

Even before COVID-19, more than half of Africans experienced lack of needed health care

Afrobarometer Dispatch No. 352 | Brian Howard

Summary

More than half of all Africans go without needed medical care at least once in a given year, a new analysis of Afrobarometer survey data shows. Across the continent, citizens identify health as the second-most-important national problem they want their governments to address.

Even before the threat of overwhelming demand due to COVID-19, about one in five Africans faced a frequent lack of needed health-care services, including almost two-thirds of the poorest citizens.

These findings from national surveys in 34 African countries, released in advance of World Health Day (April 7), provide a pre-COVID-19 snapshot of Africans' experiences and assessments of public health-care systems committed to the United Nations Sustainable Development Goal (SDG) No. 3 of "good health and well-being" for all.

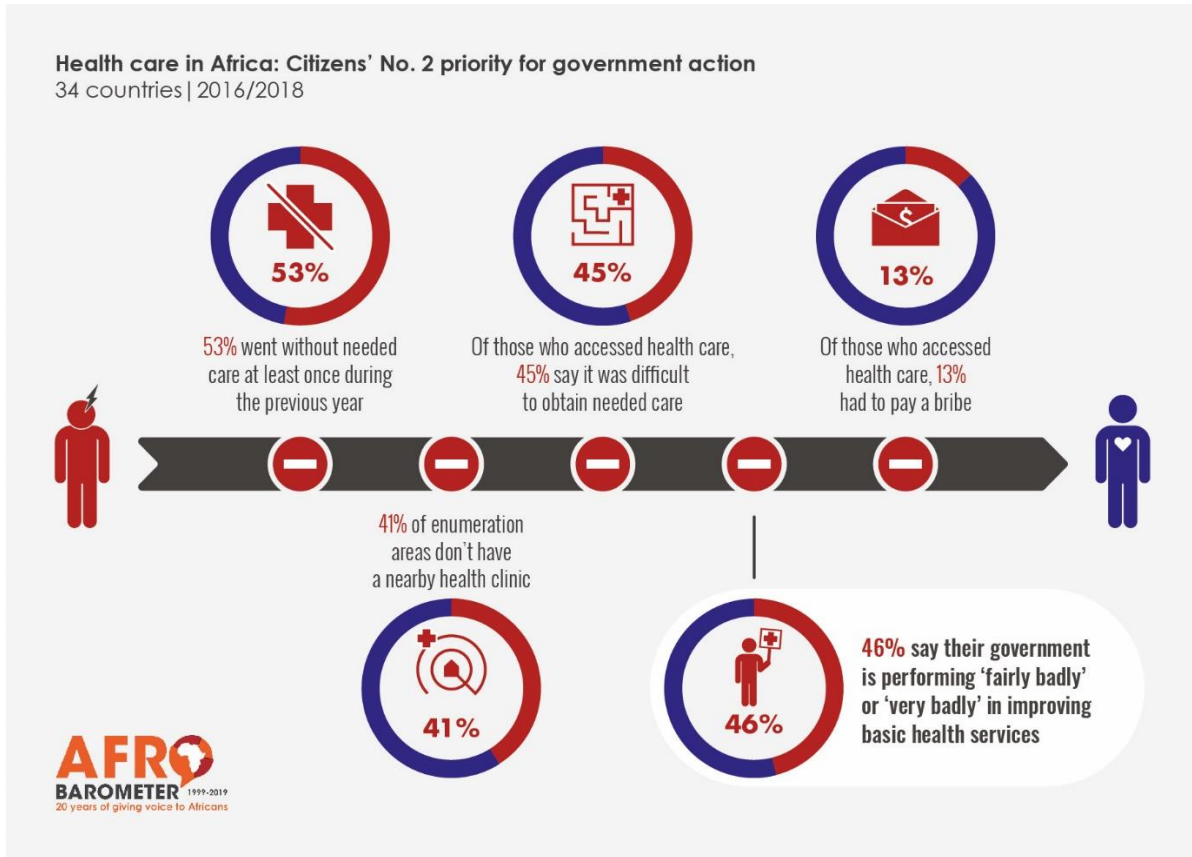
While experiences vary widely across countries, among those who had contact with a public health facility in the past year, almost half said it's difficult to obtain care. Four in 10 said they experienced long waits or never got service, and about one in eight reported having to pay a bribe to get the care they needed. Only a minority said health-care provision in their country has been improving. And governments received decidedly mixed performance reviews on health, especially from citizens who went without needed medical care, encountered difficulties in obtaining care, or had to pay a bribe.

Afrobarometer survey

Afrobarometer is a pan-African, nonpartisan survey research network that provides reliable data on African experiences and evaluations of democracy, governance, and quality of life. Seven rounds of surveys were completed in up to 38 countries between 1999 and 2018. Round 8 surveys are planned in at least 35 countries in 2019/2020. Interested readers may follow our releases, including our Pan-Africa Profiles series of cross-country analyses, at #VoicesAfrica and sign up for our distribution list at www.afrobarometer.org.

Afrobarometer conducts face-to-face interviews in the language of the respondent's choice with nationally representative samples that yield country-level results with margins of error of +/-2 to +/-3 percentage points at a 95% confidence level.

This Pan-Africa Profile draws on data from 45,823 interviews completed in 34 countries between September 2016 and September 2018 (see Appendix Table A.1 for a list of countries and fieldwork dates). The countries covered are home to almost 80% of the continent's population. The data are weighted to ensure nationally representative samples. When reporting multi-country findings such as regional or Africa-wide averages, each country is weighted equally (rather than in proportion to population size).



Key findings

- On average across 34 countries, more than half (53%) of Africans said they went without needed medicines or medical treatment at least once during the 12 months preceding the survey, including about one in five (18%) who did so “many times” or “always.” This form of deprivation was rare in Mauritius, but more than one-third of citizens went without needed care many times/always in Gabon (37%), Togo (35%), Niger (34%), and Guinea (34%) (Figure 1).
 - A frequent lack of medical care was about twice as common among rural residents (22%) as among urbanites (12%), and among people with no paid employment (20%) compared to those with full-time jobs (11%). Less-educated and older respondents were also more likely to face this problem frequently than their more-educated and younger counterparts (Figure 2).
 - Lack of access to health care is one key indicator of poverty, and this form of deprivation is strongly correlated with the other forms of deprivation, including going without food, clean water, cooking fuel, and a cash income, that make up Afrobarometer's Lived Poverty Index.¹

¹ Pearson's r (all significant at the .01 level) for going without enough food = .438, for going without enough clean water = .435, for going without cooking fuel = .404, and for going without a cash income = .473. For more on lived poverty, see Mattes, Dulani, & Gyimah-Boadi (2016).

- On average across 31 countries included in the three most recent survey rounds, the proportion of people who reported going without medical care “many times” or “always” declined by just 3 percentage points. It actually increased in Benin (by 9 percentage points), eSwatini (7 points), and Madagascar (4 points). But significant improvements (by more than 3 percentage points) were reported in Burkina Faso (where the proportion suffering a frequent lack of care decreased by 12 points), Zambia (-11 points), Senegal (-10 points), and nine other countries ([Figure 3](#)).
- Health ranks second among the most important national problems that Africans want their governments to address, trailing only unemployment ([Figure 4](#)).
 - About half of Burkinabè (50%), Tanzanians (49%), and Gabonese (48%) cited health among their three most important problems, compared to just one in 10 Tunisians (10%), Nigerians (10%), and Basotho (11%). When we map citizens’ “most important problems” onto the Sustainable Development Goals, SDG3 (“good health and well-being”) is the highest-priority goal for citizens in Burkina Faso, Tanzania, and Uganda; the second-highest priority in Côte d’Ivoire, Morocco, and Togo; and the third-highest in eight other countries ([Figure 5](#)).
 - Poor citizens, and poor countries, were more likely to prioritize government action on health care than their wealthier counterparts.²
- Africans were divided as to whether their countries have made progress in providing medical care. Fewer than four in 10 (38%) said their ability to get care is “better” or “much better” than it was “a few years ago,” while a majority said that things are either unchanged (31%) or have even gotten worse (30%). The greatest improvements were reported by respondents in Botswana (64%), Kenya (60%), and Burkina Faso (60%). But about half of citizens said things have deteriorated in Malawi (51%), Gabon (50%), and Niger (49%) ([Figure 6](#)).
- More than half (57%) of Africans have a health clinic within easy walking distance.³ Countries vary widely in the availability of clinics, from fewer than four in 10 in the Gambia (31%), Lesotho (34%), and Namibia (36%) to three-fourths or more in Mauritius (88%) and Sudan (75%) ([Figure 7](#)).
 - Rural residents are less likely than city dwellers to have a clinic within easy reach (50% vs. 67%). While South Africa, Gabon, and the Gambia show no significant difference in urban-rural proximity to clinics (albeit all at quite low levels of access), the gap exceeds 40 percentage points in Burkina Faso (50 points), Liberia (48 points), Togo (42 points), and Morocco (42 points) as well as in Namibia (41 points), where only 14% of rural residents live within easy walking distance of a clinic ([Figure 8](#)).
- On average, six in 10 Africans had contact with a public clinic or hospital during the 12 months preceding the survey, ranging from 40% in Nigeria and Tunisia to 80% in Niger and 81% in Malawi ([Figure 9](#)).

² For more on citizens’ prioritization of the SDGs, see Coulibaly, Silwé, & Logan (2018), “[Taking stock: Citizen priorities and assessments three years into the SDGs](#)”

³ During survey fieldwork, enumerators capture data on the availability of basic services and infrastructure, including health clinics, in each community they visit.

