Education and Health Inequalities in the East African Community region

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Presentation Outline

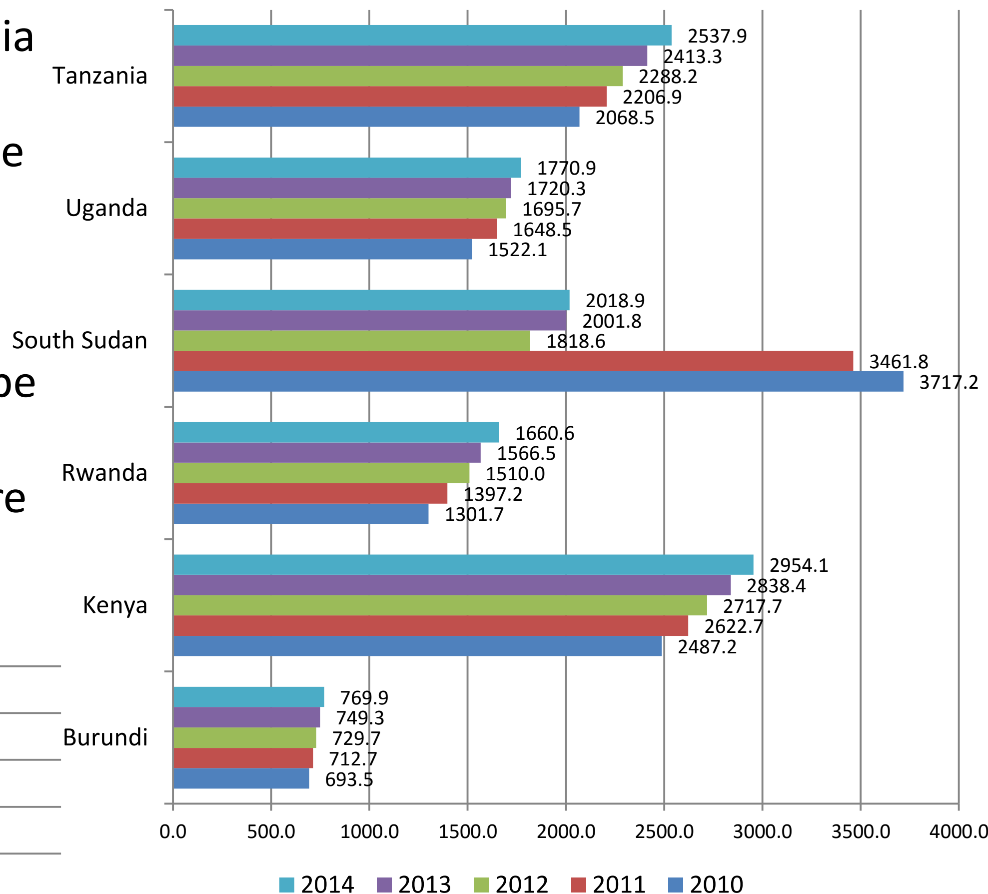
- Background
  - Constitution, policies and strategies
- Macro-economic context
  - GDP, GDP per head and poverty
- Education
  - Financing, delivery and outcomes
- Health
  - Financing, delivery and outcomes
- Discussion
- Policy implications

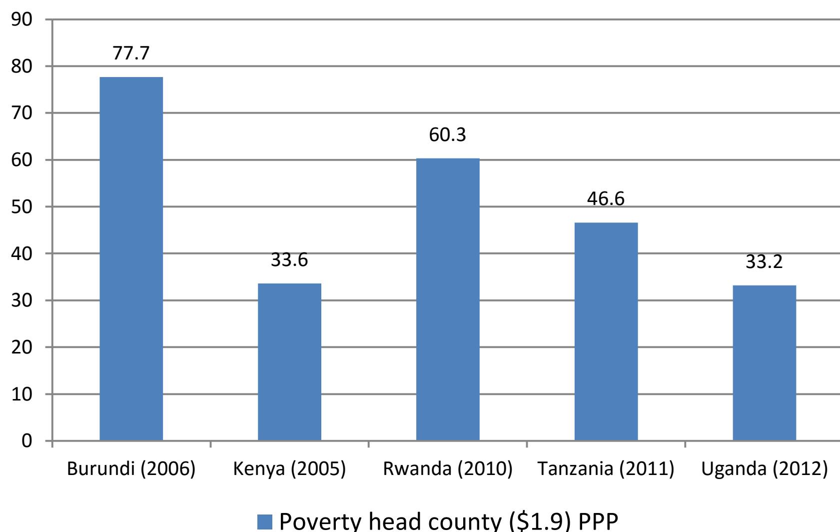
Constitutions…

- EAC constitutions promulgated over 15 years; so natural to expect varied emphasis with changing development strategies; so more recent constitutions benefit from predecessors
- Tanzania – 1977 (2014 pending); Uganda – 1995; Burundi – 2005; Rwanda – 20??; Kenya – 2010; and South Sudan – 2011
- All constitutions declare obligation to international human rights conventions, but Kenya alone espouses them as part of national laws
- They mention the right to life, dignity, and related determinants, e.g. adequate quality health care, nutrition, safe water and sanitation, and security, amongst others
- However, varied degrees of adherence, especially over domestication

Macro context

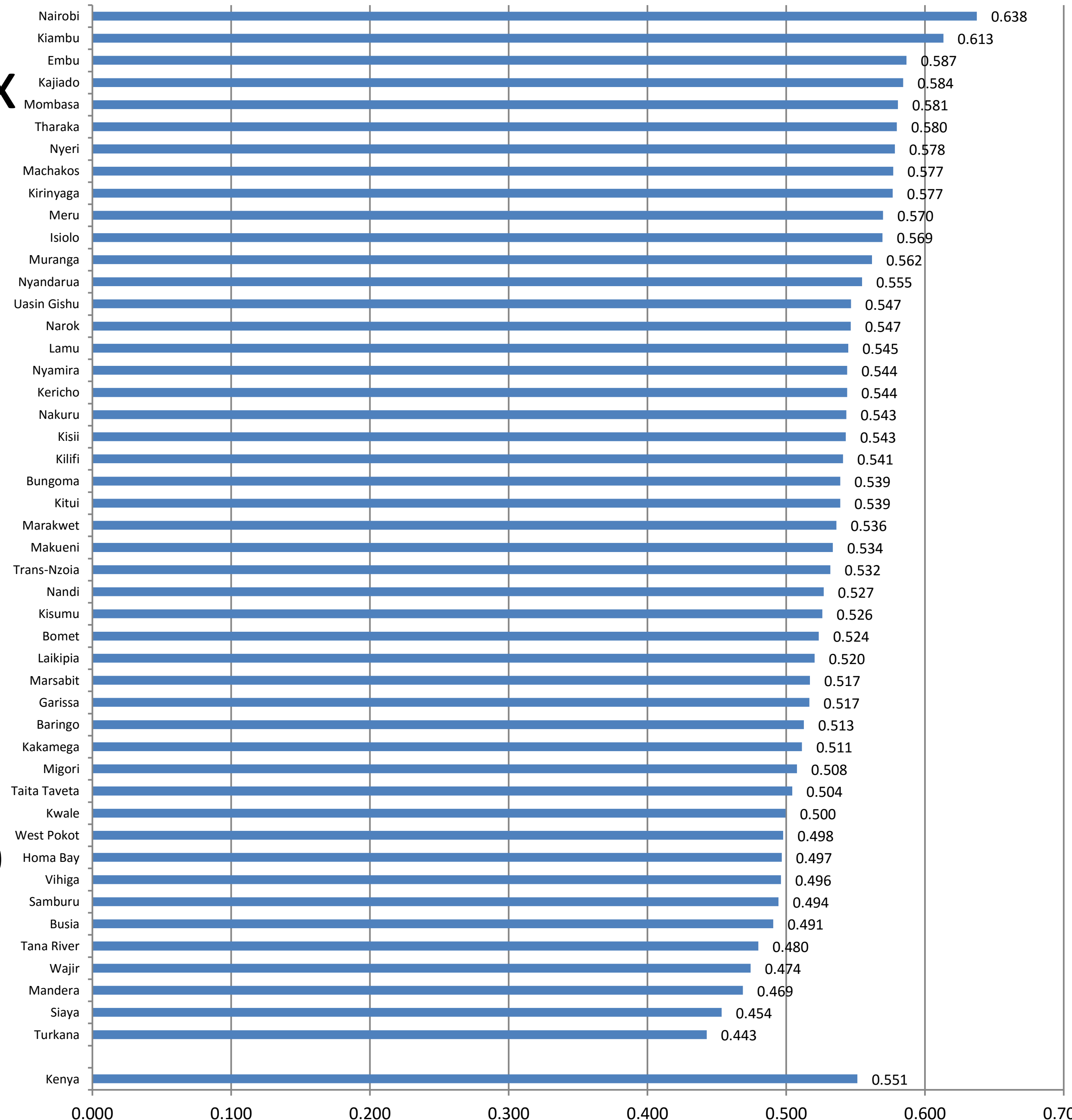
- GDP ppt. expansion greatest in Tanzania (25% change), followed by Kenya (20%).
- S. Sudan recovering after great collapse
- Burundi growth, but lowest GDP ppt, also reflected in highest poverty head count
- These figures have implication for scope for tax revenue to fund education and health, and for private capacity to acquire the same





Kenya Human Development Index (HDI), 2015

- ❑HDI a composite measure of (i) Literacy, (ii) Longevity and (iii) Incomes
- ❑Across Kenya's 47 counties, Nairobi 0.638 HDI score is 44 percentage points better than Turkana's 0.443
- ❑6 Arid and Semi Arid Lands counties in bottom 10 (as expected); but also counties with some of the most educated Kenyans, e.g. Siaya and Busia



