WEST AFRICAN HEALTH ORGANISATION (WAHO)

ECOWAS 2015 – 2020 Health Profile



May 2021

Table of Contents

1 INTRODUCTION 1

2 OBJECTIVES 2

3 METHODS AND TOOLS 2

3.1 Tracer indicators 2

3.2 Data collection and analysis 3

3.3 Response rates 3

4 REGION SUMMARY PROFILE 3

4.1 Sociodemographic 3

4.2 Governance and health financing 8

4.3 Health workers 8

4.4 Service use 9

4.5 Health status highlights 11

1 INTRODUCTION

Under the West African Health Organization's (WAHO's) leadership, the Economic Community of West African States (ECOWAS) has adopted a common list of health tracer indicators for the ECOWAS region since 2014. These indicators are used at every five years basis, to present the health profile of the countries in the region.

A health profile is a synthetic document providing the essential information on health in a geographical area. It provides a concise and policy-relevant overview of health and health systems in the area, emphasizing the characteristics and challenges. This covers the health status, the health risk factors, the organization of the system and its effectiveness. The use of such documents are numerous:

- To have a picture of the major information giving the specific health characteristics in the country,
- To know and summarize the health problems affecting the country/community,
- To identify gaps and prioritize the specific needs,
- To guide the region to take adequate actions to insure a full regional integration and a good health for all.



Figure 1: ECOWAS countries (www.ecowas.int)

The West African Health Organisation (WAHO) has organized the 2015 – 2020 health profile of her member countries. It supported each country to collect data, analyse them and produce a draft document. These were then collated into one single document which will be helpful to the region, member states as well as their neighbours.

2 OBJECTIVES

The overall objective is to monitor the health status of populations as well as the performance of all Ecowas National Health Systems.
The specific objectives are to:

- collect data/information on health which will be stored in the regional warehouse;
- analyse the data to show/determine the health situation on the basis of the list of ECOWAS health tracer indicators;
- produce the health profile of each Member State for the period 2015 – 2020;
- produce a summary report on the ECOWAS health profile for the period 2015 – 2020.

The main deliverables for this operation are:

- the ECOWAS 2015-2020 Countries health profile;
- the ECOWAS 2015-2020 regional summary health profile;
- populating the health data in regional data warehouse

3 METHODS AND TOOLS

3.1 Tracer indicators

The health profiles were designed according to a list of 88 tracer indicators. These were organized as followed:

Table 1: Type of tracer indicators for the health profile

Indicator	Number
Demographics	13
Health status	10
Health systems	18
Healthcare coverage	24
Risk factors	10
Epidemic prone diseases	13
Grand Total	**88**

A full list of indicators with labels was provided. Additionally, a reference guide, providing all the relevant information and metadata for the indicators was also prepared and shared with the countries for data collection and analysis. A particular attention was paid to the source of information. Most of the available sources (multiple sources) were included in the data collection to strengthen robustness and quality of data contributing to the regional health observatory.

3.2 Data collection and analysis

The country National Health Management Information Systems (NHMIS) were responsible for data collection, validation and analysis. Official letters were sent to the country Ministers in charge of Health for information and engagement. Then kick-off meetings were organized with the countries to discuss and agree on the methodology as well as planning the data collection activities.

WAHO supported the use of country resource persons for the practical work. In fact, due to the usual work overload in the NHMIS services, which are currently exacerbated by the COVID 19 pandemic, it would have been very hard in some systems to do all the required activities. The resource person, working under the supervision of the head of the NHMIS, were doing the practical work to make things move.

Regular meetings were organized with country NHMIS services and the WAHO HIS staff. These were planned to ensure that the activities were going well. Additionally, the draft documents were shared with WAHO for shared working. The data collection and analysis were held from July 2020 to February 2021.

The regional HMIS manager's meeting was held in March 2021. This meeting was the opportunity to share findings and information on the countries' health profiles. Each country could present the summary of her profile for discussions, which provided constructive comments and recommendations. Strong recommendations were made to improve the quality of the country documents. The countries which were late in the process were encouraged to complete all activities by the end of May 2021.