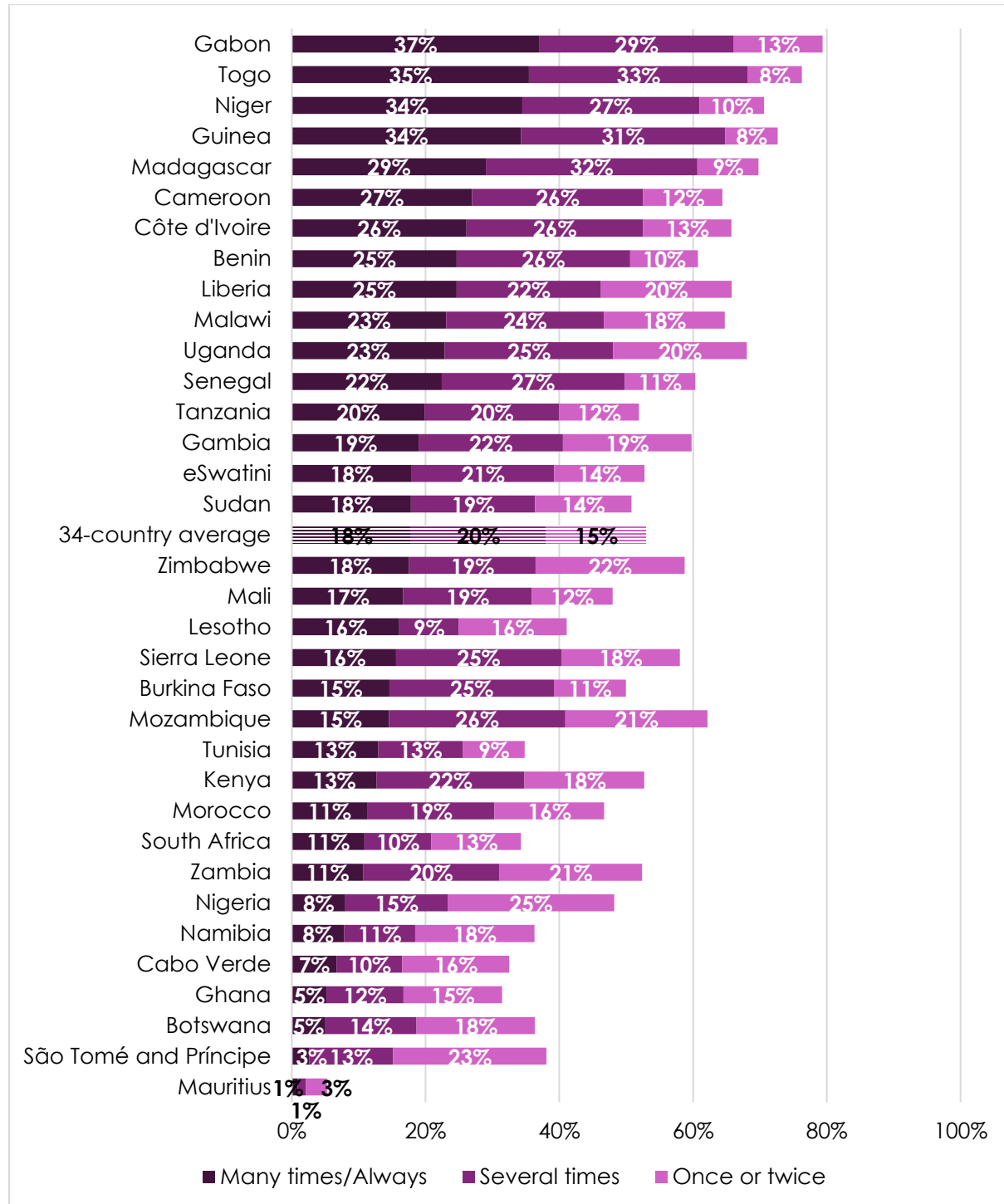
- Almost half (45%) of respondents who had contact with a public health facility during the previous 12 months said they found it “difficult” or “very difficult” to obtain the medical care they needed. Moroccans were particularly likely to report difficulties in getting care (80%), while fewer than three in 10 respondents found it difficult in Mauritius (22%), eSwatini (27%), Mali (27%), and Lesotho (28%) ([Figure 10](#)).
- Among those who sought care during the previous year, a majority (58%) said they received the services they needed “right away” or “after a short time,” while about four in 10 said they had to wait “a long time” (38%) or never obtained services (4%). Short wait times were particularly common in Mali (81%), Benin (75%), and Madagascar (75%), while Morocco again stands out for long waits (55%) or failure to deliver care (16%) ([Figure 11](#)).
- Among those who sought medical care during the previous year, about one in eight (13%) said they had to pay a bribe, give a gift, or do a favour to get the care they needed. Fully half (50%) of patients reported paying a bribe in Sierra Leone, followed by 43% in Liberia. Bribery for medical care was least common in Botswana (1%), Mauritius (2%), and eSwatini (3%) ([Figure 12](#)).
 - Fewer than half (43%) of Africans believe it’s likely that the authorities will take action if citizens report corrupt behaviour by clinic staff or by school, police, or government officials. While seven in 10 Basotho (70%) saw it as likely that the authorities would respond, only one in five Namibians (21%) shared that confidence ([Figure 13](#)).
- In a summary table that allows us to compare countries ([Table 1](#)), we see that Botswana and Mauritius are the only countries that rank in the best-performing third on all six indicators of citizens’ negative experiences with health care: going without needed care (at least once and many times/always), not having a clinic within easy reach, encountering difficulties in obtaining care, having to wait a long time or never receiving care, and having to pay a bribe to obtain care.
 - São Tomé and Príncipe ranks among the best performers on all indicators except proximity of health clinics, and Mali is a high performer on four indicators while recording only average scores on frequently going without health care and bribe-paying. Benin, Burkina Faso, Namibia, Nigeria, and South Africa are high performers on three of the six indicators.
 - In contrast, Liberia and Uganda are among the worst performers on five of the six indicators, ranking above the bottom third only on proximity of clinics. Madagascar and Malawi rank in the bottom third in four areas.
- Overall, governments received mixed scores for their performance on improving basic health services: On average, half (51%) of Africans said their governments are doing “fairly well” or “very well,” but almost as many (46%) rated them as performing fairly/very badly. In some countries, citizens overwhelmingly approved of their government’s efforts, including eSwatini (83%), Botswana (72%), Kenya (68%), Burkina Faso (67%), and Namibia (67%). But fewer than one-third of respondents agreed in Morocco (18%), Sudan (27%), Gabon (28%), and Tunisia (32%) ([Figure 14](#)).
 - Across 31 countries surveyed regularly since 2011/2013, popular assessments of government performance on health have declined by 5 percentage points. Assessments in nine countries have improved significantly (by more than 3 percentage points), led by Tanzania and Lesotho (both plus 16 points). But 16

- countries show significant declines, most dramatically in Zimbabwe (-26 points), Malawi (-24 points), and Mauritius (-21 points) ([Figure 15](#)).
- Africans who went without needed medical care, encountered difficulties in obtaining care, or had to pay a bribe were less likely to give the government positive performance ratings on health care ([Figure 16](#)). Among those who went without care at least once, only 45% said the government is doing a good job, compared to 59% among those who did not go without care. The gap is even larger (38% vs. 65%) between patients who had difficulty obtaining care and those who did not. And among those who had to pay a bribe, only 39% rated the government positively, compared to 55% of those who did not pay a bribe.

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

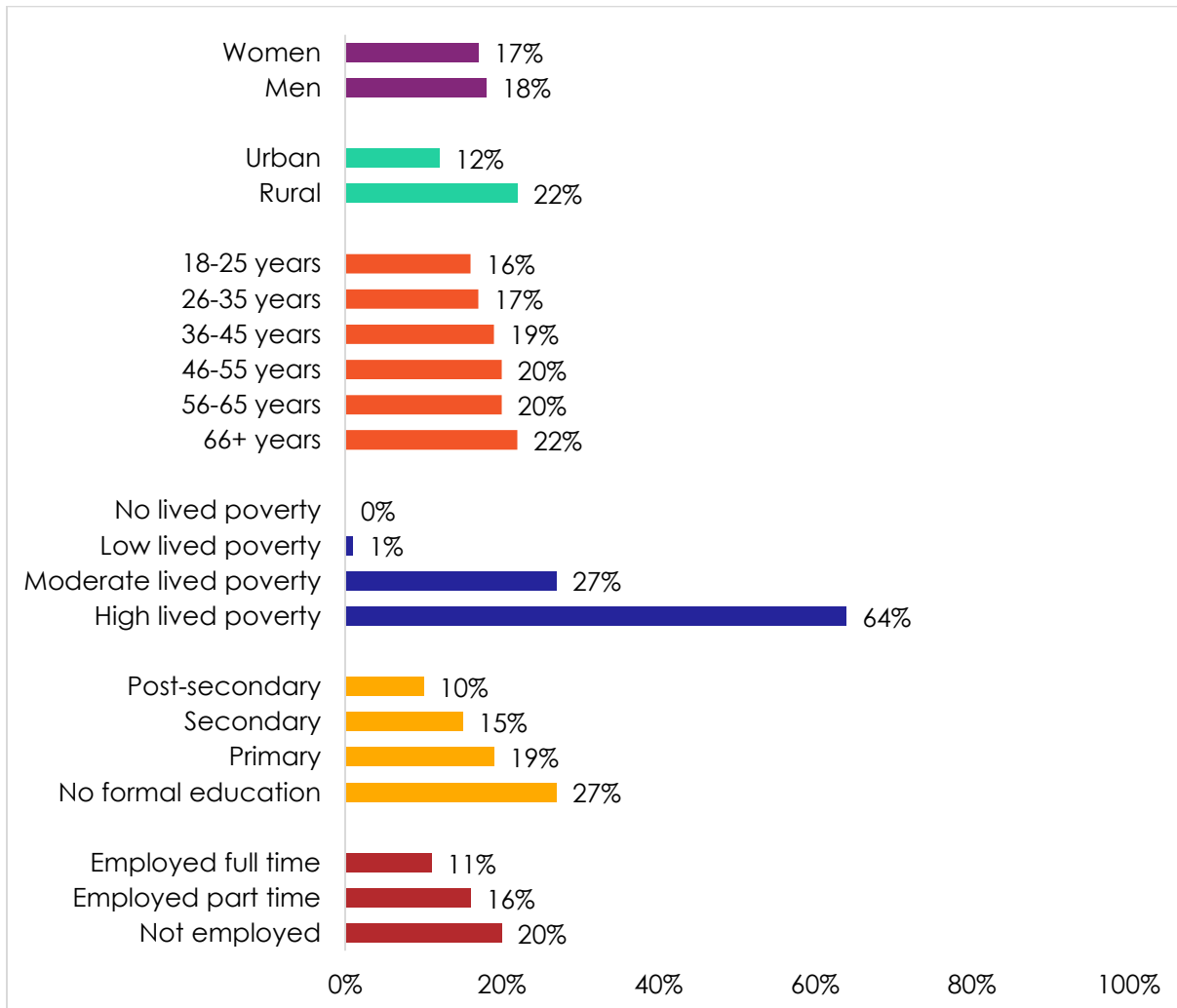
Charts

Figure 1: Going without medical care | 34 countries | 2016/2018



Respondents were asked: Over the past year, how often, if ever, have you or anyone in your family gone without medicines or medical treatment?

