Chapter 29

African Union at 20: Health Systems Strengthening for Post-COVID Dispensation

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Introduction

In January 2014, the former chairperson of the African Union (AU) Commission, Nkosazana Dlamini-Zuma, presented Agenda 2063: The Africa We Want as a blueprint and master plan for transforming the continent into "The Africa of the Future". As a strategic framework, this agenda is also founded on an approach for inclusive and sustainable development, which represents, "a concrete manifestation of the Pan-African drive for unity, self-determination, freedom, progress, and collective prosperity pursued under Pan-Africanism and African Renaissance". Through its broad flagship programmes that aim mainly to transform the continent into the global powerhouse of the future, Agenda 2063 also provides clear direction for the continent's plans for ensuring healthy lives and promoting the wellbeing of all people. Incidentally, this is the exact focus of the United Nations (UN) Sustainable Development Goals (SDGs), which are key to the theme of the chapter, as revealed in the table below.

Table 29.1: Alignment Between Agenda 2063 Goals, Priority Areas, and the UN Sustainable Development Goals

Agenda 2063 Goals	Agenda 2063 Priority Areas	UN Sustainable Development Goals
A high standard of living, quality of life, and wellbeing for all citizens	Poverty, inequality, and hunger Social security and protection, including persons with disabilities; modern, affordable, and liveable habitats and quality basic service	End hunger, achieve food security and improved nutrition, and promote sustainable agriculture.
3. Healthy and well-nourished citizens	Health and nutrition	Ensure healthy lives and promote wellbeing for all at all ages.
17. Full gender equality in all spheres of life	Violence and discrimination against women and girls	Achieve gender equality and empower all women and girls.
18. Engaged and empowered youth and children	Youth empowerment and children's rights	

Source: African Union Commission[1]

Thus, the chapter examines the state of health systems in Africa post the COVID-19 era. This is done by unpacking and evaluating the African Union's Africa Health Strategy (AHS) and the utilisation of its objectives by member states of the AU in determining their health plans and policy strategies or frameworks. The chapter also outlines a comprehensive analysis of health systems strengthening (HSS) in the region to provide premises for the facilitation of improved performance for sustainable development goals (SDGs) and the attainment of Agenda 2063 objectives on health and wellbeing. An emphasis is placed on HSS, which is seen as one of the key strategies for the survival of health systems in the continent.

1 It is available at https://au.int/en/agenda2063/overview.

The Africa Health Strategy (AHS)

In pursuit of a healthier African continent, the AU Specialised Technical Committee on Health, Population, and Drug Control (STC-HPDC) proposed the Africa Health Strategy (AHS). As mentioned earlier, the AHS responds to the health-related objectives of Agenda 2063 and the UN SDG 3 by fostering strong health systems, scaling up effective and efficient health interventions, promoting intersectoral action, and empowering communities through African-driven responses (AHS 2016). As a result, all AU member states are expected to align with the strategy's objectives and incorporate its approaches in their national health planning and budgeting. However, the issues of health have often taken a back seat in many AU member countries, since the continent has continued to experience huge challenges in addressing poverty and insecurity. Thus, it is not surprising that, although the current AHS (2016-2030) is an updated version of the first-ever AHS (2007-2015), very little attention is given to the evaluation of these strategies by the AU.

During the initial decade review report, the AU's evaluation predominantly focused on issues of regional integration and broader global politics. Although the AHS had been in existence for six years at the time, its objectives were not reflected in the contents of the AU's meeting agenda (Paterson 2012). Over the last 20 years, the AU has developed many institutions that are expected to assist the organisation in functioning as an effective international actor on the continent (Mileski & Dimitrijević 2022). However, Chris Saunders holds that some of the work of these organisations has not been very effective (Mileski & Dimitrijević 2022). This could also be the reason why the continent is behind in the attainment of most of the objectives of SDG 3 (Cohen *et al* 2013; Heiby 2014).

Moreover, since the report was compiled in 2022, after the COVID-19 era, it exposes the continent's pathetic state of health, including how the pandemic threatened the provisions of the AHS on the continent. This included huge delays in the number of people who were tested to determine their status and the lack of sufficient vaccines in some African countries

(Mileski & Dimitrijević 2022). Furthermore, it is not surprising that the continent's COVID-19 experience was characterised by shortages in the health workforce, testing kits, health facilities, personal protective equipment, and sanitisers. These shortages demonstrate the required commitments by regional and national actors for the achievement of the objectives of the AHS, which clearly state that adequate health financing and the strengthening of the health systems ought to be the pillars for improving health facilities and creating equitable access to health services (AHS 2016).

Utilisation of the AHS by AU Member States

The exposure of Africa's dilapidated health infrastructure during the COVID-19 pandemic demonstrates the need for AU member states to start apportioning the goals and objectives of the AHS the attention they deserve. This calls for the member states to also pay attention to the pillars of health offered by the Africa Centre for Disease Control (Africa-CDC), amongst which are i) emergency preparedness and response, ii) disease control and prevention, iii) laboratory systems and networks, iv) national public health institutes and research, v) public health information systems, and vi) surveillance and disease intelligence (Africa-CDC 2019; Amukele 2017).

Further guidance and support are also offered to member states through the African Union Development Agency's (AUDA) COVID-19 Response Plan of Action, which encompasses and resembles targets of the SDGs (education and training; skills and employability; food and nutrition security) and the WHO Building blocks (health service delivery; human resources for health; research & development innovation). Hence, the AUDA mandate of providing technical advice to the member states in driving and harnessing domestic health financing mechanisms is also key for the strengthening of health systems (AUDA 2022). These entities and other actors in the African health sector can assist in prioritising the health agenda, translating it to key discussions within the AU platform, as has been done for other life-threatening diseases within the World Health Organisation (WHO).