3.3 Response rates

Ten (10) countries out of 15 could present an advanced draft for the health profile. These are Burkina Faso, Côte d'Ivoire, Ghana, Guinea, Liberia, Mali and Niger. As several indicators were to be collected in several domain, the response rates in terms of indicators vary a lot. Guine-Bissau and Togo could share some data even though their report is yet to be completed.

4 REGION SUMMARY PROFILE

4.1 Sociodemographic

The ECOWAS is inhabited by more than 386 million people. The most populated single country is Nigeria with a population of 200,963,599. Ghana, Côte d'Ivoire, Niger and Burkina Faso have more than 20 million inhabitants. The regional mean density for 2019 was 76 inhabitants per km². However, the countries presenting the highest density are The Gambia and Nigeria which presented more than 200 inhabitants per km².

Table 2: ECOWAS countries 2019 population

COUNTRY	LAND AREA* (KM²)	2019 POPULATION ESTIMATE**	POP. DENSITY (H/KM²)
BENIN	112,622	11,801,151	104.79

COUNTRY	LAND AREA* (KM²)	2019 POPULATION ESTIMATE**	POP. DENSITY (H/KM²)
BURKINA FASO	274,200	20,321,378	74.11
CABO VERDE	4,033	549,935	136.36
COTE D'IVOIRE	322,463	25,716,544	79.75
GAMBIA	10,689	2,347,706	219.64
GHANA*	238,535	30,417,856	127.52
GUINE-BISSAU	36,125	1,920,922	53.17
GUINEA	245,836	12,771,246	51.95
LIBERIA	111,369	4,937,374	44.33
MALI	1,240,192	19,658,031	15.85
NIGER	1,267,000	23,310,715	18.40
NIGERIA*	923,768	200,963,599	217.55
SENEGAL	196,712	16,296,364	82.84
SIERRA LEONE*	71,740	7,813,215	108.91
TOGO*	56,785	8,082,366	142.33
ECOWAS	**5,112,069**	**386,908,402**	**75.69**

* https://www.ecowas.int/member-states/
** https://data.worldbank.org/indicator/SP.POP.TOTL?locations=BJ-BF-CV-CI-GM-GH-GN-GW-LR-ML-NE-NG-SN-SL-TG&name_desc=false