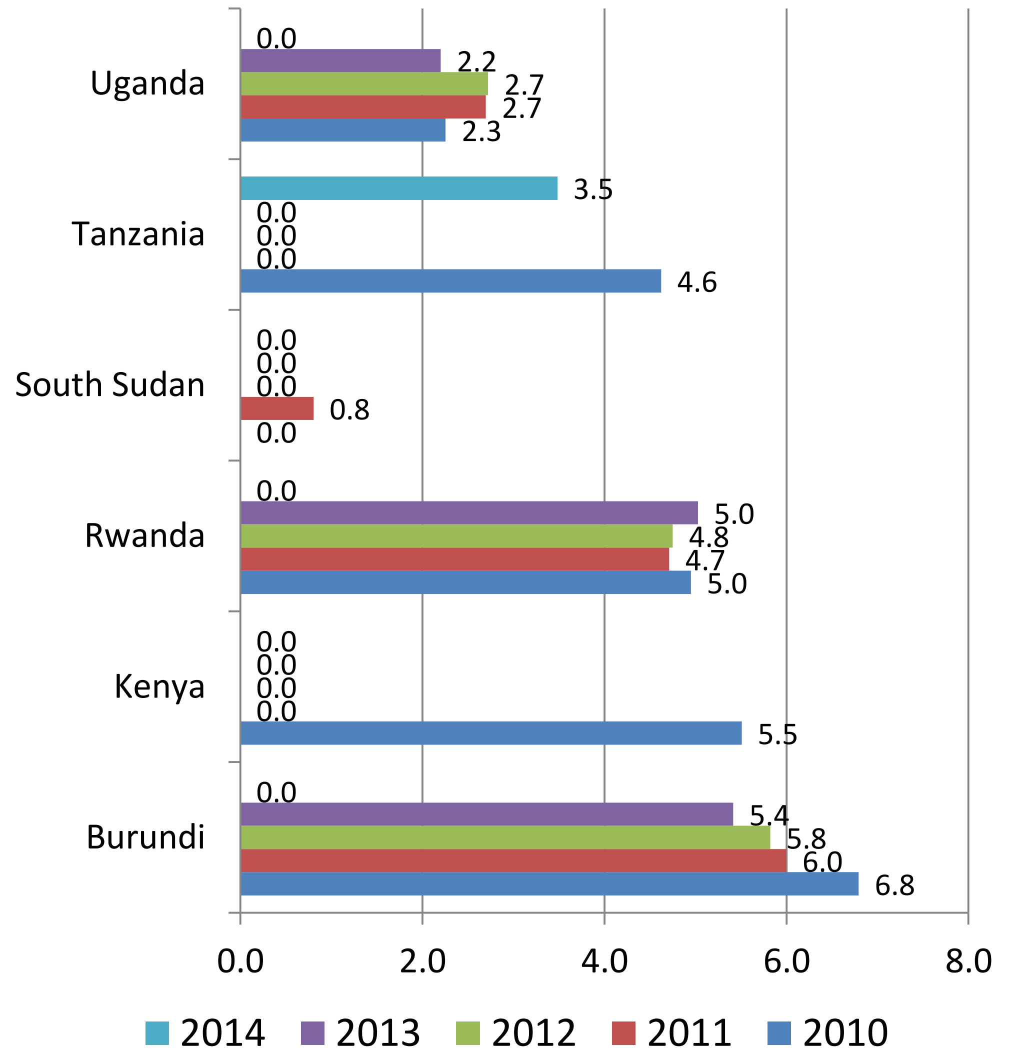
Constitutions on Education…

- Education commitments varied

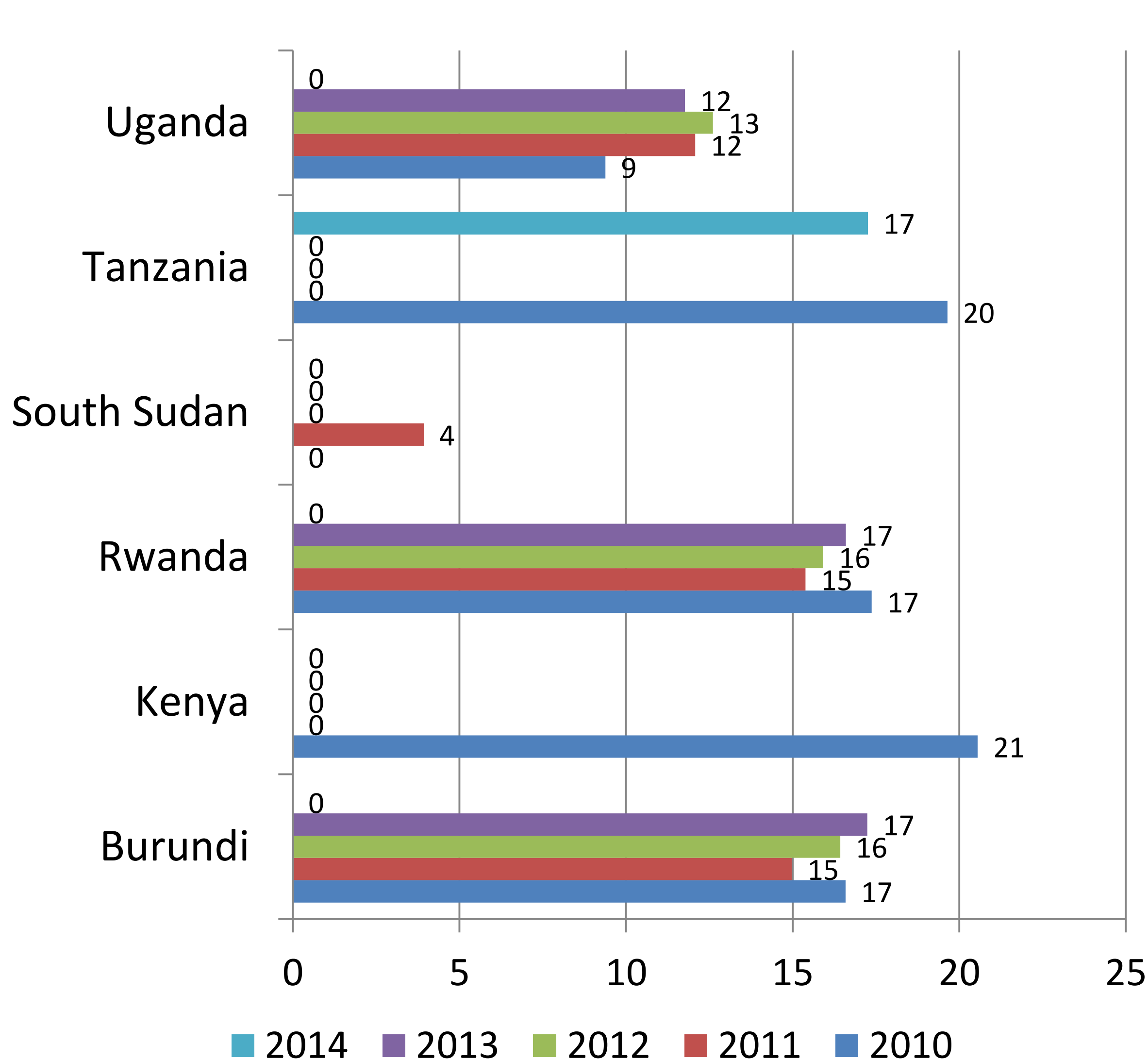
- Burundi – state duty, but also parenting obligation
- "Free and compulsory": for "children (under 18)' in Kenya; primary in South Sudan; and "basic" in Uganda.
- "Self-education" and "equal adequate education" in Tanzania (1977); but "equal opportunities to seek education… better primary education structures (and) opportunities for higher education" (2014)
- Millennium Development Goals 2 and 3 have joined Education for All and other initiatives to uplift enrolment at the primary school level

Education spending

- Government spending on education as a share of GDP (%)
- Burundi performs best, but has smallest GDP
- Kenya and Tanzania with largest GDP perform comparatively well
- Significantly, education share of GDP falling in all countries during review period
- Does that reflect donor dependence? Or burden simply shifted to already impoverished households?



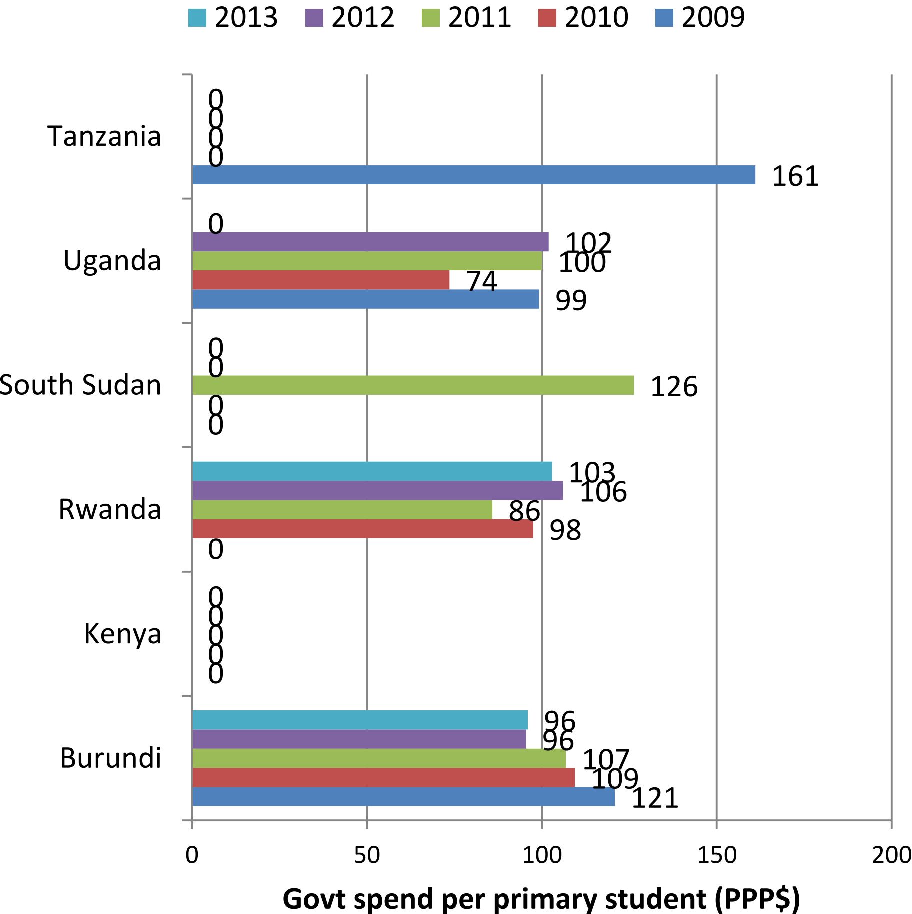
Education spending…/2

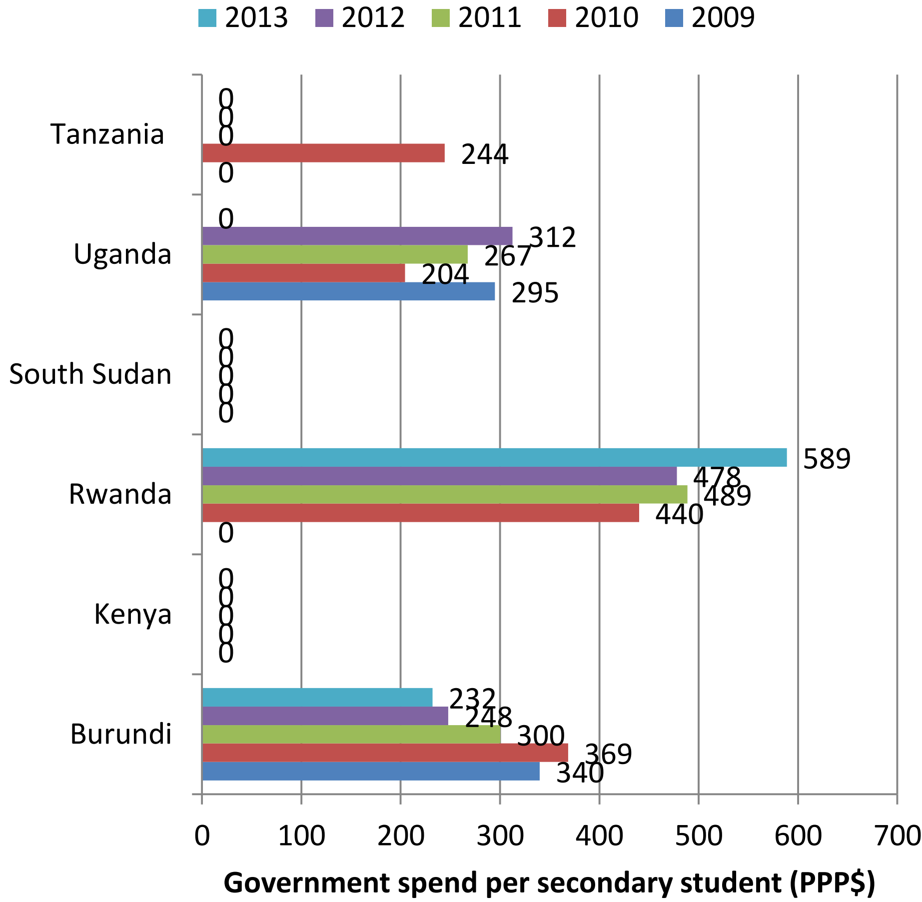


- Government education spending as a share of total government spending (%)
- No clear trend is allocations across the country as data lacking
- Declining share in Uganda, but stagnation in Rwanda
- Largest budget Kenya and Tanzania have substantial 20% commitment for 2014
- From a human rights and poverty reduction perspective, question is how spending is distributed vertically in the system and horizontally across the country

