

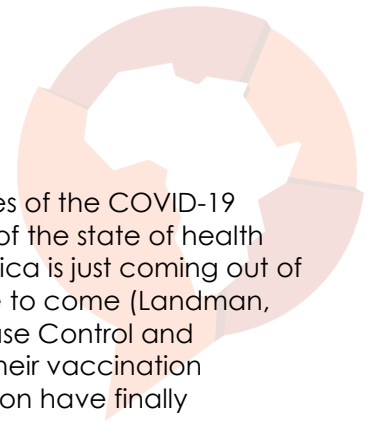


Rising concern, falling performance

Health-sector challenges evident
before and after onset of COVID-19 pandemic

By Tosin Salau and Carolyn Logan

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Introduction

As Africa and the world begin to regroup now that the worst ravages of the COVID-19 pandemic appear to be past, it is an opportune time to take stock of the state of health care systems on the continent. The pandemic is not over – South Africa is just coming out of its fifth wave of infection (Al Jazeera, 2022), and there may be more to come (Landman, Irfan, & Resnick, 2022). In the meantime, the Africa Centres for Disease Control and Prevention (2022) and national governments continue to scale up their vaccination campaigns. But the war in Ukraine and global economic deterioration have finally supplanted COVID-19 at the top of the news cycle.

In the early stages of the pandemic, many assessments warned of the possibly extreme vulnerability of Africans to the pandemic based in part on the many challenges already facing health care systems across much of the continent (Mattes, Logan, Gyimah-Boadi, & Ellison, 2020). While the direst predictions did not come to pass in most countries – South Africa being a notable exception – the pandemic has highlighted gaps in health systems amid the recognition that the next global health crisis could hit harder if improvements and preparations are not made.

Taking a longer-term view, the United Nations Sustainable Development Goals (SDGs) also highlight the need to strengthen health systems (United Nations, 2018). SDG#3 focuses on good health and well-being. But Afrobarometer's SDG Scorecards, based on our most recent data from 34 countries surveyed in Round 8 (2019/2021), show that from the perspective of citizens, only a handful of countries have been making significant progress toward achieving this SDG (Afrobarometer, 2021).

Instead, a growing number of Africans report going without medical care, and the share who cite health as one of their country's most important problems is also on the rise. Even among those who do get care, increasing proportions report finding it difficult, and having to pay bribes, to obtain the medical services they need. Not surprisingly, citizens are also increasingly critical of their governments' performance in this sector: For the first time in two decades of Afrobarometer polling, a majority of respondents say their governments are performing badly on improving basic health services.

Moreover, the evidence suggests that the challenges wrought by the pandemic were not the cause of these increasingly negative reviews: The downward trends were already under way before COVID-19 entered the picture, and in fact, in some cases the trends appear to be somewhat less negative since the onset of the pandemic.

Afrobarometer surveys

Afrobarometer is a pan-African, nonpartisan survey research network that provides reliable data on African experiences and evaluations of democracy, governance, and quality of life. Eight rounds of surveys have been completed in up to 39 countries since 1999. Round 8 surveys (2019/2021) cover 34 countries – 18 countries surveyed between July 2019 and April 2020 and 16 surveyed (after a hiatus due to COVID-19) between October 2020 and July 2021.

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 34-country analysis is based on 48,084 interviews (see Appendix Table A.1 for a list of countries and fieldwork dates). The data are weighted to ensure nationally representative samples.¹ When reporting multi-country averages, all countries are weighted equally (rather

¹ The weighted Mozambique Round 8 sample is nationally representative except that it excludes rural Cabo Delgado, comprising 6.3% of the adult population of Mozambique. Insecurity and resulting difficulties in obtaining necessary fieldwork clearances prevented Afrobarometer from collecting sufficient data in this area.

than in proportion to population size). Due to rounding, reported totals may differ by 1 percentage point from the sum of sub-categories.



Key findings

On prioritisation of health care:

- On average across 34 surveyed countries, Africans continue to rank health as one of the highest priorities for their governments to address. It falls second (34%), just behind unemployment (35%), and is the most frequently cited problem in nine countries, led by Tanzania and Uganda (54% each).
- Across 30 countries tracked since 2011, concern about health has fluctuated but has increased by 8 percentage points since 2016/2018. Increases are observed both in countries that were surveyed just before the COVID-19 pandemic and in those surveyed after the onset of the pandemic.

On physical access to clinics:

- On average across 34 countries, field teams found that health clinics are easily accessible to citizens in 60% of enumeration areas they visited.
- Urban residents have much better access to clinics (73%) than rural residents (52%), with no improvement in access in either setting over the past decade.

On lack of access to medical care:

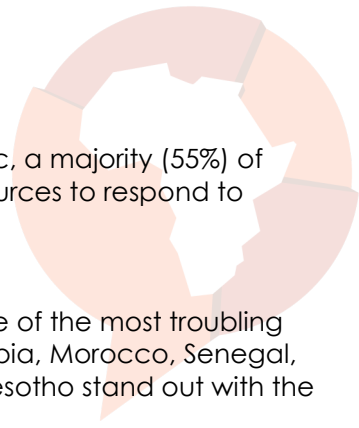
- More than six in 10 respondents (62%) say they went without medical care at least once in the past year, including more than 80% of Guineans, Liberians, Sierra Leoneans, and Gabonese.
- Across 30 countries tracked since 2011, access has gotten substantially worse, especially recently, with a drop from 48% who said they never went without needed care in 2016/2018 to just 39% in the most recent survey.

On quality of service:

- Among respondents who had contact with the health system, nearly half (49%) say they found it difficult to obtain medical care. At least seven in 10 report difficulties in Liberia (72%), Sudan (71%), Gabon (70%), and the Gambia (70%).
- Across 30 countries tracked for the past decade, reports that getting care is difficult have increased by 7 percentage points since 2014/2015, from 41% to 48%.
- On average, 19% of Africans who sought medical care during the previous year say they had to pay a bribe, up 6 percentage points since 2016/2018.

On government performance in improving basic health services:

- On average, 55% of respondents in surveyed countries say their governments are doing “fairly badly” or “very badly” in improving basic health services – the first majority negative response since Afrobarometer started asking this question in 1999.
- Respondents with high lived poverty are much more likely to be critical of the government’s performance on health care (67%) than those with no lived poverty (47%).
- Across 29 countries tracked over time, negative performance ratings have increased by 13 percentage points since 2011/2013. In the most recent survey round, ratings worsened in countries surveyed before the pandemic as well as in those surveyed after the onset of the pandemic.



- Across 15 countries surveyed after the onset of the pandemic, a majority (55%) of citizens want their governments to invest more in health resources to respond to health emergencies.

Summarising country performance:

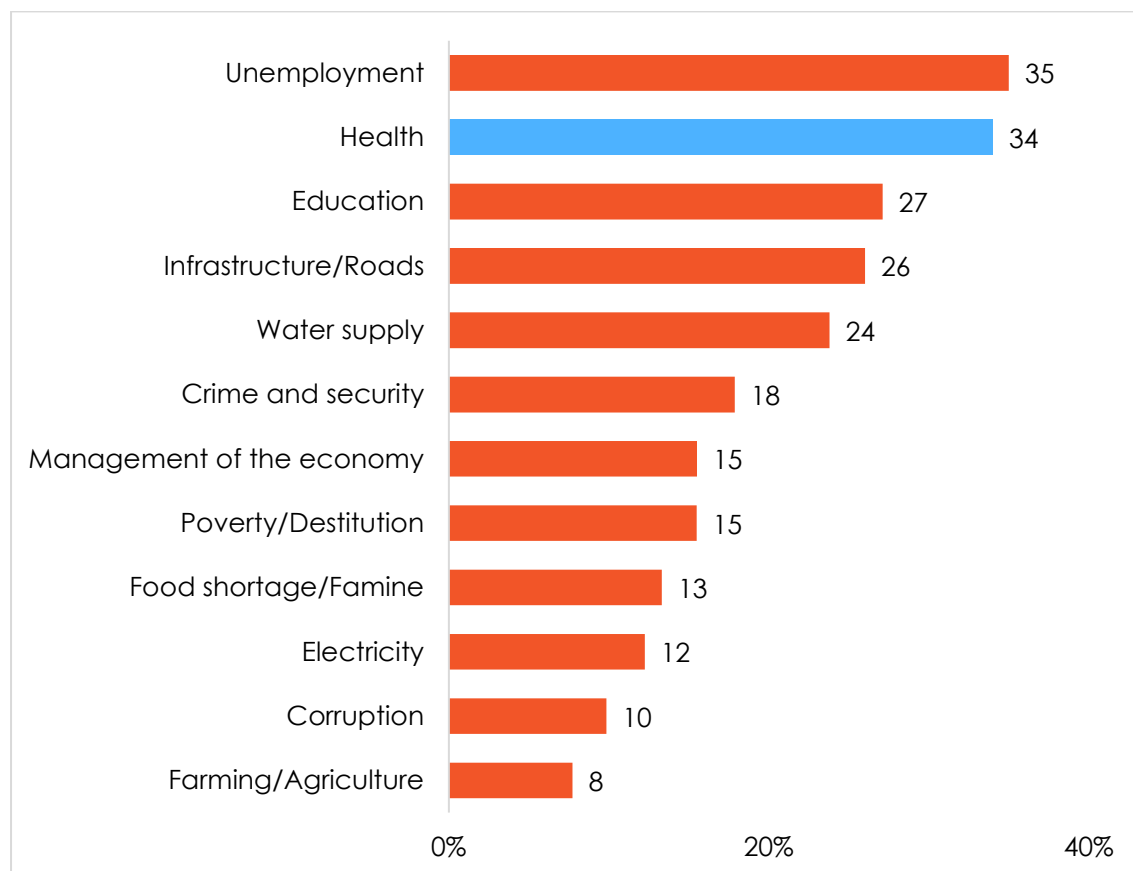
- Comparing countries across multiple indicators, we find some of the most troubling health-care experiences in Liberia, Sudan, Gabon, the Gambia, Morocco, Senegal, Uganda, and Guinea. At the other extreme, Mauritius and Lesotho stand out with the most positive ratings of citizen experiences.

Health as the most important problem

On average across the 34 surveyed countries, Africans continue to rank health as the second-most-important problem their country faces (Armah-Attoh, Selormey, & Houessou, 2016). One-third (34%) of citizens cite health among their top three priorities, behind unemployment (35%) and ahead of education (27%) (Figure 1).

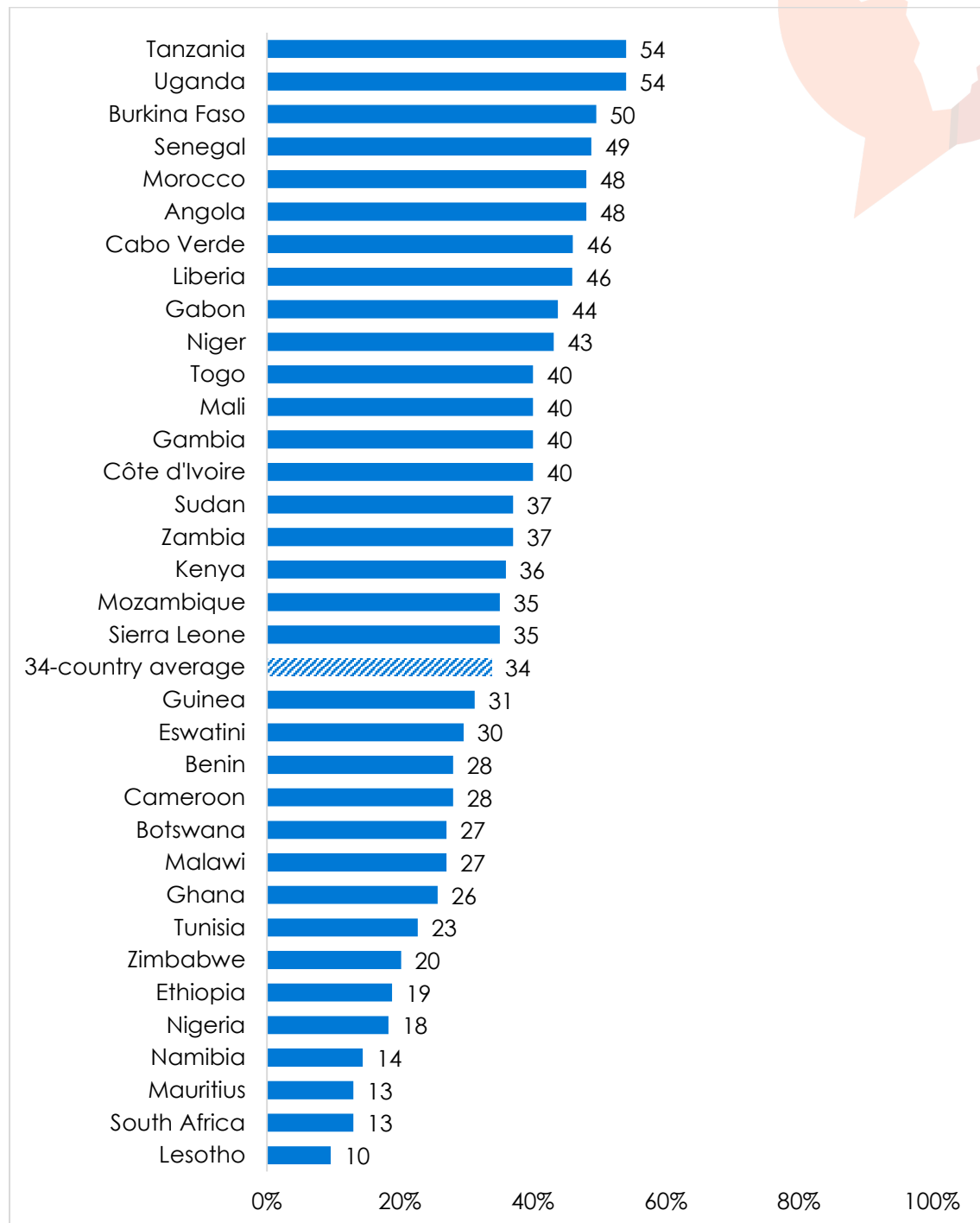
As shown in Figure 2, Tanzanians and Ugandans (54% each) are most likely to mention health care as a priority – it is the most frequently cited problem in both countries – followed by Burkina Faso (50%), for whom it comes second to crime and security (55%). Health care is also the most frequently cited problem in Angola, Côte d'Ivoire, the Gambia, Kenya, Mozambique, Senegal, and Zambia. In contrast, just 10% of citizens mention health care in Lesotho, where it is only the 10th-most-cited problem, and only slightly more identify it as a priority in South Africa (13%, ranked ninth), Mauritius (13%, ranked eighth), and Namibia (14%, ranked seventh).

