



Healthcare

Beyond individual wellbeing, poor population health adversely impacts national productivity and prosperity, as well as places increased pressure on the healthcare system which are already struggling to cope with the growing demand of an increasingly unhealthy population. In the last few decades, population health has experienced massive evolution as countries undergo demographic, epidemiological, and health transitions resulting in ageing populations, increasing prevalence of chronic illness (non-communicable diseases), as well as persistent incidence of infectious illness (communicable diseases). These global transitions have resulted in the distribution of causes of

mortality and morbidity to change, causing a global increase in overall causes of poor health. To effectively address the increasing diversity and complexity of poor health, healthcare systems require optimal coverage (access and uptake) of integrated and quality care across the life-course. More recently, gaps in coverage have been concentrated in poor countries, and within countries among the most vulnerable, highlighting structural inequity in healthcare coverage. Although the immediate causes of poor health are often medical, there are many more fundamental social and structural factors that influence these outcomes.

Existing evidence unequivocally reveals that poor health are predominantly experienced at the lower end of the socioeconomic ladder, largely due to the vulnerable life circumstances born from poverty. Countries in SSA face some of the highest burdens of mortality and morbidity, primarily due to i) the HIV/AIDs epidemic along with re-emerging infectious diseases such as tuberculosis; ii) the widespread presence of illness caused by common infectious diseases (most notably malarial and childhood diseases) and malnutrition; and iii) the emerging epidemic of chronic diseases, accidents, and mental disorders.

This high burden of disease contributes to lingering poverty across the continent due to loss of income associated with illness, as well as the costs associated with accessing healthcare. To effectivity improve health and productivity in SSA deliberate investment and African-led models that address equitable coverage of integrated and quality of care are necessary.

Focus Areas:	Objectives <small>(thematic area specific impacts)</small>
Universal Healthcare Coverage	<ul style="list-style-type: none"> • To equitably improve access & uptake of quality healthcare services for vulnerable populations • To improve health outcomes for vulnerable populations through UHC • To strengthen integration and coordination of healthcare services for improved continuity of care
Psychosocial wellbeing & rehabilitation	<ul style="list-style-type: none"> • To empower vulnerable populations to manage their wellbeing and rehabilitation outcomes as best as possible. • To create community/societal awareness on the importance of holistic care for those within vulnerable populations. • To equip community members with the skills necessary to care for vulnerable populations.
Infectious Diseases	<ul style="list-style-type: none"> • To reduce the burden of infectious disease (HIV, TB & Malaria) on population health • To eliminate stigma behaviors related to infectious diseases
Chronic Illnesses	<ul style="list-style-type: none"> • To prevent the burden of chronic illness (hypertension, diabetes, obesity, and cancers) on population health, • To create awareness on their risk factors and lifestyle choices.

**Vulnerable populations in healthcare refer to children, elderly, undernourished, LGBTQI+, socio-economically disadvantaged persons, and persons living with mental health diseases, disabilities, HIV or chronic illness*