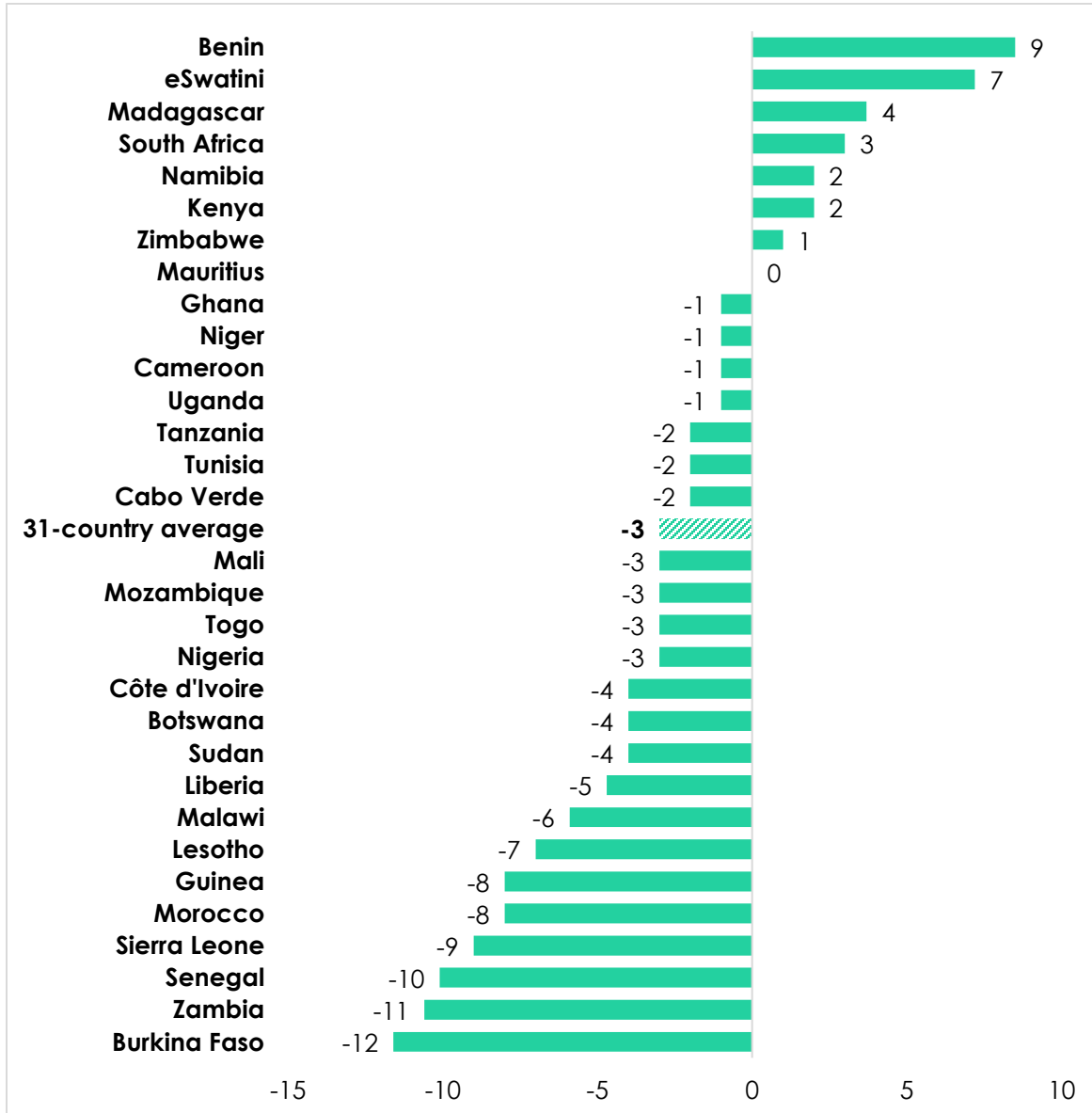
Figure 2: Going without medical care many times/always | by socio-demographic group
 | 34 countries | 2016/2018



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 said "many times" or "always")

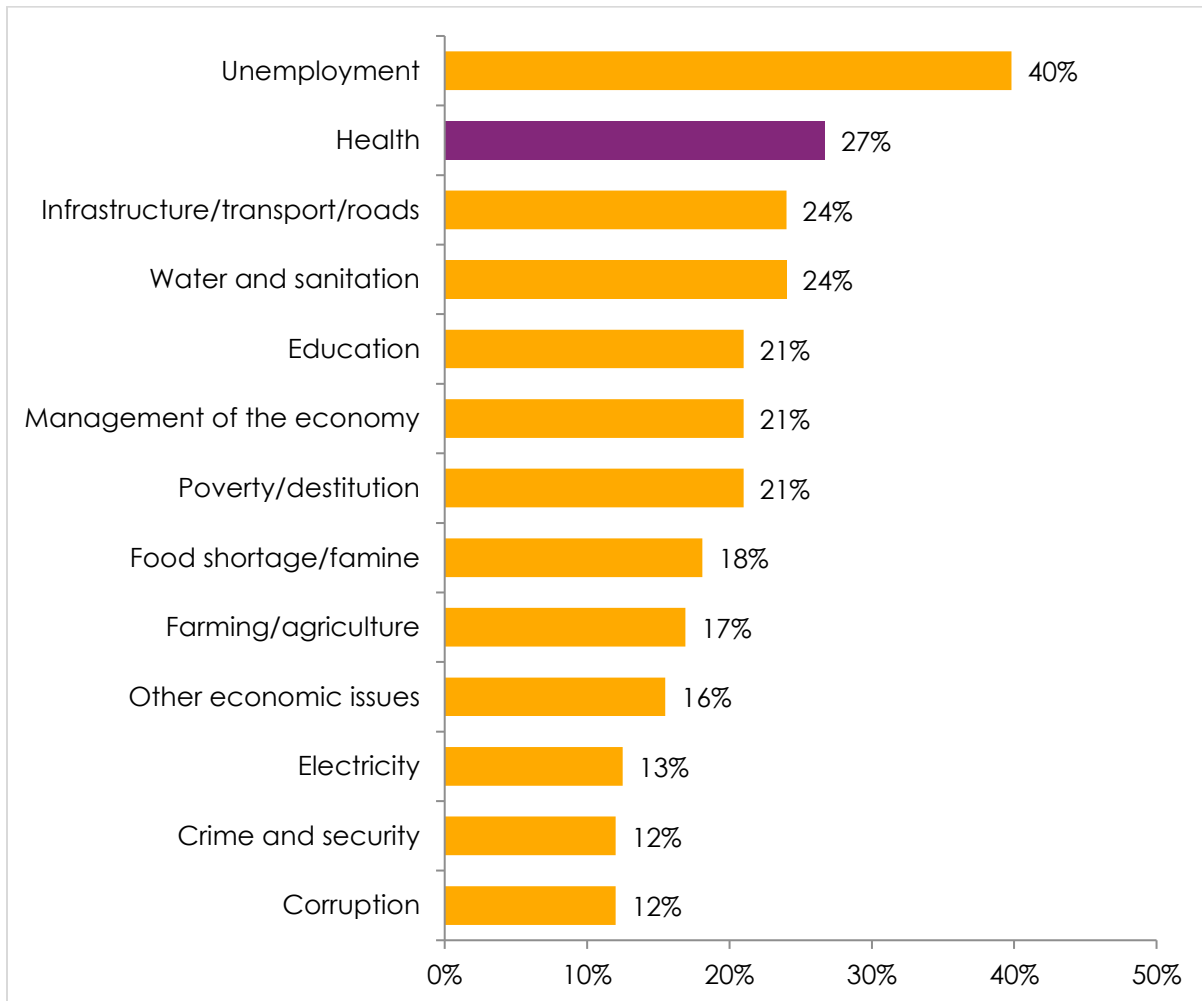
Note: Going without medical care is one of the components used to calculate the Lived Poverty Index (LPI), so these two indicators are not independent. But the findings here demonstrate how strong the correlation is between going without medical care and other components of the LPI.

Figure 3: Changes in going without medical care many times/always (percentage points)
 | 31 countries | 2011-2018



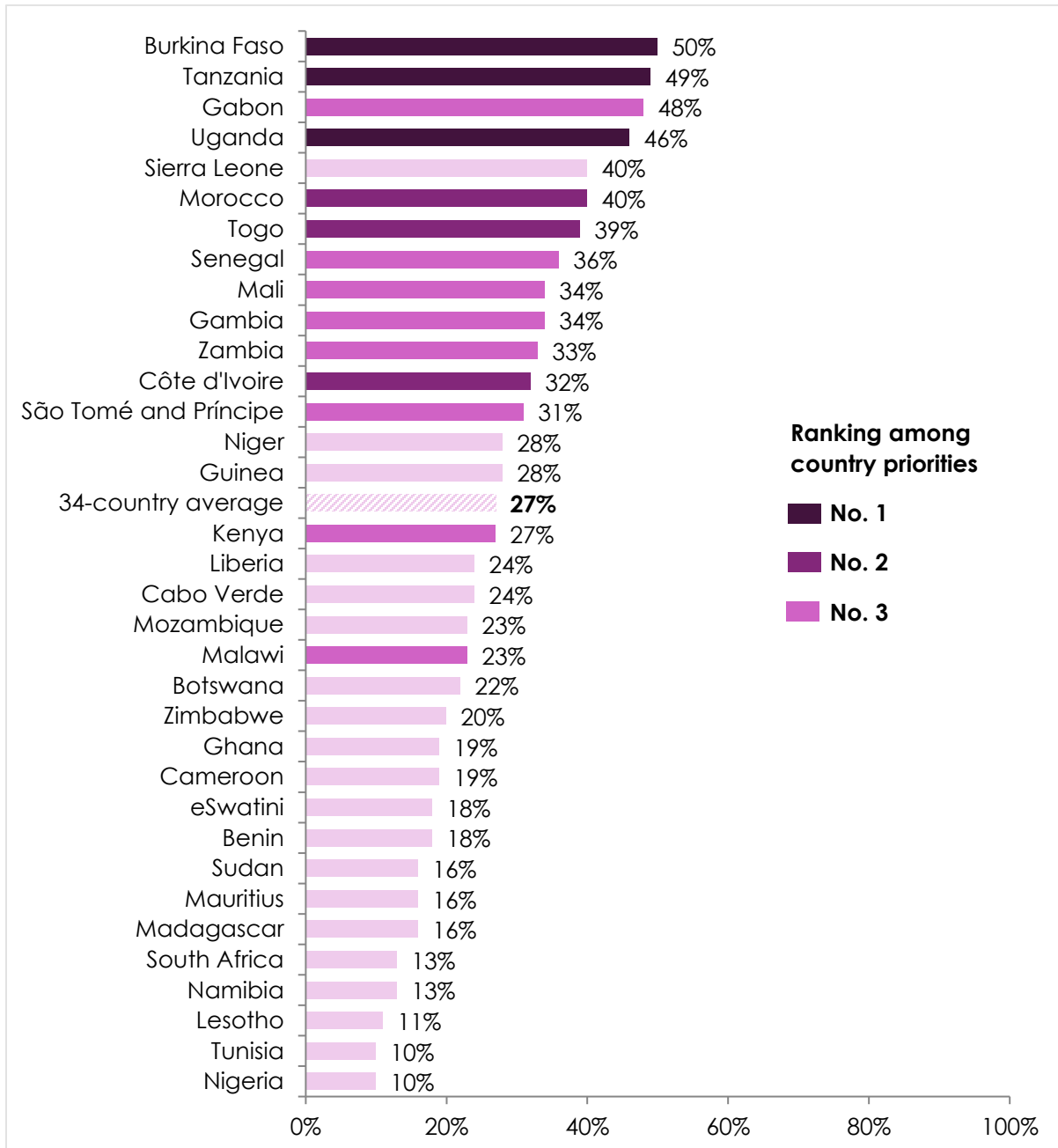
Respondents were asked: Over the past year, how often, if ever, have you or anyone in your family gone without medicines or medical treatment? (Figure shows percentage-point changes from 2011/2013 to 2016/2018 in the proportion of respondents who said they went without health care “many times” or “always.” A positive number indicates increasing experience of shortages, while a negative number indicates improvement, i.e. respondents are experiencing fewer shortages.)