Furthermore, African countries have also accessed a lot of funding for the combating of life-threatening diseases such as tuberculosis (TB), human immunodeficiency virus (HIV), malaria, and cholera, thereby causing them to lean more towards disease management and investing less resources and attention on the successful implementation of health system strengthening (HSS) (Gautier & Ridde 2017; Mills *et al* 2012)user fee exemption, and results-based financing policies as relevant instruments for achieving UHC in Sub-Saharan Africa. The "donor-driven" push for policies aiming at UHC raises concerns about governments' effective buy-in of such policies. Because the latter has implications on the success of such policies, we searched for evidence of government ownership of the policymaking process. Methods: We conducted a scoping review of the English and French literature from January 2001 to December 2015 on government ownership of decision-making on policies aiming at UHC in Sub-Saharan Africa. Thirty-five (35. Such a shift can only be achieved through a commitment and consistent efforts to improve service delivery and health outcomes in the region (Gold & Ejughemre 2013).

In 2015, the AHS was evaluated, amongst other things, for determining the extent to which national and regional health policy frameworks had utilised the AHS 2007-2015's key seven strategic directions. The key findings were presented by how they aligned with what the AU calls Africa's health situation. In line with the aims of this chapter, the summary included in this report focuses on one of the objectives for health sector weakness. This summary depicts the slow utilisation or application of strategic directions about:

1. developing national health policy frameworks (only 39%);
2. health systems strengthening (56%);
3. creation of clear, integrated, multisectoral policy linkages and improving health governance harmonisation and alignment (33%);
4. resource mobilisation for sustaining health sector finances (28%); and

5. reflecting the strategic direction for enhanced investments and focus on strengthening health-related research systems (19%) (AU 2015).

In this way, these findings imply that the African health agenda is being undermined by a lack of health planning, health financing, and health governance (Asante *et al* 2020; Sambo *et al* 2011). Thus, there is an obvious need for the member states to focus on the promotion of equitable health care for all, which could be achieved through practices, instruments, and policies that aim to strengthen the continental health systems (Gilson & Daire 2011; Heiby 2014).

Health Systems Strengthening in Africa

According to the WHO, a health system consists of all the organisations, institutions, resources, and people whose primary purpose is to improve health. This institution delivers holistic packages of health needs from preventive, promotive, curative, and rehabilitative interventions. The delivery of the services is dependent on a combination of actions and facilities that may be provided by both state and non-state actors (WHO 2010). Since 2005, there has been more attention on issues around HSS. Most countries around the world are engaged in HSS because of the interventions of the global HSS actors, such as the WHO, the Global Fund, the President's Emergency Plan for AIDS Relief (PEPFAR), the Rockefeller Foundation, and the World Bank. At that period, a focus on HSS was inspired by several concerns around progress in achieving the Millennium Development Goals (MDGs), global health initiative, and the standpoints that weak health systems had hampered the attainment of organisational objectives and growing criticism of the adverse effects of these initiatives on the health system (WHO 2010).

Inequality, complex humanitarian emergencies, low vaccine coverage, and fragile health delivery systems can offset the progress of health development and health goals as contained in the UN sustainable development goals (SDGs) (Tangcharoensathien *et al* 2022)reforms in LICs should focus on efficiency through health resource waste reduction. Targeting the

poor even with low level of health spending can make a significant health gain. Investment in primary healthcare and health workforce is the foundation for realizing UHC which cannot be postponed. Innovative tax on health hazardous products, conditional debt relief can increase fiscal space for health; while international collaboration to accelerate coronavirus disease 2019 (COVID-19. This was especially evident in some parts of the world that were characterised by low SDG performance (Gold & Ejughemre 2013). The COVID-19 pandemic resulted in more than 170 million confirmed cases of the disease. Over 4 928 439 cases of COVID-19 disease were recorded in Africa as of 10 June 2021 (Elebesunu *et al* 2021).

Notwithstanding the efforts employed by different countries and their health systems, this virus claimed more than 3.7 million lives until June 2021 (Androutsou *et al* 2021)accessibility, effectiveness and sustainability. A review of policies and actions related to health systems' challenges and responses considered as opportunities are presented and discussed. The key challenges are boosting the way towards optimising health systems' capacity, ensuring access to healthcare, promoting R&D focused on the accelerated development of diagnostics, treatments and vaccines, improving health data digitalization as well as monitoring individual behaviour along with the socioeconomic impact. Numerous health policy recommendations, synergies and funding initiatives have been launched as responses to these challenges. EU is constantly obtaining lessons from the pandemic with coordination being the key component for response and for building in opportunities that will strengthen health systems' preparedness and management of cross-border health threats. Governments need to ensure that the health systems are equipped with the critical capacities to promptly respond to future health crises.", (Androutsou et al., 2021), although the average death rate across many African countries was lower than 3% (Seydou 2021). This was significantly lower than the casualties in developed countries like the United States (US) or the United Kingdom. Availability and access to COVID-19 diagnostics and treatment, regulatory barriers, and the health system's capacity are among the major challenges that international bodies,

national governments as well and regional health authorities had to cope with during the pandemic (Androutsou *et al* 2021; Sambo *et al* 2011)accessibility, effectiveness and sustainability. A review of policies and actions related to health systems' challenges and responses considered as opportunities are presented and discussed. The key challenges are boosting the way towards optimising health systems' capacity, ensuring access to healthcare, promoting R&D focused on the accelerated development of diagnostics, treatments and vaccines, improving health data digitalization as well as monitoring individual behaviour along with the socioeconomic impact. Numerous health policy recommendations, synergies and funding initiatives have been launched as responses to these challenges. EU is constantly obtaining lessons from the pandemic with coordination being the key component for response and for building in opportunities that will strengthen health systems' preparedness and management of cross-border health threats. Governments need to ensure that the health systems are equipped with the critical capacities to promptly respond to future health crises. Even though Africa has the highest disease burden compared with other regions, it has the lowest per capita spending on health. In 2007, 27 (51%).

