Better health and nutrition outcomes are associated with improved productivity and economic growth. Investing in health and wellbeing of the people and enhancing universal health care are sound financial investments that build productive future generations and protect people from health-related impoverishment.

Sub-Saharan Africa (SSA) has made substantial progress in improving health and nutritional outcomes, but tremendous challenges remain. The COVID-19 pandemic demonstrated deep weaknesses in health service delivery systems and exacerbated health challenges including non-communicable diseases (NCDs) and mental health. This calls for the commitment of leaders to build resilient health systems to extend basic and affordable high-quality health care to all, even in the face of shocks.

More progress can be realized through integrated multisectoral interventions that promote health, restore health, and protect young children and economies considering the cross-sectoral nature of socioeconomic and environmental determinants of health including population’s access to clean water and improvements in transportation.

**KEY MESSAGES**

Sub-Saharan Africa (SSA) has made substantial progress in improving health and nutritional outcomes, but tremendous challenges remain. The COVID-19 pandemic demonstrated deep weaknesses in health service delivery systems and exacerbated health challenges including non-communicable diseases (NCDs) and mental health. This calls for the commitment of leaders to build resilient health systems to extend basic and affordable high-quality health care to all, even in the face of shocks.

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**WHY AN INTEGRATED APPROACH TO HEALTH AND NUTRITION MATTERS FOR AFRICA**

SSA, despite making substantial progress in health and nutrition outcomes and prolonging life, has persistent gaps in health and education which has led to the region reaching only 42% of its Human Capital (HC) potential on average, which is the lowest among all regions of the world. Of the three health and nutrition related measures of the Human Capital Index (HCI), progress has been made in reducing child mortality and improving adult survival, but reduction in stunting has happened at a slower pace. There has been a slow reduction in fertility partly attributed to unmet need for family planning services. Young people are experiencing poor health outcomes including teenage pregnancy, sexually transmitted infections like HIV, injuries, mental health, and acquisition of non-communicable diseases risk factors leading to premature mortality in adulthood. Lack of access to health, inadequate quality of health care services and inadequate financing drives slow progress further complicated by COVID-19 pandemic and other shocks which disproportionately affect poorer households, deepening existing inequalities in health care.
**POLICY RECOMMENDATIONS**

With extensive evidence of what works in a cost-effective manner to improve health and nutrition, SSA needs to enhance its investment in health and nutrition as one of the core pathways to benefit from its potential demographic dividend. It has three windows of opportunities which demand close attention of decision makers:

Pregnancy and early childhood where the impact on long-term HC accumulation is particularly high.

Adolescence - low cost interventions for adolescents, often delivered through schools, can fortify investments from early years and positively affect later life outcomes e.g. Human Papilloma Virus vaccination for teens and young women is preventing cancer-causing infections and precancers.

Reforming and building the health system to concurrently address existing challenges and the rising burden of NCDs and containing public health emergencies leveraging the disruptive and transformative technologies.

An integrated multisectoral approach is needed focusing on:

Essential priorities that restore health and protect young children from premature death and malnutrition by expanding provision of evidence-based bundles of interventions to improve neonatal survival, childhood immunizations, nutrition, adolescent health, and family planning.

Implementing overarching policies to enhance universal health coverage and protecting the population from catastrophic health spending and impoverishment.

Multi-sectoral actions to address social economic and environmental determinants of poor health including population access to clean water or improvements in transportation.

Strengthening and building resilient health systems to extend effective and affordable health care to all in the face of rising burden of NCDs and epidemics/pandemics.

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**How to Measure Success or Failure: Relevant Data**

- SSA loses 5.9 million children under five every year, most of them in the first month of life. Of the 2.4 million neonatal deaths globally in 2020, 1.03 million died in SSA (WHO).

- SSA faces a huge malnutrition crisis in children under five with stunting prevalence of 30.7%, higher than the global average of 22%. The slow rate of reduction in stunting is complicated by a growing problem of childhood obesity - 24% of the world’s overweight children are in SSA.

- High fertility of 4.2 is twice the global average - complicated by high maternal mortality (442 maternal deaths per 100,000 live births) and population explosion (1.2 billion people in SSA in 2022 growing at 2.5% per annum will double in about 30 years).

- Non-communicable diseases are increasingly becoming main cause of deaths and illness - mortality expected to cause more than half deaths in Africa by 2030 and people living with diabetes expected to increase from 19 million in 2019 to 47 million by 2045.

- COVID-19 pandemic amplified the health crisis with basic health services being impacted negatively: 35.1% of children in SSA had incomplete vaccination in the first year of the pandemic.

- SSA government spending on health remains second lowest globally and appears stagnant.

- Afro barometer’s Sustainable Development Goal Scorecards (2019/2021) indicates a growing number of Africans going without medical care and people expect governments action to improve health care.

**Definition**

Health and nutrition are instrumental for wealth accumulation and HC formation. The HCI’s health and nutrition related indicators reflect the challenges people face and limitations poor health places on accumulation of HC across the life cycle. This is complicated by demographic pressures of a growing population limiting countries’ ability to invest more in their people.

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2 Three of the five measures that form the Human Capital Index are health-related i.e. child survival to age 5, stunting in under-fives and adult survival and jointly with the two education indicators, the index reflects a country’s ability to meet its HC potential.
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