



Africa Healthcare
Outlook 2024

An African perspective



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Equitable access to healthcare





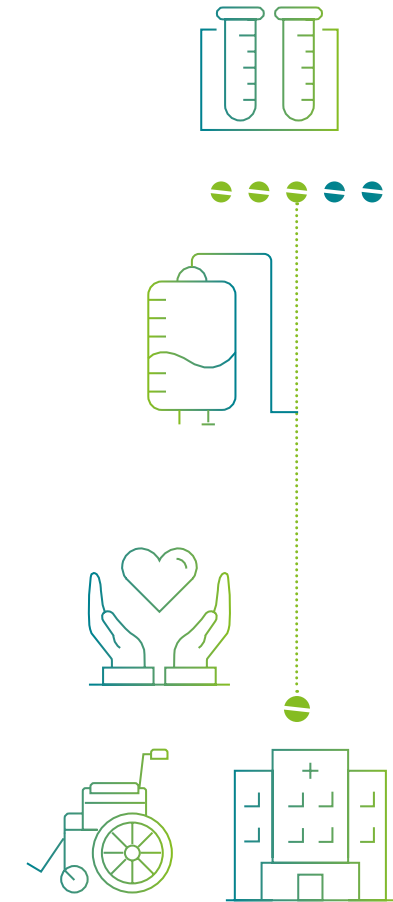
Equitable access to healthcare – a critical building block for prosperous societies

Article 25 of the 1948 Universal Declaration of Human Rights includes health as a component of “*the right to an adequate standard of living*”ⁱ. The importance of access to healthcare and the promotion of well-being for all are also part of the United Nations’ Sustainable Development Goals.

As highlighted in our [Improving access to healthcare in Africa](#) report, access to healthcare is not only a moral obligation but it is also a critical building block for a prosperous and economically vibrant society.

Access challenges can be broadly grouped into physical access challenges and affordability challenges. Physical access challenges are linked to a lack of adequate healthcare facilities and the shortage of supplies or healthcare professionals in certain, often rural, remote, or socio-economically disadvantaged areas. Affordability challenges are linked to the cost of accessing care and the lack of disposable income to pay for health services.

Given these challenges, it is important that available resources are used more efficiently.





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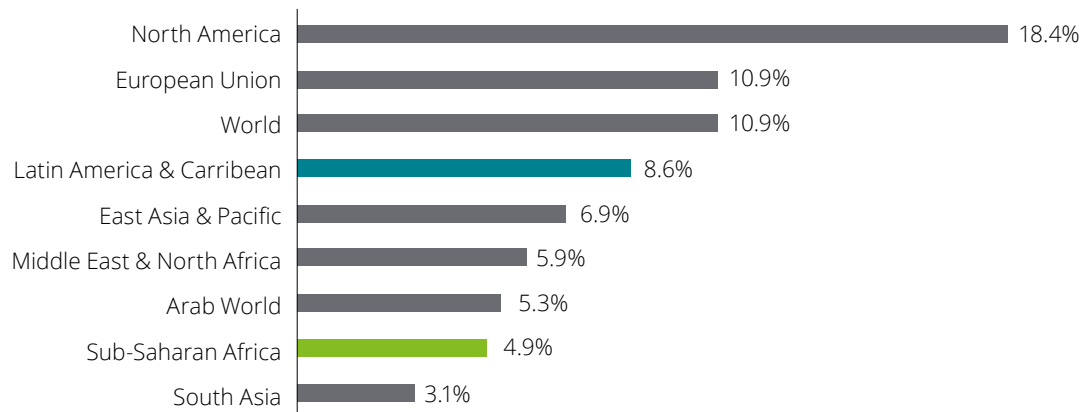
Healthcare remains
unaffordable for
many Africans



Healthcare remains unaffordable for many Africans

Compared to other regions, Sub-Saharan Africa spends very little on healthcare. In 2020, it spent less than 5% of GDP on healthcare, or US\$74 per person. This translates to just over 6% of the average global per capita health expenditure. The growth in per capita spending has also been low compared to other regions as Sub-Saharan Africa's per capita spending only grew 4% per year over the last 20 years, compared to the global average annual growth of 4.6% during the same period.

