Health for everyone, everywhere?

As service delivery falls short, Africans rank health as a top priority for government action

By Lionel Ossé and Matthias Krönke

Afrobarometer Policy Paper No. 91 | April 2024

Introduction

The theme of World Health Day 2024 (7 April) is "My health, my right" (World Health Organization, 2024). A key component of the message is to encourage governments to deliver on citizens' right to health by making health services "available, accessible, acceptable and of good quality for everyone, everywhere." How close are African governments to meeting this ambitious goal?

Since 1990, the burden of disease has decreased substantially in Africa (Roser, Ritchie, & Spooner, 2024; also see Figure A.1 in the Appendix). Between 2000 and 2019, Africa recorded the world's greatest growth in healthy life expectancy, which rose from 46 to 56 years (Adepoju & Fletcher, 2022). Further, between 2015 and 2021, the under-5 mortality rate fell from 87 to 74 deaths per 1,000 live births across sub-Saharan Africa (United Nations, 2023). According to the World Health Organization, these gains were achieved through increased provision of essential health services and better access to care and disease prevention services (Adepoju & Fletcher, 2022).

Despite these important advances, however, many Africans still do not have access to high-quality health care. Compared to other world regions, the gap is particularly acute when it comes to communicable, neonatal, maternal, and nutritional diseases (as opposed to non-communicable diseases and injuries) (see Figure A.2 in the Appendix). While sub-Saharan Africa saw the world's fastest growth between 2015 and 2022 in the proportion of births attended by skilled health personnel, from 59% to 70%, the continent also recorded about 70% of the world's maternal deaths (United Nations, 2023). At least part of the explanation is a lack of health workers; as of 2021, sub-Saharan Africa had an average of 2.3 medical doctors and 12.6 nursing/midwifery personnel per 10,000 people, compared to 39.4 and 89.5 in Europe (United Nations, 2023).

Focusing on health-system inputs, an analysis by the World Health Organization (2023) found that African countries made modest progress in running more efficient health-care systems between 2014 and 2019 but still lose one in five dollars due to technical inefficiencies.

As health-care systems recover from the additional operational and financial burdens placed on them during the COVID-19 pandemic, can Africans expect that their governments will provide accessible and high-quality health services for everyone, everywhere?

The latest Afrobarometer survey findings across 39 countries show that two-thirds of Africans report going without needed medical care at least once – and many of them doing so frequently – during the previous year. While a majority of citizens who sought care at a public health facility say they were treated with respect and found it easy to obtain the services they needed, a substantial minority – and in some countries a majority – say they had to pay bribes. Solid majorities complain of poor-quality services, including a lack of medicines or other supplies, absent medical staff, facilities in poor condition, and long wait times.

Overall, a growing majority of Africans say their government is failing to improve basic health services. Health ranks as one of the most important problems they want their government to address, second only to unemployment.

Afrobarometer surveys

Afrobarometer is a pan-African, non-partisan survey research network that provides reliable data on African experiences and evaluations of democracy, governance, and quality of life. Nine survey rounds in up to 42 countries have been completed since 1999. Round 9 surveys (2021/2023) cover 39 countries. (See Appendix Table A.1 for a list of countries and fieldwork dates.)

Afrobarometer's national partners conduct face-to-face interviews in the language of the respondent's choice that yield country-level results with margins of error of +/-2 to +/-3 percentage points at a 95% confidence level.

This 39-country analysis is based on 53,444 interviews. The data are weighted to ensure nationally representative samples. When reporting multi-country averages, all countries are weighted equally (rather than in proportion to population size).

Key findings

On prioritisation of health care:

- On average across 39 surveyed countries, health ranks second among the most important problems that Africans want their governments to address, trailing only unemployment as a priority for government action.

On lack of access to medical care:

- Two-thirds (66%) of Africans say a family member went without needed health care during the previous year, including 25% who say this happened "many times" or "always." In most surveyed countries, the experience of going without medical care has become more common over the past decade.

On experiences with the health system:

- Among the 58% of Africans who say they had contact with a public clinic or hospital during the previous year:
  - More than half (55%) say it was easy to obtain the care they needed.
  - But one in five (20%) say they had to pay a bribe, give a gift, or do a favour for a health-care worker in order to obtain the care they needed, ranging from 2% of Seychellois to 59% of Liberians.
  - A majority (63%) say health-care staff treated them with "some" (27%) or "a lot" (36%) of respect.
  - But most say they encountered a variety of problems, including long wait times (80%), a lack of medicines or other supplies (73%), facilities in poor condition (61%), and absent doctors or other medical staff (56%).

On government performance on improving basic health services:

- While experiences vary widely by country, on average only 41% of Africans say their government is performing "fairly well" or "very well" on improving basic health services. Majorities in 27 of the 39 surveyed countries say their government is doing a poor job on health.

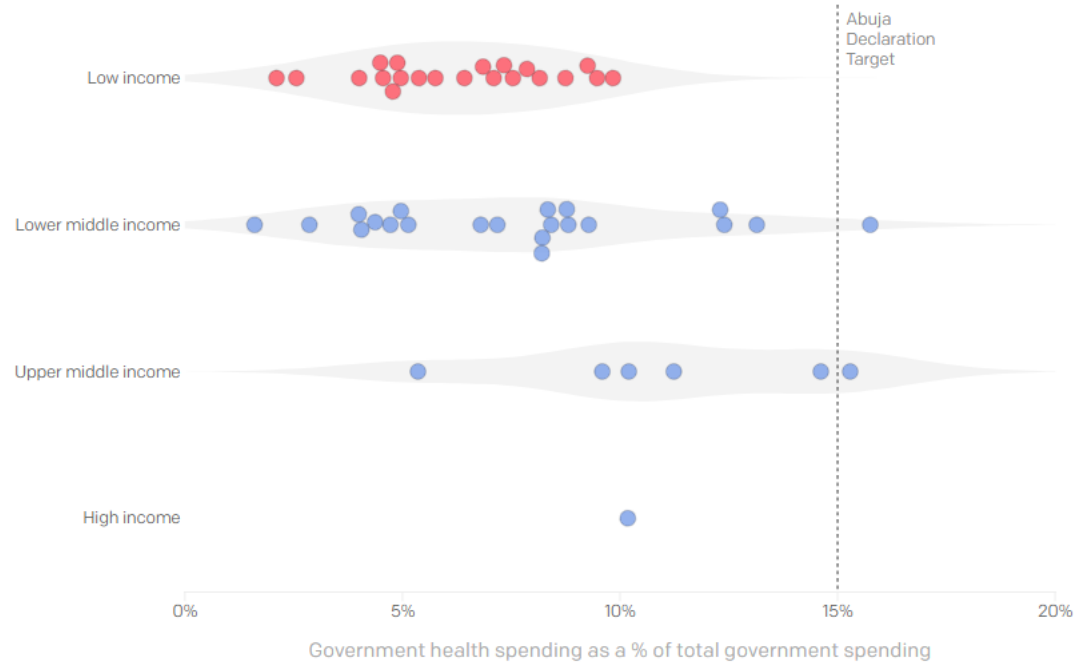
Health care is a priority

In 2001, the member countries of the African Union signed the Abuja Declaration, in which they agreed to spend at least 15% of their budgets each year on the health sector. Two decades later, fewer than one in 10 member countries have met this target (Figure 1). Indeed, many countries rely on external partners to support their health sector, suggesting that many African governments have not made the health of their citizens a top priority (Noko, 2020; UNAIDS, 2023).

So how do Africans rank health among the most important problems they want their government to address? On average across 39 surveyed countries, health comes in at No. 2, following unemployment (33%) and tied with management of the economy (29%) (Figure 2).

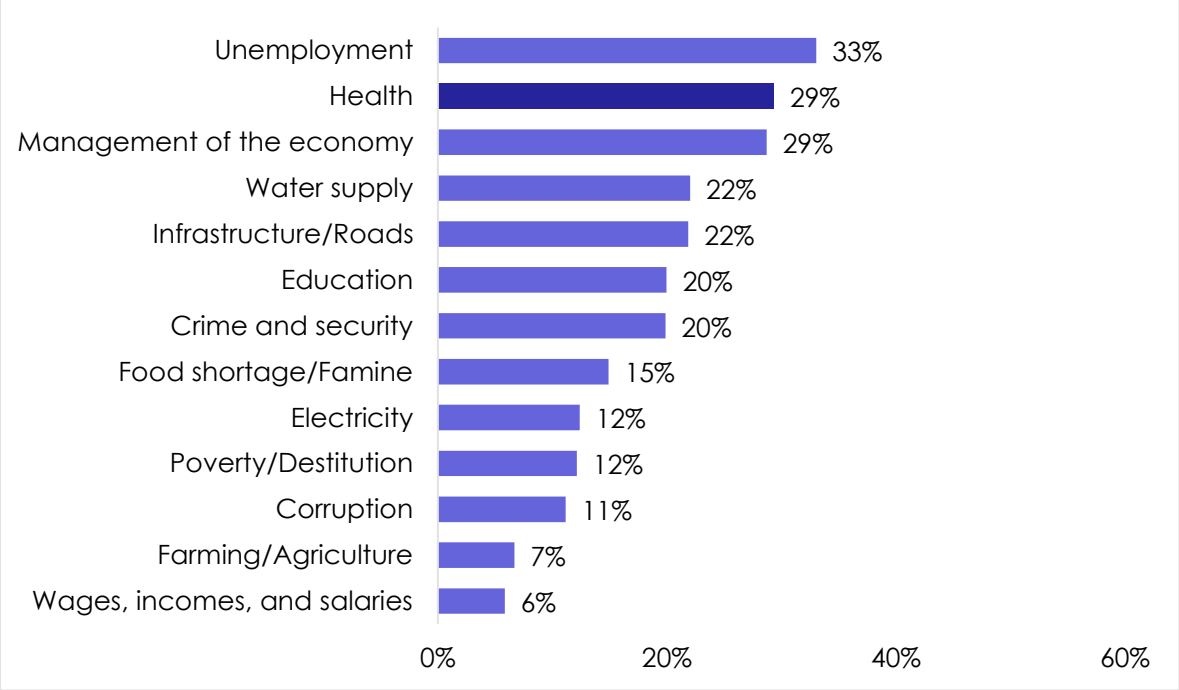
As shown in Figure 3, Gambians (52%) and Zambians (48%) are most likely to mention health as a top priority, followed by Mozambique (46%) and Angola (44%). In contrast, only 6% of citizens mention health in Liberia and Sudan.

Figure 1: Domestic government spending on health by African governments compared to Abuja Declaration target | 49 countries | 2021



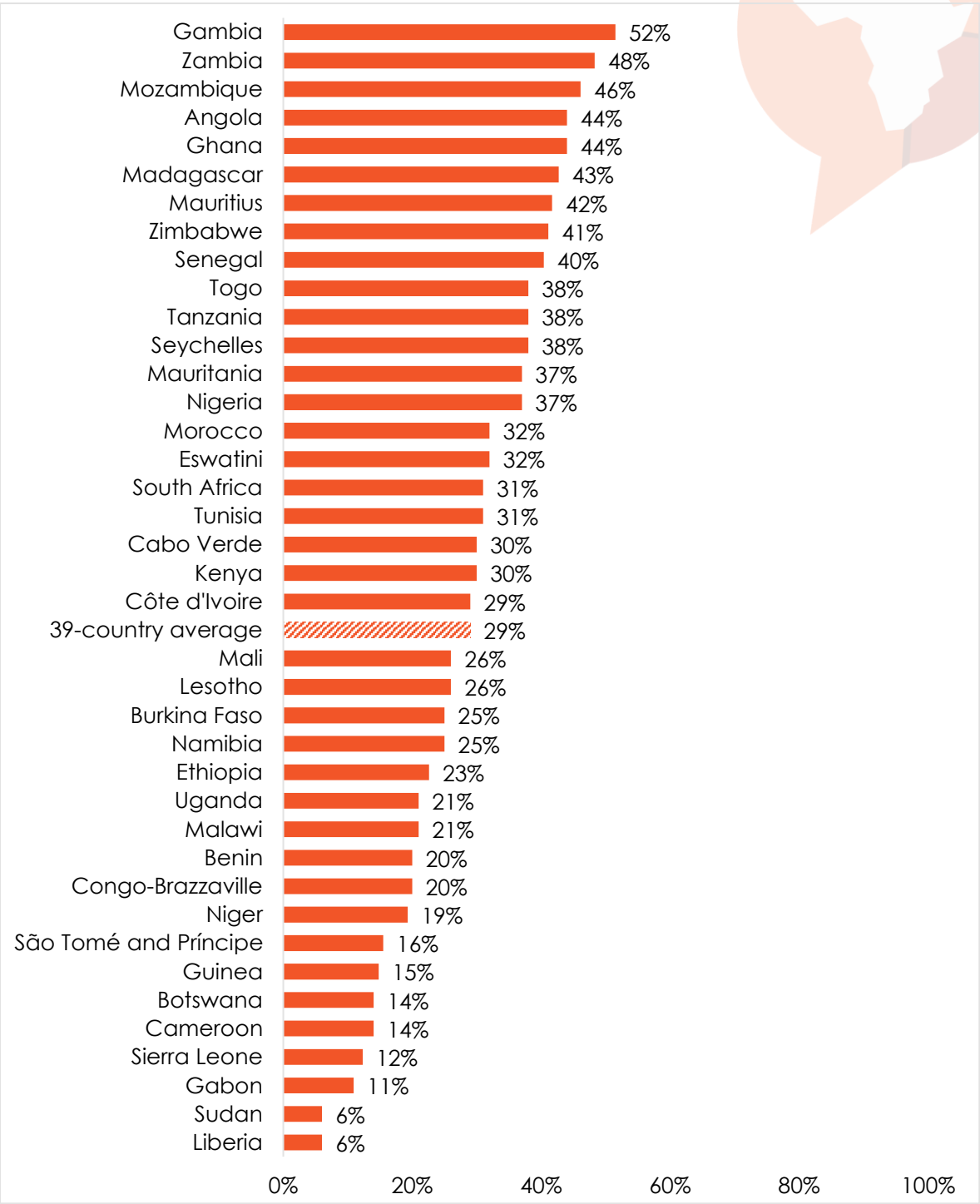
Source: *ONE*
Note: *The three countries that met the target in 2021 were the lower-middle-income country Cabo Verde (15,75%) and the upper-middle-income countries Botswana (14,62%) and South Africa (15,29%), though these data also contain some ambiguities (Lacroix & Long, 2024).*

Figure 2: Most important problems for government to address | 39 countries | 2021/2023



Respondents were asked: *In your opinion, what are the most important problems facing this country that government should address? (Figure shows % of respondents who cite each problem as one of up to three priorities. The health category also includes responses coded as "illness/sickness," "HIV/AIDS," and "COVID-19.")*