Figure 1: Most important problems | 34 countries | 2019/2021



Respondents were asked: *In your opinion, what are the most important problems facing this country that government should address? (Respondents were allowed up to three answers, so percentages add to more than 100%. Figure shows % who cite each response as one of their three responses.)*

Figure 2: Health as most important problem | 34 countries | 2019/2021



Respondents were asked: *In your opinion, what are the most important problems facing this country that government should address? (Respondents were allowed up to three answers. Figure shows % who cite health among their three responses.)*

Over time, across 30 countries surveyed regularly between 2011 and 2021, the proportion of respondents who have cited health as a most important problem has fluctuated, increasing by 5 percentage points between 2011/2013 and 2014/2015, then declining to a low of 25% in 2016/2018. But citizens' concerns about health care increased by 8 percentage points, back up to 33%, in 2019/2021 (Figure 3).

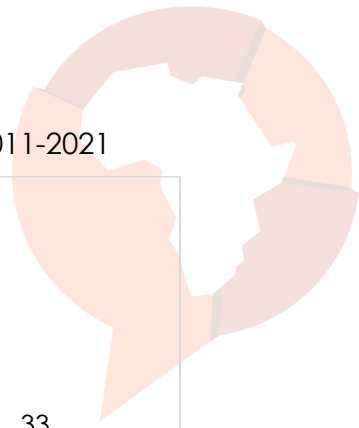
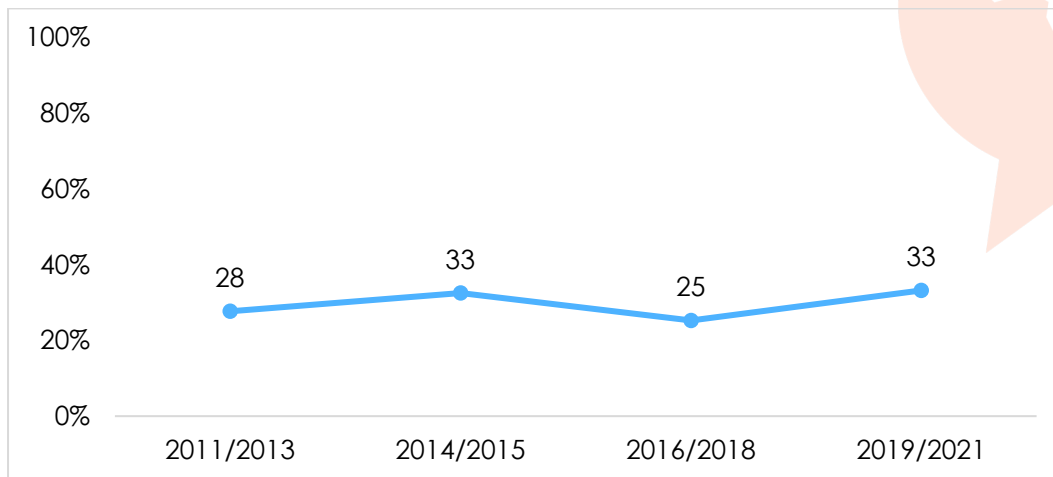


Figure 3: Health as most important problem | 30 countries | 2011-2021

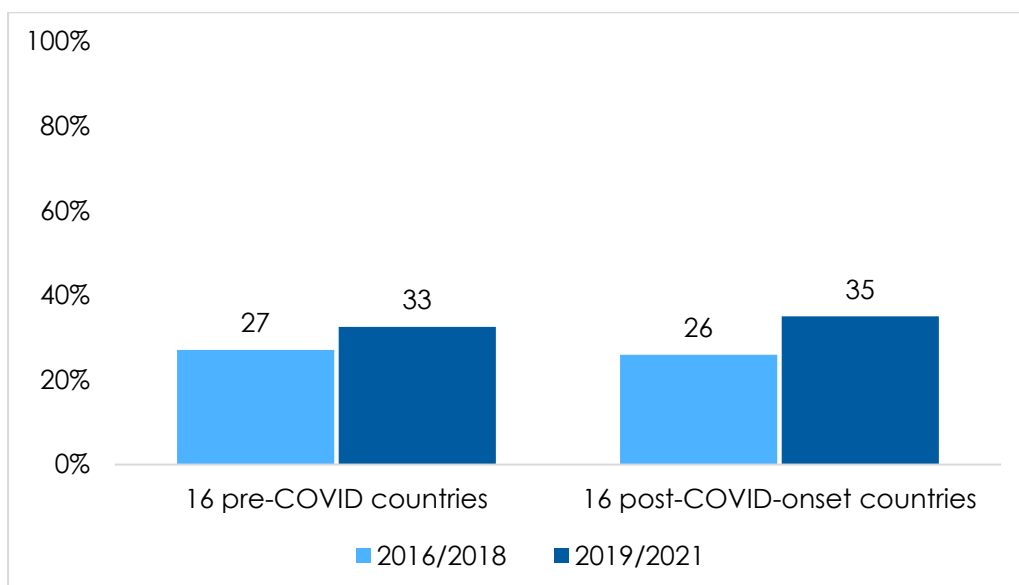


Respondents were asked: *In your opinion, what are the most important problems facing this country that government should address? (Respondents were allowed up to three answers. Figure shows % who cite health among their three responses.)*

This increase was not just driven by the COVID-19 pandemic. As noted above, countries surveyed in Afrobarometer Round 8 were effectively split by the pandemic into “pre-COVID” (18 countries, 16 of which have been tracked over time) and “post-COVID-onset” (16 countries, all of which have been tracked over time) groupings.

When we compare changes in the prioritisation of health care between Round 7 (2016/2018) and Round 8, we find that the proportion of Africans who cite health as the most important problem increased in both groupings. In the 16 pre-COVID countries, mention of health care as a priority increased by 6 percentage points, from 27% to 33%, while the increase was 9 percentage points, from 26% to 35%, in the 16 post-COVID-onset countries (Figure 4). So concern about health care was already trending upward before the pandemic, though COVID-19 may have pushed the issue even higher on the popular agenda.

Figure 4: Health as most important problem: Pre-COVID vs. post-COVID-onset countries | 32 countries | 2019/2021



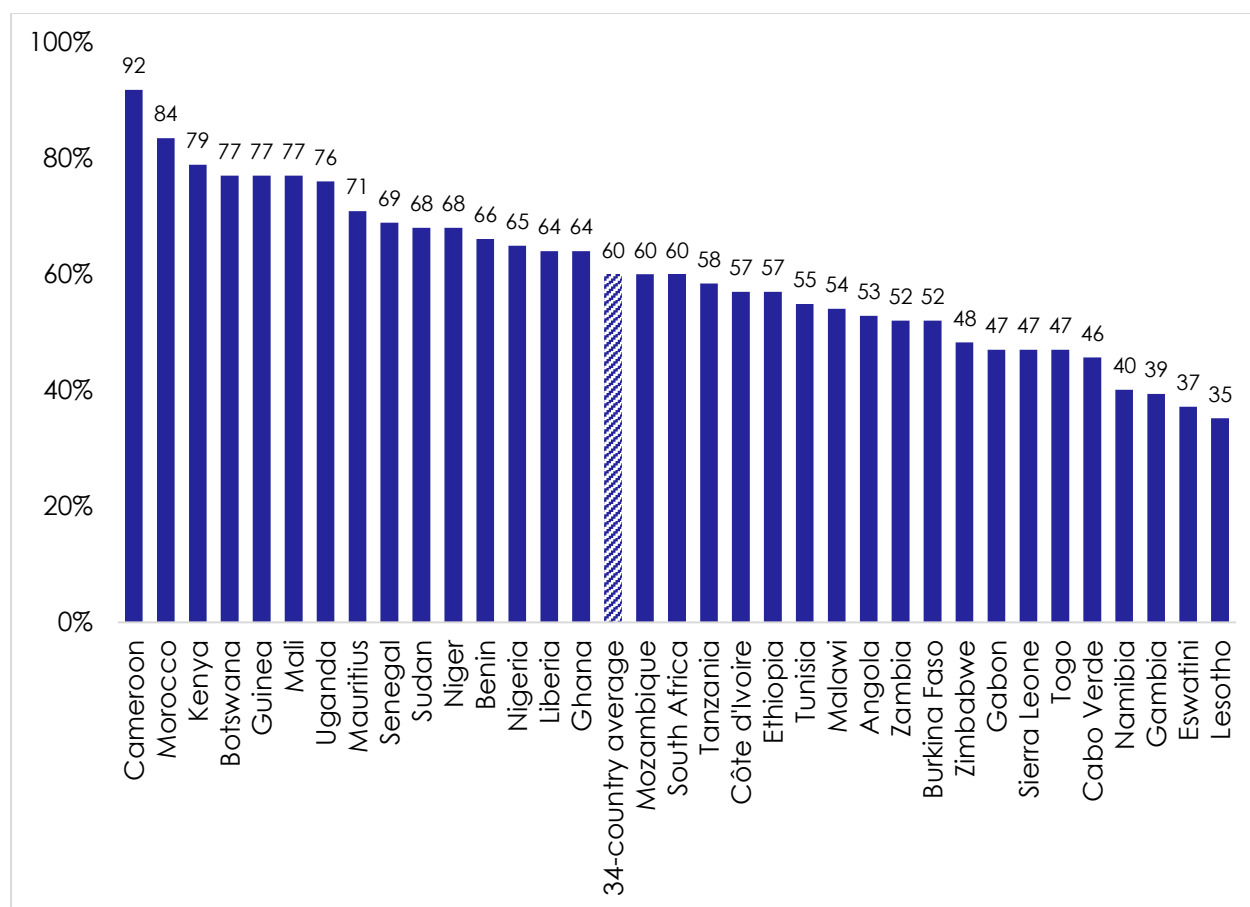
Respondents were asked: *In your opinion, what are the most important problems facing this country that government should address? (Respondents were allowed up to three answers. Figure shows % who cite health among their three responses.)*

Presence of health clinic

As part of the data collection process, Afrobarometer field teams make on-the-ground observations in each census enumeration area (EA) they visit to identify facilities that are available in the EA or “within easy walking distance,” i.e. that respondents could reach without incurring substantial transport costs. Since the EAs visited are selected to represent the population of the country as a whole, these data provide reliable indicators of infrastructure and service availability.²

On average across 34 countries, field teams found that health clinics are accessible in 60% of the EAs visited (Figure 5). Clinics are most widely present in Cameroon (accessible in 92% of EAs), while Lesotho has the lowest access at just 35%.