Current health expenditure (% of GDP), 2020



Source: World Bank

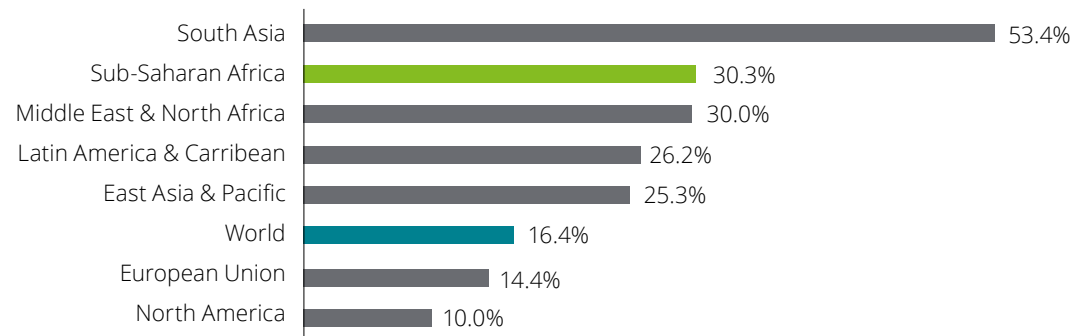
Most people rely on the public sector, NGOs, or international development agencies for their healthcare needs. Often such providers are under-resourced or overstretched and hence access to healthcare is often inadequate. Due to low income levels and the lack of affordable health insurance, private healthcare providers that could fill the gap remain unattainable for the majority of Africans.

In the absence of adequate public healthcare or affordable private health insurance schemes, many Africans have to pay out of their own pockets for health services. In South Africa, which has one of the most advanced private health insurance sectors in Sub-Saharan Africa, only 16% of the population is part of a medical aid schemeⁱⁱ. In Nigeria, Africa's most populous country, less than 5% of the population are covered by medical schemesⁱⁱⁱ, reflecting the high dependency on public health facilities and out-of-pocket spending. In 2020, Sub-Saharan Africa had the second highest share of out-of-pocket expenditure for healthcare^{iv}. Yet, there are huge differences among countries.

According to the World Health Organisation, Nigerians have the fifth highest and Equatorial Guineans the sixth highest out-of-pocket share in the world, paying about three-quarters of healthcare expenditure out of their own pockets. In contrast Botswana and South Africans have the lowest out-of-pocket shares in Africa with roughly 5% of health expenditure coming from their own pockets in 2020^v. The United Nations warned in its *Sustainable Development Goals Report 2022* that high out-of-pocket expenses have pushed hundreds of millions of people across the globe deeper into extreme poverty^{vi}.



