












Review Article

# From Policy to Practice: A Review of Africa's Public Health Policy

**Oche Joseph Otorkpa<sup>1,\*</sup> , Chinenye Oche Otorkpa<sup>2</sup> ,  
Onifade Adefunmilola Adebola<sup>3</sup> , Stephen Emmanuel<sup>4</sup> , Ahamed Adamu<sup>5</sup>,  
Ololade Esther Olaniyan<sup>6</sup> , Saizonou Zinsou Jacques<sup>7</sup> ,  
Okolo Martin Luther Oseni<sup>8</sup> , Abdirizak Mohamud Yusuf<sup>9</sup> ,  
Maman Laminou Ibrahim<sup>10</sup> , Zakariaou Njoumemi<sup>11</sup> , Ruhaima Issah Zorro<sup>12</sup> ,  
Francis Ngemba Kiese<sup>13</sup> , Abechi Andrew Alapa<sup>14</sup>, Dechasa Adare<sup>15</sup> ,  
Adamu Usman Musa<sup>16</sup>, Fatima Ahmed<sup>17</sup> **

<sup>1</sup>Public Health Nigeria, Abuja, Nigeria

<sup>2</sup>Department of Physiology, College of Health Sciences, Federal University, Lokoja, Nigeria

<sup>3</sup>Department of Family Medicine, Federal University Teaching Hospital, Lokoja, Nigeria

<sup>4</sup>Department of Biological Sciences, Taraba State University, Jalingo, Nigeria

<sup>5</sup>Department of Economics, Nile University of Nigeria, Abuja, Nigeria

<sup>6</sup>Department of Applied Statistics and Decision Analytics, Western Illinois University, Macomb, USA

<sup>7</sup>Department of Health Policies and Systems, Regional Institute of Public Health, University of Abomey-Calavi, Ouidah, Benin

<sup>8</sup>Department of Microbiology, Kogi State University, Ayangba, Nigeria

<sup>9</sup>Family Health Department, Federal Ministry of Health, Mogadishu, Somalia

<sup>10</sup>Parasitology and Medical Entomology Unit (UPEM), Center for Medical Research and Health (CERMES), Niamey, Niger Republic

<sup>11</sup>Department of Public Health, Faculty of Medicine and Biomedical Sciences, University of Yaounde I, Yaounde, Cameroon

<sup>12</sup>Department of Nursing and Midwifery, Faculty of Allied Health and Pharmaceutical Science, Tamale Technical University, Tamale, Ghana

<sup>13</sup>Tiva Insurance, Lusaka, Zambia

<sup>14</sup>Department of Sociology and Anthropology University of Nigeria, Nsukka, Nigeria

<sup>15</sup>Haramaya University, College of Health and Medical Sciences, Haramaya University, Dire Dawa, Ethiopia

<sup>16</sup>Department of Economics, Skyline University, Kano, Nigeria

<sup>17</sup>Department of International Health Management, College of Health Solutions, Arizona State University, Arizona, USA

\*Corresponding author: drochejoseph@gmail.com (Oche Joseph Otorkpa)

**Received:** 26 September 2023; **Accepted:** 20 March 2024; **Published:** 2 April 2024



Copyright: © The Author(s), 2023. Published by Science Publishing Group. This is an **Open Access** article, distributed under the terms of the Creative Commons Attribution 4.0 License (<http://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution and reproduction in any medium, provided the original work is properly cited.

## Abstract

Africa faces persistent health challenges, from infectious diseases to non-communicable illnesses, necessitating robust public health policies. However, the translation of these policies into effective practice remains a substantial challenge across the continent. This study employed a rigorous literature review, and policy analysis to shed light on the multifaceted factors impeding the successful transition from policy formulation to tangible health outcomes. Findings indicate that while Africa has made substantial progress in crafting health policies that align with global health goals, critical gaps persist in their execution. Major challenges include resource limitations, weak health infrastructure, insufficient capacity building, and complex socio-cultural dynamics that influence health behaviors and practices. In addition, bureaucratic hurdles, corruption, and lack of political will are identified as systemic barriers to policy implementation. The study highlights the need for adaptive and evidence-based policy making rigorous monitoring and evaluation mechanisms to track progress, and a multifaceted approach to bridge these gaps and address challenges. This includes strategic investments in healthcare infrastructure and workforce development, enhancing collaboration between governments and international partners, and fostering community engagement to ensure policies resonate with local contexts.

## Keywords

African Public Health Policies, Health Policy, Public Health Policy, Workforce, African People

## 1. Introduction

Public health policy is a dynamic and multidisciplinary field that encompasses a wide range of actions, regulations, and decisions aimed at improving the health and well-being of populations. It involves the integration of various sectors such as healthcare, education, agriculture, business, and more. At its core, public health policy seeks to achieve specific health goals by addressing a variety of factors that impact health outcomes. Public health policy is not confined to formal legislative processes; it extends to community-level initiatives, awareness campaigns, and collaborations among different stakeholders. Its multidisciplinary nature makes it a complex and evolving area, as it requires input from healthcare professionals, epidemiologists, economists, sociologists, policymakers, and researchers, among others. [1]

Africa is characterized by a diverse range of cultures, economies, and several health care systems which appear to be dysfunctional. [2] Public health policies are formulated to address a multitude of challenges, including high burden of infectious diseases, limited healthcare infrastructure, maternal and child health disparities, and emerging non-communicable diseases. On the continent these policies are influenced by socio-economic, political, and cultural factors, making the public health landscape in Africa unique and complex. [3]

In Africa, public health policy serves as a bridge between research and practical solutions, driving positive changes in population health. It encompasses a broad range of actions, from government pronouncement to community outreach efforts. With the involvement of international and national organizations, public health policies on the continent strive to address multifaceted health challenges, ultimately contrib-

uting to healthier and more equitable societies. [2, 4]

Prominent international and national organizations have a significant impact on shaping public health policy agenda across the African. The World Health Organization (WHO), leveraging on its global expertise and outreach, offers evidence-based guidance on health-related issues to all strata of government and institutions. Nevertheless, behind every positive or negative public health policy made by governments and institutions in Africa there exist leaders, elected representatives, political officials, journalists, and other relevant stakeholders either on the continent or miles away from it. [5]

## 2. Methodology

A comprehensive literature review was undertaken by searching various databases, including PubMed, Scopus, Google Scholar, and additional electronic resources, to identify articles and publications related to health policy in Africa using relevant search terms like “Public Health Policy in Africa”, “African health policy”, “Policy implementation in Africa”, “Public Health policy”, and “health policy documents”. The search also encompassed grey literature, reports, and governmental and developmental partner policy and planning documents. The identified references were thoroughly examined to extract, analyze, organize, and report the research findings.

