

AL-Sumait White Paper Health Challenges In Africa February 2016

This White Paper examines the complex issue of the health challenges in Africa in order to encourage better understanding and solutions of the problem.

It is the first in a series produced in conjunction with Al-Sumait Prize, an annual award managed by the Kuwait Foundation for the Advancement of Sciences (KFAS) for the advancement of economic, social, human resources, and infrastructure development in the African continent.



The Health Challenge in Africa

An estimated 1.13 billion people currently live in the 53 countries of Africa, the worlds' second largest continent. The United Nations predicts that the continent's population will double by 2050. According to the UN, Africa's population in the last 30 years has doubled overall and tripled in urban areas, a pace of growth that has exacerbated nutrition and health disorders.

Some 20 of 34 of the countries with the world's highest burdens of malnutrition (accounting for 90% of the global burden), the lowest rates of life expectancy, and the highest death rates from communicable or infectious diseases are found in Africa. For all the progress that has been made in recent decades to tackle poverty across Africa, a reality is that the lives of tens of millions of Africans remain marred by poverty, hunger, poor education and ill health.



The Major Health Problems Confronting Africa

From a macro perspective, Africa cannot be described as a healthy continent, despite success stories where individual countries have achieved substantial healthcare success for their citizens. Nonetheless, the average lifespan of Africans is 14 years less than an average world citizen and the mortality rate for children younger than five years is more than double the world average, according to a KPMG reporting citing WHO and UN statistics*.

The World Health Organisations attributes almost two-thirds of deaths in Africa to communicable diseases, maternal and perinatal conditions and nutritional deficiencies. Just 28% of Africa's deaths are caused by non-communicable conditions compared to a global figure of 64% .

Malaria, respiratory infections, diarrhoea diseases and HIV and AIDS are the biggest killers, a reflection of widespread unhygienic living conditions, malnutrition and a broad-based medical infrastructure.

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 $^{*\} https://www.kpmg.com/Africa/en/IssuesAndInsights/Articles-Publications/Documents/The-State-of-Healthcare-in-Africa.pdf$



The Biggest Health Threats

Malaria

- Estimated between 600,000 to 1.2 million deaths per year in Africa
- Affects over 500 million people globally
- 90% of cases world wide originate in Sub Saharan Africa
- Cost of treatment/prevention: \$2 \$6 per individual case

Respiratory Infections

- Includes many bacterial based infections e.g. Pneumonia, bronchitis and bronchiolitis
- Estimated between 800,000 to 1 million deaths per year in Africa due to Pneumonia
- Over 4.2 million deaths globally
- Cost of treatment: <\$1 / Cost of Prevention (vaccine): \$3 \$5

Diarrhoea

- Includes many bacterial based infections e.g. Cholera due to contaminated water
- · Responsible for 8% of all deaths in Africa due to dehydration
- Over 4 billion cases globally, a significant number of which originate in Africa
- · Over 2.2 million deaths globally, the vast majority of which are children under two

Tuberculosis

- Estimated between 1.5 to 2 million deaths per year in Africa
- One African infected per second
- Over 2 billion people infected globally, but most are inactive carriers
- TB kills 50% of those infected without treatment, especially those immuno-compromised by HIV

HIV IN AFRICA

Certainly, no discussion on Health in Africa is complete without a discussion of HIV and AIDS, which affects millions of Sub-Saharan African citizens

- There are 35 million people living with HIV globally
- 70% of the people living with HIV are located in sub-Saharan Africa













Healthcare Value Chain

Primary healthcare is a key priority for Africa as economic growth and urbanisation drives rapid growth in the number of Africans living in cities. It encompasses such basics as health education, promotion of proper nutrition, safe water and basic sanitation, maternal and child healthcare, immunisation programs, appropriate treatments, and making essential drugs available.

A key driver behind implementing a working primary healthcare approach is creating a 'Healthcare Value Chain'. This healthcare approach builds upon:

Pre monitoring
Wellness (education)
Prevention
Diagnosis
Treatment
Post treatment monitoring

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Today multiple NGOs, Charities and Funds are leading the charge in terms of improving health across Africa, including the UN. One excellent example is The Gates Foundation, which was founded in 2000.

In Africa, **The Gates Foundation** is most often associated with efforts to combat malaria and polio and is active in more than 45 African countries withs three offices in key African locations. Gates Foundation projects typically address a multitude of challenges in the areas of health, agriculture, and financial services for the poor.

