



Despite gains, barriers keep health care high on Africa's priority list

By Daniel Armah-Attah, Edem Selormey, and Richard Houessou



Introduction

Access to health care gained the spotlight on national and international development agendas when the 1978 Alma Ata Declaration outlined a strategy for achieving universal access to primary health care by the year 2000 (World Health Organization, 1978). The Millennium Development Goals (MDGs) set targets for improving health-care delivery by 2015, and the United Nations' new Sustainable Development Goals (SDGs), which took effect in January 2016, extend and supplement those with ambitious targets aimed at ensuring healthy lives for all.

Afrobarometer Round 6

**New data from
36 African countries**

Despite significant gains under these initiatives, Africans fully support health care's continued prominence on development agendas: In Afrobarometer surveys across 36 African countries in 2014/2015, citizens rank health as

the second-most-important problem (after unemployment) that their governments need to address, as well as the No. 2 priority (after education) requiring additional government investment.

While the proportion of Africans going without needed health care has decreased over the past decade, citizens' perceptions highlight some of the challenges that still stand between current reality and "health for all," including:

- In many areas, a continued absence of basic health-care facilities
- Shortages of needed medical care experienced by almost half of all Africans
- Widespread difficulties encountered in obtaining care, sometimes compelling patients to pay bribes
- Poor government performance, according to citizen ratings, in improving basic health services

Afrobarometer survey

Afrobarometer is a pan-African, non-partisan research network that conducts public attitude surveys on democracy, governance, economic conditions, and related issues across more than 30 countries in Africa. Five rounds of surveys were conducted between 1999 and 2013, and results from Round 6 surveys (2014/2015) are currently being released.

Afrobarometer conducts face-to-face interviews in the language of the respondent's choice with nationally representative samples, which yield country-level results with a margin of sampling error of +/-2% (for a sample of 2,400) or +/-3% (for a sample of 1,200) at a 95% confidence level. Round 6 interviews with almost 54,000 citizens represent the views of more than three-fourths of the continent's population.

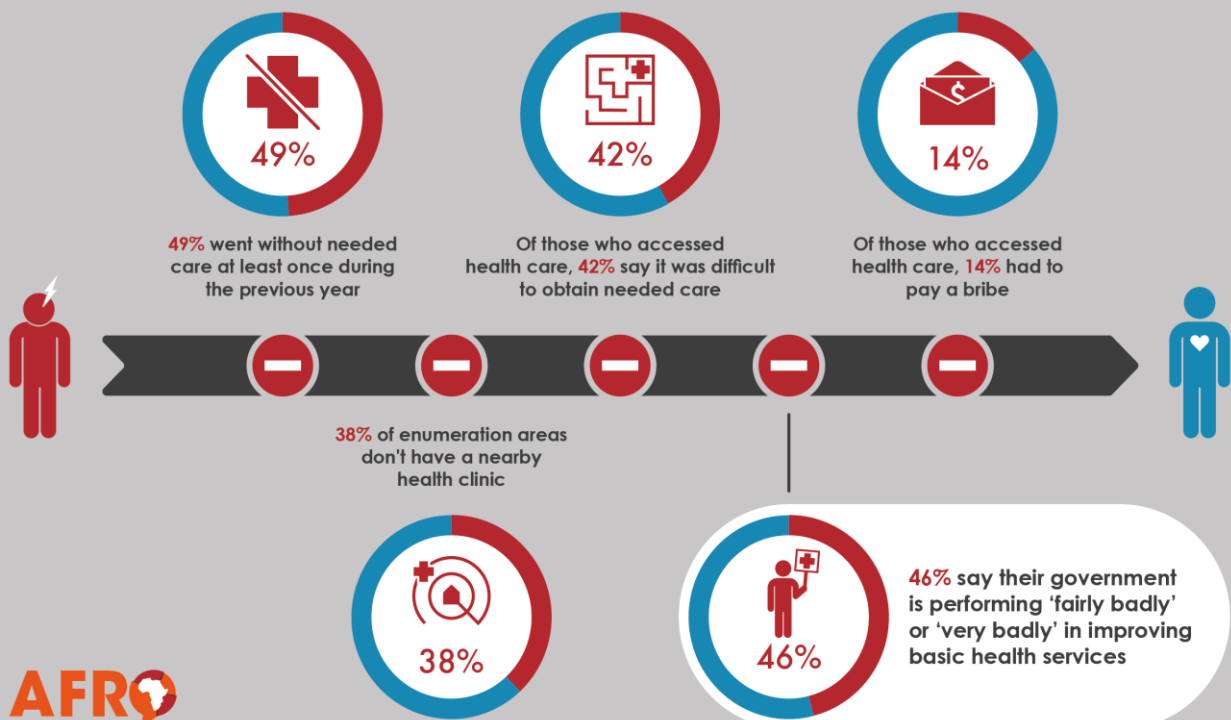
This analysis draws mainly on Round 6 data from 36 countries, with over-time comparisons on some variables. Interested readers should visit <http://globalreleases.afrobarometer.org/> for previous Round 6 releases and watch for additional releases over the coming months.

Key findings

- On average across 36 countries, Afrobarometer fieldworkers found health clinics in 62% of all survey enumeration areas (EAs). While three-fourths (74%) of urban zones have health clinics, only about half (53%) of rural zones do, which makes it harder and more expensive for rural residents to obtain care.
- Almost half (49%) of Africans say they or a family member had to go without medicine or medical care at least once in the year preceding the survey. Across 18 countries tracked since 2005, the proportion of Africans going without care has decreased by 10 percentage points.

Health care in Africa: Citizens' No. 2 priority for government action

36 countries | 2014/2015



- Among those who accessed health care during the previous year, four in ten (42%) found it "difficult" or "very difficult" to get the care they needed.
- One in seven (14%) of those who accessed health services paid a bribe or did a favour to obtain the needed service.
- Across 36 countries, close to half (46%) of citizens say their government is performing "fairly badly" or "very badly" in improving basic health services. In 18 countries tracked since 2005, negative evaluations have increased by 13 percentage points over the past decade.
- On average across 36 countries, Africans consider health care their second-most-important problem (after unemployment). In 31 of 36 countries, health care ranks either first or second on the list of citizens' priority sectors for additional government spending.
- Nearly half (45%) of Africans are opposed to paying more taxes or user fees in exchange for increased government spending on health care.
- By itself, higher presence of health clinics does not appear to improve citizens' experiences and perceptions of health-care service delivery.

Availability of health-care facilities in African countries

As part of the data collection process, Afrobarometer field teams make on-the-ground observations in each census enumeration area (EA) they visit about services and facilities that are available in the area or within "easy walking distance." Since the EAs visited are selected to represent the population of the country as a whole, these data provide reliable indicators of infrastructure and service availability.

On average across 36 countries, field teams found that health clinics are easily accessible to almost two-thirds (62%) of EAs. Clinics are most widely present in Cameroon (accessible in 96% of EAs), Egypt (92%), Botswana (89%), Algeria (88%), Mauritius (85%), and Nigeria (83%). Conversely, only about one in four EAs have clinics within easy walking distance in Namibia (25%) and Swaziland (29%) (Figure 1).

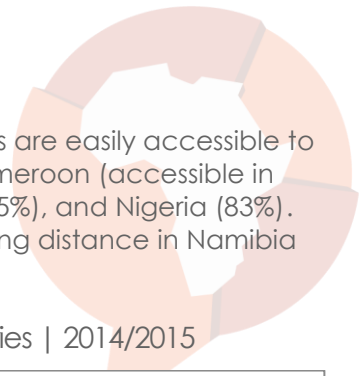
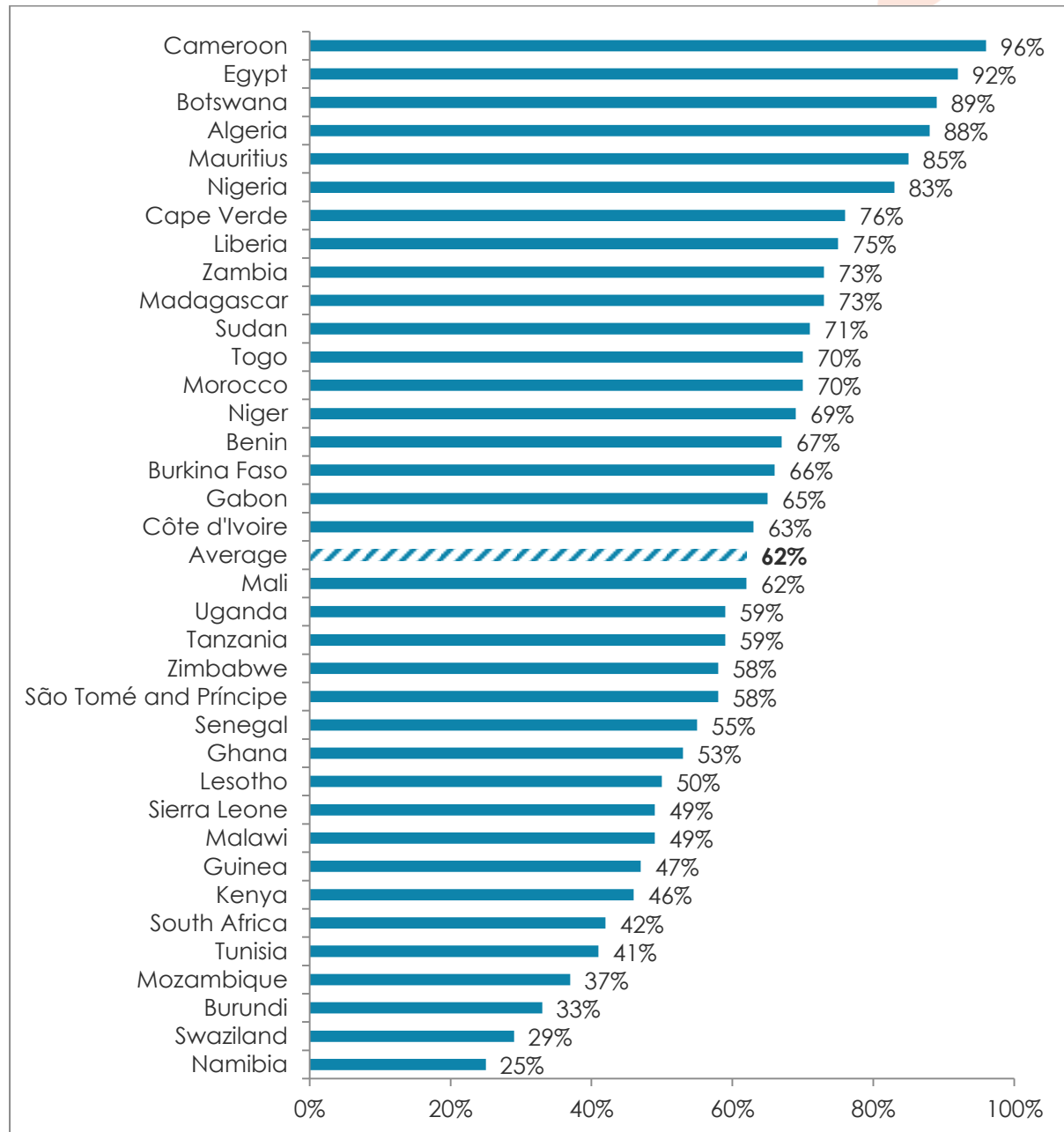


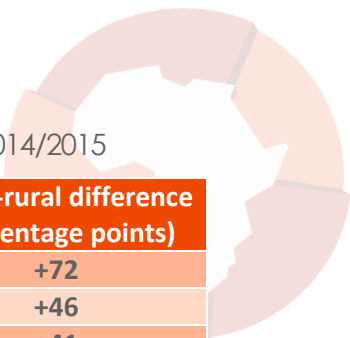
Figure 1: Presence of health clinics in enumeration areas | 36 countries | 2014/2015



Enumerator teams recorded their observations: *Are the following services present in the primary sampling unit/enumeration area or in easy walking distance: Health clinic? (% "yes")*

Only about half (53%) of rural EAs have a nearby health clinic, suggesting that for many rural residents, obtaining care may involve greater effort and transport costs. Urban areas are more likely to have easily accessible health clinics (74%). The urban-rural gap (21 percentage points on average) is most pronounced in Morocco (72 points), followed by Mali (46 points) and Malawi (41 points). Clinics are about equally common in rural and urban areas in Sierra Leone and Cameroon, and in South Africa rural areas have slightly better access (Table 1).