Out-of-pocket expenditure (% of current health expenditure), 2020

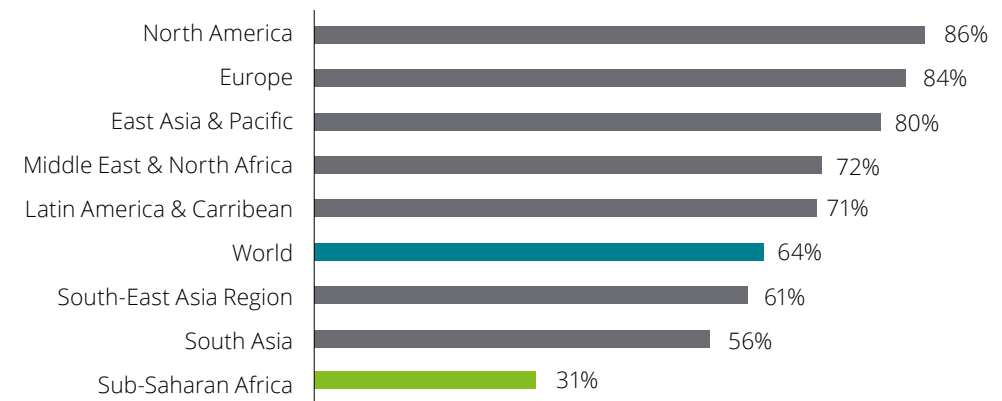


Source: World Bank based on World Health Organisation

A changing disease burden and rising life expectancies will create additional affordability challenges for many healthcare systems in Africa. While still relatively less prevalent compared to other parts of the world, non-communicable diseases (NCDs) such as diabetes, cardiovascular diseases and cancer are becoming more common in Africa.

In 2000, NCDs accounted for about 18% of Sub-Sahara's disability-adjusted life years, their contribution increased to 31% in 2019. Given changes in diets towards more processed and ultra-processed foods in many parts of Africa^{vii}, it is likely that the prevalence of NCDs will further increase on the continent. A rise in NCDs will drive healthcare costs and will negatively impact economies due to lost productivity and premature deaths.

NCD contribution to DALYs (% of total DALYs), 2019



Source: Our World in Data based on Institute for Health Metrics and Evaluation

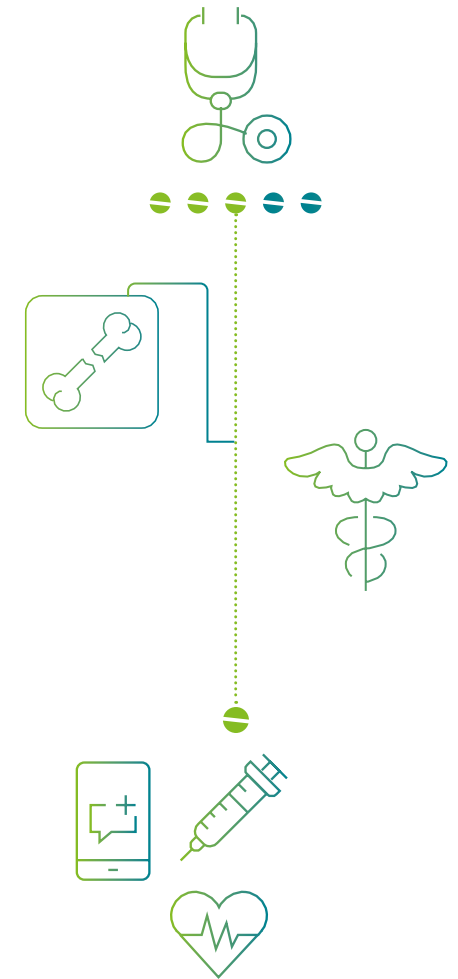


To improve access and affordability of healthcare, some countries have opted to create national healthcare insurance schemes funded by various sources such as tax, levies, personal contributions, or donor funding.

“ In May 2024, the South African President Cyril Ramaphosa signed the country's National Health Insurance Bill into law.

”

The establishment of a National Health Insurance or National Health Scheme does not necessarily address the affordability issue as it needs to be funded. However, it can help with the redistribution of resources and by doing so improve access to health services for previously excluded population segments.