Figure 3: Health as a most important problem | 39 countries | 2021/2023

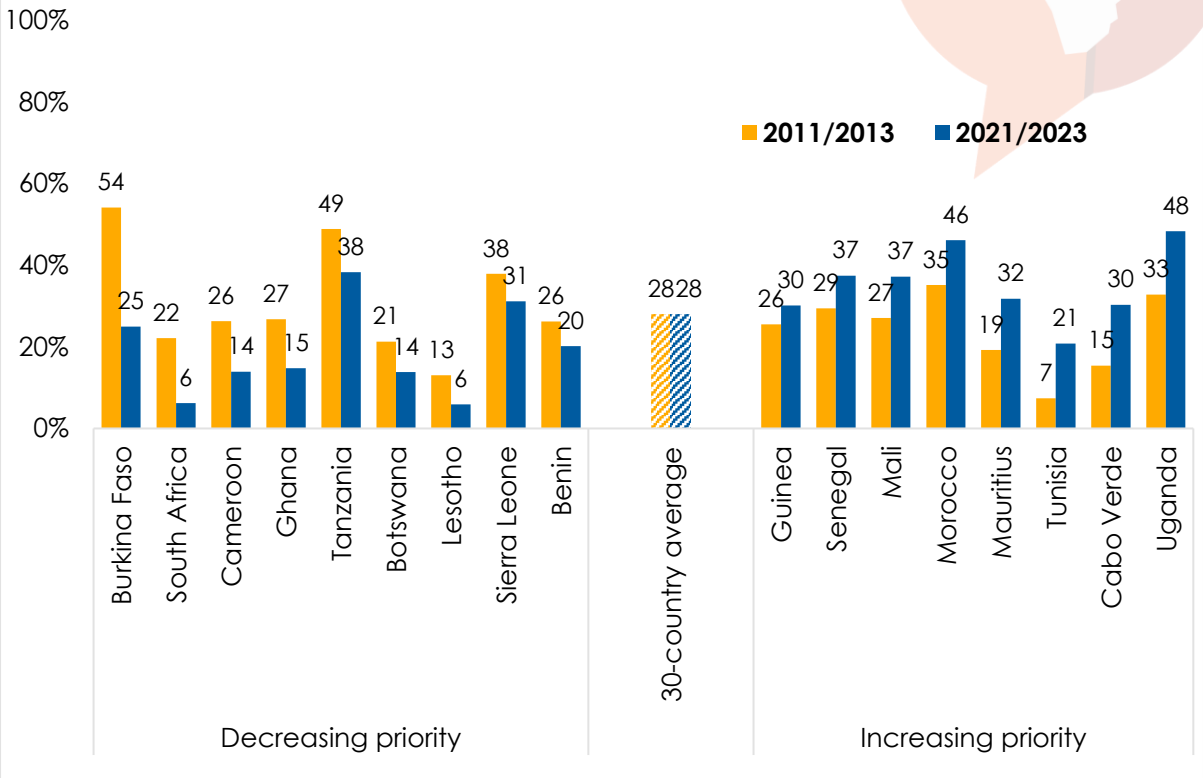


Respondents were asked: *In your opinion, what are the most important problems facing this country that government should address? (Figure shows % of respondents who cite health as one of up to three priorities. The health category also includes responses coded as "illness/sickness," "HIV/AIDS," and "COVID-19.")*

Across 30 countries surveyed consistently between 2011 and 2023, the proportion of respondents who cite health as a top priority has hovered around 28%. However, in several countries, we see substantial variation over time (Figure 4). In Burkina Faso, for instance, health as a priority has declined by 29 percentage points as concerns about insecurity have skyrocketed, while South Africa shows a 16-percentage-point decline. In contrast, citizens'

concerns about health increased by 16 and 15 percentage points, respectively, in Uganda and Cabo Verde.[1]

Figure 4: Health as a most important problem | 30 countries | 2011-2023



Respondents were asked: *In your opinion, what are the most important problems facing this country that government should address? (Figure shows % of respondents who cite health as one of up to three priorities. The health category also includes responses coded as "illness/sickness," "HIV/AIDS," and "COVID-19.")*

Availability of health-care facilities

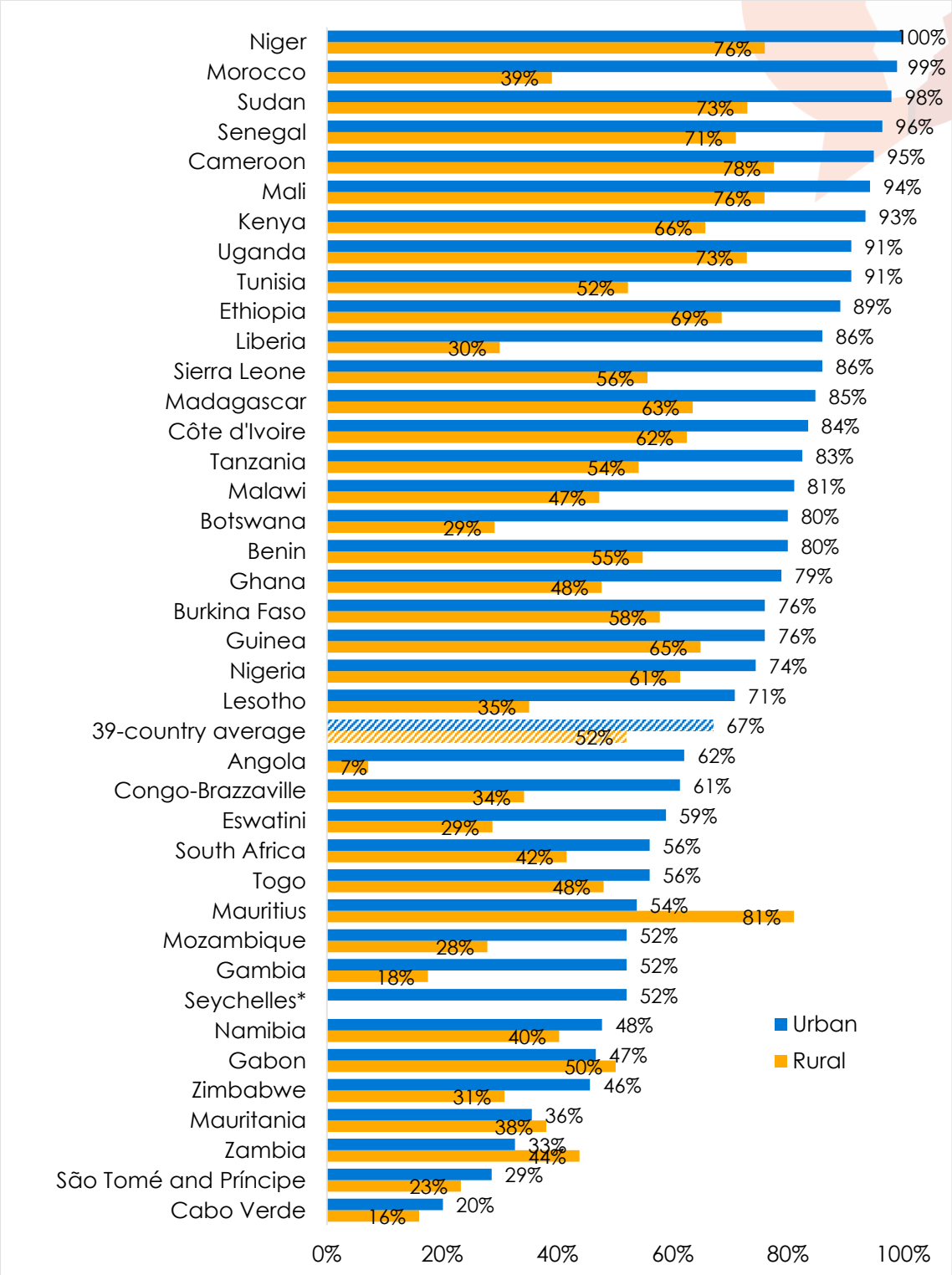
As part of their data-collection process, Afrobarometer fieldwork teams make on-the-ground observations about local infrastructure. For example, in each census enumeration area (EA) they visit, they check whether a health clinic or hospital is available in the EA or "within easy walking distance" (i.e. that respondents could reach without incurring substantial transportation 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 for each country.[2]

On average across 39 countries, Afrobarometer teams found health clinics or hospitals in 59% of EAs. However, as Figure 5 shows, the presence of health facilities varies widely by country and by urban-rural location.

[1] Rounding explains apparent 1-percentage-point disparities in some calculations (e.g. for Uganda, the change from 33% to 48% (both rounded) is 16 percentage points).

[2] Afrobarometer samples are based on a selection of 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. Because of the smaller sample sizes, the margin of error on the results reported for the presence of health clinics is higher than for findings captured in individual interviews.

Figure 5: Clinic in enumeration area | by urban-rural location | 39 countries | 2021/2023



Afrobarometer data collectors were asked: *Are the following facilities present in the primary sampling unit/enumeration area or within easy walking distance: Health clinic (private or public or both)?*
** In Seychelles, all surveyed EAs are considered urban.*

As might be expected, clinics are considerably more common in urban (67%) than in rural areas (52%), with rural disadvantages exceeding 50 percentage points in Morocco (60 points), Liberia (56 points), Angola (55 points), and Botswana (51 points).

Virtually all urban residents in Niger (100%), Morocco (99%), and Sudan (98%) live within walking distance of a clinic, while the same is true of just 20% of urban residents in Cabo Verde and 29% in São Tomé and Príncipe.

In rural areas, Cameroonians (78%) have the best chance of having a nearby health clinic, while only 7% of Angolans can say the same.

Rural residents have the advantage in just three countries – Mauritius (by 27 percentage points), Zambia (11 points), and Gabon (3 points) – while the urban advantage is fairly modest (less than 10 percentage points) in Cabo Verde, Mauritania, Namibia, São Tomé and Príncipe, and Togo.

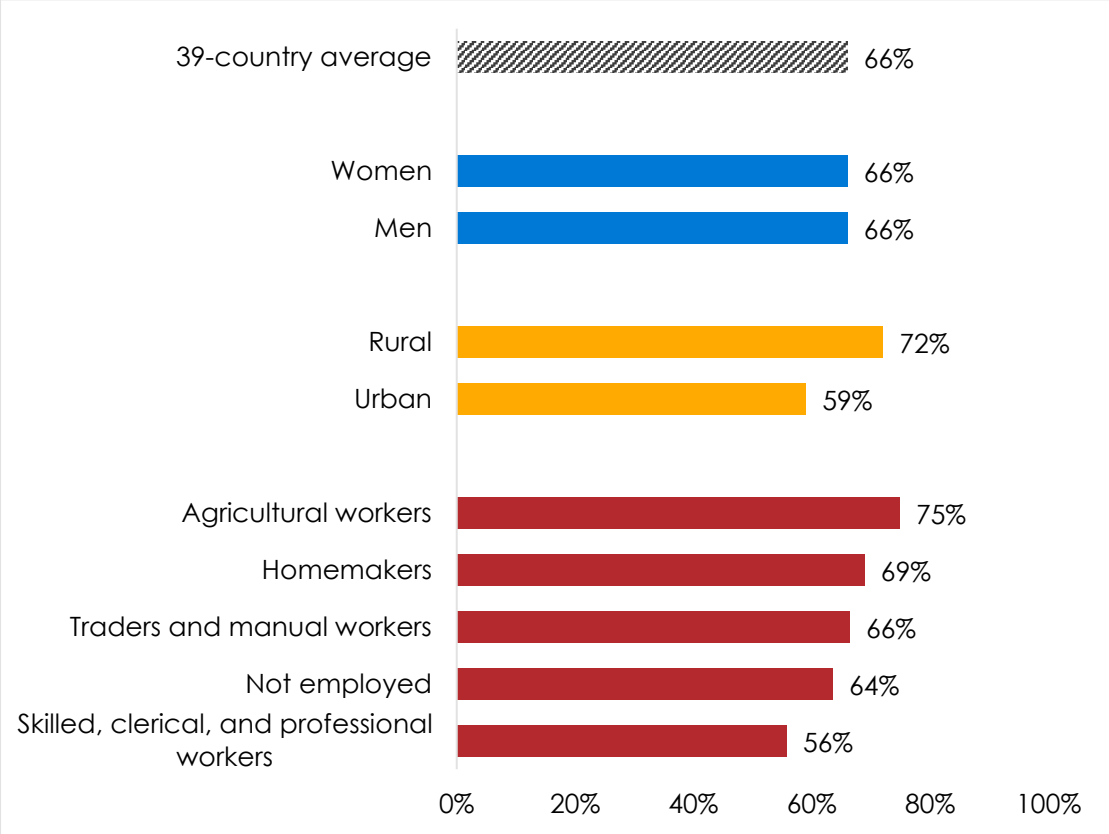
Going without medical care

To track the extent to which Africans receive the health care they need, Afrobarometer asks respondents how often, if ever, they or their family members went without medicines or medical treatment during the previous year. On average across 39 countries, two-thirds (66%) of respondents say they lacked medical care at least once. These numbers rise to more than seven out of 10 for rural residents (72%) and those employed in the agricultural sector (75%) (Figure 6).

For one in four households (25%), going without medical care is a frequent problem, occurring "many times" or "always" during the preceding year. This problem is most acute in Zambia (46%), Congo-Brazzaville (45%), and the Gambia (45%) (Figure 7).

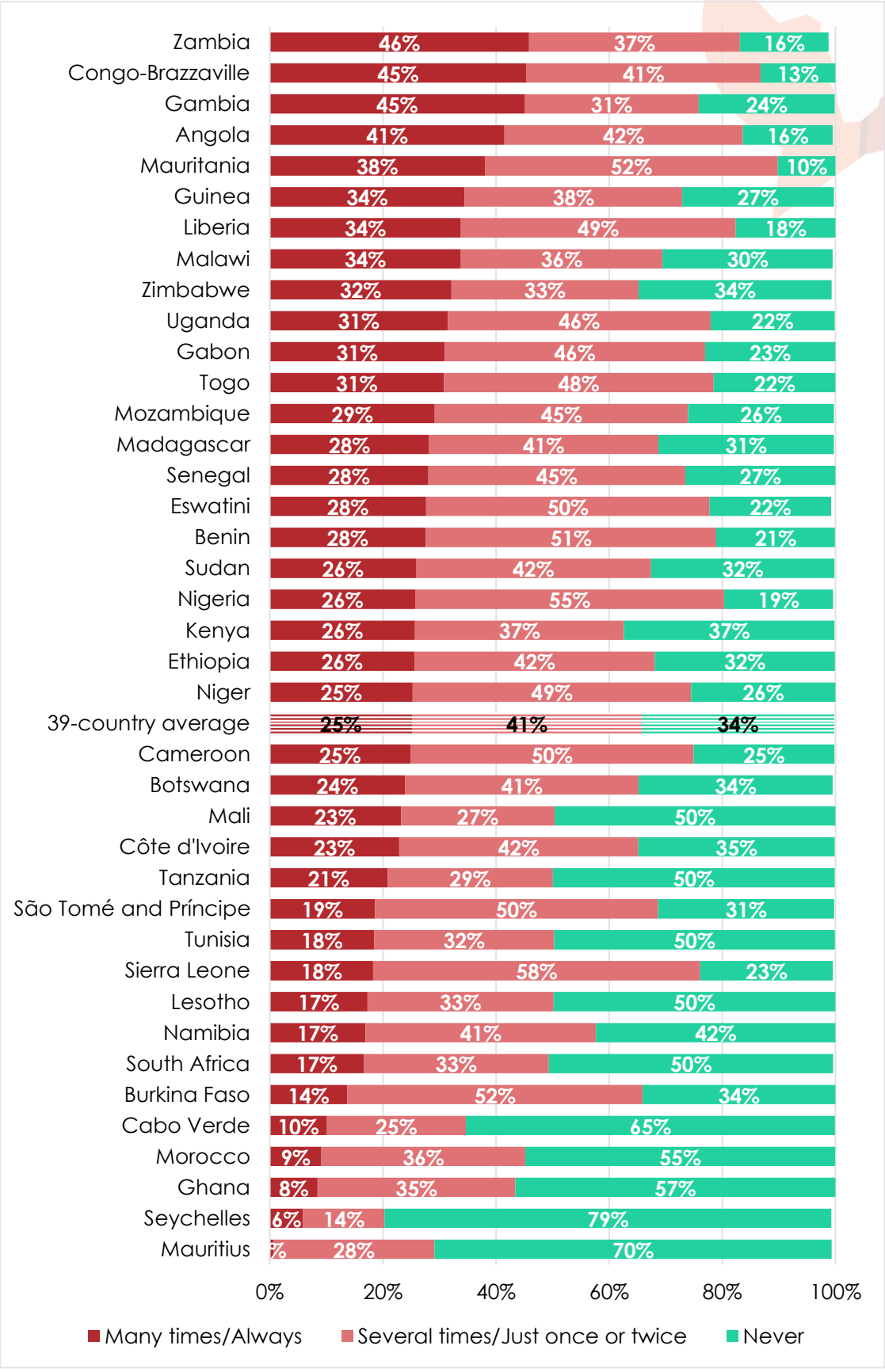
In contrast, frequent shortages of medical care affected fewer than one in 10 citizens in Mauritius (1%), Seychelles (6%), Ghana (8%), and Morocco (9%).