Table 1: Presence of health clinics | urban vs. rural | 36 countries | 2014/2015

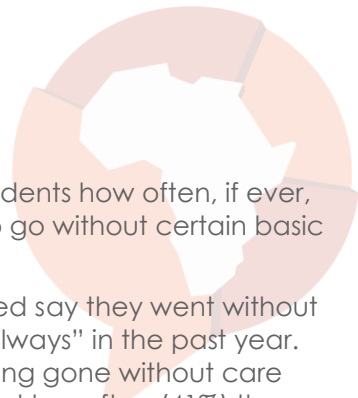


	Urban	Rural	Urban-rural difference (percentage points)
Morocco	99%	27%	+72
Mali	96%	50%	+46
Malawi	82%	41%	+41
Burundi	67%	28%	+39
Niger	100%	63%	+37
Sudan	94%	58%	+36
Benin	85%	50%	+35
Ghana	69%	34%	+35
Namibia	41%	9%	+32
Cape Verde	88%	57%	+31
Madagascar	98%	67%	+31
Burkina Faso	88%	59%	+29
Algeria	97%	70%	+27
Uganda	81%	54%	+27
Lesotho	69%	42%	+27
Zambia	87%	64%	+23
Mozambique	51%	30%	+21
Côte d'Ivoire	72%	53%	+19
Togo	80%	62%	+18
Tunisia	47%	29%	+18
Tanzania	70%	53%	+17
Guinea	57%	43%	+14
São Tomé and Príncipe	62%	49%	+13
Senegal	62%	49%	+13
Gabon	68%	56%	+12
Nigeria	89%	77%	+12
Botswana	92%	84%	+8
Mauritius	90%	82%	+8
Kenya	51%	43%	+8
Swaziland	33%	28%	+5
Egypt	94%	90%	+4
Liberia	76%	73%	+3
Zimbabwe	60%	57%	+3
Cameroon	97%	96%	+1
Sierra Leone	48%	49%	-1
South Africa	41%	45%	-4
Average	74%	53%	+21

Enumerator teams recorded their observations: *Are the following services present in the primary sampling unit/enumeration area or in easy walking distance: Health clinic?*

Experiences in obtaining health care

Afrobarometer explores Africans' experiences in seeking health care by asking them about 1) how often they or their family members have to go without needed medicine or medical care, 2) difficulties they may have had in obtaining health services, and 3) whether they had to pay a bribe to get care.



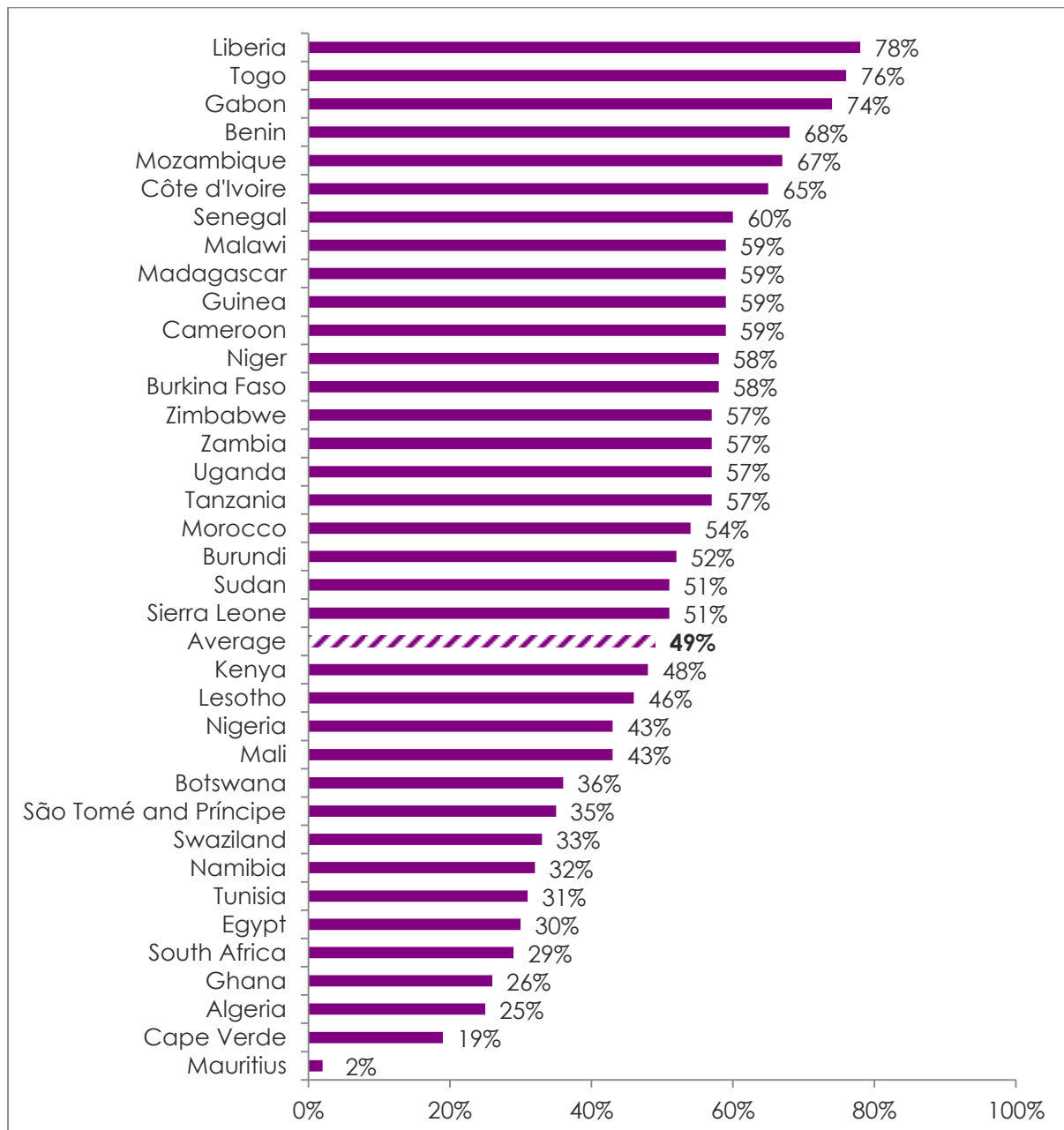
Going without medicine or medical treatment

As part of its assessment of lived poverty, Afrobarometer asks respondents how often, if ever, during the preceding 12 months they or their family members had to go without certain basic necessities, including medicine or medical treatment.

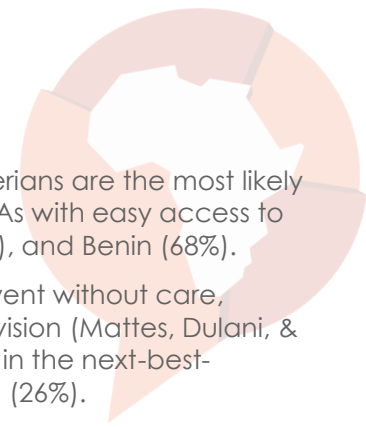
On average across 36 countries, about half (49%) of those interviewed say they went without health services “once or twice,” “several times,” “many times,” or “always” in the past year. Younger people (aged 18-35) are somewhat less likely to report having gone without care (47%) than their elders (51%), while Africans living in cities went without less often (41%) than those living in rural areas (54%).

Countries vary widely in the proportion of their citizens who went without care (Figure 2).

Figure 2: Going without medicine or medical care | 36 countries | 2014/2015



Respondents were asked: Over the past year, how often, if ever, have you or anyone in your family gone without medicines or medical treatment? (% who say “once or twice,” “several times,” “many times,” or “always”)

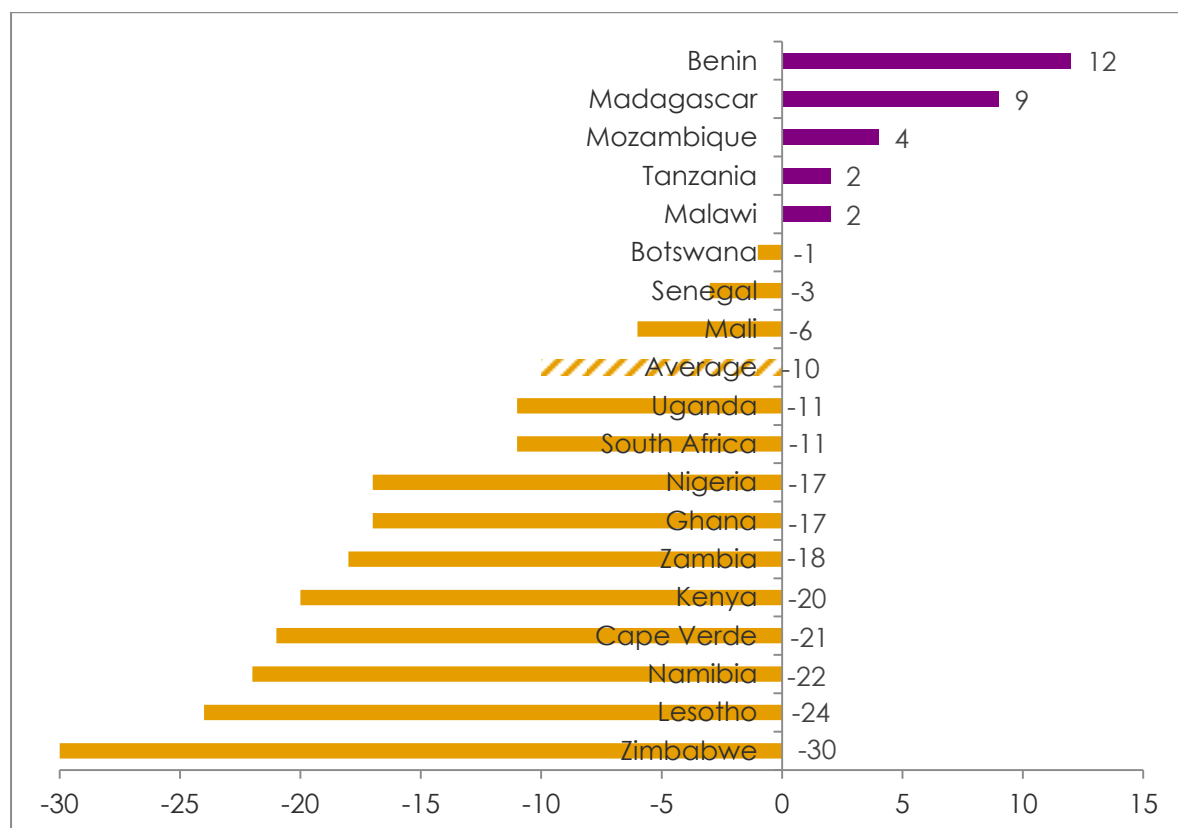


West and Central African countries dominate the top of the list; Liberians are the most likely to go without care (78%), despite the country's high proportion of EAs with easy access to health clinics (75%), followed by citizens of Togo (76%), Gabon (74%), and Benin (68%).