Factually, the pandemic exposed the fragility of many health systems and then emphasised the cruciality of adequate HSS efforts (Elebesunu *et al* 2021; Sherr *et al* 2013)hence, this paper emphasises the need for African policymakers to improve healthcare quality in their countries. Through a brief review of various online literatures concerning health systems strengthening in Africa, this paper focuses on the nature of healthcare in Nigeria amidst the COVID-19 pandemic. The major stress areas include COVID-19 testing capacity, health workforce, infection prevention and control, health information and surveillance systems, health insurance, public-private partnerships, and governance. The COVID-19 pandemic has amplified several challenges ravaging Africa's already fragile healthcare systems, leaving the health sectors of most African countries ill-prepared to deal with the pandemic. If Nigeria and many other African countries had invested sufficiently in strengthening their healthcare systems prior to COVID-19, their

pandemic response efforts would have been more effective. Health systems strengthening is necessary to ensure steady progress toward universal health coverage and global health security. Through health systems strengthening, Nigeria and other African countries can greatly improve their infection prevention and control measures (Elebesunu et al., 2021; Sherr et al., 2013). Pandemics such as Covid 19 pose a huge threat to public health systems as they expect a highly co-ordinated and resourced approach. In Africa, the existing fragile health systems crumbled in the face of the pandemic (Elebesunu *et al* 2021; Ogunkola *et al* 2021)hence, this paper emphasises the need for African policymakers to improve healthcare quality in their countries. Through a brief review of various online literatures concerning health systems strengthening in Africa, this paper focuses on the nature of healthcare in Nigeria amidst the COVID-19 pandemic. The major stress areas include COVID-19 testing capacity, health workforce, infection prevention and control, health information and surveillance systems, health insurance, public-private partnerships, and governance. The COVID-19 pandemic has amplified several challenges ravaging Africa's already fragile healthcare systems, leaving the health sectors of most African countries ill-prepared to deal with the pandemic. If Nigeria and many other African countries had invested sufficiently in strengthening their healthcare systems prior to COVID-19, their pandemic response efforts would have been more effective. Health systems strengthening is necessary to ensure steady progress toward universal health coverage and global health security. Through health systems strengthening, Nigeria and other African countries can greatly improve their infection prevention and control measures. Many Sub-Saharan African countries have been known to suffer various challenges which threaten the quality of health services that are offered to the population. With the emergence of COVID-19 outbreak, it is not impossible that access to quality antenatal care services would be further threatened in the region due to the competition for limited health care resources. This paper seeks to highlight the impact of COVID-19 pandemic on antenatal healthcare services in Sub-Saharan Africa. It is imperative for all African countries to put up measures to ensure antenatal care services, which

are just as important and needed, are not disrupted due to the urgent need to shift limited resources to contain the COVID-19 pandemic. For most countries, the pandemic also forced health systems to prioritise some services over others. As governments redirected their focus, finances, and resources towards fighting the spread of the virus, services such as sexual and reproductive health services took a back seat (Nyasulu & Pandya 2020)cases have constantly increased and the pandemic has taken a toll on the health system. This requires extra mobilisation of resources to curb the disease and overcome financial loses whilst providing social protection to the poor. Assessing the effects of COVID-19 on South African health system is critical to identify challenges and act timely to strike a balance between managing the emergency and maintaining essential health services. We applied the World Health Organization (WHO. For example, a 2020 survey of women of reproductive age in the US found that one in three (33%) reported that they had to delay or cancel visiting a healthcare provider for sexual and reproductive healthcare because of the pandemic (Pillay *et al* 2021)including lockdowns, have had various consequences for lives and livelihoods. South Africa (SA.

Similar reductions in consulting health practitioners were recorded in South Africa, Nigeria, and Bangladesh. In the case of South Africa, it accounted for some of the high rates of teenage pregnancies and births by adolescents, between the ages of 10-19 years (General Household Survey 2021). Mother and child health indicators have always been the worst performing, yet the Covid era brought about a 30% increase in institutional maternal mortality, teenage pregnancy, and gender-based violence cases (Nyasulu & Pandya 2020; Ogunkola *et al* 2021)it is not impossible that access to quality antenatal care services would be further threatened in the region due to the competition for limited health care resources. This paper seeks to highlight the impact of COVID-19 pandemic on antenatal healthcare services in Sub-Saharan Africa. It is imperative for all African countries to put up measures to ensure antenatal care services, which are just as important and needed, are not disrupted due to the urgent need to shift limited resources to contain the COVID-19 pandemic.

In South Africa, the health system grapples with a quadruple burden of chronic diseases which includes high maternal, newborn, and child health illnesses; the human immunodeficiency virus (HIV) and tuberculosis (TB) pandemics; high rates of non-communicable diseases (such as cancers, high blood pressure, diabetes); and the growing effect of violence and injuries (Kathard & Pillay 2013; Mbanda 2020)Wylie, McAllister, Davidson, and Marshall (2013. Moreover, the already concerning national HIV prevalence rate of 14% in the country (Simbayi *et al* 2019), was relegated to the back seat, as most chronic services were disrupted during the pandemic. This meant that fewer people were able to access health facilities, including less testing and diagnoses and less attention to those who required treatment for other diseases (Pillay *et al* 2021)including lockdowns, have had various consequences for lives and livelihoods. South Africa (SA.