Figure 5: Presence of health clinics in enumeration areas | 34 countries | 2019/2021

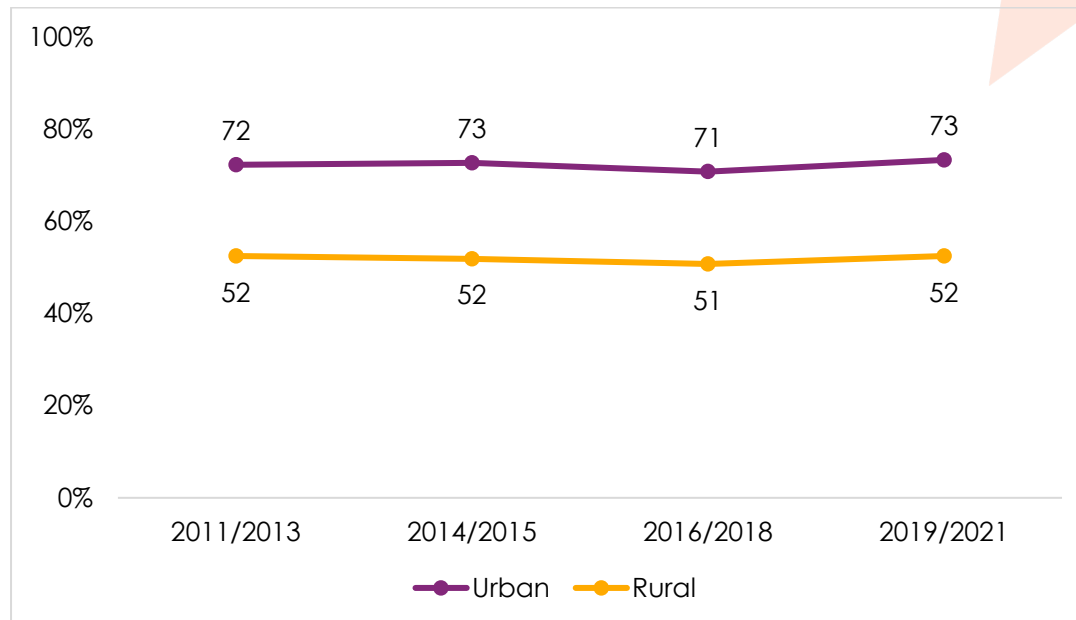


Enumerator teams recorded their observations: Are the following facilities present in the primary sampling unit/enumeration area or within easy walking distance: Health clinic (private or public or both)? (% “yes”)

² Afrobarometer samples are based on a selection of enumeration areas (EAs) drawn randomly from the national census frame. In most countries, eight interviews are conducted in each selected EA, so interview teams usually visit between 150 (for surveys with n=1,200) and 300 (for surveys with n=2,400) EAs. In each EA, the team records the presence or absence of basic infrastructure, such as health clinics, and services, such as electricity supply. Because of the smaller sample sizes, the margin of error on the results reported here for the presence of health clinics is higher than for findings captured in individual interviews.

Health clinics are substantially more commonly accessible in cities than in rural areas: On average across 30 countries, 73% of urban EAs had easy access to a clinic, compared to just 52% of rural EAs, with little change over time in access to clinics in either zone (Figure 6).

Figure 6: Presence of health clinics in enumeration areas | rural vs. urban
| 30 countries | 2011-2021



Enumerator teams recorded their observations: Are the following facilities present in the primary sampling unit/enumeration area or within easy walking distance: Health clinic (private or public or both)? (% "yes")

Going without medical care

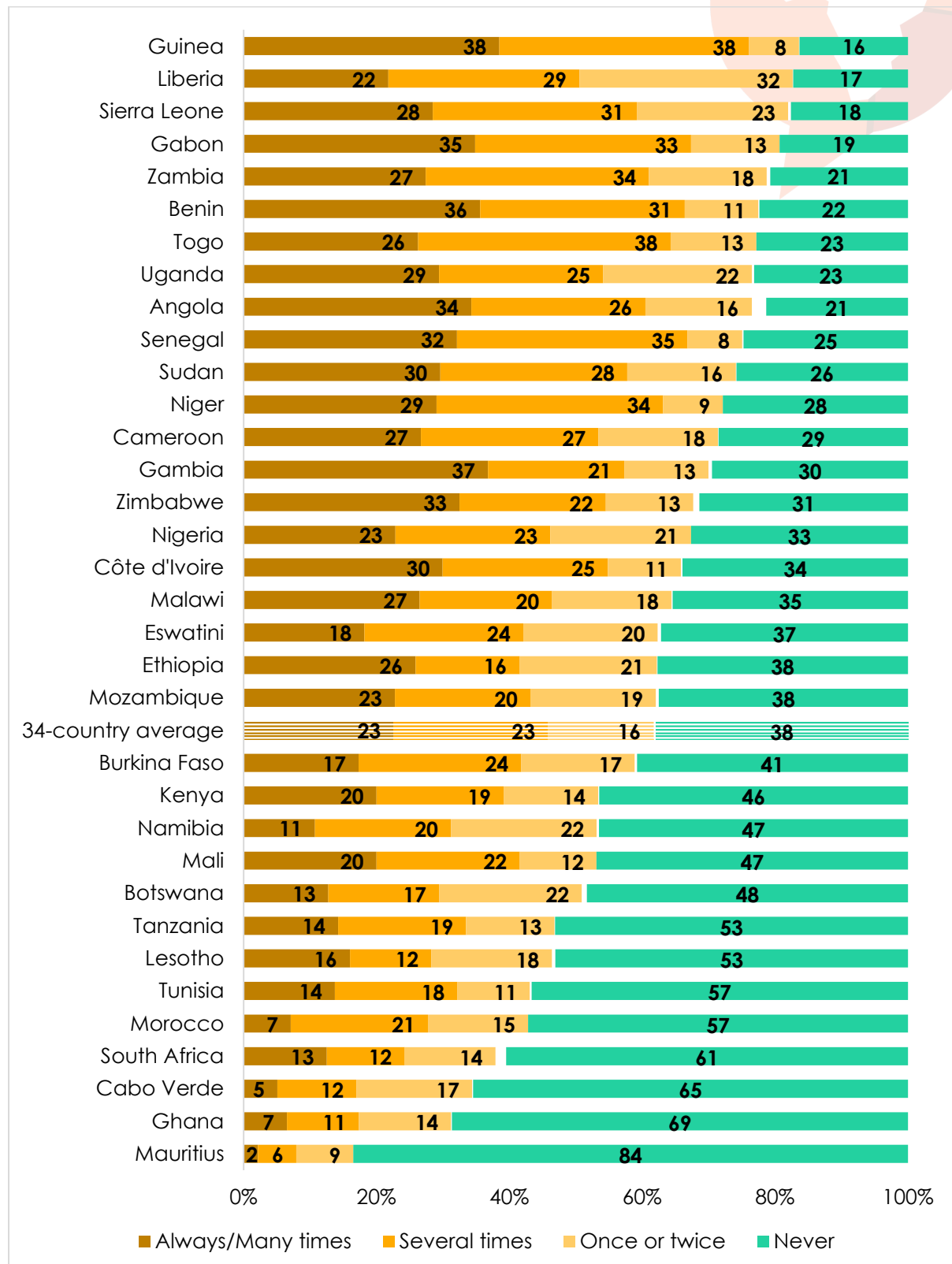
We have already seen that many respondents may find physical access to health facilities to be difficult due to factors such as distance to the facilities, but other challenges – e.g. the cost of transport, medical care, or medicines – may also prevent individuals from getting the medical care they need. How widespread is this problem?

Afrobarometer asked respondents how often, if ever, they or their family members had gone without medicines or medical treatment over the past year. Across 34 countries, on average, approximately three in five (62%) respondents say they went without medical care at least once (Figure 7). Citizens in Guinea (84%), Liberia (83%), Sierra Leone (82%), and Gabon (81%) are most likely to report going without medical care. In Guinea, this very high lack of access occurs despite the fact that the country has one of the highest levels of presence of clinics in enumeration areas (77%, Figure 5). In contrast, Mauritius records the largest proportion of respondents who *never* went without health care (84%).

Access does not vary substantially with gender or age, but rural and less educated respondents are significantly more likely to go without care (Figure 8). By far the largest differences are based on poverty level, although it is important to note that "going without medical care" is one of the indicators used to create the Lived Poverty Index that is the basis for defining poverty levels reported here (along with the frequency of going without food, clean water, cooking fuel, and a cash income) (Mattes, 2020). This helps explain the extreme results shown in Figure 8. Nonetheless, this finding indicates that lack of access to healthcare is also strongly linked to other aspects of poverty.

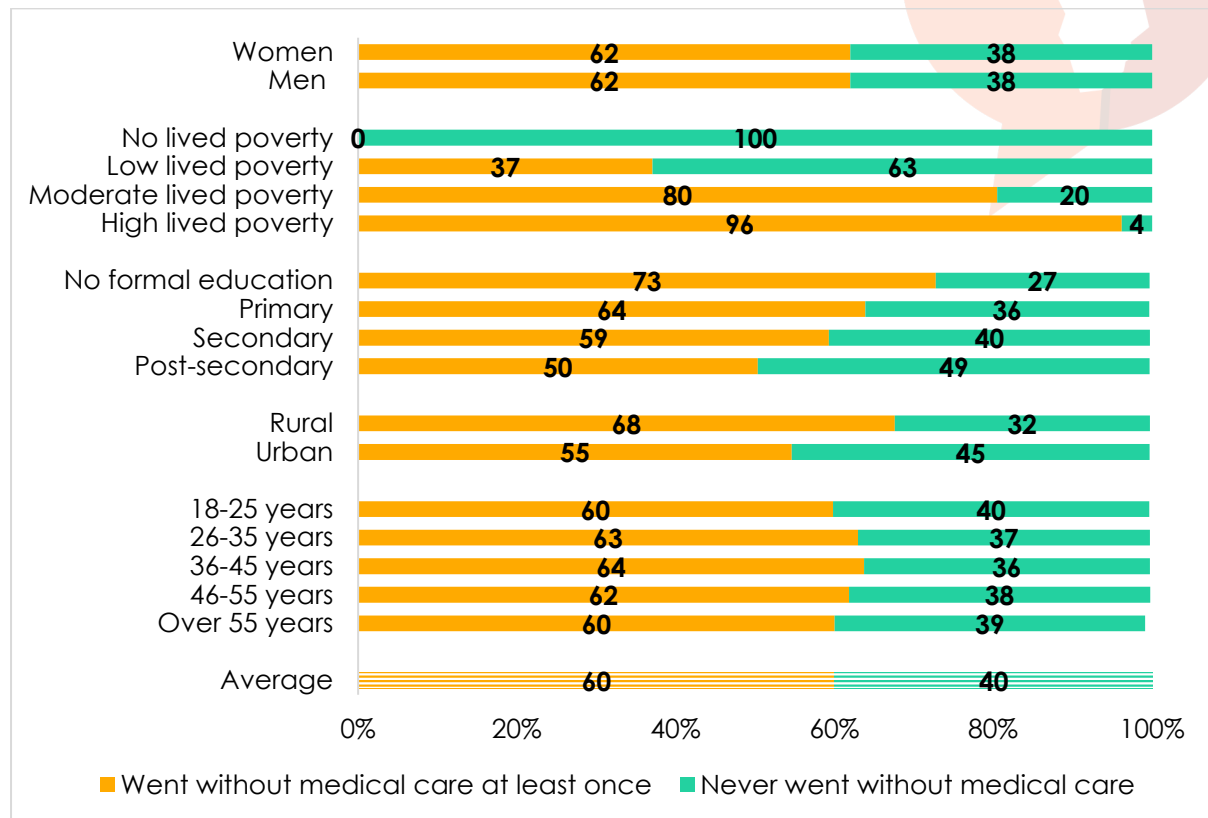
Across 30 countries surveyed since 2011, we initially saw gains in access to medical care, with the number reporting they had "never" gone without increasing from 46% in 2011/2013 to a majority of 51% in 2014/2015 (Figure 9). However, this number has dropped sharply since then, to just 39% in 2019/2021.