Figure 6: Went without medical care at least once | by demographic group | 39 countries | 2021/2023



Respondents were asked: *Over the past year, how often, if ever, have you or anyone in your family gone without medicines or medical treatment? (% who say "just once or twice," "several times," "many times," or "always")*

Figure 7: Went without medical care | 39 countries | 2021/2023



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

On average across 31 countries for which we have data from both 2011/2013 and 2021/2023, the experience of going without needed medical care at least once during the preceding year has become more common, showing an increase of 10 percentage points (Figure 8). The situation has worsened in 26 of the 31 countries, most dramatically in Eswatini (a 31-percentage-point increase). Only two countries record significant improvement (by more than 3 percentage points): Tanzania (-21 points) and Lesotho (-6 points).

Figure 8: Went without medical care at least once | 31 countries | 2011-2023

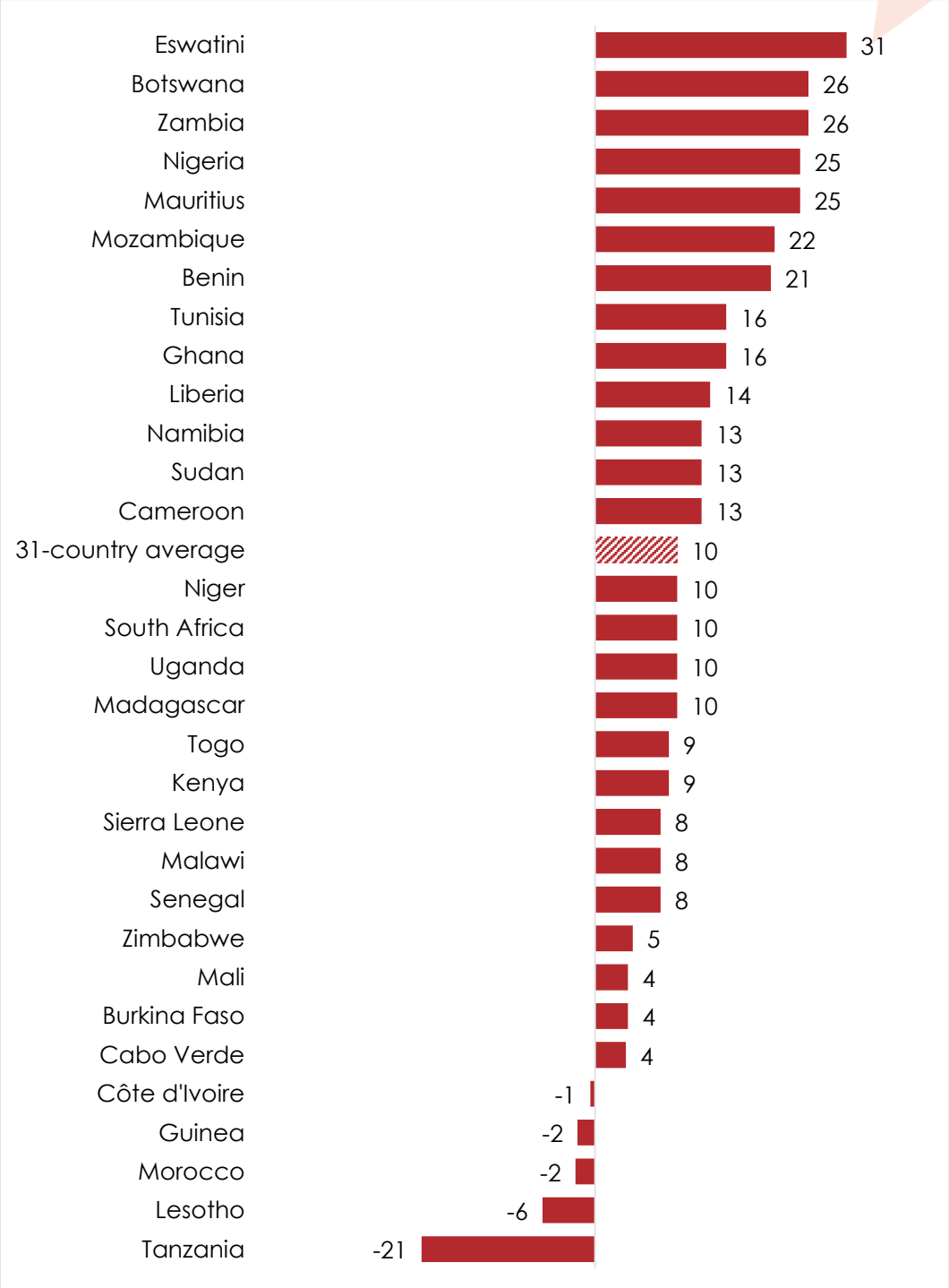
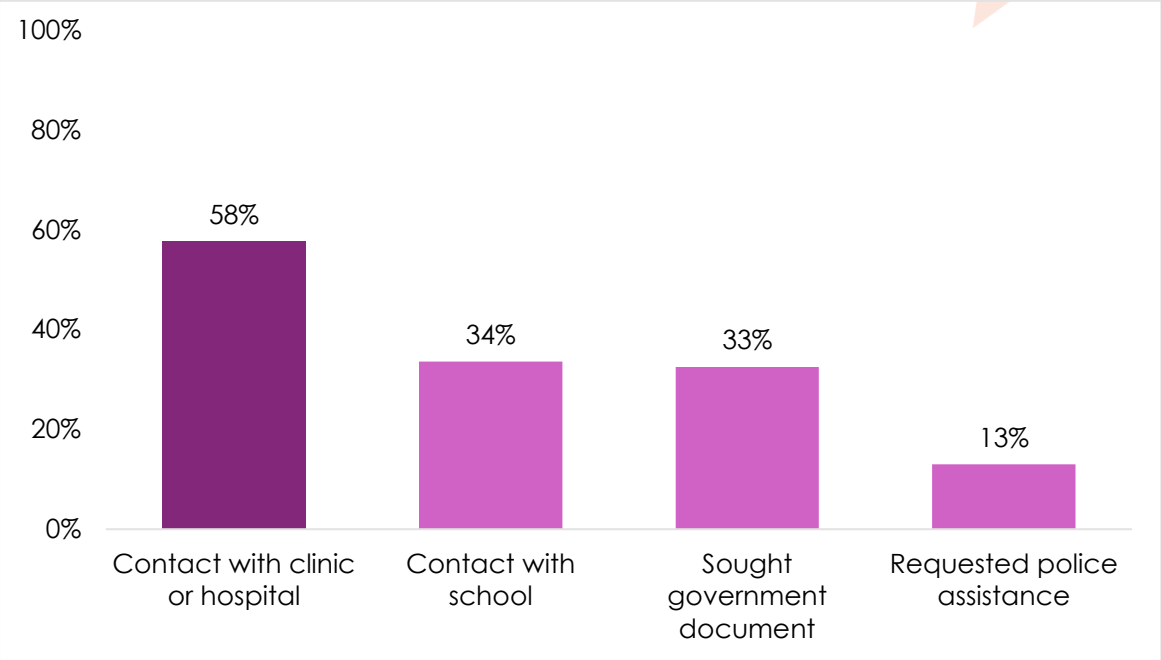


Figure shows the change, in percentage points, between survey rounds in 2011/2013 and 2021/2023 in the proportion of respondents who say they went without medicines or medical care "just once or twice," "several times," "many times," or "always" during the preceding year.

Experience with the health-care system

Almost six in 10 Africans (58%) say they had contact with a public health clinic or hospital during the 12 months preceding the survey – more than had contact with a public school (34%), tried to obtain a government document (33%), or requested police assistance (13%) (Figure 9). The share of the population interacting with a clinic is similar to the contact rate recorded in 2016/2018, before the COVID-19 pandemic (61% across 32 countries).

Figure 9: Contact with government services | 39 countries | 2021/2023



Respondents were asked: *In the past 12 months, have you:*
Had contact with a public clinic or hospital?
Had contact with a public school?
Requested assistance from the police?
Tried to get an identity document like a birth certificate, driver's license, passport or voter's card, or permit from government?
(% "yes")

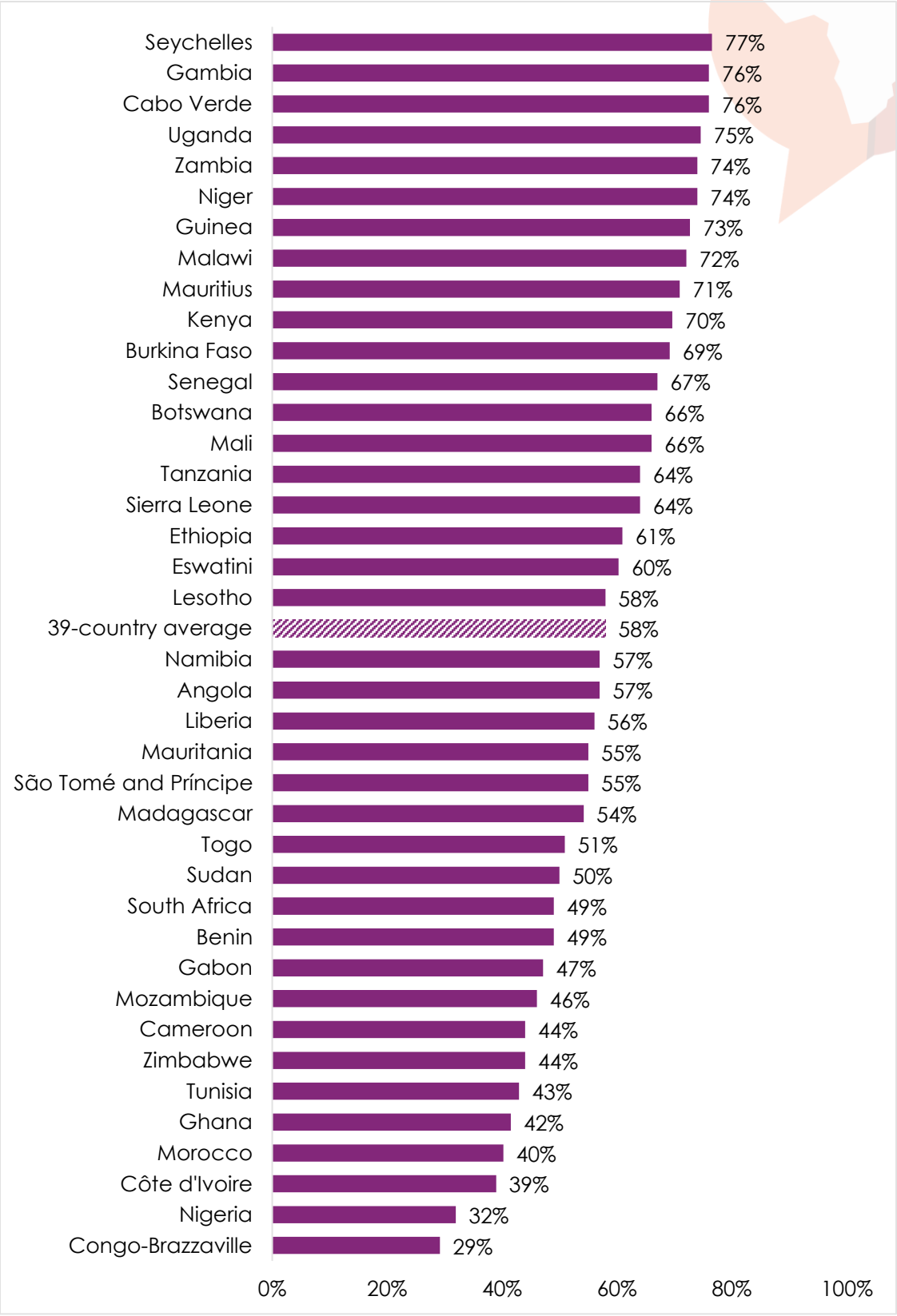
Contact with public health facilities varied widely by country, ranging from about three in 10 citizens in Congo-Brazzaville (29%) and Nigeria (32%) to about three-fourths in Seychelles (77%), the Gambia (76%), Cabo Verde (76%), and Uganda (75%) (Figure 10).

More educated respondents (53% of those with post-secondary education) and economically better-off citizens (52% of those experiencing no lived poverty[3]) are somewhat less likely to report contact with a public health facility, perhaps because more of them use private health care. More women than men say they interacted with a public clinic (61% vs. 55%) (Figure 11).

But urban vs. rural location and proximity to a clinic seem to make little or no difference in contact rates.

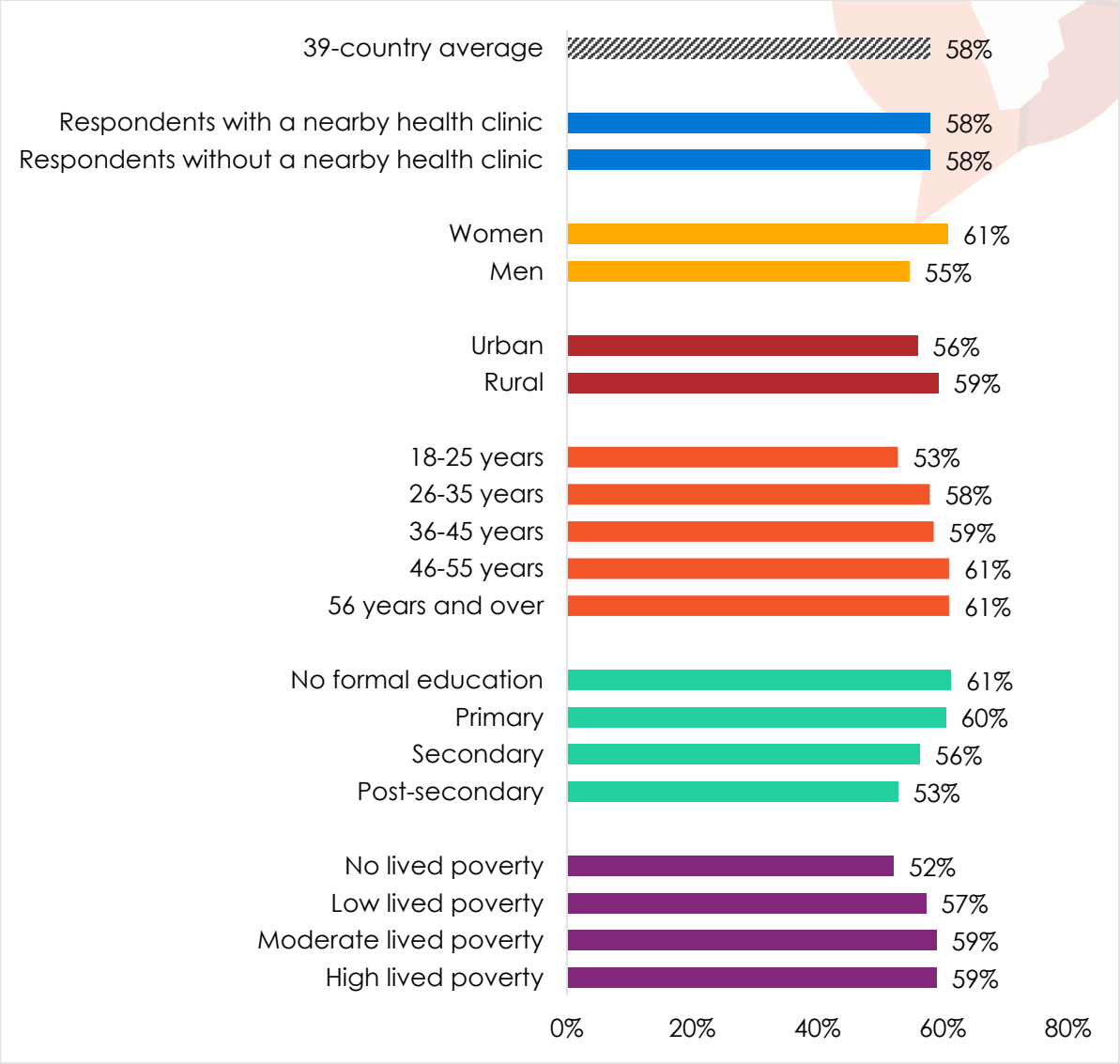
[3] Afrobarometer's Lived Poverty Index (LPI) measures respondents' levels of material deprivation by asking how often they or their families went without basic necessities (enough food, enough water, medical care, enough cooking fuel, and a cash income) during the preceding year. For more on lived poverty, see Mattes and Patel (2022).