During this period, the country survived through the support of health-related partners and NGOs that intervened through them in partnership with the National Department of Health (NDoH). They were able to continue roving service to clients on chronic treatment, especially antiretrovirals (ARVs), whilst the NDoH staff remained at the forefront of the COVID response. They were able to assist in triaging, coding, testing, diagnosis, and treatment of clients with symptoms (Pillay *et al* 2021)including lockdowns, have had various consequences for lives and livelihoods. South Africa (SA. The case was different in Nigeria, where the biggest challenges were seen with the health workforce and the struggle with infection prevention and control measures (Elebesunu *et al* 2021; Sherr *et al* 2013) hence, this paper emphasises the need for African policymakers to improve healthcare quality in their countries. Through a brief review of various online literatures concerning health systems strengthening in Africa, this paper focuses on the nature of healthcare in Nigeria amidst the COVID-19 pandemic. The major stress areas include COVID-19 testing capacity, health workforce, infection prevention and control, health information and surveillance systems, health insurance, public-private partnerships, and governance. The COVID-19 pandemic has amplified several challenges ravaging Africa's already fragile

healthcare systems, leaving the health sectors of most African countries ill-prepared to deal with the pandemic. If Nigeria and many other African countries had invested sufficiently in strengthening their healthcare systems prior to COVID-19, their pandemic response efforts would have been more effective. Health systems strengthening is necessary to ensure steady progress toward universal health coverage and global health security. Through health systems strengthening, Nigeria and other African countries can greatly improve their infection prevention and control measures (Elebesunu et al., 2021; Sherr et al., 2013). In general, medicine security on the continent was threatened because over 70% of the prescribed medications are produced from active ingredients (API), which were primarily sourced from firms in China and India. With the restricted travelling and import prohibition, access to medicine was hugely compromised (Akande-Sholabi & Adebisi 2020)one could have heard of how dangerous it is to be virtually reliant on medicine supply from other countries. Nonetheless, no action was taken because it seemed to many that the global trade system was operational and Nigerians as well as citizens of African countries appear to have sufficient supply of the medications required at quite appealing cost. Currently in 2020, this apprehension has revolved from an imaginary problem to an actual challenge that might have consequences for millions nationwide due to COVID-19 pandemic. Now, African countries can realize that putting all our eggs in one basket was not such a good idea. In Nigeria, over 70% of the prescribed medications are produced from active ingredients (API.

It is thus evident that many health infrastructures need optimal health systems to improve their resilience, ensure accessibility to healthcare, as well as ensure effectiveness and sustainability through the accelerated development of diagnostics, treatments, and vaccines (Androutsou *et al* 2021)accessibility, effectiveness and sustainability. A review of policies and actions related to health systems' challenges and responses considered as opportunities are presented and discussed. The key challenges are boosting the way towards optimising health systems' capacity, ensuring access to healthcare, promoting R&D focused on the accelerated development of diagnostics, treatments

and vaccines, improving health data digitalization as well as monitoring individual behaviour along with the socioeconomic impact. Numerous health policy recommendations, synergies and funding initiatives have been launched as responses to these challenges. EU is constantly obtaining lessons from the pandemic with coordination being the key component for response and for building in opportunities that will strengthen health systems' preparedness and management of cross-border health threats. Governments need to ensure that the health systems are equipped with the critical capacities to promptly respond to future health crises (Androutsou et al., 2021). Recovery of the health systems post-COVID is of paramount importance (Androutsou *et al* 2021) accessibility, effectiveness and sustainability. A review of policies and actions related to health systems' challenges and responses considered as opportunities are presented and discussed. The key challenges are boosting the way towards optimising health systems' capacity, ensuring access to healthcare, promoting R&D focused on the accelerated development of diagnostics, treatments and vaccines, improving health data digitalization as well as monitoring individual behaviour along with the socioeconomic impact. Numerous health policy recommendations, synergies and funding initiatives have been launched as responses to these challenges. EU is constantly obtaining lessons from the pandemic with coordination being the key component for response and for building in opportunities that will strengthen health systems' preparedness and management of cross-border health threats. Governments need to ensure that the health systems are equipped with the critical capacities to promptly respond to future health crises (Androutsou et al., 2021). This is especially in the face of a gloomy economic recovery and poverty that has been worsened by inflation, job losses, and restrictions on the movements of goods and people across international borders (Tangcharoensathien *et al* 2022)reforms in LICs should focus on efficiency through health resource waste reduction. Targeting the poor even with low level of health spending can make a significant health gain. Investment in primary healthcare and health workforce is the foundation for realizing UHC which cannot be postponed. Innovative tax on health hazardous products, conditional debt relief can increase

fiscal space for health; while international collaboration to accelerate coronavirus disease 2019 (COVID-19.

In the post-COVID-19 era, countries' reasons for the improvement of the health system should be driven by a commitment to determine influences on health financing, national priority, and policy approaches. To unpack the importance of HSS and its core activities, the WHO derives and monitors its progress against six building blocks. The building blocks, as reflected in Image 7, comprise i) leadership and governance, ii) health care financing, iii) health workforce, iv) medical products and technologies, v) information, and vi) research and service delivery (Manyazewal 2017; WHO 2010). They provide a monitoring framework that allows countries to monitor HSS at the national level and enhance the incorporation of HSS into the existing global health initiatives that are already supported by various countries' health systems (WHO 2012).

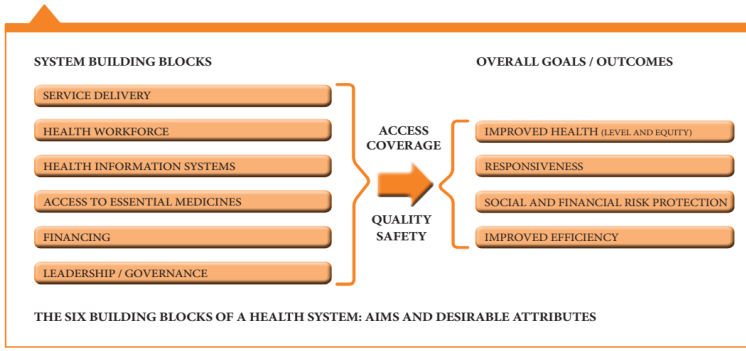

Figure 29.1: The World Health System Framework

Source: WHO (2010).