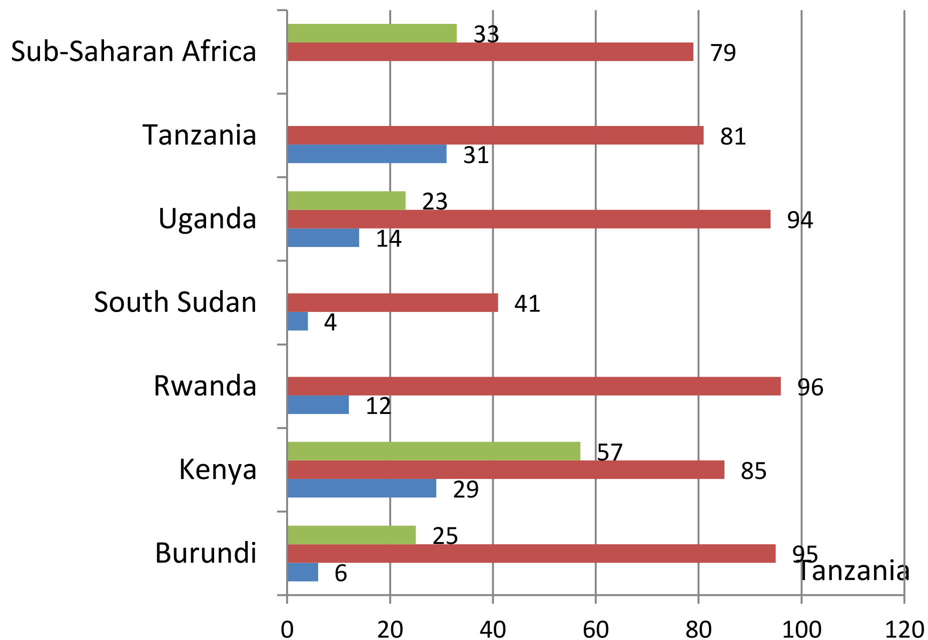
Govt spending per head

- Across all the EAC countries, pre-primary allocations per head are miniscule
- The charts show that across all the EAC countries with data, secondary students receive at least twice, and instances, as much as four times the subvention to primary students
- University level funding is even greater



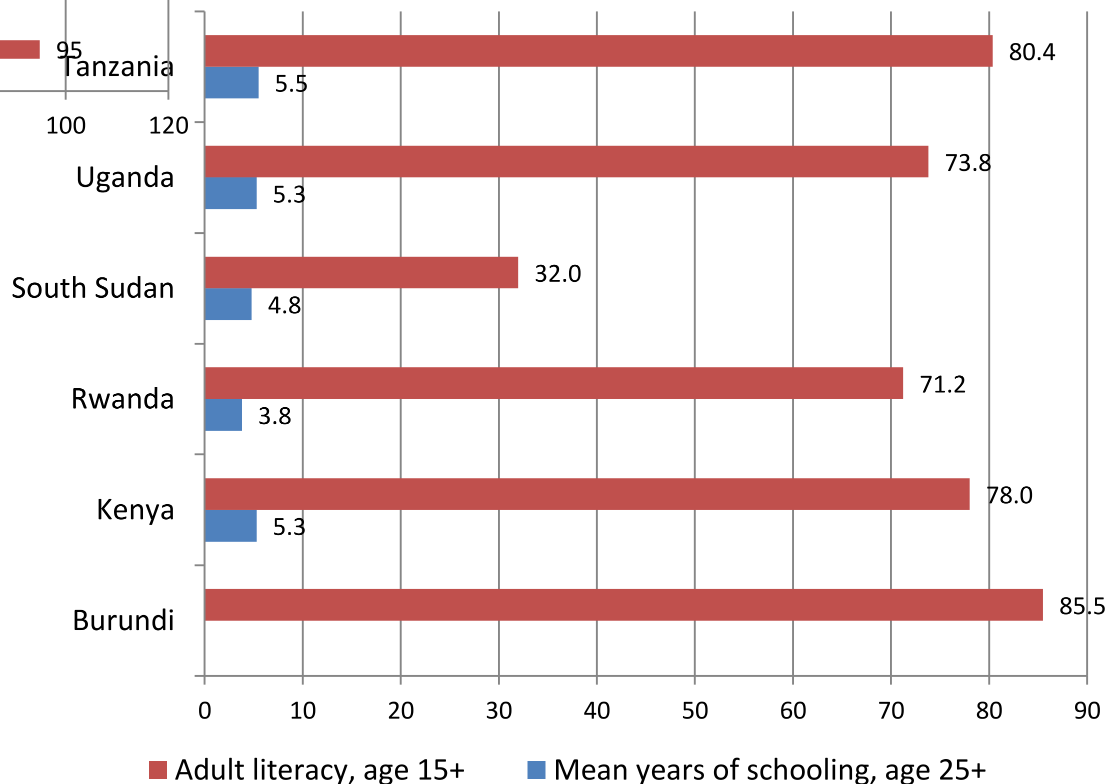


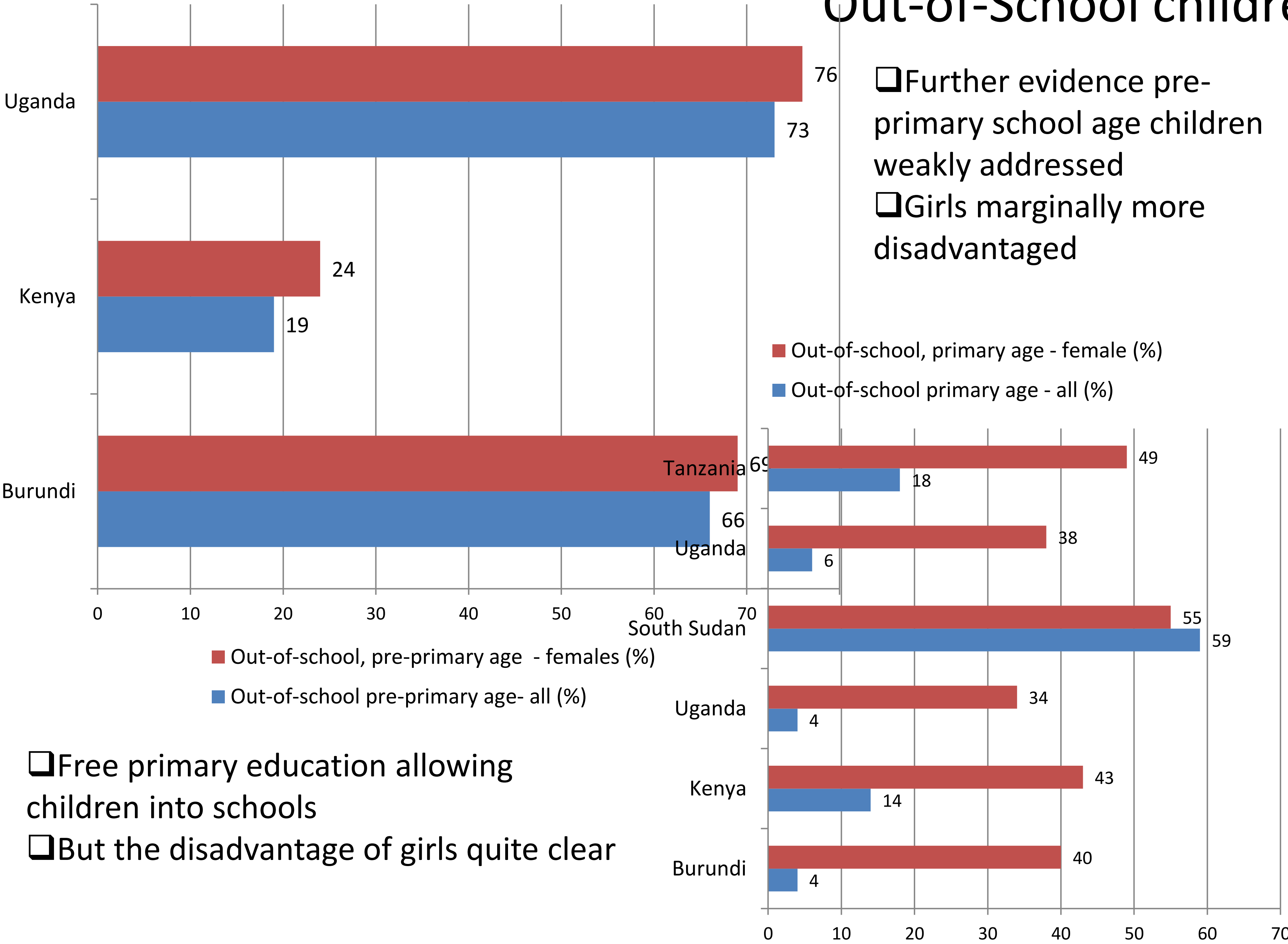
Education attainments



- Adult literacy performs well based on 15 year olds.
- However, the very low mean years of schooling mean that adult literacy must be very basic.

- The weak pre-primary NER is consistent with weak budget allocations mentioned above
- Primary NER performs well across EAC – benefiting from Education for All, MDG, and the constitutional commitments above
- But despite higher resources, secondary NER lags far behind

