

January 2018

Access to emergency hospital care in sub-Saharan Africa

Executive statement

Timely access to emergency care can substantially reduce mortality. International benchmarks for access to emergency hospital care have been established to guide ambitions for universal health care by 2030. However, no Pan-African database of where hospitals are located exists; this publication aimed at completing a geo-coded inventory of hospital services in Africa in relation to how populations might access these services in 2015, with focus on women of child bearing age.



Introduction

Investments on healthcare in Africa have traditionally focused on expanding access to basic curative and preventive services that form primary healthcare. Recent evidence suggests that emergency medical conditions resulting from severe illnesses, trauma, obstetric conditions and non-communicable diseases will become significant contributors of mortality in sub-Saharan Africa (SSA).

Studies that examine emergency care in low middle income countries (LMICs), have been few as compared to those in high income countries. Health services are offered with increasing sophistication from community providers to hospitals which play a critical role in providing emergency care. Therefore, planning for emergency care requires a detailed census of hospital services and their ease of access to majority of the population.

Most countries however lack health facility lists, which are often simple not available or are fragmented. This study used numerous sources including from ministries of health, national and international organizations to develop the first hospital list of sub-Saharan Africa, which covers 47 countries.



Most countries lack health facility lists

Study results

Results reveal that, 29% of the total population and 28% of the women of child bearing age, live more than 2 hours from the nearest hospitals.

Huge gaps in accessibility were also observed between countries, with 75% of population in South Sudan living outside the two-hour threshold while other countries or islands like Zanzibar, Comoros and Sao tome and Principe have more than 95% of their respective population within 2 hours. 32 countries have less than 80% of their population within 2 hours of a hospital



Policy implications/recommendations

The ranking of countries coupled with the maps of accessibility show where investments in improving geographic access to hospital care should be prioritized.

Such an intervention would be multidimensional and includes placement of additional hospitals, improving ambulatory care and extending road network coverage.

We call upon a concerted effort by both national and international communities in updating the hospital list we provide and we also recommend a detailed assessment of the routine emergency care services available at each hospital.

SERVICES RENDERED	PATIENT/CLIENT REQUIREMENTS	USER CHARGES
ADMISSION GENERAL WARD: • UNDER 5 YEARS • ADULTS	PATIENT'S FILE/PAYMENT AFTER TREATMENT.	100
ADMISSION MATERNITY WARD - AFTER DELIVERY	PATIENT'S FILE/PAYMENT AFTER TREATMENT.	100
ADMISSION AMENITY WARD: • SINGLE ROOM • DOUBLE ROOM	PATIENT'S FILE/PAYMENT AFTER TREATMENT.	500
INPATIENT FILE	PATIENT'S FILE/PAYMENT AFTER TREATMENT.	1,200
MATERNITY DELIVERY FEE	PAYMENT ON ADMISSION	800
TISSUE PAPER	PATIENT'S FILE/PAYMENT AFTER TREATMENT	100
		100
		20

CUSTOMER OBLIGATION

- LIPIA HUDUMA UNAZOPOKEA.
- POKEA RISITI KWA KILA MALIPO.
- HESHIMU WAFANYIKAZI WA HOSPITALI.
- KWA MALALAMISHI PIGA SIMU NO 0722 4294
- HAO 0721848415 MED SUPT 0722833313.
- HUDUMA BORA NI HAKI YAKO.

Long distance to health facilities - two hours or more away from access by women of child bearing age



Routine assessment of care services available at each hospital needs to be regularly documented and available



References/Key resources

Paul Ouma, Joseph Maina, Pamela N. Thurair, Peter M. Macharia. Access to emergency hospital care provided by the public sector in sub-Saharan Africa in 2015: a geocoded inventory and spatial analysis. Further information, this brief is a product of the Population Health Services Unit, KEMRI-Wellcome Trust pouma@kemri-wellcome.org, eokiro@kemri-wellcome.org

www.thelancet.com/lancetgh Published online January 24, 2018 [http://dx.doi.org/10.1016/S2214-109X\(17\)30488-6](http://dx.doi.org/10.1016/S2214-109X(17)30488-6)