### 2.1. Eligibility Criteria

A pre-specified set of criteria was applied for the selection

process of available studies. Articles published between 2000 and 2023 were included to provide a contemporary overview of public health policies in Africa.

## 2.2. Exclusion Criteria

Studies conducted in developed countries without an African context were excluded. In addition letters to the editor as well as editorial comments were also excluded.

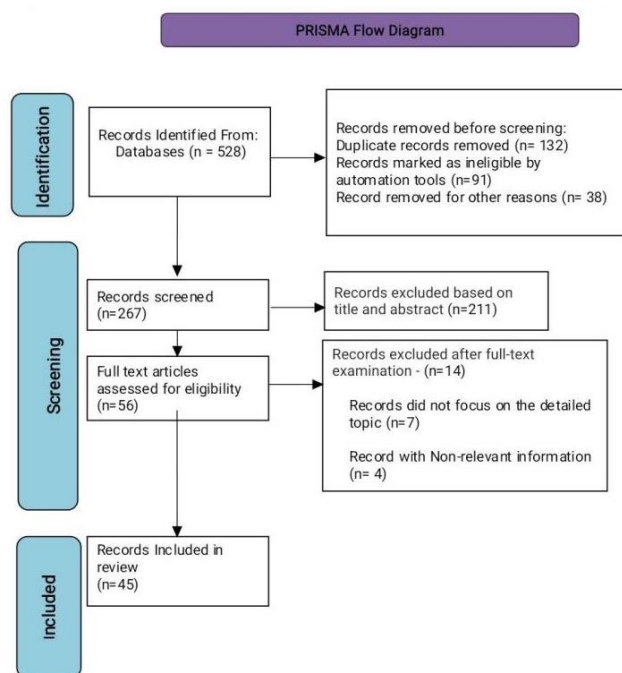


Figure 1. PRISMA Flow Diagram.

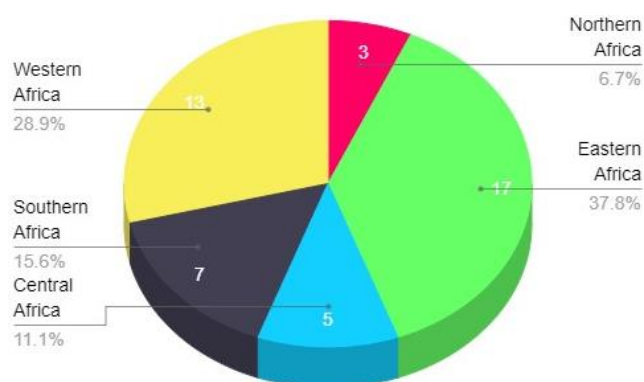


Figure 2. Pie chart showing the sub-regional distribution of records.

## 3. Public Health Policy Implementation in Africa

There has never been shortage of excellent health policies in Africa, in fact public health policy documents on Africa are some of the richest encompassing the "what" and "how" of pro-

pell health advancement throughout the region. These documents were supposed to serve as reservoirs of knowledge, offering comprehensive insights into the precise interventions, methodologies, and collaborative frameworks required to catalyze tangible and sustainable improvements in the health and well-being of the diverse African populations.

## 4. Infectious Diseases Policies

Infectious diseases exert a substantial burden on Africa, with conditions such as HIV/AIDS, malaria, and tuberculosis persistently posing significant challenges to public health. [6, 7] These diseases have wide-ranging impacts on communities, economies, and overall societal well-being. In response to these challenges, African nations have enacted a series of policies aimed at comprehensive prevention, early diagnosis, and effective treatment strategies. [8]

The continent has made significant progress in developing policies that address various aspects of the HIV/AIDS epidemic. National and regional policies encompass prevention measures such as comprehensive sexual education, condom distribution, and promoting safe practices. These policies also emphasize the importance of access to antiretroviral therapy (ART) for those living with HIV/AIDS. The Joint United Nations Programme on HIV/AIDS (UNAIDS) has played an instrumental role in influencing policies related to HIV/AIDS awareness, prevention, and treatment. However, some HIV/AIDS policies enacted by African state bureaucracies promoting traditional remedies and healthy eating in place of antiretroviral therapy as the dominant policy approach resulted in deadly consequences. [9-11] Nevertheless, collaborative efforts between governments, non-governmental organizations, and international agencies have contributed to the development of targeted interventions and strategies to curb the spread of the virus and improve the quality of life for individuals living with HIV.