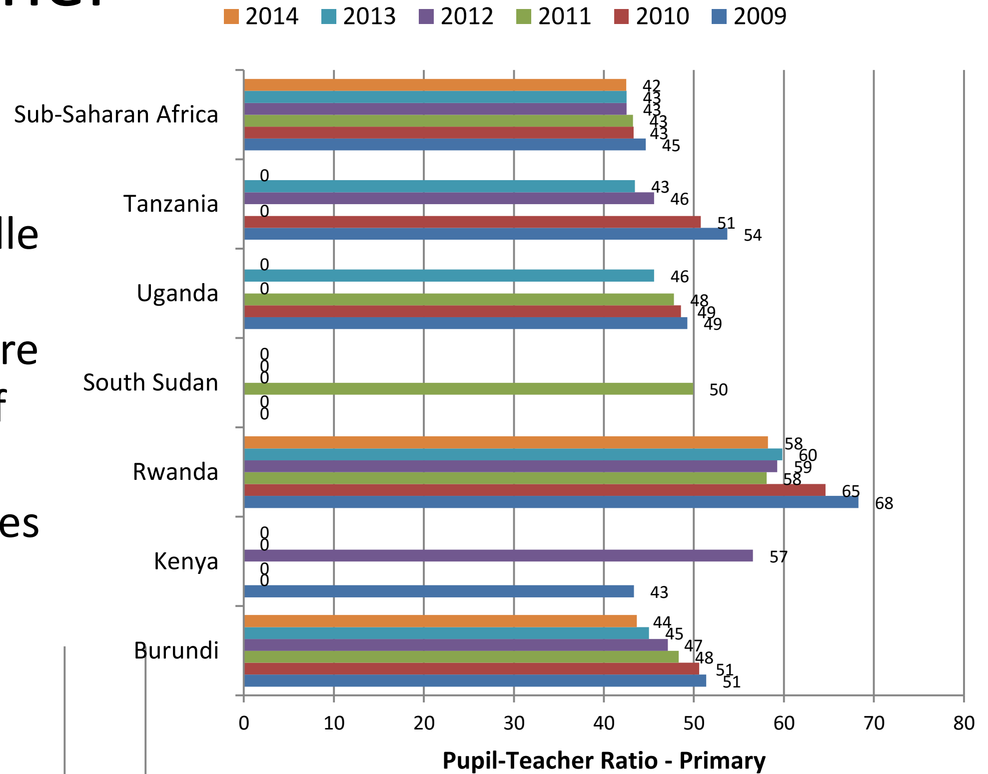


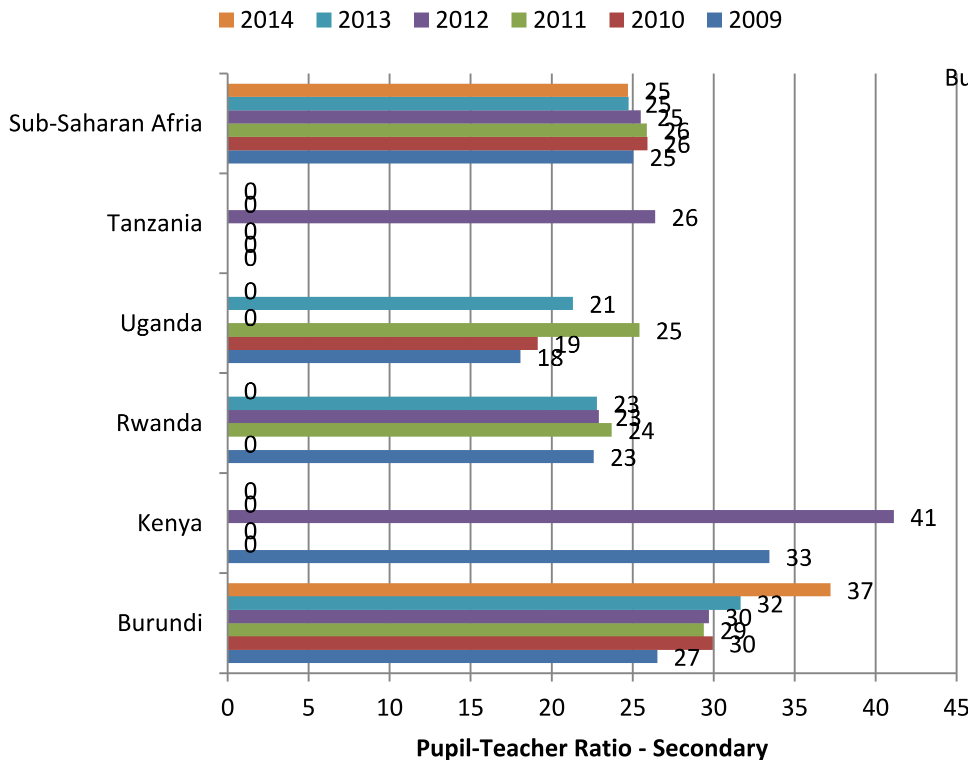


Out-of-School children
❑Further evidence pre-primary school age children weakly addressed
❑Girls marginally more disadvantaged
Uganda
76
73
Kenya
24
19
Burundi
69
66
0
10
20
30
40
50
60
70
Out-of-school, pre-primary age - females (%)
Out-of-school pre-primary age- all (%)
❑Free primary education allowing children into schools
❑But the disadvantage of girls quite clear
Out-of-school, primary age - female (%)
Out-of-school primary age - all (%)
Tanzania
49
18
Uganda
38
6
South Sudan
55
59
Uganda
34
4
Kenya
43
14
Burundi
40
4
0
10
20
30
40
50
60
70

Education – Pupil-Teacher Ratio (PTR)

- PTR is important for efficiency in education, the teacher's capacity to handle workload
- At primary school level, the SSA rates are close to the norms; but that is because of low enrolment
- However, PTR falling for all EAC countries

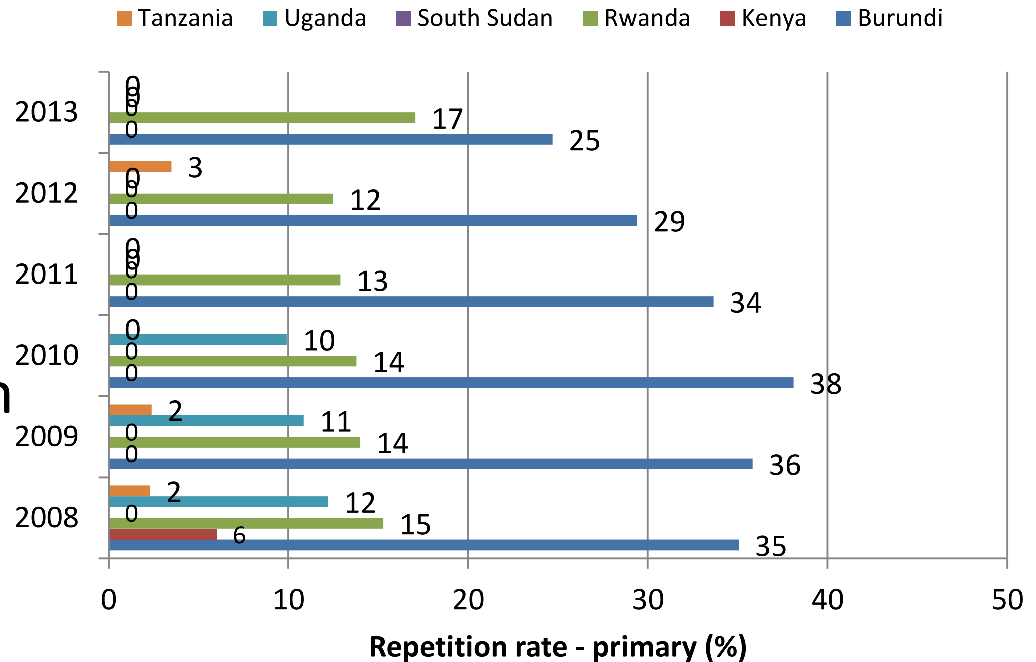


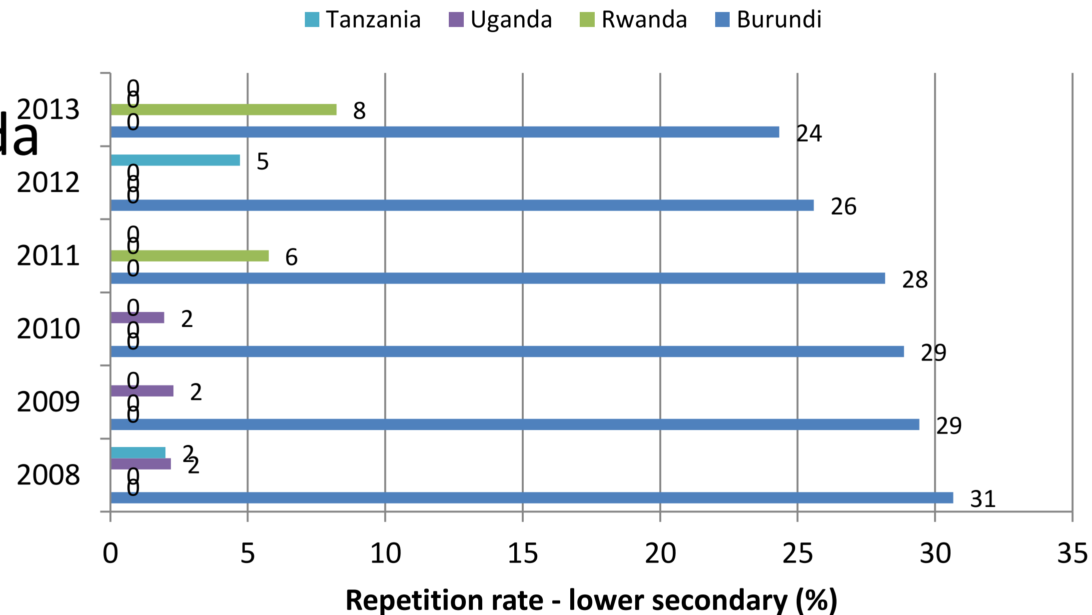


- Secondary PTR is even further below norms, because of low transition from the primary level
- TR erratic at secondary school level, e.g. Uganda, suggesting unstable enrolment
- Efficiency rising in Burundi

Education – repetition rates

- Repetition is a sign of inefficiency in the education system, whether it is demanded by the school or parent/student
- Primary repetition very high but falling in Burundi, and high and rising in Rwanda
- The same pattern is evident in lower secondary education in Burundi and Rwanda





Constitutions…

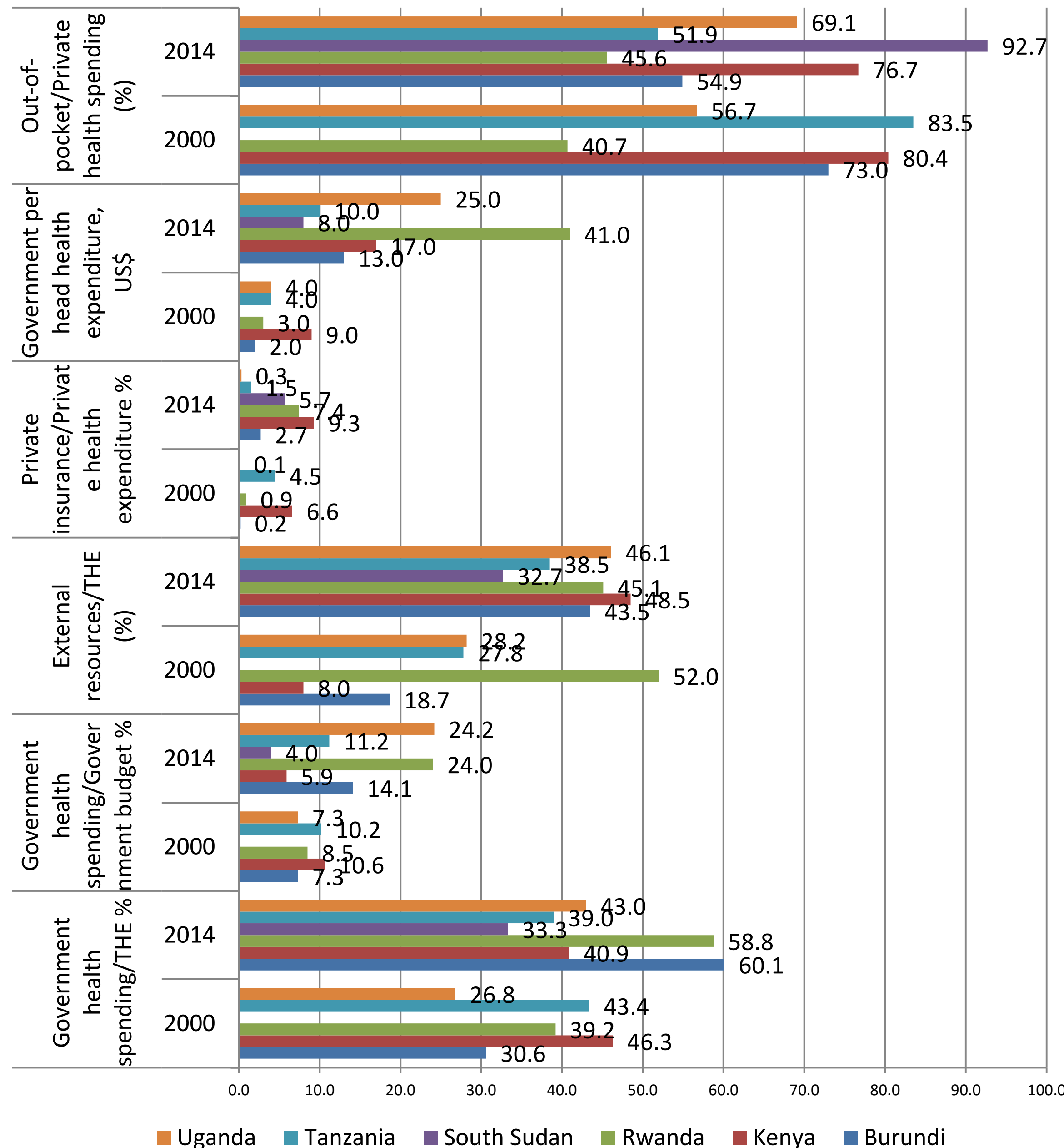
- ‘Health (status)’ vs. ‘healthcare’
- WHO defines ‘health’ as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” So non-medical issues important, e.g. knowledge for prevention
- Kenya guarantees health care for children, and “highest quality health care” for all
- “Free primary health care” in S. Sudan, while Uganda offers “all practical measures (for) medical services”.
- Tanzania 1977 does not mention of ‘health’ or ‘healthcare’; but 2014 has “better healthcare for all… including safe births”.