03

Shortage of healthcare workers in Africa



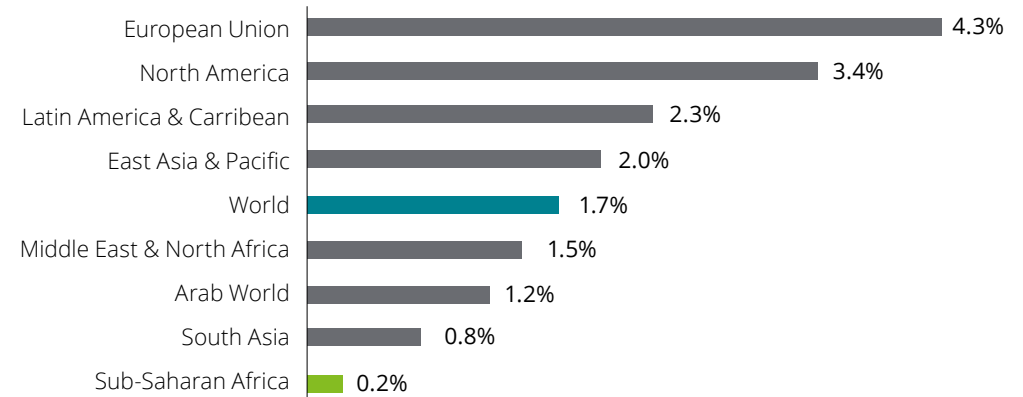


Shortage of healthcare workers in Africa

While the shortage of healthcare workers is a global issue which potentially has been aggravated by the Covid-19 pandemic, the shortage is most severe in Sub-Saharan Africa. The region has, for instance, the world's lowest number of physicians and nurses per 1,000 people. While the WHO recommends a minimum of three nurses for every 1,000 people in a country, only six countries- Mauritius (3.8), Eswatini (4.1), Ghana (4.4), Botswana (5.0), South Africa (5.0) and Seychelles (9.2) – met this minimum standard in 2018. Roughly half of the countries in Sub-Saharan Africa had less than one nurse for every 1,000 people in 2018^{viii}.

Although no more recent data is available, it is likely that the Covid-19 pandemic has further worsened the situation given the rise in burnout among healthcare workers and the persistent lack of funding to expand resourcing in the sector.