Figure 4: Most important problems | 34 countries | 2016/2018



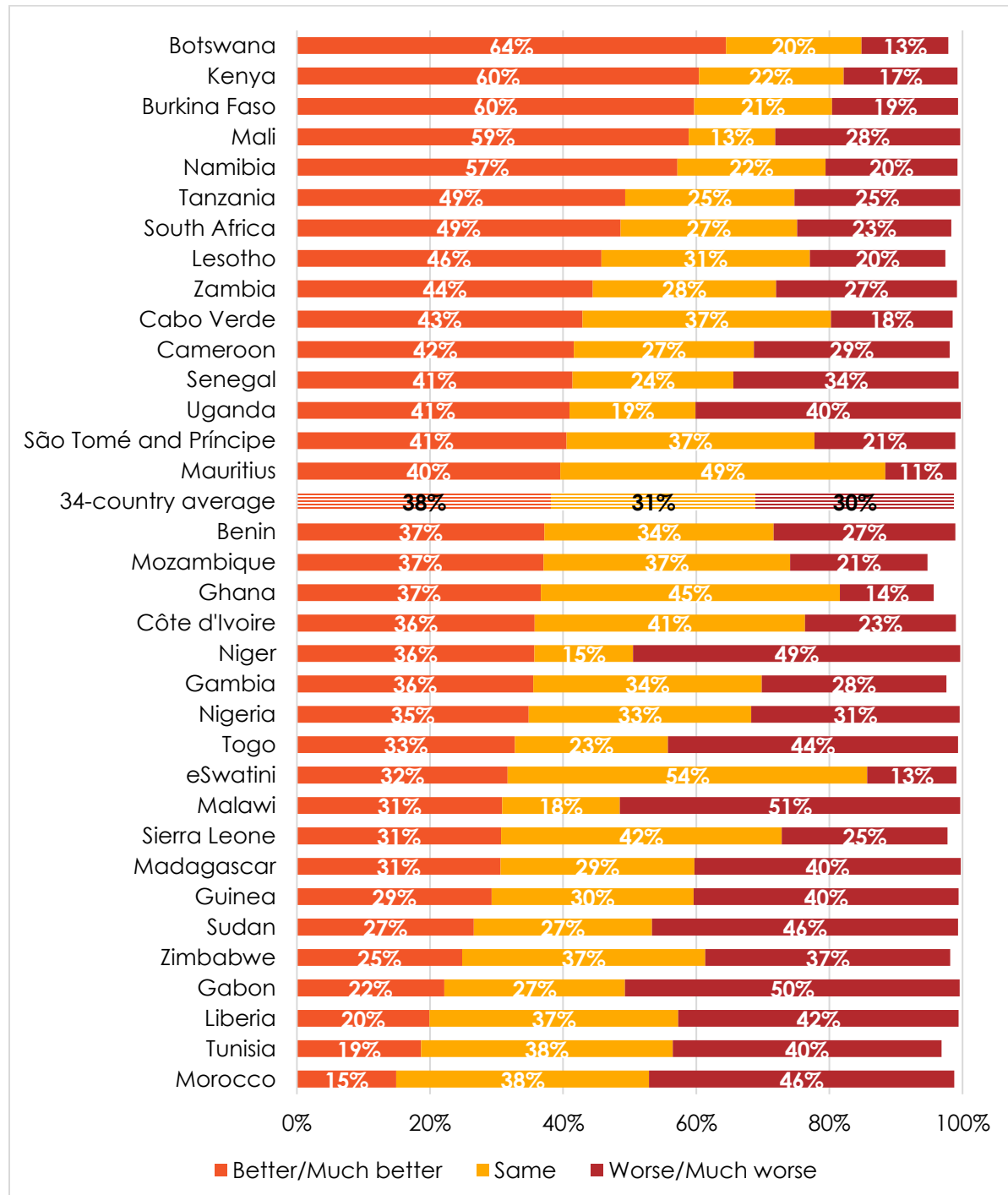
Respondents were asked: *In your opinion, what are the most important problems facing this country that government should address? (Note: Respondents could give up to three responses. Figure shows % of respondents who cited each problem as among their top three.)*

Figure 5: Citizen prioritization of SDG3 ('good health and well-being') | 34 countries
 | 2016/2018



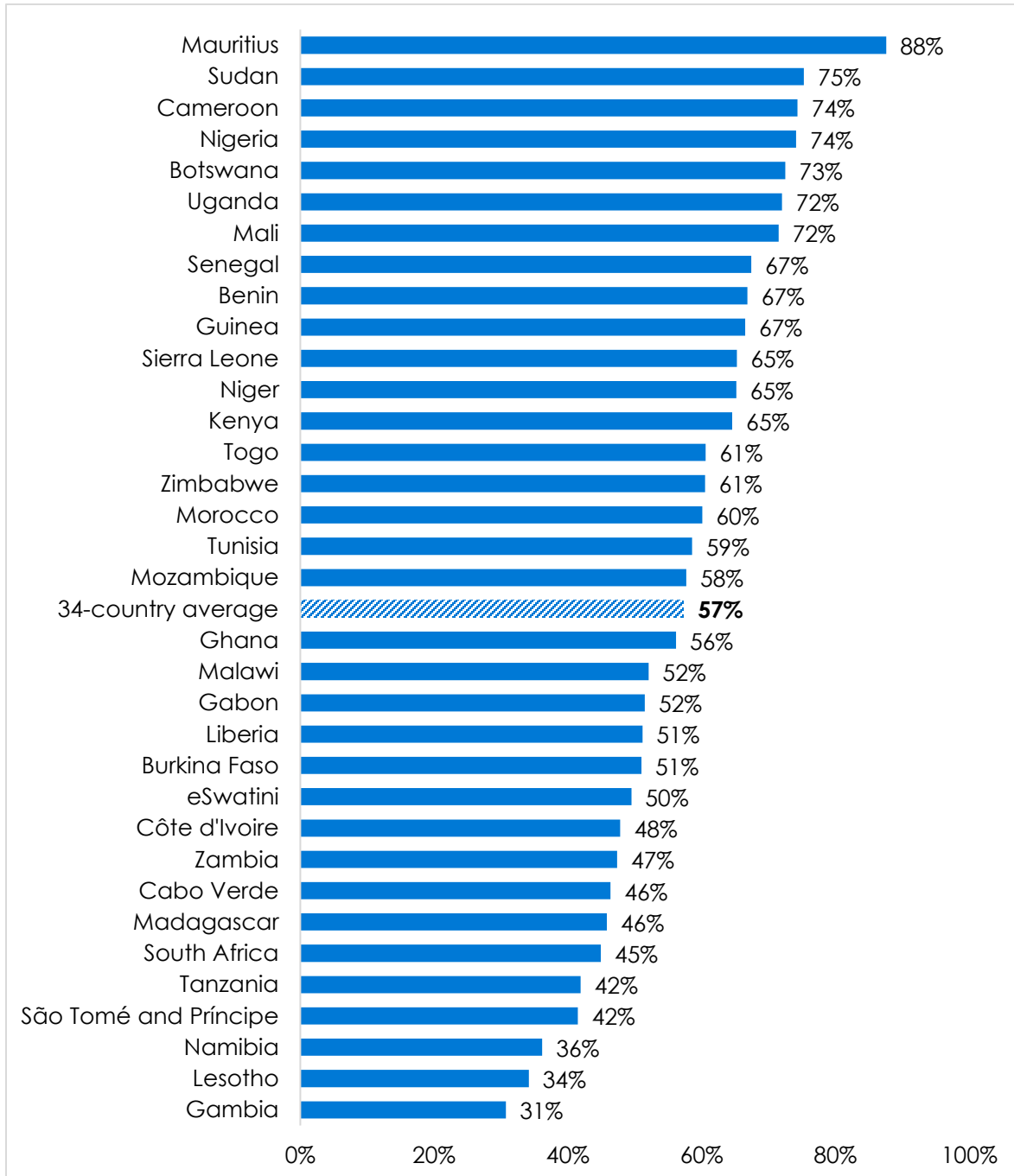
Respondents were asked: In your opinion, what are the most important problems facing this country that government should address? **(Note:** Respondents could give up to three responses. Figure shows % of respondents who cited health as one of their top three priorities, mapped onto Sustainable Development Goal #3 ("good health and well-being.")