Health Expenditures, 2000 to 2014

		Burundi	Kenya	Rwanda	South Sudan	Tanzania	Uganda
Government health spending/THE %	2000	30.6	46.3	39.2	n.d.	43.4	26.8
	2014	60.1	40.9	58.8	33.3	39.0	43.0
Government health spending/Government budget %	2000	7.3	10.6	8.5	n.d.	10.2	7.3
	2014	14.1	5.9	24.0	4.0	11.2	24.2
External resources/THE (%)	2000	18.7	8.0	52.0	n.d.	27.8	28.2
	2014	43.5	48.5	45.1	32.7	38.5	46.1
Private insurance/Private health expenditure %	2000	0.2	6.6	0.9	n.d.	4.5	0.1
	2014	2.7	9.3	7.4	5.7	1.5	0.3
Government per head health expenditure, US$	2000	2.0	9.0	3.0	n.d.	4.0	4.0
	2014	13.0	17.0	41.0	8.0	10.0	25.0
Out-of-pocket/Private health spending (%)	2000	73.0	80.4	40.7	n.d.	83.5	56.7
	2014	54.9	76.7	45.6	92.7	51.9	69.1

- Big Question: how efficiently, and indeed, equitably, is government healthcare money being spent?
- Urban/Hospital/Curative care vs. Rural/Health Centre/Dispensary/PHC/Preventive and Promotive Care

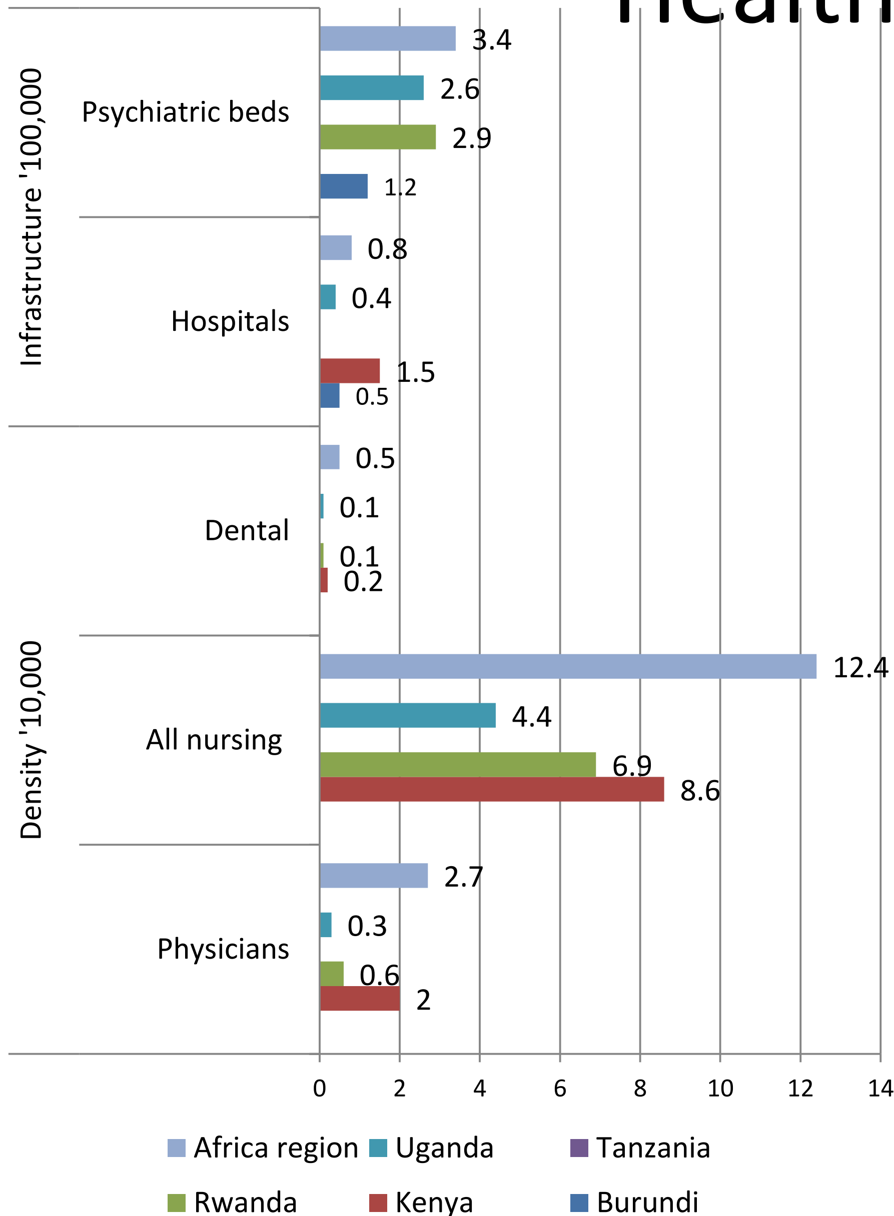
Health Expenditures, 200-2014



Health spending norms and performance:

- ❑Abuja Declaration – 15% of government budget
- ❑WHO's US$ 36, revised upwards to US$??
- ❑EAC governments failing on both fronts
- ❑Only Burundi and Rwanda governments financing more than 50% of THE
- ❑Private insurance share of private health spending too small, so burden on households (41% to 84% of all private spending)
- ❑Yet, poverty levels peak at 78 % for Burundi – so how afford health care?

Healthcare infrastructure



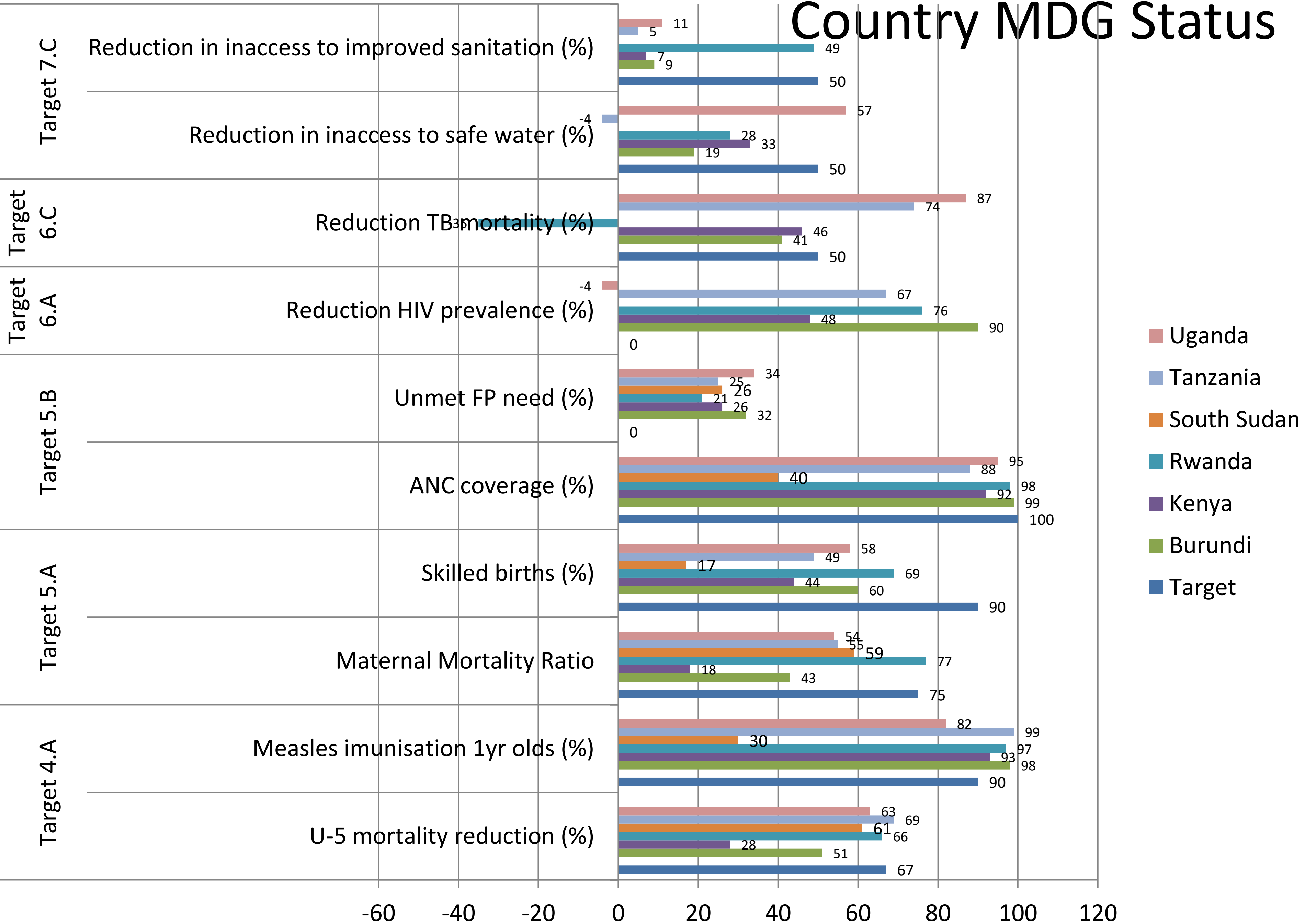
- ❑Prioritisation of infrastructure and data on it is poor
- ❑EAC countries unable to compete with the global demand for health professionals
- ❑There is a likley mismatch betwee the focus of health care spending and need: Kenyan ambulances and the Managed Hospital Equipment Scheme instead of local facilities
- ❑Unequal development, so countryside stations unattarctive

Progress towards the Health-related MDGs

	Target	Africa	Global
Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger			
❑Percent reduction in proportion of underweight children under-5, 1990-2013	**50**	**27**	**40**
Target 4.A: Reduce by 2/3, between 1990 and 2015, the under-5 mortality rate			
❑Percent reduction in under-5 mortality rate, 1990-2013	**67**	**49**	**49**
❑Measles immunisation coverage among 1 year olds (%), 2013	**90**	**74**	**84**
Target 5.A: Reduce by 3/4, between 1990 and 2015, the maternal mortality rate			
❑Percent reduction in maternal mortality ratio, 1990-2013	**75**	**49**	**45**
❑Births attended by skilled health personnel (%), 2007-2014	**90**	**51**	**74**
Target 5.B: Achieve, by 2015, universal access to reproductive health			
❑Antenatal care coverage (%): at least one visit, 2007-2014	**100**	**77**	**83**
❑Unmet need for family planning (%), 2012	**0**	**24**	**12**