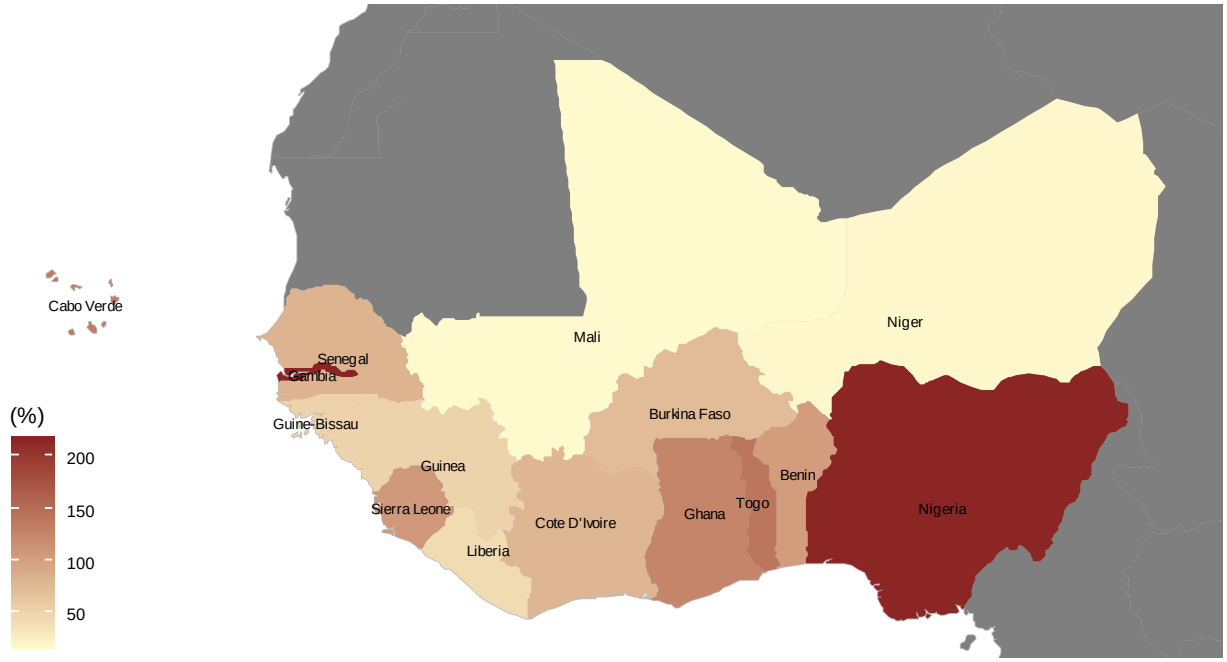
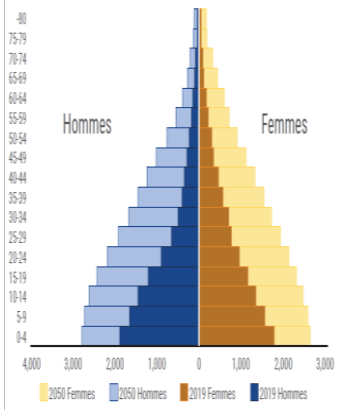
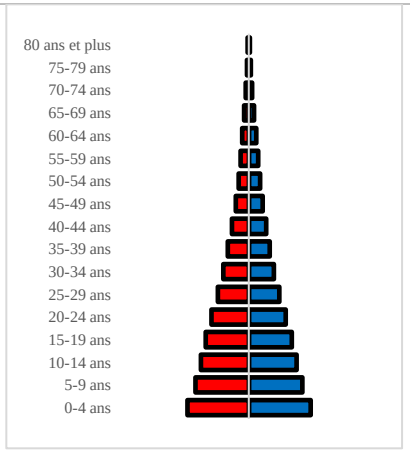


Figure 2: Population densities in ECOWAS countries (2019)

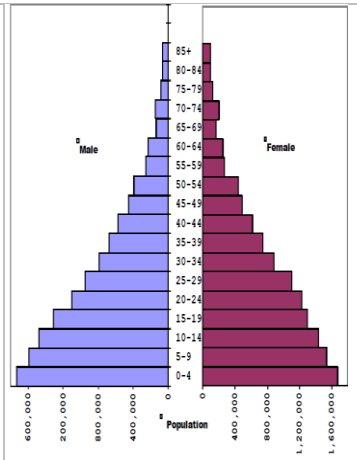
Figure 3 presents the population pattern in the ECOWAS countries for 2019. The population is massively young, and gender are balanced. This gives this triangular form to the population pyramids.



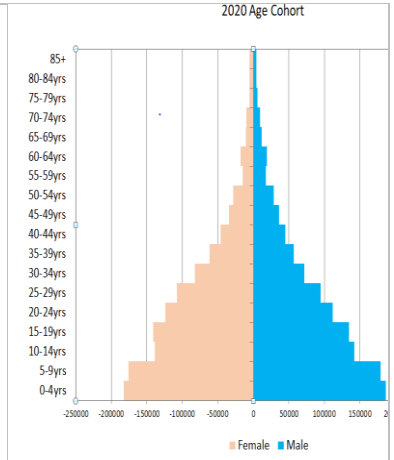
Burkina Faso (2019)



