

Cape Town, South Africa
22 March 2021

News release

As COVID-19 vaccines arrive in Southern African countries, public health facilities confront challenges of mass campaigns

As Southern African countries receive their first shipments of COVID-19 vaccines, their public health systems will be called upon to confront challenges that have limited services in the past.

Large majorities of citizens in Angola, Botswana, Lesotho, and Mozambique rely on public health-care facilities, according to Afrobarometer data collected between 2018 and 2020, and are likely to rely on these facilities for access to COVID-19 vaccinations.

Among those who visited public health facilities during the previous year, more than half of Angolans said they had difficulty obtaining medical care, and one-third reported having to pay bribes. Smaller proportions of citizens in the other three countries reported difficult access and bribe-paying.

Even though majorities accessed public health facilities, many reported going without needed medicines or medical treatment. And while a majority of Botswana and Mozambicans said their governments were doing at least “fairly well” on improving basic health services, approval ratings have generally declined over the past decade.

All four countries started receiving COVID-19 vaccines at the beginning of March 2021 through the COVAX initiative, a program backed by the World Health Organization (WHO) and the Global Alliance for Vaccines and Immunization (GAVI) that aims to secure 2 billion doses for low- and middle-income countries by the end of 2021.

Key findings

- Large majorities of citizens in four Southern African countries reported visits to public clinics or hospitals in the year preceding the surveys (Figure 1).
 - Almost three-quarters of Mozambicans (72%) and Botswana (71%), and two-thirds of Basotho (66%) and Angolans (65%), said they had contact with public health-care facilities during the previous 12 months.
 - In Angola, urban residents (68%) were more likely than rural inhabitants (60%) to report interacting with public health-care providers. Urban-rural differences were not significant in the other countries.
- Across the four countries, citizens who had visited a public health facility recently reported varying degrees of difficulty in obtaining medical care (Figure 3).
 - More than half of Angolans (53%) said they found it “difficult” or “very difficult” to obtain the care they needed.
 - Smaller proportions of Botswana (37%), Mozambicans (33%), and Basotho (28%) reported that access was difficult.
- Some citizens reported having to pay bribes to access medical care, though rates of bribe-paying varied widely by country (Figure 4).

- One-third (33%) of Angolans who visited a public health-care facility during the previous year said they paid a bribe “once or twice,” “a few times,” or “often” in order to obtain services.
- In Mozambique, 17% said they paid a bribe at least once. Far smaller proportions reported paying bribes for medical care in Lesotho (5%) and Botswana (4%).
- Many citizens in each country reported having to go without needed medicines or medical treatment during the year preceding the survey, illustrating serious challenges in national health-care provision (Figure 5).
 - Three-quarters (75%) of Angolans said they went without needed medical care at least once during the previous year, including more than half (58%) who did so “several times,” “many times,” or “always.”
 - A lack of needed medical care affected more than six in 10 Mozambicans (62%) and almost half of Botswana (48%) and Basotho (45%).
- Perceptions of government performance on improving basic health-care services varied widely across the region but have worsened significantly in recent years (Figure 6).
 - More than two-thirds (68%) of citizens in Botswana said their government is doing “fairly well” or “very well” – almost three times as many as in Angola (24%).
 - A slim majority (55%) of Mozambicans saw their government as doing a good job on improving health care, but fewer than half (44%) of Basotho agreed.
 - Approval of government efforts on health care has declined sharply since 2008 in Botswana (-12 percentage points), Mozambique (-21 points), and Lesotho (-20 points).

