

Building Resilience through Community-Based Health Systems Dr. Juliet Nabyonga-Orem WHO African Region



Outline of the presentation

How have the lessons from EVD outbreak Informed building resilience

Resilience of Health systems in the WHO African Region

Resilience - Response to Covid-19

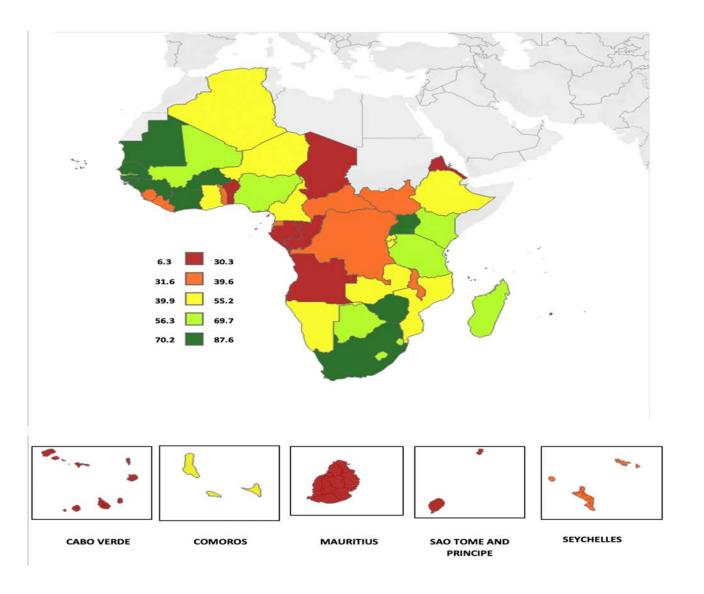
Resilience - Lesson from Ebola

Community resilience built

- Communities have played a fundamental role in
- Ensure Community led response (RC RCCE)
 - Ethiopia Covid response
 - Mozambique response to a disaster (Cyclone)
 - o DRC Ebola
- Involvement of social workers and Anthropologists in the response
- Psychosocial support as part o the response
- Decentralising laboratory diagnosis



Where are we in Africa? – Inherent health systems resilience



Parameters considered

- Awareness of the system to capacities and risks
- Diversity of services and capacities
- Self-regulatory capacity for fast decision making
- Capacity for local mobilisation of resources
- Capacity to learn and transform (maximum score – 100)

How about capacity for intensive care in Africa; Limited ICU beds av. For 54 countries – 3.1 per 100,000 (range 0.5 – 8.6)

Health financing in response to Covid-19 in African countries (Per capita GEH in

current US\$ 2- 578)

Measured Undertaken	Countries	
Established special funds	Benin, Botswana, Burkina Faso,	
for COVID-19 (26	Cameroon, Chad, Comoros, Congo,	
countries)	Democratic Republic of Congo, Djibouti,	
	Equatorial Guinea, Gabon, Ghana, Kenya,	
	Lesotho, Mauritania, Mauritius, Nigeria,	
	South Africa, Uganda, Zambia, Zimbabwe,	
	Côte d'Ivoire, Liberia, Niger, Senegal,	
	Togo	
Re-	Cabo Verde, Eswatini, Ethiopia, The	
allocation/Supplementary	Gambia, Guinea Bissau, Madagascar,	
budgets (14 countries)	Mozambique, Namibia, Rwanda, São	
	Tomé and Príncipe, Seychelles, United	
	Republic of Tanzania, Uganda, Ghana	
Contingency/Reserve	Uganda, South Africa, Malawi, Kenya	
Fund (4 countries)		

Of the 26 Special funds		
Extrabudgetary (n= 22)	On budget (n = 4)	
Benin, Botswana, Cameroon,	Chad, Nigeria, Senegal,	
Democratic Republic of Congo, Côte	Zambia	
d'Ivoire, Djibouti, Equatorial Guinea,		
Gabon, Ghana, Kenya, Lesotho, Liberia,		
Mali, Mauritania, Mauritius, Niger,		
Sierra Leone, South Africa, Togo,		
Tunisia, Uganda, Zimbabwe		

Resilience - Coordination of the Covid-19 response

Best practice

- Strong political leadership coordination at the presidential/ prime minister/ vice presidential level
- Strong multisectoral collaboration through Inter-Ministerial Task Forces
- Whole of the government approach adopted in majority of countries
- Strong involvement of the private sector in financing – service delivery experiences are varied

Challenges

- Varied engagement in multisectoral platforms due to differing priorities
- MoH structures felt undermined by coordination structures set up at higher level
- Partners competing for recognition and attribution instead of having a coordinated response
- Weak capacity at the subnational level
- Many coordination structures set up Unclear terms of reference overlaping mandates