Figure 10: Contact with a public clinic or hospital | 39 countries | 2021/2023



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

Figure 11: Contact with a public clinic or hospital | by demographic group | 39 countries | 2021/2023



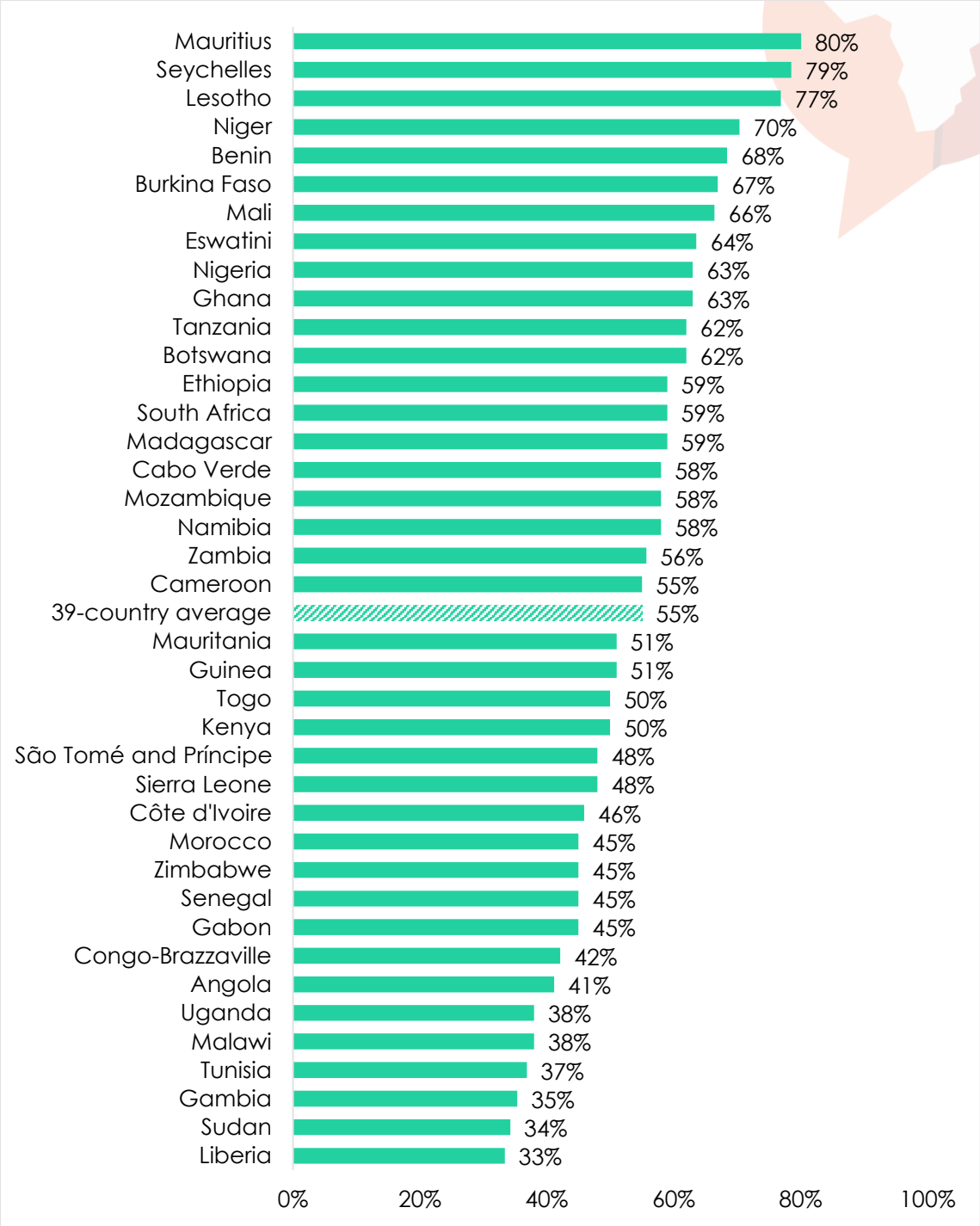
Respondents were asked: *In the past 12 months, have you had contact with a public clinic or hospital? (% "yes")*

Ease of obtaining health care

Among respondents who accessed the health-care system during the previous year, more than half (55%) say it was "easy" or "very easy" to obtain the services they needed, while 45% found it difficult.

However, once again, we see wide variation across countries (Figure 12). More than three-fourths of respondents in Mauritius (80%), Seychelles (79%), and Lesotho (77%) report that getting care was easy, while only about one-third agree in Liberia (33%) and Sudan (34%). Gambians, who report one of the highest contact levels with the medical system (76%, Figure 10), also record one of the lowest levels of easily obtained care (35%).

Figure 12: Ease of obtaining medical care | 39 countries | 2021/2023

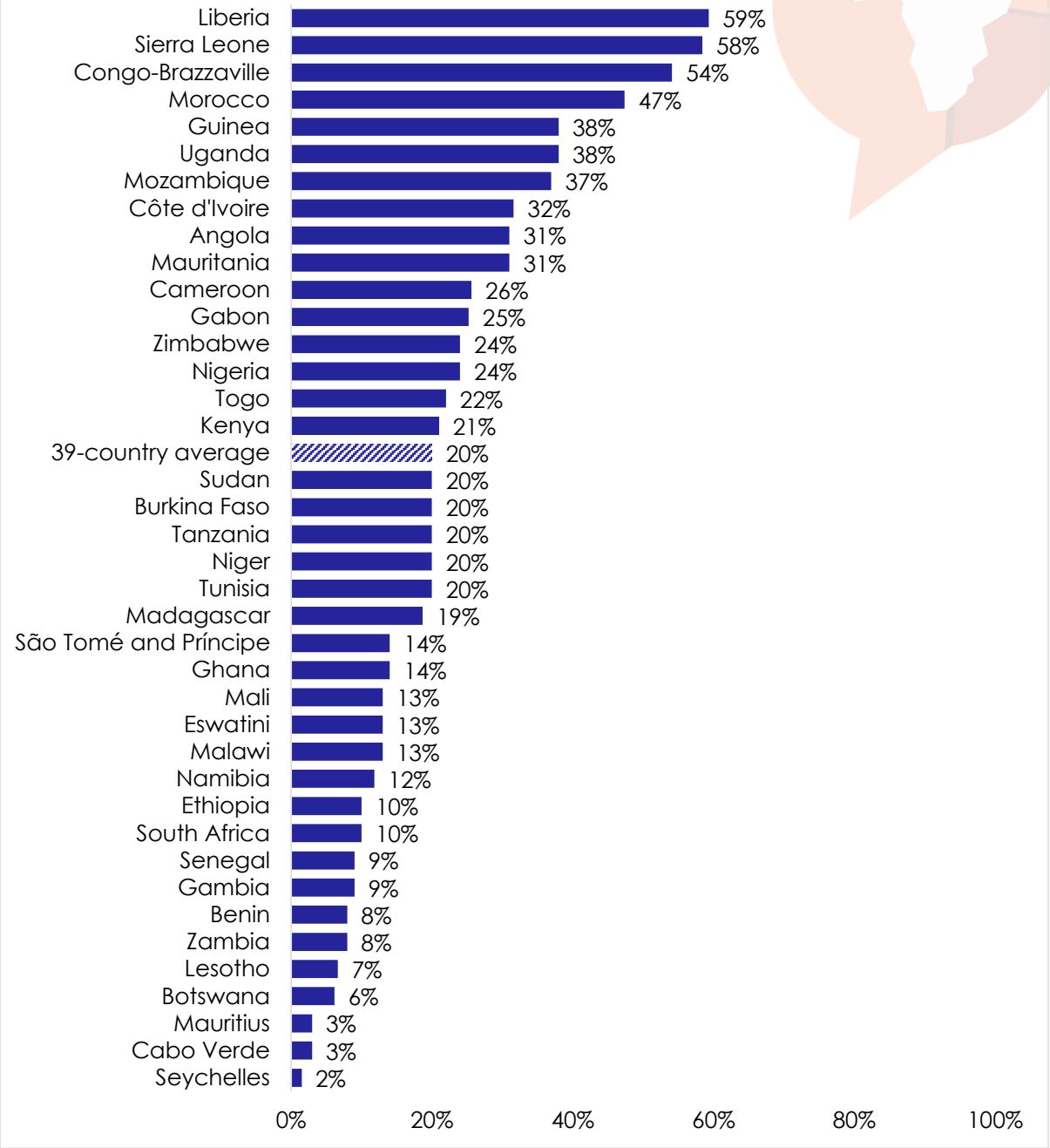


Respondents who had contact with a public clinic or hospital during the previous year were asked: *How easy or difficult was it to obtain the medical care or services you needed? (% who say "easy" or "very easy") (Respondents who did not have contact with a public clinic or hospital are excluded.)*

Paying bribes for health care

Although more than half of Africans who sought medical care during the previous year say they found it easy to get services, one in five (20%) say they had to pay a bribe, give a gift, or do a favour for a health-care worker in order to obtain the care they needed (Figure 13). This rate of bribe-paying is similar to that reported by Africans seeking services from staff at a public school (19%) (Adjadeh, 2024) and lower than the 36% who say they had to pay a bribe while seeking assistance from the police (Krönke, Isbell, & Kakumba, 2024).

Figure 13: Paid bribe to clinic staff | 39 countries | 2021/2023



Respondents who had contact with a public clinic or hospital 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 the medical care or services you needed? (% who say "once or twice," "a few times," or "often") (Respondents who did not have contact with a public clinic or hospital are excluded.)*

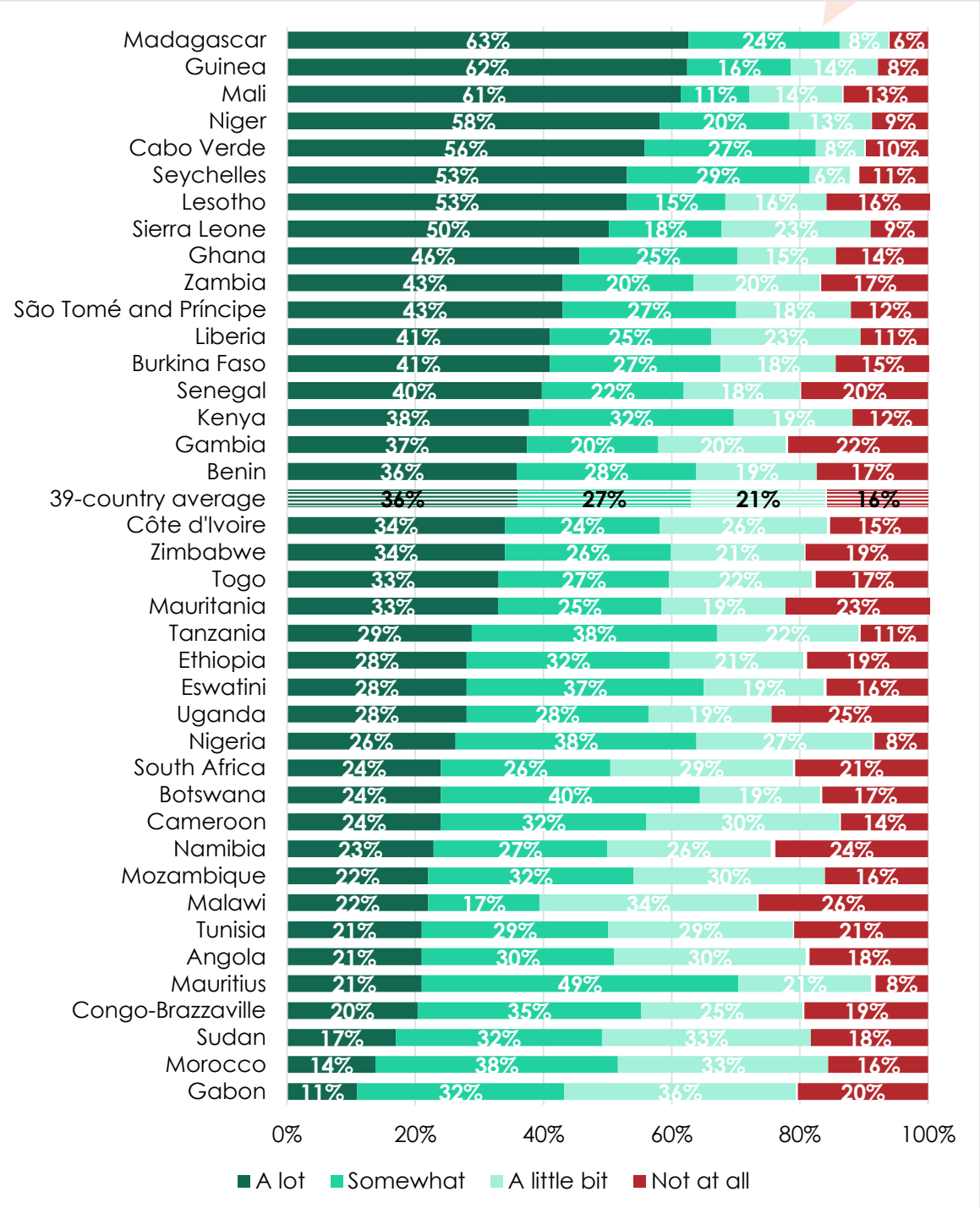
This kind of corruption in the health system is most widespread in Liberia (59%), where citizens are also most likely to mention difficulty in obtaining medical care (only 33% say it was easy, as shown in Figure 12). Sierra Leone (58%) and Congo-Brazzaville (54%) also report exceptionally high rates of bribe-paying for health services. In contrast, very few citizens report having to pay bribes in Seychelles (2%), Cabo Verde (3%), and Mauritius (3%).

Correlating reported difficulty in obtaining health services and reported bribe-paying for health services, we find a relatively modest Pearson correlation coefficient (r = .224), suggesting that while they are related, they don't necessarily go hand in hand.

Respect from medical staff

While reported ease of obtaining health services and reported demands for bribes paint a mixed picture of Africans' experiences at public health facilities, a majority (63%) of those who sought care say they were generally treated with respect (either "somewhat" (27%) or "a lot" (36%)). About one in five (21%) describe their treatment as just "a little bit" respectful, while 16% say they were accorded no respect at all (Figure 14).