Malaria remains a leading cause of morbidity and mortality in Africa, particularly among children under the age of five. [12] Policies aimed at combating malaria involve a multifaceted approach that includes insecticide-treated bed nets, indoor residual spraying, and effective diagnosis and treatment. [13] The Roll Back Malaria initiative, a global partnership, has played a crucial role in shaping policies that prioritize malaria prevention and control. [14, 15] This initiative has encouraged the distribution of bed nets, improved diagnostic methods, and the use of artemisinin-based combination therapies (ACTs) to ensure prompt and effective treatment. National malaria control programs, often in collaboration with international organizations, have worked to tailor these policies to the specific challenges faced by individual countries and regions. [16]

Tuberculosis (TB) continues to pose a significant public health challenge in Africa, with high rates of both drug-susceptible and drug-resistant TB cases. Public health policies targeting TB focus on early detection through im-

proved diagnostic techniques, appropriate treatment regimens, and strategies to prevent the development of drug resistance. [17-19] Efforts are also directed toward addressing co-infections, such as HIV/TB co-infection, which exacerbate the impact of both diseases. Collaborative initiatives between governments, international organizations, and non-profit entities have been forged with aim of strengthening healthcare systems and enhancing laboratory capacities to ensure that adequate treatment and care are accessible to all affected individuals. [20]

## 5. Maternal and Child Health Policies

Maternal and child health remains a critical concern across many African countries, by 2030, it is projected that 390 maternal deaths per 100,000 live births will occur in sub-Saharan Africa due to childbirth-related complications. [21] Addressing these challenges has prompted the development and evolution of public health policies that specifically target maternal and child well-being. In Africa, maternal mortality rates often reflect the complex interplay of social, economic, and healthcare system factors. Policies directed at improving maternal health focus on increasing access to quality antenatal care, skilled birth attendance, and emergency obstetric care. These policies recognize the importance of early detection and management of pregnancy-related complications, ensuring that mothers receive appropriate medical attention during childbirth, and addressing postpartum health concerns. They also emphasize the importance of promoting maternal health education and empowering women to make informed decisions about their reproductive health. [22-24] Maternal and child health policies on the continent are designed to enhance various aspects of healthcare access, quality, and awareness to ensure safer pregnancies, childbirths, and early childhood development.

In Kenya, the progress made by the Reproductive, Maternal, Newborn, and Child Health (RMNCH) in Kenya with the concerted efforts from the Kenyan government, international organizations, non-governmental organizations, and various stakeholders has led to notable improvements in key health indicators related to reproductive health, maternal health, newborn care, and child health. This is similar to the Free Maternal Health Care Policy (FMHCP) in Ghana which involves enrolling all pregnant women in the country onto the National Health Insurance Scheme at no cost. However, unlike in Ghana, improvements have been inconsistent over the past two decades. [23] A systematic review of the effect of the Maternal, Newborn, and Child Health (MNCH) interventions implemented in Nigeria from 1990 to 2014 indicated a downward trend of maternal and child mortality cases in Nigeria. [25] Health policies in Egypt has also resulted in significant reduction of both maternal and neonatal mortality rates. However, the high prevalence of substandard care has continues to plague the healthcare system resulting avoidable maternal deaths. [26]

The High child mortality rates in Africa underscore the need for policies that address both prevention and treatment of childhood illnesses. Policies targeting child health prioritize immunization coverage to protect children against preventable diseases, as well as strategies to address malnutrition and improve access to clean water and sanitation. These policies often involve partnerships between governmental agencies, non-governmental organizations, and international entities to create comprehensive approaches to child health. [27]

One noteworthy initiative that exemplifies collaborative efforts to address maternal and child health challenges is the African Union's Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA). This initiative seeks to raise awareness, advocate for policy changes, and promote interventions that contribute to the reduction of maternal mortality. CARMMA focuses on enhancing maternal health services, improving access to family planning, and strengthening the overall healthcare infrastructure. The initiative which has resulted in some good progress emphasizes the importance of multi-sectoral collaboration, involving governments, healthcare providers, civil society, and international partners to create sustainable improvements in maternal and child health outcomes. [27-29]

## 6. Non-Communicable Diseases Policies

The increasing prevalence of non-communicable diseases (NCDs) in Africa is attributed to shifting lifestyles and rapid urbanization. As communities transition from traditional ways of living to more urban and sedentary lifestyles, the incidence of NCDs such as cardiovascular diseases, diabetes, and certain cancers has surged. In response to this emerging health challenge, governments in Africa are adopting policies designed to mitigate the impact of NCDs and promote healthier living. Governments across the continent are recognizing the urgent need to address NCDs through comprehensive policies that target risk factors and promote preventive measures. These policies focus on three primary areas: tobacco control, promotion of healthy diets, and increased physical activity. [30]

Tobacco consumption is a major risk factor for many NCDs, including heart disease and various cancers. Governments are taking proactive measures to curb tobacco use through policies that include price regulations, taxation, public awareness campaigns, and stringent regulations on advertising and packaging. Studies have shown that a percentage increase in tobacco price is linked to a reduction in smoking prevalence by between 0.11 to 0.14%. Similarly, an increase in tobacco tax by a percentage results in a decrease in smoking prevalence by a range of 0.25% to 0.36%. [31, 32]

Available data indicates the following countries have the highest prevalence of smoking rates in Africa they include: Seychelles with 22%, Mauritius with 22%, Namibia with 21%, South Africa with 20%, Republic of the Congo with 20%, and Botswana with the lowest top rate of 19%. In terms of tobacco



taxation, the countries with the highest rates of taxation on tobacco on the African continent are Mauritius with 72%, Seychelles with 71%, Kenya with 52%, Botswana with 52%, South Africa with 49%, and Algeria with 48% tax. Moreover, the countries with the most elevated tobacco prices in Africa at (in international dollars at PPP) are Seychelles fixed at 11.276, Mauritius 6.745, Botswana 6.739, Namibia 6.427, South Africa 5.725, and Cape Verde with a price of 3.794. [31]

The World Health Organization's Framework Convention on Tobacco Control (FCTC) has played a pivotal role in influencing anti-smoking policies in many African countries. By adopting measures that restrict tobacco marketing and discourage smoking, these policies aim to reduce tobacco-related illnesses and improve overall public health. [33]

Furthermore, unhealthy dietary habits, characterized by the consumption of toxic local delicacies, processed foods high in salt, sugar, and unhealthy fats, contribute significantly to the rise of NCDs. [34] Policies targeting healthy diets on the continent emphasize the importance of promoting consumption of fruits, local vegetables, whole grains, and lean proteins. Some governments are implementing initiatives to improve consumption of nutritious local staple foods, limit the availability of unhealthy foods in schools, and encourage the food industry to reformulate products to meet healthier standards. [35]