It becomes very important to discuss the pillars of HSS under the following different themes:

Leadership and Governance

Having established the underutilisation of the AHS, leadership and governance are of paramount importance for HSS (Elebesunu *et al* 2021; Shoman *et al* 2017)Liberia and Sierra Leone and lessons

learned. The WHO health system building blocks were used to evaluate the performance of the health systems in these countries. Methods: A systematic review of articles published from inception until July 2015 was conducted following the PRISMA guidelines. Electronic databases including Medline, Embase, Global Health, and the Cochrane library were searched for relevant literature. Grey literature was also searched through Google Scholar and Scopus. Articles were exported and selected based on a set of inclusion and exclusion criteria. Data was then extracted into a spreadsheet and a descriptive analysis was performed. Each study was critically appraised using the Crowe Critical Appraisal Tool. The review was supplemented with expert interviews where participants were identified from reference lists and using the snowball method. Findings: Thirteen articles were included in the study and six experts from different organisations were interviewed. Findings were analysed based on the WHO health system building blocks. Shortage of health workforce had an important effect on the control of Ebola but also suffered the most from the outbreak. This was followed by information and research, medical products and technologies, health financing and leadership and governance. Poor surveillance and lack of proper communication also contributed to the outbreak. Lack of available funds jeopardised payments and purchase of essential resources and medicines. Leadership and governance had least findings but an overarching consensus that they would have helped prompt response, adequate coordination and management of resources. Conclusion: Ensuring an adequate and efficient health workforce is of the utmost importance to ensure a strong health system and a quick response to new outbreaks. Adequate service delivery results from a collective success of the other blocks. Health financing and its management is crucial to ensure. The COVID-19 pandemic has proven the need for countries worldwide to implement strategies that promote health systems strengthening and ensure epidemic preparedness. Many African countries are burdened by fragile healthcare systems, hence, this paper emphasises the need for African policymakers to improve healthcare quality in their countries. Through a brief review of various online literatures concerning health systems strengthening in Africa, this paper focuses on the nature of healthcare in Nigeria amidst the

COVID-19 pandemic. The major stress areas include COVID-19 testing capacity, health workforce, infection prevention and control, health information and surveillance systems, health insurance, public-private partnerships, and governance. The COVID-19 pandemic has amplified several challenges ravaging Africa's already fragile healthcare systems, leaving the health sectors of most African countries ill-prepared to deal with the pandemic. If Nigeria and many other African countries had invested sufficiently in strengthening their healthcare systems prior to COVID-19, their pandemic response efforts would have been more effective. Health systems strengthening is necessary to ensure steady progress toward universal health coverage and global health security. Through health systems strengthening, Nigeria and other African countries can greatly improve their infection prevention and control measures (Elebesunu et al., 2021; Gilson & Daire, 2011; Shoman et al., 2017). However, there is a need for transformational leadership and effective governance, which requires leaders with integrity and ethics of accountability in terms of managing the finances allocated to the health sector (Asante *et al* 2020; Sambo *et al* 2011). Such planning can only be possible if the National Department of Health not only acknowledges but also changes the general perception that leaders are corrupt and poor planners, who mismanage and launder government funds. Although many health ministries have invested funds, staff, and resources into the health systems, they rarely monitor nor account for whether this investment translates into quality of care and wellbeing.

Hence, it is not surprising that the Transparency International Survey revealed that out of 42 of the 102 countries surveyed, over 52% of the citizens in those countries believed that their health systems were corrupt (Hutchinson *et al* 2019)with considerable evidence that this has serious adverse consequences for patients. Yet this issue is far from prominent in the international health policy discourse. We identify five reasons why the health policy community has been reluctant to talk about it. These are the problem of defining corruption, the fact that some corrupt practices are actually ways of making dysfunctional systems work, the serious challenges to researching corruption, concerns

that a focus on corruption is a form of victim blaming that ignores larger issues, and a lack of evidence about what works to tackle it. We propose three things that can be done to address this situation. First, seek consensus on the scale and nature of corruption. Second, decide on priorities, taking account the importance of the particular problem and the feasibility of doing something about it. Third, take a holistic view, drawing on a wide range of disciplines (Hutchinson et al., 2019). Therefore, citizens tend to have very little confidence in their public health systems. This is a trend that many African countries have demonstrated through the scepticism of misinformation (Nguyen & Catalan-Matamoros 2020), and also experienced in the form of political mistrust during the COVID-19 pandemic, particularly with respect to government response and vaccination rollouts (Abayomi 2022). There has also been a certain degree of vaccine hesitancy, which is also linked to citizens' mistrust of their health ministries and their capacity to administer the programme with integrity (Seydou 2021). This resistance and the prevalence of corruption undermines the prospects of effective, equitable, and responsible healthcare, thereby impeding the progress of many SDGs,not just SDG 3 (Hutchinson *et al* 2019)with considerable evidence that this has serious adverse consequences for patients. Yet this issue is far from prominent in the international health policy discourse. We identify five reasons why the health policy community has been reluctant to talk about it. These are the problem of defining corruption, the fact that some corrupt practices are actually ways of making dysfunctional systems work, the serious challenges to researching corruption, concerns that a focus on corruption is a form of victim blaming that ignores larger issues, and a lack of evidence about what works to tackle it. We propose three things that can be done to address this situation. First, seek consensus on the scale and nature of corruption. Second, decide on priorities, taking account the importance of the particular problem and the feasibility of doing something about it. Third, take a holistic view, drawing on a wide range of disciplines (Hutchinson et al., 2019).