At the other extreme, Mauritius is an outlier: Only 2% say they ever went without care, reflecting the country's heavy investment in free health-service provision (Mattes, Dulani, & Gyimah-Boadi, 2016). Ten times as many people went without care in the next-best-performing countries: Cape Verde (19%), Algeria (25%), and Ghana (26%).

Across 18 countries tracked over the past decade, the proportion of Africans going without medicine or medical care has decreased by 10 percentage points, from 58% in 2005/2006 to 48% in 2014/2015. Zimbabwe experienced the largest improvement (a 30-percentage-point drop), while Benin recorded the greatest deterioration (a 12-point increase) (Figure 3).

Figure 3: Changes in going without medical care | 18 countries | 2005-2015

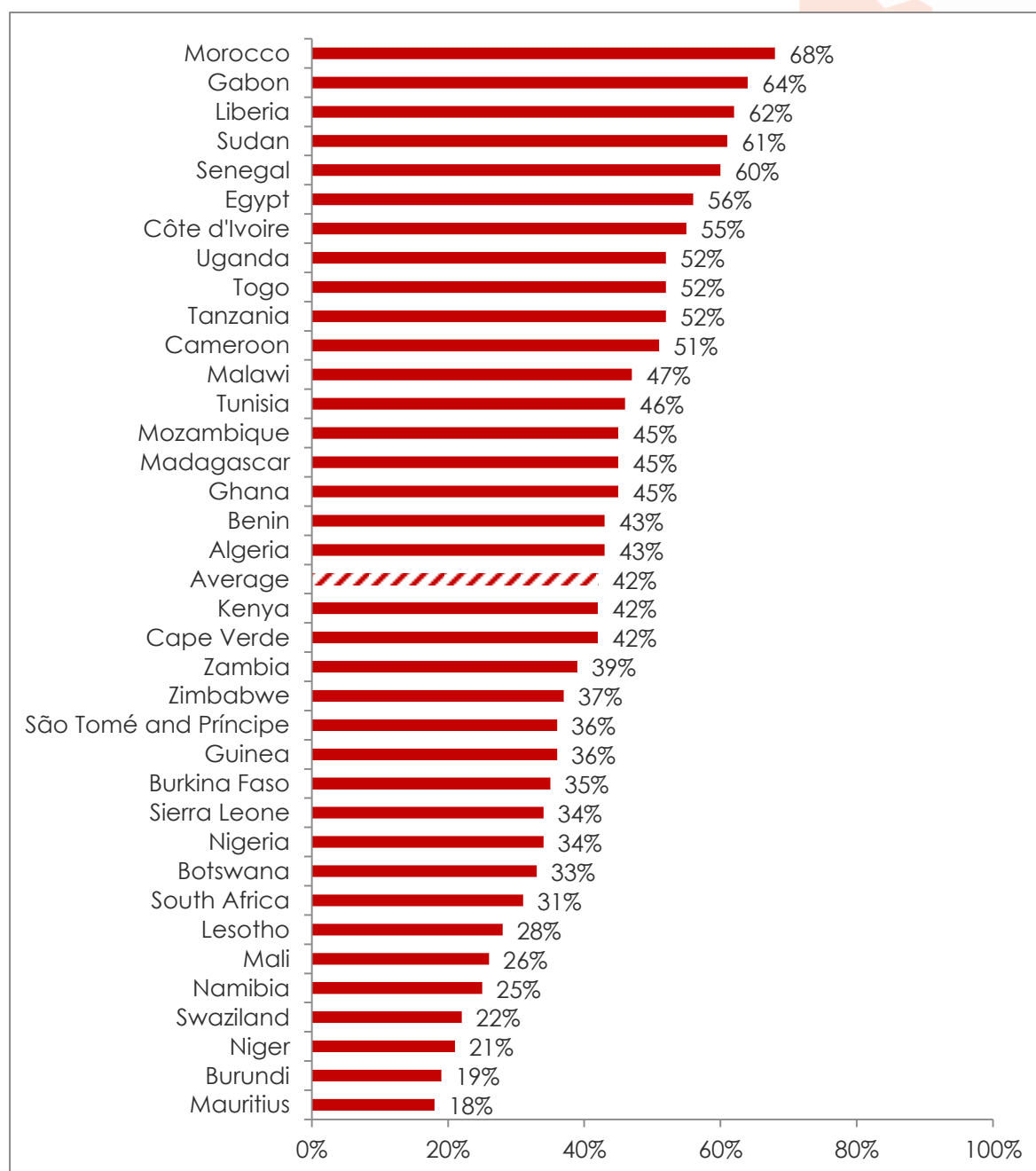


Respondents were asked: Over the past year, how often, if ever, have you or anyone in your family gone without medicines or medical treatment? (% who say "once or twice," "several times," "many times," or "always"). (Figure shows percentage-point changes from 2005/2006 to 2014/2015 in the proportion of respondents who ever went without health care. A positive number indicates increasing experience of shortages, while a negative number indicates improvement, i.e. respondents are experiencing fewer shortages.)

Difficulties and payment of bribes in obtaining medical care

On average across 36 surveyed countries, about two-thirds (64%) of respondents say they had contact with a public health clinic or hospital at least once during the year preceding the survey. When those respondents who had contact were asked how easy or difficult it was to obtain the care they needed, four in 10 (42%) said it was "difficult" or "very difficult," while 58% found it "easy" or "very easy." Moroccans (68%), Gabonese (64%), Liberians (62%), and Sudanese (61%) are most likely to report difficulties, while fewer than one in four citizens had difficulties in Mauritius (18%), Burundi (19%), Niger (21%), and Swaziland (22%) (Figure 4).

Figure 4: Difficulties in obtaining medical care | 36 countries | 2014/2015

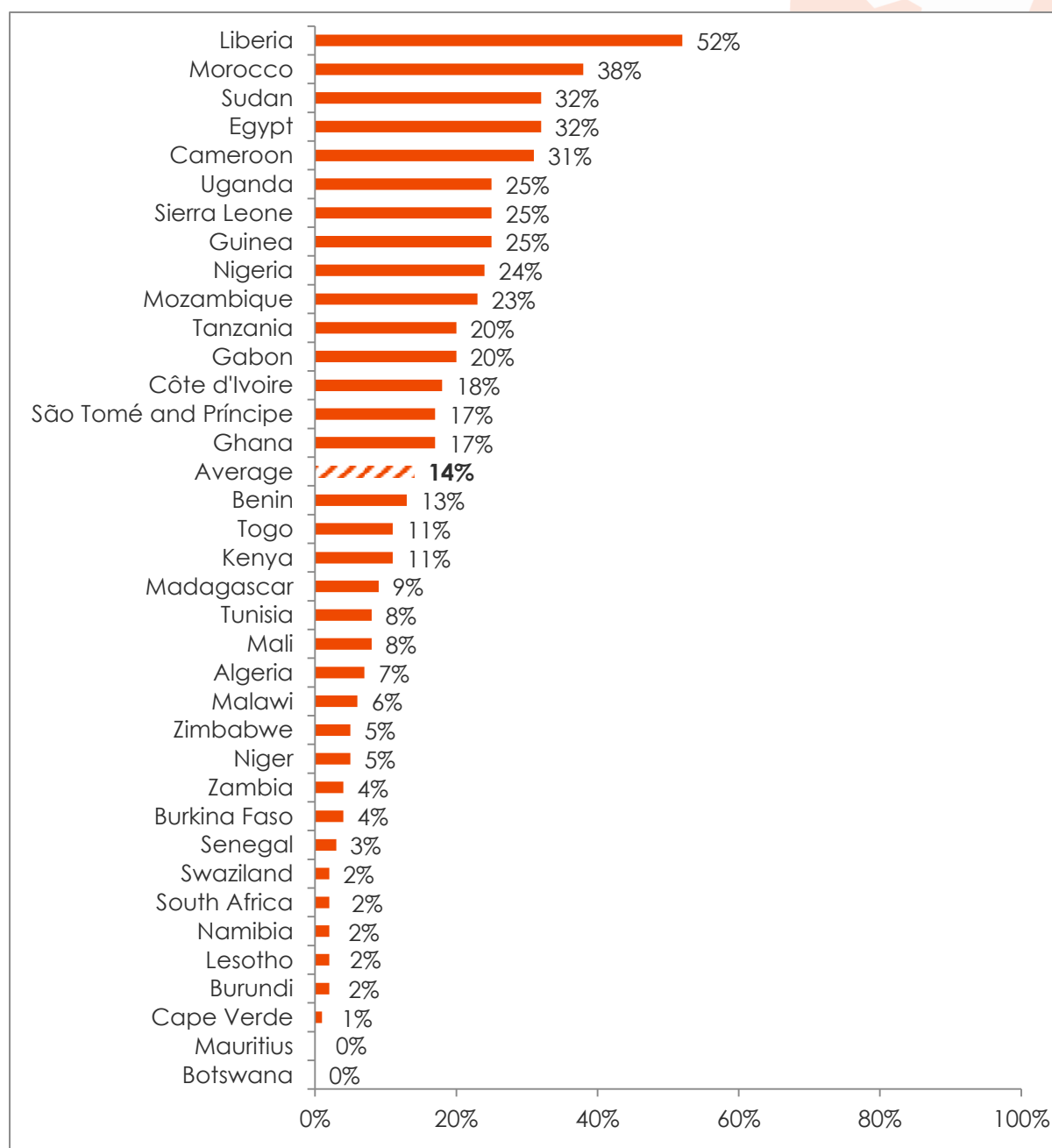


Respondents were asked: *In the past 12 months, have you had contact with a public clinic or hospital? (If yes:) How easy or difficult was it to obtain the medical care you needed? (Among respondents who accessed health services during the previous year, % who say it was "difficult" or "very difficult" to obtain needed care. Respondents who had no contact with health services are excluded.)*

Difficulties in obtaining health care may be one factor that encourages bribery as a means to get needed services. Among respondents who sought medical care during the previous year, on average about one in seven (14%) say they had to "pay a bribe, give a gift, or do a favour" "once or twice," "a few times," or "often" before receiving the needed services.