Because sedentary lifestyles resulting from urbanization and modernization contribute to NCDs. Policies promoting increased physical activity aim to create environments that encourage walking, cycling, and active transportation. These policies often involve urban planning that prioritizes safe and accessible spaces for physical activity, as well as campaigns that raise awareness about the importance of regular exercise for health. Successful NCD policies in Africa often involve collaboration with communities, civil society, and private sector stakeholders. Engaging with local populations to understand cultural norms and barriers to adopting healthier behaviors is essential for effective policy implementation. [36]

## 7. Healthcare Infrastructure Policies

The establishment of robust healthcare infrastructure is indispensable for the effective delivery of public health services. Policies aimed at enhancing healthcare infrastructure encompass a comprehensive approach that includes physical facilities, medical equipment, trained personnel, and efficient systems for healthcare delivery. In Africa, where diverse healthcare challenges exist, these policies are crucial for ensuring that quality healthcare is accessible to all. Governments and organizations are focusing on policies that prioritize the improvement of healthcare facilities, including hospitals, clinics, and diagnostic centers. Investments in infrastructure upgrades not only enhance the capacity for medical treatment but also contribute to the overall improvement of

healthcare systems. Constructing new medical facilities holds greater political appeal for both national policymakers and donors, as these establishments embody notions of advancement, improved services, and the fostering of national unity. [37]

The Abuja Declaration, a landmark agreement adopted by African heads of state in 2001, called for allocating at least 15% of national budgets to healthcare. This declaration has driven policy efforts to enhance healthcare access and improve infrastructure by increasing health financing. Governments and international partners have been working to align financial resources with healthcare needs, aiming to expand the scope and quality of healthcare services available to citizens. However, the execution of the Abuja declaration has been poor across the continent, but has yielded a range of outcomes, including positive results that have the potential for broader application, as well as challenges that offer valuable insights for enhancing future efforts. [38]

## 8. Health Promotion Policies

Health promotion policies in Africa are designed to empower communities to take an active role in their own health and well-being. These policies recognize the significance of community engagement, education, and preventive measures in achieving better health outcomes. By fostering partnerships between healthcare professionals, local leaders, and community members, these policies aim to create a holistic approach to public health. Policies that emphasize community engagement acknowledge the unique cultural contexts and social dynamics within African communities. These policies encourage active participation in health-related decision-making, planning, and implementation. By involving community members in identifying health priorities and designing interventions, these policies ensure that solutions are culturally appropriate, locally relevant, and more likely to be effective. [39]

Health promotion policies place a strong emphasis on health education, particularly in the context of preventive measures and lifestyle changes. These policies strive to increase awareness and knowledge about various health issues, ranging from hygiene practices and nutrition to recognizing signs of diseases. Health education campaigns utilize various communication channels, including local media, community meetings, and digital platforms, to reach diverse audiences and disseminate accurate health information. Efforts to combat diseases like Ebola have underscored the vital role of effective communication strategies in public health. [40]

Policies in Africa prioritize clear and culturally sensitive communication to disseminate accurate information about disease outbreaks, prevention measures, and available healthcare services. These strategies leverage a combination of traditional and modern communication tools to reach both urban and rural populations. [41]

Preventing the spread of diseases is a critical focus of health promotion policies. These policies advocate for vaccination campaigns, early detection of illnesses, and the adoption of healthy behaviors. They underscore the importance of regular health screenings, immunizations, and practicing good hygiene to reduce the risk of disease transmission. Yet Africa still needs a fresh public health framework that can foster resilience, facilitate adaptation, and effectively manage the disease threats of the 21st century. [42]

## 9. Gaps and Challenges of Public Health Policy Implementation in Africa

Despite the presence of well-crafted and comprehensive public health policies in Africa, the actual implementation of these policies often encounters significant gaps and challenges. These obstacles arise from a complex interplay of socio-economic, political, infrastructural, and cultural factors, impeding the translation of policy intentions into tangible health improvements. This section delves into the prominent gaps and challenges that undermine effective public health policy implementation across the continent.

Healthcare systems across Africa continue to grapple with neglect and insufficient funding, resulting in profound difficulties that extend across the six fundamental pillars of healthcare delivery as outlined by the World Health Organization (WHO). [43] Insufficient funding remains a recurring hindrance to policy implementation, affecting various aspects such as healthcare infrastructure development, human resource capacity, and access to essential medicines. Limited financial resources often lead to compromised service delivery and hinder the attainment of policy objectives. [44]

In many regions of Africa, inadequate healthcare infrastructure presents a formidable barrier to policy execution. [45] Inconsistent availability of well-equipped facilities, medical supplies, and essential technologies undermines the provision of quality healthcare services and impacts the effectiveness of policy implementation. [46]

A shortage of trained healthcare professionals, including doctors, nurses, and technicians, continues to challenge policy implementation efforts. This has been further complicated by the growing problem of the mass exodus of health professionals to developed countries. The inadequacy of motivated skilled personnel hampers the delivery of comprehensive healthcare services, particularly in remote and under-served areas. [47-49]

Cultural beliefs, traditional practices, and societal norms is another major hindrance to the adoption of health-promoting behaviors and interventions outlined in policies. [50] Uneven access to health information and education also impedes the dissemination of policy recommendations among populations. Communication gaps often result from low literacy rates, language barriers, and limited dissemination channels, hindering the understanding and adoption of health-promoting

behaviors. [51, 52] In addition, the absence of seamless coordination among different levels of government and various stakeholders can lead to policy fragmentation. This lack of synchronization often results in conflicting priorities, inefficient resource allocation, and disjointed implementation efforts. [53, 43] Furthermore, endemic political instability and corruption often undermine the effective implementation of health policies in Africa. Changes in leadership and misapplication of resources disrupt continuity and divert funds from critical health initiatives. [54, 43, 55]