Figure 14: Felt respected by hospital/clinic staff | 39 countries | 2021/2023



Respondents who had contact with a public clinic or hospital during the previous year were asked: *In general, when dealing with health workers and clinic or hospital staff, how much do you feel that they treat you with respect? (Respondents who did not have contact with a public clinic or hospital are excluded.)*

"A lot" of respect was the norm in Madagascar (63%), Guinea (62%), and Mali (61%) but was uncommon in Gabon (11%), Morocco (14%), and Sudan (17%).

Problems encountered at health facilities

Focusing on specific shortcomings that respondents encountered at public health facilities, survey findings show that three-quarters (73%) of those who sought health services during the previous year say that medicines or other supplies were lacking, including 30% who say this happened "often" (Figure 15).

This problem was almost universal in Zambia (94%), Eswatini (91%), Tunisia (90%), and the Gambia (90%). But sizeable proportions report encountering shortages even in the best-performing countries: Mali (36%), Seychelles (38%), and Cabo Verde (46%).

When Afrobarometer asked the same question in 2011/2013, the issue of missing medicines and supplies was most frequently reported by citizens in Uganda, Morocco, and Tanzania, while respondents in Mali, Mauritius, and Ghana were least likely to report this issue.

A majority (56%) of patients also note that doctors or other medical staff were absent at the time they visited public health facilities (Figure 16). Staff were most often absent in Sudan (89%), Morocco (84%), and Gabon (82%), while Mali (30%), Seychelles (32%), and Sierra Leone (32%) record the lowest levels of absentee medical personnel.

While the Afrobarometer question in 2011/2013 asked only about doctors, a rough comparison between the two survey rounds shows that Sudan and Morocco perform consistently poorly on this dimension, while Sierra Leone has done significantly better in the most recent survey.

Long wait times are a common problem at public health facilities across Africa, reported by an average of 80% of respondents who visited a clinic during the preceding year (Figure 17). Reports of long wait times are most frequent in Sudan (94%), which was also one of the three worst-performing countries on this dimension in 2011/2013, and least frequent in Mali, one of the top-performing countries a decade earlier.

Finally, Afrobarometer asked respondents who had contact with health clinics to give their impression of the facilities they visited. On average, 61% of service users say they encountered facilities in poor condition (Figure 18). As on the dimensions of absent medical personnel and long wait times, Sudan (92%) and Mali (28%) are the worst- and best-performing countries when it comes to the perceived condition of health facilities.

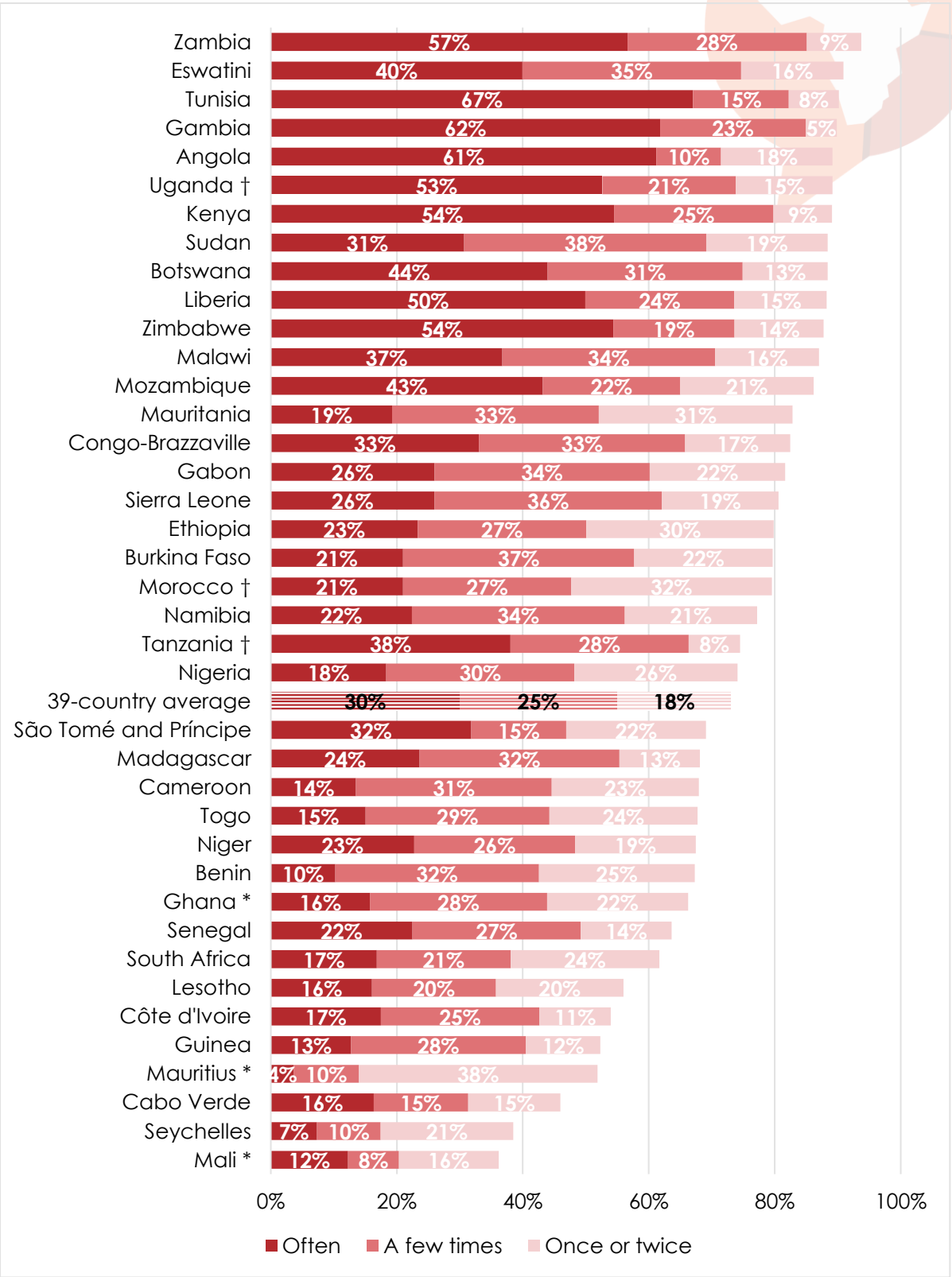
As some of the country-level comparisons suggest, these problems are likely to be correlated with one another. Bivariate Pearson correlations at the individual level confirm that the four variables are statistically significantly correlated in the expected direction – citizens who report one type of problem are also more likely to report one of the other three (Table 1).

Table 1: Individual-level correlation of problems at health clinics | 39 countries | 2021/2023

	Lack of medicines/supplies	Absent medical personnel	Long wait times	Poor condition of facilities
Absent medical personnel	.452**	1	--	--
Long wait times	.406**	.447**	1	--
Poor condition of facilities	.359**	.457**	.417**	1

*Table shows Pearson correlation coefficients. "Don't know" and "Refused" answers are excluded from this part of the analysis. ** Correlation is significant at the 0.01 level (2-tailed).*

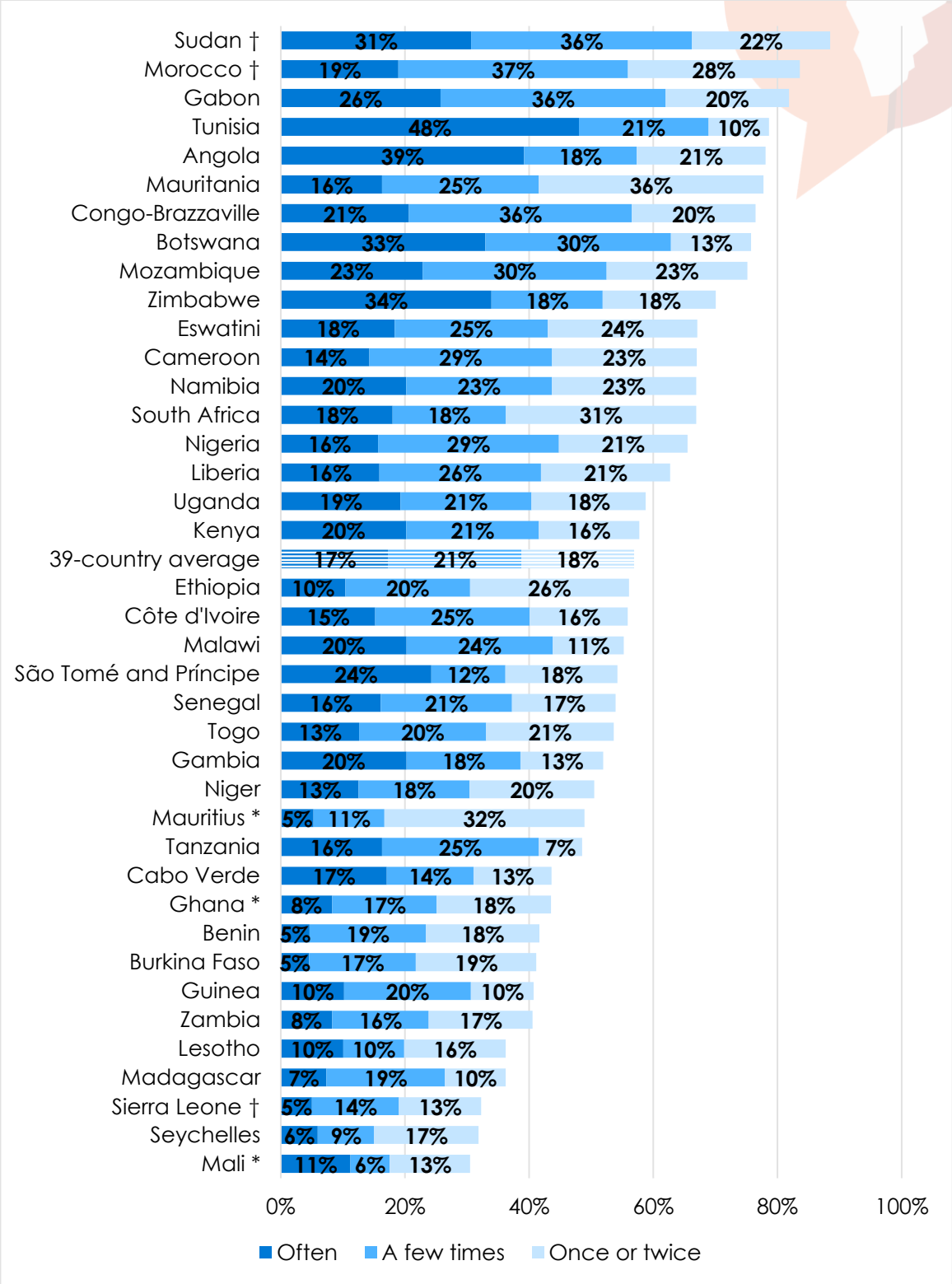
Figure 15: Problem: Lack of medicines or other supplies | 39 countries | 2021/2023



Respondents who had contact with a public clinic or hospital during the previous year were asked: *And have you encountered any of these problems with a public clinic or hospital during the past 12 months: Lack of medicines or other supplies? (Respondents who did not have contact with a public clinic or hospital are excluded.)*

***Note**: * = Country was among the three best-performing countries in 2011/2013 on this issue; † = Country was among the three worst-performing countries in 2011/2013 on this issue.*

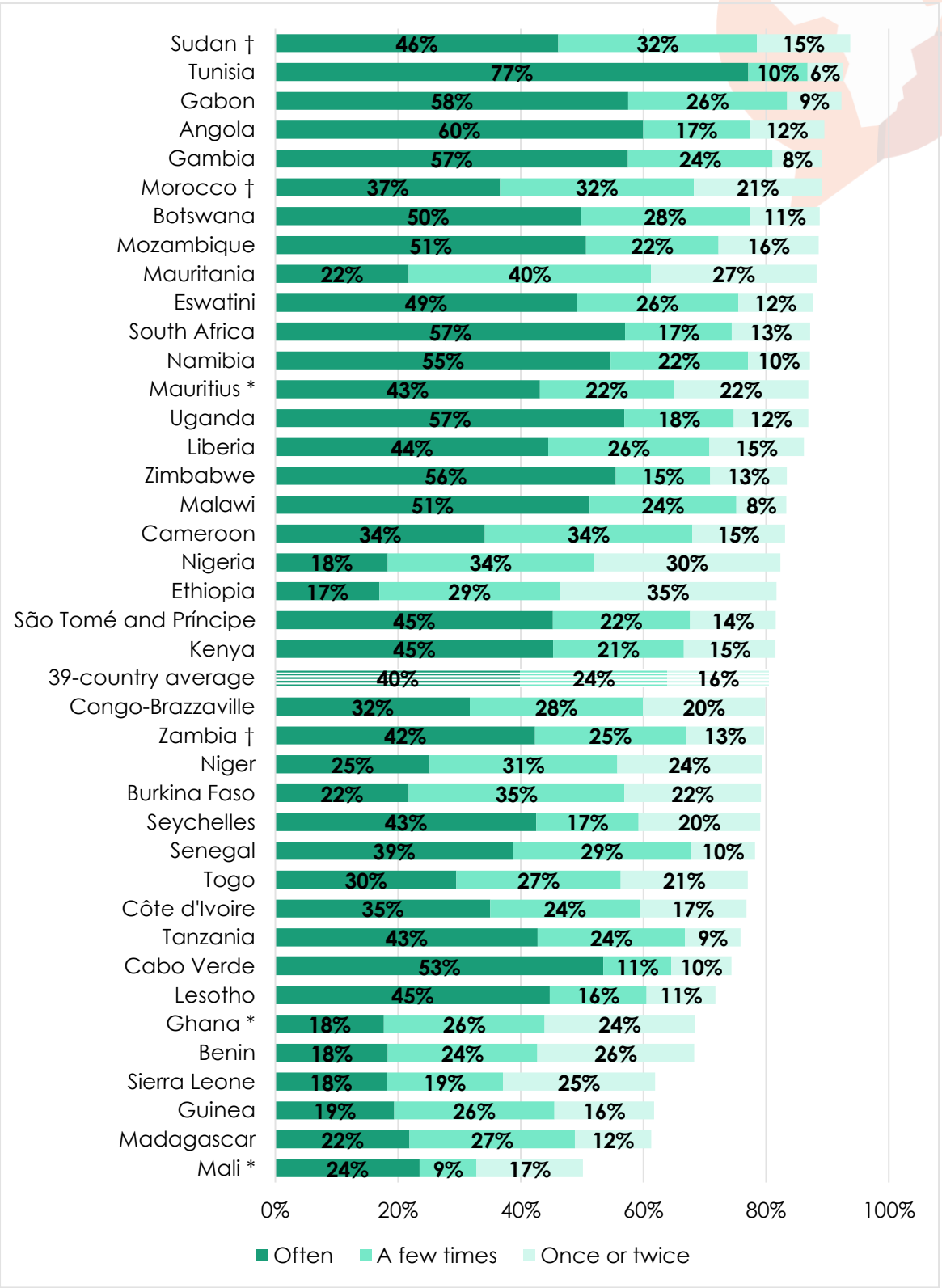
Figure 16: Problem: Absence of doctors or other medical personnel | 39 countries | 2021/2023



Respondents who had contact with a public clinic or hospital during the previous year were asked: *And have you encountered any of these problems with a public clinic or hospital during the past 12 months: Absence of doctors or other medical personnel? (Respondents who did not have contact with a public clinic or hospital are excluded.)*

***Note**: * = Country was among the three best-performing countries in 2011/2013 on this issue; † = Country was among the three worst-performing countries in 2011/2013 on this issue.*