Figure 7: Going without medicine or medical care | 34 countries | 2019/2021



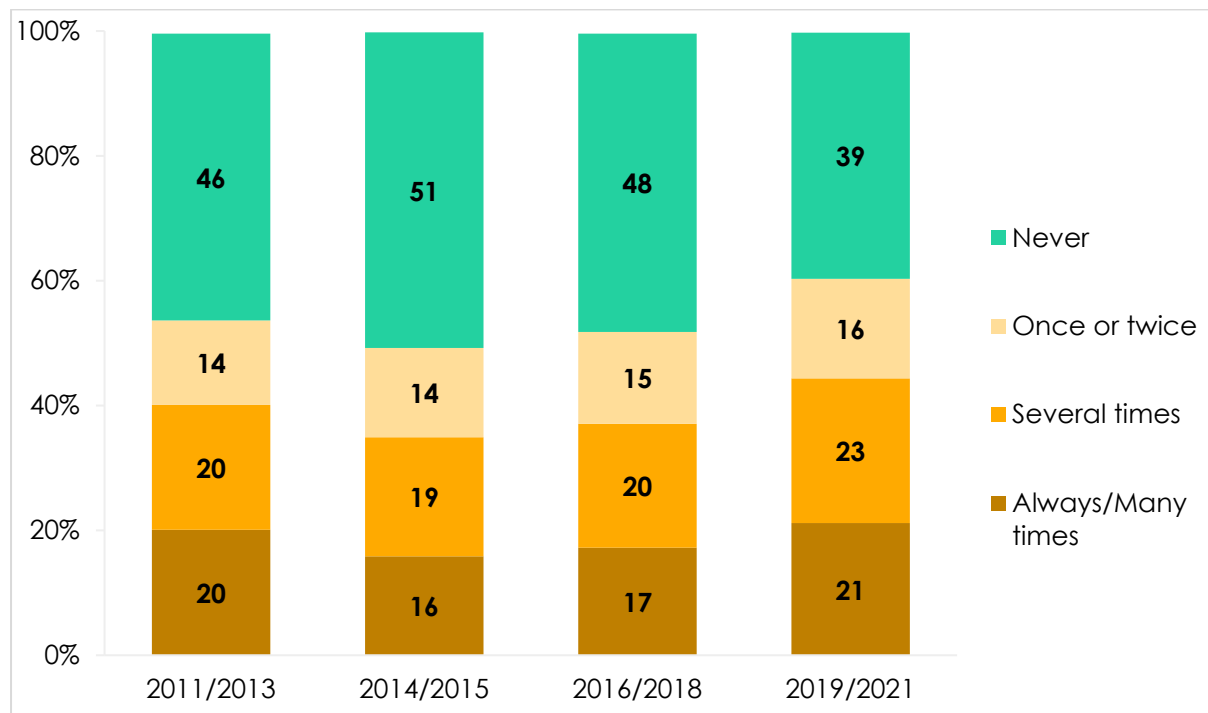
Respondents were asked: Over the past year, how often, if ever, have you or anyone in your family gone without medicines or medical treatment?

Figure 8: Going without medical care | by demographic group | 34 countries | 2019/2021



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 9: Going without medicine or medical care | 30 countries | 2011-2021

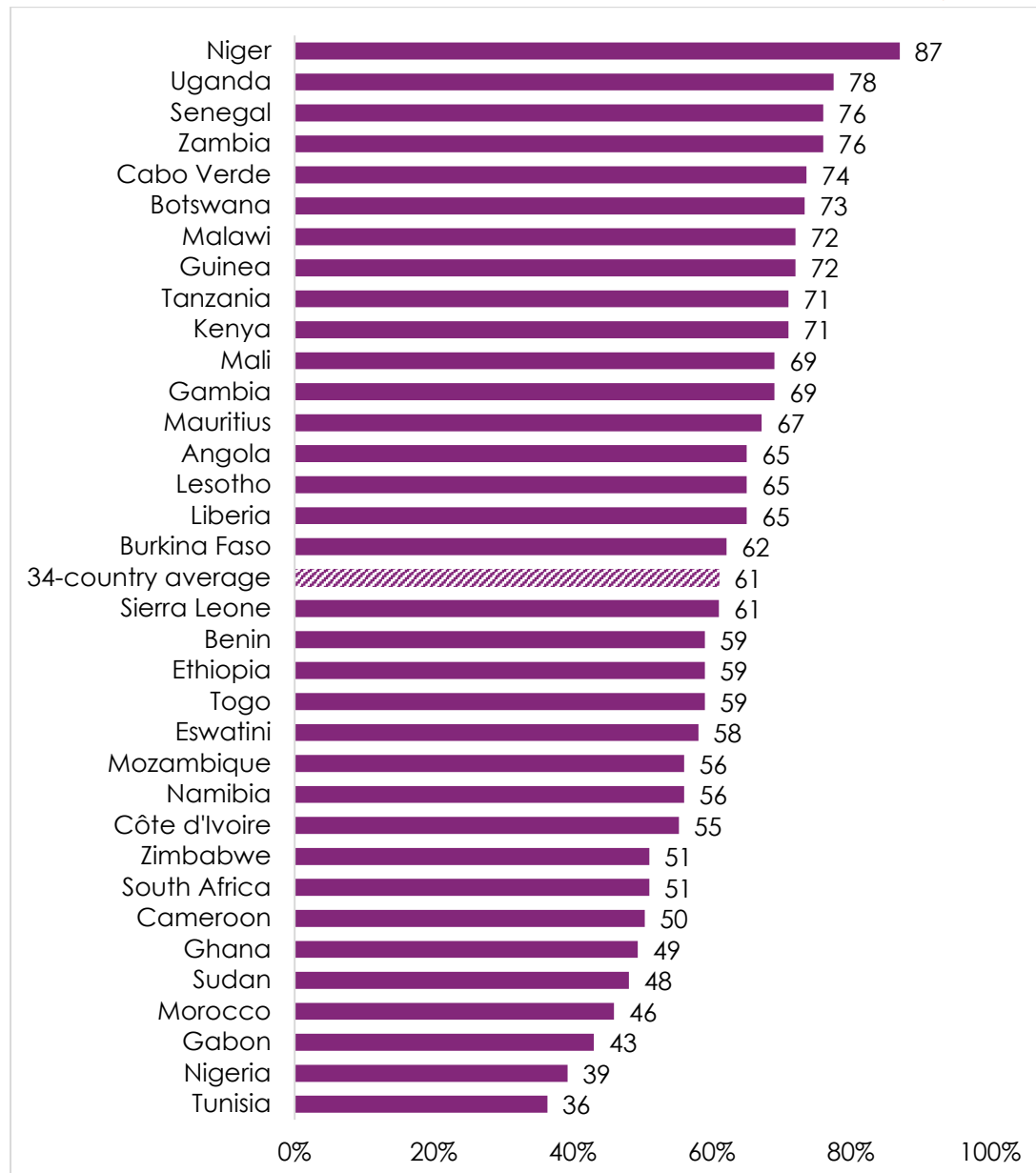


Respondents were asked: Over the past year, how often, if ever, have you or anyone in your family gone without medicines or medical treatment?

Experiences in obtaining medical care

We next asked respondents who had contact with the medical system about their experiences in accessing the care they needed. On average, about six in 10 African citizens (61%) had contact with a public clinic or hospital in the past 12 months (Figure 10). Respondents in Niger (87%), Uganda (78%), Senegal (76%), and Zambia (76%) reported the highest contact levels, while only about one in three Tunisians (36%) sought care.

Figure 10: Contact with public clinic or hospital | 34 countries | 2019/2021



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

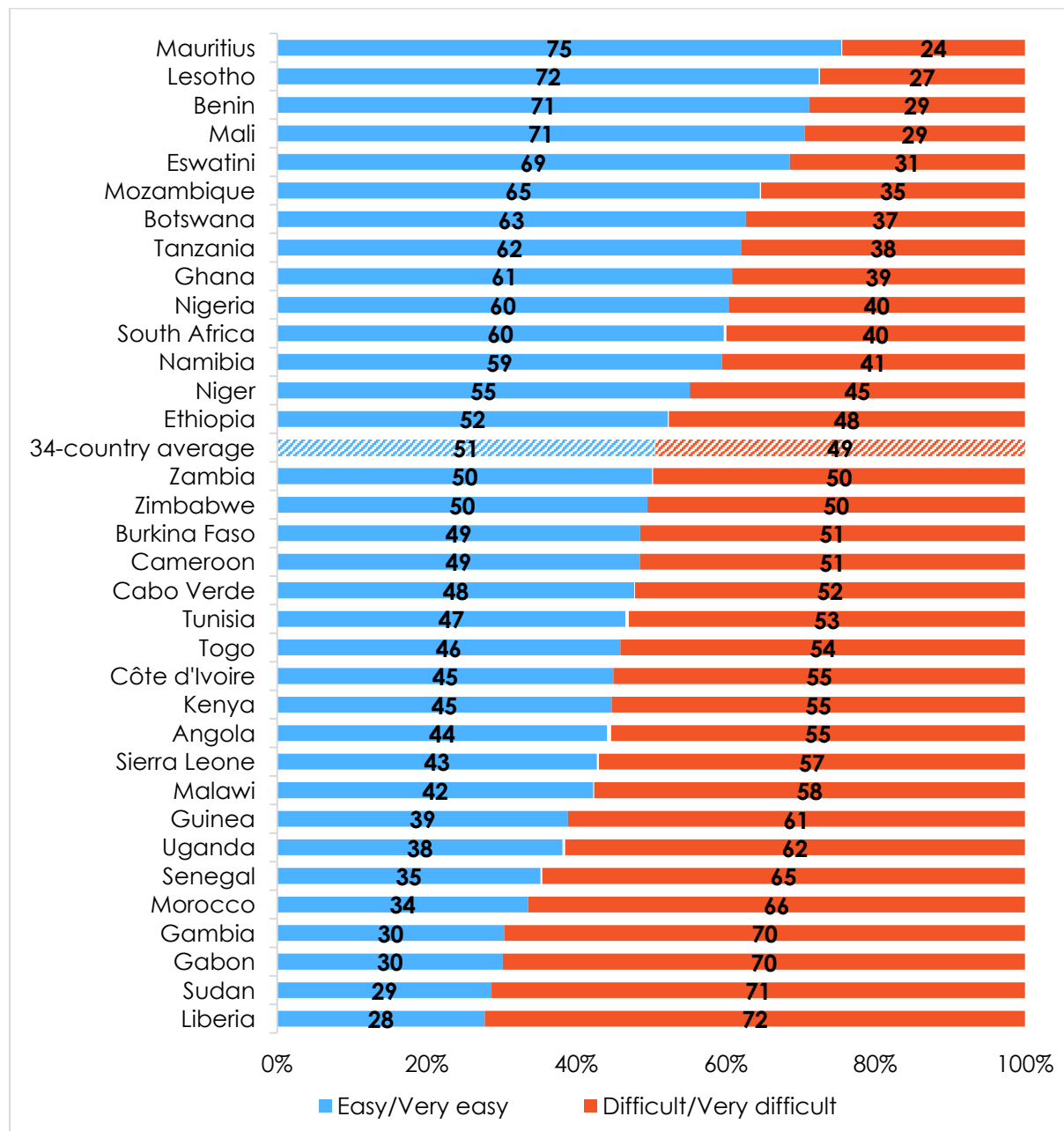
Difficulty of obtaining medical care

On average, among those who accessed the health care system, citizens are evenly divided in their assessments of whether it was easy (51%) or difficult (49%) to obtain care, with wide variation across countries (Figure 11). Seven in 10 reported difficulties in Liberia (72%), Sudan (71%), Gabon (70%), and the Gambia (70%). Notably, Liberia and Gabon were two of the countries where respondents were also most likely to have gone without medical care (83%)

and 81% respectively, Figure 7). Citizens in Senegal report some of the highest contact levels with the medical system (76%, Figure 10), but also some of the highest levels of difficulty in obtaining medical care (65%).

In contrast, similar numbers report that it was easy to obtain care in Mauritius (75%), Lesotho (72%), Benin (71%), and Mali (71%). Mauritians are in the enviable position of reporting both the lowest number of citizens who went without medical care (17%) and the least difficulty in obtaining care once they enter the health system (24%).