Rural-urban divides and inequalities in healthcare access is another challenge that exacerbate policy implementation challenges. Remote areas often face difficulties in accessing services, resulting in disparities in health outcomes and hindered policy impact [56, 57]. Furthermore, inadequate monitoring and evaluation mechanisms weaken the ability to track policy progress, measure outcomes, and identify areas needing adjustments which are critical for evidence-based policy refinement. [58]

The influence of external factors, including international aid and donor priorities also impact the design and implementation of domestic health policies in Africa, this phenomenon is particularly evident in nations such as Somalia, where the funding and execution of healthcare system policies heavily rely on external donor support. [59] Studies have shown that aligning global health initiatives with national goals and tailoring interventions to local contexts can be challenging. [60]

## 10. Discussion

Studies have shown that national and regional HIV/AIDS policies such as comprehensive sexual education, condom distribution, and promoting safe practices have yielded very good results [61] South Africa with the largest HIV epidemic on the continent and in the world has seen improved policy making on HIV/ AIDS and witnessed a corresponding impact in the reduction of the prevalence of the disease. [62, 63] In contrast studies have also shown that despite the progress made in prevention and treatment initiatives, the HIV/AIDS remains widespread, and the African continent continues to bear the major brunt of its impact. [64]. Africa is still listed as the continent with has the highest TB prevalence with a high level of TB/HIV co morbidity. [65].

Many African countries have made significant progress in reducing infant and maternal mortality over the last decade, primarily through endeavors such as the Free Maternal Care Policy, Community-based Health Planning Services, and the National Health Insurance Policy. [66] Available data indicates that evidence based policies and practices adopted to improve maternal and child health are yielding results with interventions such as, social media mobile apps, SMS text messaging, web-based applications, social media and movies facilitating improved access to information. [67] However, limited access to maternal health facilities in Africa

remains a major challenge leading to increased prevalence of maternal mortality on the continent. [68]

In the area of Non-communicable diseases policies, a systematic review of noncommunicable diseases prevention policies and their implementation in Africa revealed inadequate development of policies related to non-communicable diseases (NCDs), poor policy implementation, absence of equitable policies to address NCDs, and insufficient data collection on the prevalence, morbidity, and mortality of NCDs. [69] The continent is also off track in achieving the NCDs prevention targets by the set deadlines. [70]

Nevertheless, Africa appears to be making some progress on the development NCD prevention policy, studies have reported some progress in the development of NCD prevention policies in Kenya, South Africa, Cameroon, Nigeria and Malawi, but it remains slow and uneven. [36]

The African development Bank Strategy for Quality Health Infrastructure in Africa 2022-2030 (SQHIA) is set play a major role in addressing the continent's health infrastructure deficits with government across regions embracing its core initiatives. [71] According to the World Health Organization, African countries have also made progress in improving access to health services. Between 2000 and 2019, the number of countries achieving "medium coverage" (over 40%) on the universal health coverage index rose significantly from three out of 47 countries to 35. [72] However, across the continent, health infrastructure is unevenly distributed, with major gaps in the coverage of rural areas and often of poor quality. A third of Africans live more than two hours away from health services, and there are severe shortages of hospital beds, medical equipment, and drugs. Only 51% of primary health facilities in sub-Saharan Africa have access to basic water and sanitation services, and only a third have access to reliable electricity. [73-75].

In Africa, health promotion policies have consistently prioritized the well-being of the population, even in the face of corruption and limited financial resources on the continent. Despite financial constraints, significant progress has been achieved in critical areas such as combating HIV/AIDS, controlling TB, addressing female genital mutilation, combating gender-based violence, promoting breastfeeding, and reducing maternal and under-5 mortality rates [76-78] However, studies have reported several deficiencies in the health promotion workforce structure, policies, as well as managerial supervision and monitoring. [79]

## 11. Conclusion

African countries have come a long way in the conception, development, enactment and implementation of public health policies to combat its multifaceted challenges in the health sector. [80] Major policy strides are evident across the continent. However, the translation of these policies into effective practice remains a substantial challenge.

The implementation of health policies on the continent is

bedeviled by resource limitations, weak health infrastructure, insufficient capacity building, and complex socio-cultural dynamics that influence health behaviors and practices. Furthermore, bureaucratic hurdles, corruption, and lack of political will combine to create systemic barriers to policy implementation.

There is an urgent need for adaptive and evidence-based policy making, rigorous monitoring and evaluation mechanisms to track progress, and a multifaceted approach to bridge gaps and address challenges. This includes strategic investments in healthcare infrastructure and workforce development, enhancing collaboration between governments and international partners, and fostering community engagement to ensure health policies in its true meaning resonate with local contexts.

## Funding

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

## Conflicts of Interest

The authors declare no conflicts of interest.

## References

- [1] *Public health policy: Definition, examples, and more*. Columbia University Mailman School of Public Health. (2022, October 3). <https://www.publichealth.columbia.edu/news/public-health-policy-definition-examples-more>
- [2] Azevedo, M. J., & Azevedo, M. J. (2017). Public health in Africa: Theoretical framework. *Historical Perspectives on the State of Health and Health Systems in Africa, Volume I: The Pre-Colonial and Colonial Eras*, 1-77.
- [3] Katoue, M. G., Cerda, A. A., Garc ía, L. Y., & Jakovljevic, M. (2022). Healthcare system development in the Middle East and North Africa region: Challenges, endeavors and prospective opportunities. *Frontiers in public health*, 10, 4937.
- [4] Vearey, J., Luginaah, I., Magitta, N. W. F., Shilla, D. J., & Oni, T. (2019). Urban health in Africa: a critical global public health priority. *BMC public health*, 19(1), 1-4.
- [5] Ruger, J. P., & Yach, D. (2009). The global role of the World Health Organization. *Global health governance: the scholarly journal for the new health security paradigm*, 2(2), 1.
- [6] Boutayeb, A. (2010). The impact of infectious diseases on the development of Africa. *Handbook of disease burdens and quality of life measures*, 1171.
- [7] National Academies of Sciences, Engineering, and Medicine. (2017). Addressing continuous threats: HIV/AIDS, Tuberculosis, and Malaria. *Global health and the future role of the United States*.