Another major contributor to improving the health of Africa is Kuwait. The nation has taken a leading role in the global community and has committed billions of dollars in donations, grants, loans and investments to Africa since its independence and over the past 55 years. **[continued]**





Founded in 1961, **The Kuwait Fund** has funded 939 projects across the globe via grants contributions and low interest loans. These include 603 projects in Africa (64%) worth \$11.3 billion. Examples of Kuwaiti health projects include a \$35mn loan to Develop the Pharmaceutical Industry in Egypt (1988) and \$35 mn worth of loans for hospital projects in Kenya (2009), Sierra Leone (2011), Burkina Faso (2011) and Swaziland (2015).

The Kuwait Fund has also invested over \$640mn to Africa-focused NGOs including the Arab Bank for Economic Development in Africa (\$48 mn), African Development Fund (\$242 mn), African Development Bank (\$108 mn) and the IFAD Special Program for Sub-Saharan African Countries (\$240 mn).

- Established in 1968 and active since 1974 with \$10 bn in total resources as of 2014 with 1062 grants worth \$671 mn and 626 signed loans worth \$27.7 bn
- Active in Africa with projects in Algeria, Djibouti, Egypt, Libya, Mauritania, Morocco, Somalia, Sudan and Tunisia
- Health related projects include the construction of two hospitals in Tunisia (1982), social housing in Djibouti (1985), the liver diseases center in Egypt (1998), educational, health and veterinary services in Mauritania (1984), and water supply and sewage projects in many African states
- Kuwait committed \$1 billion in Aid to Africa via investments and low-income loans (\$250 mn each year for four years)
- More recently, in December 2015, Kuwait announced the 2015 Al-Sumait Prize of 1 million USD, which is the most generous prize in the world focused on Africa.





Progress

Huge strides are being achieved in bringing improved healthcare to Africa with more and more people receiving life-saving treatment. For example, the number of HIV-positive people on antiretroviral medicines increased eight-fold, from 100,000 in December 2003 to 810,000 in December 2005 and then increased by over 100% to almost 2 million in 2015.

More than 90% of the estimated 300 to 500 million malaria cases that occur worldwide every year are in Africa, mainly among children under five years of age. However most African countries are now moving towards better treatment policies.

When it to comes to malaria, of the 42 malaria-endemic countries in the African Region, 33 have adopted artemisinin-based combination therapy—the most effective antimalarial medicines available today—as first-line treatment.

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Most African countries are also making good progress on preventable childhood illness. Polio is close to eradication, and 37 countries are reaching 60% or more of their children with measles immunisation. Overall measles deaths have declined by more than 50% since 1999. In 2005 alone 75 million children received measles vaccines

River blindness has been eliminated as a public health problem, and guinea worm control efforts have resulted in a 97% reduction in cases since 1986. Leprosy is close to elimination—meaning there is less than one case per 10 000 people in the Region

Our healthcare science has evolved in leaps and bounds thanks to the efforts of those like the Gates Foundation and nations like Kuwait. Today we have smarter, cheaper and more effective HIV therapies available, annuals retroviral therapy costs that were costing up to \$100,000 in 2000 have now dropped to close to \$100 or below. The result is significant progress on the War on HIV in Africa with the e death rate falling by 1/3 in the past six years.





A Prize For Health In Africa

Today there is a new force in the drive to improve healthcare in Africa – a powerful initiative conceived by the Amir of the State of Kuwait, H.H. Sheikh Sabah Al-Ahmad Al-Jaber Al-Sabah.

Launched in December 2015, **The Al-Sumait Prize** will be awarded annually to the best international research or development initiative that is deemed to contribute significantly to solve major development challenges facing African nations, in particular the least developing countries in the fields of Food Security, Health and Education.

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The prize has been named after Dr. Abdulrahman Al-Sumait, a Kuwaiti physician who devoted his life towards helping the poor in Africa in the fields of health and education, the first prize to be awarded will be in the field of Health. Al-Sumait Prize will encompass a sum of one million US dollars, a gold medal, a plaque and a certificate of recognition, to be awarded annually to individuals or institutions who have made significant advancements in addressing major challenges in the selected field for that year.

FDr. Abdulrahman Al-Sumait, a Kuwaiti physician who devoted his life towards helping the poor in Africa in the fields of health and education.

The A-Sumait Board of Trustees is composed of prominent international personalities in the field of development in Africa and world renowned philanthropists. The Board is chaired by H.E. Sheikh Sabah Khaled Al-Hamad Al-Sabah, First Deputy Prime Minister and Minister of Foreign Affairs of the State of Kuwait and Chairperson of the Abdulrahman Al-Sumait Prize.

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