Figure 11: Difficulty of obtaining medical care | 34 countries | 2019/2021



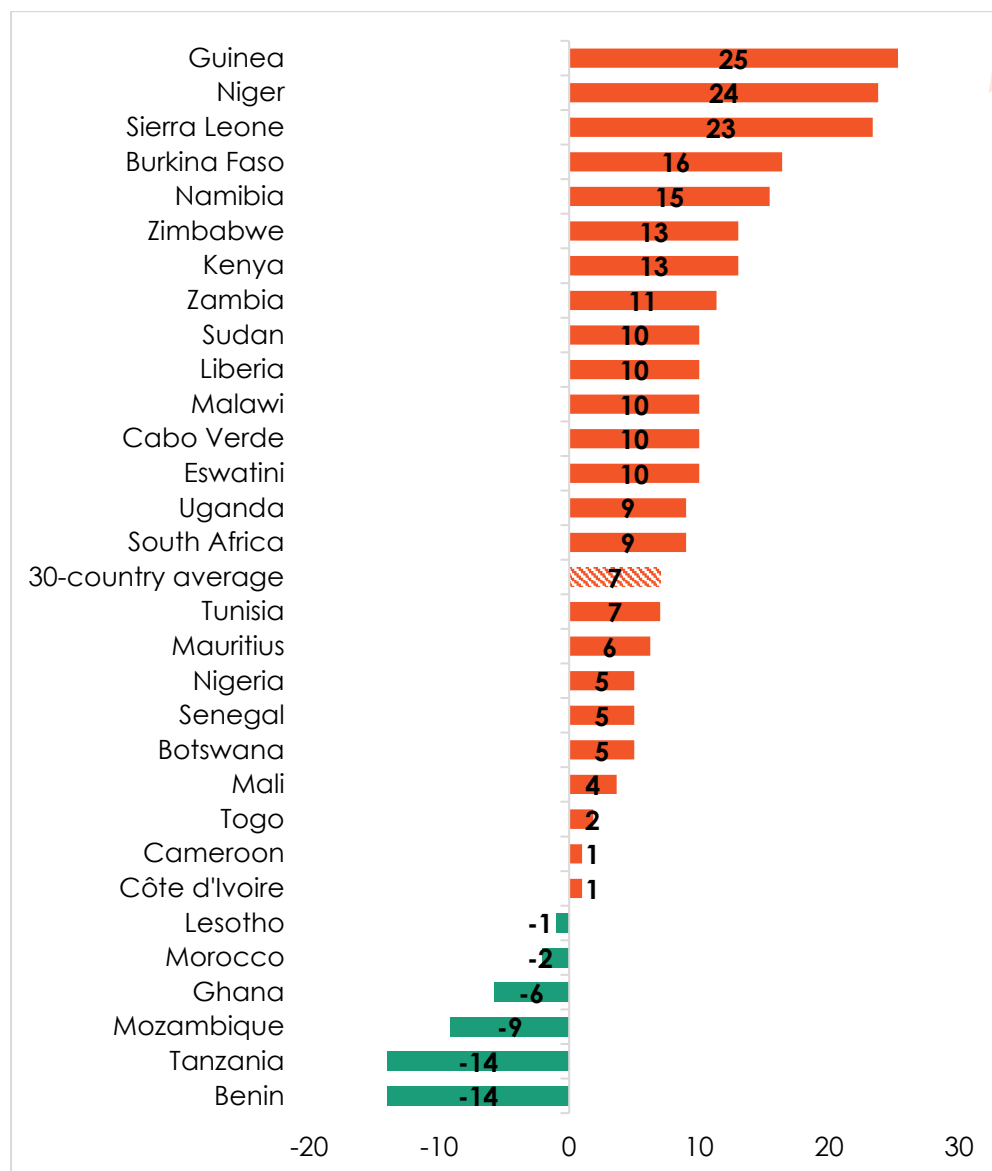
Respondents who had contact with health services were asked: How easy or difficult was it to obtain the medical care you needed? (Respondents who had no contact with health services are excluded.)

On average across 30 countries where this question has been asked since Round 6 (2014/2015), difficulty in obtaining medical care has increased by 7 percentage points, from 41% in 2014/2015 to 48% in 2019/2021 (Figure 12). Guinea, Niger, and Sierra Leone

experienced the largest increases, with changes of more than 20 percentage points in reported difficulty of obtaining care. Only a handful of countries show declining difficulty, but the gains were quite substantial in Ghana (-6 percentage points in difficulty), Mozambique (-9 points), Tanzania (-14 points), and Benin (-14 points).



Figure 12: Changes in difficulty of obtaining medical care | 30 countries | 2014-2021



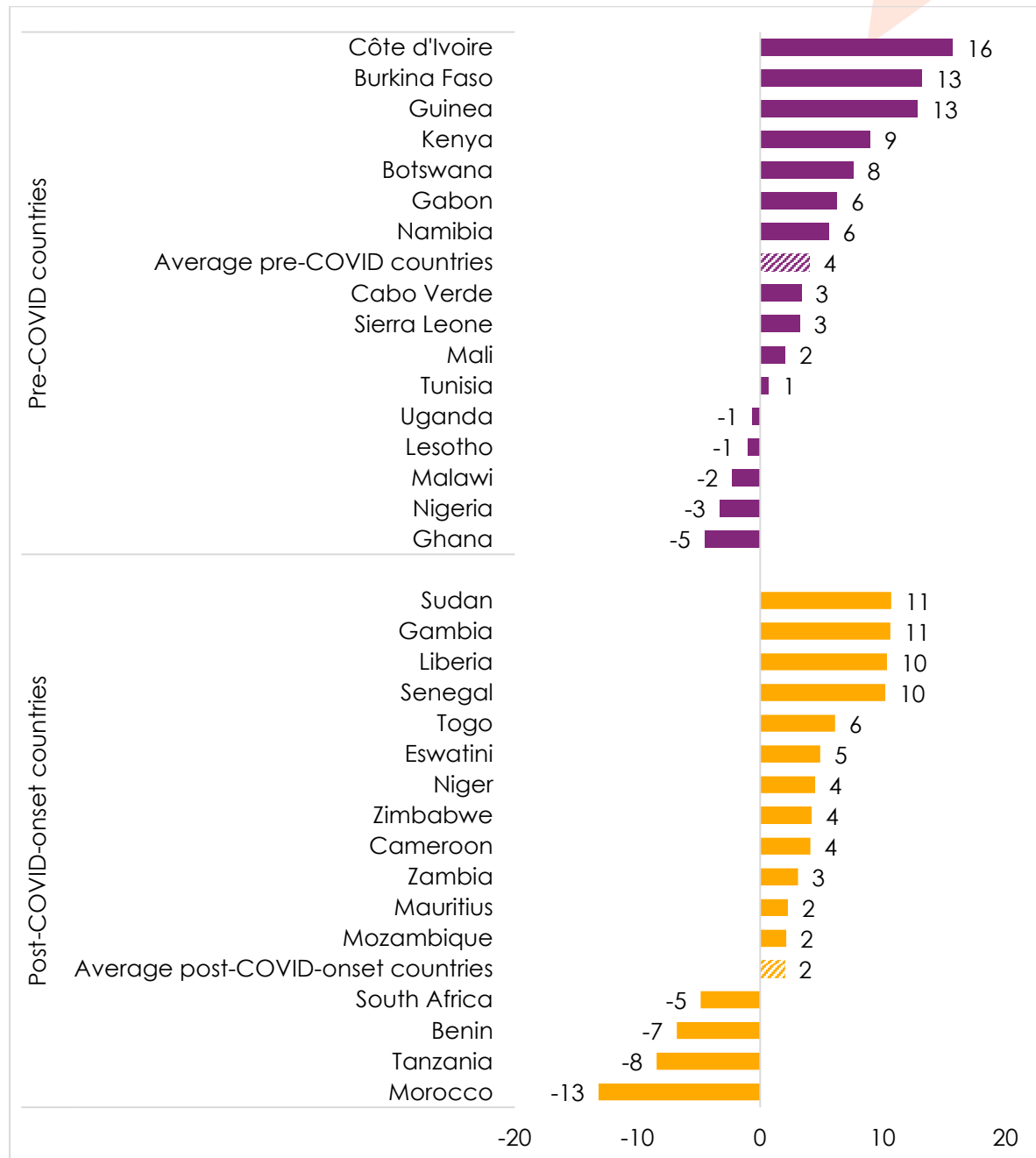
Respondents who had contact with health services were asked: How easy or difficult was it to obtain the medical care you needed? (Figure shows percentage-point changes from 2014/2015 to 2019/2021 in the proportion of respondents who said it was “difficult” or “very difficult” to obtain medical care. A positive number indicates increasing difficulty, while a negative number indicates improvement, i.e. respondents are having less difficulty in obtaining medical care.) (Respondents who had no contact with health services are excluded.)

Changes in difficulty of obtaining medical care: Pre- vs. post-COVID-onset countries

Did the pandemic have systemic effects on the difficulty of receiving care? There is little evidence to suggest that this is the case. In the 16 pre-COVID countries described above, difficulty in getting treatment increased by 4 percentage points between Round 7 (2016/2018) and Round 8 (2019/2021), while the increase among the 16 post-COVID-onset countries was actually a slightly lower 2 points (Figure 13).

Among the pre-COVID countries, Côte d'Ivoire had the largest percentage-point increase in difficulty (+16 points), while Sudan and the Gambia record the largest increases (+11 points) among the post-COVID-onset countries. Ghana (-5 points, pre-COVID) and Morocco (-13 points, post-COVID-onset) saw the greatest improvements.

Figure 13: Changes in difficulty of obtaining medical care: Pre-COVID vs. post-COVID-onset countries | 32 countries | 2016-2021



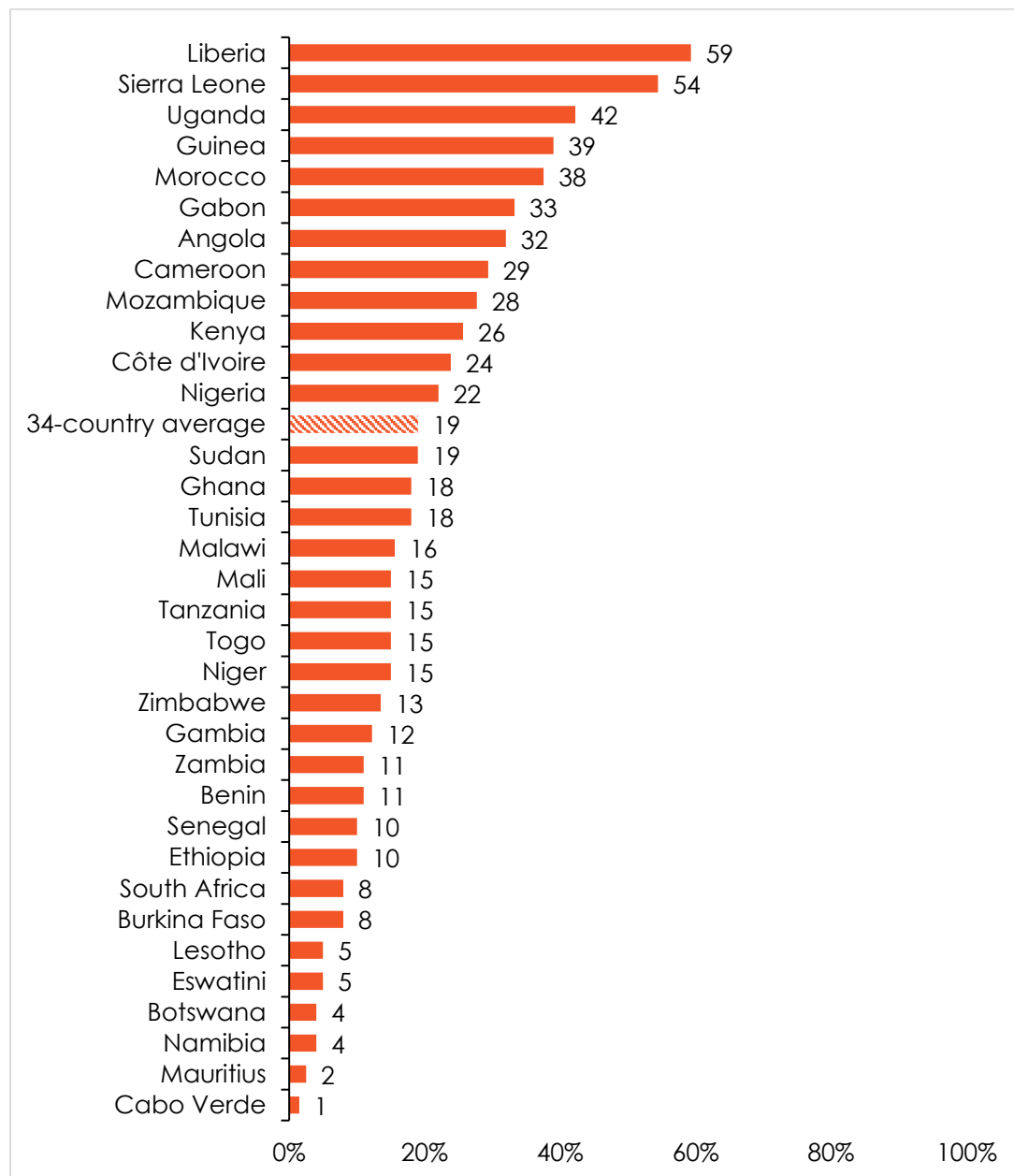
Respondents who had contact with health services were asked: How easy or difficult was it to obtain the medical care you needed? (Figure shows percentage-point changes from 2016/2018 to 2019/2021 in the proportion of respondents who said it was “difficult” or “very difficult” to obtain medical care. A positive number indicates increasing difficulty, while a negative number indicates improvement, i.e. respondents are having less difficulty in obtaining medical care. Countries are divided into those where the Round 8 survey was done prior to the pandemic (in purple) and those where the survey was done after the onset of the pandemic (in gold).) (Respondents who had no contact with health services are excluded.)