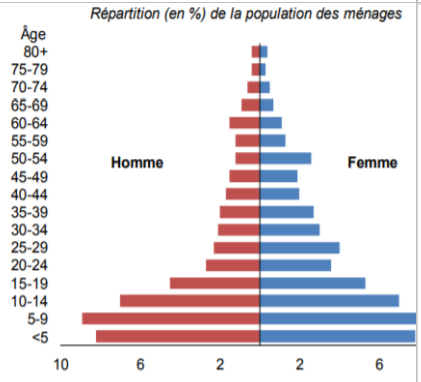
Côte d'Ivoire (2019)



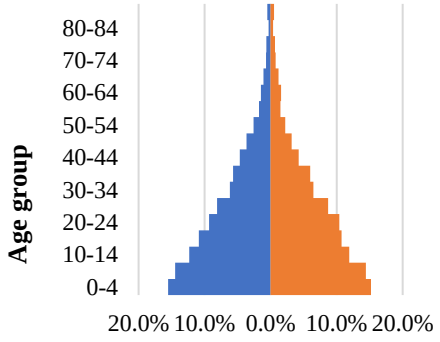
Ghana (2010)



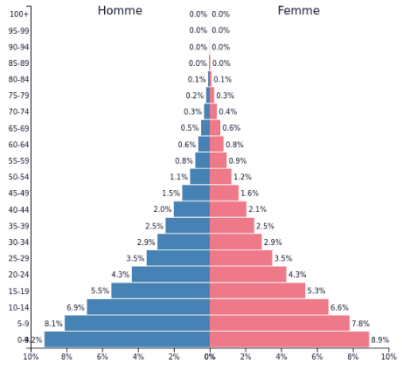
The Gambia (2019)



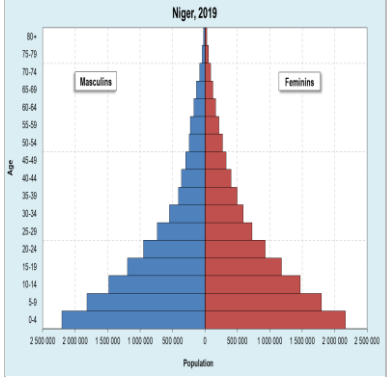
Guinea (2014)



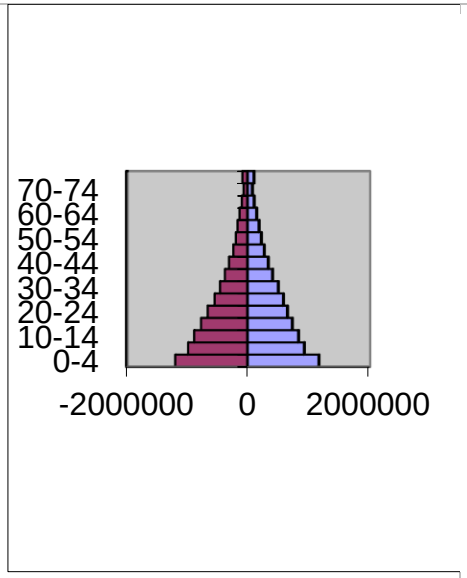
Liberia (2019)



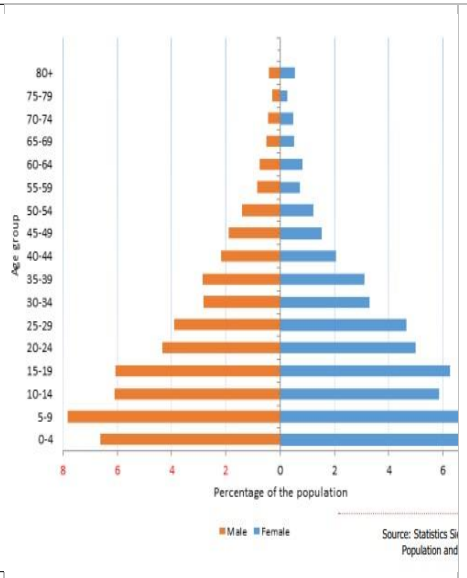
Mali (2019)



Niger (2019à



Senegal (2019)



Sierra Leone (2015)

Figure 3: Population age pyramids of ECOWAS countries

4.2 Governance and health financing

Each of the ECOWAS countries have strategic plans for their health programing. These policy documents, which are usually prepared for four or five years define the priority areas of the period and the targets the countries give to themselves.