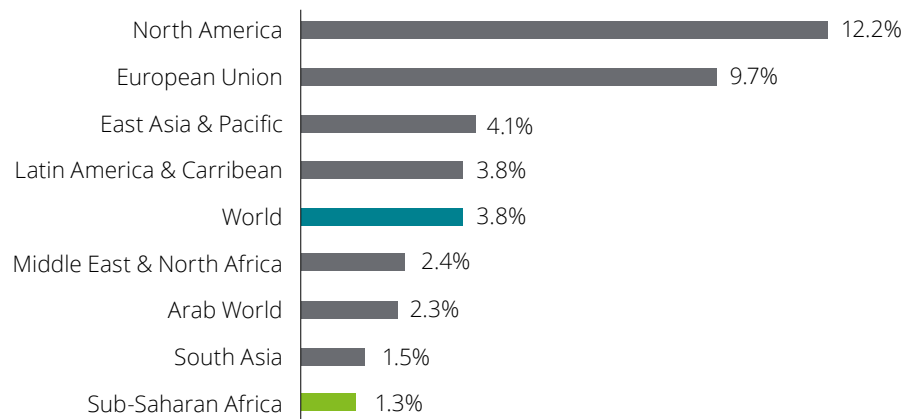
Physicians (per 1,000 people), 2019



Source: World Bank based on World Health Organisation



Nurses and midwives (per 1,000 people), 2019

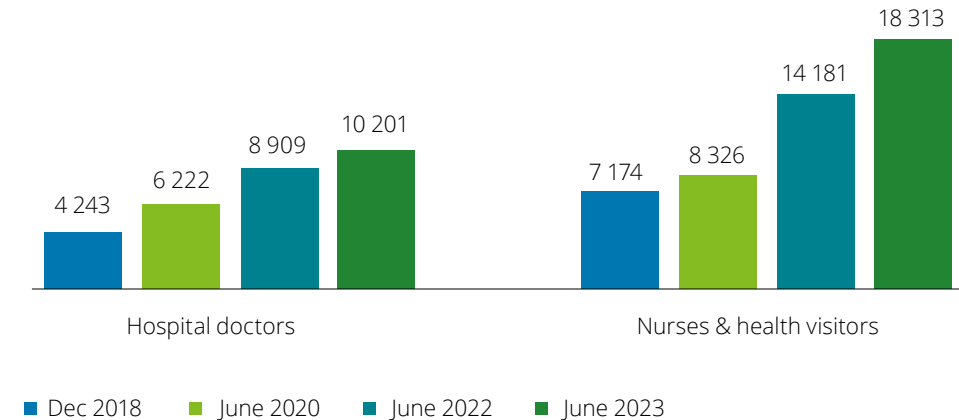


Source: World Bank based on World Health Organisation

Further, immigration contributes to the shortage of healthcare workers in many African countries. Higher pay and better working conditions attract African healthcare workers to countries in Europe, North America, Oceania, and the Middle East. In 2023, England's National Health System (NHS) reported that almost 54,000 healthcare workers from Africa worked in the NHS, accounting for about 20% of all foreign healthcare professionals in the system. In recent years, the NHS saw a relatively strong influx of African healthcare workers, with Nigeria and Ghana being among the fastest growing source markets.

Nigeria provides the third largest foreign group of healthcare workers in the NHS representing almost one in ten foreign staff^{ix}.

Number of African healthcare workers in England's NHS



Source: House of Commons Library

In 2021, South African trained doctors were the largest and the fourth largest group of foreign trained doctors in Canada and Australia respectively. In Canada, South African trained doctors account for 10% of all foreign trained doctors in the country^x.

While losing healthcare professionals to other countries is not a new or uniquely African phenomenon, given the dire shortage of healthcare professionals on the continent it undermines Africa's attempts to improve and expand healthcare services. As global competition for healthcare workers intensifies, so will be the pull factors that attract healthcare professionals to better resourced markets that can offer better working conditions or career opportunities.

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Social determinants of health