Paid bribe for medical care

Afrobarometer also asks respondents who had contact with a public hospital or clinic whether they had 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 they needed. Among those who sought medical care over the past 12 months, about two in 10 (19%) say they paid a bribe (Figure 14). This kind of corruption in the health system is most widespread in Liberia (59%), where citizens are also the most likely to mention difficulty in obtaining medical care (72%, see Figure 11).

In contrast, Cabo Verde (1%), Mauritius (2%), Namibia (4%), and Botswana (4%) all report very few citizens paying bribes to receive medical services.

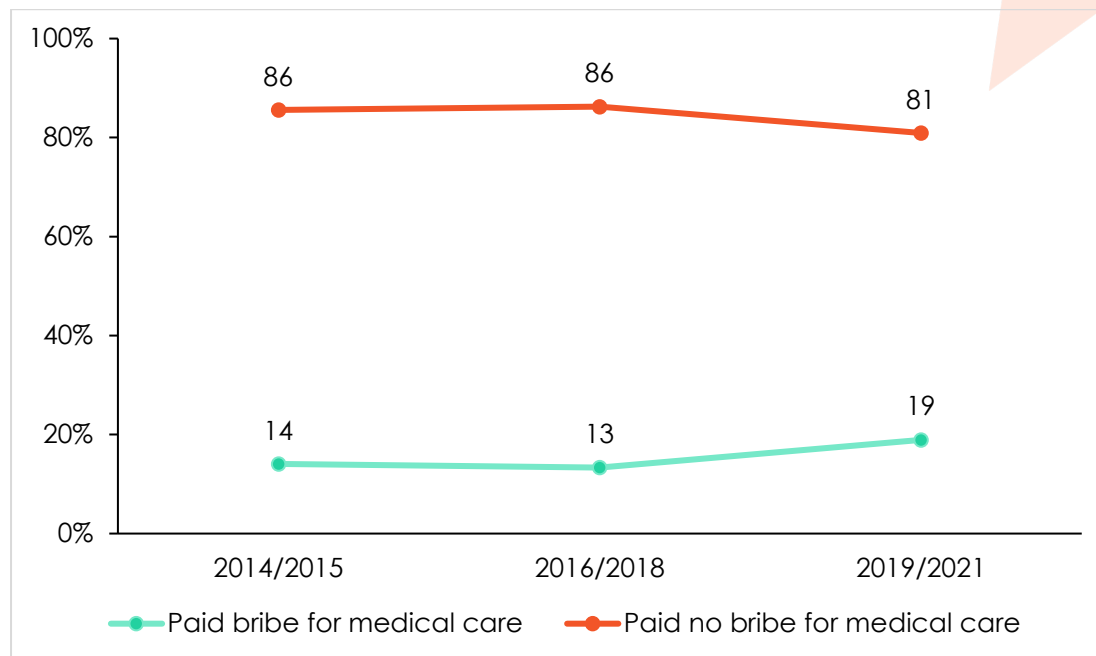
Figure 14: Paid bribe for medicine or medical care | 34 countries | 2019/2021



Respondents who had contact with health services were asked: And 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 medical care you needed? (% who say "once or twice," "a few times," or "often." Respondents who had no contact with health services are excluded.)

Across 30 countries surveyed regularly between 2014 and 2021, there has been a 5-percentage-point increase in the proportion of respondents who say they paid bribes, from 14% in 2014/2015 to 19% in 2019/2021 (Figure 15). This increase occurred alongside the increase reported above in the difficulty of obtaining medical care.

Figure 15: Paid bribe for medicine or medical care | 30 countries | 2014-2021



Respondents who had contact with health services were asked: And 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 medical care you needed? (Respondents who had no contact with health services are excluded.)

Handling improving basic health services

Given these findings about accessibility and quality of care, how do citizens rate their governments' performance in "improving basic health services"?

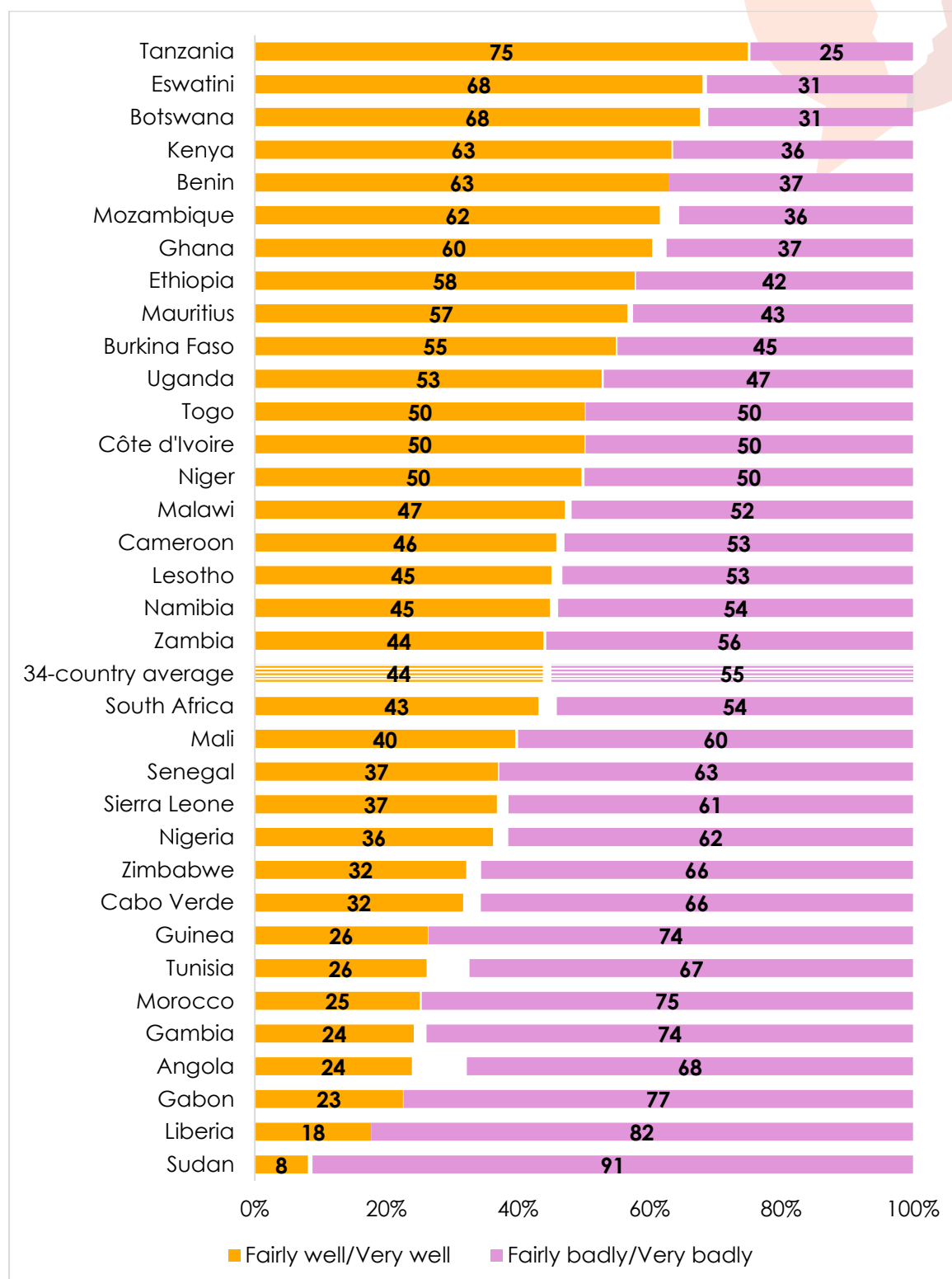
On average, 44% of respondents say their governments are doing "fairly well" or "very well" in improving basic health services, compared to 55% whose assessments are negative. Majorities in 23 of the 34 surveyed countries say their governments are doing very or fairly badly (Figure 16).

Ratings are worst in Sudan (8% fairly/very well) and Liberia (18%), while respondents in Tanzania (75%), Eswatini (68%), and Botswana (68%) offer the most favourable evaluations. In Liberia, where citizens are most likely to say that they had difficulty getting care and that they had to pay a bribe, citizens unsurprisingly give their government an overwhelmingly negative rating (82% fairly/very bad).

Respondents with high lived poverty are especially critical of government performance (67% fairly/very badly) (Figure 17). But even respondents with no lived poverty, who may have access to private medical care, are critical of their governments' efforts (47% fairly/very badly). Respondents in rural areas are somewhat more likely to say their government is doing well (46%) than are their urban counterparts (41%). No clear patterns are evident with respect to age, gender, or education level.

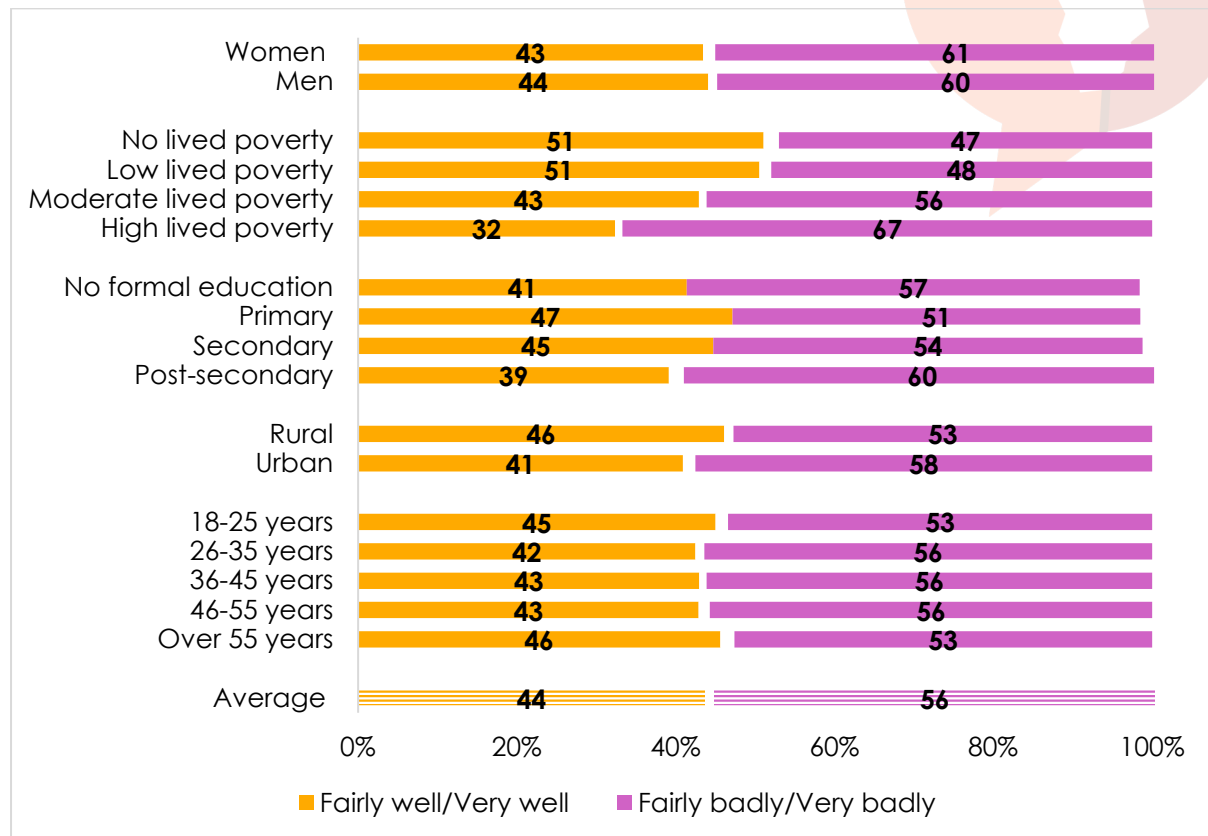
Across 29 countries tracked on this indicator since 2011/2013, evaluations of government performance have declined substantially, with an 11-percentage point decline in positive assessments, and a corresponding 13-point increase in negative evaluations (Figure 18). This is the first time that Afrobarometer has recorded a majority giving their governments a negative evaluation in this sector.