At the country level, more than half (52%) of Liberians say they had to pay bribes. Corruption was also common in Morocco (38%), Sudan (32%), Egypt (32%), and Cameroon (31%). But in 11 countries, fewer than one in 20 respondents say they paid bribes: Botswana and Mauritius set the example with only one reported case of bribery for health-care services between them (Figure 5).

Figure 5: Paid a bribe to obtain health care | 36 countries | 2014/2015



Respondents were asked: *And how often, if ever, did you have to pay a bribe, give a gift, or do a favour for a health worker or clinic or hospital staff in order to get medical care you needed? (Among respondents who accessed health services, % who say "once or twice," "a few times," or "often." Respondents who had no contact with health services are excluded.)*


Across the 36 countries, men are slightly more likely than women to mention difficulties in obtaining needed medical care, 43% vs. 41%. But the difference is considerably larger in some countries: Algerian and Sierra Leonean men are 11 percentage points more likely than their female counterparts to say they had difficulties, while Ghanaian men are 7 percentage points less likely than women to do so (Table 2).

The elderly (aged 61 and older) are somewhat less likely to report having difficulties (35%) than are younger people (43% of those aged 18-35, 41% of those aged 36-60).

As with difficulties encountered in obtaining care, men are slightly more likely than women, on average, to say they paid a bribe, 16% vs. 13%. The gender gap is largest in Cameroon

(10 percentage points), Benin (8 points), and Côte d'Ivoire (8 points) (Table 2). The elderly (aged 61 and older) are half as likely to say they paid a bribe (7%) as younger people (15%).

Table 2: Difficulties and bribe payment in obtaining health care | by sex | 36 countries
| 2014/2015



	Difficult to obtain health care			Paid bribe to obtain health care		
	Male	Female	Male-female gap (percentage points)	Male	Female	Male-female gap (percentage points)
Algeria	48%	37%	+11	9%	5%	+4
Sierra Leone	39%	28%	+11	27%	23%	+4
Malawi	52%	43%	+9	7%	4%	+3
Togo	57%	48%	+9	10%	12%	-2
Benin	47%	40%	+7	17%	9%	+8
Côte d'Ivoire	58%	51%	+7	22%	14%	+8
Tanzania	55%	49%	+6	23%	17%	+6
Uganda	55%	49%	+6	26%	24%	+2
Mauritius	21%	15%	+6	1%	0%	+1
Zimbabwe	40%	35%	+5	6%	5%	+1
Madagascar	48%	43%	+5	11%	7%	+4
Gabon	67%	63%	+4	22%	18%	+4
Burundi	21%	17%	+4	2%	3%	-1
Egypt	58%	54%	+4	35%	29%	+6
Senegal	61%	58%	+3	4%	2%	+2
Zambia	40%	37%	+3	4%	5%	-1
Swaziland	23%	20%	+3	2%	1%	+1
Guinea	37%	34%	+3	26%	25%	+1
São Tomé and Príncipe	37%	34%	+3	15%	18%	-3
Tunisia	48%	45%	+3	10%	6%	+4
Liberia	63%	61%	+2	53%	51%	+2
Niger	22%	20%	+2	6%	3%	+3
Cameroon	51%	50%	+1	36%	26%	+10
Mali	26%	25%	+1	10%	6%	+4
Lesotho	29%	28%	+1	3%	2%	+1
Kenya	42%	42%	0	10%	12%	-2
Morocco	68%	69%	-1	40%	37%	+3
Burkina Faso	34%	36%	-2	5%	3%	+2
Botswana	31%	34%	-3	0%	0%	0
Mozambique	43%	46%	-3	23%	23%	0
Cape Verde	40%	44%	-4	1%	1%	0
Nigeria	32%	36%	-4	25%	24%	+1
Namibia	23%	27%	-4	2%	2%	0
South Africa	29%	33%	-4	2%	3%	-1
Sudan	59%	63%	-4	32%	31%	+1
Ghana	41%	48%	-7	18%	17%	+1
Average	43%	41%	+2	16%	13%	+3

Urban dwellers are more likely than rural residents, on average, to say they encountered difficulties in obtaining health-care services. This pattern is replicated in a majority of countries, led by Mauritius (a 21-percentage-point gap), Zimbabwe (19 points), and Burkina Faso (16 points) (Table 3). In a few countries, more rural than urban residents had difficulties while trying to meet their medical needs. This situation was quite pronounced in Sudan (a 10-percentage-point gap), Morocco (9 points), and Algeria (8 points).

Again, a slight urban-rural difference in the frequency of bribe-paying for care (on average 15% urban vs. 13% rural) masks significant country-level differences. Urbanites are considerably more likely than rural residents to say they paid bribes in Liberia (a 12-percentage-point gap), Ghana (10 points), Togo (8 points), and Côte d'Ivoire (6 points), whereas rural folks are more likely to pay bribes in Sudan (a 16-point gap), Morocco (11 points), Egypt (9 points), and Guinea (6 points) (Table 3).

Table 3: Difficulty and bribe payment in obtaining health care | by urban-rural location
| 36 countries | 2014/2015

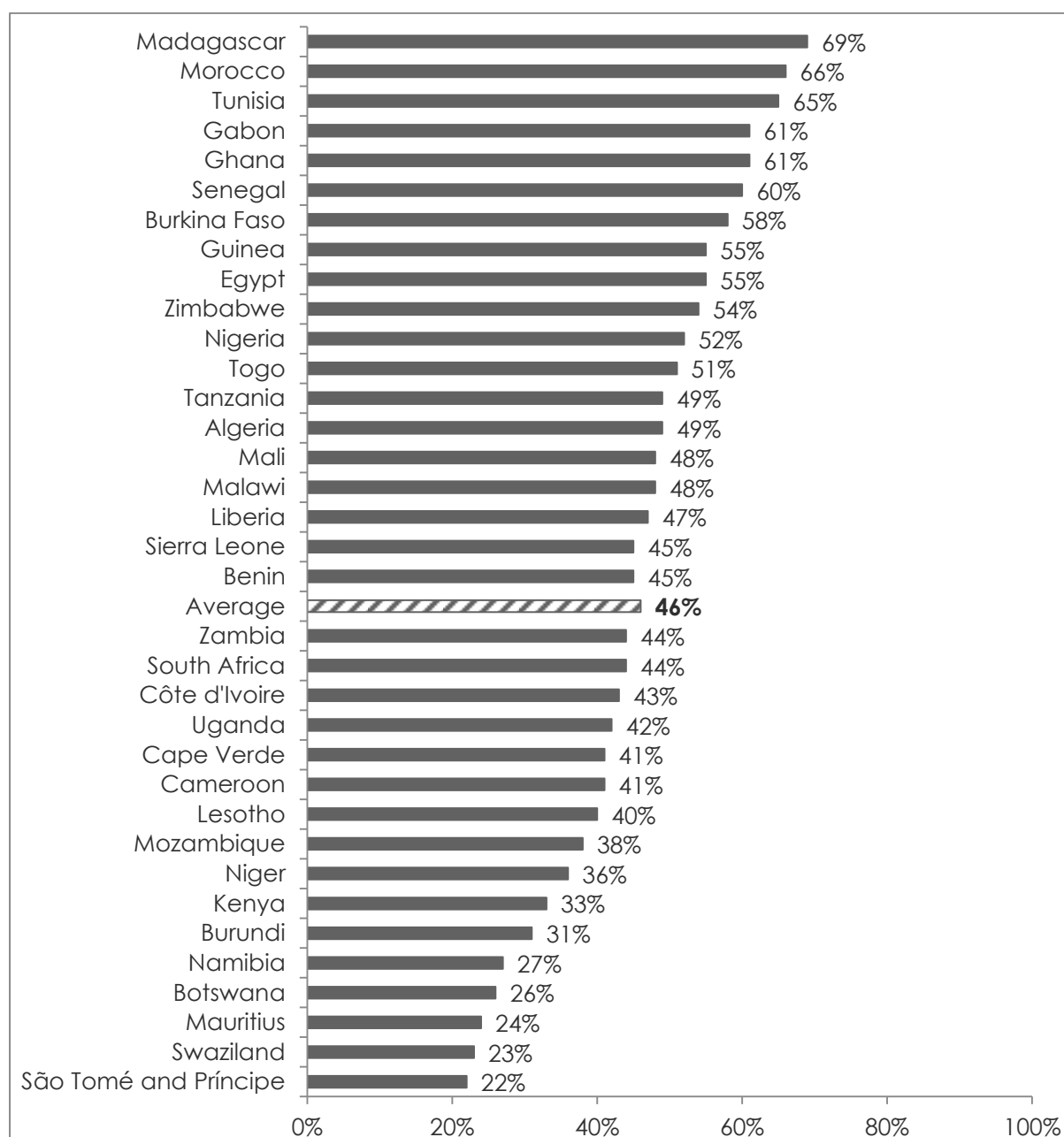
	Difficult to obtain health care			Paid bribe to obtain health care		
	Urban	Rural	Urban-rural gap (percentage points)	Urban	Rural	Urban-rural gap (percentage points)
Mauritius	31%	10%	+21	0%	0%	0
Zimbabwe	50%	31%	+19	7%	4%	+3
Burkina Faso	48%	32%	+16	7%	3%	+4
Liberia	70%	56%	+14	59%	47%	+12
São Tomé and Príncipe	40%	28%	+12	17%	16%	+1
Sierra Leone	41%	29%	+12	28%	23%	+5
Botswana	36%	28%	+8	0%	0%	0
Burundi	25%	18%	+7	6%	2%	+4
Ghana	48%	41%	+7	22%	12%	+10
Nigeria	38%	31%	+7	23%	25%	-2
Kenya	47%	40%	+7	12%	11%	+1
Malawi	52%	46%	+6	8%	5%	+3
Niger	26%	20%	+6	3%	5%	-2
Zambia	42%	36%	+6	7%	3%	+4
Benin	46%	41%	+5	16%	11%	+5
Senegal	62%	58%	+4	2%	4%	-2
Lesotho	31%	27%	+4	4%	1%	+3
Namibia	27%	24%	+3	3%	1%	+2
Tanzania	54%	51%	+3	23%	18%	+5
Swaziland	24%	21%	+3	3%	1%	+2
Uganda	54%	52%	+2	28%	24%	+4
Cape Verde	42%	41%	+1	1%	0%	+1
Côte d'Ivoire	55%	54%	+1	21%	15%	+6
Egypt	57%	56%	+1	27%	36%	-9
Madagascar	45%	45%	0	11%	8%	+3
Mali	26%	26%	0	9%	8%	+1
Togo	52%	52%	0	15%	7%	+8
Cameroon	50%	51%	-1	32%	30%	+2
Tunisia	45%	49%	-4	9%	6%	+3
Mozambique	42%	46%	-4	24%	23%	+1
South Africa	29%	34%	-5	3%	1%	+2
Gabon	63%	70%	-7	19%	23%	-4
Guinea	31%	38%	-7	21%	27%	-6
Algeria	40%	48%	-8	6%	8%	-2
Morocco	65%	74%	-9	34%	45%	-11
Sudan	55%	65%	-10	22%	38%	-16
Average	45%	39%	+6	15%	13%	+2

Government performance in improving basic health services

Only about half (52%) of Africans say their government is doing “fairly well” or “very well” in improving basic health services, while 46% rate their government’s performance as “fairly” or “very” bad.

