senkubuge, Okeke, 2017)

The waves of Primary Health Care and Africa

By the late 1960s there were progressive movements in developing countries demanding an equitable distribution of resources, real economic independence, radical agrarian reforms and better living conditions for society's poorest sectors.

There was crisis of vertical programmes such as the failure of malaria eradication. Village Health workers emerged in several countries such as Ghana and Botswana in 1969, Lesotho, Benin and Zimbabwe in 1978, and Mozambique in 1982. Between the years 1977-1980 the Smallpox problem in Africa incorporated the horizontal components in immunization and disease control programmes. In 1974 the World Health Organization launched the Expanded Programme on Immunization, the EPI to fight the six diseases of infants, namely Diphtheria, Pertusis, Tetanus, Measles, Poliomyelitis and Tuberculosis.

In 1978 in Alma-Ata, the World Health Organization and United Nations Children Emergency Fund made the very popular declaration and endorsed Primary Health Care as the corner stone of health care for the people. Nearly all African countries adopted primary health care approaches in national strategies to improve health outcomes, recognizing district or ward health systems as the vehicle of delivery²⁰.

However during the second half of the 1980s primary health care faced adverse economic and political problems in Africa. This was due among other reasons to lack of proper policy trust, insufficient political commitment, slow economic development, poor demographic and epidemiological changes and centralized planning and management with the exclusion of the community. The global new era of Millennium Development Goals, Universal Health Coverage and Sustainable Development Goals brought about a paradigm shift from targeted coverage to universal coverage²¹.

Why decolonize the African health systems?

Huge investments have been made to strengthen Africa's health systems but the gains are very slow. Adoption of the global agenda for health however, does not appear to bring translated gains for the masses²². There is therefore the need to move away from colonial health systems that were not designed to meet the needs of the

masses, systems that perpetuate poor health outcomes¹⁴. Decolonization can therefore be seen as the change that colonized countries go through when they become politically independent from their former colonizers²³.

Decolonization requires the dismantling of colonialism as the dominant model on which our health systems operate. It began as a staggered process as African countries got independent at different times, but many of them did so in the 1950s and 1960s. "The year of Africa"-1960 also called the year of African independence witnessed seventeen African territories gaining their independence. By 1990, formal European political control had given way to African self-rule, except in South Africa. However as the countries gained independence, the native elites saw themselves as the new "internal colonial masters." The healthcare system was therefore designed primarily to serve the interest of the emerging African elites.

Colonial legacies of the African health systems

Most African health systems today have historical roots in colonial organization namely; top-bottom orientation, limited policy ownership, minimal control of needed resources, too strong vertical allegiances, lack of comprehensive district or ward planning and health sector verticalization and fragmentation among others. Attempts to improve the health status of African people must be linked to decolonization efforts such as gaining political, cultural, economic and social self-determination as individuals, families, communities and nations²⁴.

We must address the key social determinants of health –conditions in which people are born, grow, live, work and age are shaped by the distribution of money, power and resources at the global, national and local levels. Interventions aimed at reducing disease and saving lives succeed only when they take the social determinants of health adequately into account²⁵.

Required strategic shifts for Africa to decolonize

A systems' thinking approach is highly recommended that will also engender adaptive leadership²⁶. Reducing vertical health programmes and promoting integrated and comprehensive district or ward planning is absolutely necessary. Evidence-based health policies must be seen to properly guide the health ministries and departments²⁷. There should be accountability in all the processes involved by all the officials at every point in time. There has to be political will by leaders in revitalizing the health system in order to achieve health for all²⁸.

There should be a review of existing policies to make for clear roles between national and state, district, or ward levels as well as establish inter-sectoral forum to enable harmonized resource allocation and a focal point for inter-sectoral leadership for health. There should be allocation of significant proportion of health sector budget directly to the districts and wards. There should also be health system operational assessments to inform planning and implementation of policies^{29,30,31}.

There should be a strengthening of management and leadership capacities to promote local mobilization of fiscal resources, increase co-management of health services at facility level with effective

involvement of the community, private traditional and non-health stakeholders⁹.

Conclusion

A well functioning health system is essential to improving the health and well-being of the people of Africa. The African health systems have not performed optimally over the years with the result of unsatisfactory population health status and high level of health inequity. While there is no perfect recipe for the health system, as the systems approach has made it very clear, however there are promising lines of action that have been discussed. These lines of action call for a renewal of our vision as to the purpose of the health system, which is to improve health and health equity, in ways that are responsive, financially fair, and make the best of, or most efficient use of available resources. To strengthen the African health systems we must of necessity refocus on primary health care and health insurance to achieve universal health coverage, replacing top-down approaches with community engagement. Low budgetary allocation and weak implementation should also be addressed. The combined forces of the health personnel and communities in Africa can contribute greatly to the strengthening of African health systems and therefore the attainment of global and national health goals. There is also the urgent need for Africa to cope with losses from health workforce migration.

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