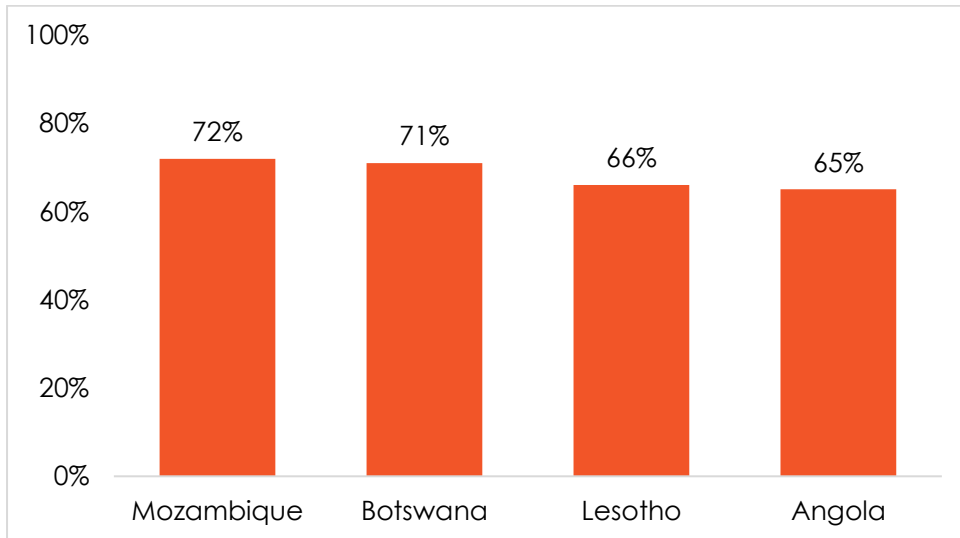
Afrobarometer survey

Afrobarometer is a pan-African, nonpartisan survey research network that provides reliable data on Africans’ experiences and evaluations democracy, governance, and quality of life. Seven rounds of surveys were completed in up to 38 countries between 1999 and 2018. Round 8 surveys (2019/2021) are expected to cover at least 35 countries. Afrobarometer conducts face-to-face interviews in the language of the respondent’s choice with nationally representative samples that yield country-level results with margins of error of +/-2 to +/-3 percentage points at a 95% confidence level.

This news release draws on the most recent data available for Angola (2020), Botswana (2019), Lesotho (2020), and Mozambique (2018). The data are weighted to ensure nationally representative samples. When reporting multi-country findings such as regional or Africa-wide averages, all countries are weighted equally (rather than in proportion to population size).

