Building Resilience through Community-Based Health Systems
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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)
  - DRC – Ebola

- Involvement of social workers and Anthropologists in the response
- Psychosocial support as part of 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)

<table>
<thead>
<tr>
<th>Measured Undertaken</th>
<th>Countries</th>
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<tbody>
<tr>
<td>Re-allocation/Supplementary budgets (14 countries)</td>
<td>Cabo Verde, Eswatini, Ethiopia, The Gambia, Guinea Bissau, Madagascar, Mozambique, Namibia, Rwanda, São Tomé and Príncipe, Seychelles, United Republic of Tanzania, Uganda, Ghana</td>
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<tr>
<td>Contingency/Reserve Fund (4 countries)</td>
<td>Uganda, South Africa, Malawi, Kenya</td>
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### Of the 26 Special funds

<table>
<thead>
<tr>
<th>Extrabudgetary (n = 22)</th>
<th>On budget (n = 4)</th>
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<tbody>
<tr>
<td>Benin, Botswana, Cameroon, Democratic Republic of Congo, Côte d'Ivoire, Djibouti, Equatorial Guinea, Gabon, Ghana, Kenya, Lesotho, Liberia, Mali, Mauritania, Mauritius, Niger, Sierra Leone, South Africa, Togo, Tunisia, Uganda, Zimbabwe</td>
<td>Chad, Nigeria, Senegal, Zambia</td>
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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 overlapping mandates