

## What lessons can Africa learn from China's health success?

From very similar health indices 50 years ago, China has now powered ahead of Africa and achieved its MDGs. Francis Omaswa observes



I am writing this from Beijing in China where I have been for 1 week exploring what Africa can learn from the phenomenal achievements of this emerging super power. The last time I was in China was 2004 and in this interval, I can only admire the transformation in the Beijing skyline that dwarfs those of many other cities that I know. The streets are clean with many taxi cars but the air however is not so clean. In 1965, life expectancy in China and sub-Saharan Africa was 43 and 41 years, respectively, while today it is 71 in China and 46 in sub-Saharan Africa. China has achieved the MDGs and boasts infant and maternal mortality rates close to those of developed countries, while sub-Saharan Africa is mostly off track on the MDGs. How was this Chinese success achieved?

Information that I have gathered indicates that it is a set of essential and synergistic factors that have propelled China's sustained economic and social success: political stability, centralised evidence-based policies, a regulated market economy, and societal discipline have together increased agricultural productivity, industrialisation, and attracted foreign investment. Strong implementation and governance is decentralised to provinces and makes things happen. When a decision is made, all concerned have to move in order to make it happen. Humility is expected from leaders as well as those who are led.

In the health sector, I have learnt that there have been three phases namely:

1. 1949–1978 when communism was strictly enforced and the period saw the roll-out of barefoot doctors and intensive house-to-house health visits, ensuring high coverage of immunisation, household hygiene, water and sanitation, and nutrition, with a positive

impact on preventable infectious diseases such as malaria and TB. These gains are attributable to the health interventions.

2. 1979–2003 when the free market economy was adopted and the private sector was expected to make a contribution to improved population health. While this period helped to introduce health insurance schemes into health services financing, the free market approach failed and resulted in gross inequalities and losses of some of the public health gains of the first period.
3. 2003 – the present, which brought a new set of health reforms that are responding to the current improved economic success, today's disease burden, and redressing the imbalances inherited from the free market failures.

What can Africa learn from China's health sector achievements? Perhaps the two most important lessons in my view are:

1. The use of research evidence in policy formulation and in monitoring and reforming practice. I have learnt that Chinese academic and research institutions have structured relations and standing committees with the Ministry of Health, indeed one of them belongs to the MOH. These institutions undertake commissioned policy studies, gather evidence on mortality, systems barriers to access to services, financing, regulation and organisation, and management of services. It is the research findings from these institutions that inform the centralised policy formulation, and decisions on governance and practice.
2. Decisions that are taken are actually implemented. Management and accountability for results by the supply and demand side is taken very seriously by all, so that things happen across the entire system as planned. How can we in Africa get our research evidence to bear more in policy formulation? How can we make sure that what we decide to do actually gets done?

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