At the country level, about two-thirds of citizens rate government performance negatively in Madagascar (69%), Morocco (66%), and Tunisia (65%), followed by six in 10 Gabonese (61%), Ghanaians (61%), and Senegalese (60%) (Figure 6). In contrast, fewer than one in four citizens disapprove of their government’s performance in São Tomé and Príncipe (22%), Swaziland (23%), and Mauritius (24%).

Figure 6: Negative ratings of government performance in improving basic health services
| 35 countries | 2014/2015



Respondents were asked: How well or badly would you say the current government is handling the following matters, or haven't you heard enough to say: Improving basic health services? (% who say “fairly badly” or “very badly”)

Note: This question was not asked in Sudan.

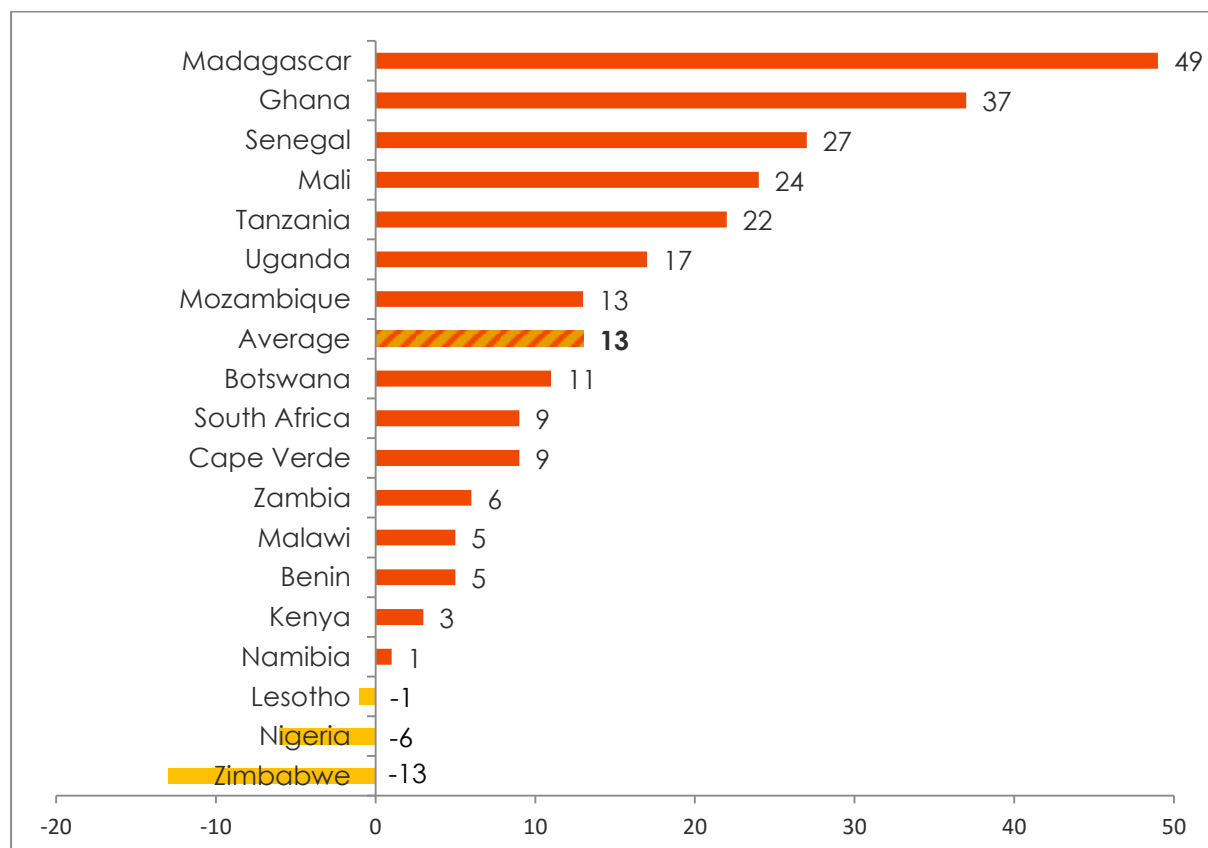
Differences by sex, urban-rural residence, and age group are small across 35 countries but larger within individual countries. On average, men (46%) and women (45%) are about equally likely to rate government performance negatively. But Algerian and Egyptian men are considerably more critical than their female counterparts (by 8 percentage points), while in Côte d'Ivoire, women are more likely than men (by 5 percentage points) to offer negative assessments.

Similarly, on average across 35 countries, urban and rural residents are about equally likely to disapprove of government performance (46% vs. 45%), but urbanites are significantly more critical than rural dwellers in Zimbabwe (by 21 percentage points), Burundi (12 points), Egypt (10 points), and Ghana (10 points), and substantially less critical than their rural counterparts in Gabon (14 points) and Sierra Leone (10 points).

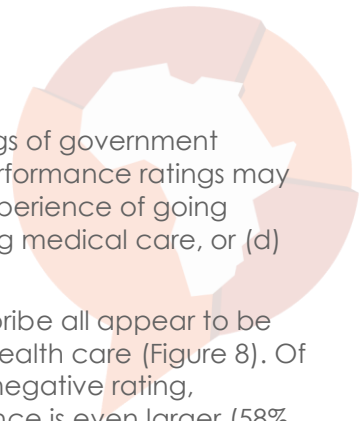
Elderly (44%) and young (45%) citizens are somewhat less likely to rate their government poorly than those in the middle range (47% of those aged 36-60).

Across 18 countries tracked over the past decade, negative evaluations of government performance on health care have increased by 13 percentage points, from 33% in 2005/2006 to 46% in 2014/2015 (Figure 7). The countries driving the worsening evaluations of government performance most forcefully are Madagascar, where negative evaluations increased by 49 percentage points over the past decade, and Ghana, which saw a 37-point increase. Large increases in negative ratings are also seen in Senegal (27 points), Mali (24 points), and Tanzania (22 points). Ratings improved significantly only in Zimbabwe and Nigeria, although in both countries disapproval of government performance is still the majority view (54% in Zimbabwe, 52% in Nigeria).

Figure 7: Changes in negative ratings of government performance | 18 countries | 2005-2015



Respondents were asked: How well or badly would you say the current government is handling the following matters, or haven't you heard enough to say: Improving basic health services? (Figure shows percentage-point changes from 2005/2006 to 2014/2015 in the proportion of respondents saying "fairly badly" or "very badly." A positive number represents worsening assessments of government performance, while a negative number represents improving assessments.)



While Afrobarometer does not ask respondents to explain their ratings of government performance, it seems reasonable to consider whether negative performance ratings may be related to (a) a lack of available health-care facilities, (b) the experience of going without medicine or medical care, (c) difficulties faced while seeking medical care, or (d) having to pay bribes to obtain medical care.

Going without care, encountering difficulties, and having to pay a bribe all appear to be strongly linked to negative ratings of government performance on health care (Figure 8). Of those who went without needed care, 54% give the government a negative rating, compared to 40% of those who did not go without care. The difference is even larger (58% vs. 36%) between patients who had difficulty in obtaining care and those who did not. Among those who had to pay a bribe, 56% rate the government negatively, compared to 43% of those who did not pay a bribe. These findings are consistent with those of earlier country-specific analyses of these issues in Benin (Houessou, 2015) and Ghana (Armah-Attah, 2015)

The presence or absence of a health clinic in the zone does not predict government performance rating; identifying the effects, if any, of the (non)availability of infrastructure on perceptions of government performance may require additional analysis. There also appears to be no strong link between presence of health facilities and the frequency with which individuals go without care or experience difficulties in obtaining care.

Figure 8: Negative government performance rating and health-facility presence, lack of care, difficulty obtaining care, and bribe-paying | 35 countries | 2014/2015

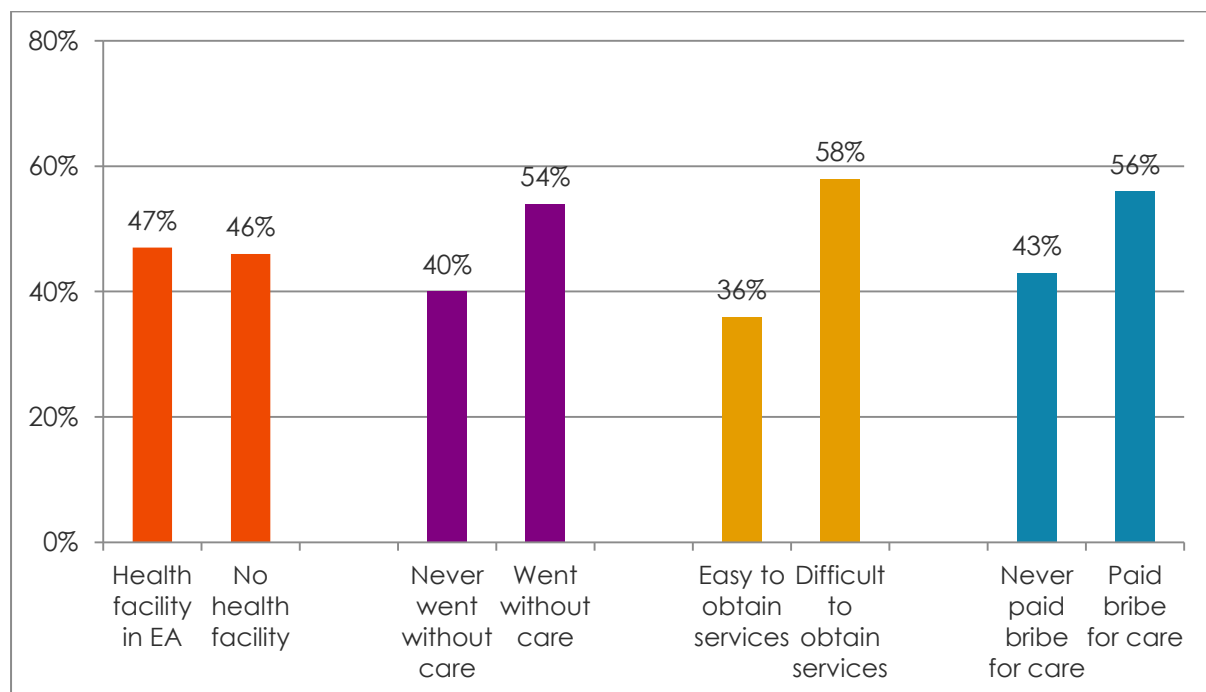


Figure shows % of respondents who say government is performing “fairly badly” or “very badly” on improving basic health services, grouped by responses to:

Enumerator team observations: Are the following services present in the primary sampling unit/ enumeration area or in easy walking distance: Health clinic?

Questions to respondents:

- Over the past year, how often, if ever, have you or anyone in your family gone without medicines or medical treatment?
- In the past 12 months, have you had contact with a public clinic or hospital? (If yes:) How easy or difficult was it to obtain the medical care you needed? (Respondents who had no contact with health services are excluded.)
- And how often, if ever, did you have to pay a bribe, give a gift, or do a favour for a health worker or clinic or hospital staff in order to get medical care you needed? (Respondents who had no contact with health services are excluded.)