Figure 16: Ratings of government performance in improving basic health services
| 34 countries | 2019/2021



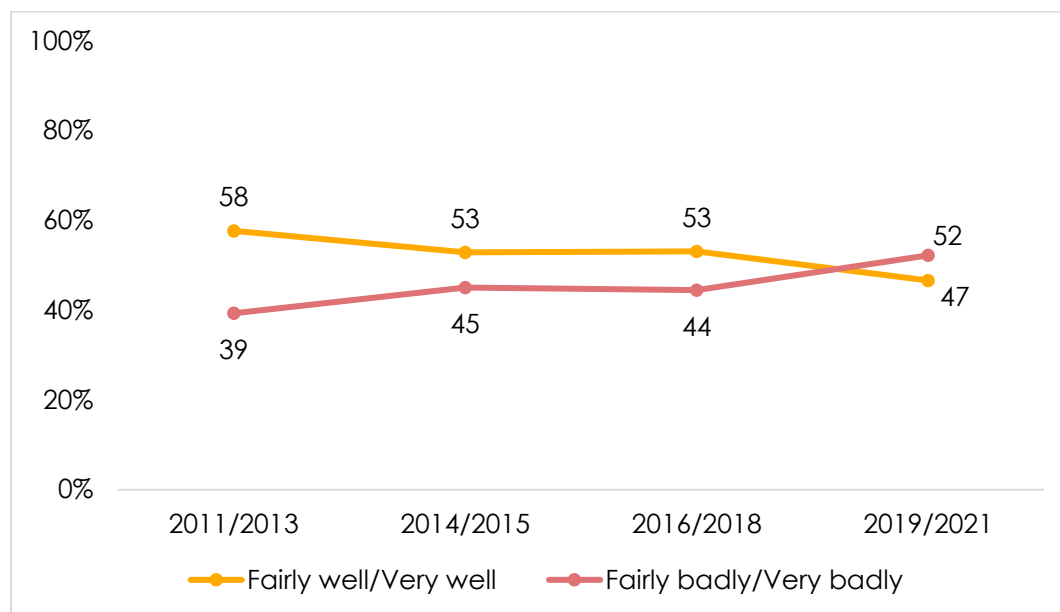
Respondents were asked: How well or badly would you say the current government is handling the following matters, or haven't you heard enough to say: Improving basic health services?

Figure 17: Ratings of government performance in improving basic health services
| by demographic group | 34 countries | 2019/2021



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?

Figure 18: Ratings of government performance in improving basic health services
| 29* countries | 2011-2021



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?

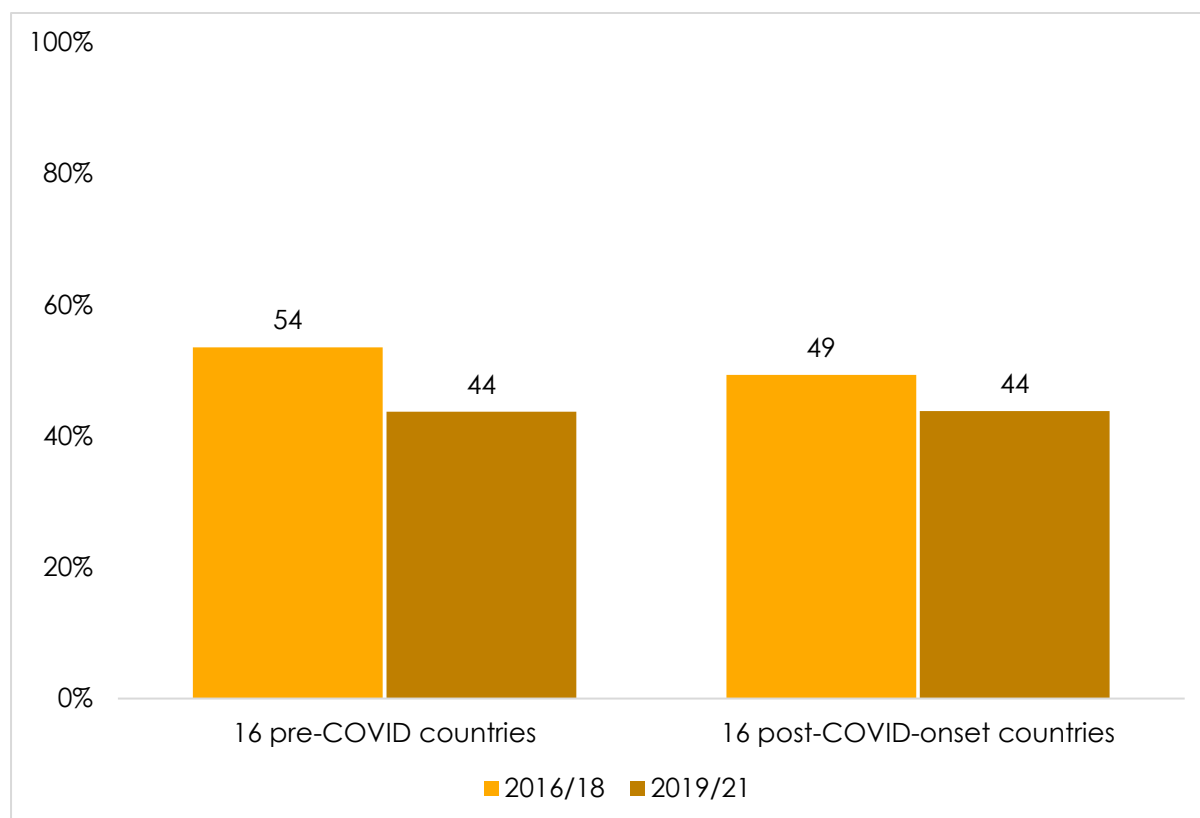
* Question was not asked in Sudan in 2014/2015.

Changes in ratings of government performance: Pre-COVID vs. post-COVID-onset countries

We again might ask whether these declines in performance ratings were driven by the onset of the COVID-19 pandemic midway through Round 8. Were people disappointed in how their governments handled the pandemic, and thus rating them more harshly?

If anything, the opposite appears to be true. Government performance ratings actually declined much more – by 9-10 percentage points – in the pre-COVID countries than in the post-COVID-onset countries, where the decrease was 5-6 percentage points) (Figure 19³), even though respondents in the latter group are more likely to cite health as one of their country's most important problems (see Figure 4).

Figure 19: Positive ratings of government performance in improving basic health services: Pre-COVID vs. post-COVID-onset countries | 32 countries | 2016-2021

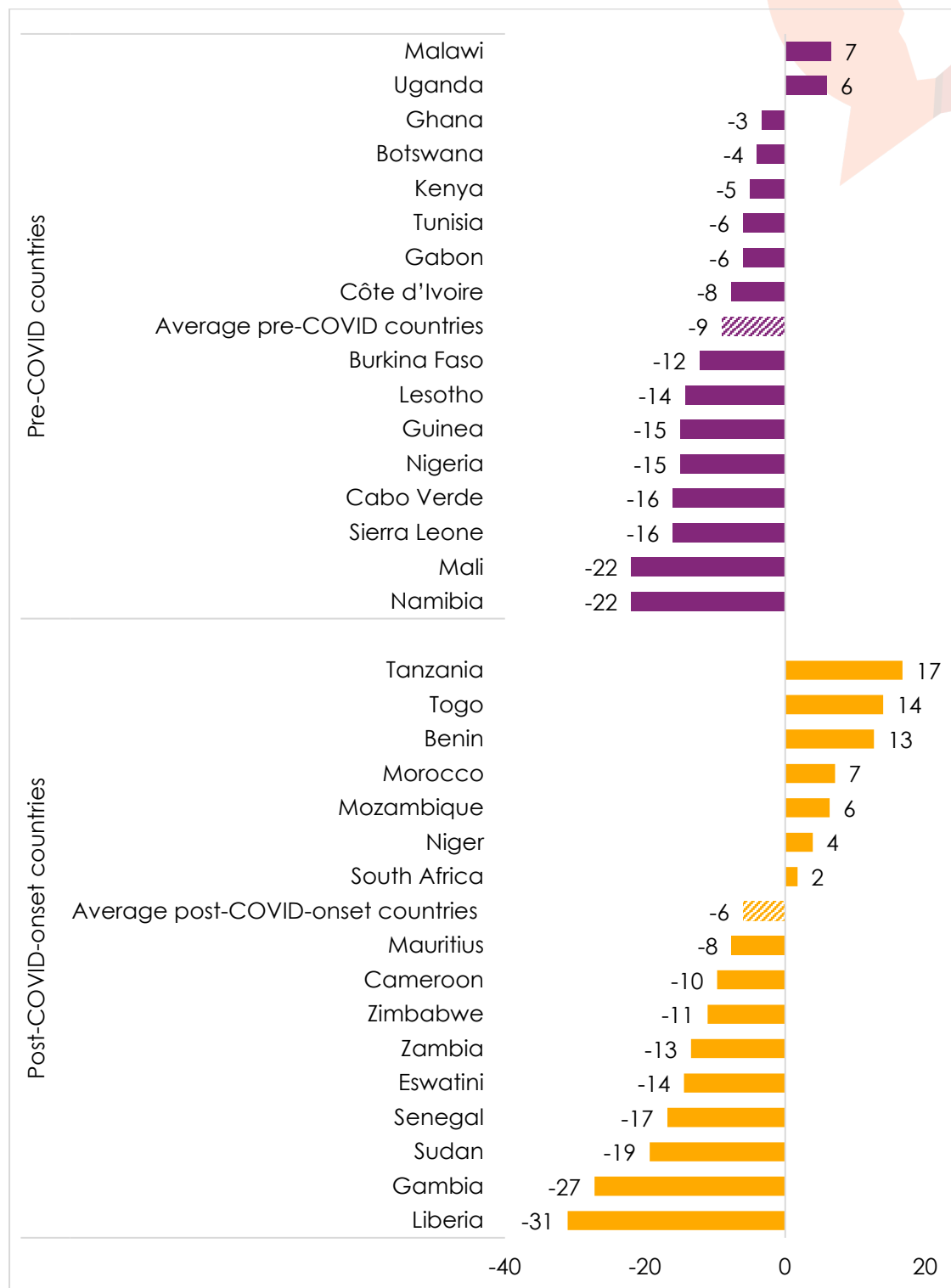


Respondents were asked: How well or badly would you say the current government is handling the following matters, or haven't you heard enough to say: Improving basic health services? (% who say "fairly well" or "very well")

Liberia had the largest percentage-point reduction (-31 points) in positive evaluations, while Tanzania saw the greatest improvement (+17) (Figure 20). Both countries are in the post-COVID-onset group.

³ Apparent differences in the changes between Figure 19 (10 points and 5 points, respectively) and Figure 20 (9 points and 6 points, respectively) are due to rounding.

Figure 20: Changes in positive ratings of government performance in improving basic health services | 32 countries | 2016-2021



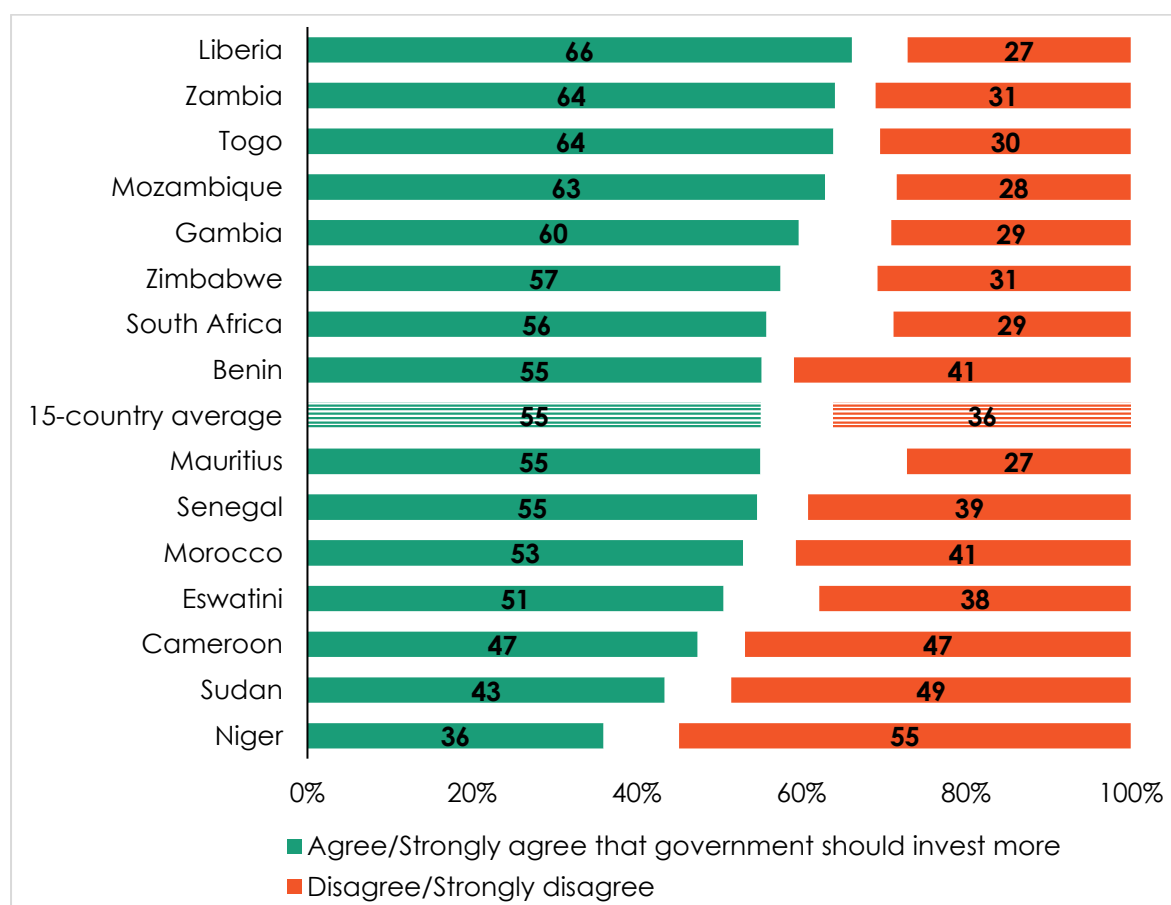
Respondents were asked: How well or badly would you say the current government is handling the following matters, or haven't you heard enough to say: Improving basic health services? (Figure shows percentage-point changes from 2016/2018 to 2019/2021 in the proportion of respondents who said "fairly well" or "very well." A positive number indicates improving performance ratings, while a negative number indicates decline, i.e. respondents give their government worse ratings. Countries are divided into those where the Round 8 survey was done prior to the pandemic (in purple) and those where the survey was done after the onset of the pandemic (in gold).