Figure 6: Better or worse: Ability to get medical care | 34 countries | 2016/2018



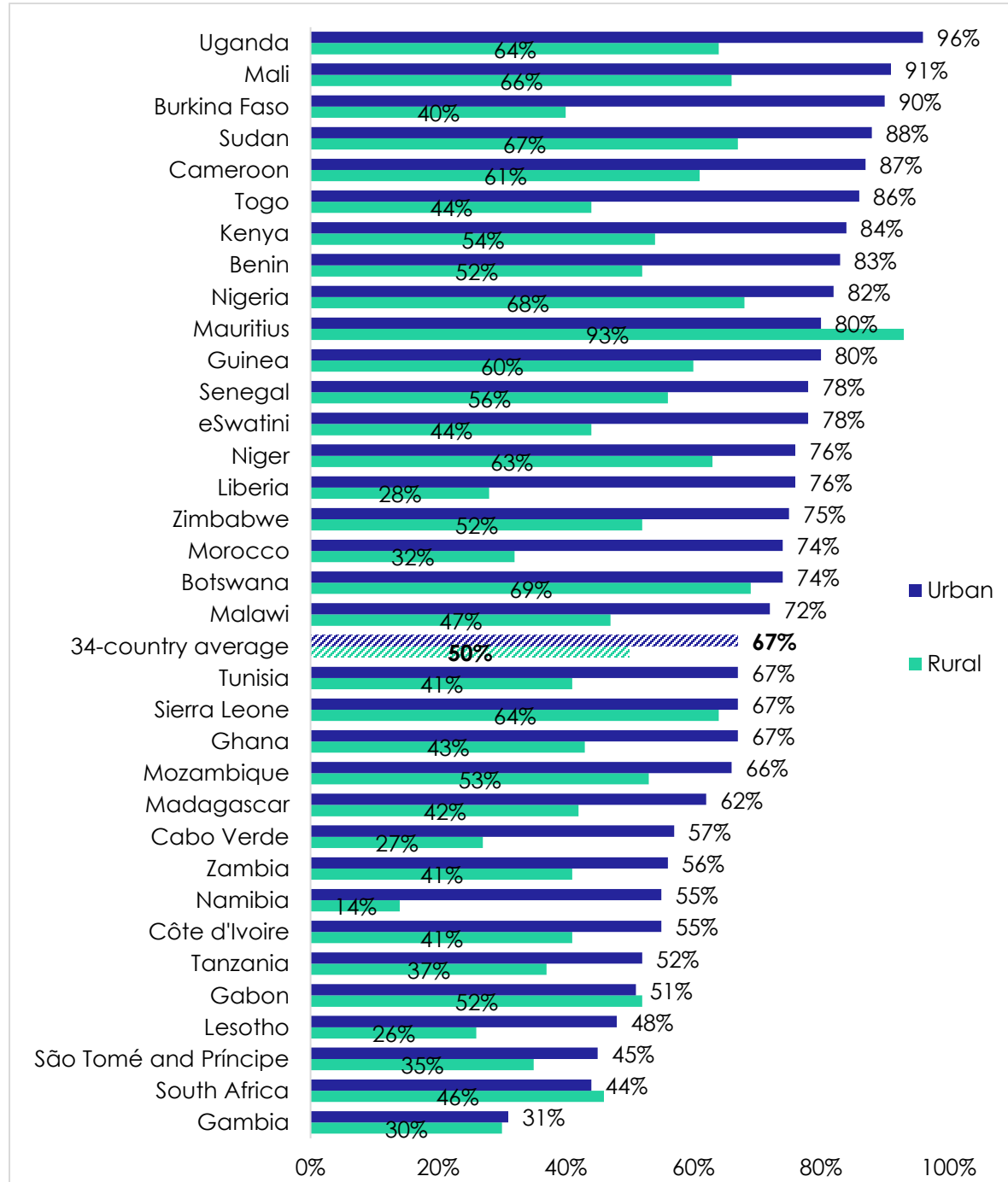
Respondents were asked: Please tell me if the following things are worse or better now than they were a few years ago, or are they about the same: Your ability to get medical care when you need it?

Figure 7: Health clinic in the enumeration area | 34 countries | 2016/2018



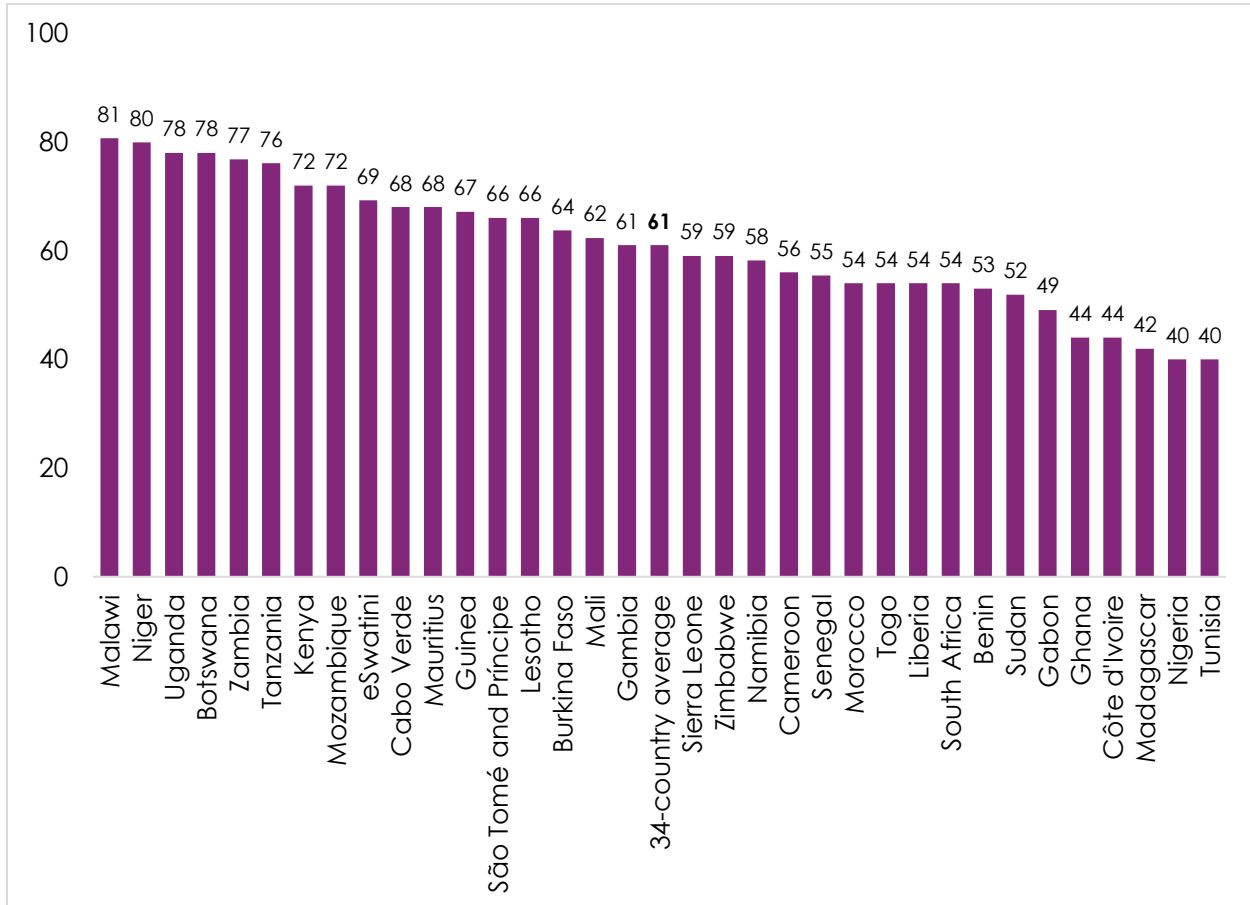
Afrobarometer interviewers were asked to observe: Are the following facilities present in the primary sampling unit/enumeration area or in easy walking distance: Health clinic (private or public or both)? (% who said "yes")

Figure 8: Health clinic in the enumeration area | urban vs. rural | 34 countries
 | 2016/2018



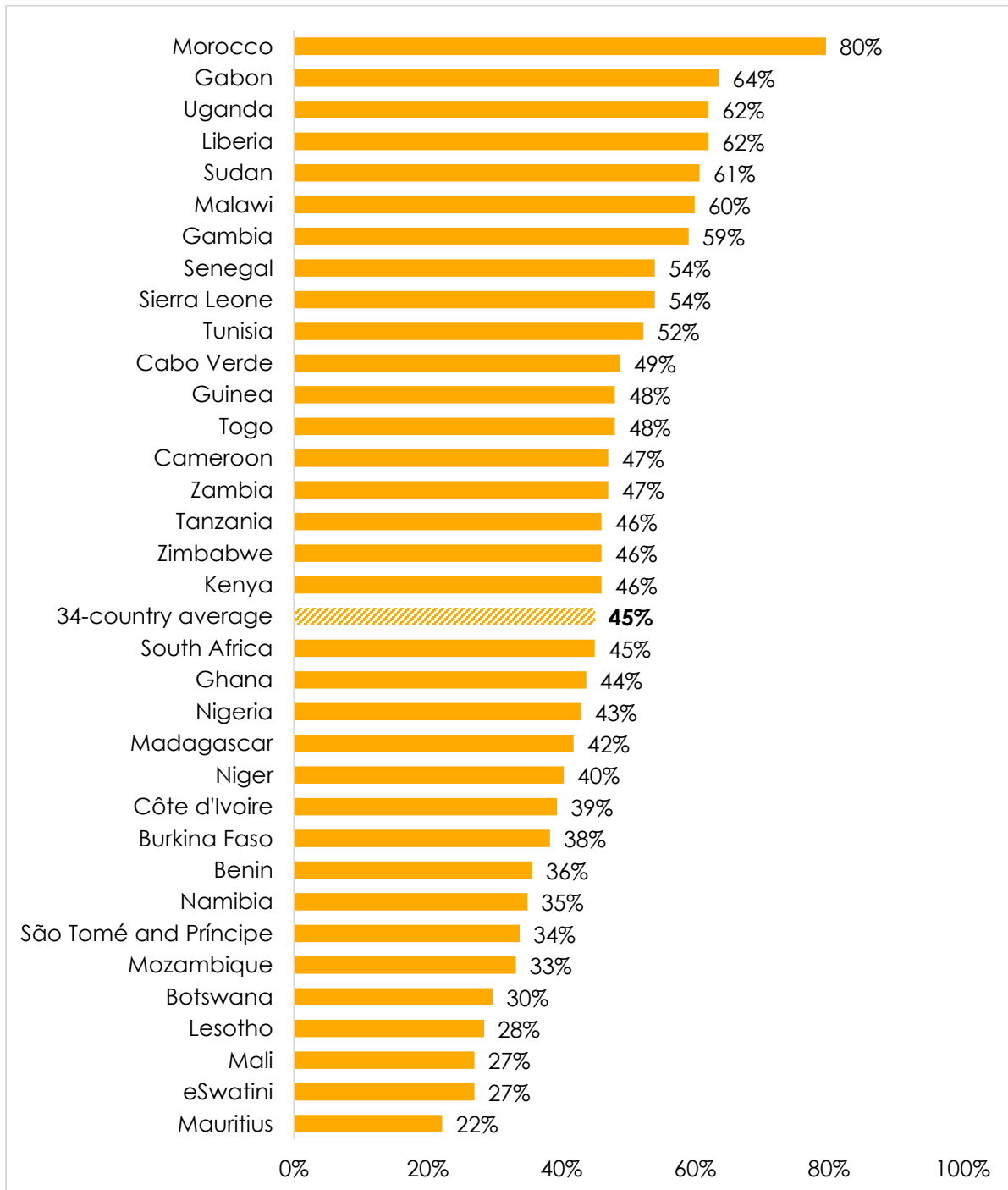
Afrobarometer interviewers were asked to observe: Are the following facilities present in the primary sampling unit/enumeration area or in easy walking distance: Health clinic (private or public or both)? (% who said "yes")