Health Financing

Given that health systems rely heavily on their resources and face challenges due to the detrimental effects of corruption, it is crucial to focus on collaborative efforts in health financing. As already demonstrated, the lack of the required financial allocation and misuse of resources is directly linked to poor health outcomes. A report by Gold and Ejughemre (2013) attests to the poor health finances that were allocated by African governments towards the health sector. This shows that only six out of the 55 AU member states spend about 15% of their national budgets on health issues.

The biggest problem with African health systems is the huge number of citizens who have no access to free health facilities but must spend their savings on health services. This is called 'out-of-pocket sources', which is due to the inability of countries to meet the basic health needs of all their citizens (Gold & Ejughemre 2013). HSS is thus seen as a viable vehicle through which to attain steady progress toward universal health coverage. This would enable everyone to obtain the desired quality of health services without utilising their income, thereby aggravating people's financial hardships (Elebesunu *et al* 2021; Evans *et al* 2013). In turn, the closer a country is to attaining universal health coverage, the better their chances are at achieving desirable progress in their SDG targets.

Health Workforce

The COVID-19 pandemic highlighted the extent to which society depends upon essential and frontline workers, as well as the importance of a strong and skilled healthcare workforce for epidemic response and control (The Lancet 2020). As the world experienced the lockdowns, essential and frontline workers could not be locked in the comfort of their own homes, watching the news updates and being alarmed about how the virus was claiming lives across the world (Blau *et al* 2021)we exclude industries that were shut down or running under limited demand at that time (Vavra 2020. This cadre of labour was forced to continue with their regular supply of labour even in the face of the high possibility of

being infected by the virus as they served many people at their homes and in various health facilities.

However, the poor working conditions and low salaries earned by them escalated their anxiety, which resulted in mental health issues and added to the already existing high rates of emigration[2] from the African continent to higher-income countries (Ikhurionan *et al* 2022). This scenario was like salt to the wound, as Africa already has limited human resource capacity; thus, the losses of the productive labour force and essential workers during COVID-19 further undermined the current state of the health systems. Consequently, a healthy system requires a strong and skilled healthcare workforce to be effective in epidemic response and control (Shoman *et al* 2017)Liberia and Sierra Leone and lessons learned. The WHO health system building blocks were used to evaluate the performance of the health systems in these countries. Methods: A systematic review of articles published from inception until July 2015 was conducted following the PRISMA guidelines. Electronic databases including Medline, Embase, Global Health, and the Cochrane library were searched for relevant literature. Grey literature was also searched through Google Scholar and Scopus. Articles were exported and selected based on a set of inclusion and exclusion criteria. Data was then extracted into a spreadsheet and a descriptive analysis was performed. Each study was critically appraised using the Crowe Critical Appraisal Tool. The review was supplemented with expert interviews where participants were identified from reference lists and using the snowball method. Findings: Thirteen articles were included in the study and six experts from different organisations were interviewed. Findings were analysed based on the WHO health system building blocks. Shortage of health workforce had an important effect on the control of Ebola but also suffered the most from the outbreak. This was followed by information and research, medical products and technologies, health financing and leadership and governance. Poor surveillance and lack of proper communication also contributed to the outbreak. Lack of available

2 While there were restrictions of movement at different times during the pandemic, health workers – with critical skills – were able to emigrate easily during COVID-19.

funds jeopardised payments and purchase of essential resources and medicines. Leadership and governance had least findings but an overarching consensus that they would have helped prompt response, adequate coordination and management of resources. Conclusion: Ensuring an adequate and efficient health workforce is of the utmost importance to ensure a strong health system and a quick response to new outbreaks. Adequate service delivery results from a collective success of the other blocks. Health financing and its management is crucial to ensure (Shoman et al., 2017).

Essential Medicines

Additionally, no health system can function without an adequate supply of its medicine and health products. There is a general concern about the fact that the African continent is heavily reliant on medicine supplies from foreign countries (Akande-Sholabi & Adebisi 2020; Saied *et al* 2022)one could have heard of how dangerous it is to be virtually reliant on medicine supply from other countries. Nonetheless, no action was taken because it seemed to many that the global trade system was operational and Nigerians as well as citizens of African countries appear to have sufficient supply of the medications required at quite appealing cost. Currently in 2020, this apprehension has revolved from an imaginary problem to an actual challenge that might have consequences for millions nationwide due to COVID-19 pandemic. Now, African countries can realize that putting all our eggs in one basket was not such a good idea. In Nigeria, over 70% of the prescribed medications are produced from active ingredients (API. This dependence extends to equipment for diagnostics, medicine supplies, vaccines, and personal protective equipment. Indeed, Africa imports about 99% of their vaccines and 95% of their medicine supplies, which was one of the major obstacles during the COVID-19 pandemic (Saied *et al* 2022)millions of Africans contract tuberculosis, malaria, and many other diseases. Malaria kills hundreds of thousands of children under the age of five years annually. More than 11,000 people died during the 2014-2016 Ebola outbreak in West Africa; still, occasional cases of Ebola, as well as monkeypox, periodically appear in the Democratic Republic of Congo. Since most of the African countries gained

their independence during the 1960s, the continent has relied heavily on the outside world for diagnostics, medicines, vaccines, personal protective equipment, and other medical supplies. Africa consumes nearly 25% of the globally produced vaccines but imports 99% and 95% of its vaccines and medicines, respectively. The 55 African countries were not able to ensure the health of 1.3 billion Africans during the COVID-19 pandemic but had to rely on other global initiatives and other countries for help and support. However, the pandemic and the shortage of vaccines may have been the much-needed trigger for this situation to change. \"When misfortunes increase, they erase each other.\" Naguib Mahfouz (1911-2006. The continued dependence on medicine supply from foreign countries is antithetical to health security on the continent (Akande-Sholabi & Adebisi 2020)one could have heard of how dangerous it is to be virtually reliant on medicine supply from other countries. Nonetheless, no action was taken because it seemed to many that the global trade system was operational and Nigerians as well as citizens of African countries appear to have sufficient supply of the medications required at quite appealing cost. Currently in 2020, this apprehension has revolved from an imaginary problem to an actual challenge that might have consequences for millions nationwide due to COVID-19 pandemic. Now, African countries can realize that putting all our eggs in one basket was not such a good idea. In Nigeria, over 70% of the prescribed medications are produced from active ingredients (API. Therefore, the continent needs to generate its own capacity to produce and distribute medicines and vaccines for its teeming population.