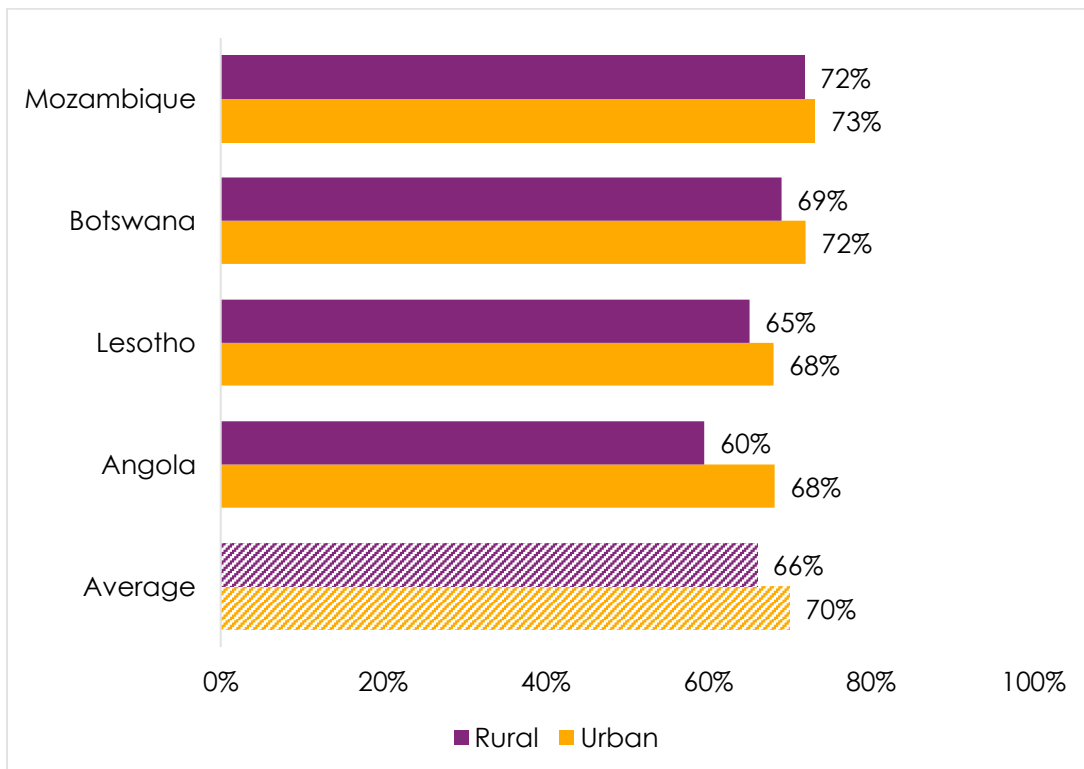
Charts

Figure 1: Contact with public clinic or hospital | Angola, Botswana, Lesotho, and Mozambique | 2018/2020



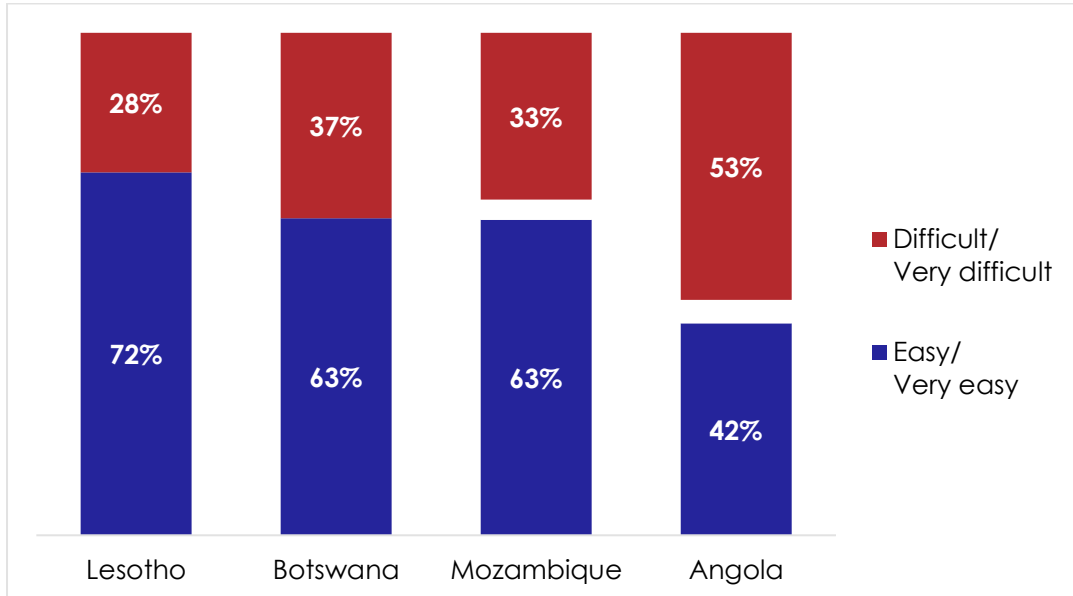
Respondents were asked: In the past 12 months, have you had contact with a public clinic or hospital? (% "yes")

Figure 2: Contact with public clinic or hospital | urban vs. rural | Angola, Botswana, Lesotho, and Mozambique | 2018/2020