Progress towards the Health-related MDGs

	Target	Africa	Global
Table 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS			
❑Percent reduction in HIV incidence, 2001-2013	**>0**	**59**	**46**
Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases			
❑Percent reduction in incidence of malaria, 2000-2013	**75**	**34**	**30**
❑Percent reduction in mortality rate of tuberculosis (among HIV-negative people), 1990-2013	**50**	**40**	**45**
Target 7.C: Halve, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation			
❑Percent reduction in proportion of the population without access to improved drinking water sources, 1990-2012	**50**	**32**	**54**
❑Percent reduction in proprotion of population without access to improved sanitation, 1990-2012	**50**	**8**	**32**

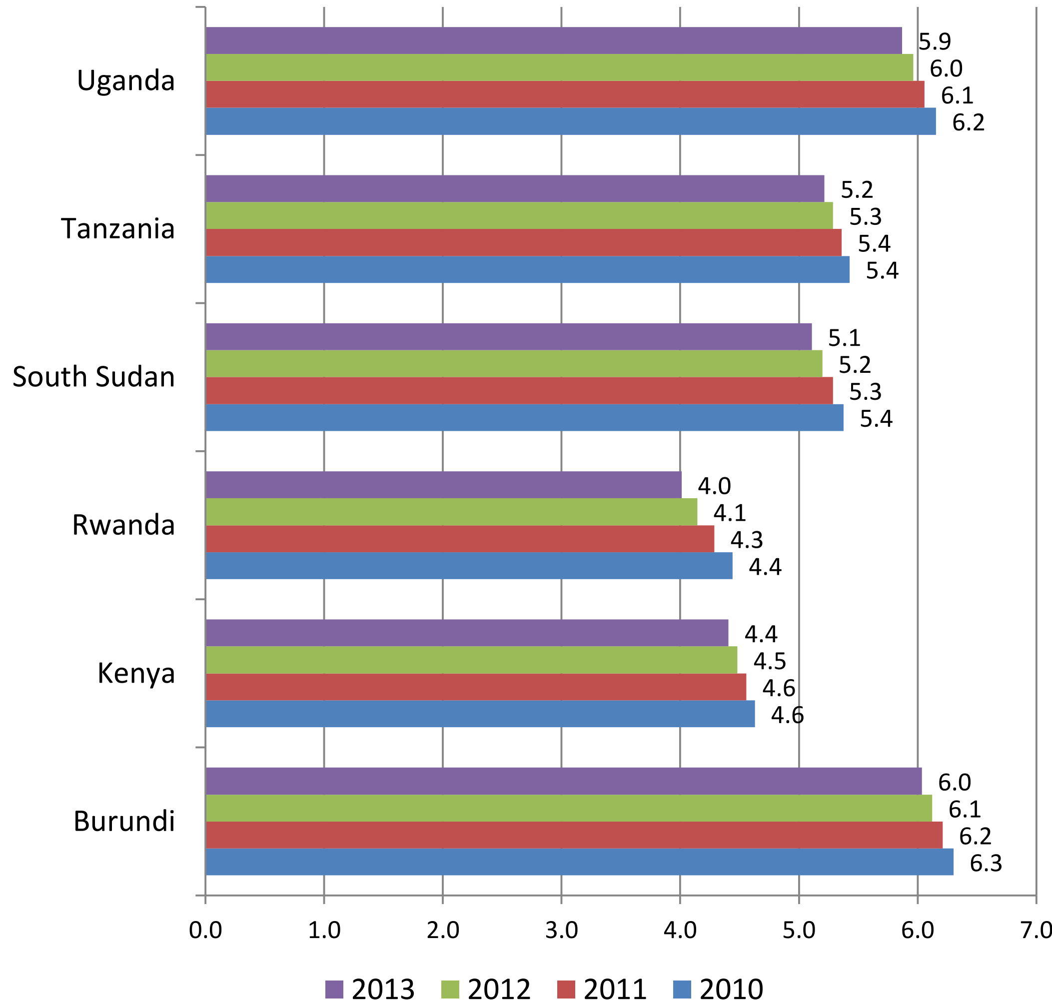


Country MDG Status
Target 7.C
Reduction in inaccess to improved sanitation (%)
Reduction in inaccess to safe water (%)
Target 6.C
Reduction TB mortality (%)
Target 6.A
Reduction HIV prevalence (%)
Target 5.B
Unmet FP need (%)
ANC coverage (%)
Target 5.A
Skilled births (%)
Maternal Mortality Ratio
Target 4.A
Measles imunisation 1yr olds (%)
U-5 mortality reduction (%)
11
5
49
7
9
50
57
-4
28
33
19
50
87
74
46
41
50
-4
67
76
48
90
0
34
25
26
21
26
32
0
95
88
40
98
92
99
100
58
49
17
69
44
60
90
54
55
59
77
18
43
75
82
99
30
97
93
98
90
63
69
61
66
28
51
67
-60
-40
-20
0
20
40
60
80
100
120
Uganda
Tanzania
South Sudan
Rwanda
Kenya
Burundi
Target

County MDG Scores

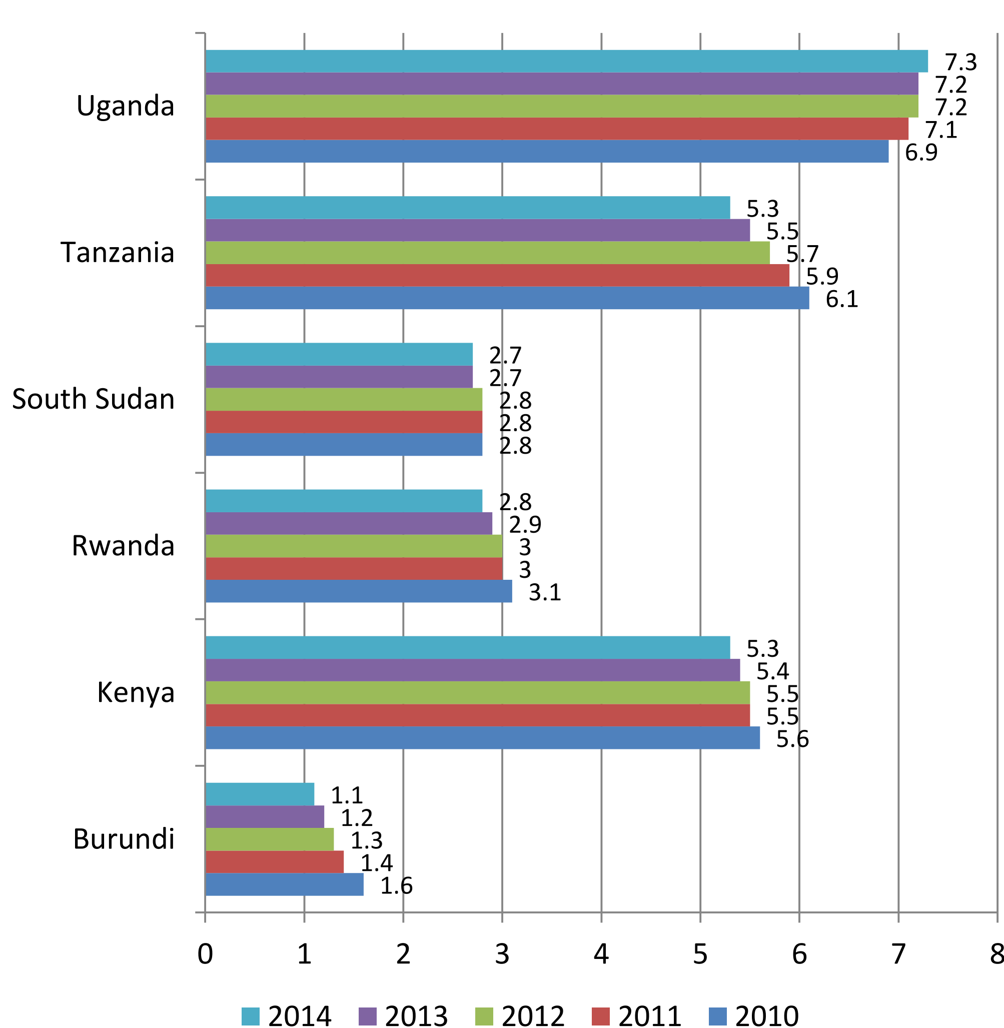
		Targets	Burundi	Kenya	Rwanda	South Sudan	Tanzania	Uganda
Target 4.A	Reduce U-5 mortality (%)	67	51	28	66	61	69	63
	Measles immunisation 1yr olds (%)	90	98	93	97	30	99	82
Target 5.A	Maternal Mortality Ratio	75	43	18	77	59	55	54
	Skilled births (%)	90	60	44	69	17	49	58
Target 5.B	ANC coverage (%)	100	99	92	98	40	88	95
	Unmet FP need (%)	0	32	26	21	26	25	34
Target 6.A	Reduce HIV prevalence (%)	>0	90	48	76	n.d.	67	-4
Target 6.C	Reduce TB mortality (%)	50	41	46	-35	n.d.	74	87
Target 7.C	Reduce inaccess to safe water (%)	50	19	33	28	n.d.	-4	57
	Reduce inaccess to improved sanitation (%)	50	9	7	49	n.d.	5	11

Total Fertility Rate (births per women of reproductive age)



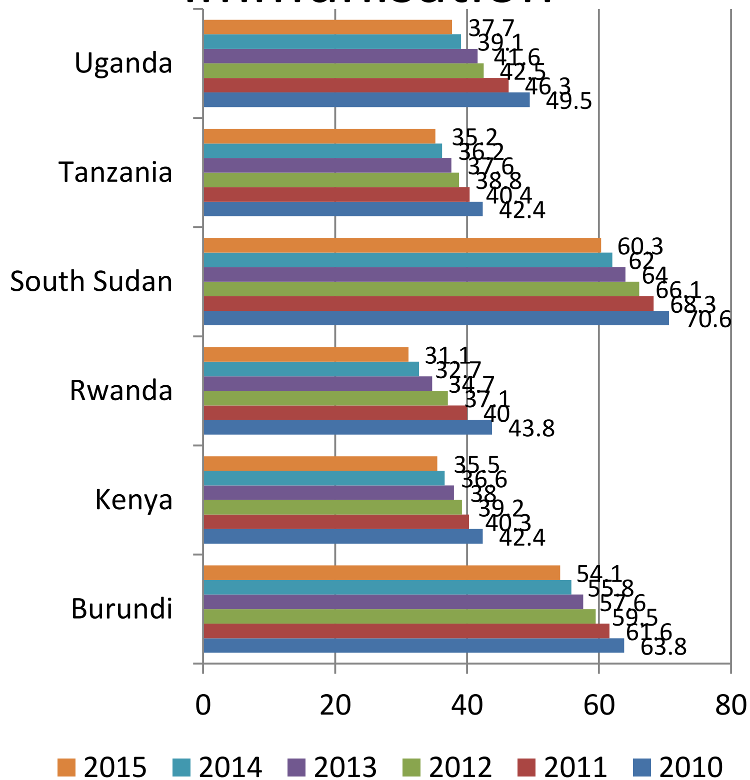
- Modest progress all round, with Rwanda's greatest from the lowest level in 2010
- What is happening in Rwanda that is not happening in neighbouring Burundi?
- Answer: Burundi and Uganda with highest unmet FP need, while Rwanda has lowest unmet need
- What effect the instability in South Sudan, such as over sustained access to FP commodities?