- [8] Church, K., Kiweewa, F., Dasgupta, A., Mwangome, M., Mpandaguta, E., G3mez-Oliv3 F. X.,... & Zaba, B. (2015). A comparative analysis of national HIV policies in six African countries with generalized epidemics. *Bulletin of the World Health Organization*, 93, 457-467.
- [9] Van de Ruit, C. (2020). HIV/AIDS politics and policy in sub-Saharan Africa. In *Oxford research encyclopedia of politics*.
- [10] Mills, E., Cooper, C., & Kanfer, I. (2005). Traditional African medicine in the treatment of HIV. *The Lancet Infectious Diseases*, 5(8), 465-467.
- [11] *The cost of South Africa's misguided AIDS policies*. (2014, February 19). News. <https://www.hsph.harvard.edu/news/magazine/spr09aids/>
- [12] Roberts, D., & Matthews, G. (2016). Risk factors of malaria in children under the age of five years old in Uganda. *Malaria journal*, 15(1), 1-11.
- [13] Nalinya, S., Musoke, D., & Deane, K. (2022). Malaria prevention interventions beyond long-lasting insecticidal nets and indoor residual spraying in low-and middle-income countries: a scoping review. *Malaria journal*, 21(1), 1-13.
- [14] Feachem, Sir Richard. "Roll Back Malaria: an historical footnote." *Malaria Journal* 17 (2018): 1-3.
- [15] Narasimhan, V., & Attaran, A. (2003). Roll back malaria? The scarcity of international aid for malaria control. *Malaria Journal*, 2(1), 1-8.
- [16] Akoria, O. A., & Arhuidese, I. J. (2014). Progress toward elimination of malaria in Nigeria: Uptake of artemisinin. based combination therapies for the treatment of malaria in households in Benin City. *Annals of African medicine*, 13(3), 104-113.
- [17] Jamison, D. T., Breman, J. G., Measham, A. R., Alleyne, G., Claeson, M., Evans, D. B.,... & Musgrove, P. (Eds.). (2006). Disease control priorities in developing countries.
- [18] Knight, G. M., Dodd, P. J., Grant, A. D., Fielding, K. L., Churchyard, G. J., & White, R. G. (2015). Tuberculosis prevention in South Africa. *PLoS One*, 10(4), e0122514.
- [19] Ogbuabor, D. C., & Onwujekwe, O. E. (2019). Governance of tuberculosis control programme in Nigeria. *Infectious diseases of poverty*, 8, 1-11.
- [20] Audu, A. M., Otokpa, O. J., & Eniola, O. L. Prevalence of Mycobacterium Tuberculosis and Dermatophytes Co-Infection in Human Immunodeficiency Virus (HIV) Patients.
- [21] Onambele, L., Ortega-Leon, W., Guillen-Aguinaga, S., Forjaz, M. J., Yoseph, A., Guillen-Aguinaga, L.,... & Guillen-Grima, F. (2022). Maternal Mortality in Africa: Regional Trends (2000–2017). *International Journal of Environmental Research and Public Health*, 19(20), 13146.
- [22] Ogbuabor, D. C., & Onwujekwe, O. E. (2018). Implementation of free maternal and child healthcare policies: assessment of influence of context and institutional capacity of health facilities in South-east Nigeria. *Global health action*, 11(1), 1535031.
- [23] Keats, E. C., Ngugi, A., Macharia, W., Akseer, N., Khaemba, E. N., Bhatti, Z.,... & Bhutta, Z. A. (2017). Progress and priorities for reproductive, maternal, newborn, and child health in Kenya: a countdown to 2015 country case study. *The Lancet Global Health*, 5(8), e782-e795.
- [24] Rono, J., Kamau, L., Mangwana, J., Waruguru, J., Aluoch, P., & Njoroge, M. (2022). A policy analysis of policies and strategic plans on Maternal, Newborn and Child Health in Ethiopia. *International journal for equity in health*, 21(1), 73.
- [25] Kana, M. A., Doctor, H. V., Peleteiro, B., Lunet, N., & Barros, H. (2015). Maternal and child health interventions in Nigeria: a systematic review of published studies from 1990 to 2014. *BMC public Health*, 15(1), 1-12.
- [26] Pugliese-Garcia, M., Radovich, E., Campbell, O. M., Hasanein, N., Khalil, K., & Benova, L. (2020). Childbirth care in Egypt: a repeat cross-sectional analysis using Demographic and Health Surveys between 1995 and 2014 examining use of care, provider mix and immediate postpartum care content. *BMC pregnancy and childbirth*, 20(1), 1-14.
- [27] ten Hoop-Bender, P., Martin Hilber, A., Nove, A., Bandali, S., Nam, S., Armstrong, C.,... & Hulton, L. (2016). Using advocacy and data to strengthen political accountability in maternal and newborn health in Africa. *International Journal of Gynecology & Obstetrics*, 135(3), 358-364.
- [28] Serbanescu, F., Goldberg, H. I., Danel, I., Wuhib, T., Marum, L., Obiero, W.,... & Conlon, C. M. (2017). Rapid reduction of maternal mortality in Uganda and Zambia through the saving mothers, giving life initiative: results of year 1 evaluation. *BMC pregnancy and childbirth*, 17(1), 1-14.
- [29] Gurusamy, P. S. R., & Janagaraj, P. D. (2018). A success story: the burden of maternal, neonatal and childhood mortality in Rwanda-critical appraisal of interventions and recommendations for the future. *African journal of reproductive health*, 22(2), 9-16.
- [30] Nganabashaka, J. P., Ntawuyirushintege, S., Niyibizi, J. B., Umwali, G., Bavuma, C. M., Byiringiro, J. C.,... & Tumusiime, D. K. (2022). Population-Level Interventions Targeting Risk Factors for Hypertension and Diabetes in Rwanda: A Situational Analysis. *Frontiers in Public Health*, 10, 882033.
- [31] Immurana, M., Boachie, M. K., & Iddrisu, A. A. (2021). The effects of tobacco taxation and pricing on the prevalence of smoking in Africa. *Global Health Research and Policy*, 6(1), 1-10.
- [32] Bader, P., Boisclair, D., & Ferrence, R. (2011). Effects of tobacco taxation and pricing on smoking behavior in high risk populations: a knowledge synthesis. *International journal of environmental research and public health*, 8(11), 4118-4139.
- [33] Wisdom, J. P., Juma, P., Mwagomba, B., Ndinda, C., Mapa-Tassou, C., Assah, F.,... & Kyobutungi, C. (2018). Influence of the WHO framework convention on tobacco control on tobacco legislation and policies in sub-Saharan Africa. *BMC Public Health*, 18(1), 1-10.