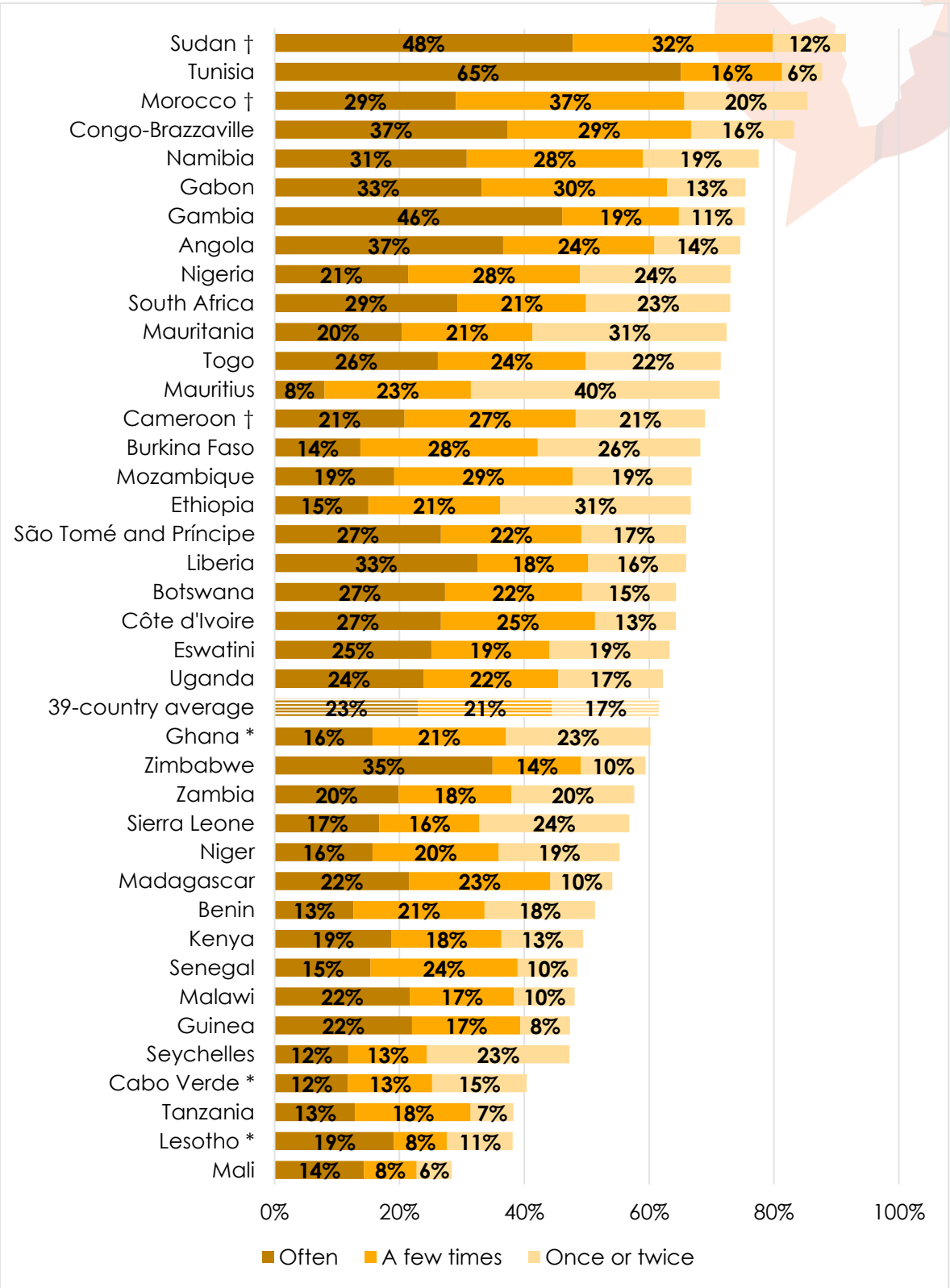
Figure 17: Problem: Long wait times | 39 countries | 2021/2023



Respondents who had contact with a public clinic or hospital during the previous year were asked: *And have you encountered any of these problems with a public clinic or hospital during the past 12 months: Long waiting times? (Respondents who did not have contact with a public clinic or hospital are excluded.)*

***Note**: * = Country was among the three best-performing countries in 2011/2013 on this issue; † = Country was among the three worst-performing countries in 2011/2013 on this issue.*

Figure 18: Problem: Poor condition of facilities | 39 countries | 2021/2023



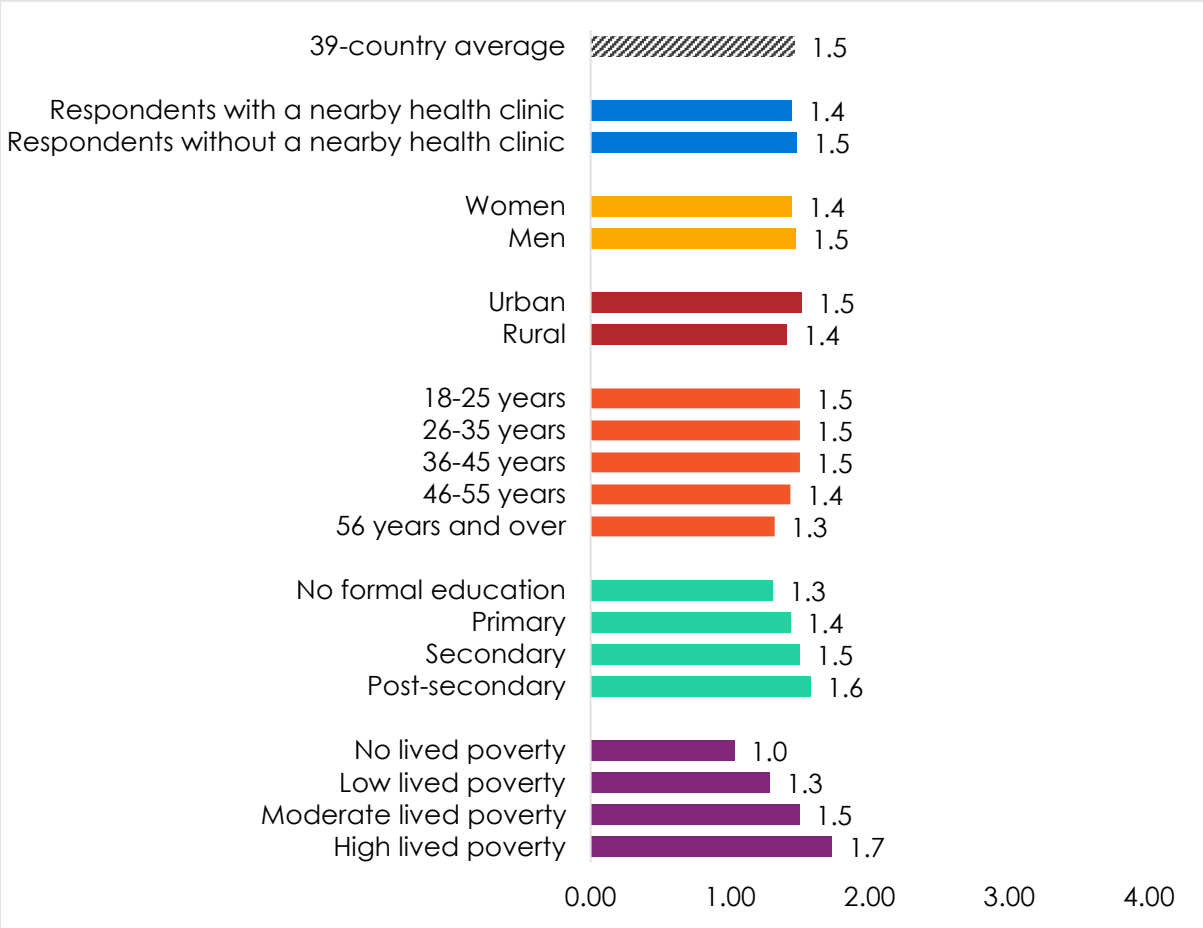
Respondents who had contact with a public clinic or hospital during the previous year were asked: *And have you encountered any of these problems with a public clinic or hospital during the past 12 months: Poor condition of facilities? (Respondents who did not have contact with a public clinic or hospital are excluded.)*

***Note**: * = Country was among the three best-performing countries in 2011/2013 on this issue; † = Country was among the three worst-performing countries in 2011/2013 on this issue.*

Indeed, further statistical analyses confirm that answers to these four questions can be summarised to describe the underlying issue of clinic and service quality.[4] Averaging scores on the four variables (lack of medicines/supplies, absentee medical personnel, long wait times, and poor condition of facilities), we compute a clinic problem index ranging from 0 (no problems) to 4 (all problems occurred during clinic visits) that allows us to gauge a country's ability to provide quality health care to its citizens. On average, citizens who had contact with a clinic report 1.5 problems.

In Figure 19, we disaggregate the score across socio-demographic categories, showing that wealthy respondents (1.0), people over age 55 (1.3), and those without formal education (1.3) report fewer issues than poor respondents (1.7), those with post-secondary education (1.6), and younger Africans (1.5).

Figure 19: Clinic problem index scores | by demographic group | 39 countries | 2021/2023

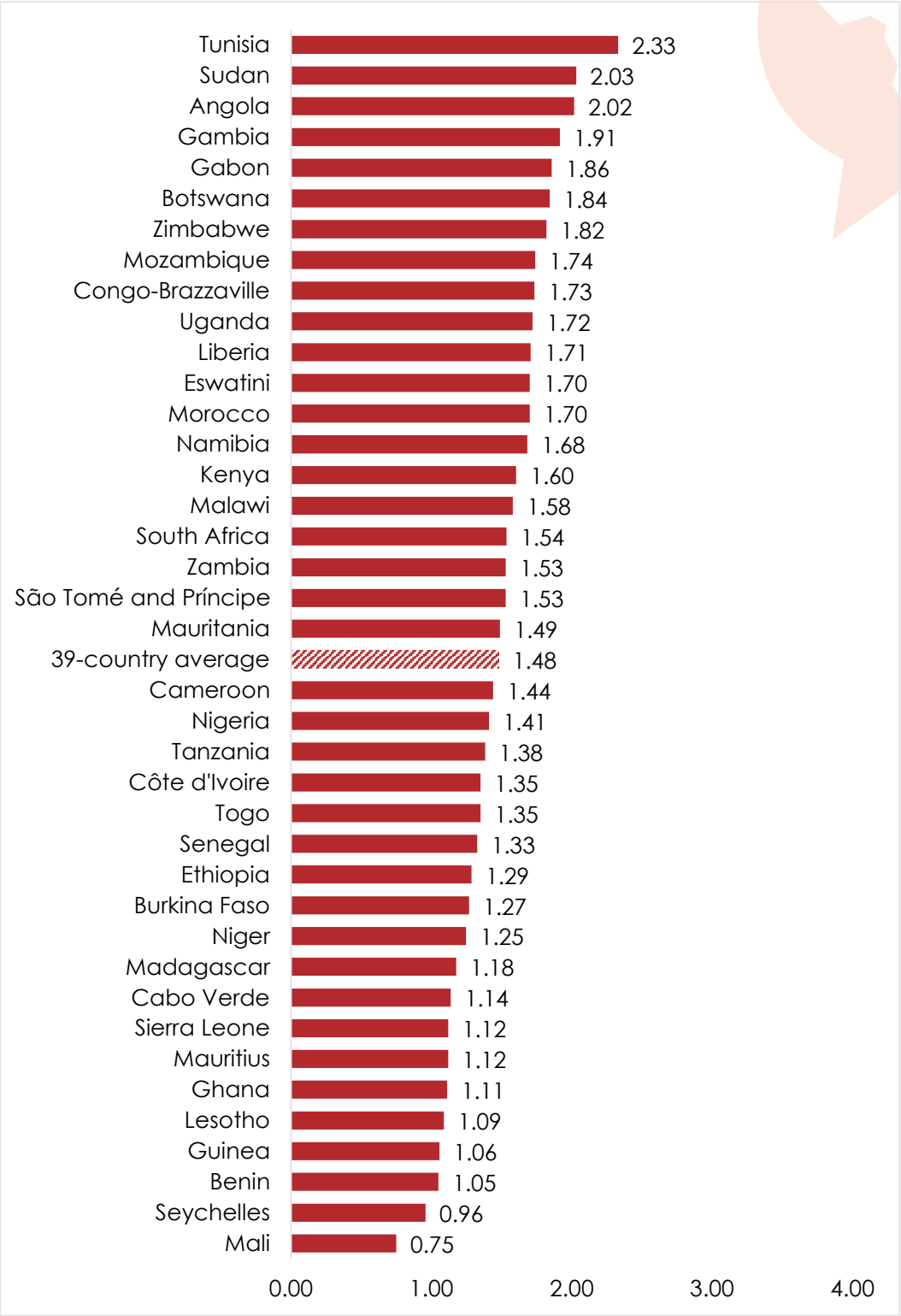


Clinic problem index scores represent the average of reported lack of medicines/supplies, absentee medical personnel, long wait times, and poor condition of facilities.

Comparing country-level scores on the clinic problem index reveals that Tunisia (2.33), Sudan (2.03), and Angola (2.02) fare worst, with citizens in each country reporting, on average, more than two of the four problems when visiting a clinic or hospital (Figure 20). Meanwhile, citizens in Seychelles (0.96) and Mali (0.75) on average report having experienced less than one problem during their visits.

[4] The KMO measure of sampling adequacy is .767, and the Bartlett's test of sphericity is statistically significant. The Cronbach's alpha for all four variables is .746, and lower if any one of the three items is deleted.

Figure 20: Clinic problem index scores | 39 countries | 2021/2023



Country-level mean scores on the clinic problem index represent the average of reported lack of medicines/supplies, absentee medical personnel, long wait times, and poor condition of facilities.

Since the same four questions were asked in Round 5 (2011/2013) and Round 9 (2021/2013), we can create the same index for both data sets and examine whether countries have been able to reduce the number of problems that people experience when they go to a

local clinic.[5] As Figure 21 shows, while the 31-country average remains relatively stable (+0.12 problems), citizens in Tunisia (+0.70), Zimbabwe (+0.61), and Botswana (+0.59) report significantly more problems than a decade ago, while two of the worst performers in Round 5 record tangible improvements – Cameroon (-0.20) and Morocco(-0.53). One country that deserves an honorable mention is Ghana, which was among the three best-performing countries a decade ago and remains sixth-best with a score of 1.11 across all categories.