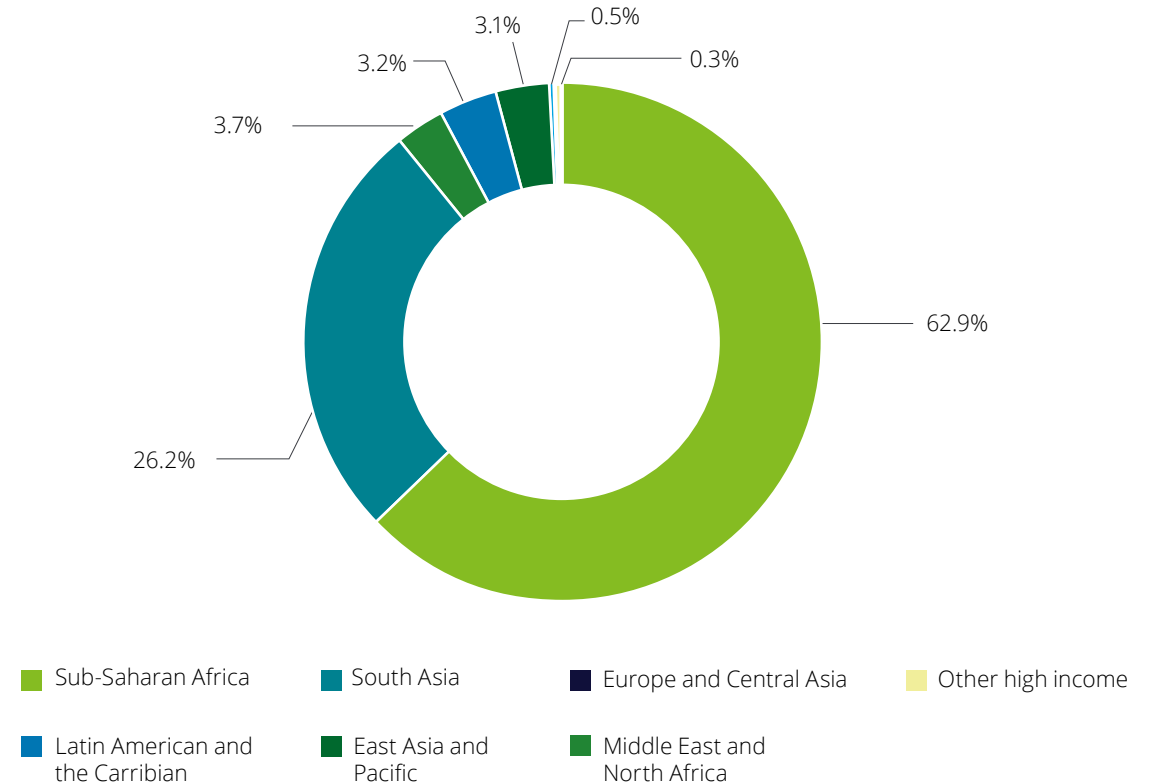
Social determinants of health

Poverty, exposure to pollution, insufficient access to nutritious food, inadequate sanitation and poor access to healthcare services are some of the determinants of health. These factors negatively influence the health of marginalised communities.

The World Health Organisation (WHO) warns that rising levels of NCDs will have a negative impact on poverty reduction efforts in low-income countries due to additional costs to households. The WHO also warns that poor and marginalised communities are likely to face more severe sickness and earlier death compared to better resourced people, due to poorer diets, insufficient access to healthcare services and other determinants on health.^{xi}

According to the World Bank, close to 500 million people in Sub-Saharan Africa live in extreme poverty^{xii}, this equates to more than 60% of all people living in extreme poverty globally.

People living in extreme poverty* (% of global), 2022



*Extreme poverty: below \$2.15 a day (2017 PPP) per person

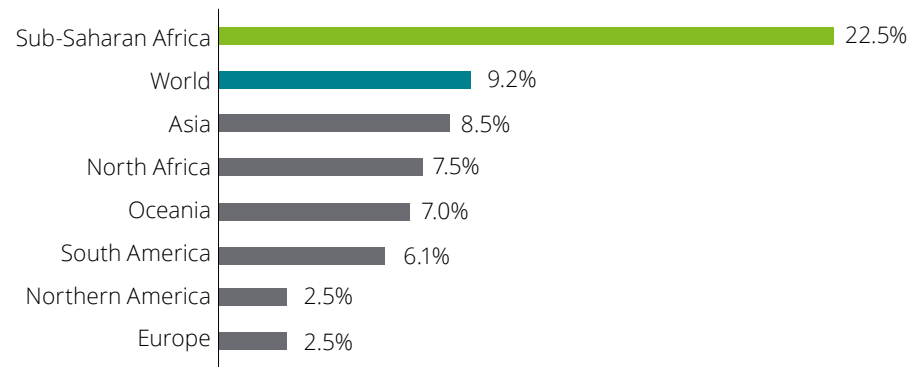
Source: World Bank



Wide-spread poverty often results in malnutrition which in turn can lead to irreversible physical and cognitive damage. Undernourishment is widespread in Sub-Saharan Africa, estimated to affect more than one in five people in the region – more than twice as often as the global average. In addition to undernourishment, about one in four people in Sub-Saharan Africa faced food insecurity in 2019.

The sharp rise in global food prices in recent years, is likely to have further worsened food insecurity. Even when households can afford food, it is not guaranteed that the food is healthy. World Bank data suggests that less than one in five people in Sub-Saharan Africa was able to afford healthy food in 2021^{xiii}.