Health care a high priority for government action

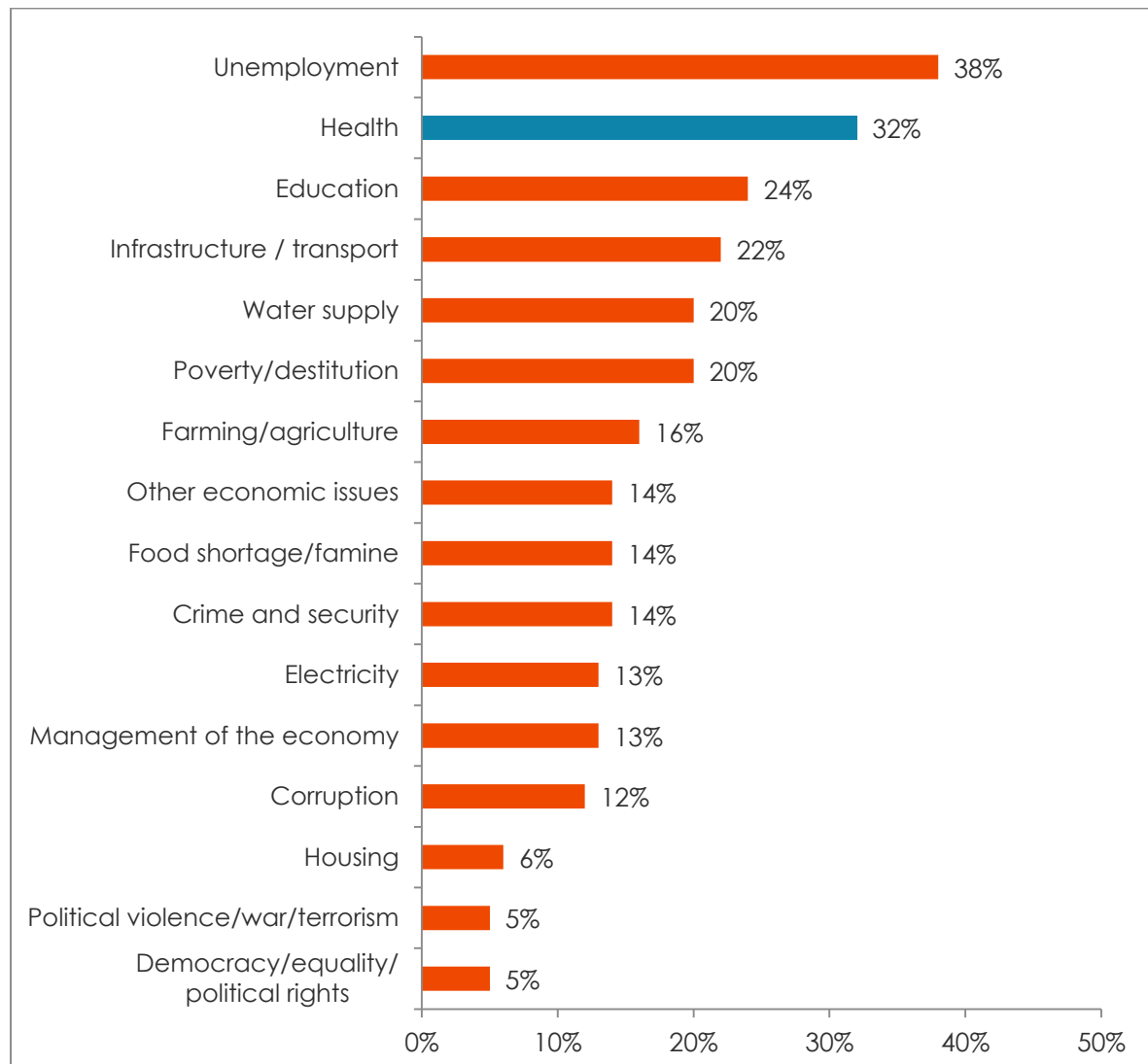
Afrobarometer asked two questions to gauge how high a priority health care is on citizens' agendas. The first asks respondents what they consider the most important problems facing their country that government should address, allowing up to three responses. The second presents a list of key sectors and asks which should be the first and second priorities for additional government investment.

Most important problems

Across 36 countries, Africans rank health as the second-most-important national problem that government should address (Figure 9). Only unemployment outranks health. Almost one-third (32%) of citizens cite health among their top three responses.

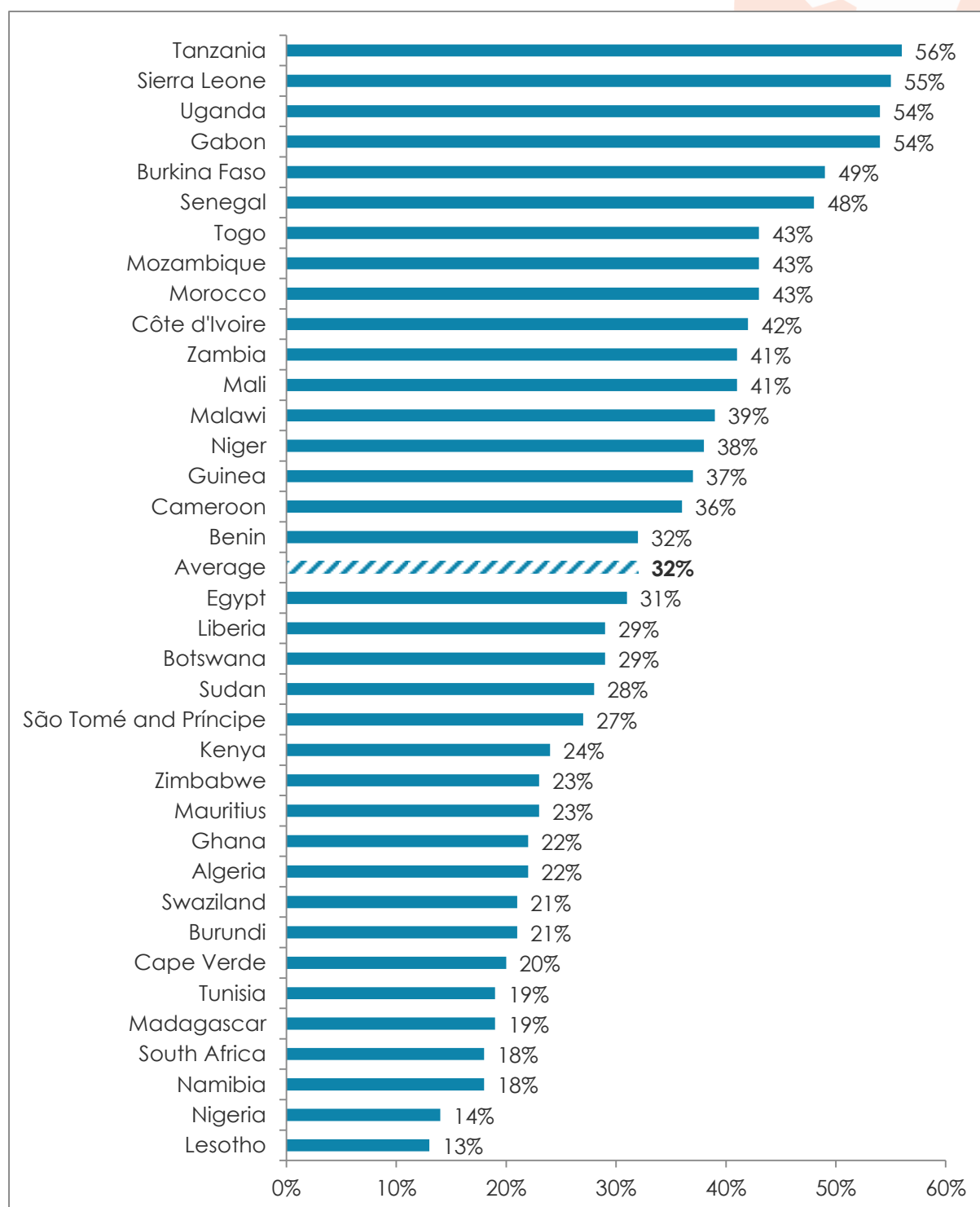
Health is the problem cited most often in nine of the 36 countries: Côte d'Ivoire, Gabon, Mozambique, Senegal, Sierra Leone, Tanzania, Togo, Uganda, and Zambia. In 13 other countries, it ranks second or third. More than half of all Tanzanians (56%), Sierra Leoneans (55%), Ugandans (54%), and Gabonese (54%) list health among their three most important problems (Figure 10).

Figure 9: Most important problems | 36 countries | 2014/2015



Respondents were asked: *In your opinion, what are the most important problems facing this country that government should address? (Respondents were allowed up to three answers, so percentages add to more than 100%. Figures show % who cite each response as one of their three responses)*

Figure 10: Health as most important problem | 36 countries | 2014/2015



Respondents were asked: *In your opinion, what are the most important problems facing this country that government should address? (Respondents were allowed up to three answers. Figure shows % who cite health among their three responses)*

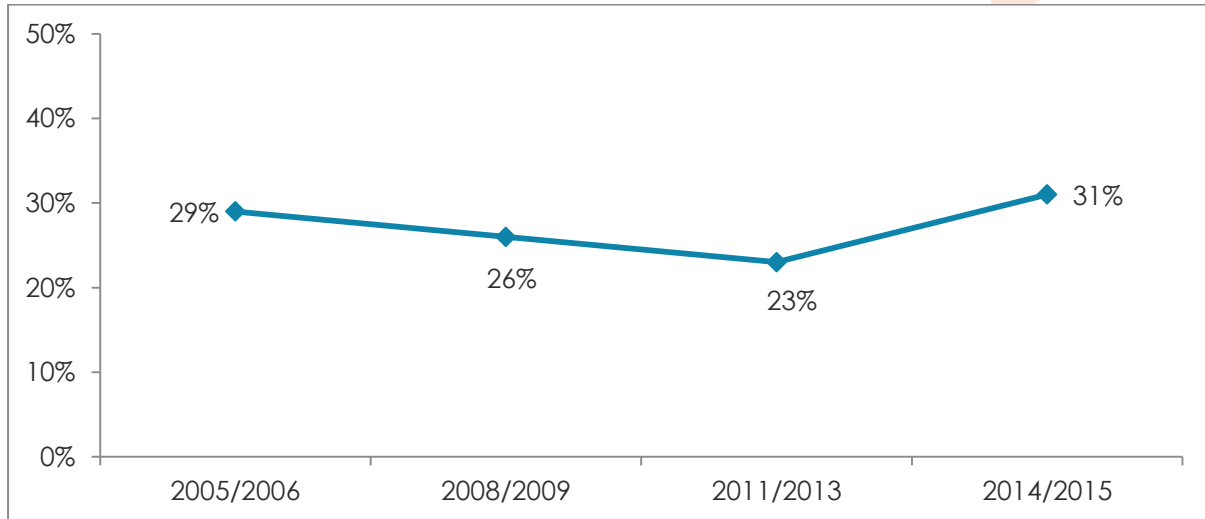
Across the 18 countries tracked since 2005, the proportion of citizens who cite health as a top problem declined slightly from 2005/2006 (29%) to 2011/2013 (23%) but then rose sharply to 31% in 2014/2015 (Figure 11). While the long-term change (2005-2015) is small, the recent increase indicates that health is coming up again on the agenda of many Africans as a crucial issue for governments to address.