One key tool to reach these targets is the budget. Only Côte d'Ivoire has passed the level of 86 USD per capita as recommended by the WHO, having reached 91 USD. The level of expenditures in some countries are still very low (The Gambia – 26 USD, Niger –36 USD -, Mali – 37 USD). The Figure 4 shows the distribution of health expenditures per capita by country in the period 2018-2019.

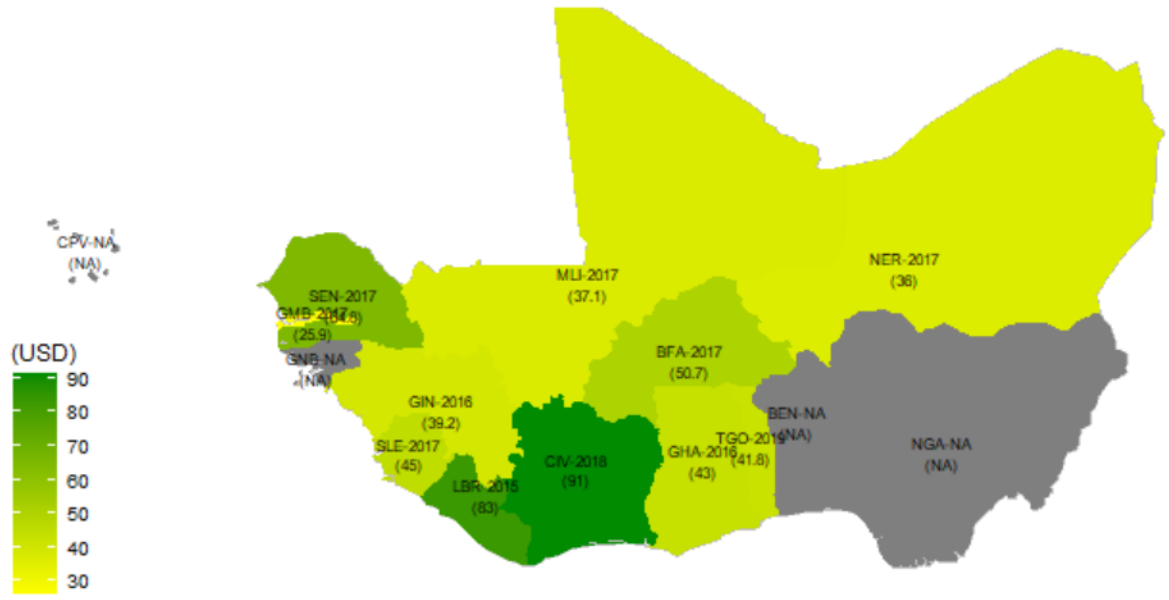


Figure 4: Total health expenditures per capita

4.3 Health workers

The WHO reference for universal health coverage in terms of health workers are 1 medical doctor for 10,000 inhabitants, 1 nurse for 5,000 inhabitants, 1 midwife for 3,000 childbearing age women. In total, the WHO has recommended to have 23 health workers for 10,000 inhabitants.

Table 3 shows that no ECOWAS country reached the overall objective of 23 health professionals per 10,000 inhabitants. Togo, who is presenting the best rate have 20 per 10,000. The countries with very weak staffing are Niger (3), Mali, Sierra Leone (6) and Burkina Faso (7). The ratio of doctors and nurses per population in the region meet the global requirements.

However, Togo does not present enough of any identified specialised staff (MD, nurse or midwife) according to the regulation.