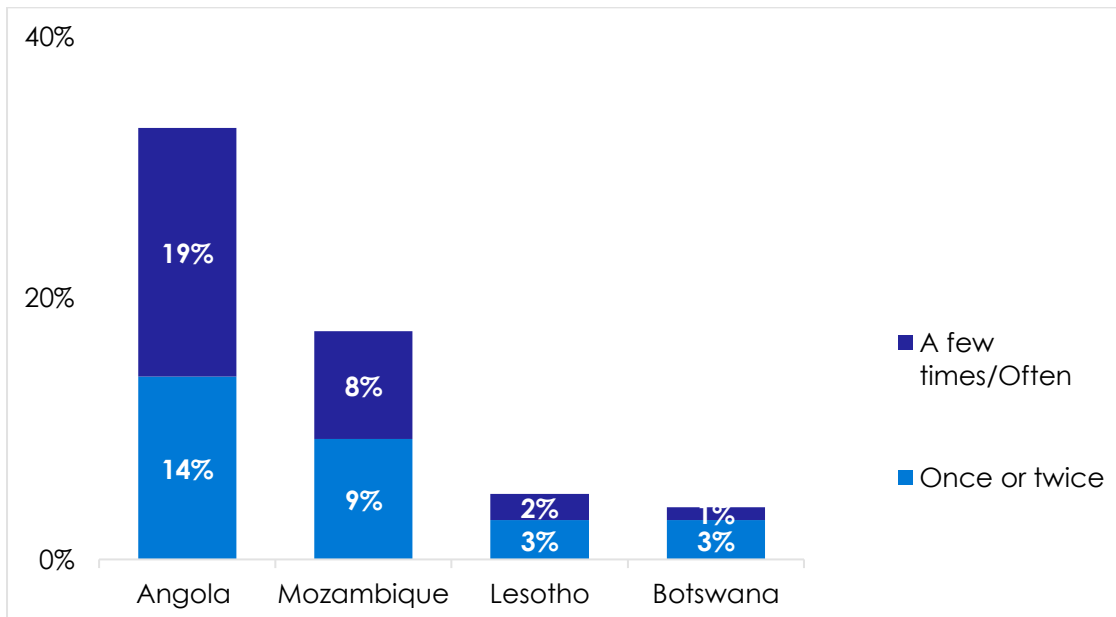
Respondents were asked: In the past 12 months, have you had contact with a public clinic or hospital? (% "yes")

Figure 3: Difficulty in obtaining medical care | Angola, Botswana, Lesotho, and Mozambique | 2018/2020



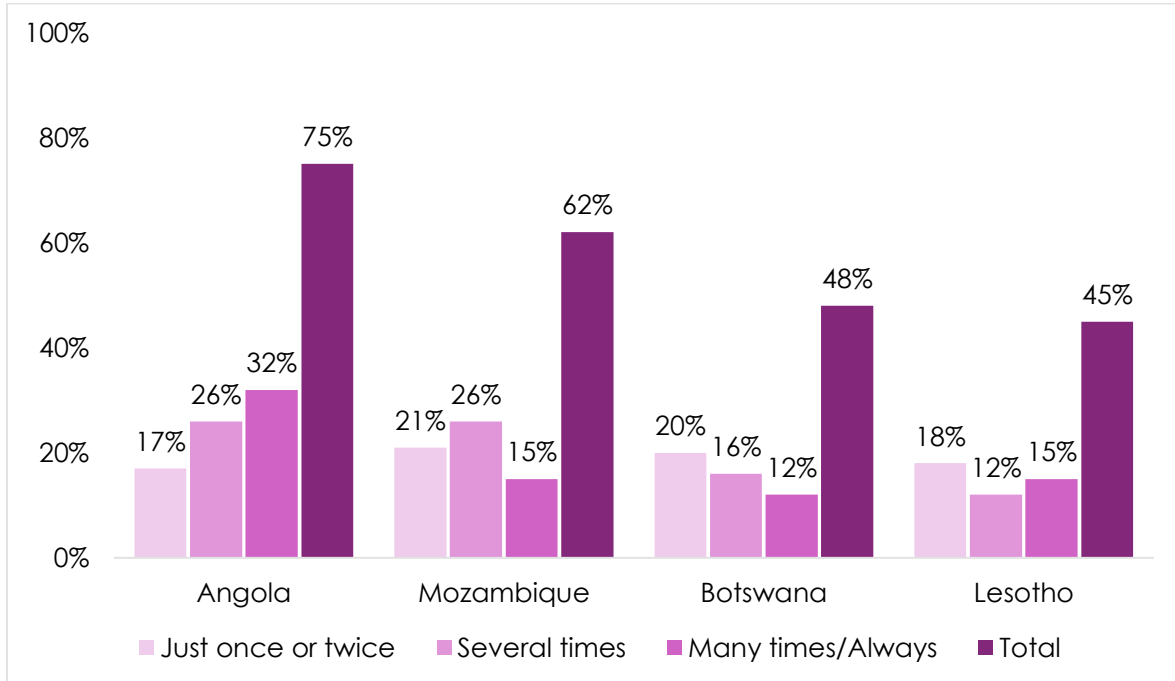
Respondents who had contact with a public clinic or hospital during the previous year were asked: Now I would like to talk to you about experiences that some people have in accessing certain essential government services: How easy or difficult was it to obtain the medical care you needed? (Respondents who did not have contact with a public clinic or hospital are excluded.)