This is especially true in Zambia, where the proportion of citizens citing health as a top problem increased by 32 percentage points over the past decade, as well as in Nigeria (28 points) and Zimbabwe (24 points) (Figure 12).

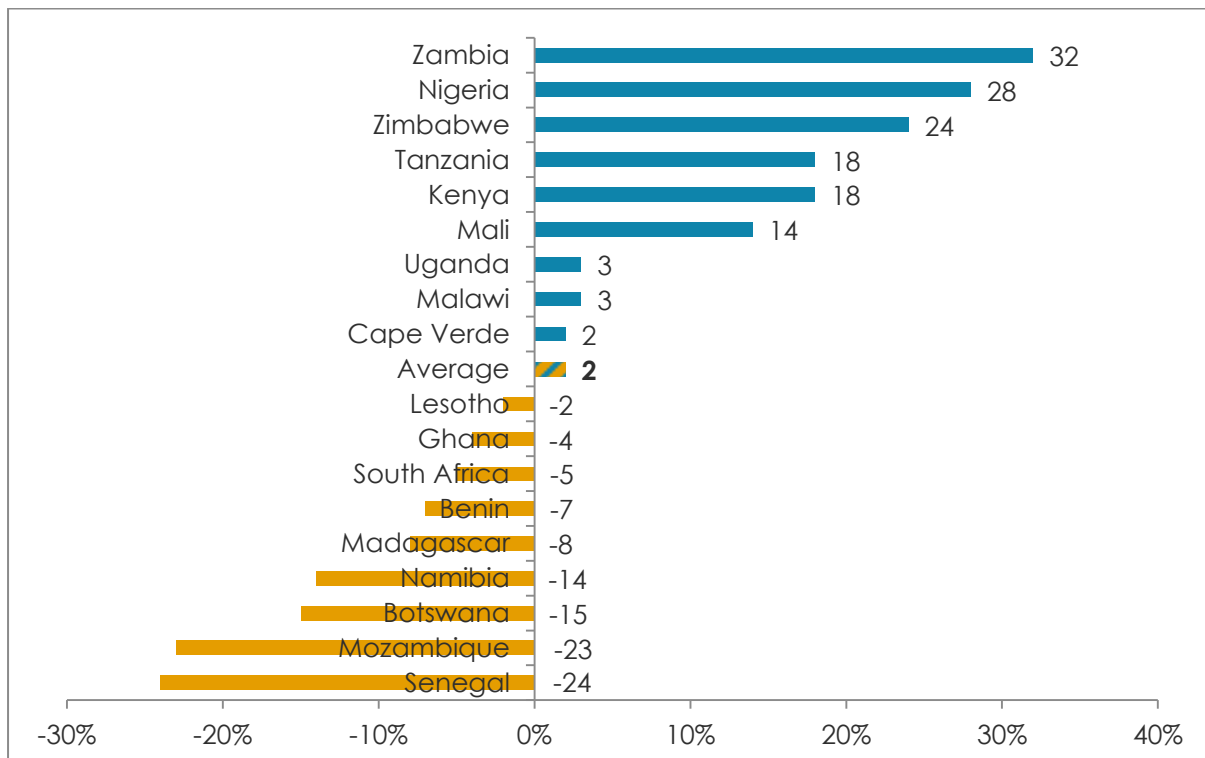
Conversely, the perception of health as an important problem decreased significantly in Senegal (a 24-percentage-point drop) and Mozambique (23 points).

Figure 11: Health as most important problem | 18 countries | 2005–2015



Respondents were asked: *In your opinion, what are the most important problems facing this country that government should address? (% who cite health among their three responses)*

Figure 12: Changes in proportion citing health as most important problem | 18 countries | 2005–2015



Respondents were asked: *In your opinion, what are the most important problems facing this country that government should address? (Figure shows percentage-point changes from 2005/2006 to 2014/2015 in the proportion of respondents citing health among their three responses)*



Health as a priority for additional government spending

Afrobarometer presented survey respondents with a list of six key sectors (education, infrastructure such as roads and bridges, security, health care, agricultural development, and energy supply) and asked which would be their first and second priorities for additional investment if the government could increase its spending.

Africans consider health care their second-highest priority (after education) for additional government spending, a prioritization that is consistent with the reported challenges in accessing health care reported above. On average across 36 countries, half (51%) of those interviewed list health care

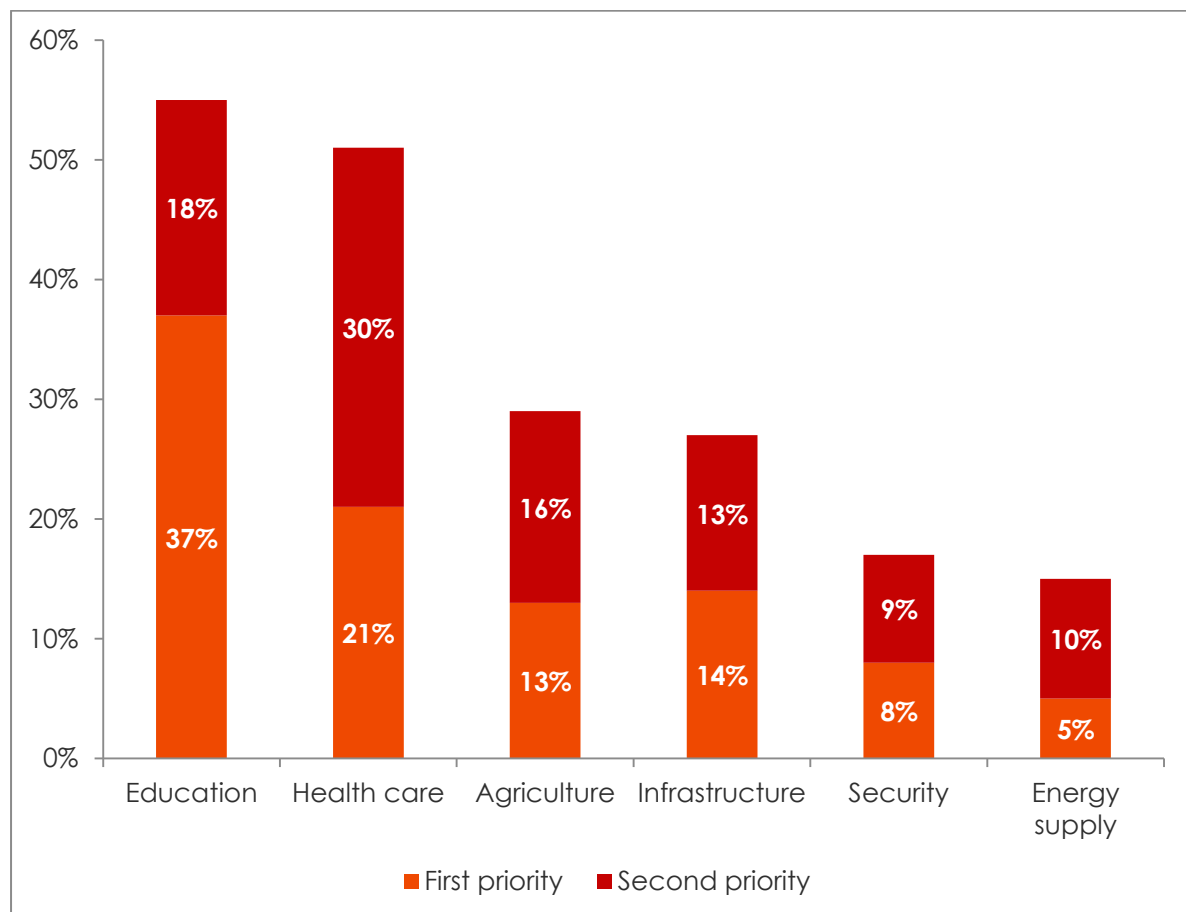
among their top two priorities (Figure 13).

Do your own analysis of Afrobarometer data – on any question, for any country and survey round. It's easy and free at www.afrobarometer.org/online-data-analysis.

Health care ranks first or second in 31 of 36 countries; the only exceptions are Guinea, Kenya, and Liberia, where it ranks third,

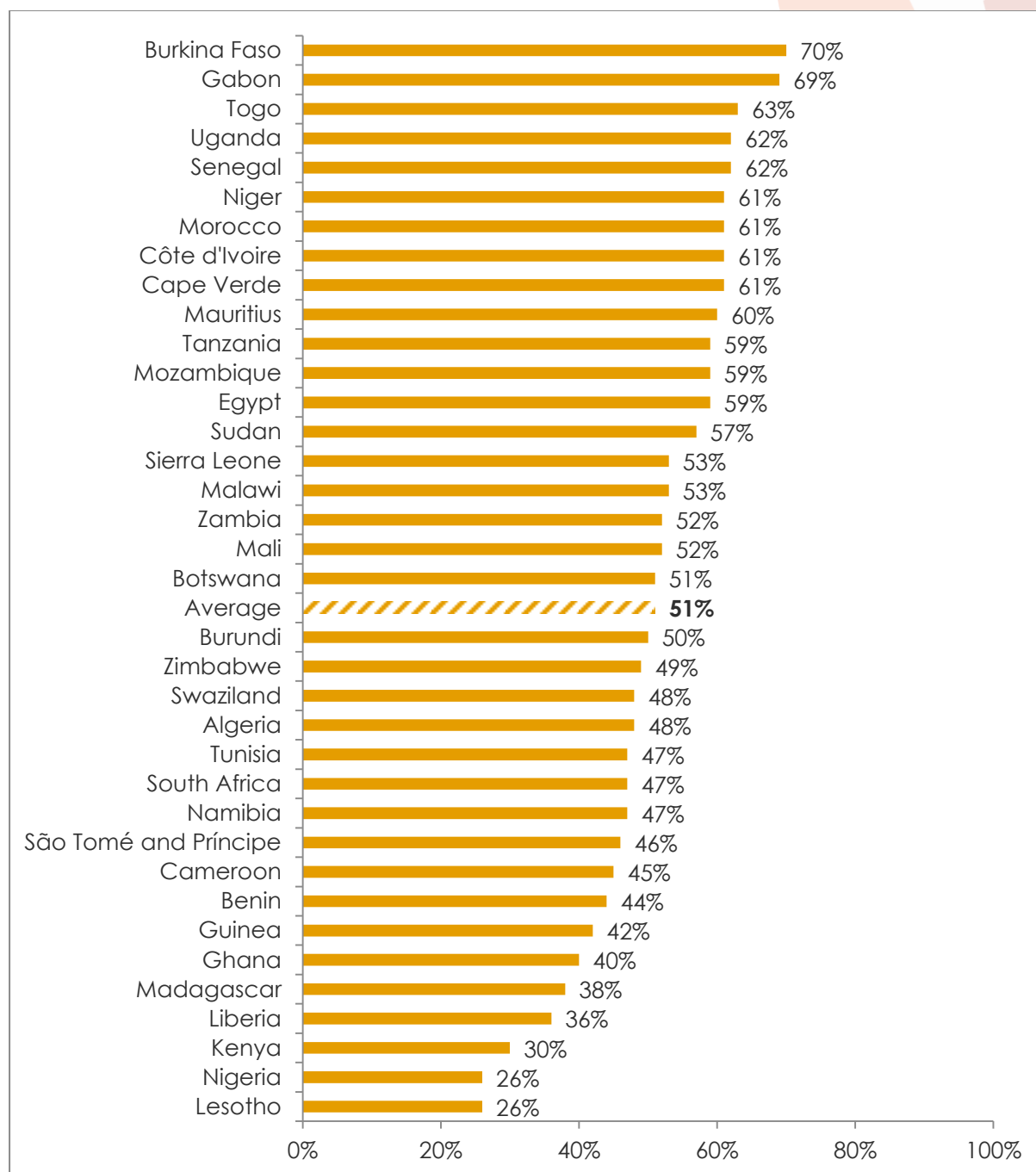
and Lesotho and Nigeria, where it ranks fifth. About seven in 10 citizens in Burkina Faso (70%) and Gabon (69%) cite health care among their top two priorities. At the other extreme are Lesotho and Nigeria, where just one in four citizens (26%) prioritize health care above other issues (Figure 14).