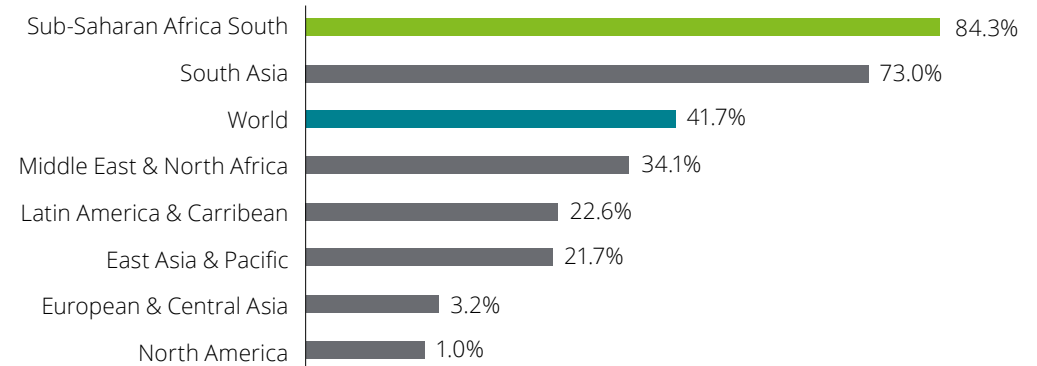
Prevalence of undernourishment (% of population), 2022



Source: Our World in Data based on FAO

At the same time, unaffordability of balanced and healthy diets has led to an increase in the prevalence of obesity. According to a recent global Lancet study, parts of Sub-Saharan Africa have seen some of the highest growth rates in obesity among women in the past 30 years.^{xiv} The rapid increase in obesity is likely to further accelerate the occurrence of NCDs such as cardiovascular diseases and diabetes and ultimately increase healthcare costs.

Share of population who cannot afford a health diet (%), 2021



Source: Our World in Data based on World Bank

While Africa is the least urbanised region in the world, it currently experiences one of the highest urbanisation rates globally. The migration from rural to urban areas has notable implications on people's health. For instance, access to food could be compromised for poor urban dwellers who do not have access to land for subsistence farming and rely on purchased and often ultra-processed food. Further, exposure to air and noise pollution or extreme heat is higher in densely populated urban areas that lack green spaces as a result of inadequate city planning and rapid urban growth. Therefore, as more people move into urban areas in Africa, the share of the population exposed to harmful conditions is likely to increase, further straining the healthcare system. On the upside, the concentration of people in urban areas might help to achieve economies of scale and reduce certain physical access challenges.



05

Addressing Africa's healthcare challenges





Addressing Africa's healthcare challenges



Considering current economic conditions, it is unrealistic to assume that additional funds can be mobilised to significantly expand resources for healthcare services in Africa.

Given the limited resources in the healthcare sector, it is critical that available resources are used efficiently and effectively.



Right point of care

Opportunity costs such as travel or waiting times at healthcare facilities, as well as the loss of income can be significant additional costs for poor patients. Therefore, it is important to ensure that patients seek medical assistance at the right point of care in order to reduce unnecessary travel and waiting times and related expenses. Nurses attached, for example, to pharmacies or to companies with large workforces could attend to many primary healthcare needs alleviating the pressure on clinics or hospitals.



Role expansion

Further, upskilling and a role expansion for nurses or other allied healthcare workers will allow them to perform additional duties lightening the workload of physicians. This could free up time for physicians to focus on patients that require their expert attention and also reduce stress levels among physicians improving their working conditions.



Alternative delivery models

The development and rollout of alternative delivery models such as nurse-led or nurse-owned clinics has shown to be an effective way to increase access in previously under- or unserved communities. Unjani Clinics in South Africa are an example of a successful nurse-owned clinic network.^{xv} These clinics bring affordable healthcare to marginalised communities and also enhance the earnings potential for nurses that own these clinics and hence reduce the monetary attractiveness of immigration for these critical healthcare workers.



Deployment of advanced technologies

The development and deployment of technology solutions will play an important role in enhancing access to quality healthcare and in improving overall health outcomes in Africa. Technology can be deployed at various stages of the healthcare value chain and can enhance resource planning at healthcare facilities, automate administrative processes, monitor and predict disease trends, or support triage processes that direct patients to the right point of care based on urgency and severity of conditions.