HIV Prevalence, total (% population aged 15-49)



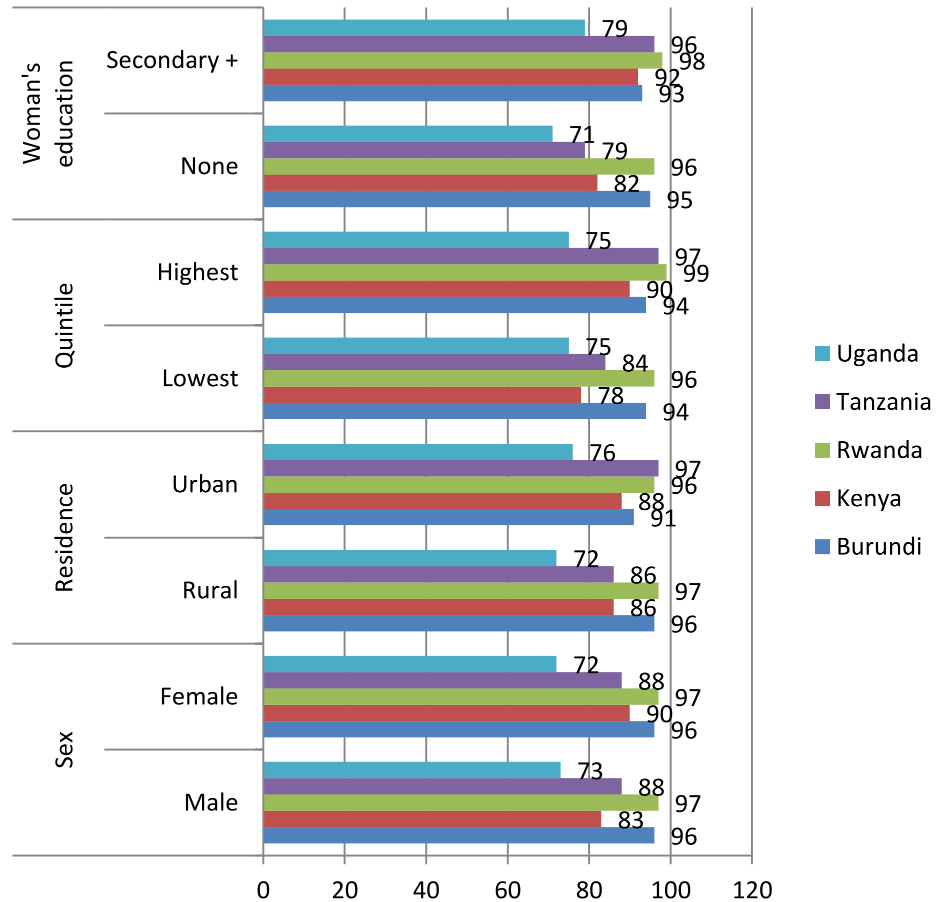
- Great strides against HIV and AIDS by all EAC countries, as shown in previous slide
- Uganda alone experiencing resurgence: why?
- But the other EAC countries experiencing stagnation: what to do to perpetuate decline?
- How many Malawian 'Hyenas' in our midst?

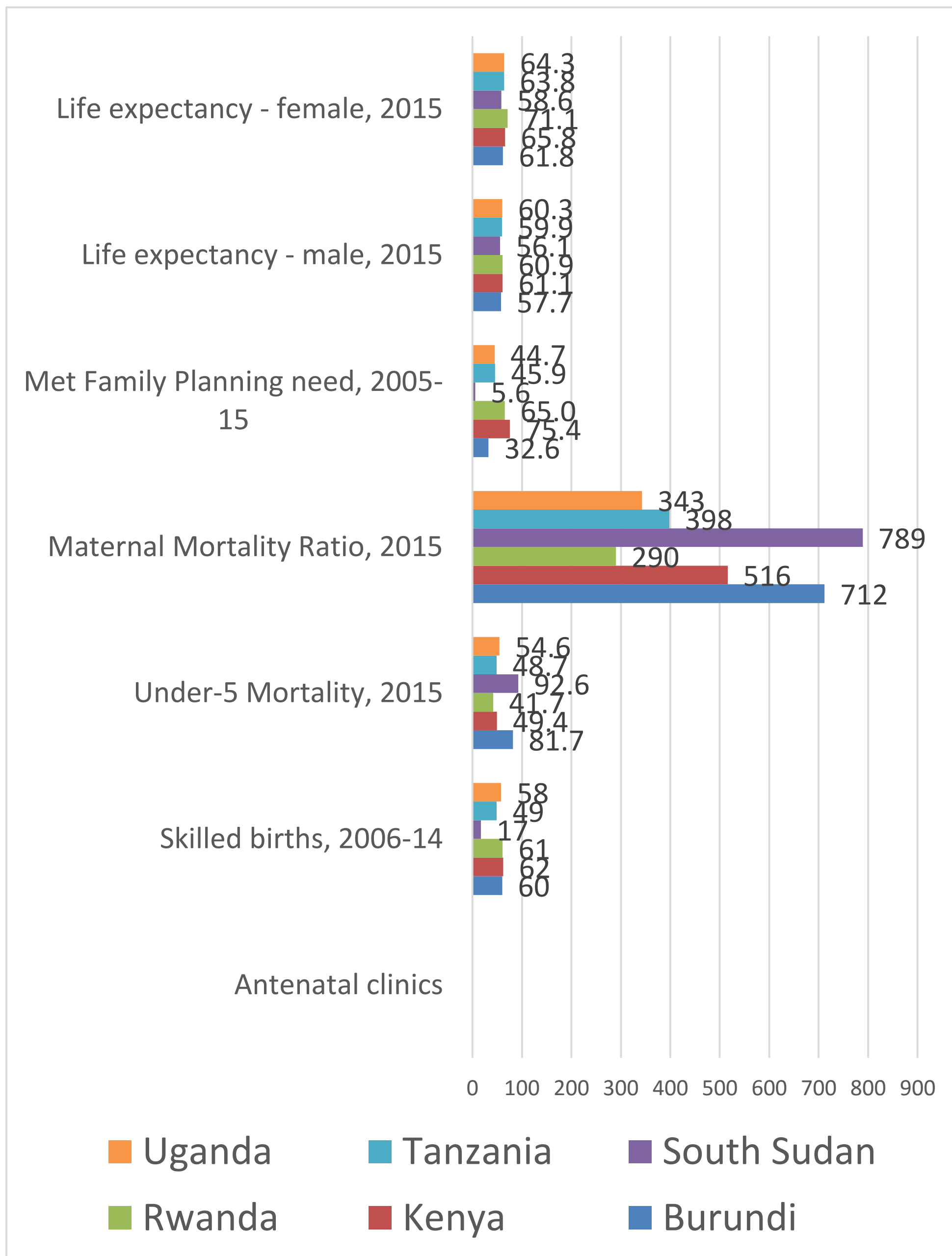
Infant mortality rate (per 1,000 live births) & Immunisation



- Infant mortality is death before age 1
- All countries improving, but at different rates as also confirmed by previous MDG slides on under -5 mortality
- South Sudan's progress most remarkable for a nation whose service delivery systems only 5 years old
- Again, Rwanda is leading the way

ON DPT3 immunisation, Uganda performs worst while Burundi is much improved



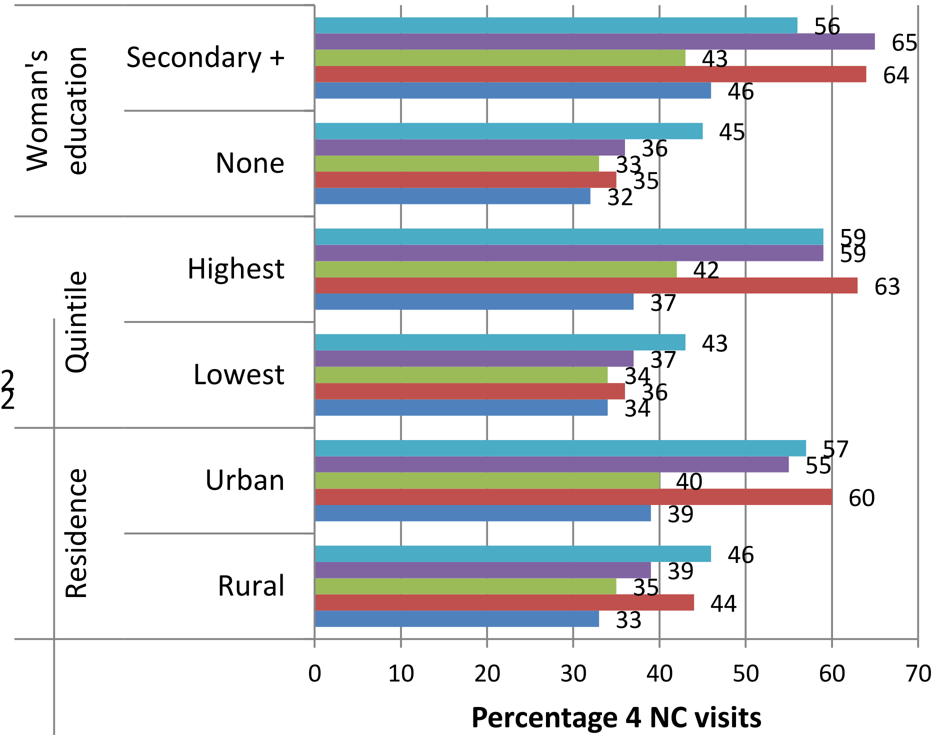


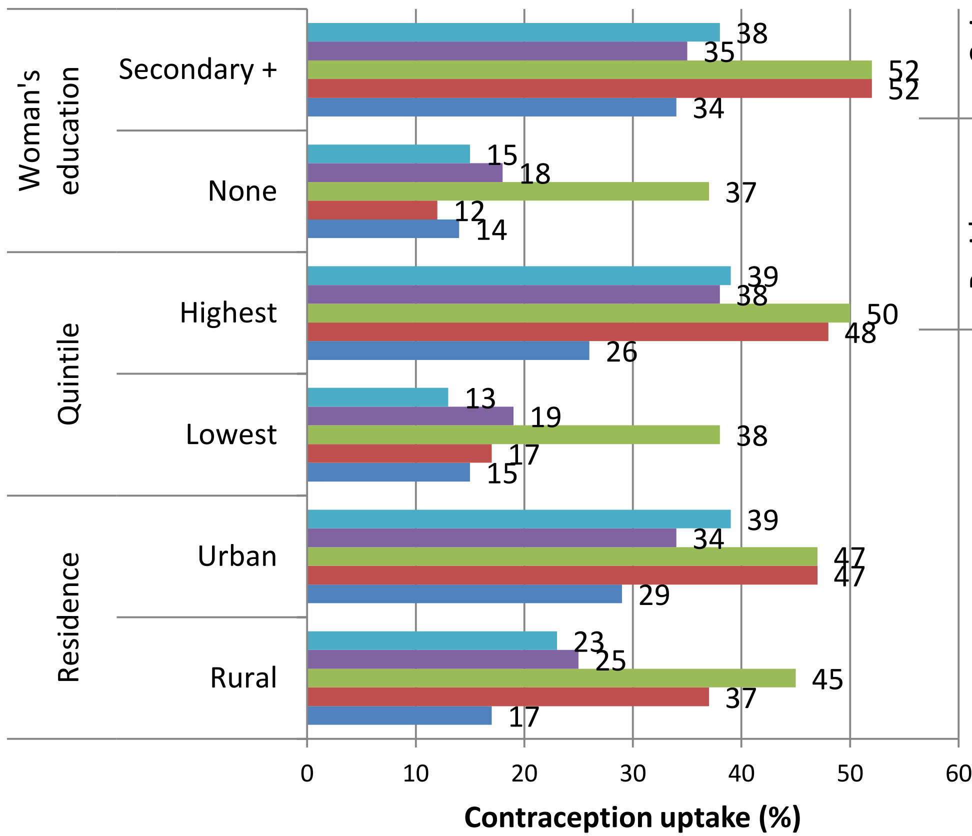
General health status data

Data show that South Sudan least developed of the EAC countries
Yet attainments commendable given youthfulness and on-going instability
EAC countries failing badly on maternal survival, despite championing professionally attended deliveries.