- [34] Olatona, F. A., Onabanjo, O. O., Ugbaja, R. N., Nnoaham, K. E., & Adelekan, D. A. (2018). Dietary habits and metabolic risk factors for non-communicable diseases in a university undergraduate population. *Journal of health, population and nutrition*, 37, 1-9.
- [35] Booth, A., Barnes, A., Laar, A., Akparibo, R., Graham, F., Bash, K.,... & Holdsworth, M. (2021). Policy action within urban African food systems to promote healthy food consumption: a realist synthesis in Ghana and Kenya. *International journal of health policy and management*, 10(Special Issue on Political Economy of Food Systems), 828-844.
- [36] Juma, P. A., Mohamed, S. F., Matanje Mwangomba, B. L., Ndinda, C., Mapa-Tassou, C., Oluwasanu, M.,... & Mbanya, J. C. (2018). Non-communicable disease prevention policy process in five African countries authors. *BMC public health*, 18(1), 1-12.
- [37] Chabrol, F., Albert, L., & Ridde, V. (2019). 40 years after Alma-Ata, is building new hospitals in low-income and lower-middle-income countries beneficial?. *BMJ Global Health*, 3(Suppl 3), e001293.
- [38] Kango, M. (2018). Sustainable financing to fight HIV/AIDS, TB and malaria: lessons learned from the African Union's Abuja Declaration. *MalariaWorld journal*, 9.
- [39] Hou éto, D., & Valentini, H. (2014). Health promotion in Africa: history and prospects. *Sant épublique*, (HS), 9-20.
- [40] Nyamwaya, D. (2003). Health promotion in Africa: strategies, players, challenges and prospects. *Health Promotion International*, 18(2), 85-87.
- [41] Buseh, A. G., Stevens, P. E., Bromberg, M., & Kelber, S. T. (2015). The Ebola epidemic in West Africa: Challenges, opportunities, and policy priority areas. *Nursing Outlook*, 63(1), 30-40.
- [42] Nkengasong, J. N., & Tessema, S. K. (2020). Africa needs a new public health order to tackle infectious disease threats. *Cell*, 183(2), 296-300.
- [43] Oleribe, O. O., Momoh, J., Uzochukwu, B. S., Mbofana, F., Adebisi, A., Barbera, T.,... & Taylor-Robinson, S. D. (2019). Identifying key challenges facing healthcare systems in Africa and potential solutions. *International journal of general medicine*, 395-403.
- [44] Azevedo, M. J., & Azevedo, M. J. (2017). The state of health system (s) in Africa: challenges and opportunities. *Historical perspectives on the state of health and health systems in Africa, volume II: the modern era*, 1-73.
- [45] Bakibinga, P., Kisia, L., Atela, M., Kibe, P. M., Kabaria, C., Kisiangani, I., & Kyobutungi, C. (2022). Demand and supply-side barriers and opportunities to enhance access to healthcare for urban poor populations in Kenya: a qualitative study. *BMJ open*, 12(5), e057484.
- [46] Akhlaq, A., McKinstry, B., Muhammad, K. B., & Sheikh, A. (2016). Barriers and facilitators to health information exchange in low-and middle-income country settings: a systematic review. *Health policy and planning*, 31(9), 1310-1325.
- [47] Clemens, M. A., & Pettersson, G. (2008). New data on African health professionals abroad. *Human Resources for Health*, 6(1), 1-11.
- [48] Raufu, A. (2002). Nigerian health authorities worry over exodus of doctors and nurses. *BMJ*, 325(7355), 65.
- [49] Duvivier, R. J., Burch, V. C., & Boulet, J. R. (2017). A comparison of physician emigration from Africa to the United States of America between 2005 and 2015. *Human resources for health*, 15, 1-12.
- [50] Ros á, I. (2015). The impact of culture on health: A study of risk perception on unhealthy lifestyles in Babati town, Tanzania.
- [51] Govender, R. D. (2005). The barriers and challenges to Health Promotion in Africa. *South African Family Practice*, 47(10), 39-42.
- [52] Ensor, T., & Cooper, S. (2004). Overcoming barriers to health service access: influencing the demand side. *Health policy and planning*, 19(2), 69-79.
- [53] Ibeneme, S., Ukor, N., Ongom, M., Dasa, T., Muneene, D., & Okeibunor, J. (2020, July). Strengthening capacities among digital health leaders for the development and implementation of national digital health programs in Nigeria. In *BMC proceedings* (Vol. 14, No. 10, pp. 1-12). BioMed Central.
- [54] Ndokang, E. L. I., & Tsambou, A. D. (2015). Political instability in a country and health state in another country: the case of Central African Republic (CAR) and Cameroon using a mortality model. *International Journal of Development and Management Review*, 10(1), 13-29.
- [55] Cook, C. T., & Kalu, K. (2008). The political economy of health policy in Sub-Saharan Africa. *Med. & L.*, 27, 29.
- [56] Nwankwo, O. N., Ugwu, C. I., Nwankwo, G. I., Akpoke, M. A., Anyigor, C., Obi-Nwankwo, U.,... & Spicer, N. (2022). A qualitative inquiry of rural-urban inequalities in the distribution and retention of healthcare workers in southern Nigeria. *Plos one*, 17(3), e0266159.
- [57] Samuel, O., Zewotir, T., & North, D. (2021). Decomposing the urban-rural inequalities in the utilisation of maternal health care services: evidence from 27 selected countries in Sub-Saharan Africa. *Reproductive Health*, 18(1), 1-12.
- [58] Sombi é I., Aidam, J., & Montorzi, G. (2017). Evaluation of regional project to strengthen national health research systems in four countries in West Africa: lessons learned. *Health research policy and systems*, 15(1), 89-99.
- [59] Dodlova, M. (2020). International Donors and Social Policy Diffusion in the Global South. *From Colonialism to International Aid: External Actors and Social Protection in the Global South*, 189-220.
- [60] Ejughemre, U. (2013). Donor support and the impacts on health system strengthening in sub-saharan africa: assessing the evidence through a review of the literature. *Am J Public Health Res*, 1(7), 146-51.

