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Title: After Covid-19 pandemic, African nations must rethink investments in health systems

It is no secret that Covid-19 pandemic is a war that that will have far reaching consequences on health systems. The soldiers are not in combat gear, jet fighters or armored vehicles. They are in white gear, wearing full body protective gears and holding stethoscopes and syringes. Unfortunately, a number of African countries prepared for a typical war involving territorial invasion, rag tag militia and military confrontation. Thus, investments towards this end has been massive. Transformation of Public Health systems in many African nations was paid lip service. Commitment and declarations were signed in haste but actions pointed to the contrary. In any case, when a senior politician or Government official fell sick, they could easily fly to Europe and get the best health care.

So, the public health systems were left to fend for themselves. Six months into the Covid-19 pandemic, these systems have been tested to the core. It has exposed a system that has suffered years of neglect and underfunding. A study done in 2019 by Obinna Oleribe and others, titled, [Identifying Key Challenges Facing Healthcare Systems in Africa and Potential Solutions](#), showed that inadequate human resources and budgetary allocation, in other words, health care financing were key challenges facing health systems in Africa. Covid-19 pandemic therefore has shifted focus to the African health systems and its challenges.

Health worker shortage

It is clear that our health workers are not enough. A report by Intrahealth estimated that Africa will be [short by six million health workers, by 2030](#). This, despite Africa being the bearer of the highest burden of disease, Covid-19 notwithstanding, with a rapidly growing population. Doctor and nurses to population ratios remain extremely low in Africa. But even the health workers already in the system are poorly compensated that to ask them to be foot soldiers becomes a daunting task. Calls for industrial action are rife and raising jitters among nations. Though some countries made efforts to hire more health workers, those already in the system needed training and better pay. The dilemma of handling a crisis was evident, this is even made worse by the fact that the production of health care workers from medical training colleges far outstrip the absorption capacity in the health sector thus leaving many unemployed.

Funding challenges

In addition, gaps in health systems financing in Africa are glaring. From the review of countries that have met the Abuja declaration of 2001, only six out of the 54 countries in Africa had achieved the 15 percent target of the national budget allocated to the health sector. Kenya for example is at 9.2 percent, nineteen years later. This pandemic thus exposed the funding gaps in health which most leaders though aware, had not prioritized all along. The result was panic and fear. In addition, the evidence was there for all to see. From lack of oxygen cylinders, inadequate ICU beds, personal protective gears and even places to isolate the infected persons were

apparent. In Kenya for example, the Government had to make an appeal to anyone with an oxygen cylinder to help out. Ventilator numbers seemed inadequate and personal protective equipment remained scarce. It is apparent that if the pandemic turns its tentacles for the worst, many Africans would be dying in hospital corridors. God forbid.

Define and re-define Priorities

So, African nations will eventually gather the harvests of the kind of investment or non-investment in the health systems. Equally, the same nations will start to appreciate the usefulness of strong health systems in our society. When this crisis is over, these nations need to use the opportunity to rethink investment in the African health systems. It will be a good moment to reflect and ask themselves to clearly define and re-define their priorities. There must be a move from just commitment to action. There must be clear investments in training and hiring of health care workers proportionately across the board. Deliberate financing to the health system must be done. This has to be from local sources than international sources. After all, with the COVID-19 pandemic, everyone, including the donor countries shifted focus to domestic challenges. It is time for Africa to do the same.

For such transformation to happen, it will need a lot of courage and ingenuity. Nations must face the facts and admit that they have neglected health systems for too long and that it is time to turn the tide. Transformational leadership and change postured leaders are needed to make the bold moves and invest in health systems.