Table 3: Distribution of health worker indicators per country in ECOWAS

	DOCTORS	NURSES	MIDWIVES	WORKERS
BURKINA FASO (2018)	1.20	0.33	0.55	6.78
CÔTE D'IVOIRE (2019)	1.62	4.70	2.34	12.23
GHANA	1.45	19.49	17.42	
GUINEE (2017)				10.00
THE GAMBIA (2019)	1.00	3.00	2.00	16.00
LIBERIA (2019)	1.06	5.46	2.13	11.40
MALI (2019)	1.34	4.41	1.57	6.00
NIGER (2018)	0.17	2.53	0.39	3.09
SENEGAL	0.75	1.91	1.25	
SIERRA LEONE (2017)				6.40
TOGO (2019)	0.85	1.63	1.04	20.22
ECOWAS	**1.05**	**4.83**	**3.19**	**10.24**

4.4 Service use

In average, every inhabitant was visiting the health facilities for outpatient care less than once a year. Figure 5 presents the number of outpatients visits per capita for seven countries in the period 2018-2019.

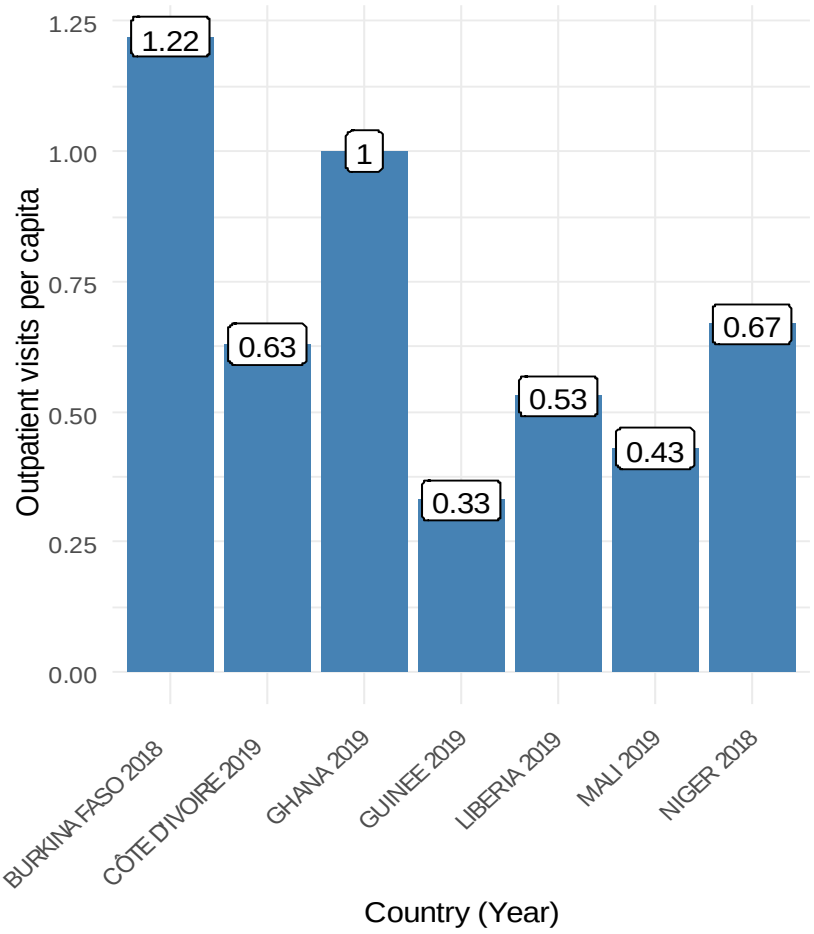


Figure 5: Outpatient visits per capita

In terms of immunisation, only Ghana could report more than 90% of the 12 – 23 months old children having received all his immunisation doses (Figure 6). However, it is good to see that six other countries have vaccine coverages above 80% including Burkina Faso, Gambia, Guinee, Liberia, Senegal, Sierra Leone and Togo.



Figure 6: Immunisation coverage indicators in the region (%)

4.5 Health status highlights

The level of mortality is still important in the region, considering children or mothers mortality. The latest data is presented in Table 4.