Figure 13: Citizen priorities for additional government investment | 36 countries | 2014/2015



Respondents were asked: *If the government of this country could increase its spending, which of the following areas do you think should be the top priority for additional investment? And which would be your second priority?*

Figure 14: Health care as a priority for additional government investment | 36 countries
| 2014/2015

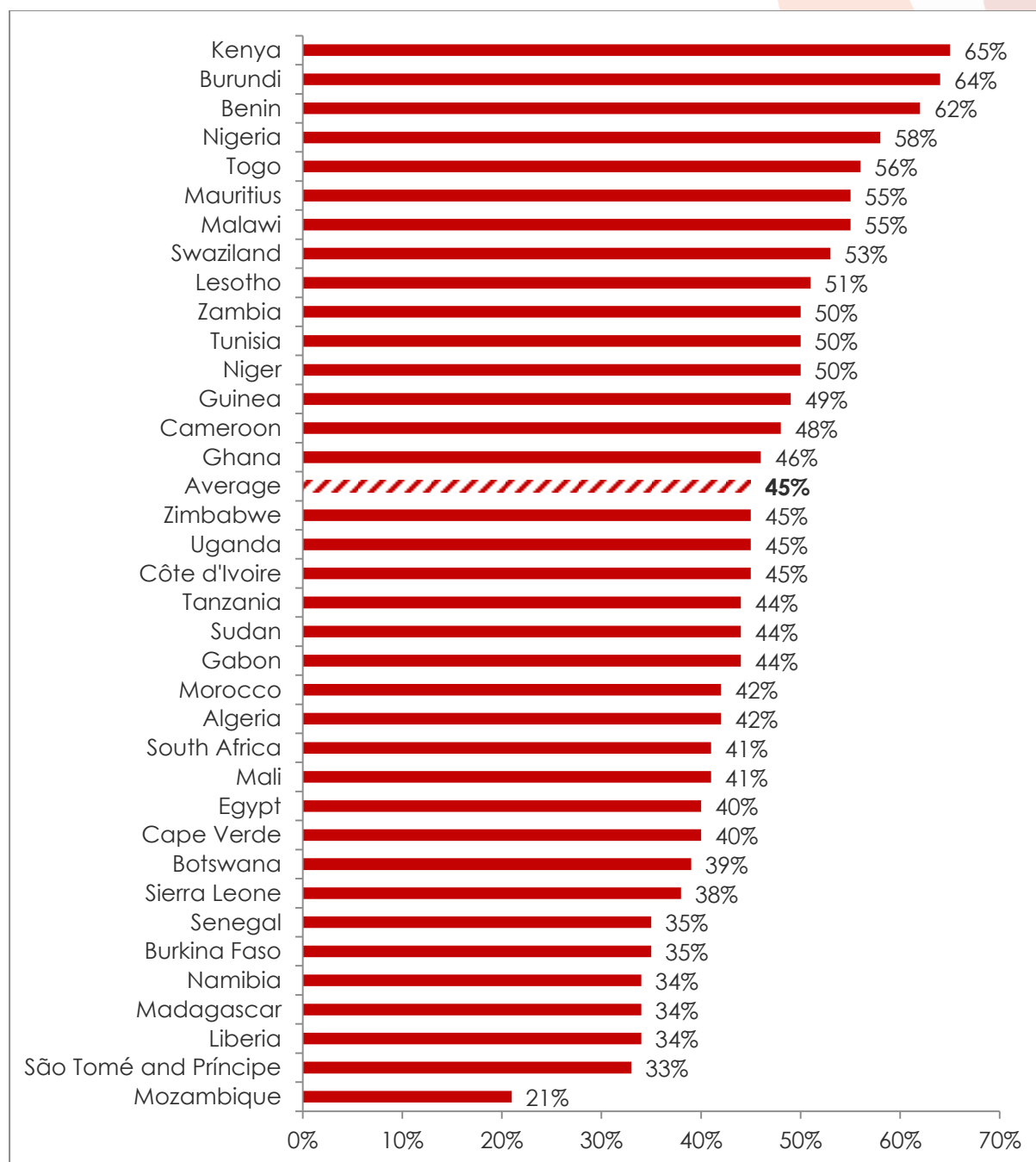


Respondents were asked: *If the government of this country could increase its spending, which of the following areas do you think should be the top priority for additional investment? And which would be your second priority? (% who cite health care among their two priorities)*

Paying more taxes or fees for increased government spending on health care

Despite their strong desire to see their government prioritize health care, Africans are about evenly divided as to whether they would support paying more taxes or user fees in exchange for increased government spending on health care: 42% would “somewhat support” or “strongly support” the idea, while 45% would “somewhat” or “strongly” oppose it. The strongest opposition comes from Kenya (65%), Burundi (64%), and Benin (62%), while only one in five Mozambicans (21%) would oppose the idea (Figure 15).

Figure 15: Opposition to higher taxes/fees in exchange for increased health spending
 | 36 countries | 2014/2015



Respondents were asked: *If the government decided to make people pay more taxes or user fees in order to increase spending on public health care, would you support this decision or oppose it? (% who say "somewhat oppose" or "strongly oppose")*

Conclusion

Citizens' perceptions suggest a number of barriers to health-care access and, ultimately, "health for all." On average across 36 countries, almost half of citizens went without needed medicine or medical care at least once in the previous year. Among those who obtained care, four in 10 say it was "difficult" or "very difficult," and one in seven had to pay a bribe. Even the presence of health infrastructure does not increase the likelihood that residents will avoid problems or approve of the government's performance on health care. Overall,

citizen ratings of government efforts are fairly negative – significantly more negative than a decade ago.

Experiences and perceptions of health care vary widely by country, and more specific data are needed to identify the most important kinds of difficulties that patients encounter as well as the factors that explain negative public perceptions of government performance. But citizens speak clearly in saying that health care is one of their top priorities for government action. Their reluctance to endorse higher taxes or user fees doesn't necessarily undermine this prioritization; they may simply believe that other sources of funding should be available.




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Appendix

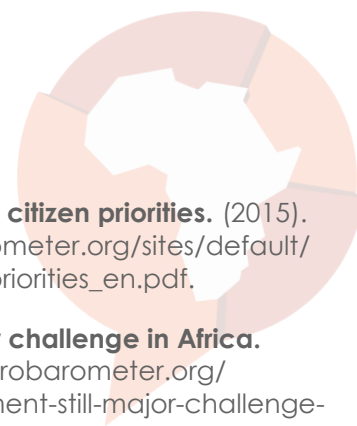
Table A.1: Afrobarometer Round 6 fieldwork dates and previous survey rounds

Country	Months when Round 6 fieldwork was conducted	Previous survey rounds
Algeria	May-June 2015	2013
Benin	May-June 2014	2005, 2008, 2011
Botswana	June-July 2014	1999, 2003, 2005, 2008, 2012
Burkina Faso	April-May 2015	2008, 2012
Burundi	September-October 2014	2012
Cameroon	January-February 2015	2013
Cape Verde	November-December 2014	2002, 2005, 2008, 2011
Côte d'Ivoire	August-September 2014	2013
Egypt	June-July 2015	2013
Gabon	September 2015	N/A
Ghana	May-June 2014	1999, 2002, 2005, 2008, 2012
Guinea	March-April 2015	2013
Kenya	November-December 2014	2003, 2005, 2008, 2011
Lesotho	May 2014	2000, 2003, 2005, 2008, 2012
Liberia	May 2015	2008, 2012
Madagascar	December 2015-January 2015	2005, 2008, 2013
Malawi	March-April 2014	1999, 2003, 2005, 2008, 2012
Mali	December 2014	2001, 2002, 2005, 2008, 2013
Mauritius	June-July 2014	2012
Morocco	November 2015	2013
Mozambique	June-August 2015	2002, 2005, 2008, 2012
Namibia	August-September 2014	1999, 2003, 2006, 2008, 2012
Niger	April 2015	2013
Nigeria	December 2014-January 2015	2000, 2003, 2005, 2008, 2013
São Tomé and Príncipe	July-August 2015	N/A
Senegal	November-December 2014	2002, 2005, 2008, 2013
Sierra Leone	May-June 2015	2012
South Africa	August-September 2015	2000, 2002, 2006, 2008, 2011
Sudan	June 2015	2013
Swaziland	April 2015	2013
Tanzania	August-November 2014	2001, 2003, 2005, 2008, 2012



Country	Months when Round 6 fieldwork was conducted	Previous survey rounds
Togo	October 2014	2012
Tunisia	April-May 2015	2013
Uganda	May 2015	2000, 2002, 2005, 2008, 2012
Zambia	October 2014	1999, 2003, 2005, 2009, 2013
Zimbabwe	November 2014	1999, 2004, 2005, 2009, 2012

Other Round 6 global releases



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- **Building on progress: Infrastructure development still a major challenge in Africa.** (2016). Afrobarometer Dispatch No. 69. Available at www.afrobarometer.org/publications/ad69-building-progress-infrastructure-development-still-major-challenge-africa.
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- **Lack of safe water, sanitation spurs growing dissatisfaction with government performance.** Afrobarometer Dispatch No. 76. Available at <http://afrobarometer.org/publications/ad76-lack-of-safe-water-and-sanitation-spurs-growing-dissatisfaction>.

AFRO BAROMETER

LET THE PEOPLE HAVE A SAY



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Afrobarometer is produced collaboratively by social scientists from more than 30 African countries. Coordination is provided by the Center for Democratic Development (CDD) in Ghana, the Institute for Justice and Reconciliation (IJR) in South Africa, the Institute for Development Studies (IDS) at the University of Nairobi in Kenya, and the Institute for Empirical Research in Political Economy (IREEP) in Benin. Michigan State University (MSU) and the University of Cape Town (UCT) provide technical support to the network.

Core support for Afrobarometer Rounds 5 and 6 has been provided by the UK's Department for International Development (DFID), the Mo Ibrahim Foundation, the Swedish International Development Cooperation Agency (SIDA), the United States Agency for International Development (USAID), and the World Bank.

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