Figure 21: Change in clinic problem index scores | 31 countries | 2011-2023

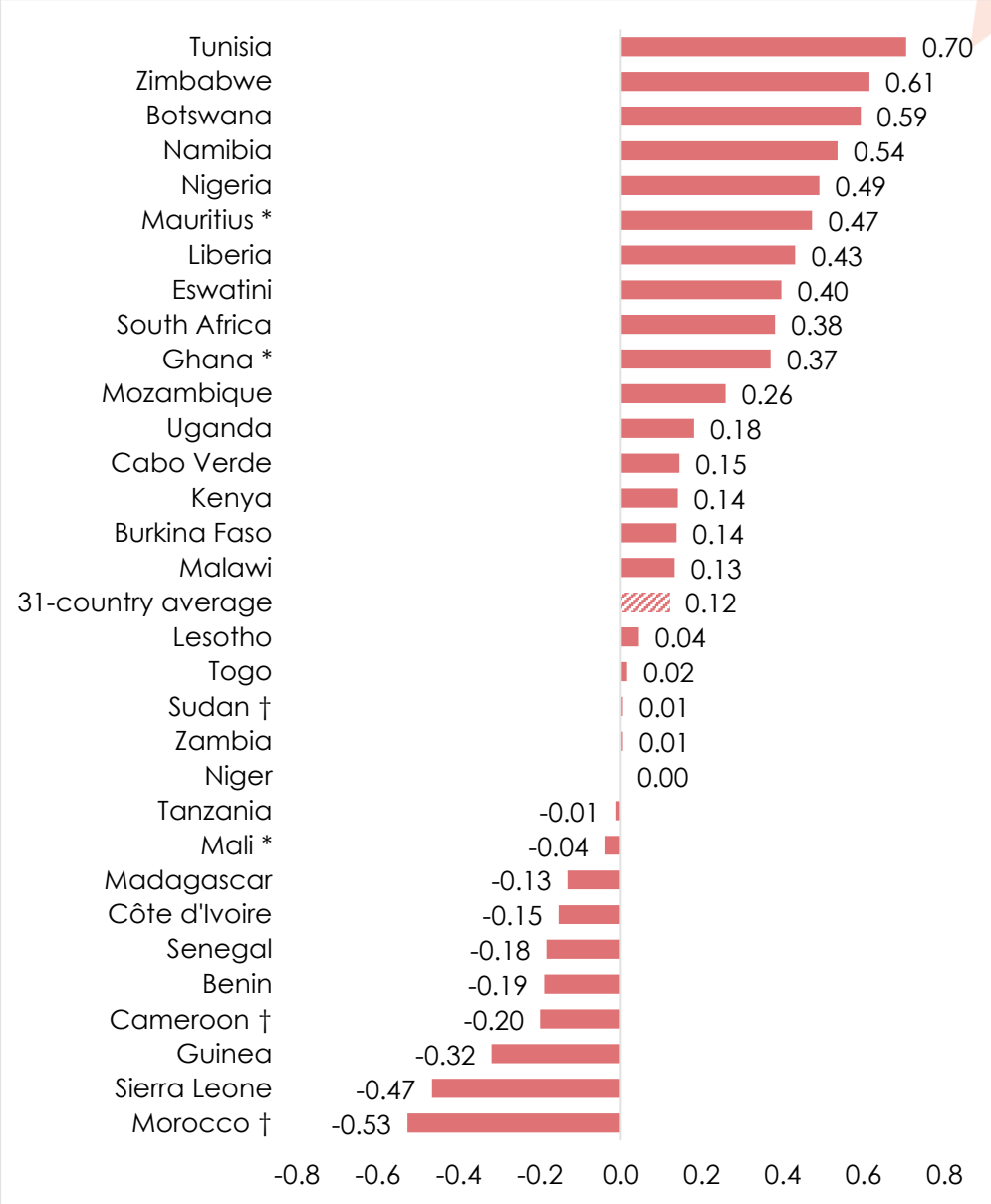


Figure shows change in country-level mean scores on the clinic problem index between Round 5 (2011/2013) and Round 9 (2021/2023). Positive numbers represent a worsening of the problem index (i.e. more problems) over time, while negative numbers represent an improvement (i.e. fewer problems).

[5] Since the question about absentee personnel asked only about doctors in Round 5 but added "or other medical personnel" in Round 9, we tested whether the index would be sensitive to the alternative phrasing. We created a separate clinic problem index for Round 9 that includes only three items (i.e. that excludes the question about absentee doctors and medical staff), and we correlated the three-item and four-item versions with each other. The Pearson correlation coefficient is very high at r=.965 (significant at <.001), suggesting that the alternative phrasing for the fourth item is unlikely to make a substantive difference to the results.

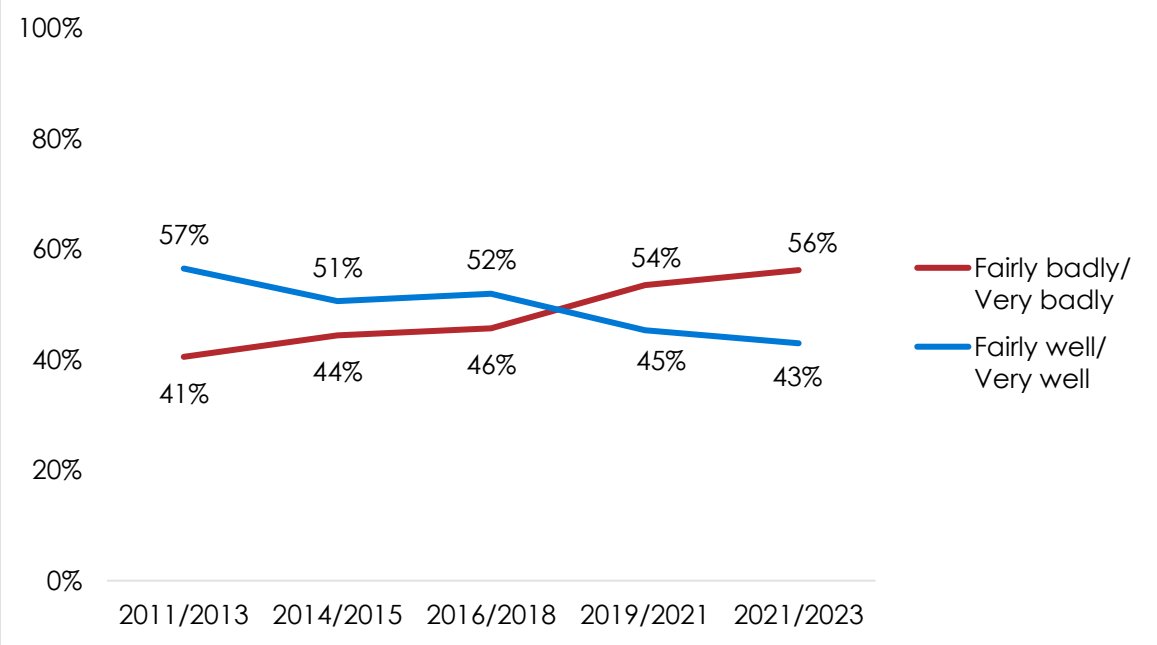
Government performance on improving basic health services

Given these findings about accessibility and quality of care, how do citizens rate their government's performance on health?

On average across 39 countries, only 41% of Africans say their government is performing "fairly well" or "very well" on improving basic health services, while 58% offer negative assessments.

This assessment has changed significantly over the past decade. On average across 30 countries surveyed consistently since 2011/2013, approval has declined steadily, from 57% to 43% (Figure 22).

Figure 22: Government performance on improving basic health services
| 30 countries | 2011-2023



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?*

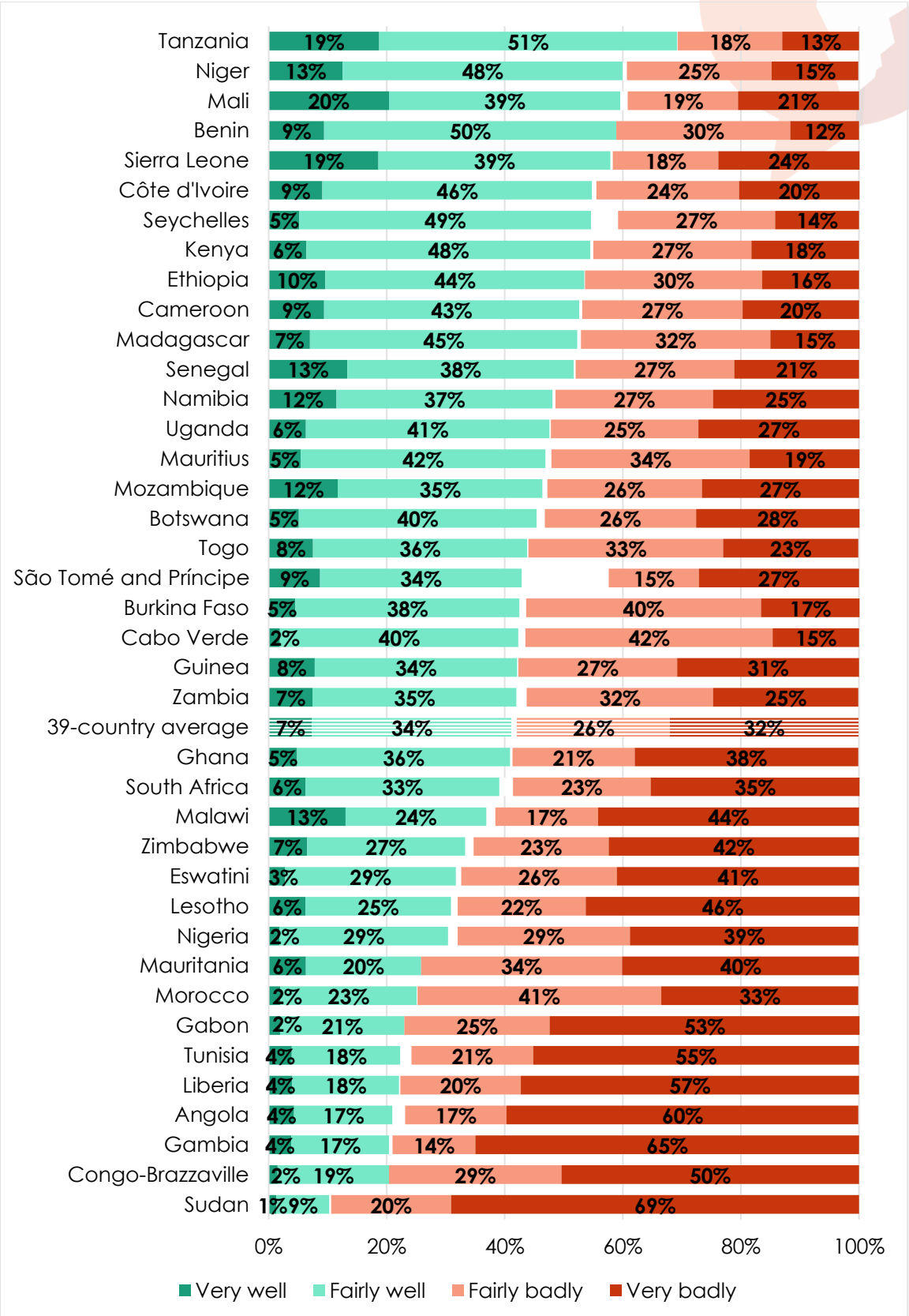
Majorities in 27 of 39 countries disapprove of their government's performance on health, including about nine out of citizens in Sudan (89%), which ranks at or near the top on all four of the clinic problems the survey asked about (figures 15-18). More than three-fourths of citizens also offer negative assessments in Congo-Brazzaville (80%), the Gambia (79%), Liberia (78%), Angola (77%), Gabon (77%), and Tunisia (76%) (Figure 23).

Public approval is highest in Tanzania (69%), Niger (60%), and Mali (60%).

Economically better-off citizens (47%-48%) and respondents who live within walking distance of a health clinic (43%) are more inclined to rate their government's performance on health favourably than citizens experiencing high lived poverty (32%) and those who do not have a nearby clinic (38%) (Figure 24). By far the biggest difference in government performance evaluations, however, can be observed between respondents who did not experience any problems when visiting a health facility (clinic problem index score < 0.5) and those who experienced several types of problems (clinic problem index score ≥ 2.5) – a 44-percentage-point gap in approval, 65% vs. 21%.[6]

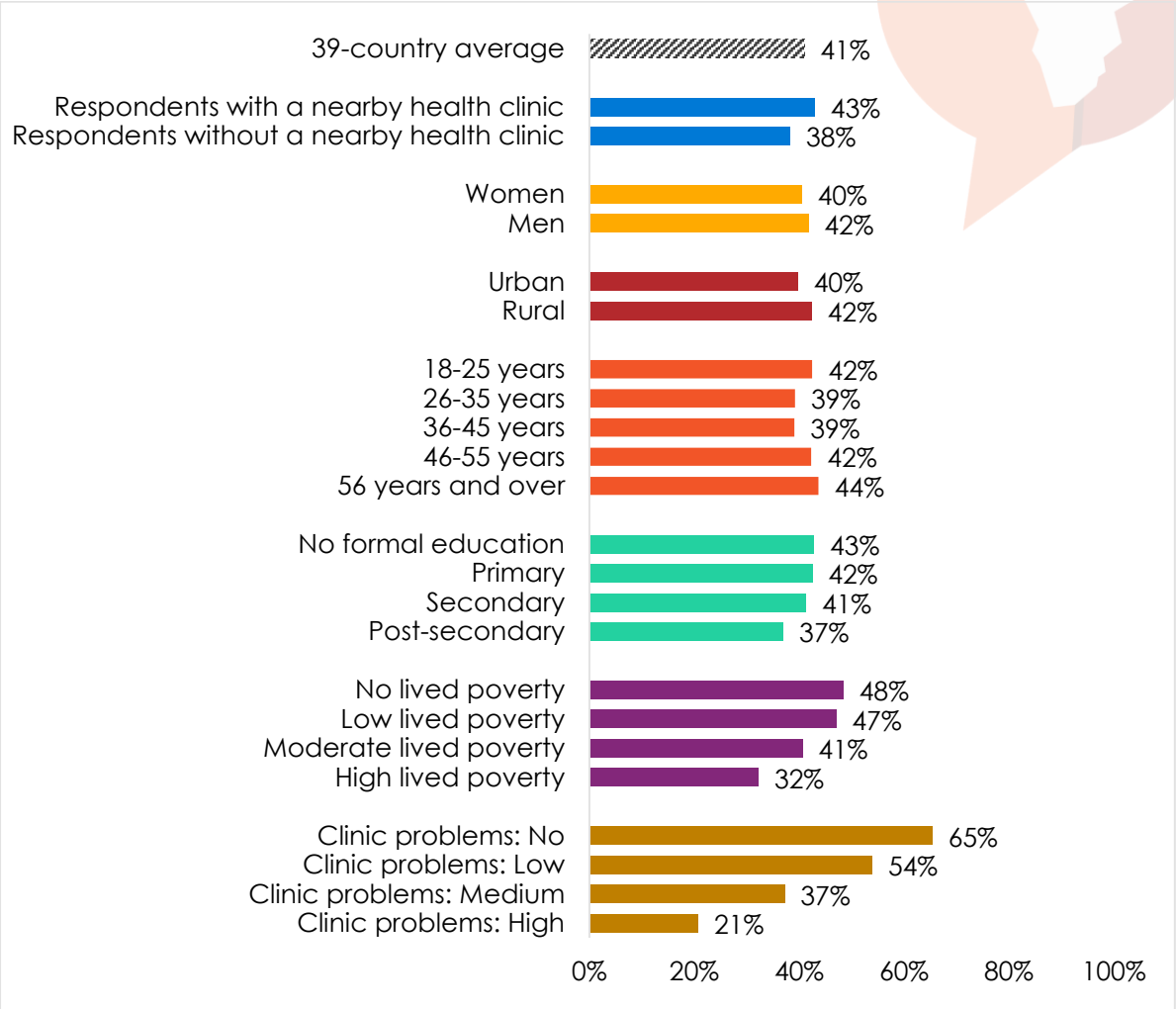
[6] Figure A.3 in the Appendix depicts this strong correlation at the country level between reported clinic problems and government performance assessments.

Figure 23: Government performance on improving basic health services | 39 countries | 2021/2023



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 24: Government performing fairly/very well on improving basic health services | by demographic group and clinic experience | 39 countries | 2021/2023



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").*

Conclusion

If high-quality health services should be accessible to everyone, everywhere, most African countries have a long way to go. While governments have made significant progress over the past two decades by decreasing their populations' disease burden, extending life expectancy, and reducing infant mortality, Afrobarometer survey data show that two-thirds of Africans still went without needed medical care at least once during the preceding year. One in four suffered a frequent lack of health services.

Among citizens who had contact with a public health care facility, more than half found it easy to obtain care and say they were treated with respect. But one in five report having to pay a bribe, and majorities report experiencing problems such as long wait times, lack of medicines or supplies, absent medical staff, and facilities in poor condition. While experiences varied widely by country, these shortcomings go some way toward explaining why a majority of Africans give their government failing marks on improving basic health services.