ANC visits and Contraception

- The MMR and IMR data above have a correlation to ANC visits
- Note the inequity against rural, low income uneducated women

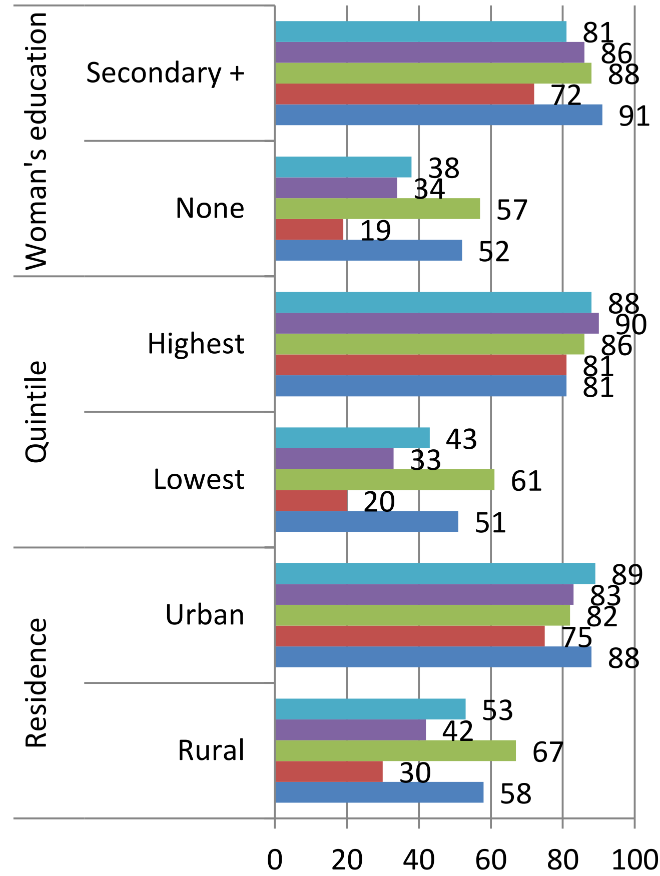




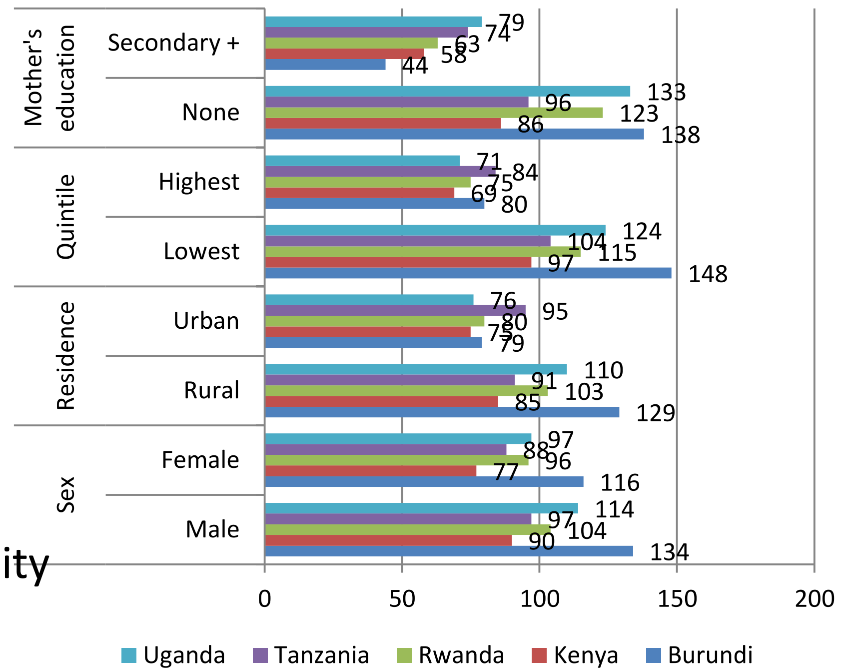
The same biases exist in contraception uptake

However, Kenya and Rwanda outperform the rest of EAC

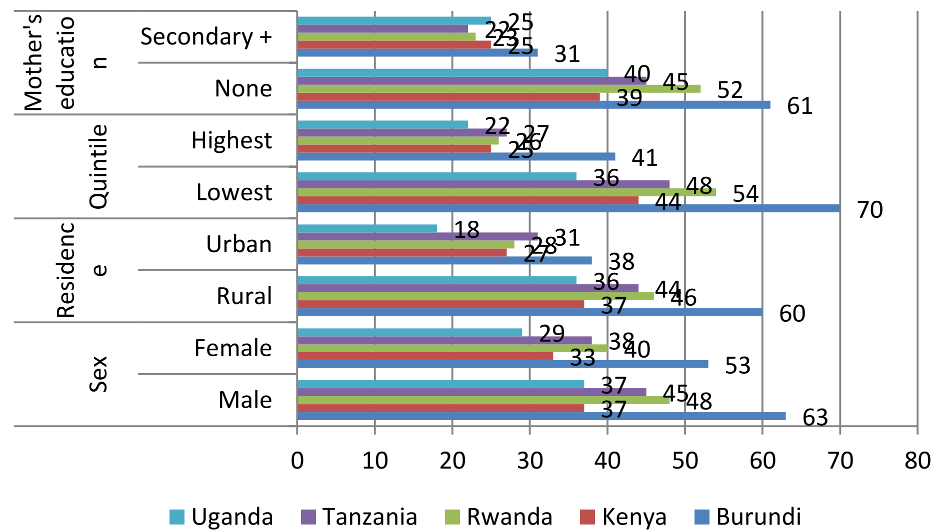
Professionally attended births

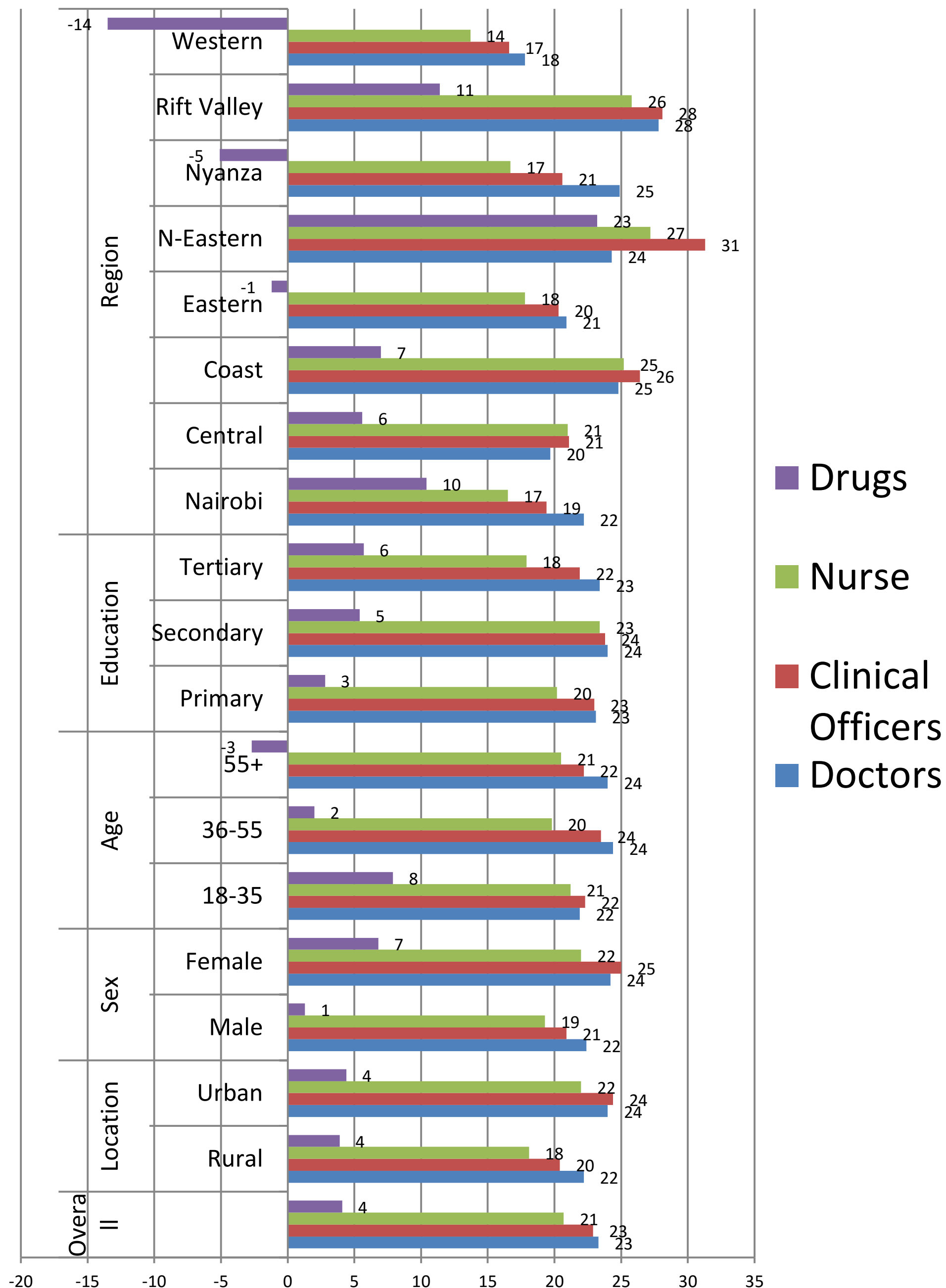


Under-5 mortality



Under-5 Stunting





- ❑Survey perceptions of health care delivery 3 years into Kenyan devolution

- ❑% declaring improved staff presence in duty stations ("always" or "often" on duty)…

- ❑But drugs worse off in some regions, and for age 55 + respondents

Discussion and Conclusions

- The need to improve data for cross-country and in-country analysis – to determine need
- Review national development plans and strategies, including sector strategies. The Visions 20XXs are to ‘westernised’, alienating local contexts
- In the context, a need to develop a serious political will to fight inequalities as a means of fighting poverty: what *national* resources can deliver?
- What is the optimal level of decentralisation?

Discussion and Conclusions

Education

- Need improved focus on the grassroots, i.e. pre-primary education, before turning to ‘basic education’, however defined
- Avail adequate resources to make what is done wholesome/comprehensive – avoid spreading resources too thin on the ground
- Early attention to skills, rather than just academia, for self reliance
- Priorities: classrooms, blackboards and desks before electricity and laptops
- Moderate attention to university education – a public university per county, when cannot staff existing ones

Discussions and Conclusions

Health

- Focus on primary health care
- Global programmes drive a global emphasis/focus: need to domesticate for efficiency. E.g. Kenya has yet to develop its own SDG framework
- Critical to shift from urban/hospital/curative care to more cost-effective rural based preventive and promotive care (Kenya's ambulances and Managed Medical Equipment Scheme)
- What s the appropriate focus of investment in health personnel training?