Health Information Systems

Health information is quite important since no government can plan, budget, and monitor health issues without the availability of accurate, timely, and reliable data. Despite the significant funding by external donor organisations towards HSS, most African systems have struggled to provide the quality data required for policymaking (AbouZahr & Boerma 2005). This funding also provides opportunities for health ministries and departments

to invest in internal capacity-building and strengthening of health systems.

The lack of adequate data on relevant indicators has also generated inequities within the systems, as well as undermining the success of the MDGs, which later transformed into the SDGs (See Nolen *et al* 2005)middle- and high-income countries have consistently shown inequalities in health among socioeconomic groups and by gender, race or ethnicity, geographical area and other measures associated with social advantage. Significant health inequalities linked to social (dis. This is why Nolen *et al* (2005)middle- and high-income countries have consistently shown inequalities in health among socioeconomic groups and by gender, race or ethnicity, geographical area and other measures associated with social advantage. Significant health inequalities linked to social (dis proposed that health ministries need to pay due attention to their national Health Information Systems (HISs). They should also be able to assess the effectiveness of the Routine Health Information Systems (RHISs) for improving health system performance (Aqil *et al* 2009). This exercise was crucial as it would also help the health departments to ascertain whether the systems can address health inequities through reliable, longitudinal, and representative data.

This is important for linking health measures to their social and structural determinants, and social status at the individual or small-area level. Sufficient measurement of health equity also paves the way for universal health coverage because it outlines the gap between socially advantaged groups (Nolen *et al* 2005)middle- and high-income countries have consistently shown inequalities in health among socioeconomic groups and by gender, race or ethnicity, geographical area and other measures associated with social advantage. Significant health inequalities linked to social (dis. For many African countries, such as Eastern, Western, and Southern African countries, provided healthcare services are the only source of healthcare for most of the citizens. However, about 20% of Africans have health insurance cover (Barasa *et al* 2021) we assessed the level and inequality of population coverage of existing health insurance schemes in 36 SSA countries. Methods Using secondary data from the most recent Demographic and

Health Surveys, we computed mean population coverage for any type of health insurance, and for specific forms of health insurance schemes, by country. We developed concentration curves, computed concentration indices, and rich-poor differences and ratios to examine inequality in health insurance coverage. We decomposed the concentration index using a generalised linear model to examine the contribution of household and individual-level factors to the inequality in health insurance coverage. Results Only four countries had coverage levels with any type of health insurance of above 20% (Rwanda-78.7% (95% CI 77.5% to 79.9%. The main reason for the slow progression is the inequality between different classes in the society which means that health services are entirely dependent on one's class and level of affordability (Barasa *et al* 2021)we assessed the level and inequality of population coverage of existing health insurance schemes in 36 SSA countries. Methods Using secondary data from the most recent Demographic and Health Surveys, we computed mean population coverage for any type of health insurance, and for specific forms of health insurance schemes, by country. We developed concentration curves, computed concentration indices, and rich-poor differences and ratios to examine inequality in health insurance coverage. We decomposed the concentration index using a generalised linear model to examine the contribution of household and individual-level factors to the inequality in health insurance coverage. Results Only four countries had coverage levels with any type of health insurance of above 20% (Rwanda-78.7% (95% CI 77.5% to 79.9%.

Research and Service Delivery

The provision of adequate finances, and the provision of human resources, programmes, medical products, and vaccines, are some of the outputs that are critical for the effective functioning of the health system. Moreover, improved service delivery and quality of healthcare are two indications of a system that functions effectively. In other words, service delivery is an immediate output of the development of the health system.[3] Increased

3 The health system comprises the workforce, procurement and supplies, and financing.

healthcare facilities should lead to outcomes such as improved service delivery and enhanced access to services (WHO 2010). Before COVID-19, African health systems would have raised a very key question to assess whether the volume of funding equates to the delivery of essential health services and the desired outcomes. However, some researchers in South Africa have argued that a key question post-COVID should be directed at identifying the existing gaps in the delivery of quality health services (Nyasulu & Pandya 2020)cases have constantly increased and the pandemic has taken a toll on the health system. This requires extra mobilisation of resources to curb the disease and overcome financial loses whilst providing social protection to the poor. Assessing the effects of COVID-19 on South African health system is critical to identify challenges and act timely to strike a balance between managing the emergency and maintaining essential health services. We applied the World Health Organization (WHO. They further suggested that countries should respond to these questions through the provisions of the WHO 6th building block framework.

The HSS in the Post-COVID-19 Dispensation

The WHO health systems framework offers a viable approach for assessing and prioritising services by health systems and allows a systematic and comprehensive approach to the identification of these gaps (Nyasulu & Pandya 2020)cases have constantly increased and the pandemic has taken a toll on the health system. This requires extra mobilisation of resources to curb the disease and overcome financial loses whilst providing social protection to the poor. Assessing the effects of COVID-19 on South African health system is critical to identify challenges and act timely to strike a balance between managing the emergency and maintaining essential health services. We applied the World Health Organization (WHO. Firstly, the health ministries and departments need to be motivated considering the misalignment between the inputs and health outcomes. It is important to deal with certain corrupt practices, if required, to facilitate good health financing practices. HSS cannot be implemented without a well-structured continuity with timely and accurate data (AbouZahr & Boerma 2005; AHS 2016; Building & Park 2010). There is a need for

governments to take the initiative to rely on the use of information for planning since they are now aware of all the challenges experienced by their routine health information systems (RHISs). They need to ascertain the possibility of feeding the required information to their national health information systems (HISs).