Investing health resources in emergency preparedness

In 15 of the post-COVID-onset countries, Afrobarometer asked respondents whether they think their governments should invest more of their countries' health resources in preparing to respond to health emergencies like COVID-19, even if it means fewer resources are available for other health services. A majority (55%) of respondents support this strategy, while 36% oppose it (Figure 21).

Since Liberians already face some of the greatest challenges in obtaining care, we might have anticipated that they would prefer their government invest more in basic health services rather than in preparing for future events, but in fact they are the strongest advocates of greater preparation for health emergencies (66%). Niger is the only country where a majority (55%) oppose investing more health resources in emergency preparedness.

Figure 21: Should government invest more health resources in emergency preparedness? | 15 countries | 2019/2021

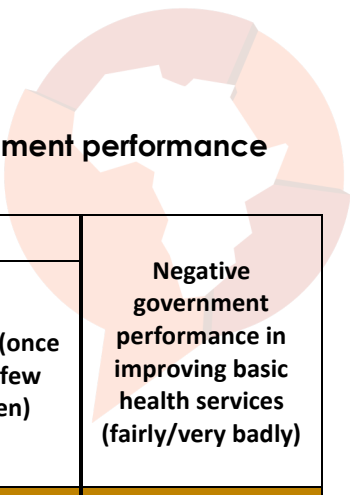


Respondents were asked: Do you agree or disagree with the following statement: Our government needs to invest more of our health resources in special preparations to respond to health emergencies like COVID-19, even if it means fewer resources are available for other health services?

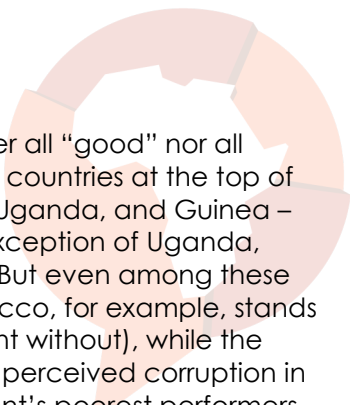
Summarising health care performance

To get a more comprehensive view of health care performance in each country, we summarise key findings in Table 1. Each indicator shown is colour-coded according to whether it is at the low/better end of the scale (lighter colour) or the high/worse end of the scale (darker colour). This helps reveal which countries perform better or worse overall in terms of making quality health care accessible to their citizens (the first three columns), and in terms of how the public consequently rates government performance (the fourth column).

Table 1: Summary of experiences in medical care and government performance indicators | 34 countries | 2019/2021



	Negative experiences in obtaining medical care			Negative government performance in improving basic health services (fairly/very badly)
	Difficulty of obtaining medical care (difficult/very difficult)	Often went without medicines or medical care (several times/many times/always)	Paid a bribe (once or twice/a few times/often)	
Liberia	72%	51%	59%	82%
Sudan	71%	58%	19%	91%
Gabon	70%	67%	33%	77%
Gambia	70%	57%	12%	74%
Morocco	66%	28%	38%	75%
Senegal	65%	67%	10%	63%
Uganda	62%	54%	42%	47%
Guinea	61%	76%	39%	74%
Malawi	58%	46%	16%	52%
Sierra Leone	57%	59%	54%	61%
Angola	55%	60%	32%	68%
Kenya	55%	39%	26%	36%
Côte d'Ivoire	55%	55%	24%	50%
Togo	54%	64%	15%	50%
Tunisia	53%	32%	18%	67%
Cabo Verde	52%	17%	1%	66%
Cameroon	51%	53%	29%	53%
Burkina Faso	51%	42%	8%	45%
Zimbabwe	50%	55%	13%	66%
Zambia	50%	61%	11%	56%
Ethiopia	48%	42%	10%	42%
Niger	45%	63%	15%	50%
Namibia	41%	31%	4%	54%
South Africa	40%	24%	8%	54%
Nigeria	40%	46%	22%	62%
Ghana	39%	17%	18%	37%
Tanzania	38%	33%	15%	25%
Botswana	37%	29%	4%	31%
Mozambique	35%	43%	28%	36%
Eswatini	31%	42%	5%	31%
Mali	29%	42%	15%	60%
Benin	29%	66%	11%	37%
Lesotho	27%	28%	5%	53%
Mauritius	24%	8%	2%	43%
34-country average	50%	46%	19%	55%
	30% or less	30% or less	10% or less	30% or less
	31%-40%	31%-40%	11%-20%	31%-40%
	41%-50%	41%-50%	21%-30%	41%-50%
	51%-60%	51%-60%	31%-40%	51%-60%
	Over 60%	Over 60%	Over 40%	Over 60%



While it is evident that the results for many countries are mixed, neither all “good” nor all “bad,” we can see some important patterns. Most notably, the eight countries at the top of the table – Liberia, Sudan, Gabon, the Gambia, Morocco, Senegal, Uganda, and Guinea – are the countries where it is most difficult to get care, and with the exception of Uganda, their governments also get some of the poorest ratings from citizens. But even among these countries we can see that things are not always uniformly bad. Morocco, for example, stands out as having much better access to care (i.e. low numbers who went without), while the Gambia and especially Senegal are better than average in terms of perceived corruption in the health sector. But overall, these countries are among the continent’s poorest performers, and Sierra Leone and Angola are not much better.

At the other end of the spectrum, Mauritius and Lesotho stand out with the best scores in terms of citizen experiences. Basotho are, however, still quite critical of their government’s performance, with a majority giving negative marks. Other countries reveal an interesting mix: Beninois, for example, report some of the worst numbers in terms of access to health care (66% often went without), but once patients make it into a hospital or clinic, their experiences are quite good (relatively low difficulty of obtaining care, low bribe payment). It is clear that not all countries confront the same challenges in terms of improving health care for their citizens.

Conclusion

African citizens increasingly cite health care as a major concern, reflecting ever more negative experiences with access to and quality of medical care and treatment. Not surprisingly, government performance ratings are also declining: Round 8 is the first Afrobarometer survey round in which a majority of respondents have offered negative reviews of their governments’ performance in this sector. Citizens in Liberia face the most severe problems, while Mauritians have the fewest complaints, but there is no country in our sample that does not have room for significant improvement.

Importantly, these trends do not appear to be driven by the COVID-19 pandemic. Whatever challenges COVID-19 presented to Africa’s health systems, popular experiences and evaluations were dropping significantly *before* this global health crisis took hold. While many – though not all – countries have escaped the worst of the predicted outcomes of the pandemic, these downward trends must be urgently addressed if countries are to be better prepared for the next threat, which may not bypass Africa to the extent that COVID-19 has.

Africa’s health systems face myriad challenges, but we highlight three here. Governments must improve access so that more of the people in need of health care can get through the door into their local clinic or hospital to receive care. And once inside, citizens need to receive timely quality care without facing requests for bribes to obtain it. The next round of Afrobarometer surveys will tell us whether governments have recognised the dangers presented by their weak health care systems and are prioritising investment in strengthening those systems.

Do your own analysis of Afrobarometer data – on any question,
for any country and survey round. It’s easy and free at
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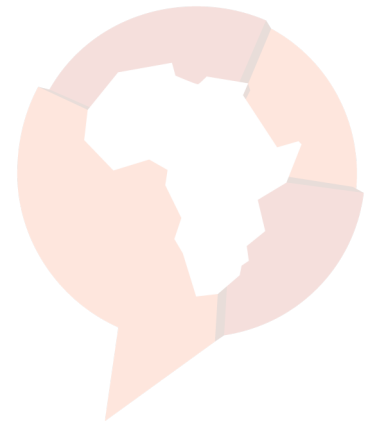
Appendix

Table A.1: Afrobarometer Round 8 fieldwork dates and previous survey rounds

Country	Round 8 fieldwork	Previous survey rounds
Angola	Nov.-Dec. 2019	N/A
Benin	Nov.-Dec. 2020	2005, 2008, 2011, 2014, 2017
Botswana	July-August 2019	1999, 2003, 2005, 2008, 2012, 2014, 2017
Burkina Faso	Dec. 2019	2008, 2012, 2015, 2017
Cabo Verde	Dec. 2019	2002, 2005, 2008, 2011, 2014, 2017
Cameroon	Feb.-March 2021	2013, 2015, 2018
Côte d'Ivoire	Nov. 2019	2013, 2014, 2017
Eswatini	March-April 2021	2013, 2015, 2018
Ethiopia	DDc. 2019-Jan. 2020	2013
Gabon	Feb. 2020	2015, 2017
Gambia	Feb. 2021	2018
Ghana	Sept.-Oct. 2019	1999, 2002, 2005, 2008, 2012, 2014, 2017
Guinea	Nov.-Dec. 2019	2013, 2015, 2017
Kenya	August-Sept. 2019	2003, 2005, 2008, 2011, 2014, 2016
Lesotho	Feb.-March 2020	2000, 2003, 2005, 2008, 2012, 2014, 2017
Liberia	Oct.-Dec. 2020	2008, 2012, 2015, 2018
Malawi	Nov.-Dec. 2019	1999, 2003, 2005, 2008, 2012, 2014, 2017
Mali	March-April 2020	2001, 2002, 2005, 2008, 2013, 2014, 2017
Mauritius	Nov. 2020	2012, 2014, 2017
Morocco	Feb. 2021	2013, 2015, 2018
Mozambique	May-July 2021	2002, 2005, 2008, 2012, 2015, 2018
Namibia	August 2019	1999, 2003, 2006, 2008, 2012, 2014, 2017
Niger	Oct.-Nov. 2020	2013, 2015, 2018
Nigeria	Jan.-Feb. 2020	2000, 2003, 2005, 2008, 2013, 2015, 2017
Senegal	Dec. 2020-Jan. 2021	2002, 2005, 2008, 2013, 2014, 2017
Sierra Leone	March 2020	2012, 2015, 2018
South Africa	May-June 2021	2000, 2002, 2006, 2008, 2011, 2015, 2018
Sudan	Feb.-April 2021	2013, 2015, 2018
Tanzania	Feb.-March 2021	2001, 2003, 2005, 2008, 2012, 2014, 2017
Togo	Dec. 2020-Jan. 2021	2012, 2014, 2017
Tunisia	Feb.-March 2020	2013, 2015, 2018
Uganda	Sept.-Oct. 2019	2000, 2002, 2005, 2008, 2012, 2015, 2017
Zambia	Nov.-Dec. 2020	1999, 2003, 2005, 2009, 2013, 2014, 2017
Zimbabwe	April-May 2021	1999, 2004, 2005, 2009, 2012, 2014, 2017

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LET THE PEOPLE HAVE A SAY



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Afrobarometer, a nonprofit corporation with headquarters in Ghana, is a pan-African, non-partisan research network. Regional coordination of national partners in about 35 countries is provided by the Ghana Center for Democratic Development (CDD-Ghana), the Institute for Justice and Reconciliation (IJR) in South Africa, and the Institute for Development Studies (IDS) at the University of Nairobi in Kenya. Michigan State University (MSU) and the University of Cape Town (UCT) provide technical support to the network.

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