Figure 4: Paid a bribe to obtain medical care | Angola, Botswana, Lesotho, and Mozambique | 2018/2020



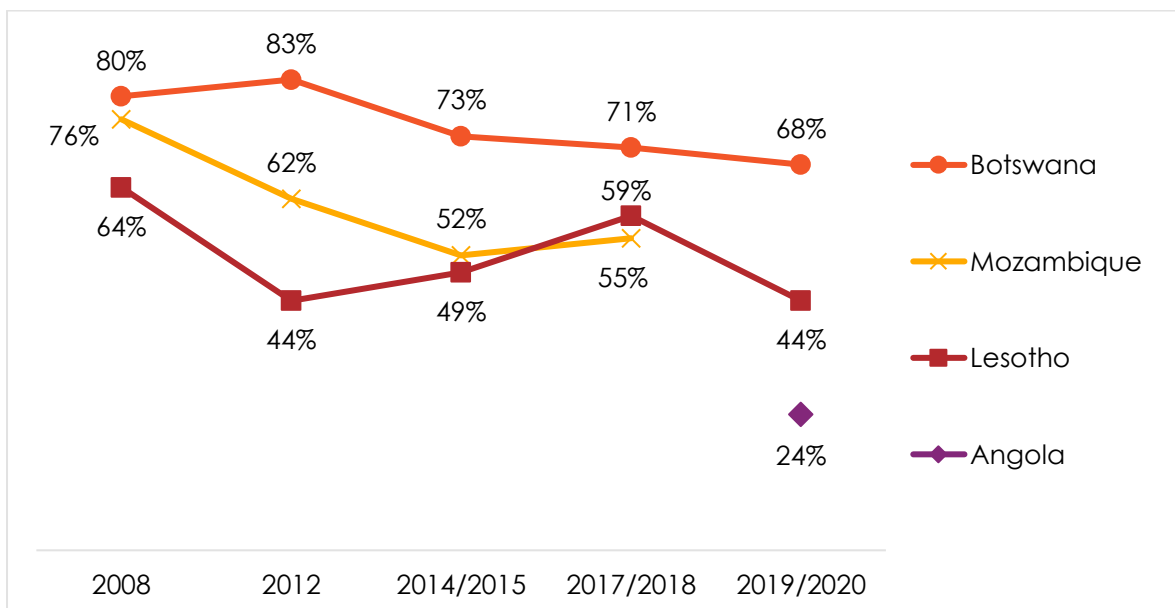
Respondents who had contact with a public clinic or hospital during the previous year were asked: How often, if ever, did you have to pay a bribe, give a gift, or do a favour for a health worker or clinic or hospital staff in order to get the medical care you needed? (% who answered "once or twice", "a few times" and "often") (Respondents who did not have contact with a public clinic or hospital are excluded.)

Figure 5: Going without needed medicines or medical treatment | Angola, Botswana, Lesotho, and Mozambique | 2018/2020



Respondents were asked: Over the past year, how often, if ever, have you or anyone in your family gone without medicines or medical treatment?

Figure 6: Government performance on improving health-care services | Angola, Botswana, Lesotho, and Mozambique | 2008-2020*



Respondents were asked: How well or badly would you say the current government is handling the following matters, or haven't you heard enough to say: Improving basic health services? (% who said "very well" or "fairly well")

* Angola was first surveyed in 2020.

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