Without a deliberate effort from the national structures, the currently available data and systems enhance the capacity of the health ministries to support the effectiveness of health systems and the provision of quality healthcare. The WHO has developed some mechanisms which can be utilised to assess the HIS. This framework can be used or adapted to suit African situations to allow countries to monitor the quality of their HISs. The question of adaptation becomes necessary because several policies and frameworks originated from the WHO.

Understudying the WHO templates and applying them to different circumstances may motivate African countries, whose contexts are very different, to modify some elements of the tools. However, even if these adaptations are required, the WHO frameworks should remain the model for all AU member states. Moreover, the AHI, a common evaluation framework that is already being implemented in five African countries (Ghana, Mozambique, Rwanda, Tanzania, and Zambia), can be used as a standard way to catalyse significant advances in strengthening the health systems to address key challenges, and improve service delivery and health outcomes (Bassett *et al* 2013; Bryce *et al* 2013; Sherr *et al* 2013)Mozambique, Rwanda, Tanzania, and Zambia.

The issue of universal coverage has been a priority for so long for countries to have obtained some sort of progress in this area. Therefore, the AU member states need to be forthcoming with the various challenges they face regarding health governance and constitutionalism. Lessons learned should be shared so that these may help countries that are still struggling with these challenges and should learn from the universalisation of health interventions and frameworks to enhance health service delivery across the world. It is also important for countries to interrogate the different bills, protocols, and universal health insurance plans they have developed and start addressing the bottlenecks that

threaten the progression to the next level. This is not to force the concept down the throats of the leadership nor its citizens, but rather to recognise that an effective HSS guarantees a steady and promising move toward the attainment of quality services for all. Incidentally, the UHC offers this opportunity.

Multisectoral partnerships are crucial in the implementation of UHC. However, the activity should also be an opportunity to appreciate the effects of socio-economic and environmental determinants of health, which affect different classes of people. Where possible, health operational planning should involve civil society, so that the views of the utilisers of the health systems are heard and incorporated into the quest for a functional approach to service delivery. Good health information is also useful in planning for universal health coverage, as a deep dive and analysis of granular data can outline the various inequalities that characterised universal health coverage. Lessons can be learned from countries which have been able to establish health insurance schemes for over 20& of their citizens, such as Rwanda (78.7%), Ghana (58.2%), Gabon (40.8%), and Burundi (22.0%) (Karamagi *et al* 2021; Sambo *et al* 2011).

The African states should rethink the way they treat their essential workers. Of course, national economic inequalities on the continent will always drive emigration to the West; however, the continent needs to improve the working conditions of its employees and motivate them for more productivity. The COVID-19 pandemic has clearly shown the need for Africa to invest in health, including a commitment to human capacity-building, which will lead to the development of internal mechanisms for the prevention and control of epidemics, as well as outstanding research on vaccines. The continent should refrain from its dependence on the West for health information and medical supplies and create its capacity for producing medicines within the continent. With so many emigrations of skilled practitioners, scholars, and researchers to the West, Africa may continue to be at the mercy of foreign countries for the supply of medicines.

Considering the proper emergency preparedness and response, HSS is the key for African countries. With the right

energy and attention directed at achieving this task, the continent can move from a reactive position to a pragmatic response to the pandemic, systematically and proactively. The healthcare sector should operate with top-level commitment, stewardship, accountability, and transparency, which are the key principles guiding a successful AHS. The continent's dependency on the West for solutions to global challenges is a huge concern for the AU, hence strong political commitments that are driven by the Africa-CDC to derive momentum for the manufacturing of about 60% of vaccines within the continent (CDC 2021). Progress for this commitment is being closely monitored.

Moreover, the Africa-CDC remains committed to the capacity and capability of Africa's public health institutions in the development and testing of multi-hazard and multisectoral preparedness and response plans for public health emergencies at national and regional levels, supporting the establishment of functional national public health emergency operation centres (PHEOC) as part of national public health institutes (NPHIs). This focus also includes the recharacterisation of the known burden of disease and other health concerns from a continental and/or regional perspective. This is particularly important as it will allow countries to direct funds and health priorities to the relevant health programmes and needs.

Conclusion

The AU aims to improve health and wellbeing for all through important initiatives which are in alignment with Agenda 2063, the SDGs, and the AHP. However, the extent to which the member states have utilised the AHP to inform effective health planning and financing is not only questionable but accounts for the continent's poor performance on the SDGs and the unimpressive health outcomes. Despite the quests to enhance the health capacity in the continent, neither regional nor national institutions are doing enough to demonstrate a concerted effort to improve health within the continent. Africa is not lacking in important health policies and frameworks; however, the absence of a well-structured monitoring and evaluation mechanism is indicative of their struggles.

It is important for the AU to allocate a much bigger space to health within their agenda and also to reflect on the issue during continental meetings. Although Africa continues to experience serious challenges in the areas of poverty and the quest for peace and security, the outbreak and destructive nature of COVID-19 have left the continent with no choice but to advance in its pursuit of HSS. HSS should not be seen as an emergency response, but an initiative that the member states must pursue for the sake of service delivery.

The WHO has introduced a framework comprising six building blocks. However, considering the unique context and growing concerns about providing Africa with an opportunity to showcase its knowledge contributions to global health and wellbeing, the continent should leverage initiatives like the AHI. The Africa-CDC, which played an important role during COVID-19, should continue to monitor various political commitments made by the member states in 2021 – and these should be more than just a focus on vaccination. The pillars of the Africa-CDC offer a good framework to support HSS together with the AHS to devise a well-defined monitoring plan, tools, and designated reporting periods to track the progress of health and wellbeing across the continent.

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