- [61] Allen, T., & Heald, S. (2004). HIV/AIDS policy in Africa: what has worked in Uganda and what has failed in Botswana?. *Journal of International Development: The Journal of the Development Studies Association*, 16(8), 1141-1154.
- [62] Pillay, Y., & Johnson, L. (2021). World AIDS Day 2020: Reflections on global and South African progress and continuing challenges. *Southern African journal of HIV medicine*, 22(1).
- [63] Van Schalkwyk, C., Dorrington, R. E., Seatlhodi, T., Velasquez, C., Feizzadeh, A., & Johnson, L. F. (2021). Modelling of HIV prevention and treatment progress in five South African metropolitan districts. *Scientific reports*, 11(1), 5652.
- [64] González-Alcaide, G., Menchi-Elanzi, M., Nacarapa, E., & Ramos-Rincón, J. M. (2020). HIV/AIDS research in Africa and the Middle East: participation and equity in North-South collaborations and relationships. *Globalization and Health*, 16(1), 1-18.
- [65] Teferi, M. Y., El-Khatib, Z., Boltana, M. T., Andualem, A. T., Asamoah, B. O., Biru, M., & Adane, H. T. (2021). Tuberculosis treatment outcome and predictors in Africa: a systematic review and meta-analysis. *International Journal of Environmental Research and Public Health*, 18(20), 10678.
- [66] Adu, J., & Owusu, M. F. (2023). How do we improve maternal and child health outcomes in Ghana?. *The International Journal of Health Planning and Management*.
- [67] Till, S., Mkhize, M., Farao, J., Shandu, L. D., Muthelo, L., Coleman, T. L.,... & CoMaCH Network. (2023). Digital Health Technologies for Maternal and Child Health in Africa and Other Low-and Middle-Income Countries: Cross-disciplinary Scoping Review With Stakeholder Consultation. *Journal of Medical Internet Research*, 25, e42161.
- [68] Dahab, R., & Sakellariou, D. (2020). Barriers to accessing maternal care in low income countries in Africa: a systematic review. *International journal of environmental research and public health*, 17(12), 4292.
- [69] Kassa, M. D., & Grace, J. M. (2022). Noncommunicable Diseases Prevention Policies and Their Implementation in Africa: A Systematic Review. *Public Health Reviews*, 42, 1604310.
- [70] Nyaaba, G. N., Stronks, K., de-Graft Aikins, A., Kengne, A. P., & Agyemang, C. (2017). Tracing Africa's progress towards implementing the Non-Communicable Diseases Global action plan 2013–2020: a synthesis of WHO country profile reports. *BMC Public Health*, 17(1), 1-13.
- [71] African Development Bank. (2022). Strategy for Quality Health Infrastructure in Africa 2022-2030. [https://www.afdb.org/sites/default/files/documents/publication/s/strategy\\_for\\_quality\\_health\\_infrastructure\\_in\\_africa\\_2022-2030.pdf](https://www.afdb.org/sites/default/files/documents/publication/s/strategy_for_quality_health_infrastructure_in_africa_2022-2030.pdf)
- [72] *Transforming Africa's health system in wake of COVID-19 pandemic* | WHO | Regional Office for Africa. (2023, August 18). WHO | Regional Office for Africa. <https://www.afro.who.int/news/transforming-africas-health-system-wake-covid-19-pandemic>
- [73] Banke-Thomas, A., Wright, K., & Collins, L. (2019). Assessing geographical distribution and accessibility of emergency obstetric care in sub-Saharan Africa: a systematic review. *Journal of global health*, 9(1).
- [74] Soyemi, T. S., & Aborode, A. T. (2022). Shortage of hospital bed capacity and overcrowding in emergency tertiary healthcare centers in Nigeria. *Annals of Medicine and Surgery*, 104675.
- [75] Abu, T. Z., & Elliott, S. J. (2020). When it is not measured, how then will it be planned for? WaSH a critical indicator for universal health coverage in Kenya. *International Journal of Environmental Research and Public Health*, 17(16), 5746.
- [76] Anugwom, E. E. (2020). Health promotion and its challenges to public health delivery system in Africa. *Public Health in Developing Countries-Challenges and Opportunities*.
- [77] Govender, Romona D. "The barriers and challenges to Health Promotion in Africa." *South African Family Practice* 47, no. 10 (2005): 39-42.
- [78] *Female Genital Mutilation (FGM) Statistics - UNICEF Data*. (2023, June 28). UNICEF DATA. <https://data.unicef.org/topic/child-protection/female-genital-mutilation/>
- [79] Boboko, I., Bester, P., Kruger, I., Marais, S., & Marais, F. (2023). Health promotion workforce in South Africa: Direction from the Australian health promotion association. *Health Promotion Journal of Australia*, 34(2), 612-620.
- [80] Public Health. (2023). What is Public Health Policy ? - Public Health. Public Health. <https://www.publichealth.com.ng/what-is-public-health-policy/>