Figure 9: Contact with public clinic or hospital in previous 12 months (%) | 34 countries
 | 2016/2018



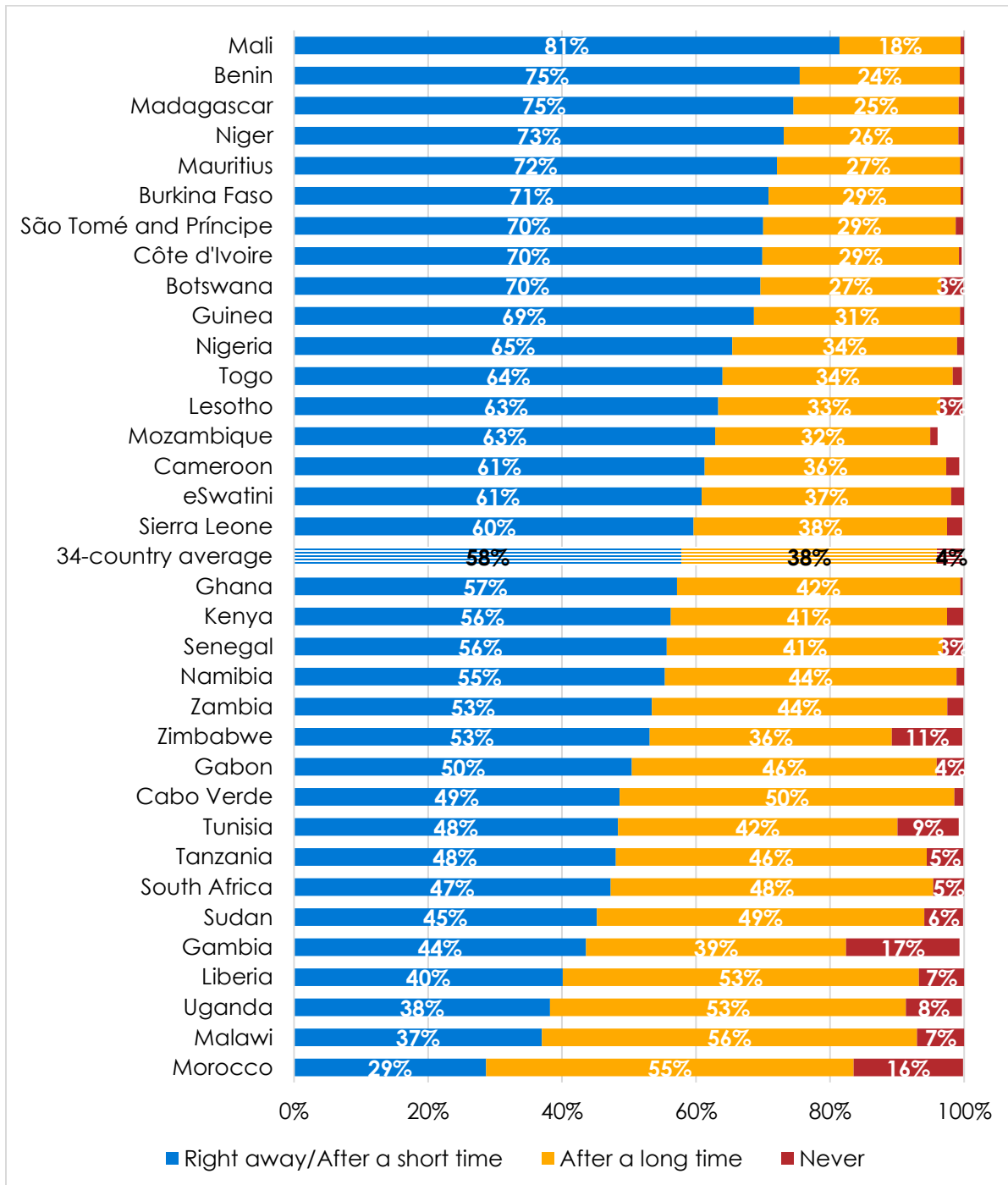
Respondents were asked: In the past 12 months, have you had contact with a public clinic or hospital? (% who said "yes")

Figure 10: Difficulties in obtaining medical care | 34 countries | 2016/2018



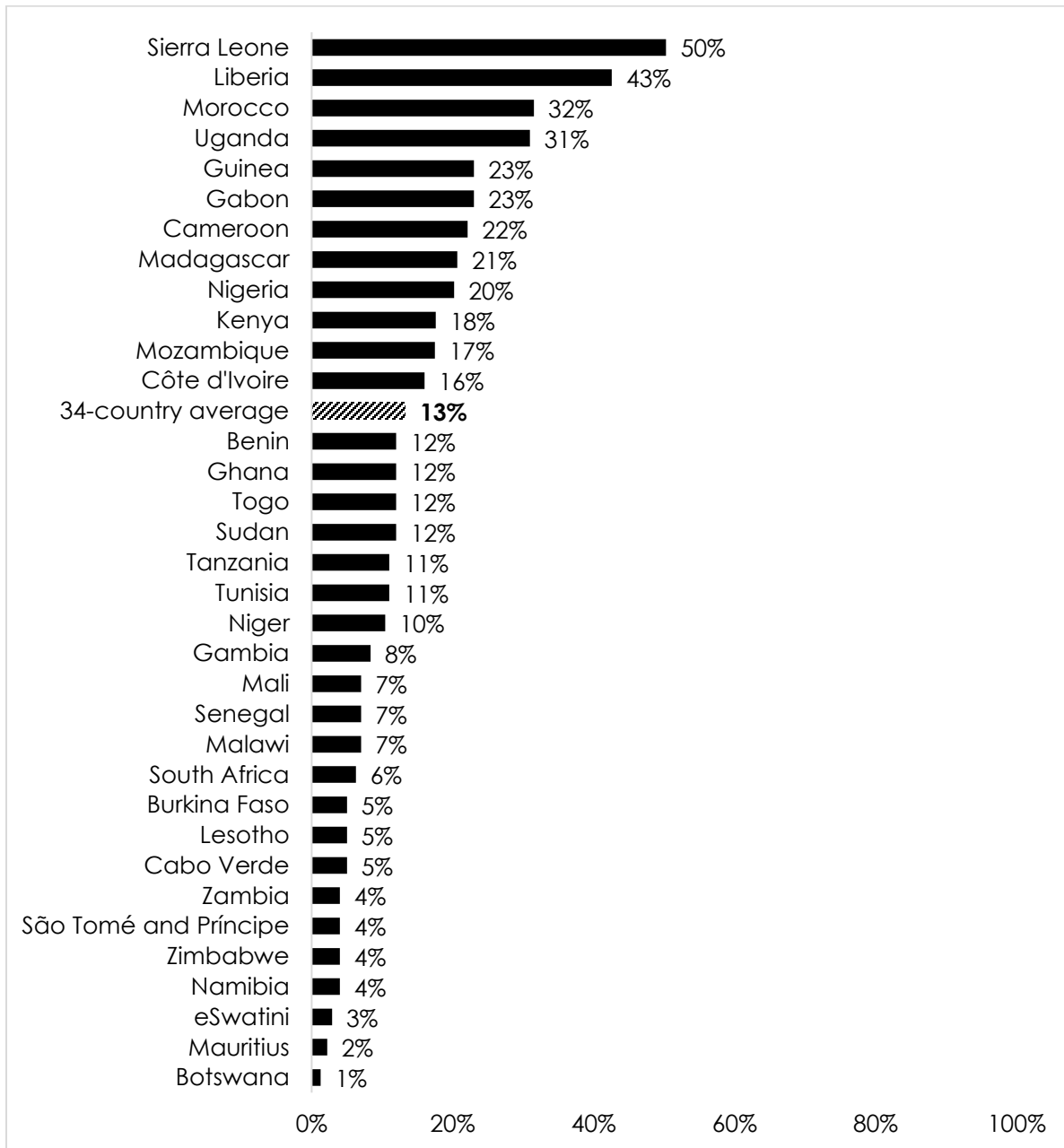
Respondents who had contact with a public clinic or hospital were asked: How easy or difficult was it to obtain the medical care you needed? (% who said "difficult" or "very difficult." Respondents who had no contact with health services are excluded.)