Furthermore, advanced technologies can be deployed to act as an initial point of care through, for instance, telemedicine or virtual healthcare assistance that assess the required care level and direct patients to the correct point of care. In the diagnostics space, artificial intelligence (AI) tools can be trained to analyse and detect diseases in a cost-effective and efficient way that frees up capacity of specialists that instead can then focus on providing care or treat more complex cases. Furthermore, AI can be used in early disease detection, reducing downstream healthcare costs significantly by allowing for timely intervention and hence potentially preventing complications and the need for more expensive treatments at a later stage.



Prevention through social care

In addition to improving efficiencies in the sector itself, it will be critical to embrace social care that focuses on preventing negative health outcomes before they occur. This will require intersectoral collaboration among various government departments as well as private sector players.

Education and awareness campaigns could be effective ways in encouraging behaviour changes that will lead to better health outcomes. Such campaigns could focus on the importance of healthy diets, physical activeness, and harm reduction through the discouragement of harmful substances such as tobacco and alcohol. Furthermore, targeted taxation or incentives could drive positive behaviour and choices that can lead to better health outcomes in the future.

Given the link between poverty and poor health outcomes, the development of government programmes that not only target the root causes but also the consequences of poverty can have long term benefits to society. Programmes like Brazil's *Bolsa Família* have demonstrated how such holistic government programmes that focus on poverty reduction, education, and healthcare at the same time are very effective tools to overcome certain socio-economic deterrents for health.^{xvi}

While direct interventions in the healthcare system are important, political solutions ultimately need to support these interventions to achieve the best possible outcomes. After all, addressing healthcare challenges is not only a medical exercise but a holistic societal and political responsibility.



Endnotes

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ⁱⁱ South African Government (2024): *One step closer to affordable quality health care for all* – <https://www.gov.za/blog/one-step-closer-affordable-quality-health-care-all>

ⁱⁱⁱ Akokuwebe ME, Idemudia ES. (2022): *A Comparative Cross-Sectional Study of the Prevalence and Determinants of Health Insurance Coverage in Nigeria and South Africa: A Multi-Country Analysis of Demographic Health Surveys* – <https://www.mdpi.com/1660-4601/19/3/1766>

^{iv} World Bank (2024): *World Development Indicators* – <https://data.worldbank.org/indicator/SH.XPD.OOPC.CH.ZS>

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^{vi} United Nations (2023): *Ensure healthy lives and promote well-being for all at all ages* – <https://sdgs.un.org/goals/goal3>

^{vii} International Food Policy Research Institute (2021): *Africa's processed food revolution and the double burden of malnutrition* – <https://www.ifpri.org/blog/africas-processed-food-revolution-and-double-burden-malnutrition/>

^{viii} World Bank (2024): *World Development Indicators* – <https://data.worldbank.org/indicator/SH.MED.NUMW.P3>

^{ix} House of Commons Library (2023): *NHS staff from overseas: statistics* – <https://researchbriefings.files.parliament.uk/documents/CBP-7783/CBP-7783.pdf>

^x OECD (2024): *Health Workforce Migration* – <https://researchbriefings.files.parliament.uk/documents/CBP-7783/CBP-7783.pdf>

^{xi} WHO (2023): *Noncommunicable diseases* – <https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases>

^{xii} **Extreme poverty is defined as less than \$2.15 (2017 PPP) per day**

^{xiii} Our World in Data (2024): *Share of population that cannot afford a healthy diet* – <https://ourworldindata.org/grapher/share-healthy-diet-unaffordable?time=2021>

^{xiv} The Lancet (2024): *Worldwide trends in underweight and obesity from 1990 to 2022* – <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2823%2902750-2>

^{xv} Deloitte (2023): *Improving access to healthcare in Africa* – <https://www.deloitte.com/content/dam/assets-zone1/za/en/docs/industries/life-sciences-health-care/2023/za-improving-access-to-healthcare-in-africa-report.pdf>

^{xvi} World Bank (2005): *Lifting families out of poverty in Brazil : Bolsa Familia Program* – <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/793761468015579565/lifting-families-out-of-poverty-in-brazil-bolsa-familia-program>



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