African health-care systems are confronted with a multitude of limitations in terms of facilities (especially in rural areas), equipment, and staffing. To overcome these challenges, governments will not only have to commit more resources (i.e. follow through on their Abuja

Declaration commitment) but also target these investments to address specific issues that lead citizens to rank health as their second-highest priority for government action. The results of this analysis may provide a useful benchmark against which future research can measure the post-pandemic progress of African governments in providing accessible quality health care for all.

Do your own analysis of Afrobarometer data – on any question, for any country and survey round. It's easy and free at www.afrobarometer.org/online-data-analysis.

References

Adepoju, P., & Fletcher, E. R. (2022). Africa records world's highest gain in healthy life expectancy over past decade. Health Policy Watch.

Adjadeh, R. (2024). Assessing the gaps: Africans look for greater progress on education**.** Afrobarometer Dispatch No. 768.

Krönke, M., Isbell, T., & Kakumba, M. R. (2024). Law enforcers or law breakers? Beyond corruption, Africans cite brutality and lack of professionalism among police failings. Afrobarometer Policy Paper No. 90.

Lacroix, A., & Long C. (2024). What do we know about health spending in sub-Saharan Africa? ODI.

Mattes, R., & Patel, J. (2022). Lived poverty resurgent. Afrobarometer Policy Paper No. 84.

Noko, K. (2020). After COVID, Africa needs to make healthcare a priority. Al Jazeera. 17 December.

ONE. (2024). Health financing.

Roser, M., Ritchie, H., & Spooner, F. (2024). Burden of disease. Our World in Data.

UNAIDS. (2023). African leaders pledge new commitments to end AIDS. News release. 20 February.

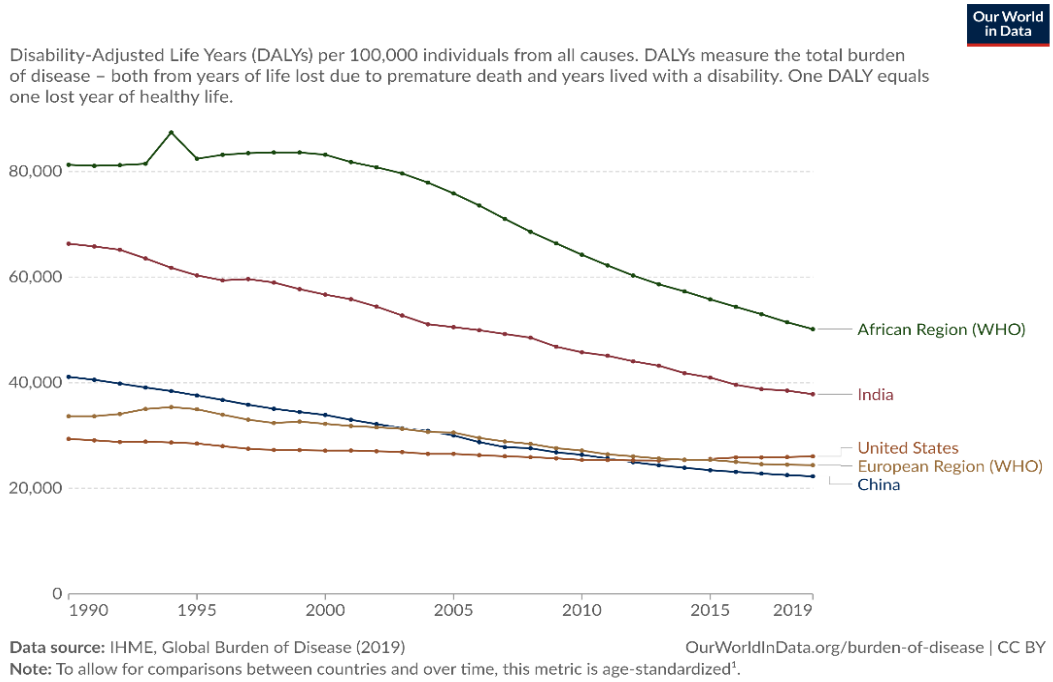
United Nations. (2023). The sustainable development goals report 2023: Special edition – Towards a rescue plan for people and planet.

World Health Organization. (2023). Technical efficiency of health systems in the WHO African region.

World Health Organization. (2024). World health day 2024: Key messages.

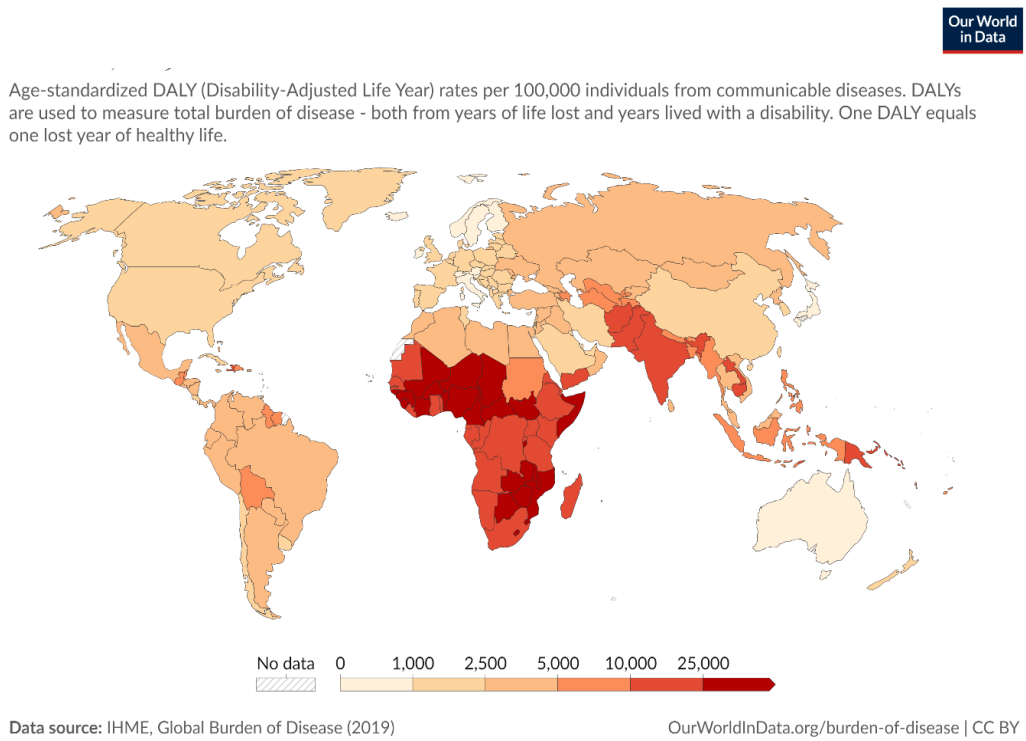
Appendix

Figure A.1: Burden of disease | 1990-2019



Source: Roser, M., Ritchie, H., & Spooner, F. (2024).

Figure A.2: DALY rates from communicable, neonatal, maternal, and nutritional diseases | 2019



Source: Roser, M., Ritchie, H., & Spooner, F. (2024).

Figure A.3: Correlation between clinic problem index and government performance on improving basic health services | 39 countries | 2021/2023

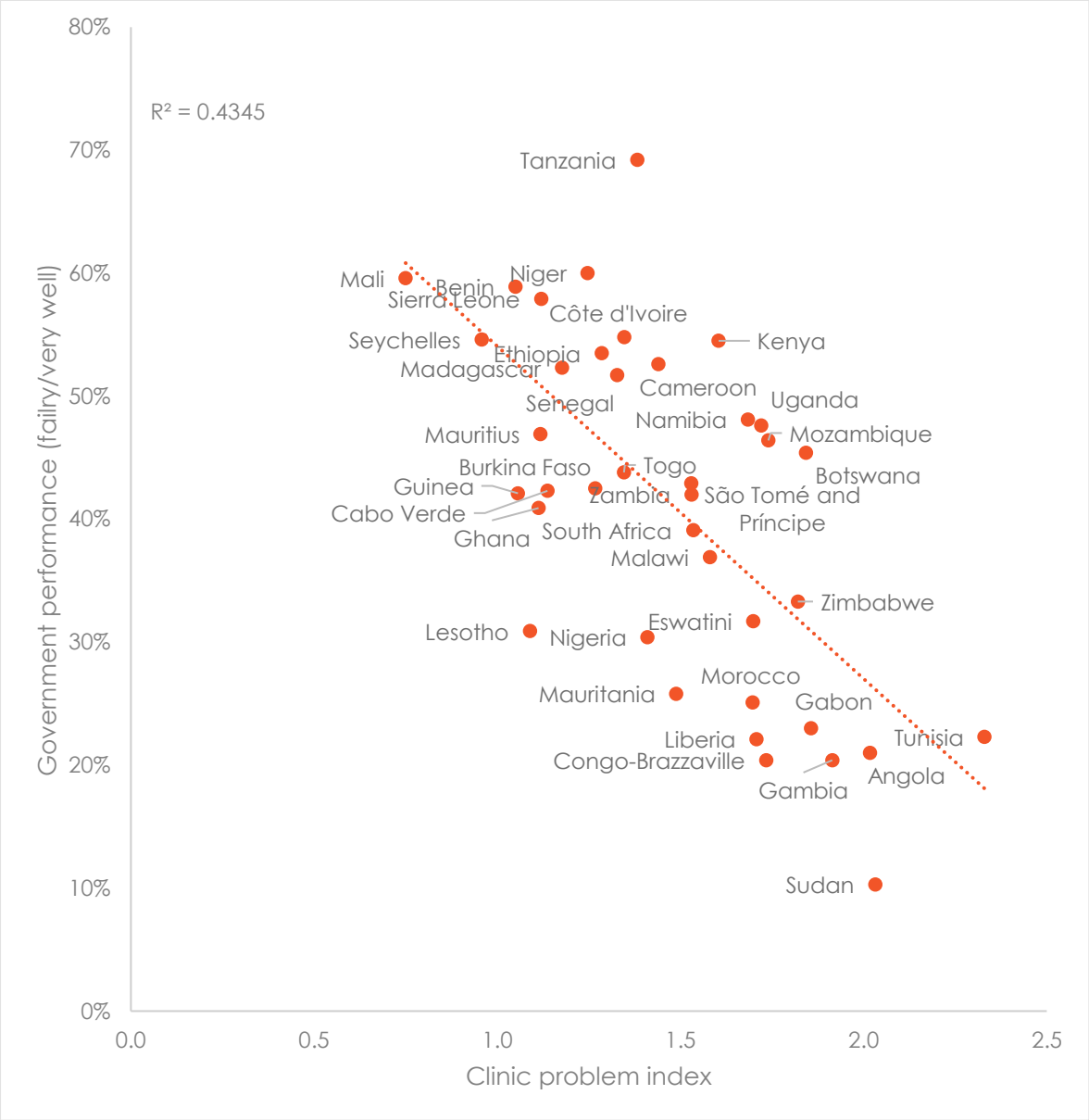


Table A.1: Afrobarometer Round 9 fieldwork dates and previous survey rounds

Country	Round 9 fieldwork	Previous survey rounds
Angola	Feb.-March 2022	2019
Benin	Jan. 2022	2005, 2008, 2011, 2014, 2017, 2020
Botswana	June-July 2022	1999, 2003, 2005, 2008, 2012, 2014, 2017, 2019
Burkina Faso	Sept.-Oct. 2022	2008, 2012, 2015, 2017, 2019
Cabo Verde	July-Aug. 2022	2002, 2005, 2008, 2011, 2014, 2017, 2019
Cameroon	March 2022	2013, 2015, 2018, 2021
Congo-Brazzaville	June-July 2023	NA
Côte d'Ivoire	Nov.-Dec. 2021	2013, 2014, 2017, 2019
Eswatini	Oct.-Nov. 2022	2013, 2015, 2018, 2021
Ethiopia	May-June 2023	2013, 2020
Gabon	Nov.-Dec. 2021	2015, 2017, 2020
Gambia	Aug.-Sept. 2022	2018, 2021
Ghana	April 2022	1999, 2002, 2005, 2008, 2012, 2014, 2017, 2019
Guinea	Aug. 2022	2013, 2015, 2017, 2019
Kenya	Nov.-Dec. 2021	2003, 2005, 2008, 2011, 2014, 2016, 2019
Lesotho	Feb.-March 2022	2000, 2003, 2005, 2008, 2012, 2014, 2017, 2020
Liberia	Aug.-Sept. 2022	2008, 2012, 2015, 2018, 2020
Madagascar	April-May 2022	2005, 2008, 2013, 2015, 2018
Malawi	Feb. 2022	1999, 2003, 2005, 2008, 2012, 2014, 2017, 2019
Mali	July 2022	2001, 2002, 2005, 2008, 2013, 2014, 2017, 2020
Mauritania	Nov. 2022	NA
Mauritius	March 2022	2012, 2014, 2017, 2020
Morocco	Aug.-Sept. 2022	2013, 2015, 2018, 2021
Mozambique	Oct.-Nov. 2022	2002, 2005, 2008, 2012, 2015, 2018, 2021
Namibia	Oct.-Nov. 2021	1999, 2003, 2006, 2008, 2012, 2014, 2017, 2019
Niger	June 2022	2013, 2015, 2018, 2020
Nigeria	March 2022	2000, 2003, 2005, 2008, 2013, 2015, 2017, 2020
São Tomé and Príncipe	Dec. 2022	2015, 2018
Senegal	May-June 2022	2002, 2005, 2008, 2013, 2014, 2017, 2021
Seychelles	Dec. 2022	NA
Sierra Leone	June-July 2022	2012, 2015, 2018, 2020
South Africa	Nov.-Dec. 2022	2000, 2002, 2006, 2008, 2011, 2015, 2018, 2021
Sudan	Nov.-Dec. 2022	2013, 2015, 2018, 2021
Tanzania	Sept.-Oct. 2022	2001, 2003, 2005, 2008, 2012, 2014, 2017, 2021
Togo	March 2022	2012, 2014, 2017, 2021
Tunisia	Feb.-March 2022	2013, 2015, 2018, 2020
Uganda	Jan. 2022	2000, 2002, 2005, 2008, 2012, 2015, 2017, 2019
Zambia	Aug.-Sept. 2022	1999, 2003, 2005, 2009, 2013, 2014, 2017, 2020
Zimbabwe	March-April 2022	1999, 2004, 2005, 2009, 2012, 2014, 2017, 2021

Lionel Ossé is Afrobarometer assistant project manager for anglophone West Africa and North Africa, based at CDD-Ghana.

Matthias Krönke is a researcher in the Afrobarometer Analysis Unit.

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.

Financial support for Afrobarometer is provided by Sweden via the Swedish International Development Cooperation Agency, the U.S. Agency for International Development (USAID) via the U.S. Institute of Peace, the Norwegian Agency for Development Cooperation via the World Bank Think Africa Project, the Mo Ibrahim Foundation, the Open Society Foundations - Africa, Luminate, the William and Flora Hewlett Foundation, the Bill & Melinda Gates Foundation, the Mastercard Foundation, the David and Lucile Packard Foundation, the European Union Commission, the World Bank Group, the Ministry of Foreign Affairs of Finland, the Embassy of the Kingdom of the Netherlands in Uganda, the Embassy of Sweden in Zimbabwe, the Global Centre for Pluralism, and GIZ.

Donations help Afrobarometer give voice to African citizens. Please consider making a contribution (at www.afrobarometer.org) or contact Felix Biga (felixbiga@afrobarometer.org) or Runyararo Munetsi (runyararo@afrobarometer.org) to discuss institutional funding.

For more information, please visit www.afrobarometer.org.

Follow our releases on **#VoicesAfrica.**

/Afrobarometer @Afrobarometer

Cover: *Adapted from photograph by UN Photo/Tobin Jones, via flickr.com.*

Contact:

lessima@afrobarometer.org

mkroenke@afrobarometer.org