Figure 11: Time required to obtain medical care | 34 countries | 2016/2018



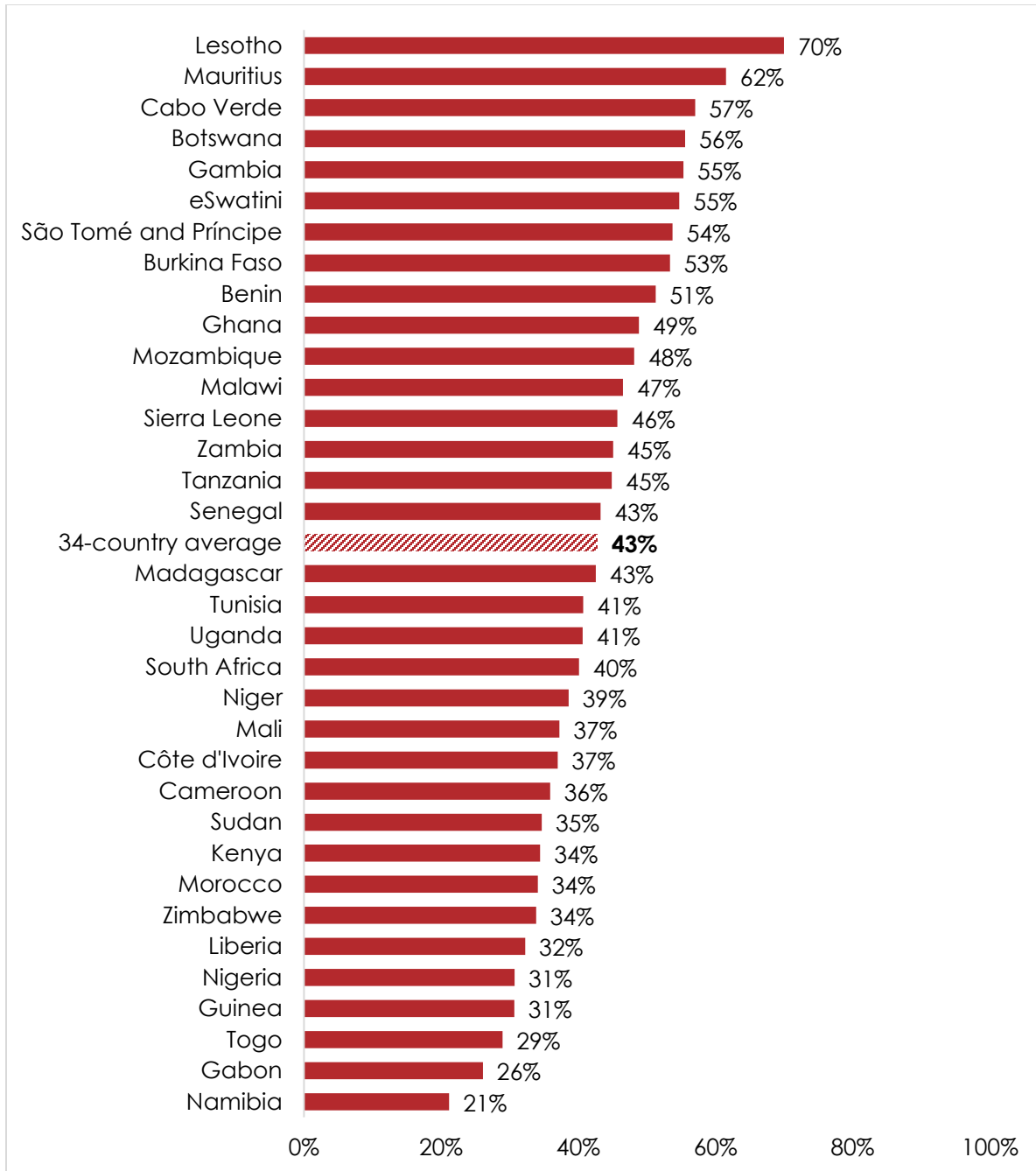
Respondents who had contact with a public clinic or hospital were asked: How long did it take you to receive the medical care that you needed? (Respondents who had no contact with health services are excluded.)

Figure 12: Paid a bribe to obtain health care | 34 countries | 2016/2018



Respondents who had contact with a public clinic or hospital 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? (% who said "once or twice," "a few times," or "often." Respondents who had no contact with health services are excluded.)

Figure 13: Will officials act if you report corruption? | 34 countries | 2016/2018

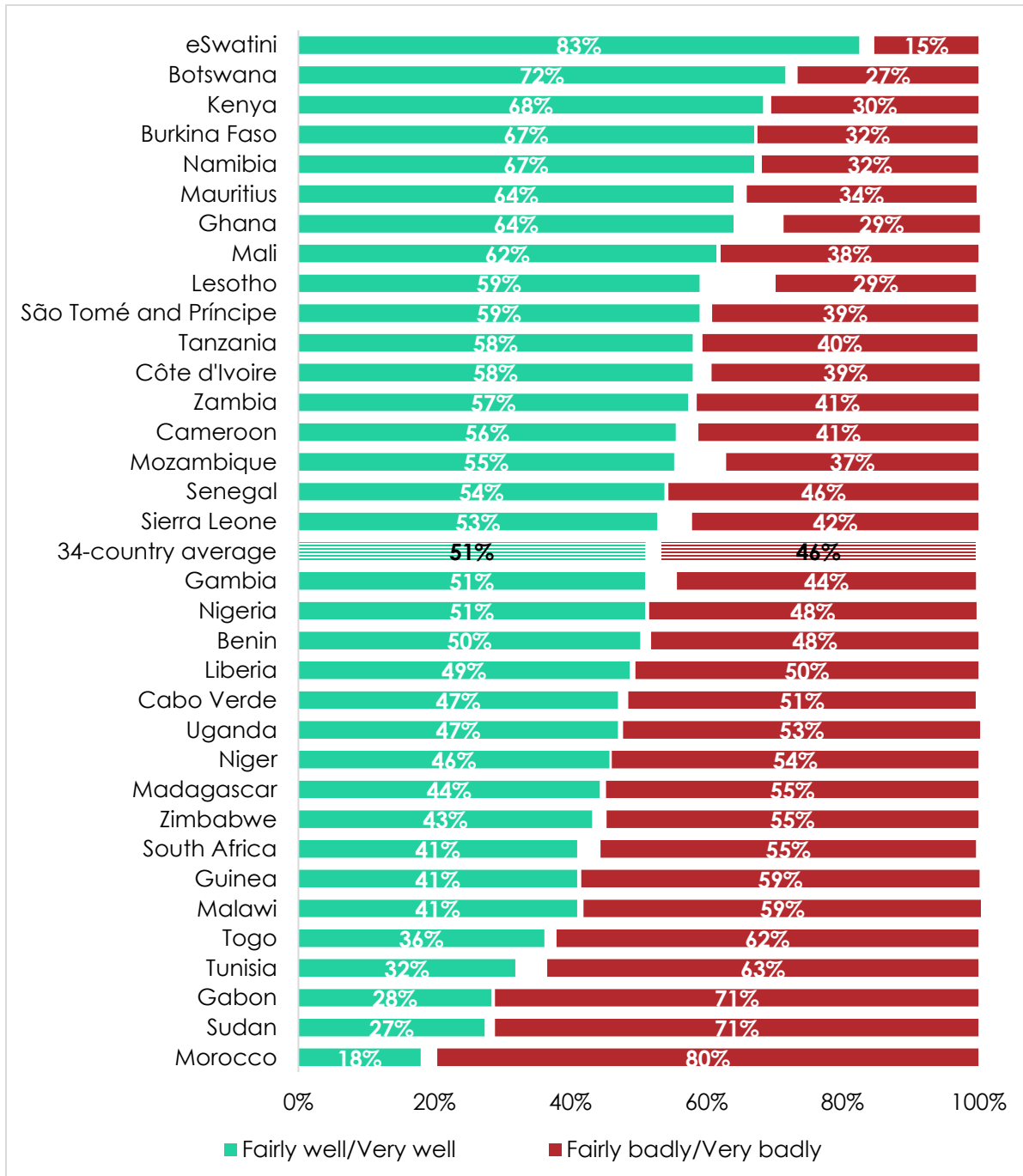


Respondents were asked: How likely is it that you could get someone to take action if you went to a government office or other public institution to report the following problems, or haven't you heard enough to say: If you went to your [local government office] to report corrupt behavior like misuse of funds or requests for bribes by government officers, police, or school or clinic staff? (% who said "somewhat likely" or "very likely")

Table 1: Citizen experiences with health care | by country | 34 countries | 2016/2018