Table 4: Mortality indicators

COUNTRY (YEAR)	NEONATAL MORTALITY RATE (PER 1,000 LIVE BIRTHS)	CHILDREN MORTALITY RATE (PER 1,000 LIVE CHILDREN)	INFANT (PER 1,000 LIVE CHILDREN)	MATERNAL MORTALITY RATIO (PER 100,000 LIVE BIRTHS)
BURKINA FASO (2010)	28	129	65	341
CÔTE D'IVOIRE (2019)	33	96	60	614
GHANA (2018)	8	56	41	129
GUINEA (2019)			63	
THE GAMBIA (2019)		56	42	198

COUNTRY (YEAR)	NEONATAL MORTALITY RATE (PER 1,000 LIVE BIRTHS)	CHILDREN MORTALITY RATE (PER 1,000 LIVE CHILDREN)	INFANT (PER 1,000 LIVE CHILDREN)	MATERNAL MORTALITY RATIO (PER 100,000 LIVE BIRTHS)
LIBERIA (2019)	37	93	63	1072
MALI (2018)	33	101	54	325
NIGER (2019)	24	126	51	520
SENEGAL (2018)	23	51	37	236
SIERRA LEONE (2019)	31	122	75	717
TOGO (2019)	27	88	49	401

In terms of morbidity, malaria is still the first cause of mortality and morbidity in the region for all the age ranges. The measured values in 2018 and 2019 ranged from 166-560 new cases per 1,000 inhabitants, with Niger having the lowest rate while Burkina Faso has the highest rate (Figure 7)

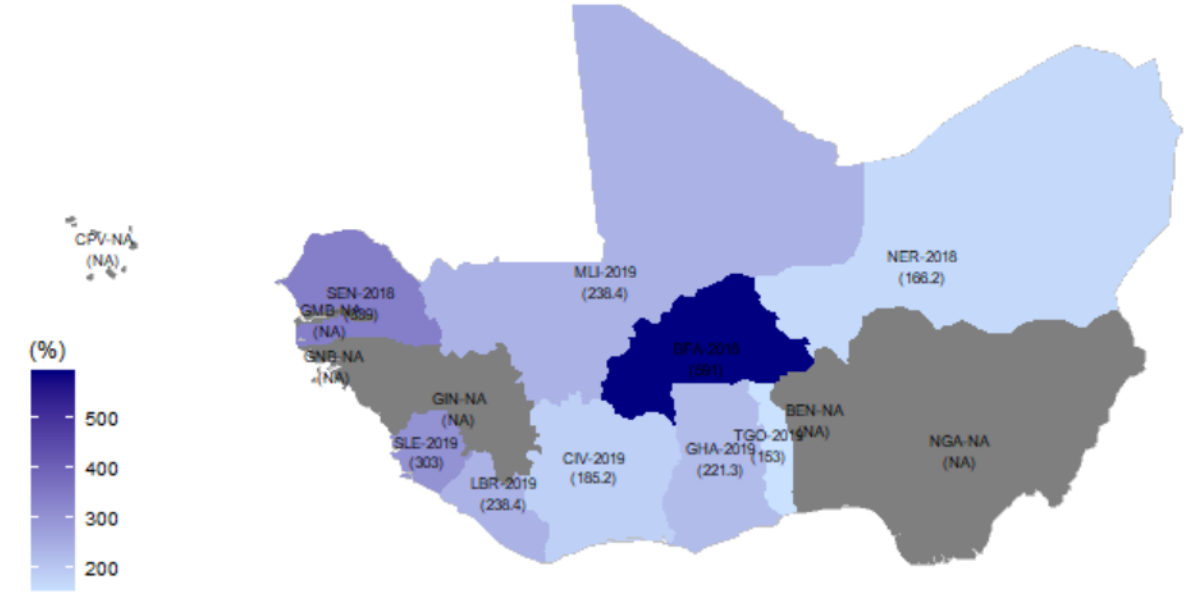


Figure 7: Incidence of malaria in ECOWAS countries