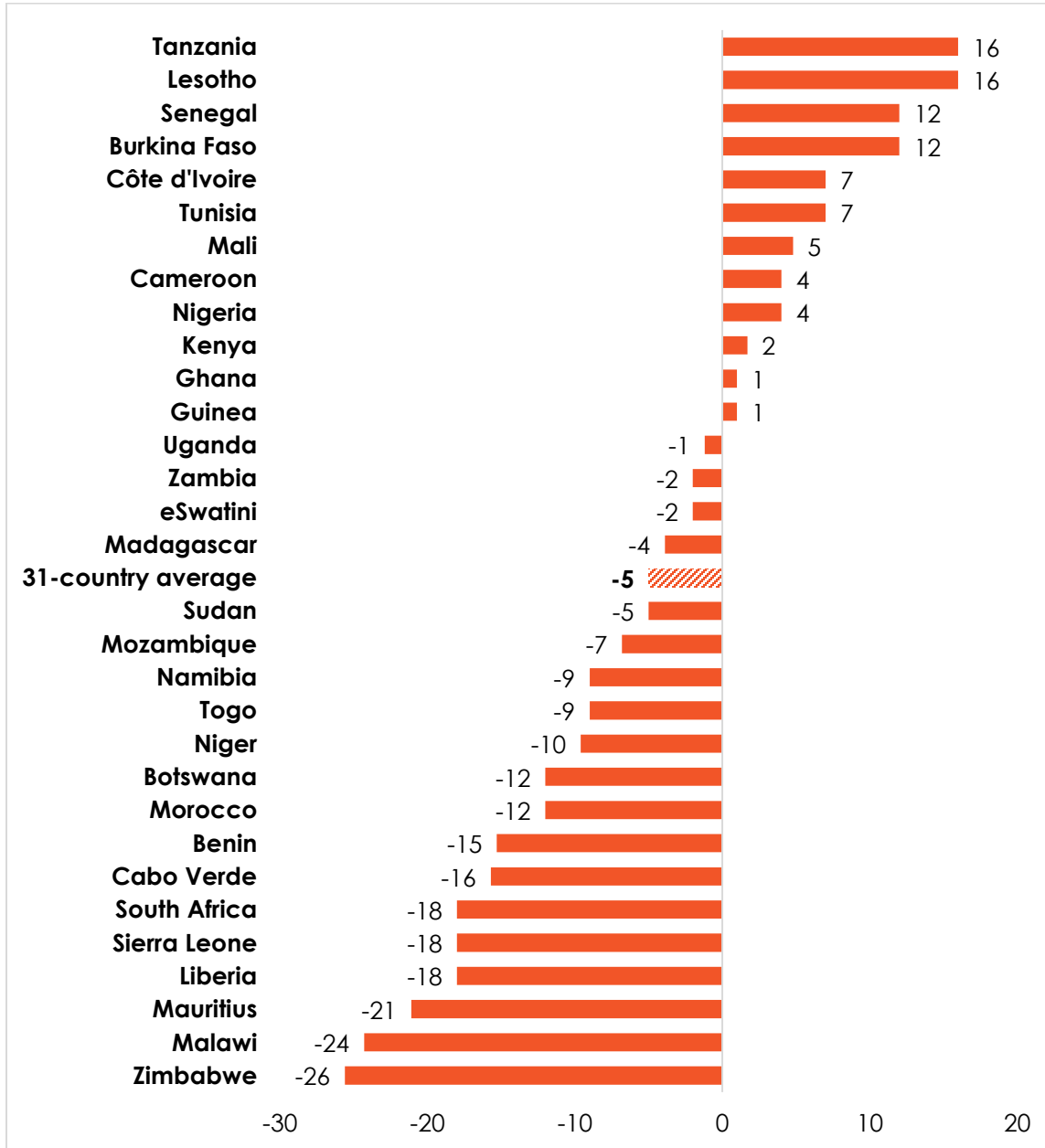
	Went without care at least once	Went without care frequently	No nearby clinic	Difficult to obtain care	Long wait/ Never got services	Had to pay a bribe
Benin	61%	25%	33%	36%	25%	12%
Botswana	36%	5%	26%	30%	30%	1%
Burkina Faso	50%	15%	47%	38%	29%	5%
Cabo Verde	33%	7%	52%	49%	51%	5%
Cameroon	64%	27%	26%	47%	38%	22%
Côte d'Ivoire	66%	26%	51%	39%	30%	16%
eSwatini	53%	18%	51%	27%	39%	3%
Gabon	79%	37%	46%	64%	50%	23%
Gambia	60%	19%	68%	59%	56%	8%
Ghana	31%	5%	44%	44%	43%	12%
Guinea	73%	34%	34%	48%	31%	23%
Kenya	53%	13%	35%	46%	44%	18%
Lesotho	41%	16%	65%	28%	36%	5%
Liberia	66%	25%	36%	62%	60%	43%
Madagascar	70%	29%	54%	42%	25%	21%
Malawi	65%	23%	48%	60%	63%	7%
Mali	48%	17%	29%	27%	19%	7%
Mauritius	5%	1%	12%	22%	28%	2%
Morocco	47%	11%	38%	80%	71%	32%
Mozambique	62%	15%	41%	33%	33%	17%
Namibia	36%	8%	63%	35%	45%	4%
Niger	71%	34%	35%	40%	27%	10%
Nigeria	48%	8%	25%	43%	35%	20%
São Tomé/Pr.	38%	3%	57%	34%	30%	4%
Senegal	60%	22%	32%	54%	44%	7%
Sierra Leone	58%	16%	35%	54%	40%	50%
South Africa	34%	11%	52%	45%	53%	6%
Sudan	51%	18%	23%	61%	55%	12%
Tanzania	52%	20%	58%	46%	52%	11%
Togo	76%	35%	37%	48%	36%	12%
Tunisia	35%	13%	36%	52%	51%	11%
Uganda	68%	23%	28%	62%	61%	31%
Zambia	52%	11%	51%	47%	46%	4%
Zimbabwe	59%	18%	39%	46%	47%	4%
34-country average	53%	18%	41%	45%	42%	13%
Best-performing third	Middle third		Worst-performing third			

Figure 14: Ratings of government performance in improving basic health services
 | 34 countries | 2016/2018



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 15: Changes in positive ratings of government performance on health care
 | 31 countries | 2011-2018



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 2011/2013 to 2016/2018 in the proportion of respondents who said "fairly well" or "very well." A positive number indicates improved performance ratings.)

Figure 16: Positive government performance rating and lack of care, difficulty obtaining care, and bribe-paying | 34 countries | 2016/2018

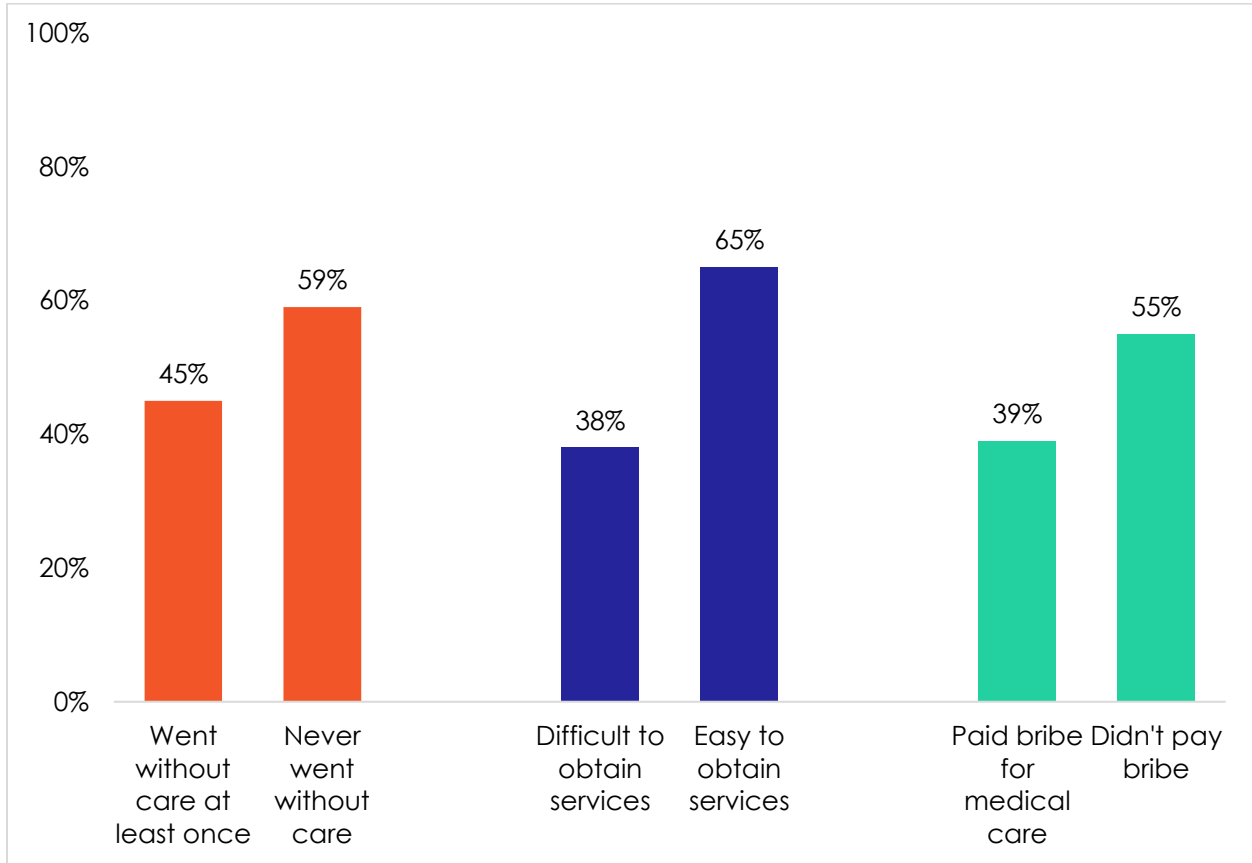


Figure shows % of respondents who said government is performing “fairly well” or “very well” on improving basic health services, grouped by responses to the following questions:

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.)

References

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- ✓ Policy Paper 54: Democracy in Africa: Demand, supply, and the 'dissatisfied democrat'
- ✓ Policy Paper 51: Taking stock: Citizen priorities and assessments three years into the SDGs

Appendix

Table A.1: Afrobarometer Round 7 fieldwork dates and previous survey rounds

Country	Months when Round 7 fieldwork was conducted	Previous survey rounds
Benin	Dec 2016-Jan 2017	2005, 2008, 2011, 2014
Botswana	June-July 2017	1999, 2003, 2005, 2008, 2012, 2014
Burkina Faso	Oct 2017	2008, 2012, 2015
Cameroon	May 2018	2013, 2015
Cape Verde	Nov-Dec 2017	2002, 2005, 2008, 2011, 2014
Côte d'Ivoire	Dec 2016-Jan 2017	2013, 2014
eSwatini (Swaziland)	March 2018	2013, 2015
Gabon	Nov 2017	2015
Gambia	July-August 2018	N/A
Ghana	Sept 2017	1999, 2002, 2005, 2008, 2012, 2014
Guinea	May 2017	2013, 2015
Kenya	Sept-Oct 2016	2003, 2005, 2008, 2011, 2014
Lesotho	Nov-Dec 2017	2000, 2003, 2005, 2008, 2012, 2014
Liberia	June-July 2018	2008, 2012, 2015
Madagascar	Jan-Feb 2018	2005, 2008, 2013, 2015
Malawi	Dec 2016-Jan 2017	1999, 2003, 2005, 2008, 2012, 2014
Mali	Feb 2017	2001, 2002, 2005, 2008, 2013, 2014
Mauritius	Oct-Nov 2017	2012, 2014
Morocco	May 2018	2013, 2015
Mozambique	July-August 2018	2002, 2005, 2008, 2012, 2015
Namibia	Nov 2017	1999, 2003, 2006, 2008, 2012, 2014
Niger	April-May 2018	2013, 2015
Nigeria	April-May 2017	2000, 2003, 2005, 2008, 2013, 2015
São Tomé and Príncipe	July 2018	2015
Senegal	Dec 2017	2002, 2005, 2008, 2013, 2014
Sierra Leone	July 2018	2012, 2015
South Africa	August-Sept 2018	2000, 2002, 2006, 2008, 2011, 2015
Sudan	July-August 2018	2013, 2015
Tanzania	April-June 2017	2001, 2003, 2005, 2008, 2012, 2014
Togo	Nov 2017	2012, 2014
Tunisia	April-May 2018	2013, 2015
Uganda	Dec 2016-Jan 2017	2000, 2002, 2005, 2008, 2012, 2015
Zambia	April 2017	1999, 2003, 2005, 2009, 2013, 2014
Zimbabwe	Jan-Feb 2017	1999, 2004, 2005, 2009, 2012, 2014

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Financial support for Afrobarometer Round 7 was provided by Sweden, the Mo Ibrahim Foundation, the Open Society Foundations, the Bill & Melinda Gates Foundation, the William and Flora Hewlett Foundation, the U.S. State Department, the U.S. Agency for International Development via the U.S. Institute of Peace, the National Endowment for Democracy, and Transparency International.

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